

GROUP WORK WITH MARRIED COUPLES: A MARRIAGE SKILLS
INTERVENTION PROGRAMME TO IMPROVE THE COMPETENCIES
OF COUPLES

by

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ABSTRACT

Society has become cynical about the institution of marriage because so many marriages fail. Recent statistics compiled in South Africa indicate a decline in registered marriages and an increase in divorce cases countrywide. This may imply that couples are not equipped to deal with the challenges of married life. The researcher identified a lack of research on marriage in South Africa over the past two decades as well as a scarcity of resources that could be used to assist couples in a multi-cultural context and who are from a low socio-economic area in improving their marriage relationships.

To address these problems, the researcher developed a group marriage skills intervention programme that could assist couples in acquiring skills to improve their relationships. Fourteen couples from Midrand, South Africa volunteered to take part in the intervention.

The theoretical framework of the research was the Marital Systems Theory, and Action Research was chosen as the research design. Action Research follows a collaborative approach and focuses on finding solutions through community participation. The situational analysis employed a mixed-method approach. Quantitative data were collected from fifty married individuals in the community using the Three Couple Scales of the Prepare/Enrich programme, and a survey questionnaire which is semi-structured that the researcher had developed. Qualitative data on marriage experiences were gathered from interviews conducted with sixteen participating couples.

The data from the situational needs analysis were used to understand the problems people in the specific community experienced in marriages. Results from the situational analysis and a review of relevant literature enabled the researcher to develop an intervention that would address important components to improve couples' marriages. The intervention of 18 hours was implemented, and the sessions were held on three consecutive Saturdays and were facilitated by the researcher.

A pre-and post-assessment using the Three Couple Scales was done to establish if the intervention had brought about a change in the couples' marital satisfaction, communication, and conflict management. The statistical analysis showed a significant improvement in the couples' scores after the intervention.

A feedback questionnaire that contained open-ended questions was used to obtain qualitative data on couples' experiences of the intervention and any changes in their relationships. Thematic analysis was used to create codes and themes from the data gathered in an evaluation questionnaire to create a story of the outcome of the intervention.

The results showed that the marital skills intervention contributed to the improvement of the couples' marital relationships. The intervention was specifically developed for couples who lived in a low-income community and could not afford the services of a professional. The positive outcome of the intervention warranted further implementation in the broader community whose members could benefit from such a programme.

Keywords: Marital Systems Theory, Action Research, marriage skills training, marriage competencies, marital satisfaction, group intervention, mental health

TABLE OF CONTENTS

DECLARATION OF ORIGINALITY	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	vi
LIST OF TABLES	xiv
LIST OF FIGURES	xv
CHAPTER 1	1
1. INTRODUCTION TO THE RESEARCH	1
1.1 MARRIAGE	2
1.1.1 The mystery of marriage	2
1.1.2 The benefits of marriage	3
1.1.3 Qualities of a good marriage.....	4
1.1.3.1 Descriptions of a good marriage	4
1.1.3.2 Distinctive qualities: Development of a good marriage within an African context. ...	5
1.2 DIVORCE.....	11
1.2.1 Causes of divorce.....	12
1.2.1.1 Marital dissatisfaction.....	12
1.2.1.2 Infidelity.....	13
1.2.1.3 Economic contribution.....	14
1.2.1.4 Family and work demands	15
1.2.1.5 The in-laws.....	16
1.2.1.6 Managing conflict	16
1.2.1.7 Mental health	17
1.3 THE IMPORTANCE OF A MARRIAGE SKILLS INTERVENTION	18
1.4 INTERVENTION PROGRAMMES	21
1.4.1 Evidence-based marriage interventions available in South Africa	21

1.4.2 Evidence-based international marriage programmes used in South Africa.....	22
1.4.3 Non-evidence based marriage programmes in South Africa	23
1.5 RATIONALE AND PROBLEM STATEMENT OF THE RESEARCH.....	25
1.6 AIMS AND OBJECTIVES OF THE RESEARCH.....	26
1.6.1 Aims of the research	26
1.6.2 Objectives of the research	27
1.7 RESEARCH METHOD: BRIEF OVERVIEW	27
1.8 KEY CONCEPTS	29
1.9 OVERVIEW OF THE CHAPTERS	31
CHAPTER 2.....	33
2. THEORETICAL FRAMEWORK	33
2.1 THE MARITAL SYSTEMS THEORY	33
2.1.1 A summary of the Marital Systems Theory	50
2.1.2 A marital programme using the Marital Systems Theory.....	51
2.2 REVIEW OF EXISTING INTERVENTIONS.....	52
2.2.1 Evidenced-based international programmes	52
2.2.1.1 The Marital Competency Model	52
2.2.1.2 The Creating Lasting Family Connections programme.....	56
2.2.2 Evidence-based international programmes used in South Africa.....	57
2.2.2.1 The Prepare/Enrich programme	57
2.2.2.2 The Imago Relationship Therapy Programme	58
2.2.3 Summary of components that should be addressed in the intervention.....	61
2.3 LITERATURE REVIEW OF COMPONENTS FOR THE INTERVENTION	62
2.3.1 Predictors of marital dissatisfaction.....	63
2.3.2 Separateness and connectedness	67
2.3.3 Childhood and couples' wounds	68
2.3.4 Extended family within a cultural context.....	70

2.3.4.1 Challenges with the extended family	72
2.3.4.2 Five ways of dealing with in-laws	74
2.3.5 Communication principles	76
2.3.6 Conflict	80
2.3.7 Mental health	82
2.3.7.1 Mental health and marital conflict	82
2.3.7.2 Depression.....	82
2.3.7.3 Stress	83
2.3.7.4 Stress and life events.....	84
2.3.7.5 Stress and the workplace.....	84
2.3.7.6 Gatekeeping to mitigate stress	85
2.3.8 Finances	86
2.3.8.1 Dealing with finances	87
2.3.8.2 Reasons why couples fight over money.....	88
2.3.9 Sexual intimacy.....	90
2.3.9.1 Mental health and sexuality	90
2.3.9.2 Talking intimacy	91
2.3.9.3 Emotional intimacy	91
2.3.9.4 Love and desire	92
2.3.9.5 Psychosocial influences on a couple’s sexual relationship.....	93
2.3.10 Personal relationship values.....	94
2.4 SUMMARY	96
CHAPTER 3.....	97
3. RESEARCH METHODOLOGY	97
3.1 OBJECTIVES OF THE RESEARCH	97
3.2 RESEARCH DESIGN	98
3.2.1 Action Research.....	98

3.2.2 Eight principles of Action Research	99
3.2.3 Issues in Action Research	102
3.3 IMPLEMENTATION OF ACTION RESEARCH.....	103
3.3.1 The research site	103
3.3.2 Identifying the problem (Phase 1).....	104
3.3.3 Situational analysis (Phase 2)	104
3.3.3.1 Three Couple Scales	105
3.3.3.2 Survey questionnaire.....	108
3.3.3.3 Interviews.....	108
3.3.4 Data analysis (Phase 3)	109
3.3.4.1 Quantitative analysis	109
3.3.4.2 Qualitative analysis	110
3.3.5 The development of the intervention (Phase 4)	110
3.3.5.1 A summary of the content of the intervention	110
3.3.6 Implementation process of the intervention (Phase 5).....	113
3.3.7 Evaluation of the intervention (Phase 6).....	116
3.3.7.1 Evaluation process	116
3.3.7.2 Quantitative assessment.....	118
3.3.7.3 Qualitative assessment.....	118
3.3.7.4 Quantitative data analysis	120
3.3.7.5 Qualitative data analysis	121
3.3.8 Trustworthiness and credibility	128
3.3.9 Consolidated criteria for reporting qualitative research (COREQ)	129
3.3.9 Ethical considerations	134
3.3.10 Summary.....	138
CHAPTER 4.....	139
4. RESEARCH RESULTS OF THE SITUATIONAL ANALYSIS.....	139

4.1 BIOGRAPHICAL INFORMATION.....	140
4.2 RESULTS OF THE SITUATIONAL ANALYSIS.....	140
4.2.1 The Three Couple Scales	140
4.2.2 Results of the survey questionnaire	142
4.2.3 Results of the couples' interviews	144
4.3 SUMMARY OF SITUATIONAL ANALYSIS	154
CHAPTER 5.....	156
5. THE DEVELOPMENT OF THE INTERVENTION (PHASE 4)	156
5.1 THE CONTENT OF THE INTERVENTION (MARRIAGE PROGRAMME).....	156
5.2 GROUP WORK WITH COUPLES.....	162
CHAPTER 6.....	165
6. THE IMPLEMENTATION OF THE INTERVENTION (PHASE 5).....	165
6.1 DEFINITION OF IMPLEMENTATION	165
6.2 IMPORTANCE OF A QUALITY IMPLEMENTATION FRAMEWORK.....	165
6.3 THE STAGES OF IMPLEMENTATION.....	166
6.3.1 Exploration stage	167
6.3.2 Installation stage	168
6.3.3 Initial implementation stage.....	170
6.3.4 Full implementation stage.....	171
6.4 THE ROLE AND EXPERIENCE OF THE FACILITATOR (RESEARCHER)	171
6.5 RESPONSES REGARDING THE QUALITY OF THE INTERVENTION.....	174
6.6 SUMMARY	175
CHAPTER 7.....	176
7. THE EVALUATION OF THE INTERVENTION (PHASE 6).....	176
7.1 THE DESIGN OF THE EVALUATION PROCESS	177
7.2 QUANTITATIVE DATA: STATISTICAL ANALYSIS	178
7.2.1 Biographical and Demographical data.....	178

7.2.2 Three Couple Scales	179
7.2.2.1 Discussion of individuals’ scores that were similar and improved	183
7.2.2.2 Discussion of individuals’ scores that declined	184
7.2.2.3 Measuring couple’s improvement or decline relative to scope	186
7.2.2.4 Summary of the results of the Three Couple Scales	190
7.3 QUALITATIVE DATA.....	190
7.3.1 Results of the feedback questionnaire.....	190
7.3.1.1 Improvement in communication	191
7.3.1.2 Decision-making	193
7.3.1.3 Finances	195
7.3.1.4 Sexual intimacy	196
7.3.1.5 In-laws	198
7.3.1.6 Separateness and connectedness	199
7.3.1.7 Conclusion on the results of the feedback questionnaire.....	202
7.3.2 THEMATIC ANALYSIS REPORT (evaluation questionnaire).....	203
7.3.2.1 Part A. Discussion: What have they learned from each other?.....	203
7.3.2.2 Part B. Discussion: What have they learned from each session?	213
7.3.2.3 Part C. Discussion: Effect of the intervention on relationships.....	223
7.3.2.4 Suggestions to improve the intervention.....	225
7.3.2.5 Response of the researcher to participants’ suggestions.....	226
7.3.3 Summary	227
7.3.4 Outcomes of the intervention (Marital Competency Model).....	227
7.3.5 Conclusion	229
CHAPTER 8.....	230
8. DISCUSSION.....	230
8.1 OVERVIEW OF THE RESEARCH	230
8.2 THE VALUE OF THE INTERVENTION TO THE COUPLES.....	231

8.2.1 Quantitative results	232
8.2.2 Qualitative results	234
8.3 LIMITATIONS OF THE RESEARCH	242
8.3.1 Researcher’s positionality	242
8.3.2 Sample size	243
8.3.3 Limited time.....	244
8.3.4 Homogeneity of the group	244
8.3.5 Scarcity of existing literature to review	245
8.3.6 The possible effect of COVID-19 on participants.	245
8.4 RECOMMENDATIONS.....	245
8.4.1 Recommendations for further research.....	246
8.4.2 Recommendations for implementation in communities	247
8.5 CONCLUSION.....	249
REFERENCES.....	251
APPENDICES.....	262
Appendix 1: Prepare/Enrich LLC: Letter of permission.....	262
Appendix 2: Permission letter from the psychologist.....	263
Appendix 3: Questionnaire: Three Couple Scales (Prepare/Enrich)	264
Appendix 4: Written consent to participate in this study.....	265
Appendix 5: Letter of approval to conduct the research.....	267
Appendix 6: Pre-intervention survey questionnaire	268
Appendix 7: Post-intervention feedback questionnaire	272
Appendix 8: Couples’ interview questions	274
Appendix 9: The content of the marriage skills intervention	275
Appendix 10: Evaluation questionnaire of the marriage skills intervention.....	305
Appendix 11: Thematic analysis: Part A	308
Appendix 12: Thematic analysis: Part B	327

Appendix 13: The impact of the intervention	333
Appendix 14: Solutions to improve the intervention.....	334
Appendix 15: Participant information sheet.....	336

LIST OF TABLES

Table 1: The components of the intervention	63
Table 2: A summary of the phases of Action Research.....	103
Table 3: Three Couple Scales: Information on scores	106
Table 4: Codes generated for the question ‘What have they learned about themselves?’ ...	123
Table 5: Codes generated for the question ‘What have they learned about their partner?’ .	124
Table 6: Initial themes and codes relating to questions, ‘What have they learned about themselves?’ and ‘What have they learned about their partner?’	124
Table 7: Reviewed and refined themes relating to the combined questions about what the couples have learned	126
Table 8: Naming and describing the themes and subthemes relating to the question ‘What aspects in your relationship still need some work?’	127
Table 9: Questions with low scores in the Three Couple Scales test.....	142
Table 10: Biographical information of participants.....	178
Table 11: Wilcoxon signed-rank test results.....	180
Table 12: Explanation of colours used in Table 13	182
Table 13: Participants’ individual progress: Pre-and post-Assessment results	183
Table 14: Summary of participants’ progress: Pre-and post-Assessment results	185
Table 15: Individual scores of participants: Three Couple Scales.....	186
Table 16: Themes and subthemes relating to questions 1 to 6).....	204
Table 17 Themes, subthemes and codes reflecting what couples learned from the intervention that made a difference in their relationship	214
Table 18: Outcomes measured (Marital Competency Model).....	228

LIST OF FIGURES

Figure 1: Action Research model	98
Figure 2: The process plan of the evaluation	117
Figure 3: Results of the Three Couple Scales test	141
Figure 4: Results of the survey questionnaire.....	143
Figure 5: Challenges experienced by married participants.....	144
Figure 6: Challenges interviewees had experienced since they got married	146
Figure 7: Avoiding recurrence of issues affecting communication in marriage.....	149
Figure 8: What participants needed from their partners	151
Figure 9: Aspects requiring change in the marriage	153
Figure 10: Stages of implementation	167
Figure 11: Couples' aggregate improvement or decline relative to scope.....	187
Figure 12: Improvement in communication	191
Figure 13: Decision-making	193
Figure 14: Finances.....	195
Figure 15: Sexual intimacy	197
Figure 16: In-laws	198
Figure 17: Separateness and connectedness	200

CHAPTER 1

1. INTRODUCTION TO THE RESEARCH

In today's society, people have become consumer-orientated, resulting in massive changes in couples' expectations relating to marriage (Markman et al., 2001, pp. 4, 6). People tend to ask what they can get out of the marriage. They ask, 'What's in it for me?'

Most people regard marriage as the most intimate relationship of their life. For many adults, being in a marital relationship means being part of a social system and a support structure, and, frequently, the support of a spouse is sought in times of crisis (Walker et al., 2007, p. 105). Importantly, marital relationships are believed to influence the mental health of couples because 'love and intimacy are at the root of what makes us sick and what makes us well, what causes sadness and what brings happiness, what makes us suffer and what leads to healing' (Walker et al., 2007, p. 106). Yet, couples receive so little preparation to equip themselves for married life.

The requirements for getting a driver's license are many, but for a marriage license, there are virtually none. To get a driver's license, one needs to show some level of competency before one is allowed to drive, but to be allowed to get married (and affect someone else's life), one needs to be able to provide a signature only (McGraw, 2000, p. 12). The very society that informs you of the importance of getting married, of sharing your life with another person, and of procreating, does not teach you how to have a good marriage (McGraw, 2000, p. 12). According to Markman et al. (2001, p. 4), recent research shows that couples require extensive negotiating skills in their relationship to stay happily married. Nowadays, marriages are more affected by couples' ability to handle their conflicts and differences than in the past because of the immense changes in partners' expectations of marriage.

1.1 MARRIAGE

1.1.1 The mystery of marriage

‘All the cynicism of the world cannot smother the fire that burns in each of us for connection at the deepest levels of our heart and soul’ (Markman et al., 2001, p. 26).

Khathide (2007, p. 1) believes that many people regard marriage as a mystery that is riddled with paradoxes. Some unmarried people often believe they can contribute to a good marriage, but once they are married they may feel inadequate as they do not have negotiating skills and do not meet the needs of their partners (Markman et al., 2001, p. 4). Some may feel ridiculed and eventually conclude that they have married the wrong person. Despite the disappointment and hurt many married couples go through, there is still that irresistible desire to want to get married. Even people who were married before and were confronted with challenges and suffered emotional harm, see the possibility of happiness with another person.

Despite the increase in divorce statistics, people are still interested in marriage, and their excitement about their wedding day is fuelled by social media. A case in point is the story of a young man who proposed to a young lady at a fast-food outlet in December 2019. A bystander who had witnessed and filmed this romantic marriage proposal posted it on social media. Subsequently, a local newspaper interviewed the couple, and they reported that they had had a small traditional marriage in 2012 but that the fiancé wished he could give his wife her dream wedding and ring. This video went viral, attracted 4.8 million viewers, and moved many individuals and businesses to respond warmly by giving donations and offering free services (*SowetanLive*, 2019). At the time, the researcher wondered how such an unassuming video of a wedding proposal could create such a huge stir, nationally and even internationally, and why everyone could still dream and get excited about marriage despite the increasing divorce rate, in particular in South Africa.

The wedding industry is very profitable and will continue to secure its consumers by propagating the idea of ‘romantic love and happily ever after’ (Ingram, 2008, p. 11).

Even though marriage is commonly thought of as romantic, ‘many people wonder how an institution that was originally meant for love and mutual care can cause so much pain and tears’ (Khathide, 2007, p. 2). Based on the aforementioned, the researcher identified a need for the development of a marriage intervention to assist couples in developing marriage skills so that they do not harm each other in the marriage relationship and can experience marital satisfaction.

1.1.2 The benefits of marriage

According to Fincham and Beach (2010, p. 630), there is evidence of rigorous debates over the past number of years about the increase in the divorce rate globally and the decline of marriage as an institution. Nevertheless, many people still believe in marriage and have the desire to marry and remarry despite having had difficult marriages. On the other hand, many have developed negative perceptions of marriage over time, and it is hoped that discussing the benefits of marriage and providing couples with skills and competency training will contribute to overriding the negativity attached to marriage.

Browning (2001, p. 1) refers to overwhelming evidence in modern society that, for many, satisfying marriage is good for mental and physical health, an enjoyable sex life, a sound bank account, and a low mortality rate. Despite these benefits, some people find it difficult to stay married. Compared to her married counterpart, statistics show that an unmarried woman has a 50% higher mortality rate whereas a married man has a 25% higher mortality rate than an unmarried man. Moreover, married men experience less psychological distress and anxiety than men who are single, divorced, or widowed (Halford & Markman, 1997, pp. 4, 5; Walker et al., 2007, p. 105).

Segrin and Flora (2005, p. 325) explain that marriage may protect couples from ill health because married people tend to lead less risky lifestyles, and they benefit from companionship, social support, and sharing with their spouses. According to Grinstein-Weiss et al. (2006, p. 192), marriage has positive outcomes: it can reduce the risk of poverty because partners share their income, and they encourage each other to progress in their careers. Halford and Markman (1997, p. 4) mention that intimate, committed marriage relationships are viewed as a good platform for experiencing affection, companionship, loyalty, and emotional and sexual intimacy.

Taking the above findings into consideration, the researcher was motivated to develop an intervention that aimed to assist couples in developing marriage skills and having a successful marriage. The researcher believed that such an intervention would not only be beneficial in itself but that it would ultimately have the positive outcome of instilling hope that the institution of marriage could be viewed in a more positive light.

In the next sections, the researcher refers to the distinctive qualities of a good marriage and to the qualities that promote the development of a good marriage. There is a lack of positive marriage role models, and the good qualities mentioned below will empower couples to develop a good marriage (McGraw, 2000, p. 12).

1.1.3 Qualities of a good marriage

1.1.3.1 Descriptions of a good marriage

Perel (2007, p. 38) defines marriage as an ongoing task that is mutually achieved to create growth and the desire to change behaviour to reach marital satisfaction. Marriage partners accept that differences are just as important as similarities, and they understand that appropriate skills are needed to interact creatively.

Markman et al. (2001, pp. 27–31) describe the following four ‘hallmarks’ of a good marriage:

1) Be safe at home. It is important to respect and honour each other when dealing with differences and not to create conflict. The success of a marriage is not dependent on the kind of differences between the partners but on the partners’ ability to handle their differences.

2) Open the doors of intimacy. The expression ‘till death do us part’ does not mean that partners will deal with continuous conflict for life. Partners should focus on the exciting things marriage can offer, such as deep friendship, companionship, shared spiritual development, fun, friendship, sensual connection, and shared core values.

3) Do your part and be responsible. If your partner fails in some way, this does not permit you to fail also. Be responsible and do your part to make the relationship work. Focus on your role in the marriage (e.g., be kind to your partner), and take responsibility for your mental and physical health, and your personal growth.

4) Nurture security in your future together. Marriage is a journey, and when you build something meaningful together you must hold on to it. A secure base of attachment is essential in a relationship to enable you to develop and nurture a vision together.

Commitment is when partners can count on each other to do their part and be supportive when help is needed.

1.1.3.2 Distinctive qualities: Development of a good marriage within an African context

Haselau et al. (2015, p. 171) emphasise that the values and beliefs within the African culture in South Africa have been rapidly changing since the democratic elections of 1994. These authors posit that dominant Western ideological practices, such as globalisation, women’s empowerment, and the ideology of human rights, have had an impact on traditional African beliefs and practices relating to relationships.

Nwoye (2006, pp. 441–446) discusses the different aspects of marital roles within an African theoretical framework which is the indigenous model and a Western view on marriage . This scholar’s work as a private practitioner is guided by the indigenous model of marriage therapy, and he has used academically defined qualities for marriage when working with relationships as opposed to the traditionally defined authoritarian qualities. This makes the qualities he describes relevant for both African and Western participants.

Next, the distinguishing qualities of a marriage that can promote its development are described.

1) Marital role differentiation, elaboration, and assimilation

Social psychologists describe the marital role in terms of differentiation (diversity), elaboration (amplification), and assimilation (accommodation). Taken together, these aspects in a marriage relationship refer to partners’ responsibility for their growth, for educating themselves, and for doing introspection on their roles and their contribution to the marriage. Through discussion and compromise, partners can develop an internalised blueprint of their respective marital roles in terms of practical ideas.

The African view of a healthy marriage is one in which couples engage in dialogue about their marital roles. As regards the wife, these ideas could go beyond her marital duties of being her husband’s bed mate or social companion to include other tasks such as being a mother or being like a sister to him, being his sibling’s comforter (extended family), being a hostess, nurse, a symbol of economic and professional status, a business associate, and a confidante. In the case of the husband, these ideas could entail being not only his wife’s provider or sex mate, but also a father, a brother to her, and a brother to her siblings, a protector, companion, adviser, teacher, co-parent, and guide.

The indigenous model, describes the inner processes of marital role differentiation and elaboration as going through these processes which helps spouses build an acceptable internal working model of what it means to be married to one another. It also helps them to do introspection and regularly evaluate how they are doing as husband and wife in terms of their vision for the future. They can assess whether they are performing according to or below each other's expectations and whether they need to make changes to improve their relationship.

If a married couple fails to adequately differentiate and elaborate their roles, they cannot operate optimally in their marriage. When this is the case, frustration can set in, followed by regrets. The process of marital role differentiation, in particular, is understood as crucial in the process of building and sustaining a healthy marriage as it provides couples with the opportunity to flesh out their roles and put them into practice.

2) The mechanism of identification

Marriage partners who successfully apply the mechanism of identification (building a single identity as a couple) can be seen as having a successful relationship because they can operate as a unit. According to the indigenous model, operating as a unit means sharing one another's likes and dislikes, values, views of reality (e.g., of daily challenges), sorrows and joys, and harmonising differences. The notion of operating as a unit implies that partners do not see themselves as different from one another.

This is a process through which one marriage partner adopts the other partner's personality, rejecting or avoiding what the other partner rejects or avoids while liking or adopting what the other partner values and respects. This process is one of negotiation, resulting in couples experiencing a sense of solidarity in their marriage.

A precondition for this identification or attachment process is the consistent closeness between partners.

Partners should talk about marital issues and regularly exchange views and feelings to come to know first-hand what their viewpoints are about issues that arise daily in a partnership where conflict is inevitable. This is crucial to ensure a harmonious relationship. The indigenous model propounds that this identification mechanism never yields its expected returns through partners' physical presence alone but rather through partners' consistent engagement in marital discussions. According to this model, if a spouse avoids closeness, a marriage can be at risk because a lack of closeness can cause conflict and can lead to partners growing apart. Engaging in marital discussions leads to a successful identification process and successful marital unity. For example, when one spouse gets into the habit of staying away from home for long hours or withdrawing for long periods or refusing to communicate with the other spouse, they will begin to lose contact with one another's feelings, views, complaints, and values. Consequently, outside influences start to affect the relationship, which fuels a feeling of disunity in the relationship.

3) The mechanism of emulation

From the perspective of the indigenous model the application of the mechanism of emulation or imitation ensures success in marriage as the partners can identify with, esteem, emulate, and accept each other's good character traits. The emulated spouse feels not only validated and acknowledged as a person but also tends to think of the other partner as the most suitable partner in their marriage.

The emulation process must be negotiated to fully experience its proper impact on cementing the unity of marriage. The assumption is that, in aiming for a successful marriage, the humility and readiness of each partner to listen to each other's criticism and learn from each other make for a strong foundation in the relationship.

Through the emulation mechanism, a marriage becomes a relationship between partners where independence is equal, dependence is mutual, and obligation is reciprocal.

4) The mechanism of idealisation

The indigenous model propounds that, if partners operate separately, they may not be able to grow beyond the good habits formed before they met and decided to marry one another. To help them improve on their previous gains in good deeds, they should try to assign to each other positive traits and viable ways of looking at things that they do not presently possess.

The idealisation mechanism takes the form of positive reinforcement, a process that often involves partners' praising each other's efforts to reach goals they have set for one another, and positively influencing the sustainability of these efforts to enable further growth and the achievement of greater possibilities in their daily life together. The mechanism of idealisation also calls for the need to acknowledge the effort and the sacrifice that each is making to discard their previous bad ways of doing things and adopt new, healthy ones. An example of practising idealisation in a marriage is when a husband praises a wife for preparing a good meal. The wife on her part will praise her husband for coming back home from work on time. Such praise makes partners feel appreciated and inspired to incorporate the new effort that has been recognised and validated into their relational structure and to try to sustain that effort.

5) The mechanism of enhancement

As proposed by the model, no spouse has all the physical qualities and social skills that are necessary for a successful marriage, but the couple could acquire some of the important qualities and/or skills that are missing through the process of enhancement. By using the enhancement mechanism, each spouse tries to contribute essential characteristics to the marriage that are new in the life of the other spouse.

A spouse must pay attention to the other spouse and be willing to do whatever it takes to enhance the quality of their marriage. A commitment to a self-evolving culture is important in a marriage: partners should not allow the original spark and the initial endearing qualities of one another to fade with time. If they do, it could lead to frustration and an unhappy marriage. Therefore, enhancement is a very important factor in any marriage where lasting unity and satisfaction are desired.

6) The mechanism of inter-habituating

The mechanism of inter-habituating is important as it refers to the ability of a marriage partner to insert their physical life into the physical life of the other partner and, in that way, the partners' relationship becomes a true image of an attachment partnership. The process involves the ability and willingness of the partners to take turns handling routine family responsibilities and to form the habit of doing things together in the context of building their relationship. Examples of routine family responsibilities which they can share are setting the alarm clock, closing the garage door, taking out the garbage, doing the dishes together, washing and ironing the family's clothes, and taking the children to school. The mechanism of inter-habituating, however, goes far beyond such routine family tasks. The couple has to engage in routine planning and execution of several things together. These things include: living together and sharing the same bed; eating together with the children around the table as often as possible; and engaging in some recreational activities together (even if it is only listening to the news together). Religion is seen as an important part of inter-habituating, and couples should attend church and other religious services together and in the company of their children whenever possible.

These characteristics of a good marriage can be learned or improved through an intervention.

If these characteristics are not present or built on in a relationship, then couples can maintain negative patterns of communication in their relationship and eventually, they can end up in a divorce which can be painful for all parties involved.

1.2 DIVORCE

Many marriages have failed and ended in divorce, and statistics prove that it is a serious problem in South Africa.

Statistics South Africa (2020) compiled a report on divorce which indicated that a total of 16 097 divorce cases were processed in 2020, a decrease of 32,1% from the 23 710 divorces processed in 2019. The decline in the divorce rate may have resulted from the restrictions on movement and gatherings in 2020 due to the COVID-19 pandemic. More women (8 490; 52,7%) than men (5 505; 34,2%) filed for divorce, and the average age of men who filed for divorce was 45, whereas the average age in the case of women was 41. The report indicated that four in ten divorces (6 919 [43,0%] of the 16 097) were among couples that had been married for less than 10 years. Further, it was found that children younger than 18 years of age were affected in 8 826 (54,8%) of the divorces.

The next section presents a review of the literature on the causes of divorce and only some of them are discussed, namely, marital dissatisfaction, infidelity, economic contribution, family and work demands, the in-laws, conflict, and mental health. The negative aspects of relationships are highlighted as aspects that young couples can avoid.

1.2.1 Causes of divorce

1.2.1.1 Marital dissatisfaction

Marital dissatisfaction is the first indication that marriage can lead to divorce if a couple is not assisted professionally. Multiple factors can contribute to marital dissatisfaction, but these can be addressed if couples are taught skills and if they are assisted to develop competencies.

According to Gündüz and Çelik (2018, p. 19), dissatisfaction in a marriage and the negativities it creates in the atmosphere of the home increase spouses' tendency to search for positive feelings among people outside of the relationship. This can place the marriage at risk and can result in divorce. Researchers have suggested that a decline in commitment to marriage as a bond for life may contribute to the high rate of divorce, and that it appears that the motivation for staying married is personal happiness (Ardi & Maizura, 2018, p. 30; Halford et al., 2001, p. 31).

Research on marital dissatisfaction which was done among couples who were still married indicated that they had disagreements mostly about sex and money. The wives, in particular, were dissatisfied with the time they spent with their husbands whereas the husbands claimed that their marriages were unsociable and that they felt lonely. Both husbands and wives thought about divorce but stayed married (Clarke-Stewart & Brentano, 2006, p. 45).

Marriages are less likely to survive when wives complain to their husbands about their dissatisfaction, and when their husbands show little understanding and empathy for their wives' concerns. This can escalate into conflict and cause major cyclical arguments (Clarke-Stewart & Brentano, 2006, p. 46).

1.2.1.2 Infidelity

Ardi and Maizura (2018, p. 28) assert that infidelity is one of the most common reasons for divorce. The sense of betrayal, hurt, and mistrust that a partner feels when infidelity is discovered undermines the marriage and can contribute to marital breakdown or the decision to get divorced (Clarke-Stewart & Brentano, 2006, p. 45). The whole family suffers as a result, and the situation often contributes to major depression and anxiety, which can further harm the marriage. Although infidelity can result in divorce, it does not always end up in separation or divorce. The research by Gündüz and Çelik (2018, p. 1913) showed that 60% to 75% of couples stayed married after infidelity. This can be because partners can forgive each other, re-invest in the relationship, experience pressure from their social circle to maintain the relationship, or they consider the problems caused by ending the marriage, such as the effect it will have on their children, that may be too great.

Online infidelity and cybersex are seen as forms of betrayal. These involve secret, intimate relationships with people other than spouses, and can include flirting, sharing sexual pictures, and fantasies, using cyber cams for chats, sharing sexual activities (e.g., masturbation), and anonymous sexual encounters. Infidelity can be the cause of a lack of sexual intimacy between spouses, which can contribute to marital disruption (Fincham & Beach, 2010, p. 639). The researcher's experience in her practice as a psychologist is that men are the ones who mainly commit online infidelity more often and that their partners show the same pain and disappointment as if the man had a physical affair. The partner feels betrayed and sees online infidelity as the breaking of marriage vows. Infidelity is associated with low marriage satisfaction and low quality and infrequency of sexual and emotional sharing in marriage. Because of these reasons, infidelity may occur again, and such recurrence can result in divorce (Gündüz & Çelik, 2018, p. 1911).

1.2.1.3 Economic contribution

Traditionally, men are accepted as the heads of the home, and they are expected to be the main financial contributors to the family. Wives are expected to stay at home and take care of the family's needs. However, in modern society, these roles have been changing, and the changes can cause conflict in marriage, especially if men cannot contribute to the needs of households (Radcliffe & Cassel, 2014, pp. 793–819).

South Africa has been exposed to societal changes and these changes have had a positive and negative effect on some marriages and households. To counteract these effects, the South African Government passed the Broad-Based Black Economic Empowerment (B-BBEE) Act (Act no. 53 of 2003). The fundamental objective of the Act was to redress the inequalities of the past concerning economic participation. In February 2007, numerous provisions were made in the B-BBEE Codes of Good Practice, which included provisions relating to female shareholding or representation that relates to ownership, management control, and enterprise and supplier development. This legislation is specifically aimed at women of colour and to redress traditional gender inequality (Department of Trade, Industry, and Competition, 2003).

The implementation of the B-BBEE Act has given women opportunities to further their careers in management and to occupy executive positions. As a result of these opportunities, and the fact that more men are earning less than before or are unemployed, traditional gender roles have changed. In the researcher's private practice, it has become clear that these changes have affected marital relationships negatively. Ardi and Maizura (2018, p. 28) mention that women have become more integrated into the working environment and more financially independent. Although this has improved the economic standard of the home, it could have made male partners feel insecure and may have caused financial conflict.

Clarke-Stewart and Brentano (2006, pp. 33, 67) have concluded that wives' economic independence may empower them and make them decide to exit a bad marriage. These authors have found that power imbalance is a big challenge to deal with in a marriage. The partner who is earning less can feel exploited and overlooked, whereas the one who earns the most, pays most of the bills, and seems to be more in control of the household, can feel unrewarded for their contribution. Couples should tackle the challenge of understanding the imbalance of power to prevent marital dissatisfaction. Lewis (1997, p. 143) contends that marital dissatisfaction does not happen only when love fades but also when couples do not understand power imbalance.

1.2.1.4 Family and work demands

According to Radcliffe and Cassell (2014, pp. 793–819), there have been changes in the role of the family and work demands. Women's increased involvement in work and their financial commitments have decreased their availability to fulfil their traditional roles of carrying out household tasks and taking care of children. If both parents work, they can be overwhelmed by the increased demands placed on them to attend to childcare, afterschool programmes, and extracurricular activities, and to deal with the influence of peers, mass media, and the internet. All these can have a significant influence on child-rearing. Women often feel caught in the middle, burdened by increased demands from both work and family (Clarke-Stewart & Brentano, 2006, p. 67).

The challenges of family and work demands and the changes in the traditional roles of husbands and wives (i.e., husbands are in charge of the home—perhaps they are otherwise unemployed—and wives are the breadwinners) can place relationships at risk of failing. This is especially so if one partner is mostly responsible for both work and home responsibilities. The exhaustion this leads to can become a major contributor to conflict.

According to Ardi and Maizura (2018, p. 27), changes in the dynamics of marriage and the roles in the home can cause conflict if partners do not communicate their expectations effectively.

Some women have reported that when men are under financial pressure, they may become anxious and less warm and supportive of their wives' careers. Further, when couples have a shortage of money, they are more likely to experience conflict and marital dissatisfaction (Clarke-Stewart & Brentano, 2006, p. 34).

1.2.1.5 The in-laws

The extended family can be a great support to married couples and can contribute to their experiencing marital satisfaction, but they can also create conflict and become one of the reasons for a divorce.

Chadda and Deb (2013, p. 1) stipulate that it is important to understand the impact that culture has on family functioning. Families do not exist in isolation, and family dynamics are often best interpreted in the context of their societal and cultural backgrounds. The roles of family members and how they define and solve their problems are determined largely by cultural factors as well as by the challenges of the family life cycle (i.e., culture and ways of doing things are transferred from generation to generation). Therefore, family members need to have conflict resolution and problem-solving skills that enable them to resolve problems amicably (Markman et al., 2001, p.183).

1.2.1.6 Managing conflict

The ability to manage conflict is one of the most important factors for maintaining a healthy relationship, and if partners do not acquire the skills to manage conflict, a relationship can become unhealthy (Halford & Markman, 1997, p. 81). It has been indicated that distressed and non-distressed couples manage their conflicts differently (Clarke-Stewart et al., 2006,

p. 46). According to these authors, the use of ‘regulated’ and ‘non-regulated’ conflict management strategies plays a role. Regulated conflict management refers to managing conflict in ways that facilitate problem-solving and do not harm a relationship.

Non-regulated conflict management refers to managing conflict in ways that are not constructive; in other words, they do not support problem-solving but instead escalate tension and increase couples’ distress. Cumming and Davies (2010, p. 2) contend that families are ‘risky families’ if they deal with continuous conflict by displaying anger and aggressive behaviour: such behaviour can result in couples experiencing psychological symptoms. Furthermore, unresolved conflict can harm the mental health of partners (Markman et al., 2001, p. 10).

1.2.1.7 Mental health

Partners’ lack of marriage skills can result in marital problems, which can, eventually, have an impact on the mental health of one or both partners, which is often linked to depression (Halford & Markman, 1997, p. 81). Good marital quality is a predictor of mental health, and poor marital quality and marital separation increase the risk for mental health problems among both husbands and wives. Also, there is evidence that poor mental health, especially depression, predicts lower marital quality. Gubits et al. (2014, p. 10) contend that this is a circular process. It is the researcher’s view that couples in lower-income communities cannot afford a psychologist and are often not even aware that the services of psychologists are available in clinics. Therefore, a mental illness and even mild symptoms of depression may not be diagnosed, which can affect marital quality and success. For example, if a married person is not aware that their partner presents with depressive symptoms, it will affect the marriage because the partner who experiences depressive symptoms (and who may or may not know it) finds it difficult to show affection or communicate warmly, does not have

energy, and is not interested in daily duties. The other partner can misinterpret the situation and conclude that the ‘depressed’ partner does not want to invest in the relationship. This can create conflict, which can lead to exhaustion and marital dissatisfaction. It is common for a couple in a distressed marriage to be at risk of suffering from poor mental health.

If depression is not diagnosed and treated, the experience of marital dissatisfaction can become a cyclical process (Halford et al., 2001, p. 750; Lewis, 1997, p. 38).

Despite the many factors mentioned above that contribute to marital dissatisfaction and divorce (e.g., family and work stressors, economic challenges, infidelity, the in-laws, and mental illness) (also see chapter 2, section 2.3), it is important to realise that options are available to marriage partners to solve marital problems or mitigate the effects of problems.

In the context of the present research, it is important to mention that recent research provides evidence that couples’ attendance in marital intervention programmes can have a positive effect on the quality of their marriage. Such an intervention is needed in South Africa to allow couples to learn marital skills and develop competencies to minimise the negative mental and physical effects of an unhappy marriage and to enjoy the benefits of a happy marriage (Fincham & Beach, 2010, pp. 633–634). Most importantly, in the next section the importance of a marriage skills intervention will be discussed.

1.3 THE IMPORTANCE OF A MARRIAGE SKILLS INTERVENTION

The high occurrence of marital dissatisfaction and the high rate of divorce in South Africa indicate that couples are not always equipped to deal with the challenges that marriage presents. The provision of a marriage skills intervention programme can serve to address these problems. As noted by Halford (2004, p. 560), research that has been done on the importance of an evidence-based marriage skills intervention has emphasised its importance for couples as it focuses on variables that predict positive outcomes such as improved

communication. There is also evidence of its efficacy in changing targeted relationship skills and of its ability to be successfully implemented in the broader community if it is tailored to meet the needs of different couples.

To explain the importance of a marriage intervention programme for the improvement of marital satisfaction, three researched marriage education programmes are discussed here briefly.

Lundquist et al. (2014, pp. 14–15, 37–43) tested the effectiveness of a skills-based relationship education programme designed to help low- and modest-income married couples strengthen their relationships, increase support, nurture home environments, and attain more positive outcomes for parents and their children. This programme aimed to help couples enhance the quality of their relationships by, for example, teaching them how to manage conflict, communicate effectively, and implement strategies for managing stressful circumstances commonly faced by lower-income families (e.g., job loss, financial stress, or housing instability). The programme provided a total of 24 to 30 hours of training.

Compared to the control group who could use community services, the programme group who participated in the supporting healthy marriage intervention reported higher levels of marital satisfaction, less marital distress, increased warmth and support, improved communication, and less harmful behaviour displayed by their spouse even 30 months after the intervention. The intervention was thus successful in improving marital relationships.

The second researched marriage education was that of Halford et al. (2001, pp. 751–753). High- and low-risk couples were randomly assigned to the Self-Regulatory-Prevention and Relationship Enhancement Program (Self-PREP) or a control group. The Self-PREP programme consisted of five group sessions that covered communication skills, patterns of conflict and effective conflict management, the role of sexuality in relationship intimacy, and

further goals to enhance relationship functioning. The research found that, compared to couples in the control group, the low-risk couples who had participated in the programme had improved their communication skills from pre-intervention to post-intervention, but these differences had diminished at the 12-month follow-up. The high-risk couples who participated improved their communication skills from pre-intervention to post-intervention and showed more positive communication skills in the 12-month follow-up.

Years later, Halford et al. (2015, pp. 408–418) described two short-term studies using the Relationship Education and Couple Care (RCC) programme and the Couple Coping Enhancement Training (CCET) programme, both short-term interventions. The RCC programme has six units and each unit is completed in a week. This programme covers topics such as relationship self-change, communication, intimacy, caring, managing differences, sexuality, and managing life changes. CCET is a six-unit programme and each unit is delivered in a three-hour session. It can be presented during the weekend. The programme covers topics such as stress and coping, individual coping, dyadic coping, fairness in relationships, communication skills, and conflict and problem-solving skills.

In both studies, couples who initially had low relationship satisfaction showed a moderate increase in their satisfaction score, whereas couples with initially high relationship satisfaction showed no immediate gains. The findings of these two studies provide evidence that even short-term relationship education programmes can assist distressed or high-risk couples in enhancing their relationship satisfaction. Markman et al. (2021, p. 268, 270) have confirmed that distressed (disadvantaged) couples usually benefit more than non-distressed couples from Couple Relationship Education programmes. As distressed couples may be realising that they need the change more and are more motivated to improve (Busby et al., 2015, p. 3).

Wittenborn et al. (2012, p. 193) support the view that education interventions that include a skills-training programme can improve couples' communication and relationship satisfaction.

The researcher believes that the achievement of satisfaction in marriage can reduce the divorce rate. Therefore, the researcher is convinced that developing and implementing an intervention programme as proposed in this research can assist couples in South Africa to improve their relationships. In the next section, the researcher presents a review of currently available interventions for couples in South Africa.

1.4 INTERVENTION PROGRAMMES

The researcher did a thorough search of national and international literature on evidence-based marital interventions that were available and useful in the South African context to identify the need for an intervention programme. The researcher found that there was no empirically researched marriage programme available in South Africa that was evidence-based, accessible and relevant to the needs of the multi-cultural population of South Africa.

1.4.1 Evidence-based marriage interventions available in South Africa

Neswisa and Jacobs (2019, pp. 16, 23) did a literature review on existing and effective national and international marriage enrichment programmes. Their research included theories relating to couples and social work models that could serve as a possible basis for developing a culturally appropriate marriage enrichment programme for Black African married couples. Their findings revealed that there were no culturally appropriate and empirically evaluated marriage enrichment programmes that could be beneficial to Black African married couples in South Africa.

The research of Neswisa and Jacobs (2019) evaluated four marital programmes. According to the researchers' view is that the Prepare/Enrich and Getting the Love You Want, programmes were not culturally suitable for Black African married couples since these programmes were

based on Western models. Also, the Prevention and Relationship Enhancement Programme (PREP 8.0), and the Couple Communication Programme, despite their widespread use in many countries, lacked empirical data that were needed to indicate that they were suitable for use in a South African context.

Neswisa and Jacobs (2019) emphasise the lack of research on Black African married couples. In addition, they have identified a gap relating to empirical data evaluating the effectiveness of marriage enrichment and marriage enrichment programmes within a South African context for couples from Black African cultures.

1.4.2 Evidence-based international marriage programmes used in South Africa

Two well-known international marriage programmes that are evidence-based and have been used in South Africa for decades are Prepare/Enrich and Imago Relationship International are discussed below.

1) In the late 1980s, the Family Life Centre secured the agency in South Africa for Prepare/Enrich, a unique programme that has been designed by Dr. David Olson and colleagues. This programme is discussed in more detail, see chapter 2 (section 2.2.2.1)

Motivated to address increasing divorce rates, Dr. Olson enabled professionals to connect theory and practice and encourage research on relationships. Prepare/Enrich has done extensive research and has developed several assessment programmes.

The Prepare/Enrich couple relationship assessment program is completed on-line and includes a 10-page computer-generated report for the couples. Their core scale assessment consisted of 10 scales that were identified as problem areas to improve marriages. The results are sent to the couples individually and a facilitator's copy is made available to present their sessions with a workbook containing 20 couple exercises on marital skills and it explores strength and

growth areas. The programme involves three to six, one-hour sessions with a couple or group, to enrich their marriage (Olsen et al., 2012, p.2).

2) The programme called Imago Relationships International has been used in South Africa for decades. This programme includes developing relationship skills, and it encourages partners to take each other on a journey of healing “this means that the unconscious purpose of intimate partnership is to finish childhood” (Hendrix & Hannah, 2011, p.206). This programme focuses on group work and couple sessions with a therapist. This programme is discussed in more detail in chapter 2 (section 2.2.2.2)

Regarding the two above-mentioned international programmes, their topics are universal and have proven their suitability for use in a South African context. Their intervention programmes are very expensive and, psychologists in private practice who use these marriage programmes may be too expensive for couples from lower-income groups. Moreover, such services are not geographically accessible to many lower-income communities. Therefore, the researcher argues that a need exists for the development of an evidence-based marriage intervention programme in South Africa for couples from a lower-income group.

1.4.3 Non-evidence-based marriage programmes in South Africa

There are many non-evidence-based marriage intervention programmes in South Africa, a few of which are discussed below.

1) Marriage Enrichment Course – City Hill Church (Ferndale, Johannesburg)

This Marriage Enrichment course consists of a series of six sessions that are designed to help couples invest in their relationship and build a strong marriage. The programme includes a weekly video that explores a topic and is supported by practical exercises and discussion time. Weekly ‘marriage time’ assignments help couples to grow in the areas covered by the weekly topics.

The topics are: building strong foundations, the art of communication, resolving conflict, the power of forgiveness, the impact of family, and good sex

(see www.cityhillchurch.co.za/marriage-enrichment-course).

2) Retrouvaille SA

Retrouvaille is a non-profit organisation and is not spiritually based. The programme started in South Africa in 1997, and it has two branches, one in Cape Town and one in Durban.

Topics covered during an initial weekend away include the degrees of disappointment, deterioration, and despair in hurtful marriages. During post-weekend sessions, couples discuss the following: the importance of communication in marriage, differences in the family of origin, forgiveness; trust, conflict management, anger management, and intimacy

(see www.retrouvaille.co.za)

3) NaEden Retreat Centre

The NaEden Retreat is situated at Munster on the KwaZulu-Natal South Coast where couples can reconnect, relax, and enjoy themselves. The organisers believe the process is just as important as the programme. During their stay of a few days at NaEden, couples can adjust the content of the programme to suit their needs. All guests, regardless of their religious affiliation, are welcome. The majority of the guests are Christians and others who are interested in spiritual growth. Part of the programme addresses the main topics, for example, communication, conflict-handling skills, and personality differences. Other topics cover deeper emotional issues such as ‘the shadow’ (i.e., that unknown side of the inner self, according to Jungian psychology), the role of the ego in marital conflict, the intimate link between sexuality and spirituality, and biblical perspectives on marriage

(see www.naeden.co.za).

The programmes mentioned above are less expensive than the international programmes used in South Africa, but they may still not be affordable for the lower-income community. Only a few affordable programmes are available—these are presented by churches and non-profit organisations, but most are not evaluated or evidenced-based. Moreover, the organisations that offer these programmes are not always geographically accessible to lower-income groups. Dunn (2017, p.64) explains that low-income couples have found it difficult to get access to marriage education programs as it is not easily accessible in all communities and some communities, there are none at all.

Given that Halford et al. (2001, p. 750) emphasise the importance of relationship education programmes to be evaluated empirically, the researcher argues that there is a need for an evidenced-based marital intervention that could be beneficial to couples to help them to improve the quality of their marriages, especially couples in low-income communities as well.

1.5 RATIONALE AND PROBLEM STATEMENT OF THE RESEARCH

The rationale for the research was that an appropriate marriage skills intervention programme was needed for couples from diverse backgrounds within a South African context to equip couples to build satisfying relationships, and its value had to be assessed.

Many couples find it difficult to build and sustain a marriage when they are not equipped with the requisite skills to deal with challenges and problems. When couples with limited communication skills try to resolve problems on their own it can cause unnecessary conflict and can result in a cycle of emotional abuse and hurt, which can eventually become an extremely stressful environment (Markman et al., 2001, p. 46, 47). The situation can be exacerbated when there are outside stressors, such as conflict with in-laws and stressors in the workplace, which result in exhaustion and mental health problems. Research demonstrates

that highly stressful situations and negative experiences in engaging with a romantic partner can contribute to burnout and depression (Meyer et al., 2019, p. 1). Some couples do not want to divorce but they do not have the appropriate skills or energy to continue the relationship and the only option is divorce.

In the absence of an appropriate marriage skills intervention programme that can be implemented to equip couples to have a satisfying relationship, the researcher was motivated to develop an intervention that would impart skills and tools to couples to assist them in improving their relationships.

1.6 AIMS AND OBJECTIVES OF THE RESEARCH

1.6.1 Aims of the research

With this research, the researcher aimed to develop a group-based marriage skills intervention programme for South African couples to improve their marriages. After implementation, the value of the intervention to couples would be assessed. The research question to be answered is:

‘What is the value of a group-based marriage skills intervention programme to improve marital satisfaction and marital competencies (i.e., communication and conflict resolution) to couples who cannot afford professional psychological services?’

The approach would be psycho-educational, and the programme would take the form of group work with couples. The programme would be based on the content of the common needs in marital relationships and would provide couples with marital competencies, skills and tools to improve their communication, conflict resolution, and marital satisfaction. The programme’s focus is on couples in a multi-cultural context, given that existing research lacked the richness of a diverse South African context.

In addition, the proposed intervention aims to accommodate couples in a lower-income community who cannot afford professional psychological services to assist them to improve their relationships.

1.6.2 Objectives of the research

The following objectives of the research were formulated:

- 1) To study the existing literature, theories about marriage, and other interventions to identify what competencies and skills are needed to improve marital relationships.
- 2) To study the marital competencies of couples in a multi-cultural context to understand challenges and dysfunctional communication patterns.
- 3) To develop tools (i.e., communication strategies) that can help couples who are part of lower-income communities to cope with daily challenges and common problem areas.
- 4) To implement the proposed marriage skills intervention programme among volunteering couples, to assess its value in improving marital competencies (specifically marital satisfaction, communication, and conflict resolution), and to evaluate couples' experience of the influence of the intervention programme on their marriage relationships.

1.7 RESEARCH METHOD: BRIEF OVERVIEW

Action Research was used as the research design because of its collaborative approach and focus on community participation (Somekh, 2005, p. 7).

The research started by exploring the practical problems couples experienced within their environment. As the intention was to examine possible solutions to these problems in collaboration with the participants, an Action Research approach was used. Costello (2003, p. 4) mentions the four characteristics of Action Research: 1) It is practical as it deals with the problem practically; 2) It focuses on change that would make a difference in the community;

3) It involves a cyclical process as it evaluates and improves the intervention when necessary, and 4) It is concerned with participation and ownership of the intervention by the organisation and community.

Action Research involves a collaborative partnership between participants and researchers whose roles and relationships are interactive and mutually supportive to allow participants and stakeholders to make appropriate contributions (Somekh, 2005, p. 7).

The following six phases of Action Research (also see chapter 3, section 3.2.1), as described by Nieuwenhuis (2012a, p. 74), were used in the research:

Phase 1 involved identifying the problem (i.e., the need for a marriage intervention programme for couples that cannot afford professional psychological services).

Phase 2 involved data collection to understand the problem (i.e., using quantitative and qualitative research methods to establish what aspects could be addressed to improve the marriage of couples).

Phase 3 involved the analysis of data to understand the problems that couples experienced (i.e., using thematic analysis to analyse qualitative data and using descriptive statistical analysis to analyse quantitative data).

Phase 4 involved the development of the intervention, the content of which was drawn from literature studies, existing interventions, the theory chosen for this intervention, and the findings from the Situational analysis need assessment about marital relationships.

Phase 5 involved the implementation of the intervention consisting of seven modules and involving 18 hours of training. The implementation was presented by the researcher and co-researcher over three Saturdays. Fourteen couples of different race groups from a church in Midrand, Johannesburg volunteered to participate in the intervention. The couples were divided into three groups of four or five couples each.

The intervention was implemented in respect of one group at a time on three Saturdays. Changes were made to the programme based on the feedback of the first group, and the revised programme was presented to the second and third groups. Through various cycles of implementation, the programme was improved to fit the needs of the participants.

Phase 6 involved evaluating the process and outcome of the intervention. After the intervention each group completed the feedback questionnaire and the evaluation questionnaire (with semi-structured, open-ended questions). Couples also completed a pre- and post-intervention survey, namely, the Three Couple Scales.

1.8 KEY CONCEPTS

The following key concepts were used in this research:

Marriage

Kapur (2018, p. 1) defines marriage as a contract between two individuals that evolves to become part of a distinctive human family system in society. Individuals are independently responsible for their roles as marriage partners and as members of society. The fundamental elements of marriage include intercourse and procreation, and living together with mutual desires and responsibilities to care for their offspring and carry out activities within the household.

Marriage types

The researcher focused on two types of marriage in South Africa, namely, customary marriage and civil marriage, the latter often referred to as the ‘white wedding’. Both forms of marriage are recognised and fully protected by the law. The Recognition of Customary Marriages Act (Act 120 of 1998) extends full state recognition to customary marriages, including polygamous marriages, and it aims to ensure gender equality. This Act has been a

welcome legislative effort to support vulnerable women who feel that they do not have a voice in customary marriages. Eight years later in 2006, the Civil Unions Act (CUA) introduced state recognition to couples regardless of gender, allowing them to choose either the term 'marriage' or 'civil partnership' (Yarbrough, 2015, p. 15).

Marriage skills

A marriage skill is a behavioural and cognitive skill that represents an ability that an individual has acquired and used within the context of marriage. A dictionary definition of skill is that it is a task that a person can learn to perform well through practice (*Oxford Advanced Learner's Dictionary*, 2005b, p. 1378).

Marriage competencies

To be competent is to have enough skill or knowledge to perform a particular task well and to reach an acceptable standard (*Oxford Advanced Learner's Dictionary*, 2005a, p. 294).

According to Lewis (1997, p.79), marital competencies refer to the key skills that married couples acquire.

Marital satisfaction

Marital satisfaction is connected to the perception of one partner of the degree to which the other partner can meet their needs in the marriage (Gündüz & Çelik, 2018, p. 19).

According to Halford (2001, p. 4), a strong and mutually satisfying marriage is resilient to the negative effects of life's stresses and is a powerful predictor of good health and well-being in a relationship.

Mental Health

Galderisi et al. (2015, p. 231) have discussed the definition of mental health derived from the World Health Organisation (WHO). They defined mental health as a state of well-being in which every individual realises their potential, copes with the daily stresses of life, works productively, and is essential to contribute to their own lives and their community.

1.9 OVERVIEW OF THE CHAPTERS

The research in this thesis is presented in eight chapters.

Chapter 1 briefly discusses the benefits of being married and the distinguishing qualities that promote the development of a good marriage. The importance of a marriage skills intervention programme and international evidence-based and non-evidence-based marriage programmes in South Africa is discussed. Further, the rationale for the research, its problem statement, aims, and objectives are discussed, and an overview of the research process is given. The chosen research design, namely, Action Research, is described, followed by a brief discussion of the development, implementation, and evaluation of the proposed marriage skills intervention programme.

In chapter 2 the researcher discusses the Marital Systems Theory as the theoretical framework chosen for the research. The six competencies of the Marital Competency Model, developed by Lewis (1997) are included in the intervention based on the Marital Systems Theory. Thereafter the researcher reviews relevant marriage programmes, and literature that forms the background of decisions on the content of the intervention. Components of interest are, for example, the challenges experienced with the extended family within a cultural context, communication, financial well-being, mental health, and sexual intimacy.

Chapter 3 deals with the research methodology followed in the research. Action Research was the research design of choice because of its collaborative approach, its focus on

community participation, and its cyclic process. The mixed methods used in data collection (i.e., quantitative and qualitative) are discussed. The various steps in the Action Research process are reflected in the next few chapters.

Chapter 4 presents the research results of the situational needs analysis. The aim of using this method was to study what was needed in a community to improve a social problem and to plan a course of action in the form of an intervention programme.

The focus of chapter 5 is on the development of the proposed marriage intervention, and it discusses the content of the intervention.

Chapter 6 deals with the implementation of the proposed marriage skills intervention programme. The discussions cover the importance of a quality implementation framework, stages of implementation, and the researcher's experiences and observations regarding the intervention.

The focus of chapter 7 is on the evaluation of the marriage skills intervention programme. The process of evaluation is discussed, and the results of the quantitative and qualitative evaluation are presented. The thematic analysis report is presented, as well as a discussion of the impact of the intervention and the solutions offered relating to the intervention.

In chapter 8, the results of the intervention are discussed and the value of the intervention to the couples is highlighted. This chapter includes sections on the study's limitations, various recommendations that are made, and concluding remarks about the research.

In the next chapter, chapter 2, the Marital Systems Theory as the framework of the research, and relevant literature to determine which components are important for the development of the intervention programme, are discussed.

CHAPTER 2

This chapter discusses the study's theoretical framework and the literature review that was done to determine the components for inclusion in the proposed intervention.

2. THEORETICAL FRAMEWORK

Lewis (1997, p. 5) posits that a professional in this field of work can find it difficult or almost unattainable to be successful without a theory, especially to conceptualise marital relationships and important constructs.

The researcher critically examined various theories (the Marital Systems Theory, Attachment Theory, Family Systems Theory, and Bioecological Theory) and concluded that the Marital Systems Theory, was applicable as it understood the complexity of marriages and the challenges that had an impact on marriage. The approach of the Marital System Theory also convinced the researcher to use this theory as it assisted in conceptualising marital relationships and important constructs. Therefore, the researcher saw her way forward to implementing the theory effectively.

2.1 THE MARITAL SYSTEMS THEORY

The Marital Systems Theory (Lewis, 1997) provided a framework that guided the research in developing the proposed marriage skills intervention programme. The Marital Systems Theory was regarded as particularly suitable to use as a marriage theory because other theories (e.g., the Attachment Theory, Family Systems Theory, and the Bioecological Theory) supported it. Further, the use of this theory was important for providing a foundation of empirical validation, preventing value judgments and biases. Lewis (1997, pp. 98–125) explains that the Marital Systems Theory consists of 15 premises, regarding dyadic relationships and is based on two constructs separateness-autonomy and connectedness-intimacy which are defined below.

Separateness-autonomy refers to one's ability to be independent and to take responsibility for oneself. Feelings that are associated are freedom, solitude, isolation, or loneliness.

Connectedness-intimacy is a person's experience to be able to be close to or blend with another person, the ability to be empathic with self and others, and when in a relationship it means to experience feelings of closeness, equality, and unity.

The 15 premises will be indicated in italics.

Premise 1: *Separateness-autonomy and connectedness-intimacy are basic human behaviour systems that co-exist in every person.* Lewis (1997), explains that the human system is part of many systems theories. The two behaviour systems are not opposite poles but co-exist and have differing levels of development in each individual. These two systems are deeply rooted and genetically programmed. Separateness and connectedness are understood as the experiences of one person that differ from the experiences of another person.

As regards Lewis's, statement that human behaviour systems exist in every person, they are not independent of each other, they influence each other in complex ways. Mention can be made of Becvar and Stroh-Becvar's (2018, p. 5) reference to the systems perspective, according to which each family member affects the other family members and is affected by them.

To illustrate Premise 1, one could construct the following case study: Pam was raised by an authoritarian father who was always angry when communicating and would not listen to reason. She met Sam and did not realise that his character was similar to that of her father. After their marriage, she noticed a change in his behaviour. He would become angry at something she did and would not see reason. Her behaviour changed instinctively by changing the subject (emotional separateness) to protect herself. He, in turn, became angrier, and she left the room (physical separateness).

The rest of the evening she ignored him and kept herself busy on her phone (emotional separateness). He felt rejected and went to sleep in the spare bedroom (physical separateness). Thus, the argument led to separateness (loneliness), indicating that the family system showed an imbalance of separateness and connectedness. The couple experienced more separateness because of the husband's anger and the wife's underlying fear of him (triggered by her experiences with her father). However, they did experience a few instances of connectedness (feelings of togetherness).

Premise 2: *Behavioural systems are genetically programmed, developmentally, and socially determined.* Lewis (1997) explains that parents have considerable influence on their children's social development through their biological make-up and through the way they raise their children and expose them socially. Separateness and connectedness are socially determined and are primarily based on family values, beliefs, and rules regarding social interactions. Lewis also adds that variables that facilitate the development of "separateness" regarding a family's social interaction include acceptance of other's differences, the ability of a family to express their thought and feelings, encouragement to compete within the family, and the broader social environment, family member's focus on areas of competence and also the encouragement of parents to explore the world. Akister and Reibstein (2004, p. 7) explain that exploring the world can be understood as the 'pursuer–distancer' attachment style, which is especially relevant to an understanding of couples' attachment (separateness and connectedness) relationships, and these relationships display socially programmed human behaviour. Lewis posits that variables facilitate the development of "connectedness" regarding family's social interaction including being vulnerable and expressing a wider sense of how they are feeling within the family, modelling by parents to display affection, encouragement of the development of a high standard of empathy for the family and outside the family and encouragement of friendship outside the family.

Taylor (2010, p. 17) discusses developmental determinants as referred to in premise 2, and explains that the attachment theory has ‘two competing drives: proximity seeking and exploration’, which are the same as separateness and connectedness developed in childhood. Secure attachment refers to a child’s need for separateness to move away from the caregiver, explore the environment, and return feeling safe and loved. Taylor (2010, p. 28) explains that secure attachment means that a child’s relationship is a secure base from which to explore the world, and it is a safe place to return to as there is a caregiver who is available, sensitive, predictable, warm, nurturing, and loving. It is an emotionally meaningful bond where both child and parent reciprocate these feelings and find happiness and satisfaction. There is strong evidence of an association between the security of attachment and relationship quality. When children learn early on that they are worthy of love and that adults will be responsive and available in times of need, they are more likely to establish satisfying relationships with others. In other words, the parent-child relationship is an indicator of a child being socially and developmentally determined to reach adulthood (Akister & Reibstein, 2004, pp. 8, 9).

Dunham et al. (2011, p. 7) discuss insecure attachment, which describes the style of poisonous parenting and, in particular, of a ‘pageant parent’. Pageant parents try to create children who are mirror images of who they wish they were, particularly if they have failed to gain recognition for their talent. This type of parent gains pseudo-self-worth through the child’s accomplishments, real or imagined. Pushing their child to perform, stems from their own needs rather than from a desire to do what is truly best for the child. These parents send the message, ‘Be what I was, or what I wanted to be, but even better’. By doing this, parents send a message to their children that they do not meet expectations. When a child does not meet an expectation, the parent withholds love. This leaves continuous feelings of not being good enough and feelings of rejection. Similarly, in a marriage, partners will feel rejected, not good enough, and unable to ever meet expectations if their partners have complaints about

them. According to Dunham et al. (2011, p. 82), insecure attachment leads to children having a lack of emotional confidence in their parents. When they reach out to their parents in times of emotional turmoil and are not satisfied by the response, it may influence their willingness to seek solace in that relationship again. Similarly, insecure attachment in marriage influences couples to perceive actions as injurious and to respond to perceived injuries in a maladaptive manner. Such misinterpretations and the reactions thereto eliminate the security of relationships over time.

To illustrate insecure attachment, an example of a poisonous parenting style in particular “pageant parent”, one could construct the following case study: Jean’s mother is a pianist and had a piano in the living room but was not able to play because of an illness. One day her mother’s friend asked about the piano in the living room, to which the mother replied that her daughter loved playing the piano all the time. Jean could not believe what her mother had just said because she had not played the piano for a very long time. This demonstrated that the mother was projecting her dreams onto her daughter, which made her daughter feel that she was not good enough. As an adult in marriage when her husband has a complaint, she will receive it as criticism as she will not feel good enough and will withdraw.

Regarding premise 2, that behaviour system are genetically programmed, Lewis (1997) states that for a parent to be able to connect to their offspring has a survival value. He continues by saying that one’s temperament could be an example of a biologic mechanism, for example, the “easy child”, “difficult child”, and “slow to warm child” may be understood as having different balances between the two human behaviour systems. Kulik and Rayyan (2006, p. 458–459) explain that, from a bioecological perspective, human development of particular feelings and behaviour must be understood within the context of an individual and how they interact within their environment. According to Mayes and Lewis (2012, pp. 19–20), the bioecological perspective views the individual as active, exploring, preserving, or changing

opportunities afforded by their environment. Thus, the dynamics of the theory focus on individual characteristics, both psychological and biological, and personal response styles to the environment, which have an impact on human development and also on marriage. For example, when a child suffers from depression (genetically programmed) it can affect a relationship with the parents if not managed well (some parents refuse to accept that their child has depression). Individuals who have a genetic predisposition to depression can be described as having a programmed human system with depression as an automated response to, for example separation, when the mood is down and the individual needs to be alone and the partner needs attention.

To illustrate the scenario of an individual who suffers from a genetically programmed condition, one could construct the following case study: John, who had been diagnosed with hereditary depression, withdrew from his marriage emotionally, lost interest in sexual intimacy, and engaged in impulsive dysfunctional behaviour. John's behaviour impacted the relationship negatively and the partner 'separated' emotionally because the level of marital satisfaction of his wife Jenny was reduced. If the couple had come from a securely attached relationship with their parents and had been able to manage the mental illness, they would in all likelihood have had a marriage without severe conflict and dysfunctional patterns of behaviour.

Premise 3: *Each individual is understood as having a relatively stable balance of separateness-autonomy and connectedness-intimacy however, this balance may be altered by challenging life circumstances or developmental challenges.* Lewis, (1997) further explains that an individual may be well-developed in both behaviour systems or may be stronger in one system. Regarding life or developmental challenges, if a newly married couple comes from a securely attached family that has a relatively stable balance of separateness and connectedness, their marriage can still experience challenges.

When a baby is born into the family system, the wife spends more and more time with the baby and excludes the husband from participating in the daily care of the child. This will cause a lack of intimacy and create ‘separateness’, making the husband feel lonely in the marriage. This life event can place the marriage at risk as it influences the couple’s mood and give rise to negative patterns of behaviour and can cause marital dissatisfaction (Halford, 2001, p. 18). Therefore, this life event can cause an imbalanced human system regarding separateness and connectedness which need to be negotiated.

Premise 4: *Psychological maturity or health involves the capacity for both separateness-autonomy and connectedness-intimacy to co-exist in an individual.* Lewis (1997) explains that if one partner needs more space and the other partner needs more closeness to feel satisfied in the marriage, this must be discussed and negotiated to prevent it from leading to marital dissatisfaction. Feelings of extreme separateness lead to loneliness, and feelings of extreme closeness can make a partner feel smothered. Du Toit (2017, p 117) supports the view and explains that when a partner wants extreme distance, this can give the impression of non-interest, “I don’t want you close” and when a partner wants extreme closeness this can give the impression of being too needy. Therefore, human behaviour systems need to be negotiated.

Premise 5: *Both separateness-autonomy and connectedness-intimacy may be affected by frequent unconscious fears.* A poisonous parenting style that includes behaviour that is experienced as abandonment, separation, and loneliness can cause a child to have fears and affect adult relationships (Lewis, 1997).

To illustrate the effect of these fears on an individual, one could relate the following case study: Michael grew up idolising his dad who was the family provider, and he looked up to him as the role model in his life. His father told him time and again that he could do anything or be anyone he wanted to in life if he set his mind to it and his father will be at his side all

the way. However, one day he came home to find that his father had left the family permanently without a goodbye or an explanation.

Dunham et al. (2011, p. 123) posit that the kind of loss described above can present as ‘father hunger’ and can lead to barriers to developing intimacy in adulthood and a healthy self-esteem. Having unresolved father hunger can impede someone’s ability to develop and sustain intimate relationships. An individual who experiences emotional or physical abandonment is left with feelings of shame and stigma, which often cause that individual to put a ‘wall up’ in a relationship. Shame is a feeling of worthlessness coupled with a core sense of inadequacy (Dunham et al., 2011, p. 124).

Premise 6: *It is common for individuals to identify a central recurring problem in a relationship that stems from childhood and that is a source of underlying fears.*

Lewis, (1997) explains that the central recurring problem can stem from an experience of loss of connection in childhood caused by an emotionally disconnected parent and also problems that could range from severe experiences of sexual abuse, physical abuse, or neglect to experiences that appear to be more subtle such as excessive demands from parents or parental favouritism of another sibling. Becvar and Stroh-Becvar (2018, p. 5) refer to the family systems theory as focusing on the family and the individual’s character that is formed during specific moments of interaction with members of the family. Through interaction, a family member affects other family members and is affected by them. To understand each family member, one must study how they relate to and interact with every other family member. Their interactions give rise to patterns of problematic and/or non-problematic interactional behaviour.

The case study presented in premise 5 could serve as an example: Michael's internal dialogue was tested by his childhood experience that his father was not reliable because he had left the family and had not kept his promises. Therefore, Michael could conclude that his partner in adult life would not be reliable and keep promises. When Michael's wife would complain about him, he would become fearful of abandonment as he believed that she would not keep her promise of staying married. Both these human behaviour systems (separateness and connectedness) may be affected by a central recurring problem that is triggered because of a childhood experience as a source of underlying (unconscious) fears. In Michael's marriage, his unconscious central recurring problem was that of fearing abandonment. Insecure attachment influences couples to perceive actions as injurious and to respond to perceived injuries in a maladaptive manner. Therefore, the central recurring problem is exaggerated, and Michael will respond as if his wife is planning to leave him. Such behaviour will increase the conflict between Michael and his wife.

Premise 7: According to the Marital Systems Theory, *individuals are drawn to specific other individuals for many reasons, including an unconscious desire to seek healing and repair based on their central recurring problem that stems from childhood relationships.* Lewis (1997) explains that an adult is often drawn to a partner who reminds them of their caregiver/parent who was responsible for the wounding. The argument is that adults unconsciously choose intimate partners for their characters that closely resemble the characters of the people who wounded them as children so that the wounds can be healed in the new relationship. Imago Relationship Therapy supports this theory (Hendrix & Hannah, 2011, pp. 205–206).

Lewis adds that the central recurring problem can stem from an experience of loss of connection by a poisonous parent and the cause could be neglect or abuse in childhood. The sense of a loss of connection can have an emotional effect in adulthood, characterised by increased avoidance of closeness with a partner for fear of rejection or a pang of hunger for closeness (separateness and connectedness) that needs to be negotiated. This feeling and subsequent behaviour can dramatically affect adults' romantic relationships (Dunham et al., 2011, p. 85). The Attachment Theory also supports premise 7 (Neswisa & Jacobs, 2019, p. 11). These scholars describe the Attachment Theory as the theory of significant early childhood experiences with primary caregivers. These caregivers influence emotional and cognitive development and therefore affect adult behaviour. Attachment needs are active from infancy to late adulthood and thus also in adult romantic relationships (Dunham et al., 2011, p. 83). If one partner has patience with and continues to show love to the other partner who has attachment issues, then healing can happen if this behaviour is withheld then conflict in the relationship can occur. Therefore, unconscious childhood wounds can influence a relationship and create conflict in a marriage (Dunham et al., 2011, p. 85).

To illustrate the effect of attachment needs in a marriage, the following case study is presented: Michael's wife, Ursula, was raised to have secure attachment feelings. She was always interested in Michael's personal growth, encouraged him to excel, and assured him he could achieve whatever he wanted to when he put his mind to it. Michael was attracted to her because his dad had said the same encouraging words to him when he was a young boy (an unconscious attraction to an individual that is similar to the caregiver for healing and repair). However, his central recurring problem (abandonment) sometimes reminds him of his dad when he is with her and it heightens his underlying fear that she might also abandon him.

Premise 8: *The key task of improving a relationship is the significance of the definition: it requires negotiating a balance between separateness-autonomy and connectedness-intimacy to be reasonably secure so that partners are free from fear.* Lewis (1997), explains that a new relationship starts with the desire to define the relationship between the couple when they foresee a commitment in the relationship that can ensure stability, and then couples start by wanting to change the other partner. According to Soonhee et al., (2010, p. 858), they discuss a relationship that is in the beginning stages of disillusionment and further explain that this happens when romantic love begins to fade, and the reality about the partner's character flaws is observed in a relationship. It becomes more apparent when they stop romanticising and compliments decline. They also add that during the early stages of a committed romantic relationship, implicit and explicit attitudes toward one's partner may change when disillusionment sets in, and the desire to see a change in the other partner is common. Lewis, adds that defining the relationship through negotiating separateness-autonomy and connectedness-intimacy is important to reach a balance as it can avoid chronic conflict or end the relationship. Negotiation between the couple will be influenced by genetics, development, and family dynamics. If the negotiations reach an amicable agreement between the two systems, then the growth of the relationship will be evident and will be free of fear.

Premise 9: *The vulnerability (affect) when communicating is central to the development to achieve a balance between separateness-autonomy and connectedness-intimacy that characterises the relationship.*

Lewis (1997) explains that "affects and their communication" is central to the development of separateness-autonomy and connectedness-intimacy which is a fundamental force in social interactions. For example, sadness, disgust, anger, and fear can encourage closeness or distance. It is recognising the emotions accurately and letting the partner (sender) know that their feelings are understood and it is important for the empathic process.

For example, it is important to mention here that a poisonous parenting style ‘contemptuous parents’ (Dunham et al., 2011, p. 10) tend to belittle, criticise, condemn, and emotionally blackmail their children. Criticism is damaging to relationships and children’s character or personality. Contemptuous parents tend to exaggerate children’s unacceptable behaviour and revert to name-calling, for example, calling them liars even when they accidentally provide incorrect information, or calling them lazy when they do not carry out a task fast enough. A child is not able to confide in a contemptuous parent, nor will that child be prepared to be vulnerable, resulting in that child growing up feeling isolated and lonely. As an adult, this person will be cautious of being vulnerable because of a fear of eliciting contempt or rejection. There is a saying, ‘What you do for or to children, they learn to do themselves’. Another saying is that ‘Children who are lectured, learn how to lecture; if scolded, they learn how to scold’.

A case study of relevance here is that of Sidney and Melissa: In the honeymoon stage of their marriage, Melissa did not show signs of contempt towards Sidney and did not criticise him. Sidney had an underlying fear of abandonment because when he was in primary school his mother left him with an aunt and married her second husband and moved overseas. Melissa had been raised in an insecure attachment relationship by a parent who had abused her emotionally over the years by criticising her, showing contempt, and calling her names. When Melissa behaved similarly toward Sydney, this behaviour intensified his childhood wounds: his fear became a barrier to being vulnerable with her, which kept them emotionally ‘separated’. This has affected their ability to negotiate their balance between separateness and connectedness.

Premise 10: *Achieving a balance between separateness-autonomy and connectedness-intimacy requires the indirect negotiation of five issues, namely, closeness (sharing), commitment (priority), intimacy (vulnerability), separateness, and power.*

Lewis (1997) discusses these issues, which are crucial to forming a bond in a relationship.

Closeness means how much of their life are partners prepared to share, such as values, interests and activities, shared friends, level of commitment to parenting, and participation in sexual intimacy. Some partners share very little of their lives and others overshare and there is very little space for separateness.

Commitment is affected when there is an emotional priority that is shared in their relationship other than each other. If one partner has a significant other (e.g., a mother, child, sibling, friend, or lover) who is more important than the marriage and receives emotional priority, the other partner will be less committed to the marriage relationship.

Intimacy refers to the participation of both spouses in the mutual sharing of vulnerabilities. To be intimate means to be in touch with one's inner world and to be willing to share that with a partner and be hopeful and trust the outcome.

Separateness means accepting each other's differences, for example, differences relating to values, interests, and friends. To accept separateness means to have respect for each other's subjective reality. It is the ability, of the partner to agree on the way they differ which will define separateness instead of fighting over what is right or true.

Power in a relationship is one of the most important factors to define a relationship. An imbalance of power often causes conflict and great marital dissatisfaction. Partners who have all the power will make all the decisions on their own, even decisions about the time spent away from each other and the time spent together.

Negotiating power means rethinking and changing all the learned ways of maintaining power over the years such as being manipulative, aggressive, passive-aggressive, persuasive, and even charming. In a relationship, every human system must be negotiated and establish an organisational structure that works for each other but it can be manipulated in keeping with his or her own needs and fears.

To illustrate how an imbalance of power can affect a relationship, the following case study is constructed: Jonathan (the husband) seemed to have power in the relationship because he is charming and he is the breadwinner. He met a lady at a Friday gathering with the guys and started having an affair with her. His wife, Jane, decided to forgive him, but, as he chose not to release his power and negotiate a balance of separateness and connectedness, (Jane felt disempowered). He continued meeting the guys on Fridays and this caused Jane to be angry and frustrated. He defended himself by saying, 'I promised I won't have an affair again and you must just believe me, and move on'.

The imbalance of power that continued after the affair affected the issues of closeness (Jane was angry and avoided him), commitment (there was still a third party in the marriage, namely, the friend who had encouraged the affair), intimacy (Jane was angry and hurt and was not loving because Jonathan was not listening to her needs), separateness (Jane distanced herself emotionally and physically by moving to the spare bedroom).

As mentioned above, these five issues are crucial to relationship formation.

Premise 11: *from negotiating the five issues, interactional patterns develop and become rules regulating closeness and separateness in the relationship, and, over time, these patterns can become relatively stable and are considered to be the relational structure.*

In premise 10, the importance of the five issues, if they are negotiated, then the interactional patterns will become relatively stable and serve as rules that will regulate actual and figurative distance in the relationship that can be considered the relational structure.

As explained by Lewis (1997), these patterns or rules influence the circumstances in which a partner may move forward or away from their partner physically or figuratively in which separateness and connectedness are to be acceptable to both partners. This can be uncomfortable initially but will become stable and considered a relational structure. The figurative space is in sharing their subjective reality and the decision around just listening or verbally expressing support.

Akister and Reibstein (2004, p. 7) refer to the notion of the Family Systems Theory that there are transition points in a marriage system where couples face specific challenges and where they seek to re-establish familiar interaction patterns or develop new patterns.

Becvar and Stroh-Becvar (2018, p. 21) explain that the emphasis of the Family Systems Theory is on family and the development of an individual's characteristics as a result of interactional patterns that are non-problematic (e.g., giving/receiving positive feedback in the form of, for example, praise) or as a result of problematic interactional patterns (e.g., giving/receiving negative feedback). Interactional behaviour is formed at a given moment of interaction between members of the family (relational structure).

Thus, individuals communicate or give feedback in ways that are consistent with their ways of thinking and believing.

Premise 12: *The ongoing relational structure in a relationship may be regarded as satisfactory by the partners and may encourage continued healthy development, but negative relational structures do not.*

Lewis (1997) explains that relational structures are important for the life of the relationship and that at one extreme it encourages healthy development, and at the other extreme they can cause mental illness.

For example, in the case of Jonathan and Jane presented in premise 10, Jonathan had an affair and maintained all the power and did not negotiate his power concerning the important five issues. This resulted in negative relational structures that could cause intense conflict and serious marriage health problems. In explaining the Family Systems Theory, Akister and Reibstein (2004, p. 7) refer to the notion that there are transition points in a marriage system where couples face specific challenges (e.g., infidelity) and where they seek to re-establish familiar interaction patterns or develop new patterns. When Jonathan refuses to change his behaviour, he maintained (re-establish) familiar interactional patterns which can cause chronic conflict.

Premise 13: *Positive parenting relational structures in a marriage can have a positive impact and therefore, increase the probability of their raising healthy, mentally developed children. On the other hand, negative parenting relational structures can have the opposite effect.* Lewis (1997) refers to three relationships that are essential for shaping the healthy development of a child in the family: a mother-child relationship, a father-child relationship, and the parent's relationship with one another. Lewis also mentions that research has proven that parent relationships have an overwhelming impact on the child's development. Therefore couples need to have stable relationships as it will affect the development of the next generation and the next.

Premise 14: *Dyadic relational structures that take a development progression course can change over time depending on the balance of separateness-autonomy and connectedness-intimacy.*

This happens particularly when a couple experiences a life-changing situation, for example, a bread winner losing a job. The developmental progression will take longer and in such a situation, separateness and connectedness will need to be re-negotiated because the marriage may be at risk. When the bread winner is successful again re-negotiation may take place again. This means that the development of the relationship does not necessarily happen in a specific order or over a period of time (Lewis, 1997).

Mayes and Lewis (2012, pp. 19, 29) refer to Bronfenbrenner's Bioecological Theory, which asserts that process, person, context, and time are basic to understanding human development. The aspect of time is most important in understanding human development: it refers to the long period during which humans are pliable and their biological, mental, and social structures emerge in tune with their respective environments. Vélez-Agosto et al. (2017, p. 905) state that Bronfenbrenner's Bioecological Theory supports premise 14, and they add that the environment which the individual inhabits may change over time. The human capacity for adaptation (in both cultural and biological environments) is tested when they face new challenges in diverse conditions.

Premise 15: *Marital relational structures reflect underlying value systems that are observed over time.* Lewis (1997) mentions that values need to be discussed and considered by both spouses, and these values relate to, for example, separateness, independence, and individuality, and are contrasted with autonomy, relatedness, closeness, and intimacy. At the start of a relationship values are not necessarily discussed beforehand by couples but are often mentioned spontaneously or when it is presented they may agree or deny having such a value. Halford (2011, pp. 11, 22) adds that relationship satisfaction can be partly ascribed to partners sharing their fundamental values and beliefs and disagreements about important relationship expectations and values is a predictor of a higher risk for divorce.

2.1.1 A Summary of the Marital Systems Theory

Perel (2007, p. 38) contends that ‘you need two things in a marriage, the will to make it work and you need to be able to compromise’. The main emphasis of the Marital Systems Theory is that couples need to be committed (have the will) to make their marriage work and need to negotiate (be willing to compromise) about separateness and connectedness throughout the life span of the marriage, especially during life-changing events, developmental changes, and hurtful events (e.g., infidelity) to reach marital satisfaction.

As was mentioned earlier in the chapter the Marital Systems Theory, was applicable as it understood the complexity of marriages and the challenges that have an impact on marriage.

This theory has revealed the importance of achieving a balance between separateness-autonomy and connectedness-intimacy and also what should be in a marital intervention programme. Amongst others, firstly, for couples to learn how to deal with conflict, effectively communicate and form positive interactional patterns to reach a satisfying relationship. Secondly, to understand depression (genetic programming) and the effect it has on cognitive and behavioural functioning that can assist couples to attain a mentally stable relationship. Thirdly, assisting couples to understand each other’s childhood wounds and teaching partners to assist each other in finding healing, for example, finding ways to make each other feel more secure, be more patient and encourage closeness. Fourthly, to assist couples to change their negative relational structures into positive relational structures which will have an impact on the stability of the marriage and influence parenting that can positively affect the children’s health and mental well-being. Lastly, minimising couples’ wounding through negotiating equal power that can lead to marital satisfaction and positively affect the couple’s health and mental well-being on their journey to a long-term marriage.

2.1.2 A marital programme using the Marital Systems Theory

In this section, the focus is on Imago Relationship Therapy (IRT) which is using similar supporting theories of Marital Systems Theory. Although IRT's programme is built on different theories, it adheres to some of the premises of the Marital Systems Theory.

1. IRT has the same view as premise 1 of MST, which explains the importance of Separateness-autonomy and connectedness-intimacy as basic human behaviour systems that co-exist in every person (Lewis, 1997, p.100).

IRT supports MST, concerning interconnectedness and explains that it is the defining essence of human nature (nature itself) and adds, the perceived sense of disconnection experienced as separateness, threat, and alienation is markedly affected in adult romantic relationships. IRT adds the perceived loss of connection is the root of all problems that humankind experiences. (Hendrix and Hannah, 2011, p. 205).

2. In MST premise 5, Lewis (2011, p.110) refers to the fact that feelings of separateness-autonomy and connectedness-intimacy may be affected by a harmful parenting style that contributes to frequent unconscious fears (e.g., of abandonment, separation and loneliness). According to the IRT which agrees with premise 5, unconscious fears stem from the experience of children who grew up at the hands of a parent who shows no empathy or is inattentive to the child's needs (Hendrix & Hannah, 2011, p. 205). They further explain that the disconnection of a caregiver makes the child feel separated, threatened, and alienated. These experiences can show up dramatically in adult romantic partnerships (Haselau et al., 2015, p. 182).

3. In premises 6 and 7 of the MST, explains that a painful relationship in childhood is a source of underlying fears that may affect the adult relationship, and individuals are drawn to significant others for many reasons, such as reminding them of their caregiver which is an

unconscious attempt to repair the central recurring problem from childhood (Lewis, 1997, pp. 111-115).

IRT has the same views as premises 6 and 7 of MST, and believes that the unconscious desire of people in a relationship is to seek healing and repair to “finish childhood” through healing and growth. In a bid to be healed in a relationship, partners choose others who remind them of their caregiver or parents and who can fulfill their need to resolve unresolved childhood issues that need to be acknowledged (Hendrix & Hannah, 2011, p. 206).

2.2 REVIEW OF EXISTING INTERVENTIONS

To provide background information on what was needed for the development of the proposed marriage skills intervention programme, a review was done of existing literature, in particular of Lewis’s (1997) Marital Competency Model and the Creating Lasting Family Connections evidence-based marriage programmes. The international programmes are discussed based on the following two criteria:

- 1) Components identified as important for inclusion in the intervention.
- 2) Components that are not included in the programme highlight what should be considered in the development of the new intervention.

2.2.1 Evidenced-based international programmes

Two evidence-based international programmes not used in South Africa, namely, the Marital Competency Model and the Creating Lasting Family Connections, are discussed.

2.2.1.1 The Marital Competency Model (MCM)

Information on the characteristics of a competent marriage is essential in developing an intervention. Having done extensive research on 102 married couples over 10 years, Lewis (1997, p. 73–79) compiled a definition of marital competency and developed a model (the

Marital Competency Model) based on the Marital Systems Theory. Lewis (1997) asserts that, when couples have mastery over six competencies, they have accomplished a level of marital competency. These six competencies (see below), from the MCM, were considered by the present researcher to incorporate these competencies in the proposed marriage skills intervention programme.

Competency 1: As a benchmark, both spouses can negotiate a preferred high level of separateness (autonomy) and a high level of connectedness (commitment, closeness, and intimacy) as the foundation of their relationship structure. However, the levels negotiated can differ from couple to couple.

As regards connectedness and separateness in marriage, commitment may be high if there is no other relationship that competes emotionally and commands the attention of either of the partners. Commitment in a marriage may be low if other relationships (e.g., with a child, parent, sibling, or friend) have greater emotional priority or command more attention from one or both partners.

Connectedness is defined as the level of sharing, which involves shared values, interests, activities, and friends as well as a high level of sexual satisfaction. Intimacy is experienced when there is trust and when thoughts, fears, and fantasies are shared despite giving rise to a sense of vulnerability. Both partners must have sufficient trust to overcome fears.

Separateness has two aspects. On the one hand, partners experience themselves as separate people. On the other hand, they are mature enough to accept that they are different from each other. Autonomous functioning involves taking care of oneself, behaving independently, and accepting the consequences of one's actions.

Competency 2: Each spouse has relatively equal power in the relationship and agrees on the balancing of separateness and connectedness.

The power that one person has is understood as influencing, persuading, and controlling another person. If one person has more power than the other, they can unilaterally define the foundational structure of the relationship, impose their will and, most importantly, decide on the balance between connectedness and separateness. The pattern of leadership can be egalitarian or respectful.

Competency 3: There is no chronic conflict about the foundational structure of the relationship. When conflict occurs, it tends to be brief and can be resolved before it escalates. Conflict (which is almost always about money, sex, and in-laws) does not endure but is short-lived, and negotiations about it are subtle. Separateness and connectedness and a competent relationship are negotiated to be acceptable to both over months or years.

Competency 4: In a relationship, respect for each other's subjective reality is well-developed. In an equal relationship where there is an equal balance of separation and connectedness, the partners will in all likelihood respect each other's subjective reality. They will listen attentively, be clear if they want advice, and explore without changing the subject, suggesting solutions, or passing judgment. Both partners explore particular experiences more thoroughly without imposing their own, co-create new meanings, and achieve a deep level of intimacy. Partners may feel well-understood, and the discussion between them may resemble something like a psychotherapeutic process.

Competency 5: Spouses openly express their feelings and they often respond empathetically. This competency demonstrates that each partner respects the subjective reality of the other and often takes an empathetic position regarding it, as they are more open about their feelings and can share because they are willing to be vulnerable. Partners feel comfortable about expressing feelings and they have no rules in this regard.

Competency 6: Problem-solving and negotiation skills are apparent.

Partners have achieved a high level of effective problem-solving if they have mastered the abovementioned five competencies. The partners can be more focused and can avoid creating tension and intensifying a pattern of behaviour. They search for a consensus, construct compromises, and sometimes agree to differ without being emotional. Their ability to negotiate is developed to a great extent, they can come to solutions that both desire and they deal effectively with stress and change.

In considering the six competencies to incorporate into the proposed marriage skills intervention programme, the researcher identified the following areas of challenge:

1) Components identified as important for an intervention

All the components identified in this model are all variables of communication that will be included in the intervention:

- Negotiation about connectedness and separateness
- Equal power in a relationship
- Managing Conflict
- Subjective reality
- Feelings and emotions
- problem-solving and negotiation skills

2) Components not included in this programme

It is the researcher's view that a programme focusing on competency in marriage should not only be skills-based but also psycho-education-based to equip couples to improve their marriage by dealing with challenges that can cause conflicts such as sex, finance, and depression.

In addition, cultural influences (e.g., represented by in-laws) should be considered in a marital competency model developed for a South African context as these can be a huge source of conflict.

2.2.1.2 The Creating Lasting Family Connections programme

According to Strader et al. (2018, p. 1,2) they developed the marriage enrichment programme called The Creating Lasting Family Connections. Of great interest to the researcher is the importance given in this programme to learning open, non-defensive communication skills (e.g., active listening and echoing) and the provision of emotional validation and compassion, as well as the simultaneous learning of effective strategies for conflict resolution. This programme also explores self-awareness, the difference between thoughts and feelings, the positive and negative traits of each partner, and openly sharing the partners' childhood experiences of their parents or caregivers. Further, the partners discuss their future goals and learn to understand the needs of their partners and how to meet these. Trained facilitators in the community provide support to couples.

1) Components identified that could be considered for the intervention

- The emotional aspects and childhood experiences of their parents
- Communication, conflict skills, and self-awareness

2) Components not included in this programme

- Aspects, such as finance, sex, in-laws, and depression, can cause conflict
- Cultural influences in the marriage (specifically within a South African context) such as in-laws

2.2.2 Evidence-based international programmes used in South Africa

A national literature search was done in South Africa and no South African evidence-based marriage programmes were found (see chapter 1), but it was found that international programmes were used in this country. Two of these are well-known and are discussed in this section, namely, the Prepare/Enrich programme and the Imago Relationship Therapy programme. Reference was made to these programmes in chapter 1, section 1.4.2.

2.2.2.1 The Prepare/Enrich programme

The Prepare/Enrich programme was launched in 1980, and it is accepted without reservation that the topics on problem areas in a marriage are universal enough to be adapted and could be relevant for an intervention programme in South Africa (Dunn, 2017, p.207). This programme is continuously updated to take account of changing societies. Since its inception, over 3 million couples have participated in the Prepare/Enrich program, and it has been scientifically developed and assessed for its reliability, validity, and large national norms with couples from various ethnic groups.

The Prepare/Enrich assessment consists of different scales and items representing the problem areas identified and is tailored to the needs of the couple, based on their responses to their background questions.

It consists of an online questionnaire to be completed by a couple individually. The data obtained are processed, and the results are sent to a Prepare/Enrich facilitator, who will have open discussions (three to six one-hour counselling sessions), included is a workbook of 20 exercises for developing marriage skills and exploring strength and growth areas with a couple or a group.

The Prepare/Enrich marriage assessment program consists of 10 core scales representing problem areas identified as needing attention to improve marriage relationships. These problem areas are; communication, resolving conflict, partner style and habits, financial management, leisure activities, affection and sexuality, family and friends, children and parenting, relationship roles, and spiritual beliefs. Their customised scales include topics such as cohabitation, religious orientation, cultural issues, forgiveness, and a variety of scales for parenting. Prepare/Enrich also assesses a couple's and their extended family's closeness and flexibility, personal stress, four areas of relationship dynamics, and five factors of personality (Olson, et al., 2012, p.2)

1) Components identified that could be considered for the intervention

- Challenges relating to the 10 core scales excluding parenting
- These challenges were also highlighted in the literature review. The researcher intends to incorporate the aspect of partners' expectations when interviewing the couples.

2) Components not included in this programme

- Childhood wounds, as these affect adult relationships
- Depression, which causes conflict in a relationship
- Cultural influences (e.g., in-laws) within a South African context

The high cost of the programme does not make it feasible to implement in lower-income communities.

2.2.2.2 The Imago Relationship Therapy Programme

The Imago Relationship Therapy programme (outlined earlier in section 2.1.2) has been used in South Africa for decades. This programme includes the development of relationship skills, and it aims to take couples on a journey of healing and individual growth focusing on group work or couple sessions with a therapist. According to Hendrix and Hannah (2011, pp. 207-

209), this programme, aims to achieve healing in a relationship. The assumption is that a person chooses a partner who reminds them of their caretaker or parent who can fulfil the partner's need to resolve unresolved childhood wounds (which must be acknowledged first).

In a process called the behaviour change request process, a hurting partner, after having identified the childhood wound, seeks a behaviour change from the other partner, which is positive, concrete, and measurable (Brown, 1999, p. 136).

In providing the needs of the hurting partner (changed behaviour) and what could be most difficult or uncomfortable for that partner to do, he/she will also find healing in return (Hendrix, 2006, p.9).

According to Hendrix and Hannah (2011, p. 206,207), Imago Relationship Therapy teaches couples a skill called 'couples dialogue' which has three steps, namely, mirroring, validation, and empathy (Brown, 1999, p. 100). The 'parent-child dialogue' process proceeds as follows: a partner shares their childhood hurts and how these affect them; the other partner role plays the parent who caused the hurt and responds as this parent in a caring way which gives the hurting partner a sense that they are understood by the partner (Brown 1999, p. 136).

Personal growth is acquired when attending the relationship programme. Individual growth is emphasised and explained as having a *conscious relationship* and it involves reclaiming repressed parts of the self that parenting or socialisation taught the individual is harmful to have. Through this process the person then unconsciously develops self-hate for having these characteristics. The therapy thus requires having the courage to learn new coping mechanisms and unlearn other defensive behaviours which have become negative patterns of behaviour (Hendrix, 2006, p.7).

The Imago programme also deals with the process of achieving intimacy. This process involves the following four elements:

- Being in the moment with one's partner. The focus is on consciousness, where one spouse explores the 'otherness' of the other spouse and accepts the other spouse's differences. This is known as differentiation.
- Learning to connect by way of dialogue. Dialogue creates equality, safety, and connection.
- Replacing judgment (which affects intimacy) with curiosity (which ensures safety and deepens connection) when communicating.
- Permeating the relationship with positive feelings, such as appreciation, admiration, acceptance, and similar emotions. These deliberate positive verbal expressions (appreciations) are some of the building blocks of authentic love.

Imago Relationship Therapy posits that a relationship is a developmental process made up of three stages: the romantic phase, the power struggle, and the conscious partnership (Hendrix & Hannah, 2011, pp. 206).

1) Components identified as important for the intervention

- Childhood wounds, (part of the research theory) will be included as it causes conflict and affects the marriage relationship.
- The 'couples' dialogue' is a skill that is similar to the 'speaker-listener' technique, and it will be included in a marriage skills intervention programme.

2) Components not included in this programme

- Although the Imago Relationship Therapy programme is very effective in promoting healing, adult wounding can continue after the attendance of their groupwork as a result of other environmental and life-changing influences in the marriage.

An intervention needs to be considered to equip couples with psycho-educational training, in areas such as in-laws, finances, depression and cultural influences within a South African context to minimise conflict and help them to cope in their marriage.

Because of the high cost of the programme it will not be feasible to implement the programme in lower-income communities.

2.2.3 Summary of components that could be considered for the intervention

A literature review of interventions was done, and the following prominent marriage components were regarded as important for the development of the proposed intervention:

- The six competencies of the Marital Competency Model are to a large extent constructs of communication about marriage
- 9 core scales from Prepare/Enrich
- Communication strategies or improving communication and handling conflict
- Understanding each other's perspectives on handling finances
- Sexual intimacy—the understanding that it is more than having sex and that it is about loving and sharing outside of the bedroom
- Emotional aspects
- Childhood wounds
- Stress and depression
- Cultural influences (e.g., in-laws) in marriage within a South African context

The researcher concluded that communication and the management of conflict were the most important components of a marriage intervention that aimed to improve marital satisfaction.

Further, the aspect of mental health (specifically depression) was very important in the literature review.

If a partner is not aware that a change in mood could lead to depression and is not receiving help for it, the couple would encounter chronic conflict which could lead to marital dissatisfaction. The marriage programmes that were researched did not include the aspect of mental health.

2.3 LITERATURE REVIEW OF COMPONENTS FOR THE INTERVENTION

This section reports on the literature review carried out to determine which components should be considered for the development of the intervention programme. The choice of components was based on the challenges and factors that caused marriage dissatisfaction. Although these aspects were introduced in chapter 1, they are expanded on in this chapter, and presented in a more informative or solution-based ‘voice’.

The ten components to be included in the intervention were drawn from searching theory, studying other interventions, and doing a literature review to find relevant themes.

It is reported that few couples have role models to emulate and that guidelines can be given to assist couples to minimise marital dissatisfaction by avoiding issues that are predictors of marital dissatisfaction and that may lead to divorce. Predictors of marital satisfaction are discussed first, followed by a discussion of the other components needed in an intervention.

Table 1: The components of the intervention

Number of components	Components of the intervention
1	Predictors of marital dissatisfaction
2	Separateness and connectedness
3	Childhood and couple wounds
4	The extended family
5	Communication
6	Conflict
7	Mental health
8	Finances
9	Sexual intimacy
10	Relationship values

2.3.1 Predictors of marital dissatisfaction

Building a marriage can be viewed as a form of planning and constructing a healthy relationship (similar to planning and constructing a house or a garden) and achieving individual and mutual goals. Therefore, marriage does not involve ‘taking a chance’ (such as gambling does). Marriage can be compared to an architectural map of a building process that will continue but to which other elements can be added as time goes on (Hunt et al., 1998, p. 11).

If couples know the factors that have been identified as predictors of marital dissatisfaction and if they view them symbolically as an architectural map that illustrates the areas to avoid that could harm their marriage, they can construct a new architectural map of their marriage by replacing the harmful elements with elements that will improve their marriage.

If couples could purposefully avoid predictors of dissatisfaction, they can minimise marriage dissatisfaction and reduce the rate of unhappy marriages and divorce (Clarke-Stewart & Brentano, 2006, pp. 43, 44, 47).

The seven factors listed below have been identified as predictors of marital dissatisfaction that could be addressed (Halford et al., 2011, pp. 15–20).

1) Contextual variables

Contextual variables refer to the influence of external family, friends and cultural aspects on the couple's relationship. Cultural factors need to be taken into consideration. Living with extended family or in-laws can cause conflict when the young married couple wants to live independently, particularly when there are financial constraints and when the home is too small for the whole family. Unsupportive parents, in-laws, family, and friends of the married couple influence marriage satisfaction. On the other hand, when couples are far from family and friends for whatever reason, they can feel isolated and miss the support of family and friends. This can also negatively influence the relationship of the couple.

2) Family of origin

The family of origin refers to the parents or caregivers that raised the couple and have an influence on them. When partners' childhood relationships with their parents were emotionally or physically traumatic and caused unresolved childhood wounds (described in section 2.1, premise 7), these wounds can be triggered in future relationships and can, therefore, influence couples' relationships. Other factors, such as violence in the home, divorce of parents, or dysfunctional patterns of interaction can have emotional consequences that can affect a couple's relationship.

3) Religious beliefs

If partners' religious interests and core values and beliefs differ, these differences can result in lower marital satisfaction, especially if the family of origin imposes their beliefs or values on the couple. Researchers have indicated that couples who have similar religions, experience less strain in their marriage. It is the researcher's view that if differences are managed well then this can lead to marital satisfaction.

4) Economic strain

If one partner mismanages the finances, has secrets in handling the finances, or is unemployed, marriage satisfaction can be affected negatively because the other partner may find it difficult to manage on their own. Further, if one partner has to do two jobs to keep the family afloat financially, it can cause partners to spend less time together and to get detached from each other.

5) Life events

Marriages may undergo developmental transitions and stressful and serious life events that cannot be avoided, and these can cause deterioration in a marriage. Stressful life events and critical circumstances relating to work (e.g., loss of work, a promotion at work) can increase responsibilities and stress. Serious life events (e.g., severe illness and unplanned parenthood) can minimise the time available for quality family time. These events can influence the couple's mood and give rise to negative couple interactions, which can lead to fatigue and burnout. Couples with low marital skills (e.g., negative couple communication, lack of problem-solving ability, and little support from each other) may not be resilient if they face the negative effects of serious life events. This may negatively affect the relationship and marital satisfaction.

Couples with a good connection can survive serious life events despite the constant pressures of hectic lives. An emphasis on an open and honest dialogue that provides the means necessary to meet the demands of a modern relationship can assist in managing the daily stressors of life.

6) Individual characteristics

When couples' behaviour is triggered by childhood experiences and life's challenges, their characteristics may determine their responses, and these may create conflict. They should discuss their emotional triggers and feelings with each other and be aware of the impact they have on each other when communicating to avoid marital dissatisfaction. The following are individual characteristics that can play a role:

- Personality types and significant individual differences (e.g., relating to experiences of the family of origin, educational differences, and different levels of employment)
- Attachment style (secure or insecure): Emotional neglect, inconsistent, harsh, or unresponsive parenting can contribute to insecure attachment and feelings of excessive anxiety about abandonment and/or discomfort with emotional closeness (as discussed above).
- Mental illness: If one or both partners suffer from a psychological disorder (e.g., depression or anxiety) and there is little understanding or their responses are negative, the situation is exacerbated.
- Substance abuse (e.g., alcohol abuse) predicts the deterioration of marital satisfaction.
- Couples' interaction: Partners' behaviours, thoughts, and feelings during interaction affect a marriage relationship. For example, criticising and being judgemental without empathy can affect communication.

7) Environmental factors

When the community's culture is different from the lifestyle of the couple (e.g., a Christian couple who does not want to get involved in cultural rituals such as sacrificing to the ancestors), the couple's relationship will likely be affected negatively.

The next section focuses on the components of an intervention as they apply specifically to the proposed marriage skills intervention programme for implementation in a South African context.

2.3.2 Separateness and connectedness (balance of power)

In section 2.1 where premise 1 of the Marital Systems Theory is discussed, reference is made to the explanation of Lewis (1997) that if separateness and connectedness are not managed well, it can result in serious conflict.

Separateness is when you allow a partner to experience themselves as a separate person and develop themselves (by having time alone). Connectedness is when there is commitment, closeness, and intimacy, and it is defined as a level of sharing that involves shared values, interests, activities, friends, and sexual satisfaction. Du Toit (2017, p. 117), in describing similar constructs, namely, 'independence' and 'dependence', asserts that these constructs need to be negotiated by both partners as they can cause doubt, tension, and conflict. Du Toit (2017) explains further:

1) When a partner wants extreme distance, this can give the impression of non-interest, 'I don't want you close'. On the other hand, when a partner wants extreme closeness, this can give the impression of being too needy. Emotional distance can create anxiety for a partner who desires closeness (i.e., who needs a lot of attention and to be touched physically often). However, this partner can make the other partner who needs distance feel smothered. These different needs, if not negotiated, can affect a relationship negatively.

2) If one partner prefers independence all the time and the other partner requires more dependence, then the latter partner can feel lonely and rejected. If one partner desires emotional distance and the other partner desires extreme closeness (e.g., being involved with a partner's task when not needed), the former partner can feel stifled.

3) If there is too much closeness, it could create the feeling that there are no boundaries (if one partner is sad it will affect the other partner). If separation causes feelings of jealousy, it could be a sign of a lack of emotional closeness when it is needed.

4) According to Lewis (1997), a balance of power is an essential construct in a relationship. Partners should learn to compromise, negotiate, and allow each other to make decisions. Each spouse should have relatively equal power and, therefore, spouses need to negotiate the balance of separateness and connectedness to avoid marital dissatisfaction.

2.3.3 Childhood and couples' wounds

Section 2.1 focuses on the Marital Systems Theory, premise 6 deals with the importance of understanding childhood wounds and adult behaviour.

1) Childhood wounds

Being insecurely attached to a parent creates a relational template that can influence attachment in adult relationships. Insecure children can become adults who are less likely to form secure, trusting, stable, and affectionate relationships with others. Insecurely attached adults tend to show extreme patterns in their relationships, for example, they show disturbances in their abilities to trust or be trustworthy. There are also strong parallels between infant–caregiver attachments and romantic love as the dynamics of these relationships are similar (Wittenborn, 2012, p.189–192).

If a caregiver is an unresponsive or unpredictably responsive parent, children may become avoidant or ambivalent about the affectional bond.

Childhood attachment with a caregiver provides adults with an understanding of what can be expected from relationships and how relationships function. Interactions with caregivers are internalised as future expectations of attachment, and these mental copies remain relatively stable throughout a person's life. These expectations of different forms of attachment guide future relationships (Wittenborn, 2012, p. 189).

Early exchanges between caregivers and children also provide a critical context within which children organise emotional experiences and learn to regulate their effects. Parents who are physically close to their children and emotionally able to respond to their children's needs, who can soothe them through touching and vocalising are likely to encourage their children to form a safe and comforting connection with them. Over time, these experiences accumulate to provide children 'with a core sense of worth, of being loved, and of being able to love others' (Dunham et al., 2011, p. 4). Securely attached adults can reach out to their partners for affection and support during stressful times. Further, they can provide empathy, sensitivity, and support to reduce their partners' distress. As adults they are more skilled at regulating their emotions, have better communication and problem-solving skills, and experience greater relationship satisfaction (Wittenborn, 2012, p. 191).

Adults with unresolved traumatic childhood experiences tend to report a relationship history of intense, ambivalent, and unstable relationships and to have a fear of being abandoned. They tend to have more challenges with managing their emotions and interpersonal connectedness. The dynamics of childhood can thus result in aspects of dysfunctional relationships during adulthood (Dunham, 2012, p. 21).

2) Couples' wounds

Couples' wounds are caused by partners' words said in anger, and these may take the form of criticism, contempt, defensiveness, and stonewalling. Criticism is when partners attack each other's personality or character instead of addressing the problem in the relationship.

Contempt is when a spouse makes devaluing statements, insults the other spouse, or shows disrespect and disgust. Defensiveness means taking a defensive stance amid conflict to protect oneself, and it can cause dissatisfaction in the relationship. Stonewalling refers to simply refusing to respond when a response is expected, especially during a serious conversation.

Although a partner may not have intended to hurt the other partner at the time, the words constitute hurtful messages, and when they are repeated over time, wounds are formed that can be painful. Continued negative, intense and harsh language can lead to a damaging toxic cycle of communication. Couples must acknowledge the effect words can have on a relationship so that they can attempt to change the quality of their marriage relationship (Dunham et al., 2011, p. 105).

2.3.4 Extended family within a cultural context

The research aimed to develop a marriage intervention programme within a South African context. Therefore, three cultural groups are discussed to understand cultural influences on couples and determine how best to make these influences part of the intervention.

1) The African family

In African culture, the family plays an important role. Not only are parents and elders important in lending assistance in a lobola marriage (a cultural marriage), but they fulfil an essential role in the event of a crisis or challenge in the marriage to find solutions to avoid the breaching of the marriage contract. The family is extremely helpful with difficult issues that couples cannot resolve on their own. The married couple is also expected to assist the extended family if they have financial difficulties (black tax). This can put a strain on their relationship. Parents and elders have their own opinion when it comes to their children's decision-making.

However, this can become incredibly challenging for married couples who want to build a family independently but do not have the same beliefs and views as their parents (Khathide, 2007, p. 109; Sempore, 1994, p. 38).

2) The Indian family

In Indian culture, the interests of the family usually take priority over those of the individual: decisions affecting someone's personal life (e.g., marriage and career path) are generally made in consultation with the family as a whole. Family members tend to act in the best interest of their family's reputation, as the choices of an individual may impact the community's perception of the entire family. Extended families are very important, and strong family networks of kinship ties are observed. Even when family members do not live near each other, they typically maintain strong bonds and attempt to provide each other with economic help and emotional support. Change in such a family structure is slow, and an added spouse entering by a matrimonial alliance, as well as their offspring, can create conflict if they want to change the status quo. The challenge for married couples today is that, in the past, final decisions were often made by the elderly who felt they were entitled to impose their opinion on the family, and this can put a strain on marriages. Moreover, wives are regarded as children in the household, and when a wife insists on independence and exclusivity and persuades the husband of the importance of making their own decisions, with the idea of starting their own core family, by excluding the extended family, she is not well-liked and accepted by the family. A family does not appreciate an individual's efforts to change the cultural value of the existing 'establishment of relationships between two families' (Chadda & Deb, 2013, p. 3; Kapur, 2018, p. 3).

3) The Western family

The cultures of Western Europe and North America with their complex, stratified societies, where independence and differences are emphasised, are said to be individualistic. White families in South Africa have mostly adopted Western culture. Coloured families also adopted Western culture when the mothers worked in white households. Individualistic societies value self-reliance, independence, autonomy, personal achievement, and a definition of the self. Parents have a huge influence on children when they are young but not when they are adults. Generally, adult children are allowed to have their values and are given some freedom to find their own identity (Khathide, 2007, p. 109).

Christians may be regarded as having adopted Western culture, and they lean strongly on biblical values and beliefs. They live a life of prayer and depend on encouragement and guidance from church leaders. Sometimes they regard the church as their family, so much so that the church family may have a bigger influence than the biological family on marriage partners. Pastors hold a significant position in assisting and supporting their community. Similar to that of an elder in the African culture they also assist couples in making decisions that are biblically based (Spaumer, 2017, pp. 38, 39, 128).

2.3.4.1 Challenges with the extended family

Relationships with in-laws play an important role in couples' lives, and the challenges experienced in respect of the extended family are a major concern and can be one of the main causes of marital dissatisfaction.

Fingerman et al. (2012, p. 2) conducted a study on couples before and after their marriage. They found that early relationships with mothers-in-law might affect the quality of subsequent in-law relationships (i.e., in the early relationship before marriage, and also after marriage when beliefs and expectations of the future relationship were established).

Their findings also indicated that if partners entered their marriage with their own beliefs and expectations, it could have an impact on relationships with in-laws.

Before getting married, couples tend to spend a lot of time together, take part in activities as a couple, and visit and contact their families. Parents and parents-in-law play a significant role in the growth of a couple's relationship before marriage, and this role expectation increases when the couple's relationship becomes more serious (Ciesielski & Janowicz, 2021, p. 68; McCarthy & McCarthy, 2004, p. 123).

Research findings have indicated that positive relationship qualities during the early relationship (i.e., in the formation stage) are associated with more positive feelings and fewer negative feelings after the marriage with in-laws (McCarthy & McCarthy, 2004, p. 131).

These authors contend that if a couple still has a good relationship with their in-laws after two years of marriage, it can predict a good relationship later in their marriage.

Fingerman et al. (2012, p. 22) conducted research in which they examined couples' expectations of their relationships with their future in-laws to explore these relationships after they were married. They found evidence that these expectations were mostly negative; for example, couples feared that the relationship would not be close and that there would be conflict. Markedly, many responses in the study pertained to feelings of being torn between the two families, especially when there were major events or public holidays such as Christmas (Fingerman et al., 2012, p. 22). Expectations that partners have of their own families and their partners' families could be a potential source of problems that are associated with increased negative feelings about in-laws. These findings substantiate the important role extended family members play in shaping marital ties and ties with in-laws early on (Ciesielski & Janowicz, 2021, pp. 68–69; Fingerman et al., 2012, p. 22).

2.3.4.2 Five ways of dealing with in-laws

McCarthy and McCarthy (2004, pp. 123–125) have identified five ways of dealing amicably with in-laws when there are disagreements. These ways are connected with: 1) Sources of conflict; 2) Generational power struggle; 3) Power struggle; 4) Loyalty clashes; and 5) Forming a relationship with in-laws.

1) Sources of conflict

It is beneficial when spouses avoid taking the role of impartial mediators or problem-solvers in the families they marry into. Instead, spouses should preferably be allowed to deal directly with their own families. A spouse who marries into a family can provide perspective, suggest alternatives, and take a supportive role toward their spouse, but taking the role of advocate, especially the parents-in-law's advocate, is not recommended. Listening in a respectful, caring manner and validating feelings are important in a marriage (McCarthy & McCarthy, 2004, pp. 123–124).

2) Generational power struggle

The differences between married couples and their parents can often be connected to career, money, leisure, or house issues. McCarthy and McCarthy (2004, p. 124) advise that a distinction be made between solicited and unsolicited advice because parents are pleased to be consulted and listened to. Unsolicited advice is better ignored than fought over as the parents' intention is usually positive and not to control or put down. Couples have a choice to decide which advice will suit them; they are free to solicit advice and to ignore unsolicited input—but not the person who gives it. In turn, when parents solicit advice, then they can count it a blessing to have respectful, open-minded parents as most adults who are older are not open to guidance from young couples (McCarthy & McCarthy, 2004, p. 124).

3) Power struggle

One of the most destructive patterns is a power struggle between a couple and their in-laws. The most common struggle is between a daughter-in-law and a mother-in-law, or a son-in-law and a father-in-law. As with most power struggles, there is seldom a winner, and those who expend negative energy to struggle for power should rather acknowledge that the couple's marriage is more important than the extended family. A good way to avoid a power struggle is for couples to devote time and energy toward building a relationship with their in-laws (McCarthy & McCarthy, 2004, p. 125).

4) Loyalty clashes

It is important to achieve a balance between loyalty to a marriage and loyalty to the extended family—the issue is not one of winning or losing. Loyalty and energy belong within the marriage first to ensure that it is sustainably happy and satisfying. It is beneficial when in-laws and extended family are active supporters of and provide resources for the marriage, but it is not recommended for couples to turn to parents or in-laws for support in a marital argument as it may be perceived as fighting dirty and exacerbating loyalty conflicts. Couples should communicate directly with their spouses and not through in-laws for whatever reason. If spouses do that, they risk losing the core (respect and trust) of their marital bond (McCarthy & McCarthy, 2004, p. 125). In the view of the researcher, the support of the extended family is very important in cases of domestic violence.

5) Forming a relationship with in-laws

Ideally, in-laws are adult friends, and it should be a joy for couples to spend time with them. All too often, especially among those who emphasise autonomy, time spent together degenerates into uncomfortable interactions and the avoidance of in-laws.

McCarthy and McCarthy (2004, p. 125) propose that the following factors be considered when forming a relationship with in-laws:

- Recognise and accept differences.
- Play to the strengths of people and accept or downplay difficulties.
- Accept people with their problematic characteristics.
- Structure interactions so that stress is minimal.

2.3.5 Communication principles

According to Du Toit (2017, p. 11), the way couples communicate defines a relationship.

Communication has an impact on the quality of relationships, and the ability to communicate clearly can avoid misinterpretation. Couples can attempt to change the quality of their relationship by learning how to communicate and by changing the way they communicate.

In discussing the achievement of marital satisfaction, Du Toit (2017, pp. 11–212) posits that purposefully applying the following communication principles can assist couples in improving their relationships. These principles are touched on next.

1) Derailing of communication

As children, partners have often been raised differently, and have studied and experienced socialisation in different ways. Therefore, spouses' perspectives and the formation of their life experiences differ. By implication, spouses' perspective of what an ideal relationship is differs. Spouses need to be aware that, most of the time, there will be two interpretations when they communicate.

2) Empathy

Empathy means the ability to place oneself in the other person's position and to show understanding in a way that makes effective communication possible.

In a relationship, it means that partners can identify with one another, that one partner understands what the other partner is going through and does not criticise or disregard the other's perspective. One partner should accept the other partner's subjective reality and opinion.

3) Place in the relationship

Relationships have various power positions which can influence the quality of a relationship.

These power positions are summarised as follows:

- A leader–follower relationship is when one partner makes all the decisions and the other partner agrees.
- An equal relationship is when partners respect each other's views and opinions and when they allow their partners to influence them. Partners get turns to make decisions and they do not control each other.
- A power-struggle relationship is often characterised by competitiveness or strife. One spouse aims to win the argument to become the leader at that moment. The partners could go as far as harming each other emotionally, intimidating each other, and refusing to understand each other's views.

4) Context

The context and environment in which couples find themselves influence the quality of their relationship. Creating a context and an environment, for example, having dinner by candlelight, creates communication. In other words, the circumstantial background creates the meaning of couples' communication and marital relationship.

5) Mutual influence

Mutual influence refers to circular patterns of communication. A circular pattern of communication means that what one person says (cause) will affect the other person (effect).

In other words, a partner's behaviour and way of communication will affect the other partner. Partners communicate from their frames of reference, which can create confusion and lead to conflict. The couple must acknowledge each other's point of view to enable them to find a solution if a problem crops up.

6) Acceptance and rejection

The way couples communicate and the words they use can result in the other partner feeling accepted or rejected. A partner's behaviour can create a harmonious atmosphere or a hostile environment. Behaviour such as taking a leadership role without mutual agreement, asking questions that sound judgemental, criticising without being asked for an opinion, blaming, and being defensive can create an atmosphere of rejection. If a partner displays positive behaviour, such behaviour can contribute to a feeling of acceptance.

7) Needs

The quality of a relationship is determined by partners' sensitivity to meeting one another's needs. If a partner's needs, wishes, and dreams are not fulfilled by their partner, frustration and disappointment become evident. Prolonged promises not met can lead to conflict.

8) Recognition

A spouse who receives recognition feels acknowledged, accepted as unique, noticed, appreciated, and treated as special. It can be described as a form of encouragement in a relationship and it helps with self-actualisation. Accepting your spouse unconditionally is an important form of recognition.

9) Self-control

Spouses have self-control when they take responsibility for their own life and are the authors of their own life stories.

Things do not always work out according to plan, and disappointment, adversity, and challenges often cross couples' paths, but remaining calm can assist them in making the correct decisions and avoiding conflict. Partners need to look at what can be changed before they decide how to react to a challenge. Further, a partner must avoid being passive and allowing the other partner to make decisions on their behalf; instead, partners should negotiate their needs to ensure satisfaction in the marriage.

10) Adaptability and rigidity

Conflict and tension can occur in a relationship if a spouse cannot or will not adapt to a specific environment or situation (e.g., the relationship with the in-laws). Adaptability means 'rising to the occasion', and doing what is important for good communication and a successful relationship. A rigid partner is not prepared to listen to the other partner's view. A partner needs to view the other partner's opinion as being as important as their own opinion.

11) Emotions

To have emotions is part of being human; emotions protect you, make you feel safe, and help you to function and to adapt emotionally so that you can live life with a positive attitude. Unfortunately, emotions can also make a person feel tense and trapped, and if a person behaves accordingly, the partner can respond irrationally. This can prevent a rational interpretation and understanding of the situation. Emotions can influence the way a partner communicates, and if the communication is negative it can elicit a negative response, which can affect the relationship. When a partner is angry, speaks loudly, responds before thinking, and makes critical comments, the other partner may respond defensively, which can become a cyclical pattern of argumentation.

2.3.6 Conflict

Related to good communication, is effective conflict management, which is demonstrated when a difficult or sensitive problem arises, and couples listen to each other before suggesting possible solutions, and they compromise. Both participate actively in the conversation, and both use effective speaker–listener skills. They are respectful and understand each other’s reality (Halford, 2011, p. 205). If partners react aggressively to conflict, it could be to protect themselves, but it could also be to get the upper hand in a situation. This does not resolve conflict; in fact, it can increase conflict as the other partners may feel the need to defend themselves or withdraw from their partners completely, which is a passive reaction to conflict. Withdrawal often happens when the partner wants to avoid conflict or fear of tears and anger outbursts. A self-assertive reaction to conflict is important in instances of negotiating disagreements, and one partner should try to accommodate the other partner and achieve a ‘win-win solution’ (Du Toit, 2017, pp. 213–218). When spouses are trapped in destructive and ineffective communication patterns, it can affect their emotional well-being. For example, when you are in a relationship where you feel controlled by your partner through communication, it can make you feel helpless, and can contribute to marital dissatisfaction. Couples can sometimes unknowingly hurt the ones they love; therefore, they need to identify their own and the other’s strengths and weaknesses and accept accountability for the way they communicate (Halford, 2011, p. 25).

Managing conflict in marriage involves being able to make creative and constructive use of conflict. Making use of this ability can lead to the achievement of change, growth, and development in the marriage (Greeff & Bruyne, 2000, p. 321). These authors explain that couples can differ in the way they manage conflict: it can be either constructive or destructive. Destructive conflict management is characterised by manipulation, threat, coercion, the use of belittling and degrading verbal communication (overt expression),

retaliation, inflexibility, and rigidity, as well as non-verbal communication (covert expression). Constructive conflict is characterised by flexibility, interaction with the intent of being taught instead of being defensive, enrichment of self-esteem, and an emphasis on the relationship instead of the self. Conflict can be associated with a troubled marriage as it is viewed as harmful and destructive (Cumming & Davies, 2010, p. 2).

According to Ellis (2000, pp. 64, 65), **four elements** can cause conflict in a relationship, and if they recur over a long period, it can result in marital dissatisfaction and ultimately divorce. The first element is criticism, which is an unrestrained attack on the worthiness of a partner, and which implies that the partner is inferior. The second element is defensiveness, which is the inability to listen sensitively to a complaint or criticism and the refusal to take responsibility for a mistake or lack of judgment. The third element is contempt. The partner who displays contempt is intentionally trying to insult or degrade the other partner, for example, through the rolling of eyes, hostile humour, or mockery. Furthermore, this partner also harbours negative thoughts about the other person and broods about it. The fourth and last element is withdrawal or stonewalling, which is when a partner's response to conflict is maintaining a stony silence, refusing to talk, changing the subject, or leaving the situation abruptly.

Effective conflict management requires that both partners allow each other to speak, that they listen intently to each other, and that they respect each other's points of view before they find solutions together. Effective conflict management is a skill that can be learned like any other skill (Halford, 2011, p. 17).

2.3.7 Mental health

In this section on mental health, the focus is on depression and stress and the causes of these conditions. Many people do not see stress as a risk for depression, but Meyer et al. (2019, p. 1) have found that an increasingly stressful situation and negatively engaging with a romantic partner can lead to depression. These authors also maintain that a romantic relationship that leads to marriage satisfaction may be a primary factor contributing to a reduction in symptoms of depression. In the case of prolonged conflict, it can be quite the opposite—it can lead to symptoms of depression.

2.3.7.1 Mental health and marital conflict

Prolonged conflict in marriage can have an impact on mental health because it gives rise to feelings of helplessness and inability to change the situation. A lack of marriage skills can result in marital problems, which, in turn, can have an impact on mental health (i.e., stress and depression) (Gubits et al., 2014, p. 11). The possession of relationship skills will contribute to more positive outcomes, such as improved marital quality and reduced levels of psychological distress. This can result in a more stable and nurturing home environment with positive outcomes for the couple and their children (Gubits et al., 2014, p. 5).

2.3.7.2 Depression

There is evidence of a strong causative link between stress and depression (Praag et al., 2004, p. 40). Further, the relationship between serious life events and depression is considerably increased in the presence of psychosocial vulnerability factors, such as low self-esteem, lack of close relationships, and adverse psychosocial work conditions.

People sometimes feel blue or sad, which is usually fleeting and passes within a couple of days. However, when a person has depression, it interferes with normal functioning, which causes pain for both the person with the disorder and those who care about the person.

Depression is quite common; it is a serious illness, and most people who experience it need treatment to get better (Moy, 2009, p. 1).

According to Walsh (2009, p. 4), the brain is responsible for regulating mood, thinking, sleep, appetite, and behaviour, and it sends messages between the nerves using chemical neurotransmitters called noradrenaline, serotonin and dopamine. When these chemicals function abnormally it causes depression (Moy, 2009, p. 4; Van der Walt, 2014, p. 28).

2.3.7.3 Stress

Individuals can experience stress when they perceive that the demands placed on them seem to exceed their abilities to cope with or change the situation. It can be potentially damaging and overwhelming and it may have negative outcomes (Praag et al., 2004, p. 131). Stress in this instance describes events that an individual experiences as threatening or frustrating, which produces physiological and behavioural responses as part of allostasis (i.e., maintaining homeostasis through adapting internally to meet perceived and anticipated demands) (Joshi, 2005, p. 27). In discussing stress, Praag et al. (2004, pp. 144–145) state that two key hormones play a role in producing stress, namely, adrenaline and cortisol.

Adrenaline works in the short term, whereas cortisol works in the long term. If cortisol rises and adrenaline drops, it can result in stress. A person who is stressed feels unwell and anxious and is overcome by negative thoughts. If stress hormones permeate the person's veins, the brain has fewer chances of recovering, and the person's capacity to deal with a situation diminishes. Eventually, this can contribute to depression (Cooper & Quick, 2017, p. 101).

Excessive and continued stress, which can be experienced because of life-changing events, marital conflict, and workplace demands, can cause depression.

Below is a discussion of factors that can cause stress.

2.3.7.4 Stress and life events

Research indicates that there is a relationship between life-changing events (e.g., illness, losing a job, having an unplanned baby) and that the stress caused can eventually contribute to mental illness (Praag et al., 2004, pp. 40, 42). Van der Walt (2014, p. 31) agrees that psychologically stressful life events, such as the death of a loved one, can accelerate a mental illness.

2.3.7.5 Stress and the workplace

A stressful work environment can harm marriage relationships. Chronic stress (e.g., social disadvantages, living circumstances, or financial challenges) often exacerbates negative responses to work stress, which in turn can harm marital interaction (Halford, 2011, p. 17).

According to Hill et al. (2008, p. 168), ‘family-to-work’ conflict occurs when stressors at work are made more difficult as a result of family issues. The division of household chores, along with traditional views of men’s and women’s roles in the home, has been identified as a factor that contributes to stress. According to Hammer et al. (2004, p. 83), high work demands (e.g., work overload and deadlines), coupled with a lack of control over decision-making, are likely to cause mental strain and cardiovascular disease, particularly if there is a lack of support. Another cause of stress is when the person and the work environment do not fit; in other words, the employee’s skills, needs, and expectations do not match the employer’s requirements. Day et al. (2014, p. 217) have found that the experience of mistreatment within the workplace makes employees less interested in their job and more likely to experience burnout. Individuals who experience burnout often report feeling a sense of inadequacy and reduced personal accomplishment. Predictors of burnout (depletion of energy leading to exhaustion) are an unpleasant supervisor, and an increase in work demands without an increase in compensation and/or resources.

Essentially, mistreatment can lead to stress, anxiety, and burnout, which can then manifest in physical symptoms. Perel (2007, p. 42) asserts that couples must make sure to maintain the connection of intimacy between them despite the constant pressures of hectic lives. The emphasis should be on open and honest dialogue as it provides the means necessary to meet the demands of a modern relationship. If they fail to do this, it can have serious mental and physical health consequences.

To mitigate the couple's experiences of marital stress as described above, the researcher decided to include communication strategies relating to gatekeeping in the proposed marriage skills intervention programme (see appendix 9, module 4, unit 2).

2.3.7.6 Gatekeeping to mitigate stress

Shoemaker and Vos (2009, p. 3) discuss gatekeeping and define it as the regulation of an individual's exposure to social reality. This determines the view of the person's world and what information a person should have access to, to guard against unwanted information.

The researcher chose the construct of gatekeeping as a communication strategy to describe the action of 'having each other's back', and for couples to guard each other against unnecessary stressors from the external environment. This strategy was implemented in the marriage skills intervention. Usually, people are not aware of how much stress their body and mind are taking—until they reach burnout. Gatekeeping in this context means that partners need to remind their spouses to take breaks from work, exercise, go for walks, and to do fun things because burnout can lead to depression, which, in turn, can lead to conflict and marital dissatisfaction.

The discussion above emphasises the importance of including the components of mental health, specifically stress and depression, in the proposed marriage skills intervention programme.

Education about mental health issues and the development of understanding between couples and the coping skills of partners can contribute to improved marital satisfaction.

2.3.8 Finances

According to Halford (2011, p. 4), being happily married is associated with financial well-being. Relative to single or unhappily married individuals, happily married individuals may have the potential for greater career achievement and higher income. Davis (2019, p. 7) contends that every couple should talk about money as it is important to ensure long-term relationship success. The best time to address money issues is early in the marriage before self-defeating attitudes and habits are formed.

The marital relationship is under great pressure when one spouse is extremely dissatisfied with the other spouse's financial status. For example, one spouse wants to save for a house whereas the other spouse prefers to spend money on travel, or the one spouse does not care about earning a lot of money or having a high-paying job whereas the other spouse wants money to spend, for example, on a better lifestyle. When debts are out of control, couples often find it difficult to agree on a budget—the one spouse wants to plan for the future whereas the other spouse resists doing any financial planning. Often, naive hopes that money problems will take care of themselves are replaced by resentment and bitterness as the problems become chronic. Although a couple might not reach an immediate or perfect solution, they can improve their financial position if they acquire and implement financial management skills (McCarthy & McCarthy, 2004, p. 102).

Discussing money creates a shared vision about attaining individual goals and a desired financial status. If couples sort out financial matters early on in the marriage, it may play a role in the future financial health of their marriage and ensure marital satisfaction (Davis, 2019, p. 7).

As regards the important matter of finances, McCarthy and McCarthy (2004, pp. 94–95) propose that couples bear the following in mind regarding dealing with finances.

2.3.8.1 Dealing with finances

1) Recognise financial differences

Each spouse brings to the marriage attitudes, experiences, and feelings about money. Couples need to consider and be aware of each other's financial background and how money was dealt with in the family of origin. When they discuss financial matters, they should recognise each other's perspectives about money experiences and attitudes. A couple needs to listen respectfully and in a caring manner when they share their wants, dreams, concerns, hopes, and fears. Once the couple has shared information based on finances, it is easier to make financial decisions and plans (McCarthy & McCarthy, 2004, pp. 94–95).

2) Adopt a system to deal with money

There is no 'right way' to handle money; it differs depending on circumstances, values, and goals. It is important to recognise financial problems, assess them realistically, and reach clear agreements about money. Money problems breed disrespect and mistrust that can subvert the most hopeful, loving marriage. The money management system that is agreed upon should reflect the couple's decision to accept each other as serious, equitable financial partners. A couple needs to be aware of each other's income and expenditure, and, to avoid conflict, they could consider adopting some of the following practical suggestions: share income and expenses equally; calculate expenses proportionately to income; agree on a monthly stipend for each partner that does not have to be accounted for; encourage each other to be financially independent but to stay responsible for joint expenses; and agree on a specific amount that each can spend without a discussion and joint decision (McCarthy & McCarthy, 2004, p. 96).

3) Avoid comparisons

Unfortunately, people resort to comparisons in several areas, money being a prime example. Couples should not compare their financial situation with that of parents, siblings, friends, or media personalities as it could be harmful to their relationship. There is always someone who makes more money, has a more expensive house, a fancier car, and better investments. The only reasonable comparison is with oneself to determine if financial goals have been set and met. The most negative effect of comparisons is that they create unnecessary pressure and unrealistic expectations; being realistic is the key to avoiding financial problems (McCarthy & McCarthy, 2004, p. 103).

Money is an emotional matter because of what it means to an individual to have money, and disagreements and conflicts about finances are often the reason why people divorce.

Davis (2019, p. 11–14) has identified ten reasons why couples fight over money.

2.3.8.2. Reasons why couples fight over money

1) Different money personalities

Some partners are spenders and like to shop, others are savers, and still others do not think of money at all and live minimally.

2) The need to control

One spouse does not want the other spouse to manage the money even though they may not be good at it.

3) Negative communication patterns

How a couple communicates about money is important. If talking about money makes one partner emotional, the other partner can become defensive, and the talk will end in conflict instead of in finding a resolution to the problem.

4) How parents managed money

A spouse could be repeating the financial habits they learned from their parents. The beliefs of spouses about money can affect their relationship.

5) Secrecy about spending money

If one partner is secretive or even lies about spending money it will be difficult for the couple to reach their financial goals, and this can cause difficulties in a relationship.

6) Different money values

Couples' values regarding money are often different. For example, one partner wants to buy a brand-new vehicle to treat a spouse for hard work done, whereas the other partner wants to buy a property that has a similar financial plan.

7) Conflicting spending habits

One partner prefers eating at a restaurant whereas the other prefers saving by eating at home.

8) Incompatible saving habits

When one partner saves diligently and the other one promises to save but does so less often, it could lead to conflict because the couple may not be able to stick to their savings plan.

9) Income differences

If one partner earns considerably more than the other, it could cause conflict. To prevent conflict, one of the best solutions could be to let spouses pay for bills based on the percentage of total income earned. Further, they can agree that each one sets aside spending money regardless of what they earn.

10) Conflicting ideas about what to spend money on

Couples may disagree about the most important things to spend money on and about whose ideas are more important. For example, one partner wants to do home improvements whereas the other one wants to go on a much-needed holiday.

2.3.9 Sexual intimacy

Pre-marriage counselling is essential for couples before they get married. Unfortunately, many couples are not counselled in sexual matters before marriage, or such counselling consists of a brief talk with a pastor. For decades it has been taboo to have discussions about sex with your parents, as a result of which couples stumble through their sex life in the first few years of marriage, barely managing to achieve sexual satisfaction (Wheat & Wheat, 2010, p. 29). Couples find it difficult to speak about sex openly, but if they are encouraged to do so, sexual dissatisfaction can be minimised. The following aspects are important for inclusion in couples' discussions about sexual intimacy.

2.3.9.1 Mental health and sexuality

Marital sexuality is a shared pleasure, a means to deepen and strengthen intimacy, and a tension reducer to deal with the stresses of life and marriage. Therefore, having a healthy sexual marriage contributes to the development of mental wellness (Halford & Markman, 1997, p. 80).

There is a strong correlation between marital and sexual satisfaction: couples who express high overall satisfaction with their marriage often report a frequent and satisfying sexual relationship (Halford & Markman, 1997, p. 73).

Marital sex can be a mix-and-match situation depending on couples' feelings, needs, practical circumstances, and time constraints. Sex can be described as intimate, long, tender, warm, and involving (like enjoying a three-hour journey).

Sometimes sex can be short and lusty (like a ‘quicky’ that focuses on the destination). If all sex were quickies or three-hour journeys, lovemaking would become boring. Sex can meet healthy needs but can also serve unhealthy psychological motivations such as processing anger or anxiety. This is especially the case if the response to a sexual advance is an abrupt ‘no’, or if a spouse uses the method of teasing (McCarthy & McCarthy, 2004, p. 54).

2.3.9.2 Talking intimacy

To ‘talk intimacy’ is difficult for some couples but it is much easier for women than men. Some spouses feel cheated when their partners are not able to express themselves verbally. Bodies are vehicles for the language of closeness, and through sex, couples can capture the pure pleasure of connection where they feel utterly free, uninhibited, and at peace, without having to force expressing feelings verbally. During sex, non-talkers may feel that they have to change to talkers who focus on verbal communication instead of on important non-verbal communication acts such as doing interesting things together, making gestures, smiling, or giving a timely wink (Peril, 2007, pp. 42, 43).

2.3.9.3 Emotional intimacy

According to Halford (2011, p. 178), emotional intimacy leads to increasing sexual desire. Emotional intimacy should become a daily lifestyle of expressing loving and caring behaviour outside the bedroom, which can transfer to the bedroom. Examples of emotional intimacy are small daily actions such as saying, ‘I love you’, giving a hug, offering a warm kiss at the end of the day, making a spontaneous telephone call, giving a back rub, remembering a birthday, getting a special gift, preparing a special meal, or giving a compliment. Intimate communication is showing that you care about your partner’s needs, and doing that can enhance intimacy between couples (Halford, 2011, p. 183; McCarthy & McCarthy, 2004, pp. 53–54).

In a well-functioning marriage, both partners are capable of emotional intimacy and sexual satisfaction. Integrating these dimensions requires communication and effort. Emotional intimacy is linked to sexual satisfaction (especially in the case of women). It is often said that women need to learn to value sexuality, and men need to learn to value intimacy. Ideally, both spouses can integrate emotional intimacy and sensual sex. Marriage functions best when each person is not governed by traditional male-female roles. Spouses who value emotional intimacy and sensual sex can facilitate a satisfying and stable marriage (McCarthy & McCarthy, 2004, p. 52).

2.3.9.4 Love and desire

Perel (2007, pp. 4, 5) posits that couples need to focus on growing and on finding a balance through negotiating options. Love and desire are separate entities: love enjoys knowing everything about the person, whereas desire needs mystery, surprise, and the unexpected. Thomas (2014, p. 278) asserts that when a wife says, ‘I love you, but I am just not in love with you anymore’, she means that she has stopped desiring him. According to Thomas (2014, p. 277), love is not a desire, love creates desire.

The more a spouse shows love through actions, the more the spouse will be desired in return. In other words, when we act in an unloving way, we short-circuit our desire. Couples who have lost their desire or passion for each other because of familiarity can reverse this by looking at their partner with new eyes: by focusing on their partners’ strengths and gifts, the partners can once again become drawn to each other. Hurting each other and do not settle it between themselves can also remove passion from the relationship (Perel, 2007, pp. 11, 12, 22). Good verbal communication, such as sharing thoughts and emotions freely, creates a high degree of trust and emotional connection, and enhances sexual desire as it encourages freedom to explore sexuality more fully (Perel, 2007, p. 23).

2.3.9.5 Psychosocial influences on a couple's sexual relationship

Halford and Markman (1997, pp. 80–82) discuss the psychosocial influences that affect couples' sexual relationships that could be addressed in a marital skills intervention.

1) Communication skills and intimacy

Communication skills play a vital role in attaining satisfying sexual relationships and a satisfactory marriage. Couples need to be open with each other and express affection, resolve conflict, discuss personal information, and share their feelings, wants, and needs. They need to give each other praise and constructive feedback. These skills are important requisites for sexual intimacy, and low sexual desire is often a reflection of a lack of intimacy and communication.

2) Life events (family circumstances)

Some situational variables that can affect a sexual relationship are, for example, the following: having young children, which can hamper the frequency and satisfaction of sexual intimacy; the increasing number of years of being married can create a loss of novelty and familiarity, which can contribute to a loss of excitement; and pressures of work, finances, house tasks, and illness in the family, which can negatively influence the sexual relationship.

3) Psychological well-being

The life events mentioned earlier can cause problems such as anxiety, depression, and fatigue, which can affect the couple's relationship and can indirectly affect sexual functioning. Negative thoughts about the self, a partner, and a relationship (which are characteristic of a negative emotional state) strongly affect both the relationship and sexual interaction. As the interaction deteriorates it may have a further negative impact on the emotional state and then the sexual functioning of the partners.

4) Attitudes, beliefs and thoughts

Thoughts, attitudes, and beliefs about a partner, a relationship, and sexuality may have an impact on marital and sexual satisfaction. Most beliefs and attitudes have to do with acceptable behaviour and activities, which include orgasm, spontaneity, physical affection, and passion. Differences among couples have been identified as sexual difficulties in the relationship. Maladaptive thoughts, such as a fear of failing and focusing on performance rather than pleasure, impede the development of sexual satisfaction. Further, the family of origin can also influence the sexual behaviour, attitudes, and beliefs of couples.

5) Emotional reactions

Emotions such as anger, guilt, disgust, or shame can affect sexual satisfaction and the relationship as a whole. Emotions and thoughts about being frustrated or disappointed with each other before or during sex can affect sexual satisfaction.

6) Sexual knowledge and sexual skills

To enhance the sexual stimulation of one's partner, one needs to grow in this area by gaining more knowledge about sexual anatomy and sexual techniques. A partner needs to achieve positions during sex where both partners are comfortable and obtain the greatest arousal and pleasure.

2.3.10 Personal relationship values

McGraw (2000, pp. 127–160) believes that if individuals take ownership of their relationship and change their behaviour, the relationship will change and reach equilibrium.

The following ten relationship values are of importance.

1) Own your relationship

Instead of blaming partners, individuals should accept accountability for their actions and reactions in a relationship and choose to positively affect the relationship.

2) Accept the risk of vulnerability

Being willing to be vulnerable is important, because not taking a risk to protect feelings may keep a relationship from growing.

3) Accept your partner

The need for acceptance by a partner is very important in a relationship. It is very difficult to come to terms with rejection.

4) Focus on friendship

Friends always try to see the positive side of a relationship, reward one another, and stay committed in various ways. Nurturing friendship in a relationship, which includes marriage, is of the utmost importance.

5) Promote your partner's self-esteem

Partners can boost each other's self-esteem through the ways they interact.

6) Aim frustration in the right direction

Before impulsively lashing out at a partner, one should establish the root cause of frustration.

7) Be upfront and forthright

Partners cause problems in a relationship if they are not honest and if they withhold true feelings.

8) Make yourself happy rather than right

The goal of partners should be to work together on what works in a relationship and not to work hard to show they are right.

9) Allow your relationship to transcend turmoil

Partners should not use threats to manipulate and control each other.

10) Put motion into your emotion

Partners need to make a decision about what to say or do that will bring them closer to each other.

2.4 SUMMARY

The Marital Systems Theory was discussed as the theoretical framework for the research.

Further, the constructs of the Marital Competency Model that Lewis (1997) derived from this theory were dealt with. Other existing marriage programmes were reviewed, and components based on challenges that couples experienced were considered to determine what would be significant for inclusion in the proposed marriage skills intervention programme.

In the literature review, components important for inclusion in a marriage skills intervention programme were identified. These components were, for example, the extended family, finances, communication and conflict, mental health, and sexual intimacy.

The research goal was to develop a marriage skills intervention programme within a South African context, and, as South Africa is a richly diverse country in terms of race and culture, the literature review encapsulated this.

The next chapter, chapter 3, deals with the research methodology.

CHAPTER 3

3. RESEARCH METHODOLOGY

In this chapter, the objectives of the research and the process of conducting the research are outlined. It explains Action Research as the research design of choice and the six phases. The brief process of Action Research involved a situational analysis, the development of the intervention, the implementation of the intervention, and the evaluation of the intervention. The chapter also contains a section on the ethical considerations that the researcher took into account.

3.1 OBJECTIVES OF THE RESEARCH

The following objectives of the research were formulated:

- 1) To study the existing literature, theories about marriage, and other interventions to identify what competencies and skills are needed to improve marital relationships.
- 2) To study the marital competencies, challenges and dysfunctional communication patterns of couples in a multi-cultural context.
- 3) To develop a marriage skills intervention with tools (i.e., strategies to improve communication) that can help couples who are part of lower-income communities to cope with daily challenges and common problem areas.
- 4) To implement the proposed marriage skills intervention programme among volunteering couples to assess its value in improving marital competencies (i.e. marital satisfaction, communication, and conflict resolution), and couples' experience of their relationship.

3.2 RESEARCH DESIGN

3.2.1 Action Research

Action research was chosen as the research design and it is a process of systematic reflection, inquiry, and action carried out by participants. This process is described as cyclic, and as a process where action and critical reflection take place. Reflection is used to review each action and then plan, act, observe and reflect on it with a view to the next action (Costello, 2003, pp.3, 4). An illustration of the Action Research process is given in Figure 1.

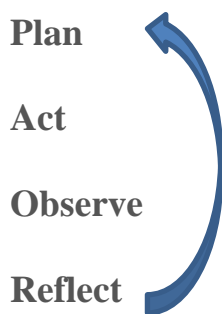


Figure 1: Action Research Model

Action Research involves collaborative participation with the community whose roles and relationships are interactive and mutually supportive to allow participants and stakeholders to make appropriate contributions. This research design allowed the researcher to understand contexts where practical problems were experienced, and to examine possible solutions.

Implementing Action Research is a cyclical process that aims to address the problem at hand (Nieuwenhuis, 2012a, p.74; Somke, 2005, p.7)

A related research method is that of Participatory Action Research (PAR) which emphasises research and participation (McIntyre, 2008, pp.1, 6, 61). This method is suitable for researchers who are committed to co-developing research programmes ‘*with* people rather than *for* people’.

This is achieved through a cyclical process of reflecting on and investigating a problem, critically questioning the problem, conducting dialogue, developing an action plan, generating activities about decision-making, and implementing and refining the plan.

Participants involved are often better off because of their experiences participating in the research.

Practitioners of PAR should continue to maintain confidence in people, continue to support processes of reflection and change that would make a difference in a community, and create continuous circumstances that can be searched and understood collaboratively to solve problems practically, and to evaluate and improve interventions. PAR is also concerned with participation and ownership in an organisation and community, and it is managed truthfully, authentically, and morally using relevant practices (McIntyre, 2008, p. 69; Costello, 2003, p. 4)

Outlined below are eight methodological principles of Action Research and the characteristics of each principle (Somekh, 2005, pp. 7, 8).

3.2.2 Eight principles of Action Research

1) Research and action

Action research incorporates research and action in a sequence of holistic cycles and includes the collection, analysis, and interpretation of data, and the planning, implementation and evaluation of the research that brings about positive change. Through repeated data collection and analysis, a final solution is reached and a decision can be made.

2) Collaborative partnership of participants and researchers

Action Research consists of a collaborative partnership between participants and researchers whose roles and relationships are interactive, mutually supported, and respected to allow each

participant and stakeholder to make an appropriate contribution. As part of a collaborative process in the present research, the participants were involved in the planning and implementation of the intervention to solve their problems together.

3) Development of knowledge and understanding

Action Research encompasses the development of knowledge and understanding of the topic studied. The focus is on change and development in a natural environmental setting (i.e., a community) where the problem studied is common. The interaction of the participants and the researcher provides opportunities for gaining knowledge and understanding that are also accessible to non-participating researchers.

4) Vision of social transformation and aspirations

The first process of Action Research involves having a vision of social transformation and having aspirations to achieve greater social participation. The researcher aimed to act ethically and advocate social fairness that was socially informed and directly imparted. Action researchers present themselves as representatives who can access the systems of influence in a social group or institution and promote the social transformation of change.

5) Reflexivity and sensitivity: The role of the self

Action Research entails a high level of reflexivity and sensitivity by the researcher in facilitating the research process. The researcher interacts with others through interpersonal and professional relationships, forming a common identity.

The role of the researcher is subjective in that the researcher delves into their own experiences and knowledge but also interacts with the environment about the topic to be researched. According to Costello (2003, p. 16), researchers should be 'reflective practitioners' or should engage in 'reflective practice'.

As regards the present research, reflexivity was an important process for the researcher to undertake, as researchers' interpretations cannot be separated from their background, history, and current experiences (e.g., in marriage). The researcher continually examined her attitude and values that might create bias and checked possible biases on the part of the co-researcher (Somekh, 2005, p. 7).

6) Exploratory engagement

Action Research entails exploratory engagement with a wide range of existing knowledge by doing an overall search in various social science fields such as psychology, philosophy, and sociology to implement and evaluate the practical usefulness of available knowledge. This approach to exploring and testing existing knowledge is important. The data collected about the problem under study, and the knowledge of and input from others (including past and present colleagues) are acquired and refined to bring insight into the situational data analysis obtained from a specific field of study (e.g., psychology).

7) Powerful learning for participants

Action Research stimulates powerful learning for participants. The participants, in becoming the research instrument, as well as co-researchers, develop self-understanding and give meaning to their research. The process of getting to understand how personal values and assumptions shape research findings is a way of ensuring the quality of the research.

8) Inquiry into an understanding of broader contexts

Action Research pinpoints the inquiry into an understanding of broader historical, political, and ideological contexts that shape and encourage human interaction at local and international levels. The advantage of working in teams with 'internal' participants and 'external' stakeholders who collaborate is that information can be gathered within a larger

framework. The internal participants are assisted by external stakeholders who have insight into the institutionalised culture and assumptions of the research.

3.2.3 Issues in Action Research

The following are issues that a researcher conducting Action Research can expect to encounter (Somekh, 2005, pp. 11–18):

1) The nature of the action

A difficulty faced by a researcher conducting Action Research is that earlier theoretical work assumed that an unproblematic link existed between cause and effect in social situations.

Action Research is not an easy process: it involves continuous actions in a cycle of evaluation and improvement relating to the collection of data, analysis, interpretation, planning, implementation, and evaluation to bring about positive change.

2) The nature of the self

The quality of Action Research depends upon the reflexive sensitivity of the researchers and on their own identity as they collect, analyse and interpret data through their understanding of research issues. Theorising the self (reflexivity) as a social construct provides many useful insights into the nature of the action in Action Research. The action involves, for example, understanding the complexities of professional action (e.g., of teachers and psychologists), and having the ability to singly move between many different groups during the research.

It becomes clear that organised roles are not specific to individuals but are generated interactively between the self and others.

3) The nature of power

An important issue in Action Research is the way that influence is theorised because power is an integral part of the process of change in any group or organisation.

The researcher takes account of a host of subtle ways in which power is used consciously or unconsciously by individuals within organisations to effect change.

3.3 IMPLEMENTATION OF ACTION RESEARCH

In this section, the implementation of the phases of Action Research as described by (Nieuwenhuis, 2012a, p. 74) is outlined briefly. Thereafter, the implementation of the Action Research process is discussed. Table 2 presents a summary of the six phases of Action Research.

Table 2: A summary of the phases of Action Research

Number of the phase	Description of the phase
Phase 1	Identification of the problem
Phase 2	Collection of data on marital relationships as part of a situational analysis, using quantitative and qualitative research methods
Phase 3	The analysis of data from the situational analysis
Phase 4	The development of the content of the intervention
Phase 5	The implementation process of the intervention
Phase 6	The evaluation process

3.3.1 The research site

The researcher included participants/couples from different backgrounds identified in two locations in Gauteng, South Africa: 1) a non-profit organisation called Elegantly Connected based in Midrand, Johannesburg which meets with married couples and organises visiting speakers to present talks on marriage to its members who are from a middle-class multi-racial community; and 2) a church in Midrand, Johannesburg whose members are multi-racial. The church presents a non-accredited programme to assist couples to enrich their marriage. Midrand was chosen for presenting the intervention programme as it was centrally located for most of the participants.

The organisers of the organisation and the church group permitted the implementation of the programme and mobilised couples to participate in the intervention. The participants were enthusiastic about the implementation of the programme as there seemed to be a great need for a marital skills programme in their communities.

3.3.2 Identifying the problem (Phase 1)

In this phase, the problem was identified, and the purpose of the meeting, the recruitment, and the recruitment criteria were discussed.

An introductory meeting was held with the community, and eight members attended. The purpose of the meeting was to give the reason for the research topic, study the nature of relationships and identify the need for a marriage intervention and the aspects that could be addressed in such an intervention. Community members indicated that they agreed about the need for an evidence-based marriage intervention, particularly for people unable to afford the services of a psychologist.

3.3.3 Situational analysis (Phase 2)

Following the introductory meeting with the community, the researcher recruited married members of the community to participate in the situational analysis part of the research.

The researcher felt challenged when she started her recruitment of couples for the research. This community is small and some couples did not want their privacy to be compromised, and they did not want people to think they had marital problems, so she approached a church to assist her with recruitment. Because of this challenge, the method used in qualitative research is a sampling method which means that a portion of the population was selected such as criterion purposive sampling as the researcher was aware from phase 1 what criteria is needed regarding the participants.

The random selection method was not possible and non-probability sampling was used because it was difficult to select participants, (Maree & Pietersen, 2012, p.176; Nieuwenhuis, 2012:79).

The relevant organisation and the church referred 50 participants for recruitment, and the researcher approached some of them who were either interested in enhancing their marital skills or were having marital challenges. The recruitment criteria were as follows: 1) the participants had to be from the two communities identified for the research; 2) the participants had to be in the age range of between 21 and 45 years old; 3) the couples had to have been married according to civil law or customary law for more than one year; 4) the couples could be from any race, culture, and belief; 5) couples were excluded from this research if they were going through a separation or a divorce at the time of the study.

To collect data as part of the situational analysis, a complementary mixed method research design was applied, which included obtaining both qualitative and quantitative data to be analysed and integrated to reveal and understand problems in the marital relationships of the participants (Saldanha, 2017, p. 11). The objective of using a mixed-method approach was to integrate results from both methods to produce well-validated conclusions (Ivankova & Creswell, 2012, p. 269).

The following data collection tools were used in the situational analysis completed by 50 married individuals.

3.3.3.1 Three Couple Scales

To obtain quantitative data, the Prepare/Enrich structured research survey called the Three Couple Scales, an assessment tool that is reliable, valid, and scientifically sound that can provide a holistic perspective and differentiate between various types of couples by Olson and Larson (2008), was used.

The Three Couple Scales instrument is designed for couple research internationally and can only be used with the permission of the organisation. The researcher is a registered Prepare/Enrich facilitator. (See appendix 1 for the relevant letter of permission.)

Each scale contains three 10-item subscales, with 30 multi-choice items to be answered on a Likert-type (5-point) scale which assesses the three scales: marital satisfaction, communication, and conflict resolution.

During the development process of the Prepare/Enrich scale it was administered to a national sample of 50 000 married couples in the United States of America (Olson et al., 2008).

Table 3 provides information on the validity of the scores of the assessment.

Table 3: Three Couple Scales: Information on scores

	Couple Mean*	SD	Range	Alpha Reliability	Test Retest
Satisfaction	33	8.9	10–50	.88	.81
Communication	31	9.2	10–50	.89	.84
Conflict resolution	30	7.7	10–50	.82	.83

Note. SD = Standard deviation

*Mean and scoring levels are based on data obtained from a national sample of 50 000 married couples who took part in the Prepare/Enrich programme (Olson et al., 2008).

The Three Couple Scales assess the following:

The satisfaction scale: Measures how satisfied a person is with their couple's relationship.

The communication scale: Measures the quality of a couple's communication.

The conflict resolution scale: Measures the ability of a couple to discuss and resolve differences.

The Three Couple Scales questionnaire (in hard copy) was completed by the 50 participants with a pencil and paper. They have been divided into small groups to make it easier for the researcher to minimise errors and to assist participants if they found questions unclear. (See appendix 3 for the questionnaire).

3.3.3.2 Survey questionnaire

The researcher developed a semi-structured survey questionnaire which the 50 participants completed. It covered the respondents' demographic information, the influences of their family of origin, the experiences and challenges in their marriage, their needs, and their beliefs within the context of South Africa. The researcher used the data obtained for the development of the proposed intervention. The questions in this pre-intervention survey questionnaire covered topics such as finances, sexual intimacy, parents-in-law, balance of power, cultural differences, separateness, and connectedness, doing fun activities together, communication, and conflict.

These topics are discussed in detail in chapter 4 as part of the research results of the situational analysis. (See appendix 6 for the survey questionnaire).

3.3.3.3 Interviews

To obtain qualitative data, the researcher interviewed 16 couples. An interview consisted of open-ended questions, and the couples' responses were used to enrich the findings of the quantitative data. The researcher's interview questions, which were used in the situational analysis, were; 1) 'What has been your challenges experienced since the first day of your marriage?' 2) 'What are the things that you want to avoid from recurring during your marriage to connect or communicate better with your partner ?' 3) 'What are the things you need from your partner?' and 4) 'What aspects are you requiring to change during marriage?'

The interviews were interpreted in terms of frequencies (using the SPSS software package) and were integrated with the quantitative data collected. (See appendix 8 for the interview questions).

3.3.4 Data analysis (Phase 3)

The purpose and outcome of the data analyses were to determine through ‘fresh eyes’ what the content of the intervention should be (Saldaña, 2011, p. 90).

When information has been captured as raw data, the quantitative analysis usually starts with descriptive statistics, which is a collective name for various statistical methods that are used to classify and summarise data meaningfully, to enhance the understanding of the properties of the data. There are two ways of characterising or explaining data, namely, graphical and numerical representations (Pietersen & Maree, 2012, p. 183).

3.3.4.1 Quantitative data analysis

3.3.4.1.1 Three Couple Scales

The Three Couple Scales has a survey manual that instructs researchers about scoring (Olson et al., 2008). The results are placed programmatically into the following prescribed normative categories: ‘Very High’, ‘High’, ‘Moderate’, ‘Low’ and ‘Very Low’. The manual gives different normative cut-off points for the three scales and the frequencies of responses was analysed. (See chapter 4, section 4.2.1).

3.3.4.1.2 Survey questionnaire

The survey questionnaire is semi-structured and developed by the researcher. The descriptive statistics of the data obtained through the survey questionnaire completed by the 50 participants were analysed using the SPSS software package. The objectives were to identify competencies and challenges in the participants’ marriage that needed attention in the intervention. (See chapter 4, section 4.2.2)

3.3.4.2 Qualitative analysis

The **interview questions** were determined based on gaps that had been found in the surveys. Data were obtained from the interviews that the researcher conducted with 16 couples. The themes from the interviews were identified and quantified. The descriptive statistics of the data were prepared using the SPSS software package and were presented graphically. (See chapter 4, section 4.2.3)

3.3.5 The development of the intervention (Phase 4)

To develop the intervention, an introductory meeting was held with community members. The purpose of the meeting was to give the reason for the research topic, study the nature of relationships, identify the need for a marital intervention, and establish what aspects had to be addressed in such an intervention. Following, several sources of data were used: a literature review; a study of other intervention models; and the interpretation of the data obtained from interviews, the survey questionnaire, and the Three Couple Scales survey. The development of the intervention is discussed in chapter 5.

In the rest of this section, a summary of the **content of the intervention** is presented.

3.3.5.1 The Summary of the content of the intervention

In developing the marriage skills intervention programme, the six marital competencies contained in the Marital Competency Model developed by Lewis (1997, pp. 73–79) were considered. The aim of including these marital competencies was to enable couples to acquire these competencies to bring about marriage satisfaction. These marital competencies and the content of the intervention are discussed in chapter 5, section 5.1. (Also see appendix 9 for the full content of the intervention)

In the current section, the competencies are summarised and presented together with the content of the intervention programme that is discussed below. In this discussion, the relevant marital competency is given in the bold italic script. (See chapter 2, section 2.2.1.1 for a detailed explanation of the Marital Competency Model)

The seven modules (each on a specific topic) that made up the content of the intervention will be presented within an experiential learning context, after every module an exercise is given for the couple to complete and husbands and wives have interactive role plays as part of the intervention.

Module 1: Understanding empathy

The overall aim of the module was to help couples understand empathy so that they could learn to show empathy to their partners as part of enhancing their communication.

Competency 5 was implemented in Unit 1 (Understanding *empathy*) of the intervention, and it helped couples to show empathy and to develop closeness.

Module 2: Emotions

The module aimed to explain to couples that showing emotions was important in communicating effectively. Spouses had to be willing to show emotions and be vulnerable—the ability to do that would bring them closer as a couple and prevent emotional discord (see **Competency 5**).

Module 3: Communication and conflict

The aim of Module 3 was to provide participants with communication tools and make them aware that having different values and beliefs as a couple was normal in any relationship but that it was of great importance for them to know how to manage their differences. In Unit 1 (**competency 1**), *negotiation* was addressed.

Couples were taught to manage conflict by using the tool of coffee time (**competency 3**). The purpose of this module was to decrease *conflict* in the couples' relationships.

In Unit 2, the aim was to teach couples how to manage differences and prevent intense conflict. The couples were provided with a tool in the form of the speaker–listener technique, which allowed each partner to listen intently and respond when indicated, to verbalise and negotiate, to acknowledge each **other's subjective reality (competency 4)**, and to be able to *solve a problem (competency 6)*

Unit 3 focused on conflict styles, identifying the most dominant style of a partner, and making suggestions for improvement.

Unit 4 dealt with separateness and connectedness. Both partners were allowed to make decisions and to have relatively *equal power (competency 2)*.

Module 4: Psychological impact of stress and depression

The aim of Module 4 was to explain how stress could contribute to depression, how marriage could have an impact on mental illness, and how mental illness could have an impact on marriage if not managed well.

Module 5: Finances

The aim of Module 5 was to facilitate couples' discussion of money to encourage open dialogue between the couple, create a shared vision and also set individual goals for their lives. Having these discussions could minimise conflict and make couples feel satisfied in their marriage.

Module 6: In-laws

The aim of Module 6 was to make couples aware that being different from their in-laws was acceptable, and that they needed to learn to understand their in-laws' values, beliefs, and points of view as that would lessen conflict in their marriage.

Module 7: Sexual intimacy

The aim of Module 7 was to encourage open dialogue, improve communication, and create self-awareness about sexual intimacy between partners.

3.3.6 Implementation process of the intervention (Phase 5)

In this section, the process of the intervention, the implementation of the intervention, and implementation and validity are discussed.

1) The recruitment

The participants who were referred by the organisation or the church were interested in acquiring marital skills or were experiencing marital challenges. The recruitment criteria for the couples were as follows: 1) participants had to be from the two communities identified for the research; 2) the participants had to be in the age range of between 21 and 45 years old; 3) the couples had to have been married according to civil law or customary law for more than one year; 4) the couples could be from any race, culture, and belief; 5) couples were excluded from this research if they were going through a separation or a divorce at the time of the research. 6) In addition, the participants had to have three Saturdays available to attend the intervention and had to be willing to participate in the evaluation process.

Of the 14 couples that volunteered, seven couples were black, three couples were coloured, three couples were Indian, and one couple was of mixed race (the husband was a white American and the wife was coloured).

To add value to the relationships and prepare the couples for the intervention, they were asked to write their love story and sign a commitment letter.

2) The love story

The fourteen couples were asked to write a creative story, giving the background of their relationship: how they met, their courting days, their early years of marriage, and when and how their relationship changed. This was not part of the data collection process but a romantic reminder to the couples of why they got married, and it prepared them for the intervention.

3) Participants' letter of commitment

The commitment letters that were distributed to the fourteen couples were not part of the data collection process. They were used as an intervention tool to encourage participants to commit to attending the intervention on the days required and also to serve as the first step on their journey of being part of the marital intervention. The letter stated, for example, 'to give your marriage a chance to grow during the time of the intervention programme, can you commit to each other that you will not use the words separation or divorce and that you commit to this programme and do your homework?'

4) The planning of the implementation

The intervention was conducted during the last stages of the COVID-19 epidemic. Despite the uncertainties the pandemic caused, the researcher started organising the groups in March 2021 and gave the couples enough time to plan to attend the intervention starting in the last week of August 2021. During this time, a higher level of restrictions was in place due to the third wave of COVID-19 in June 2021. As a result of the restrictions before the implementation of the intervention, couples were still feeling concerned that working in groups would place them at risk of contracting COVID-19. They became more relaxed when churches started opening to small groups and felt more comfortable about attending the workshop.

For the data collection, situational analysis stage before the intervention, 16 couples were recruited, but two couples withdrew from participating in the intervention. Therefore, the final group of participants consisted of 14 couples. From this group, the majority of the couples were from one church, whereas a few were from an organisation in Midrand.

The intervention is presented within an experiential learning context, mostly by the researcher and she would seek the assistance of the facilitators when needed. Interaction is encouraged, and husbands and wives have role plays to learn from each other in the group setting.

The couples were divided into three small groups of about four or five couples per group, and this creates an environment of acceptance and openness. The couples were grouped according to the dates on which they were available, months ranging from August to November 2021 when the intervention was presented.

The intervention, consisting of seven modules, and training took place for approximately 18 hours in total. The first group started attending at the end of August 2021 and ended in the middle of September 2021. The second group started in the middle of September 2021 and ended in the first week of October 2021. The third and last group started in the middle of October and ended in the first week of November 2021. The groups attended the programme on consecutive Saturdays, and each group filled in an evaluation questionnaire of the programme at the end. Another feedback questionnaire was given to each group, in which they shared their growths and changes as individuals and as couples during the intervention, it was used to add value to the research about the couples' experiences. The first group's evaluation of the intervention was built into the programme administered to the second group. Repeating the programme three times gave credibility to the outcome. Couples used their names during the intervention as most of them knew each other.

For research administration purposes, couples were allocated a participation number (starting from 01 to 16), and a wife was given the code W01 and a husband the code H01 to avoid confusion with responses and to maintain confidentiality.

Implementation is critical to establish the validity of a programme evaluation. It is important to know how well a proposed intervention was practically conducted. This knowledge enables one to make positive associations between an intervention and its outcome (internal validity), establish if the intervention can be repeated in other settings (external validity), and determine how or why a programme works (construct validity) (Durlak, 1998, p. 6). (See chapter 6 for full discussion).

3.3.7 Evaluation of the intervention (Phase 6)

In this section, the evaluation of the intervention, including the pre-and post-assessments of the Three Couple Scales (quantitative), the feedback questionnaire and evaluation questionnaire (qualitative), and the data analysis are discussed.

3.3.7.1 Evaluation process

Evaluation involves the development and implementation of a plan to assess a programme systematically through the use of quantitative and qualitative measures. Evaluation is an ongoing process where the researcher decides what to evaluate, and how it should be done, collect data, review it, learn from the data, and implements change (American Academy of Pediatrics, 2006, p. 9). In this research, the evaluation of the intervention, included the quantitative and qualitative data. This was done to get different sources of data that could be integrated to get a holistic perspective of the outcome of the intervention (Ivankova et al., 2007, p. 273).

The type of evaluation employed was summative; in other words, it was done after the programme had been implemented to assess the programme’s effectiveness and to establish whether the goals of the intervention had been reached (Visser, 2012, pp. 96, 98, 100).

Figure 2 explains the process plan of the evaluation of the intervention, from doing the data collection and data analysis, developing and implementing the programme, and evaluating the programme, to reviewing the intervention to make any necessary changes before the next implementation.

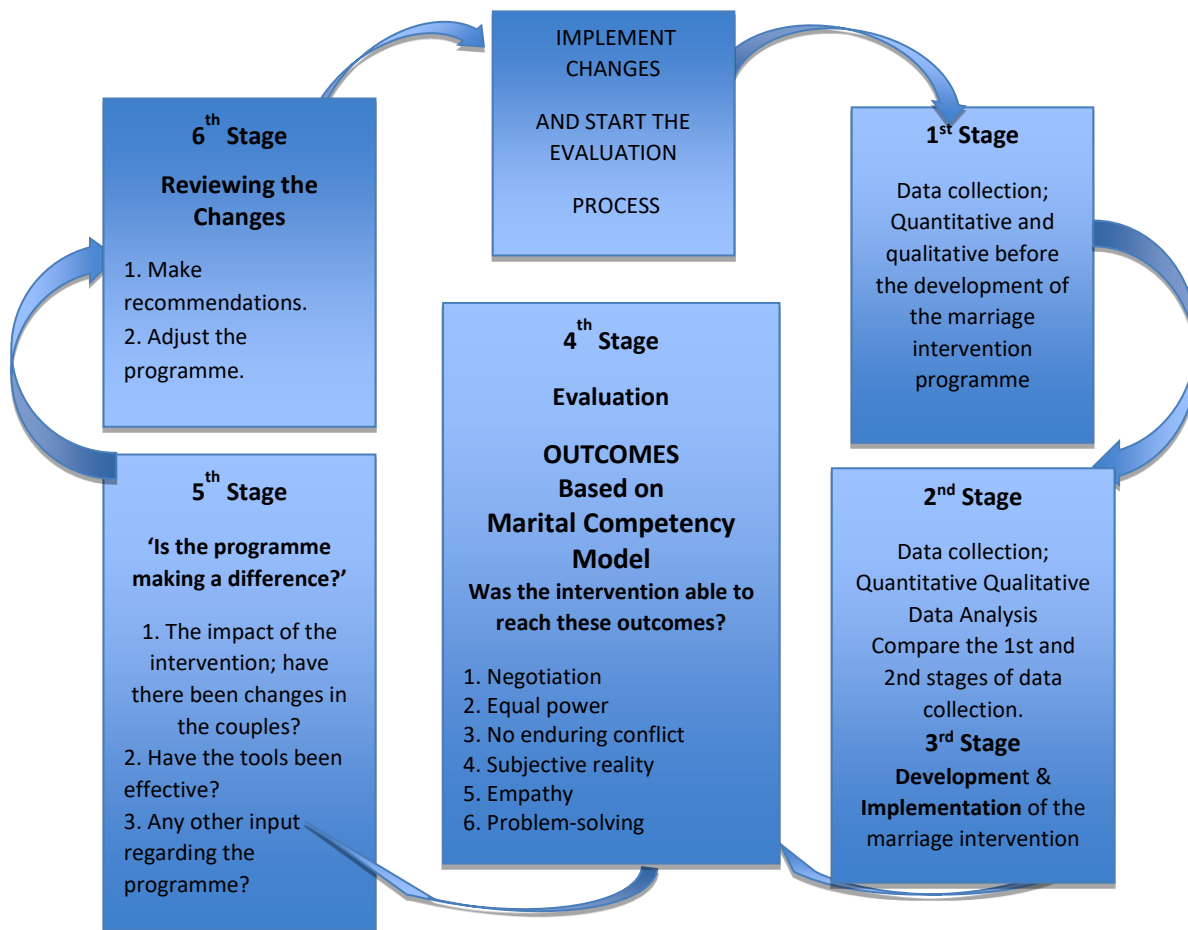


Figure 2: The process plan of the evaluation

3.3.7.2 Quantitative assessment

The pre-and post-assessment evaluation was completed to determine if a change had taken place as a result of the intervention. A control group was not included, thus the results did not assure that the changes had taken place because of the intervention. Other influences were not ruled out through the evaluation and the internal validity of the findings was thus lowered. Although, the results of the thematic analysis of the qualitative data of the evaluation questionnaire confirmed the behaviour change and strengthened the internal validity of the findings.

The Three Couple Scales instrument (see chapter 7, section 7.2.2) was used in the pre and post -assessments to assess whether the couples' marital satisfaction, communication, and conflict management skills showed improvement after the intervention. The Three Couple Scales tool was described earlier in this chapter in section 3.3.3.1.

3.3.7.3 Qualitative assessment

3.3.7.3.1 Feedback questionnaire

A **feedback questionnaire**, consisting of semi-structured questions, was used to receive feedback from participants on their experiences, knowledge, and skills after the intervention. They were asked whether there had been a change after the intervention in their skills and knowledge relating to 1) communication, 2) decision-making, 3) finances, 4) sexual intimacy, 5) relationships with in-laws, and 6) connectedness and separateness. The responses to the feedback questionnaire were quantified and analysed using the SSPS software package. (See the feedback questionnaire in appendix 7).

3.3.7.3.2 Evaluation questionnaire

Thematic analysis

After the implementation of the programme, an evaluation was done to establish how effective the group-based marital programme had been and if there were changes to the couple's skills and behaviour, as well as what changes were necessary to improve the programme. To obtain responses from the participants, an evaluation questionnaire with open-ended questions on all the sessions they had attended, was used. The questionnaire was emailed to the participants, and they completed it and emailed it back to the researcher.

To analyse the qualitative data, thematic analysis was used and it comprises of six phases (Braun & Clark, 2006, p. 79). Phase 1 to 5 of the analysis is given here and the results from the thematic analysis report (phase 6) are given in chapter 7.

Qualitative data analysis records a range of measures, methods, and procedures from which researchers can extract information on the problems they are exploring, interpret it and explain the data collected from participants. By analysing participants' observations, beliefs, insights, knowledge, principles, and emotions (Nieuwenhuis, 2012b, p. 99), a researcher establishes how participants make meaning of a research topic.

For the thematic analysis report (See chapter 7, section 7.3.2) (See appendix 10 for the evaluation questionnaire).

The evaluation questionnaire consisted of questions on three aspects. Below is an explanation of the questionnaire.

Part A has six questions. Questions 1 and 2 covered the following: 1) What have they learned about themselves? and 2) What have they learned about their partner?

In this chapter the analysis of these two questions will be given as an illustration of the process of the analysis (phases 1 to 5). It will be illustrated how codes were assigned, themes and explanations assigned.

Questions 3 to 6 in five phases, for the analysis (See appendix 11)

Part B: for an analysis of phases 1 to 5, (see appendix 12.)

Part C: includes the impact of the intervention and solutions provided by the participants for the intervention. (See appendix 13 and 14)

The full thematic analysis Report includes A, B, and C (See chapter 7, section, 7.3.2)

3.3.7.4 Quantitative data analysis

The manual of the Three Couple Scales (Olson et al., 2018) was used in the calculation of the scale values of three scales, namely, satisfaction, communication, and conflict resolution. The normative cut-off points for the three scales were used (see appendix 3). The results were placed programmatically into the following prescribed normative categories: ‘Very High’, ‘High’, ‘Moderate’, ‘Low’, and ‘Very Low’. These categories were used for each scale and in the pre-and post-assessments.

To assess whether there were changes after the intervention the following hypotheses were formulated:

$H_{1(1)}$: *The intervention brought about improvement in the participants’ marital satisfaction.*

$H_{1(2)}$: *The intervention brought about improvement in the participants’ communication.*

$H_{1(3)}$: *The intervention brought about improvement in the participants’ conflict resolution.*

The corresponding null hypotheses were:

$H_{0(1-3)}$: *The intervention did not affect the specific scales.*

The Wilcoxon signed-rank test was implemented to compare the pre-and post-implementation data of the Three Couple Scales. This test is a non-parametric statistical test, and the variables in question are measured on an ordinal scale. Every participant had two scores (i.e., before as well as after the intervention), yielding a pair of measurements in respect of every specific subject (Pietersen & Maree, 2012, p. 231; Xia, 2020, p.2). This test indicated whether the responses of the participants in the pre-and post-assessments differed positively in a statistically significant way. If there was such a significant difference, the assumption could be made that the intervention had had a generally positive effect on the couples' relationships. This test is appropriate when a sample size is small (less than 30), as was the case in this research.

3.3.7.5 Qualitative data analysis

3.3.7.5.1 Feedback questionnaire

A descriptive analysis was done of the couples' feedback questionnaire, which questioned them on what they had learned during the intervention. The analysis was presented in the form of graphs, and detailed results are given in (chapter 7, section 7.3.1).

3.3.7.5.2 Evaluation Questionnaire

Thematic analysis was used for the analytic approach to identify, analyse, and report patterns within data. Thematic analysis is a qualitative analytic method that both reflects on and unpicks reality and its approach to analysing data is systematic and flexible (Braun & Clarke, 2006, p. 79).

Thematic analysis (i.e., mapping out themes and subthemes) was done of the responses to the research question of the intervention, 'What is the value of a group-based marriage skills intervention programme to improve marital satisfaction and marital competencies (i.e.,

communication and conflict resolution) to couples who cannot afford professional psychological services?’

The analytic process involved the stages of describing (i.e., organising the data to show patterns in semantic content), reviewing, and interpreting (i.e., describing the significance of the patterns and their broader meanings and implications) (Javadi & Zarea, 2016, p. 36).

The themes identified were refined through repeated examination of patterns of cohesion. Actual quotes from the data were grouped under the Thematic headings, providing a clear illustration of each theme in the participants’ own words (Braun & Clarke, 2006, p. 84)

Analysis of the evaluation questionnaire

The process of thematic analysis comprised six phases: familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and writing the report. Codes, themes, and explanations were given at each phase (Braun & Clarke, 2006, p. 87–93). The sixth phase relates to the thematic analysis report, and is discussed as part of the results of the evaluation questionnaire presented in (chapter 7, section 7.3.2).

Next, the two questions are analysed. The remaining questions are analysed and presented in appendices 11 and 12.

Part A of the analysis dealt with the first two questions discussed in this chapter, namely 1) ‘What have they learned about themselves?’ and 2) ‘What have they learned about their partner?’

Phase 1: Familiarising oneself with the data

The researcher immersed herself in the data collected and became familiar with the data by reading and re-reading these.

The next step was to transcribe the written data to search for meanings, patterns, and themes, and to write down initial ideas. The written data were taken from an evaluation form and therefore had to be a true reflection of the original.

Phase 2: Generating initial codes

The researcher read and familiarised herself with the data, and generated an initial list of ideas, noting interesting features. First, codes were produced from the data, starting with the interesting features and then systematically coding the entire data set and collating data relevant to each code. The codes generated for the first two questions (‘What have they learned about themselves?’ and ‘What have they learned about their partner?’) are presented in Tables 4 and 5 and the combined questions are presented in Tables 6 and 7 respectively.

Table 4: Codes generated for the question ‘What have they learned about themselves?’

Couple’s anonymous codes	Generated codes
W01, W03, H03, W04, W09 H07, W11, H11	Learning to be open about emotions, feelings and childhood hurts
H04, W07, W09, W11, W12, W14, W15, H15, W16	Being confident about my relationship, and more content; being better, doing better; being willing to do better; feeling valued as a partner; feeling stronger and more courageous; putting myself and my needs/desires first
H01, W06, W13, H09, H16, W16 W02, W10, H10, W13	Improved communication: addressing problems immediately; confronting issues when they arise; being more patient, observant, and considerate; being a very good listener and dealing with problems; having boundaries Communication tools: applying listening skills during coffee time and starting with compliments before complaining; negotiating, and coming up with a solution for managing conflicts

Table 5: Codes generated for the question ‘What have they learned about their partners?’

Couple’s anonymous codes	Generated codes
W01, W02, H04, W12, W13, H13, W14, H14, W16	Communication: The character of the partner; is a good listener, very amicable in dealing with matters, can acknowledge their faults
H04, W07, H07, W10, H10, W11, W16	Emotions of my partner; have childhood scars from experiences with parents, can identify childhood wounds and help me with healing
H01, W03, H03, W04, W06, H06 H09, W15, H15	Partners in improving the marriage; My partner is willing to build a healthy marriage, knows and understands me more than I thought, is very supportive of me, wants to meet me halfway, and loves and appreciates me more; My partner puts me first; He needs to value the wife that she is to him; He is loving and kind; She is committed to our marriage.

Phase 3: Initial themes and codes

During Phase 3 (as the researcher had already coded and collated a long list of different codes that had been identified across the data set), the researcher started to sort the different codes into potential themes and collated all the relevant coded data extracts within the identified themes. Table 6 presents the initial themes and codes relating to the combined two questions, ‘What have they learned about themselves?’ and ‘What have they learned about their partner?’

Table 6: Initial themes and codes relating to questions, ‘What have they learned about themselves?’ and ‘What have they learned about their partner?’

Themes	Codes
Improved communication: (what they learned about themselves)	Character: I have learned more about myself—that I need to be more patient, observant, considerate, a very good listener, and deal with problems immediately and effectively so that we may have a better marriage. Communication tools: I have learned skills and rules regarding coffee time—I must start with complimenting before complaining. I must negotiate and come up with a solution for managing conflicts as these are essential for the longevity of the marriage.
Improved communication	Character:

(what they learned about their partner)	I have learned that my partner's communication skills (e.g., listening) have improved. My partner has become amicable in dealing with matters. I was not aware that he can acknowledge his faults, very impressive.
Emotions (what they learned about themselves)	Self-awareness: I have learned that self-awareness is to be open and let my partner know about my emotions and feelings and about how my childhood hurts can harm my relationship.
Emotions (what they learned about their partner) Childhood wounds	I have learned that childhood wounds are caused by parenting, that partners can identify childhood wounds and help to heal them and that my partner's childhood hurts have affected our communication.
Improvement of the self (what they learned about themselves)	I am more content in the relationship. I have realised that I can be a better partner, do better, and be willing to do better in the relationship. I now value my partner. I did not realise that I can be stronger. I feel strong and courageous. I feel that it is important to sometimes put myself and my needs/desires first.
Improvement in marriage (what they learned about their partner)	I have learned more about my partner's willingness to build a healthy marriage, and that my partner knows and understands me more, is very supportive of me, really wants to meet me halfway, and loves and appreciates me more. My partner puts me first and values me. My partner is loving and kind and is committed to our marriage.

Phase 4: Reviewing the themes

Having highlighted and refined a set of contending themes, the researcher checked that there was a thread in the relationship of themes. This phase involved two levels of reviewing and refining the themes: reading all the collated extracts for each theme and assessing whether these formed a coherent pattern.

Table 7 presents the reviewed and refined themes, subthemes and codes relating to the combined two questions about what the couples have learned about themselves and their partner.

Table 7: Reviewed and refined themes relating to the combined questions about what the couples have learned about themselves and their partner.

Themes	Subthemes/codes
<p>Improvement in communication Subthemes: Character Being equipped</p>	<p>Character I have learned more about myself—I need to be more patient, observant, considerate, a very good listener, deal with problems immediately, and be able to manage my faults.</p> <p>Being equipped I have learned that skills and rules regarding coffee time are about complimenting first, complaining, negotiating, and coming up with a solution for managing conflict as these are essential for the longevity of marriage.</p>
<p>Improvement in marriage Subthemes: Commitment Self-awareness Emotions</p>	<p>Commitment I have learned more about my partner’s willingness to build a healthy marriage. I have learned that my partner knows and understands me more, is very supportive of me, really wants to meet me halfway, and loves and appreciates me more. I need to put my partner first and value him or her. My partner is loving and kind and is committed to our marriage.</p> <p>Self-Awareness My partner is more content in the relationship. I realise that I can be a better partner, do better, and be willing to do better in the relationship. I feel valued as a partner. I did not realise that I can be stronger. I need to feel strong and courageous. I feel that it is important to sometimes put myself and my needs/desires first.</p> <p>Emotions I need to be open and let my partner know about my emotions and feelings. My childhood hurts can affect communication and harm our relationship. Childhood scars are caused by parenting. My partner can identify my childhood wounds and can help to heal me.</p>

Phase 5: Defining and naming themes/subthemes

The researcher defined and further refined the themes for analysis. The process of defining and refining involved identifying the essence of what each theme meant, and generating clear definitions of and names for each theme. Table 8 presents the naming and description of the themes and subthemes relating to the combined two questions about what the couples have learned about themselves and their partner.

Table 8: Naming and describing the themes and subthemes relating to the question ‘What aspects in your relationship still need some work?’

Themes/Subthemes	Description of themes/subthemes
Theme: Improvement in communication	
Subtheme: Behaviour Subtheme: Being equipped	Behaviour The behaviour of couples has improved, for example, they are more patient, observant, and considerate, and have become good listeners. Tools Couples have learned that skills and rules regarding coffee time (which has four steps) are integral tools to have in dealing with problems and managing conflict, and improving marriage satisfaction.
Theme: Improvement in marriage	
Subtheme: Commitment Subtheme: A desire to improve Subtheme: Understanding emotions	The couples have become willing to build a healthy marriage through understanding better, being very supportive, and compromising. They love, are kind, appreciative, feel valued, and show commitment to the marriage. Couples have improved as they have realised that they can be better partners and are willing to do better in their relationship. Their self-awareness is that they can be stronger and more courageous. Couples are open and let their partner know about their emotions and feelings. They realise that their childhood hurts can affect communication and harm their relationship. They can identify childhood wounds and help to heal their partner.

The second section of Part A of the analysis deals with questions 3 to 6 (see appendix 11).

For an analysis of Part B, (see appendix 12).

Concluding comment

The final report on thematic analysis was produced and is presented in the results section of the evaluation of the intervention (See chapter 7, section 7.3.2)

3.3.8 Trustworthiness and credibility

Credibility and trustworthiness are forms of honesty and integrity. The researcher has to demonstrate transparency to achieve credibility and trustworthiness in interpreting the data (Saldaña, 2011, p. 136).

1) Credibility

The terminology used in quantitative research reliability and validity is related to the credibility of qualitative research. Reliability relates to whether an intervention is applied repeatedly to participants and yields the same results each time, whereas validity refers to the extent to which an empirical measure adequately replicates the actual meaning of the research topic under consideration (Babbie, 2011, pp. 129–131). In this research, credibility was achieved as the researcher mentioned the data analysis methods employed (e.g., verification of data analysis with the participants themselves or through a description of the triangulation of data). Another way the researcher used to ensure the credibility of the research was to acknowledge sources consulted in the literature review.

2) Trustworthiness

Through the process of data analysis, the researcher continually checked for trustworthiness (as it was of the utmost importance to the data analysis, findings, and conclusions).

Trustworthiness is established when researchers are transparent about the analytical or ethical dilemmas they encountered (Nieuwenhuis, 2012b, p. 113).

To enhance the trustworthiness of data interpretation, the reader of the study can be provided with information about the research processes, for example, the duration of fieldwork, or the amount of data collected. In the present research, trustworthiness was established—the researcher was transparent about the research process, interpretation of the data, and the verification of data sources, which included interview transcripts, semi-structured

questionnaires, and assessment scales (Saldanha, 2011, pp. 135–137; Nieuwenhuis, 2012b, pp. 113–115).

3) Criteria for trustworthiness (four factors)

Guba and Lincoln (2013, pp. 106–108) discuss the criteria for trustworthiness and the following three factors are mentioned below.

1. Triangulation is a technique using multiple methods of data collection which maintain the accuracy of the data. The researcher of this study used a mixed method design where different sources and types of data were triangulated to increase the trustworthiness of the data (Nieuwenhuis, 2012b, p. 113).

2. Member checking is a technique of testing data, analysis, interpretations, and conclusions with members of groups who participated in the research. Copies of the draft report were given to participants and other stakeholders involved in the intervention for their comments on 16 July 2021. (Creswell, 2014, p. 206; Nieuwenhuis, 2012b, p. 113).

3. Thick description is a technique through which enough details of the context of the research are provided to make it easier for the reader to transfer the findings to the readers' contextual environment. The researcher intended to impart as much information as possible about the research to assist the community, professionals, and organisations to find this research useful (Saldaña, 2011, pp. 76–77).

3.3.9 Consolidated criteria for reporting qualitative research (COREQ)

The research used the (COREQ) guidelines which consolidate criteria for reporting to enhance the trustworthiness of qualitative research: a 32-item checklist for interviews and focus groups. COREQ guidelines have three domains which are; 1) research team and reflexivity, 2) study design, and 3) analysis and findings. This researcher interviewed 16 couples, two couples dropped out and 14 couples participated in the intervention.

They were not equally divided as a result of availability but were 4 or 5 couples per group.

Below are a few of the guidelines discussed in qualitative research.

Domain 1: research team and reflexivity

Reflexivity has been discussed in (chapter 3, section 3.2.2). To improve the credibility of the finding the competence of the researcher is discussed in (chapter 3, section 3.3.9). The researcher is qualified with a MA Degree in Psychology and has practiced as a Counselling Psychologist for 10 years in a black township and in private practice for five years. She has been exposed to the African culture and middle class, different races assisting individuals and couples with counselling.

The role and experience of the facilitator (researcher) is discussed in (chapter 6 section 6.5) The researcher knew most of the participants from attending the same church but not about their marriage relationship in particular. What they knew about the researcher is that she is also a Christian with similar values. The programme was not based on biblical principles as she wanted to develop a programme that applied to different communities in South Africa.

In (chapter 3, section 3.3.9) ethical considerations were discussed. The participants were introduced to the purpose/goal of the research before participating in the research; an information handout was given with questions mentioned below with answers on the sheet before the research introduction meeting to read in their own time and at the meeting, the researcher explained them to the participants again. The following questions and answers are on the information sheet (See appendix 15).

Regarding the research topic, participants were told at the first introductory research meeting with community members and also with the 50 participants. The researcher's concern for the lower-income community who is not able to afford psychological services came from having worked in the community over the years.

And most importantly if couples are not able to communicate effectively, then conflict if not managed well can lead to separation and children can be emotionally harmed in the process.

Domain 2: study design

The Marital Systems Theory was applicable as it understood the complexity of marriages and the challenges that had an impact on marriage. The approach of the Marital System Theory firstly convinced the researcher to use this theory as it assisted in conceptualising marital relationships and important constructs which consist of 15 premises, regarding dyadic relationships. Secondly, the theorist (Lewis, 1997) also developed six competencies based on his theory which are communication constructs that were included in the intervention (see chapter 2, sections 2.1 & 2.2.1.1)

Participant selection was challenging for the researcher. Some couples did not want their privacy to be compromised, and they did not want people to think they had marital problems. Because of this challenge, the researcher decided on using criterion purposive sampling in selecting participants. She approached her Pastor to advertise for couples to participate in her research and gave him the criteria. For the criteria for the selection see (chapter 3, section 3.3.6)

The interviews with the couples were done using an interview guide (see appendix 8) at the Psychologist's office and those in a lower-income community were done in their community.

Of the fourteen couples who participated in the intervention, seven couples were black, three couples were coloured, three couples were Indian, and one couple was of mixed race (the husband was a white American and the wife was coloured). For demographic and biographical data (see chapter 7, section 7.2.1)

The research design chosen was Action research as it involves collaborative participation with the community whose roles and relationships are interactive and mutually supportive to allow participants and stakeholders to make appropriate contributions. This research design allowed the researcher to understand contexts where practical problems were experienced, and to examine possible solutions. Implementing Action Research is a cyclical process that aims to address the problem at hand and six phases have been considered for the research (see chapter 3, section 3.2.1)

Regarding data collection, the participants for the interviews and the intervention were initially 16 couples and two couples dropped out. The participants were known by the researcher and therefore they were comfortable and open to discussing their marriage. The researcher and the couple were on their own and they were briefed before the interview and permission was given to do an audio recording. And the focus groups (intervention) a video recording was used with permission and transcripts were given to check for accuracy. See (chapter 3, section 3.3.6) for the planning of the implementation of the intervention.

Interviews were not repeated as the researcher was satisfied with the data.

Domain 3: analysis and findings

A situational needs analysis was used for the qualitative data of the interviews, the aim of using this method was to study what was needed in a community to improve a social problem and to plan a course of action in the form of an intervention programme. The interviews were interpreted using descriptive statistics of the data prepared in terms of frequencies using the SPSS software package, see (chapter 4, section 4.2.3). After the implementation of the intervention, the feedback questionnaire consisting of semi-structured questions was used to receive feedback from participants on their experiences, knowledge, skills, and relationship after the intervention.

The feedback questionnaire was analysed using the SPSS software package. See the feedback questionnaire in (chapter 7 section 7.3.1). Also, an evaluation questionnaire was given to the participants to establish how effective the group-based marital programme had been and if there were changes to the couple's skills and behaviour, as well as what changes were necessary to improve the programme. Thematic analysis was used to analyse the evaluation questionnaire, the analytic approach identifies, analyses, and reports patterns within data. It is a qualitative analytic method that both reflects on and unpicks reality and its approach to analysing data is systematic and flexible. The process of Thematic analysis comprised six phases. In chapter 3 (section 3.3.7.5.2), the participant's responses were analysed where codes and themes were created from the data gathered, and phases 1-5 were illustrated. In chapter 7.3.2 the Thematic analysis report was presented.

In the case of reporting conversation see the above references referring to interviews, feedback questionnaires, and evaluation questionnaires, to support guidelines in quotations from different participants, which added transparency and trustworthiness to the findings and interpretations of the data.

Summaries, findings, interpretations, and theories are clearly explained and presented throughout the thesis.

In the next section, the researcher discusses the ethical considerations that were important in conducting the research.

3.3.10 Ethical considerations

Ethical issues are described as the standards that govern the conduct of professional members in their scope of practice. It is the responsibility of researchers to adhere to ethical considerations and to be honest, open, and respectful to all individuals who participate in the research (Corey et al., 2018, p. 60). The research was approved by the University of Pretoria's Faculty of Humanities Research and Ethics Committee (HUM047/1020) (see appendix 5), and every effort was made to ensure that the research was conducted according to the expected guidelines and procedures.

1) An introduction before the intervention

Before the meeting was held a participant information sheet about the research process was emailed to the participants. The researcher divided the 50 participants into groups of 15 and at the meeting the participants were briefed about the reasons for the research topic and the information sheet was explained which included, procedures, risks, and benefits of participating in the study (See appendix 15). An (i) informed consent form was given to participants, and it was signed by everyone. The importance of (ii) confidentiality was stressed. For example, the groups were cautioned to avoid posting on social media about their group. They were also made aware that they had the (iii) freedom to withdraw at any point of the research without negative consequences. The possibility of (iv) emotional risk/harm was explained to the participants, and it was made clear that anyone who felt the need for debriefing would be referred to a psychologist assigned to the research who would assist them. These ethical considerations are discussed below.

2) Informed consent

Informed consent is an ethical and legal letter or form to secure consent from a participant (see appendix 4).

It contains information about a participant's need for confidentiality and privacy to be maintained. It is a continuous process of introducing basic information about a group to potential group members to assist them in deciding whether to join the group and how to participate in it (Corey et al., 2018, p. 62).

3) Confidentiality

One of the principal conditions of doing group work and research is to maintain confidentiality. In leading a group, a group facilitator should keep the confidentiality of members as well as encourage the members to keep the confidentiality of the group. There is a danger of a confidentiality breach when members share information with someone outside the group or engage in social media. Participants were encouraged to adhere to these procedures, according to which they would avoid posting pictures, remarks, or any kind of private information about other group members online. One way for members to share their experiences with others outside the group was to talk about their own experiences and not the experiences of others in the group. However, they could share their insight and responses as well as bits of knowledge without identifying others in their group (Corey et al., 2018, p. 68).

4) Freedom to withdraw from a group

Facilitators were responsible for starting the initial session with a discussion on the disadvantages involved in leaving the group prematurely and the benefits of seeing it through to the end. Facilitators were clear about the policies of the group, the attendance of group members, members' commitment to remain in a group for a predetermined number of sessions, and the freedom to leave a particular session if they did not feel comfortable in the group. Participants had to inform a facilitator beforehand that they had decided to leave the group. The facilitators' responsibility was to discover the reasons why a specific member would want to leave the group as there could be various reasons for this.

One member might leave because of experiencing intense emotions and difficulty in handling conflict, whereas another might be physically present but feel emotionally absent as their expectations were not being met. Facilitators emphasised the significance of expressing any questions and or concerns they might have about the group interaction and managing disappointment or conflict by talking about it and not withdrawing or keeping quiet. Both the facilitators and the group members should work together and cooperate to achieve a positive outcome for every couple (Corey et al., 2018, p. 64). The reason for wanting to keep group members as part of the group process was because of the value of attending the intervention. If a participant decided to leave the group, the facilitator would follow this up with the participant, but there would be no penalty for withdrawing from the research.

5) Emotional risk/harm to participants

Participants were informed about the potential impact of the intervention and were allowed to withdraw at any time. Regarding protection from harm (even though it was not the intention of the researcher to cause psychological harm), if any participant felt the need for debriefing, the researcher, who is a psychologist, would assess the person and if it was serious the person would be referred to a psychologist assigned to the research who would assist. Babbie (2011, p. 480) explains that social research projects may force participants to face aspects of themselves that they have not considered before and that this can cause emotional harm. Also, for the participants to feel protected from harm, they must feel safe, knowing that they have a trained facilitator and that they can inform the researcher if they have been harmed. To prevent harm from escalating, participants should feel free to approach the facilitator/researcher if they experience challenges in this regard (Corey et al., 2018, p. 65). On two occasions during the intervention only one couple needed debriefing, which was done during their lunch break. The researcher called the relevant participants later to establish if they needed further counselling, but they indicated that they were fine (see appendix 2).

6) Confidential information

The participants were informed that the research report would be published, but that the identities of the participants would not be made known. Because of the participative nature of the research, respondents' validation was important, and participants could authenticate their contribution to the intervention that they had attended for three days. Copies of the draft report were given to participants and other stakeholders involved in the intervention for their comments on 16 July 2021. The participants did not indicate any changes that needed to be made as they agreed with the researcher's interpretations.

The aim of the process followed was to assist with the control of bias and the enhancement of the quality of the data. Pseudonyms were used to protect the anonymity and confidentiality of the participants (Nieuwenhuis, 2012a, p. 86; Nieuwenhuis 2012b, pp. 114–115). (See appendix 4.)

7) Release of findings and competence of the researcher

It is the ethical obligation of a researcher to publish data confirming the academic trustworthiness and accuracy of the research as captured in the research report and to ensure that the research's findings can be utilised by professionals (Strydom, 2005, p. 126). The participants were informed that the final report would remain the property of the University of Pretoria and could be used as a scientific article, could be presented at conferences, and could be used for training purposes. However, the identity of the participants would be kept confidential when presenting the results.

The researcher acknowledged that she was competent in her work, realised her limitations and shortcomings, and understood that reflexivity could have an impact on the research. The researcher reflected on her history as a married woman and acknowledged that she should avoid bias in presenting a research intervention on marriage (Somekh, 2005, p. 7).

Further, the researcher was cognisant of the fact that the majority of the participants were from different cultures that upheld different beliefs and values, and that she should show respect, objectivity and restraint, and avoid value judgments (Strydom, 2005, p. 63).

The researcher is a psychologist who worked in a township for more than 10 years, is currently in private practice, and has a practical understanding of the research topic.

3.3.11 Summary

In this chapter on research methodology, it was reported that Action Research was chosen as the research design and its six phases were explained. A situational analysis was used, and quantitative and qualitative data were gathered to determine what the content of the intervention should be.

The development and implementation of the intervention as well as the evaluation of the intervention were discussed. The issues of trustworthiness and credibility were attended to, and the chapter ended with a discussion of the ethical considerations the research adhered to.

CHAPTER 4

4. RESEARCH RESULTS OF THE SITUATIONAL ANALYSIS

A situational needs analysis is implemented when an intervention is needed in a community to improve a social problem and when it requires a course of action (Visser, 2012, p. 95). It is designed to demonstrate the intricacies embedded in the surrounding social circumstances because they adjust, can become more stable, and can create relationships and situations (Pérez & Cannella, 2013, p. 506).

In the present research, the focus was on studying the challenges people experienced in marriage and what skills they needed to improve their relationships. The information gathered was used to develop an intervention to improve marital relationships. Couples from different cultures and races from the Midrand community were invited to attend an introductory meeting held in early August 2021. After the recruitment of the participants, the researcher emailed a participant information sheet about the research process to the 50 participants before their meeting. At the meeting the participants were briefed about the research process and the participation form was explained to them (See appendix 15). They participated in the survey questionnaire and Three Couple Scales. The Three Couple Scales measured communication, marriage satisfaction, and conflict resolution and the semi-structured survey questionnaire, covered, for example, their family of origin, the way they were parented, challenges with in-laws, finances, communication, and sexual intimacy. To obtain detailed information for the development of the intervention, the researcher interviewed 16 couples about their needs, challenges, and changes they required in their marriage. In this section, the results of the needs assessment are outlined. The participants' biographical information is given in the next section.

4.1 BIOGRAPHICAL INFORMATION

The biographical information of the 50 participants who participated in the needs assessment was as follows.

Gender		Age	Race				Religion		Type of marriage		Length Of
Female	Male	Range	Black	Coloured	Indian	White	Christian	Hindu	Civil - law	Customary- law	Marriage
28	22	32 to 55 years	18	18	8	6	49	1	48	2	2 to 33 years

4.2 RESULTS OF THE SITUATIONAL ANALYSIS

4.2.1 The Three Couple Scales

The Three Couple Scales tool (presented in appendix 3) consists of 30 items that measure marital satisfaction, communication, and conflict resolution in marriage. Satisfaction measures how satisfied a person is with their couple's relationship, communication measures the quality of a couple's communication, and conflict resolution measures the ability of a couple to discuss and resolve differences.

In the present research, the skills of 50 couples were measured on a 5-point scale, ranging from very high, high (positive), moderate, low, to very low (negative). The results are presented in Figure 3.

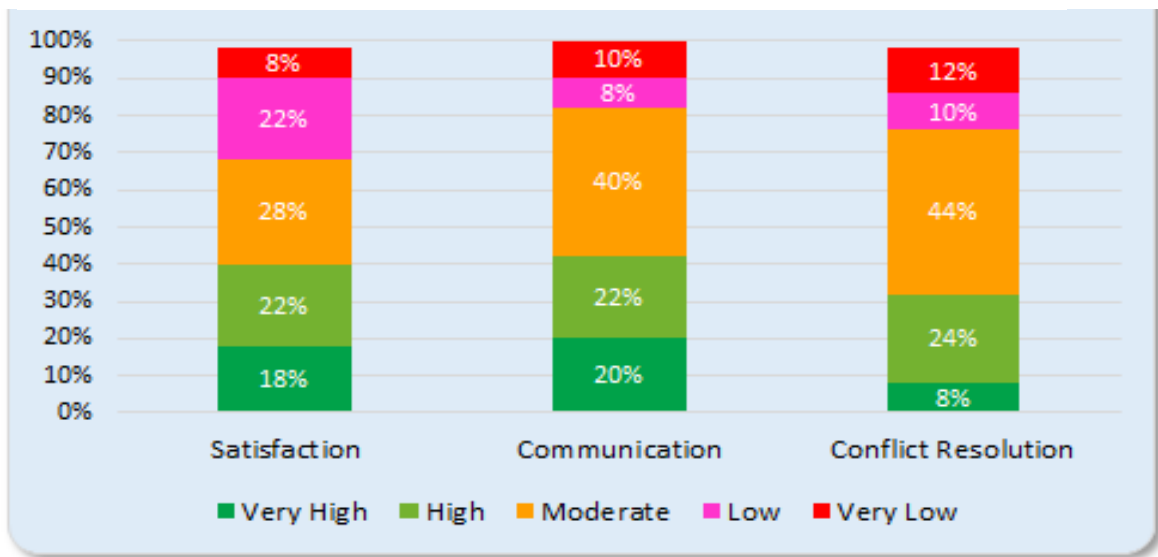


Figure 3: Results of Three Couple Scales test

As indicated in Figure 3, 30% of the respondents experienced low to very low marital satisfaction, 18% had low to very low communication skills, 22% had low to very low conflict resolution skills, 28% experienced moderate marital satisfaction, 40% had moderate communication skills, whereas 44% had moderate conflict resolution skills. If the low/very low and moderate scores are combined, indications are that 58% of the respondents needed to give attention to marital satisfaction, 58% needed to give attention to communication skills, and 66% needed to give attention to conflict resolution. Therefore, the aspect of conflict resolution should receive special attention in the intervention to improve couples' marital competencies.

There were six questions in the Three-Couple Scale where the average response of the whole group (N = 50) dropped below the (inversion-corrected) neutral line of 3. By implication, respondents might experience difficulty in these areas in their marriage, and managing conflict might be a challenge to them. Table 9 presents the questions and responses in respect of which low scores were obtained.

Table 9: Questions with low scores in the Three Couple Scales test

Theme	Question	Response
Satisfaction	Q10	I am unhappy with some of my partner's personality characteristics or personal habits.
Satisfaction	Q13	I wish my partner and I shared more activities that we both found enjoyable.
Communication	Q11	I wish my partner were more willing to share his/her feelings with me.
Conflict resolution	Q6	My partner and I have very different ideas about the best way to solve our disagreements.
Conflict resolution	Q15	Sometimes we have serious disputes over unimportant issues.
Conflict resolution	Q21	At times I feel some of our differences never get resolved.

4.2.2 Results of the survey questionnaire

The survey questionnaire is semi-structured, developed by the researcher and was completed by 50 participants. The objective of the questionnaire was to identify competencies and challenges in the participants' marriage. The questionnaires were analysed using the SPSS software package. The responses of the participants are graphically portrayed in Figure 4.

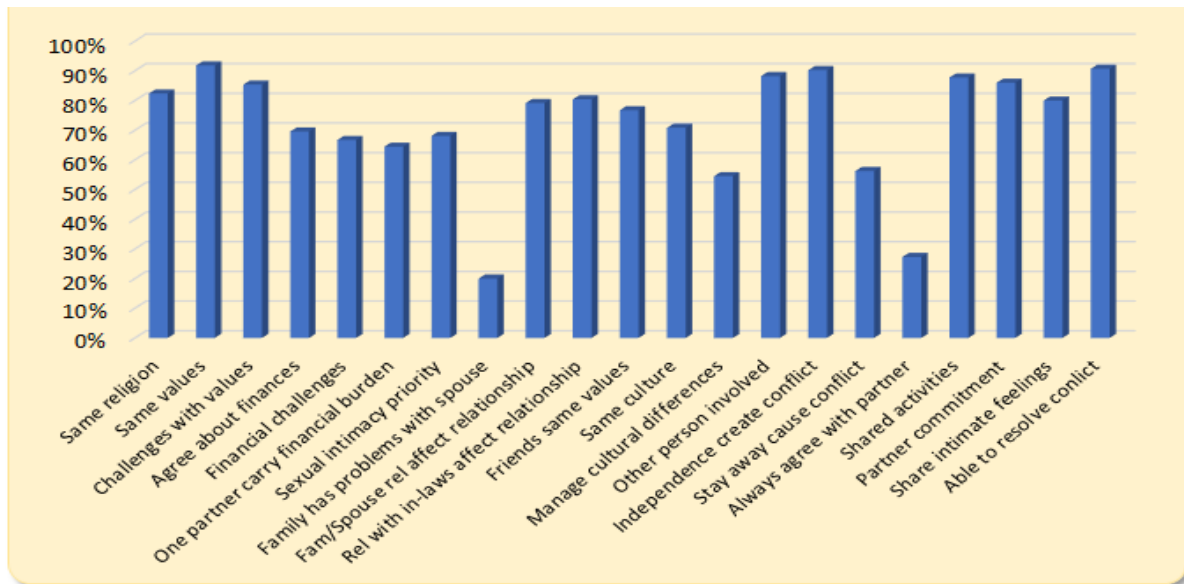


Figure 4: Results of the survey questionnaire

The scores on questions relating to the same religion, same values, same values about friends, and same culture were high (between 80% and 90%), indicating that the participants did not have a problem related to these constructs. These scores also indicated similarities between the partners in the couples. High scores relating to competencies showed that couples had more competencies than challenges in their marriages. Of the participants, 90% indicated that they were able to resolve conflict, 80% could share intimate feelings, 83% were committed to their marriage, 85% did activities together, 68% made sexual intimacy a priority and 82% agreed about finances.

The responses to eight questions were identified as indicating challenges, and the relevant scores are graphically displayed in Figure 5.

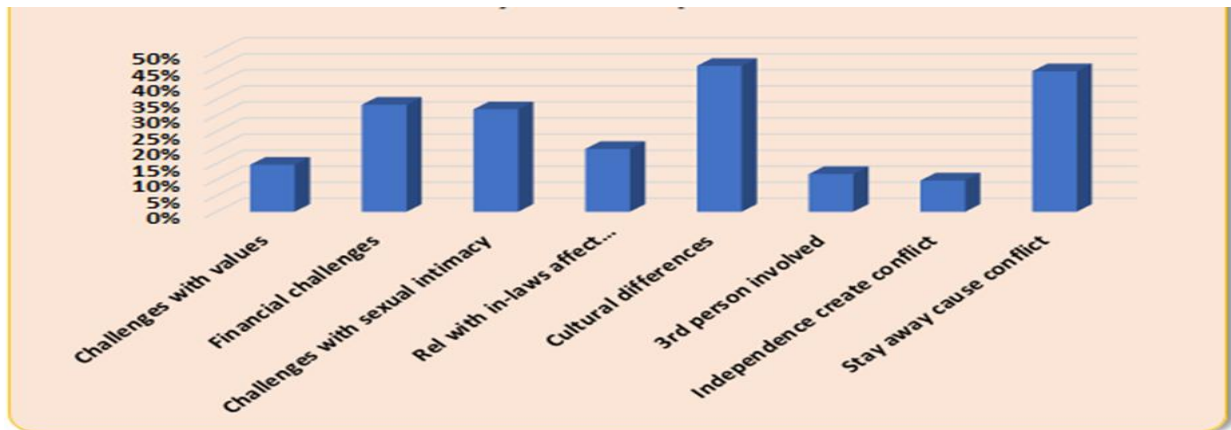


Figure 5: Challenges experienced by married participants

Of the respondents, 44% indicated that they had challenges with cultural differences, whereas 43% explained that staying away without informing each other causes conflict (i.e., indicating an imbalance of separateness and connectedness) and if not negotiated can cause chronic conflict in their marriage, premise 4 in Marital Systems theory, Lewis (1997).

The third highest score (31%) was obtained in respect of finances, which indicated that the partners experienced financial challenges in their marriage. A further 30% of the participants said that sexual intimacy was a challenge in their marriage.

4.2.3 Results of the couples' interviews

Sixteen couples agreed to be interviewed by the researcher. They were recruited at a church and an organisation in Midrand. Demographically speaking, these couples showed both similarities and differences regarding their race and culture. At the time of the study, the couples had been married for between two years and 30 years, with an average of 14 years. The ages of the participants fell in the range of 32 years to 55 years. One couple was married under customary law, whereas the other couples were married under civil law. The religion of one of the husbands was Hinduism, whereas his wife and all the other couples were Christians.

As regards the race of the couples, eight are black, three are coloured, three are Indian, one is white, and one is of mixed race (the husband is a white American and the wife is coloured).

As far as culture was concerned, eight couples described their culture as Christianity and/or Western, and seven Christian couples highlighted their African ethnicity in terms of their mother language or country of origin. The Indian couple (the wife is Christian and the husband is Hindu) described their culture as Hindu.

The couples were asked to write a creative story of their relationship, specifically about their courting days and early years of marriage. This ‘**love story**’ was used as a preparation exercise for the intervention, serving as a romantic reminder of why they got married. The couples reported that it was good for them to hear what their partners felt about them years ago and about their reasons for marrying. The researcher hoped to have found themes in their love stories. The stories, describing the ‘honeymoon’ stage of their relationships, indicated that there had been more agreements and less conflict and that power balances in the relationships had been agreed upon as the boyfriends wanted to please their girlfriends. What the researcher did not take into consideration was that the participants from the lower-income group did not use emails as a method of communicating their love stories and they did not feel confident about their writing abilities, and it was not submitted. Therefore, the researcher did not use the participant’s stories as part of the data collection process.

The researcher used open-ended questions to allow the couples to express their own experiences, resulting in their sharing diverse experiences that applied to their marriage. Some couples did not feel that they had challenges in certain areas and that they were satisfied with their marriage.

The researcher asked four questions: 1) ‘What have been your challenges experienced since the first day of your marriage?’ 2) ‘What are the things that you want to avoid recurring

during your marriage to connect or communicate better with your partner?’

3) ‘What are the things you need from your partner?’ 4) ‘What aspects are you requiring to change during the marriage?’

To identify areas in a marriage that should be attended to in the intervention, the researcher analysed the data by quantifying the participants’ answers and presenting these graphically (see figures 6, 7, 8, and 9). Each graph presents the percentages of responses to the themes of challenges relating to the specific question and gives them in the order of the highest to the lowest percentages. After each graph, the researcher provides an interpretation of the first few themes that appeared most prominently (in terms of the percentages) and presents extracts from the participant’s responses to the interview to illustrate the interpretations. Figure 6 gives an illustration of the challenges interviewees had experienced since they got married.

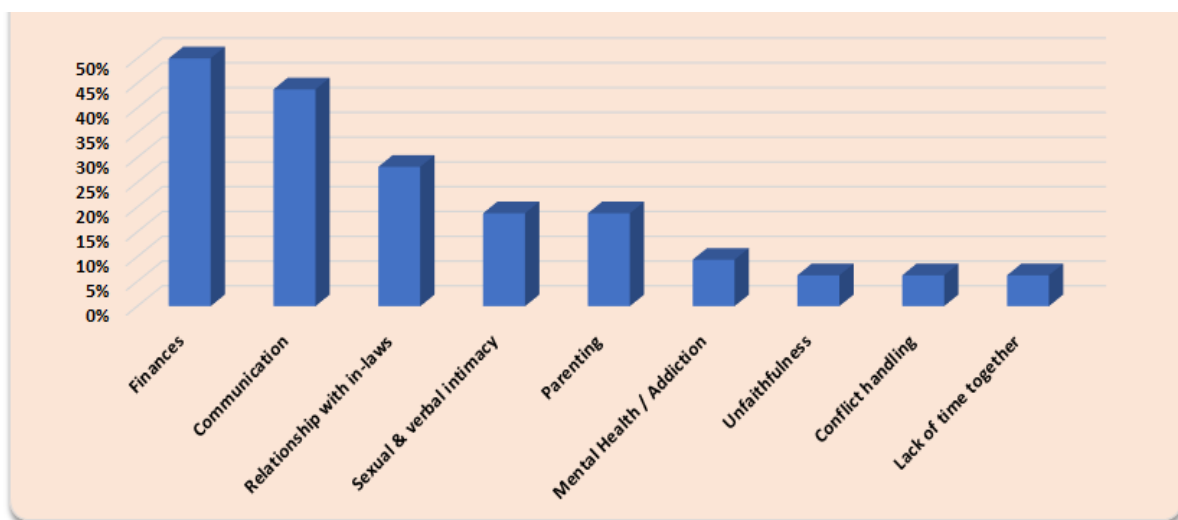


Figure 6: Challenges interviewees had experienced since they got married

The first four aspects participants experienced as challenges since the first day of marriage were finances, communication, relationship with in-laws, and sexual/verbal intimacy. The reason for other aspects not being discussed is that their percentages were lower and that they did not form part of the dominant themes.

Financial issues: Most of the challenges that the couples experienced were related to financial difficulties. Forty-five percent (45%) of the couples had problems with finances and disagreed when discussing finances, which caused them stress. Unemployment was a real challenge, as were the resulting role reversals. Some of the couples' responses were as follows:

In marriage, our challenges, I think finances ... but it was the whole ready-made family. (W04)

Because you can't have everything, you want everything and Unfortunately, you can't get everything. It also creates ... stress. (H04)

Challenges ...! We've had lots of those, and we still have a lot. Shortly after we were married, I lost an executive position, and I went from being a well-paid person to being a non-paid person. I spent two years out of work and right now, we sit in a similar situation where our expenses exceed our income. (H12)

Communication: Forty percent (40%) of the couples expressed difficulty communicating their needs and feelings to each other, and they used different styles to approach issues, which could lead to conflict. One participant expressed it as follows:

I would say communication and also maybe from my side in terms of how I ... address certain issues. She says sometimes I'm too direct and not nice, even though I'm telling the truth. So ..., I think I need to ... improve from there, and, also, I think all conflict is just maybe a different approach. When she's got an issue, she wants it to be resolved right then and there, and then on my side I let it cool off, then we can talk about it a day later or two. So, that's why maybe she sometimes gets upset. (H02)

Relationship with in-laws: Of the couples, 25% had problems with their in-laws. They called the demands and responsibilities of the extended family during the earlier years of their marriage the ‘black tax’. Black tax created conflict, particularly with their partner’s mother who seemed to be a priority. Some of the couples’ responses were as follows:

He spends more time at work and mom is more important than me. (W06)

I am like a caretaker to Mom and it is creating conflict. (H06)

He was like a father to his siblings, financially sharing him with his family. (W03)

I think it was again ... financial. We were ... when we came to Joburg, we were only three years married. We lived on a family’s property, and I wasn’t earning good money at that stage, and ... we had to take a lot of abuse from that family... mentally. (H09)

Sexual and verbal intimacy: Of couples, 15% found it difficult to speak openly about sexual intimacy as topics about sex were always avoided by their family, and vulnerability needed to be considered in their marriage.

Below are a few extracts of couples’ responses:

Let’s say maybe we talking about sex, for example. Yeah, it’s not something easy to talk about because, I mean, how we were raised as well, it’s not something you openly talk about or express yourself in that way. I think that is ... something we probably gonna learn as we go. (W02)

The next question posed to the interviewees focused on the things they wanted to avoid recurring during their marriage to connect or communicate better with their partner. The matters of importance that participants mentioned were miscommunication, spending little time together, an unhealthy lifestyle, and the escalation of conflict.

The results relating to their answers are presented in Figure 7.

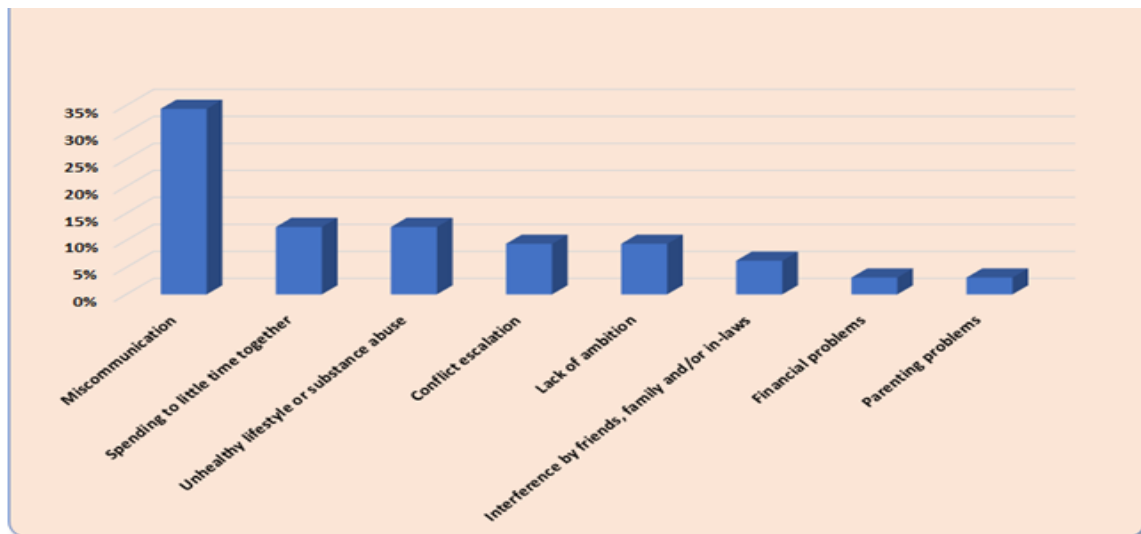


Figure 7: Avoiding recurrence of issues affecting communication in marriage

It became clear during the interviews that miscommunication caused most of the difficulties in the couples' marriages. Some of the couples struggled because they had not acquired effective communication skills.

Some couples found it challenging to juggle work and family—they would have liked to spend time together and participate in activities.

Couples were realising the importance of losing weight and living a healthy lifestyle, but not all partners had this desire.

A few couples indicated that they wanted to stop conflict escalation, and they advocated being patient, not shouting, not becoming angry, not resorting to withdrawal, not saying hurtful things, and not fighting.

Miscommunication: Of the couples, 30% did not want a repeat of the behaviour of miscommunicating. Below are a few extracts of their responses:

Yah ... how I communicate; it's not clear and to the point ... and I do think I frustrate him because he feels like I do not get to the point, and he rushes me to get to the point. (W02)

I need to listen first before responding or taking any form of action. (H02)

Spending time together: Of the couples, 15% wanted to start spending time together.

I'd like us to do more activities together as we did before. 'Cause ... after we got married it declined a bit. (W14)

Unhealthy lifestyle: Of the couples, 10% were at the stage of wanting to put an end to their unhealthy lifestyle.

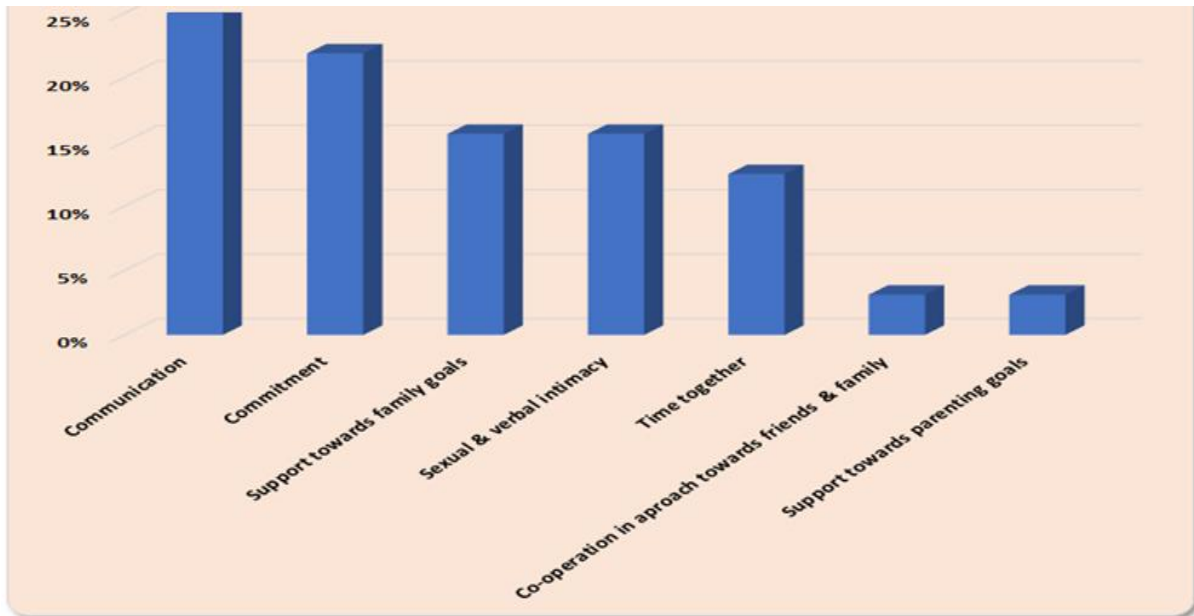
About our weight ... both of us, because where we are at in terms of our weight we need to ... look at that and become healthy or eat healthily or live healthier; that is possible But ... maybe, when I talk about that we take it lightly, but for me, it's a serious concern. (W03)

Conflict escalation: Of the couples, 7% were purposefully resolving conflict so that it did not occur again.

Yeah ... it gets to the peak sometimes and then I just explode. I mean I don't swear, but I lose it and I shout. I shout at our daughter; I shout at him and I'll say, 'Get done now!' I just lose it. (W12)

The third question the participants were asked was, 'What are the things you need from your partner?' The couples expressed what they needed from their partners and the most prominent aspects related to communication, commitment, support of family goals, and sexual/verbal intimacy.

Important to mention is that participants' comments about communication were not only about communication skills but about the desire or need for couples to interact with each other about issues of commitment, keeping promises, sticking to family goals, and making sexual intimacy a priority.



For their responses, see Figure 8.

Figure 8: What participants needed from their partners

The first four responses as displayed in Figure 8 are interpreted below, and some extracts from participants' responses are given.

Communication: Of the couples, 24% indicated that they needed better interaction from their partners especially about making plans and informing their partners when plans made were changed.

Okay, so, basically I'm talking aspects of ... plans. ... If I know something might not work out in a specific timeline, we need to communicate that ... it's not easy to just say, oh, that plan may not work out now. I say it in a way that our hope will not ... produce serious disappointment or negative feelings. As long as we keep the goal ...

I suppose also just keep communicating the goals. The timeline may have shifted ... but we still going toward it. (H01)

No, like for me ... I think ... it will be a continuation of him not stopping to tell me that he loves me. But I will need it often.... It mustn't stop. (W13)

Commitment: Of the couples, 22% needed commitment from their partners.

When we have conversations ... of whether it's financing planning or whatever ... I feel ... you know, we should try by all means to meet those commitments. (W01)

Support of family goals: Of the couples, 15% needed their partners to stick to family goals even if they had work commitments. One participant had the following to say about work–family challenges.

He used to take on ... a lot of work and then he left ... me with the kids alone and stuff like that. So, I think later on in his life, you know, he will realise that sometimes it is not important, you know. Family is more important than the money you make. (W06)

Sexual and verbal intimacy: Of the couples, 12% indicated that they needed more sexual/verbal intimacy from their partner.

And intimacy, ebbs and flows too ... right? And, I mean, ..., I think that's a challenge for women to know that she's wanted when there's not somebody wanting her, right? (H12)

I want my wife to have a lower sexual desire ... I am trying. (H15).

The fourth question posed to participants was: 'What aspects were you required to change during the marriage?' The aspects that the participants mentioned were communication, time management, finances, and conflict handling.

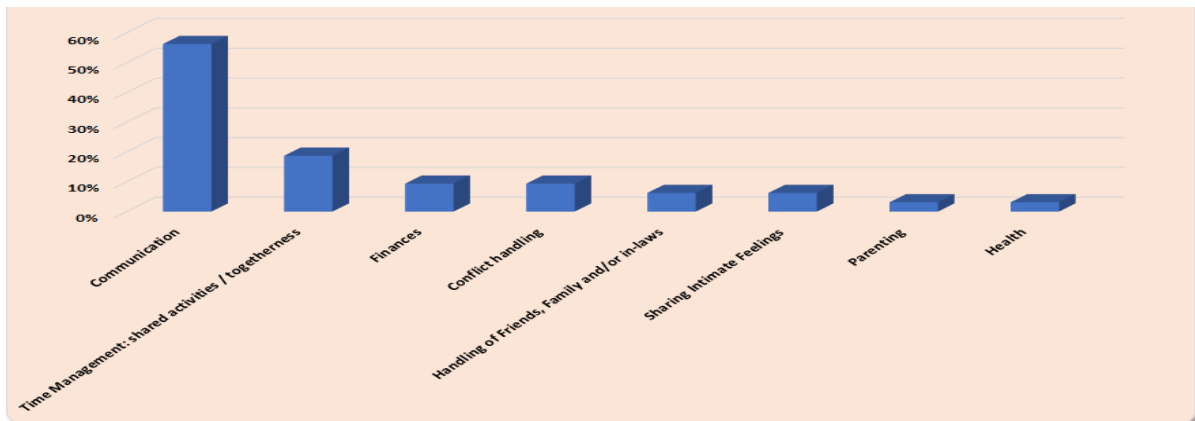


Figure 9: Aspects requiring change in the marriage

Figure 9 displays the participants' responses.

The participants' responses to the first four aspects (i.e., communication, time management, finances, and conflict handling) are discussed below, and extracts from some of the responses are given.

Communication: Of the couples, 50% required a change regarding communication.

So, I've got to say that, listen, we have to have that chat. Let's discuss this. So, I've found that if we discuss something, he doesn't wanna hear it. He'll want to shut down or he'll want to move away. It's like too much. (H09)

Time management: Of the couples, 18% required a change in making time for family.

I think, for me, he needs to manage his time better. I know he's under a lot of stress at work and he's trying to get his whole business going, and it's requiring his time. You know, it's taking away time from us. (W01)

Finances: Of the couples, 8% required a change regarding finances.

Ever since I'm This money between his family, you know, where it's lending or ... And so Or borrowing and stuff

So, it has stopped, and I see that recently it started again and stuff, but ... I just ... I'm a person that I don't like doing any business with friends or family I'd like him to stop completely. (H06)

Conflict handling: Of the couples, 8% required a change in managing conflict.

I think for me, ... I get frustrated too quickly or I get ... is it frustrating Not angry, I get annoyed. I think the word is annoyed. I get annoyed too quickly when Especially when it's just the two of us and the nanny is not around. I think, for myself, I try to be patient but when I'm under pressure with certain things I get irritated.
(W01)

Important to note is that these four aspects cropped up repeatedly throughout the interviews. As shown in the literature review, communication is a continuous journey of improvement throughout a marriage, spending time together is needed to effect change, difficulties related to finances can create conflict, and conflict in general needs dealing with.

4.3 SUMMARY OF SITUATIONAL ANALYSIS

The main themes to be addressed in the intervention (as identified through the situational analysis) were:

Communication and conflict resolution: Couples lacked tools to assist them in resolving communication and conflict issues in their marriage.

Finances: Dealing with finances was a challenge for most couples. They found it difficult to compromise and to plan together.

Sexual intimacy: Couples found sexual intimacy a very uncomfortable topic to discuss, and it seemed to cause dissatisfaction in their marriage.

In-laws: Couples experienced problems with their relationships with in-laws. It caused conflict in their marriages, and they did not know how to resolve it.

In Chapter 5 the researcher discusses the development of a marriage intervention that would impart skills and tools to couples to assist them in communicating more effectively and improving their relationships.

CHAPTER 5

5. THE DEVELOPMENT OF THE INTERVENTION (PHASE 4)

The researcher developed a marriage skills intervention that would impart skills and tools to couples to assist them in communicating more effectively, which could contribute to their marital satisfaction. The development of the intervention involved having an introductory meeting with the community, drawing on the Marital Competency Model (see chapter 2, section 2.2.1.1), and interpreting the data obtained from the situation analysis (see Chapter 4.2).

5.1 THE CONTENT OF THE INTERVENTION (MARRIAGE PROGRAMME)

The intervention was planned to be a group intervention to be presented within an experiential learning context and consists of 7 modules based on the needs and challenges identified through the data collected from the participants. Interaction between participants was encouraged, and couples participated in role plays to learn from each other in the group setting. Icebreakers were used before every session to create an atmosphere of acceptance, and group norms (e.g., maintaining confidentiality, and respecting each other) were established to create cohesiveness and structure in the group. After each module couples were given an exercise to complete.

The six marriage competencies developed by Lewis (1997, pp. 73–79) were integrated into the marriage intervention so that couples could acquire marital competencies and achieve marriage satisfaction. Each module is explained below, each competency is indicated in bold, and the place in the programme where a competency was addressed, is provided.

The seven modules were explained concisely. For the full content of the intervention, see appendix 9.

Module 1: Understanding empathy

Aim: The overall aim of Module 1 was to help couples understand and develop empathy. If they understand their feelings, they can connect to their partner's feelings and possibly be able to start with a process of forgiveness and develop closeness. This module prepared the participants emotionally before giving them communication strategies. It consisted of the following units:

Unit 1 covered the misunderstanding of communication (Halford, 2011).

Unit 2 defined empathy as an essential part of communicating effectively and avoiding conflict (Waldron & Kelley, 2008). **Competency 5**, which was implemented in the intervention, helped couples understand (**empathy**). If they understand empathy, they can show empathy toward their partner and enhance communication.

Unit 3 focused on the six communication steps of forgiveness. Couples were taught that, without the process of forgiveness, they might feel stuck in a situation as their partner might not have shown remorse, resulting in the ineffectiveness of using communication strategies and in the creation of conflict (Waldron & Kelley, 2008).

Unit 4 discussed the need for couples to be aware of childhood wounds and couples' wounds. These wounds could have an impact on their behaviour and the perceptions of their partners, and these could affect communication and, in turn, the relationship. In premise 5 of the Marital Systems Theory (see chapter 2, section 2.1) explains that harmful parenting can cause (unconscious) fears and that these fears, which often continue in adulthood, can affect separateness-autonomy and connectedness-intimacy, and can result in marital dissatisfaction. This module taught couples how they could assist each other in the healing process (Du Toit, 2017; Halford, 2011; Waldron & Kelley, 2008).

Module 2: Emotions

Aim: This module, which had only one unit, focused on emotions. Couples were taught that understanding their emotions could prevent emotional discord (Du Toit, 2017). Emotions are important in communicating with a partner and understanding your feelings and emotions would help you understand those of your partner. Further, emotions help a person to function and continue living life positively (e.g., normal anxiety could help you study and complete tasks before your deadlines). This module showed how emotions could affect a marriage positively and how withholding and not communicating about emotions could influence a relationship negatively.

Module 3: Communication and conflict

Aim: The aim of Module 3 was to make participants aware that different values and beliefs were normal in any relationship. The differences that couples experienced were not a problem, but how they managed their differences were important. This module dealt mainly with practical implementations such as communication strategies.

Unit 1 taught couples to manage conflict by using the communication strategy of ‘coffee time’. ‘Coffee time’ is the order of the conversation that aims to assist couples in minimising conflict. Problems that are not managed well could result in intense conflict and could cause hurt, but minimising hurt could improve the relationship. **Competency 1** (i.e., **negotiation**) and **competency 3** (i.e., **conflict**) were addressed in the intervention, and couples were taught to negotiate solutions and manage conflict by using the communication strategy of ‘coffee time’. This tool gives guidelines for the conversation to minimise conflict. Start the communication by first complimenting, then mentioning the complaint, and negotiating an outcome to find an amicable solution.

This communication strategy fits in well with the Marital Competency Model, competency 3 which explains that when conflict occurred, it had to be brief and had to be resolved without escalation, which is problem-focused. Some of the guidelines for “Coffee time” are from other interventions (Lewis, 1997; Markman, 2001; Halford, 2011).

Unit 2 covered the issues of separateness and connectedness. An equal relationship is one in which there is an equal balance of separateness and connectedness and one in which partners respect each other’s **subjective reality**. **Competency 4** was implemented in the intervention, and in this regard, a communication strategy in the form of a speaker–listener technique (an exercise in acknowledging subjective reality) was provided to teach couples when to listen, when to speak, and how to prevent an intense conflict that can fall into a negative pattern of behaviour when **solving problems (competency 6)**.

Communication strategies are: “Coffee time” is the order of the conversation using listening and speaking communication skills to avoid conflict, used by the researcher in her private practice (Saunders, 2023). The “speaker-listener” technique explains how to communicate to avoid conflict which is not problem-focused initially but understanding the partner will lead to problem-solving (the researcher used a stick instead of the floor). This technique is important and can benefit partners, especially in conversation when they want to clarify sensitive issues and at the same time, feel safe to proceed (Markman, 2001).

Unit 3 dealt with identifying the most dominant conflict styles of spouses. The spouses had to tell each other what style they thought they were, and they had to discuss how they could improve their communication (O’Bannon, 2017).

Unit 4 dealt with separateness and connectedness (Lewis, 1997). Both spouses should have relatively equal power and should be able to negotiate a balance of separateness and connectedness. **Competency 2 (equal power)** was addressed in the intervention.

Couples were taught that both partners had to make decisions about separateness and connectedness to attain relatively equal power.

Module 4: Psychological impact of stress and depression

Aim: The aim of module 4 was to explain how marriage has an impact on mental health if not managed well, and how a stressful lifestyle could cause mental illness.

Unit 1 explained how stress could develop into depression and how work and family conflict were causes of creating conflict, which could lead to depression. If a partner is depressed, conflict in marriage can be exacerbated especially if the couple is not aware that a change in mood could lead to depression and eventually lead to marital dissatisfaction (Day et al., 2014; Praag et al., 2004).

In unit 2, gatekeeping was explained as a communication strategy to promote couples' awareness of burnout. They were taught that they needed to support and protect each other from the external environment that could affect them during stressful periods (e.g. when they experienced different challenges at work and home) (Praag et al., 2004).

In unit 3, a list of symptoms of depression, obtained from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013), was presented. A checklist of symptoms was handed out to the couples to use at home to do introspection and to discuss with their partners if they had observed any of the symptoms described.

Module 5: Finances

The topic of finances was discussed among the couples, and the literature review identified it as one of the causes of divorce. Every couple has to talk about money calmly and encourage open communication as an important task to ensure the success of a long-term relationship (Davis, 2019).

Aim: The aim of Module 5 was to encourage couples to openly discuss money and to create a shared vision and individual goals that formed part of the relationship goals that couples had to try to attain. This could ensure that couples felt satisfied in their marriage.

Unit 1 dealt with understanding partners' spending personality types. The aim was to give couples a better understanding of how they could improve their spending habits. The researcher adapted the spending personality types identified by Honda (2021).

Unit 2 explained why couples experienced conflict about money. They were assured that others experienced the same issues, that they were not alone, and that change was possible (Davis, 2019). A handout with practical suggestions about dealing with financial matters (e.g., how to prepare a small monthly budget) was given to couples to take home to assist them in planning their finances together.

Module 6: In-laws

Aim: This module aimed to make couples aware that in-laws were not necessarily unpleasant people, and that understanding their values, beliefs and their points of view would create less conflict in a marriage. Problems with in-laws do not always involve the mother-in-law—there could be issues with any of the in-laws or any member of the extended family.

Unit 1 dealt with forming ties with in-laws (Fingerman et al., 2012).

Units 2 and 3 explained how to communicate with in-laws (Du Toit, 2017; McCarthy & McCarthy, 2004).

Module 7: Sexual intimacy

Aim: The topic of Module 7 was to focus on the journey of sexual intimacy, and not on the destination. This module aimed to enhance couples' communication about sexual intimacy.

The content educated couples about the strong association between relationship satisfaction and sexual gratification.

Unit 1 covered three constructs affecting sexual desire (Halford, 2011).

Unit 2 covered the causes of the lack of interest in sexual intimacy (Wheat & Wheat, 2010).

Unit 3 explained how stress could affect sexual libido (Wheat & Wheat, 2010).

Unit 4 explained how to improve sexual communication (Rudolf, 2021).

Unit 5 advised couples on increasing sexual desire (McCarthy & McCarthy, 2004; Wheat & Wheat, 2010). Sensual scenarios and techniques were presented to help couples improve their sexual intimacy (Halford, 2011; Wheat & Wheat, 2010).

Finally, a discussion was held about how partners felt when their sexual advances were continuously rejected. Always getting a ‘no’ for an answer has an emotional impact.

During the planning of the contents of the intervention, the marital competencies outlined in the well-researched Marital Competency Model were taken into account. Knowledge of these competencies could benefit the couples. Marital competencies are discussed in more detail in chapter 2, (section 2.2.1.1).

5.2 GROUP WORK WITH COUPLES

Group work is a safe and accepting space where participants can express themselves and learn from others without feeling inhibited. They have a sense of belonging and caring, are willing to give and receive advice, gain insight into their issues, and address aspects in their lives that they want to change. Group work provides a powerful opportunity for healing (Corey et al., 2018, pp. 3, 199, 200).

A minimum expectation is that facilitators need to know what the ultimate goal of the group is, and how to facilitate the group process.

They need to discuss with the group members the benefits of participating in a group, give the group activities, and encourage the members to learn from each other and to realise that their problems are not unique or abnormal and that they are not facing the challenges alone. They should prepare the members to deal with any problems that may come out of the group experience, and they must be alert to the unexpressed fears and reservations members may have. Facilitators need to ensure a safe environment to encourage change and feedback (Gladding, 2000, pp. 324, 332).

The group work in this intervention was presented by a facilitator. A facilitator is someone ‘who helps to bring about an outcome (for example, learning, productivity, or communication) by providing indirect or direct assistance, guidance, or supervision’ (Maxey & O’Connor, 2013, p. 2). The facilitator needs to know the reason for the facilitation and the outcome desired (Maxey & O’Connor, 2013, p. 6).

Facilitators discuss the process of the programme, provide information, outline the purpose, and assist the group to develop and apply group rules through participation. These rules are often focused on confidentiality, the importance of participating, and being respectful during meetings. The role of the facilitator is to create a safe environment, facilitate the forming of cohesion in the group, encourage ownership of the process, and create an atmosphere where participants can engage with others and participate freely in the presence of other group members (Wittenborn et al., 2012, p. 7).

Facilitators must have a broad and deep understanding of the dynamics that operate in groups and of facilitating these dynamics ethically so that harm can be minimised. To be able to deal with diversity, facilitators need to first become aware of their own biases about age, disability, ethnicity, gender, race, religion, social status, and sexual orientation.

The best way to examine one's own biases is to engage in experiential exercises and other meaningful encounters that require critical thinking and self-examination.

Participants in the present study were from different backgrounds, and the researcher dealt with this diversity by giving participants from each culture an opportunity to share their experiences in their marriages.

The next chapter, Chapter 6, deals with a discussion on the implementation of the intervention, and the process and the validity of the implementation.

CHAPTER 6

6. THE IMPLEMENTATION OF THE INTERVENTION (PHASE 5)

This chapter defines the concept of implementation and describes the importance of a quality implementation framework, the stages of implementation, and observations from the researcher regarding the intervention.

6.1 DEFINITION OF IMPLEMENTATION

Programme implementation is about ‘making it happen’ and knowing what ‘it’ is that needs to be defined to do it very well to reach the desired results (Fixsen et al., 2013, p. 219).

Making a programme work includes who, what, where, and how a programme is set up and run. Implementing a programme shows how well a planned intervention can be modelled practically. It can alternatively be referred to as treatment compliance. The practical implementation of an intervention determines the quality of the outcome. Only if the implementation is of a high quality can the intervention be evaluated as effective and can the desired outcome be obtained (Durlak, 2010, p. 3, 4).

Implementation is essential to establishing the internal, external, conceptual, and statistical validity of outcome evaluations. Validity has also been referred to as dependability and integrity, and the establishment of validity has been referred to as a process of evaluation (Durlak, 1998, p. 5).

6.2 IMPORTANCE OF A QUALITY IMPLEMENTATION FRAMEWORK

Research has indicated that the high-quality implementation of an intervention is fundamental to reaching the desired social outcomes. Research on implementation science that has been done systematically and practically has indicated some important characteristics of quality implementation (Durlak, 2010, p. 8).

These characteristics are:

- It is a process where the researcher works systematically with organised steps, and the desired quality can be acquired through meticulous planning.
- It has a systematic sequence of a process of steps that should be presented before the programme begins; and
- It requires different kinds of exercises and skills that include assessing, negotiating, partnerships, planning, and critically self-reflecting on what is being done.

It is important to ensure the high quality of the implementation of an intervention to achieve the intended outcomes. Durlak (2010, p. 5) explains that an evidence-based programme may be unsuccessful in one setting due to poor implementation, but that the same programme may be successful in another setting if its implementation is of high quality. This implies that the implementation team must sporadically monitor the programme's implementation and adjust it if needed to ensure high quality.

6.3 THE STAGES OF IMPLEMENTATION

The implementation was carried out in distinct stages. There are common components of successfully implemented interventions and implementation drivers. Active implementation methods incorporate best practices that are related to the following four stages of implementation which may be relevant: 1) exploration, 2) installation, 3) initial implementation, and 4) full implementation and implementation drivers (i.e., competency, organisation, and leadership). These stages are illustrated and explained in Figure 10 (Fixsen et al., 2013, pp. 220–223)

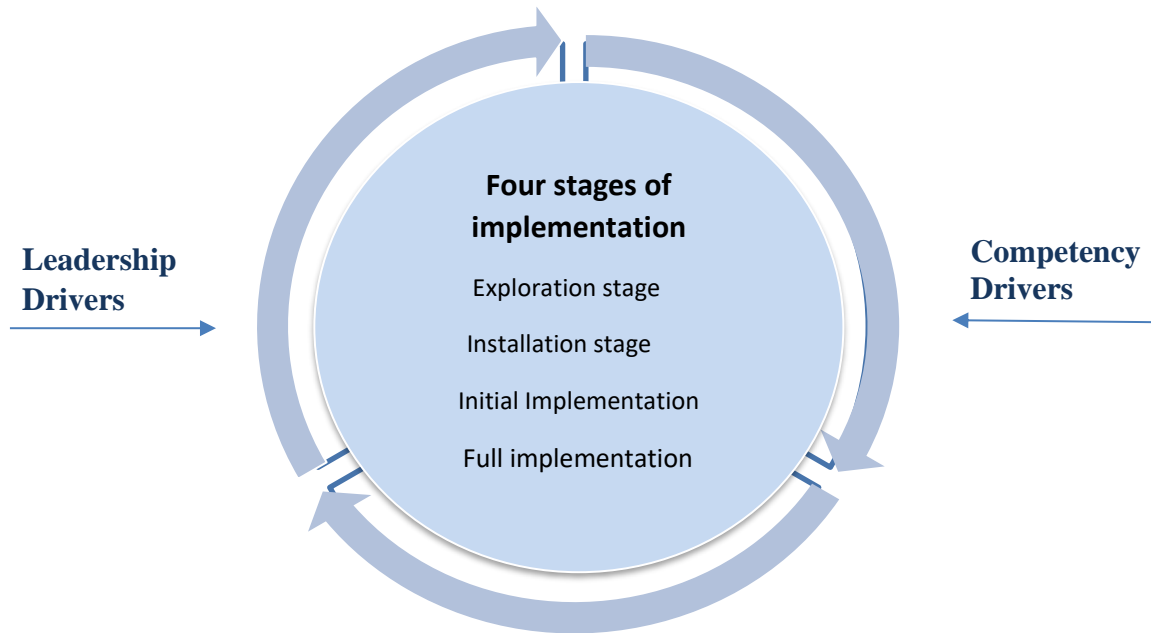


Figure 10: Stages of implementation

The stages presented in Figure 10 are suggested for an implementation of an intervention in a community.

6.3.1 Exploration stage

In the exploration stage, activities were about an exploration of the strengths and needs of a system or organisation, the development of a common understanding of what was needed, an acceptance of the intervention, the required implementation support, and a mutual decision to proceed. The implementation of this research started with an introductory meeting which was held with eight community leaders. The participants consisted of a couple who were pastors from a church, some were self-employed, and some had full-time jobs. The purpose of the meeting was to study the nature of relationships, to identify the need for a marital intervention, and to establish what aspects had to be addressed in such an intervention.

Community members indicated the need for an evidence-based marital intervention, particularly for those who were not able to afford the assistance of professional psychological services.

Creating readiness for change in organisations and communities is an integral part of this stage, and it is the best time to put implementation teams together (Costello, 2003, p. 4). The researcher started considering the implementation team, and this is discussed in the next phase.

6.3.2 Installation stage

During the installation stage, resources are acquired or developed to fully engage in an effective way of implementing change. In this research, preparations were made to implement the following: developing the content of the intervention (which was discussed earlier), organising a venue, and technical support. The implementation team was put together, facilitators were organised, the role of the facilitators was discussed, participants were recruited, and they were divided into groups of four or five couples according to the dates that they were available.

The implementation team consisted of the researcher, the co-researcher, and facilitators (i.e., pastors from the church and participants from the community). Resources were acquired for the implementation process (e.g., venue, audio-visual equipment, stationary, food), and technical support was arranged.

Implementation drivers were introduced at this stage, for example, competency drivers (e.g., group facilitators), organisation drivers (e.g., the researcher's administrative member of staff, a volunteer law student), and leadership drivers (e.g., the researcher and co-researcher).

The intervention was implemented during and after the lockdown period related to the COVID-19 pandemic in 2021. The researcher felt relieved when the President announced the move from level 3 restrictions to level 1 restrictions on 1 March 2021.

The researcher started organising the groups and gave the couples enough time to plan ahead to attend the intervention which was planned to start in the last week of August. From June to July, higher levels of restrictions were implemented due to the third wave of COVID-19.

Despite the announcement of level 1 restrictions just before the implementation of the sessions, couples were still feeling concerned that working in groups would place them at risk of contracting COVID-19. However, at that time small groups were allowed to attend church, and the participants became more relaxed about attending the workshop.

Sixteen couples volunteered to participate in the intervention. When the implementation of the intervention started, 14 couples were available to participate. The couple who withdrew first was a white, middle-class couple. The husband had his own business and he explained that when we had arranged for them to participate a few months previously he was available, but when the intervention started he did not have the time available to participate. The second couple was a young black couple from a lower-economic township community. The wife was unemployed, and the husband had a trade skill (welding). We invited him each time when a new group started but his employer was not able to give him time off from work. Therefore, they did not attend the intervention sessions.

The couples that participated in the intervention had been married between two years and 30 years. The ages of the couples ranged between 32 years and 55 years. Seven couples were black, three couples were coloured, three couples were Indian, one couple was white, and one couple was of mixed race (the husband was a white American and the wife was coloured).

The participants were divided into three small groups of four or five couples so that the researcher could give the couples' attention, and so that it was possible to establish group cohesion and create a sense of acceptance in the group.

6.3.3 Initial implementation stage

The programme was presented on three consecutive Saturdays (for 18 hours), and each group took part in an evaluation at the end. The first group started at the end of August 2021 and ended in the middle of September 2021. The feedback of the first group was built into the programme administered to the second group. The second group started in the middle of September 2021 and ended in the first week of October 2021. The third and last group started in the middle of October and ended in the first week of November 2021. Repeating the programme three times gave credibility to the outcome. Couples used their names during the intervention as most of them knew each other. For research administration purposes, couples were allocated a participation number (starting from 01 to 16), and a wife was given the code W01 and a husband the code H01 to avoid confusion with responses and to maintain confidentiality.

During the initial implementation stage, the researcher did most of the facilitation, after the training of the first group of participants, they became involved as competency drivers (facilitators) to assist the researcher with further training. The facilitators were eager to implement their newly learned skills. The co-researcher (who was a psychology student) took notes and observed, and the content of the intervention was presented for the first time.

On the days when the intervention was held, the organisation drivers (administrative member of staff and volunteer law student) did the registration of the participants, saw to the adherence to COVID-19 regulations (e.g., measuring temperatures, recording each participant, and sanitising hands), and carried out other administrative duties such as organising meals and refreshments. The researcher set a high standard of implementation for the team to provide high-quality services externally.

6.3.4 Full implementation stage

The full implementation stage involved providing external implementation support (e.g., to communities and churches).

It was arranged that the implementation team would continue as competency drivers, organisational drivers and leadership drivers so that the same high standards and quality could be maintained when the intervention was implemented in the broader community.

Regarding the future: After the implementation of the intervention, funding needs to be sought, proposals need to be prepared, and meetings should be held with possible funders, organisations, churches, and other stakeholders such as leaders in the health sector to support people with depression.

6.4 THE ROLE AND EXPERIENCE OF THE FACILITATOR (Researcher)

In the initial implementation stage, the researcher created a safe and accepting space where participants were able to express themselves and learn from others without feeling inhibited. The couples in the groups were friendly, open to sharing their experiences, interacted well, and were eager to participate in ice-breakers and role-plays.

The researcher was surprised when she noticed that a couple from a lower-income community who had been placed in a group with couples from a middle-class suburb were both leading the conversations in their group.

As regards the role of the researcher in debriefing participants (see appendix 2), it is to be noted that only one couple out of all three groups needed to be debriefed during the three days they attended the intervention. This couple needed assistance because the session about childhood wounds had affected the husband emotionally.

The researcher debriefed the couple during a lunch break, and when she called the couple later in the afternoon she established that the husband was feeling much better. His wife admitted that although they had been married for many years, she never knew about her husband's childhood wounds. After sharing his feelings with his wife (i.e., he shared his vulnerability) later in the afternoon, they felt closer and did not need further counselling. The intervention was thus effective in opening up intimate communication between the partners.

In another instance, the wife referred to above was feeling emotional during the session on in-laws. During the lunch break, the ladies of the group encouraged her to talk about her problem and she disclosed that she had not spoken to her mother-in-law for two years. The researcher debriefed the couple during the lunch break, and when she gave the wife a call later in the afternoon, she learned that the couple was planning to go to the husband's mother to make amends. They did not need further counselling.

Concerning the issue of diversity, it can be reported that the researcher had worked in a black township for 10 years and that she was familiar with working with different cultures. The other side of the coin could be that because she knew about other cultures she might not have asked as many questions as she should have. The differences between participants of different cultures became prominent during discussions of the topic of in-laws, a topic that couples were quite prepared to discuss openly. Some regarded honouring their parents as more important than protecting their partners who had different values, even if the couple had a similar religion or culture. The researcher noticed that some group members were biased, and she kindly corrected them. For example, during a discussion on the topic of sexual intimacy, most of the women said they preferred sleeping naked. When one participant mentioned that she felt uncomfortable sleeping naked, another participant insisted that she had to find help with her negative body image. The researcher had to normalise the situation and explain that every person had their preferences and should not be judged for their choices.

Toward the end of the intervention, one couple who had been married for two years but was in a group with couples that had been married for over 10 years, indicated that although they had benefitted from the couples in their group, they would have benefitted from couples who had been married for roughly the same number of years as they had been. They felt that they faced the same challenges and could have related to them. Nevertheless, the group in question consisted of couples who came from the same church and who were acquainted; therefore, the group dynamic was without challenges. The researcher explained that the placing of couples had been done according to their availability on a specific date on a specific Saturday. However, the researcher would keep this in mind when implementing the intervention in the community.

Concerning values, it can be noted that most of the group members, as well as the researcher, are Christians, and they probably share the same values. When the researcher spoke about power in a relationship, one of the husbands in one of the groups was adamant that being the head of the home gave him the power to make final decisions. This person was a loving husband, he was not abusive, and the couple did engage in negotiation; therefore, the researcher made a point of discussing the possibility that an abusive husband could use the term ‘head of the home’ as giving him the authority to abuse his wife, but that this was usually not the case. When implementing this intervention in the community, facilitators will need to be sensitive because not every participant will have Christian values.

The challenges the researcher experienced were mostly of an administrative nature which changed the group dynamics. This was particularly the case when a couple could not attend one or two Saturdays out of the three that had been planned for them and she needed to find them a group so that they could attend the modules they had missed.

There were times when a couple had to join another group, and the couples experienced that the other group had already formed friendships and that cohesion within the group already existed. As a result, the couple usually became observers and the interaction in the group was lower than before.

6.5 RESPONSES REGARDING THE QUALITY OF THE INTERVENTION

The participants were asked to give their responses regarding the intervention in the evaluation questionnaire. All the couples were very positive about their participation in the intervention. Most of them regarded the content of the programme as very relevant in their lives and it contributed to improving their relationships.

A couple (C04) mentioned that the workshop had opened their eyes and improved their relationship. This couple was very happy with the programme as it covered all the areas that affected them as a couple.

According to these three couples (C11), (C12), (C14), they mentioned that the purpose of the programme had been accomplished; the communication strategies and simple activities in each section were explained well, the intervention had been useful and had encouraged real discussions, enabling them to understand each other better. According to (C16), and (C09) they mentioned that no improvement was needed, the basic principles were helpful and seemed easy to apply, and what they were taught really worked, they added that the programme could be implemented and shared with a broader community.

Some of the participants gave ‘no comment’ as an answer, and these responses can be interpreted as either negative or neutral (see appendix 13).

6.6 SUMMARY

This chapter discussed the issue of implementation and the importance of a quality implementation framework to ensure that high quality was maintained to achieve the intended outcomes of the intervention. The success of a programme depends largely on its implementation. Therefore, the implementation team had to sporadically monitor the programme implementation and adjust it if required to ensure the high quality of the implementation. The stages of the implementation were discussed, and the chapter concluded with a section on the researcher's role and experience regarding the implementation stage and the responses regarding the quality of the intervention.

Chapter 7 reflects on the quantitative and qualitative evaluations of the intervention.

CHAPTER 7

7. THE EVALUATION OF THE INTERVENTION (PHASE 6)

This chapter reports the pre and post-intervention results using the Three Couple Scales, the qualitative feedback questionnaire, and the thematic analysis report taken from the evaluation questionnaire. It concludes with the intervention outcomes discussed regarding the Marital Competency Model.

According to Visser (2012, p. 98), an intervention evaluation is part of a development process. It involves a plan to maintain and improve the programme as part of the process of Action Research. According to Green and South (2006, p. 4) evaluation is concerned with assessing the effectiveness of an intervention. It is a systematic collection of information about an intervention's activities, characteristics, and outcomes. Corey et al. (2018, p. 330) define evaluation as an ongoing process throughout the life of a group, tracking the growth of the individual and the group as a whole as it is essential for the sustainability of the intervention. Through an outcome evaluation, a researcher tries to describe a program's effect by examining participants' behaviour, attitude, or knowledge before and after an intervention (American Academy of Pediatrics, 2006, p. 8).

According to Green and South (2006, p. 5) one of the essential purposes of an evaluation is its ethical obligation to protect the communities from improper or harmful practices, either indirectly by wasting limited resources on ineffective interventions, more directly by using resources for personal gain or a research project that can cause emotional harm. Ineffective and improper interventions may alienate community groups and make them more resistant to other attempts to bring about change. Even well-intended programmes that may seem credible can be harmful.

Therefore, the researcher concurs that an evidenced-based researched programme registered with an institution that requires an ethical obligation could minimise the possibility of harm to the community. Process evaluation involves evaluating the process of the programme by asking if activities, strategies, or functions complied with what had been intended. On the other hand, outcome evaluation tries to answer the question, ‘What difference did the programme bring about?’ (American Academy of Pediatrics, 2006, p. 8). In the outcome evaluation, pre- and post-assessments were used to evaluate if there was a difference in marriage after the intervention. This was done to establish whether the goal of the intervention had been reached.

7.1 THE DESIGN OF THE EVALUATION PROCESS

A mixed method design was used to integrate results from the quantitative and qualitative research to produce well-validated conclusions (Ivankova & Creswell, 2012, p. 269).

Concerning the quantitative data, a pre- and post-assessment using the Prepare/Enrich structured survey, namely, the Three Couple Scales was used (Olson & Larson, 2008) (See chapter 3, section 3.3.3.1). The second tool used was the feedback questionnaire (see appendix 7) which contained open-ended questions and was used after the intervention.

Participants had to indicate if there had been changes after the intervention in their skills and knowledge relating to 1) communication, 2) decision-making, 3) finances, 4) sexual intimacy, 5) relationships with in-laws, and 6) connectedness and separateness. The results were presented in graphs and illustrated by quotes from participants.

The evaluation questionnaire results where participants described changes in their behaviour and relationships are also presented. Thematic analysis was used to identify themes and patterns in the data (Braun & Clarke, 2006, p. 79).

7.2 QUANTITATIVE DATA: STATISTICAL ANALYSIS

7.2.1 Demographic and biographical details of the 14 couples who participated in the intervention were recruited from a church or organisation in Midrand Johannesburg. The couples were mainly from the surrounding suburbs in Midrand, although the researcher would have preferred more couples from the lower-income community in Midrand.

The biographical data of the 14 couples who participated in the intervention is presented in Table 10.

Table 10: Biographical information of participants

Couple*	Age of partners	Years of marriage	Religion	Race	Culture	Type of marriage
01	W 32 H 35	4	Christian Christian	Black Black	N. Sotho N. Sotho	Civil
02	W 35 H 38	2	Christian Christian	Black Black	Zulu Sepedi	Civil
03	W 48 H 48	22	Christian Christian	Black Black	Shona Shona	Civil
04	W 41 H 51	12	Christian Hindu	Indian Indian	Hindi Hindi	Civil
06	W 38 H 42	12	Christian Christian	Indian Indian	Christian Christian	Civil
07	W 39 H 44	14	Christian Christian	Black African	Christian Christian	Civil
09	W 49 H 51	18	Christian Christian	Coloured Coloured	Christian Western	Civil
10	W 49 H 51	25	Christian Christian	African African	Zambian Zambian	Civil
11	W 35 H 35	9	Christian Christian	Indian Indian	Christian Christian	Civil
12	W 53 H 55	13	Christian Christian	Coloured White	Western American	Civil
13	W 49 H 50	22	Christian Christian	African African	Venda Venda	Civil
14	W 33 H 38	1.5	Christian Christian	Black African	Swati Tsonga	Civil
15	W 46 H 47	20	Christian Christian	Coloured Coloured	Western Western	Civil
16	W35 H 35	10	Christian Christian	Coloured Coloured	Christian Christian	Civil

Note. *Couples 05 and 08 withdrew from the study.

The couples are married between two years and 30 years. The ages of the couples range between 32 years and 55 years. Seven couples are black, three couples are coloured, three couples are Indian, and one couple is of mixed race (the husband is white and the wife is coloured).

7.2.2 Three Couple Scales

The Three Couple Scales instrument was administered to the participants before and after the intervention. The Wilcoxon signed-rank test was used to indicate whether the participants' responses in the pre- and post-assessments differed positively in a statistically significant way for the group as a whole. If there was a considerable difference, the assumption could be made that the intervention had had a generally positive effect on the couples' relationships. The Wilcoxon signed-rank test is a non-parametric statistical test for small samples using ordinal data. Every participant is measured before and after the intervention, yielding a pair of measurements for every participant (Xia, 2020, p. 2).

In addition to the participants' individual scores on the Three-Couples Scale (scores were given per scale per person), an aggregated couples score was also calculated, where the three scale scores for each individual were added and the husband's and wife's scores were combined. The results of the pre- and post-intervention scores on all the scales were analysed using the Wilcoxon signed-rank test. In Table 11 the Wilcoxon's results of the combined scores of the couples are given in the right-hand side column (husband and wife together in respect of all three scales, not per scale and not per person).

Table 11: Wilcoxon signed-rank test results

Wilcoxon test parameter	Satisfaction	Communication	Conflict resolution	Aggregate couples Scale
Test statistic (calculated from results)	117.5	63	30	8.5
<i>N</i> (sample of 14 couples)	28	28	28	14
<i>p</i> (probability tested against)	0.056	0.05	0.05	0.05
Critical value (from Wilcoxon table)	118.00	116.00	116.00	21
Test statistic \leq Critical value	Yes	Yes	Yes	Yes

The test results are discussed per scale (i.e., marital satisfaction, communication, conflict resolution) and with reference to the relevant hypothesis.

Scale 1: Marital satisfaction

The hypothesis was:

$H_{1(1)}$: The intervention brought about improvement in the participants' marital satisfaction.

As indicated in Table 11, the test statistic in respect of satisfaction (117.5) was slightly smaller than the critical value (118), provided that the probability against which it was tested was chosen as $p = 0.056$ rather than as $p = 0.050$. Based on that assumption, hypothesis H_{01} could be rejected and the null hypothesis $H_{1(1)}$ could be accepted. Thus, the intervention could be viewed as having improved participants' marriage satisfaction almost significantly.

Scale 2: Communication

The hypothesis was:

$H_{1(2)}$: The intervention brought about improvement in the participants' communication.

As indicated in Table 11, the test statistic in respect of communication (63) was much smaller than the critical value (116.00). This null hypothesis could therefore be easily rejected. The intervention could be viewed as having improved the overall communication in participants' marriages.

Scale 3: Conflict resolution

The hypothesis was:

$H_{1(3)}$: The intervention brought about improvement in the participants' conflict resolution.

As indicated in Table 11, the test statistic in respect of conflict resolution (30) was much smaller than the critical value (116.00). This null hypothesis could, therefore, be rejected summarily. Thus, the intervention could be viewed as having improved the overall conflict resolution in participants' marriages.

As indicated in Table 11, the test statistic for the aggregate couple's scale (8.5) was much smaller than the critical value (21). The null hypothesis $H_{0(1-3)}$ that the intervention did not affect all three specific aspect, could, therefore, be rejected. The intervention could be viewed as having an overall improvement in the satisfaction, communication, and conflict management in the participants' marriages.

Based on the results provided above, it could be argued that the intervention could make a meaningful difference in the marriages of a larger population, especially regarding the aspects of communication, conflict resolution, and marital satisfaction.

The results reported above indicate that marital relationships improved statistically significantly in respect of the group as a whole. In the next analysis, the improvement and deterioration in scores in respect of each individual are given, indicating which individual improved in what way. The criterion for improvement or deterioration was as follows: if a participant's scores differed before and after to such an extent that they indicated a movement between categories, it was regarded as a significant change and as evidence that the intervention had had an effect on them.

Table 12 provides an explanation of the colours used in Table 13, representing the weight and description of the participants' progress (or lack of progress in three cases) from pre-intervention to post-intervention results.

Table 12: Explanation of colours used in Table 13

Weight	Description	Colour	From pre-intervention to post-intervention
3	Extremely improved	Dark green	Improved by three categories
2	Much improved	Green	Improved by two categories
1	Improved	Light green	Improved by one category
0	Similar	Yellow	Stayed in the same category
-1	Weaker	Pink	Receded by one category
-2	Much weaker	Red	Receded by two categories
-3	Extremely weaker	Dark red	Receded by three categories

Three Couple Scales: pre-and post-assessment statistics for individual scores are presented in Table 13.

Table 13: Participants' individual progress: Pre- and post-Assessment results

	Marital satisfaction	Communication	Conflict resolution
H01	Similar	Similar	Similar
W01	Improved	Improved	Similar
H02	Similar	Improved	Similar
W02	Similar	Improved	Improved
H03	Weaker	Improved	Improved
W03	Weaker	Similar	Similar
H04	Much improved	Much improved	Much improved
W04	Much improved	Extremely improved	Improved
H06	Improved	Similar	Improved
W06	Similar	Similar	Improved
H07	Improved	Improved	Improved
W07	Similar	Similar	Similar
H09	Improved	Similar	Improved
W09	Improved	Similar	Improved
H10	Similar	Similar	Improved
W10	Similar	Similar	Similar
H11	Similar	Similar	Similar
W11	Similar	Similar	Similar
H12	Improved	Much improved	Improved
W12	Much weaker	Weaker	Weaker
H13	Similar	Similar	Weaker
W13	Similar	Improved	Similar
H14	Similar	Improved	Similar
W14	Similar	Similar	Improved
H15	Much improved	Extremely improved	Improved
W15	Extremely improved	Much improved	Similar
H16	Improved	Much improved	Improved
W16	Much improved	Much improved	Extremely improved

Note: Only 14 couples participated in the post- Three Couple Scales assessment, Couples C05 and C08 are not included in this table.

7.2.2.1 Discussion of individuals' scores that were similar and improved

Table 13 indicates the results of individual scores that improved, were similar or were weaker. The discussion in this section focuses on scores that were similar and improved.

1) The number of individuals whose scores remained similar: pre–post assessment

Marital satisfaction (13), Communication (13), and Conflict resolution (11)

2) The number of individuals whose scores improved (much and extremely)

Marital satisfaction (12), Communication (14) and Conflict resolution (15)

In regard to the individual scores mentioned above, with both scores having been calculated, the results show that the main denominator of their response is the scale of *communication*.

The researcher is satisfied with the results as communication was one of the main skills dealt with in the research.

The improvement or decline of couples' scores are discussed in more detail in section 7.2.2.3.

7.2.2.2 Discussion of individuals' scores that declined

In Table 13, the results indicate that some individual scores show deterioration. The focus of this section is on weaker and much weaker scores.

Marital satisfaction (3), Communication (1) and Conflict resolution (2)

Regarding individual scores that declined, a mixture of scales indicated deterioration, without there being a significant result.

The improvement and decline in the scores of couples are discussed in more detail in chapter 7 (section 7.3.2.1).

Individual scores were taken from Table 13 and summarised, and a summary of the results is given in Table 14. The relevant categories are: similar, improved, much improved, extremely improved, weaker, and much weaker.

Table 14: Summary of participants' progress: Pre-and post-Assessment results

Marital satisfaction	Communication	Conflict resolution
Similar		
13	13	11
Improved after the intervention		
7	7	13
Much improved after the intervention		
4	5	1
Extremely improved after the intervention		
1	2	1
Weaker after the intervention		
2	1	2
Much weaker after the intervention		
1		

As indicated in Table 14, the scores of the participants on scales which show improvement indicate that most of the participants improved on three scales, namely, marital satisfaction (12), communication (14) and conflict resolution (15). Table 14 indicates that a very small number of participants performed weaker relative to the number of participants who showed improved performance after the intervention.

Table 15 provides information on participants' progress or regress on performance based on a comparison of their pre- and post-assessment scores on the Three Couple Scales in terms of satisfaction, communication and conflict resolution.

Table 15: Individual scores of participants: Three Couple Scales

	Marital satisfaction	Communication	Conflict resolution
Progressed to higher category	43%	50%	54%
Same category	46%	46%	39%
Regressed to lower category	11%	4%	7%
The difference between progress and regress	32%	46%	47%

As indicated in Table 15, some of the participants scored so much higher in the post-assessment test than in the pre-assessment test that they progressed to a higher category. Thus, the scores of almost half the participants on all three scales showed an improvement, whereas about 11% had lower scores on satisfaction, 4% on communication, and 7% on conflict resolution.

7.2.2.3 Measuring couples' improvement or decline relative to scope

It is not always advisable to measure improvement or decline by pure subtraction. If two students had a respective score of 5% and 95% on a test, it would be possible for the poor student to study and improve by 10 percentage points, whereas it would be impossible for the better student to improve to the same extent. Conversely, the better student could easily drop by 10 percentage points, whereas the poor one could not. An argument can, therefore, be made for measuring improvement or decline relative to scope. For example, if a score is 5%, there is 95% scope for an improvement, but only 5% for a decline. If a score is 95%, the converse is true. The same would be true for the scales completed by the participants in the present research.

Figure 11 depicts the improvement (+) or decline (-) of couples' aggregate relative to scope.

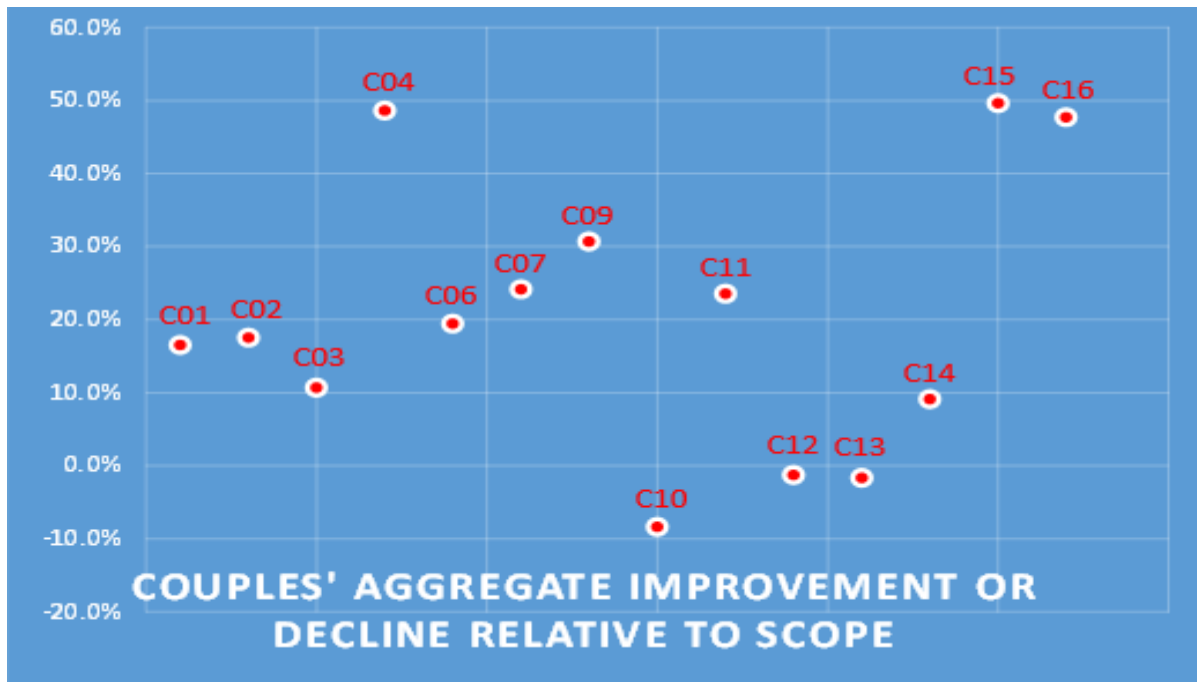


Figure 11: Couples' aggregate improvement or decline relative to scope.

1) The scores of three couples declined in the post-assessment test.

C10: This couple's score declined by -8.4% relative to the scope. They had higher scores in the pre-assessment test than in the post-assessment test.

C12: This couple's score declined by -1.3% relative to the scope. They had slightly lower scores in the post-assessment test than in the pre-assessment test.

C13: This couple's score declined by -1.7% relative to the scope. They had slightly lower scores in the post-assessment test than in the pre-assessment test.

The scope for improvement on any scale is the difference between the score of the individual and the maximum score that can be obtained.

With regard to the spouses of couple C10 (see Table 13), the individual scores post-assessment of both were similar except in respect of the wife whose scores improved for conflict resolution. The total aggregated score of couple C10 is indeed the lowest of the couples' scores. Although their scores dropped the most, they did not fall out of a rating.

In fact, the rating of the one member (the wife) rose in one test. As shown in Figure 11, this couple's score declined by -8.4% relative to the scope within the category, and the decline was not enough to warrant an upward change of category.

The researcher's observation during the intervention was that this couple seemed to have minimum challenges in their marriage, and they set a good example judging from their discussion of their marriage. This couple were not able to give a reason for the drop in their scores other than they might have been busy when asked to submit their post-assessment questionnaire.

Regarding the individual scores (see Table 13) of the spouses of couple C12, the husband improved on all three scales, but the wife's scores were weaker on all three scales. As indicated in Figure 11, the change in their scores relative to the scope was -1.3%. The researcher's observation during the intervention was that this couple seemed to have a stable marriage but they were facing life-changing challenges in their marriage at the time of the intervention. The wife led a very stressful life: she had her own business (which was affected by COVID-19), she was the only breadwinner, as her husband has an illness which is manageable. At the time she completed the post-assessment test, she was experiencing a stressful time; therefore, their results could possibly have improved if not for the economic consequences of the COVID-19 epidemic.

With regard to the individual scores (see Table 13) of the spouses of couple C13, their individual scores post-assessment were similar in two constructs, but in the third construct the wife's score improved whereas the husband's score was weaker. This couple's score declined by -1.7% relative to the scope, and they had slightly lower scores in the post-assessment test than in the pre-assessment test. According to this couple, the reason for the decline in scores was the stressors associated with COVID-19.

2) The scores of three couples improved in the post-assessment questionnaire.

The biggest improvement in scores was seen in respect of couples C04, C15, and C16 (see Figure 11). At the time of the intervention, couple C04 lived in a middle-class suburb. Before the intervention, they reported experiencing marital difficulties relating to communication and religion—the wife was Christian, the husband was Hindu, and they had a blended family. They were extremely busy during the time of the intervention and occasionally had to negotiate the postponement of dates to be accommodated. Eventually, they attended only two of the three days. It seemed as if they had made the most of the time that they could attend, as their scores improved after the intervention.

Both couples C15 and C16 were from a low socio-economic township and they had limited communication skills when they started attending the intervention. One partner of each couple was unemployed. Couple C16 explained to the group that they did not know how to communicate with each other. They screamed at each other, and the wife threw and broke whatever she could lay her hands on. Many times, she threatened to divorce her husband. She mentioned that their behaviour was affecting their children. During the intervention, they committed to implementing the new skills they were acquiring. Couple C15 was included in a group that consisted of middle-class couples. Their interaction in the group and their progress surprised the researcher as she had expected them to emotionally withdraw due to class differences. Couples C04, C15, and C16 showed the greatest improvement on the aggregated Three-Couple Scale scores.

Researcher's comment: The three couples who had the lowest scores were the couples who had minimum challenges in their marriage, they were leaders in the church, and two of the three couples did marriage counselling in the church. The three couples whose scores had improved the most, were either high-risk or distressed couples. By implication, high-risk or distressed

couples can benefit the most from interventions like these (Markman et al., 2021, pp. 268, 270). (See Chapter 1, section 1.3 on the marriage skills intervention.)

7.2.2.4 Summary of the results of the Three Couple Scales

The results of the individual assessments relating to marital satisfaction, communication, and conflict resolution as well as of the aggregated couples' scores showed significant improvements in the couples' scores on the marriage scales, indicating that the intervention had benefitted the improvement of the couples. The results in Figure 11 show that the scores of 11 couples improved, ranging from an improvement of 9.1% to 49.6%.

Although only 14 couples participated, they differed in terms of race, age, religion, employment, and walks of life. Taking this diversity into consideration, the intervention could well be successfully applied to groups in the wider community. The fact that the fallouts were few, readily explainable, and not overall catastrophic, suggests that further research on implementing the intervention among a larger population is indicated.

7.3 QUALITATIVE DATA

7.3.1 Results of the feedback questionnaire

The feedback questionnaire was a semi-structured questionnaire which was completed by the participants after the intervention. Participants were asked whether their skills and knowledge relating to 1) communication, 2) decision-making, 3) finances, 4) sexual intimacy, 5) relationships with in-laws, and 6) connectedness and separateness had shown an improvement after the intervention. The frequency of responses in regard to each aspect was analysed using the SPSS software package, and was presented in the form of a graph.

The sections that follow deal with these aspects, present the graphic illustrations of the participants’ responses, interpret the results, and provide relevant extracts from participants’ qualitative responses.

7.3.1.1 Improvement in communication

The questions relating to communication included a) feeling positive about position in relationship, b) coping with cultural differences, c) communication, and d) ability to resolve conflict. A graphic summary of the participants’ responses is depicted in Figure 12.

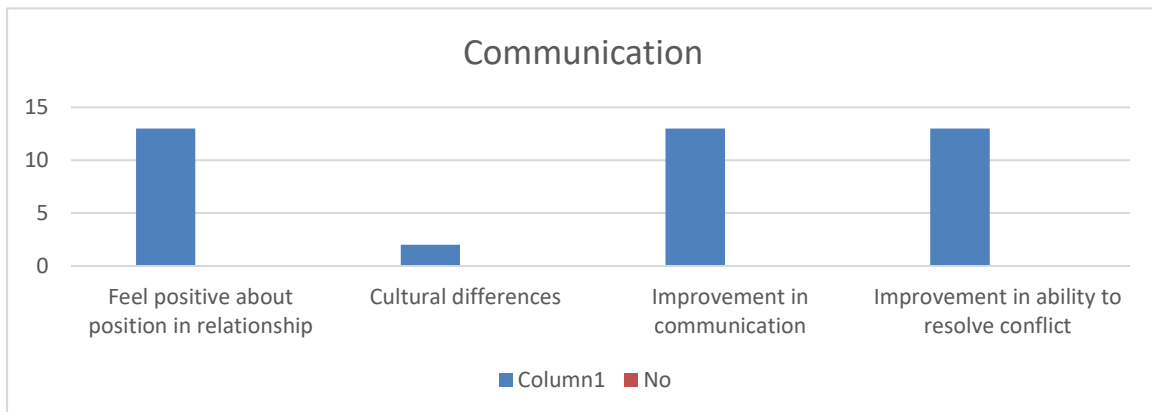


Figure 12: Improvement in communication

The results of the aspects relating to communication are discussed briefly.

a) Position in the relationship

Question 4: How do you feel about your position in the relationship after the intervention?

Interpretation: Of the couples, 13 felt positive about their position in their relationship.

Couples had different views about their position in their relationship—some viewed it from a position of improved communication and others from a position of having equal power. To illustrate this, some of their responses are quoted.

I have a role to play, and my partner has a role to play. I now understand that my role is not more important, but just an important part. (H04)

We are one. I am part of a solution, I am part of a winning and united team. (W14)

I feel more accepted as a person, more appreciated, more listened to. (W16)

b) Cultural differences

Question 7: If you have cultural differences and found difficulty speaking about them before the intervention, are you [now] able to discuss them and reach an agreement on how to deal with them in your relationship?

Interpretation: Two couples had challenges with cultural differences that could cause conflict in their marriage. After the intervention they understood each other better. To illustrate this, some responses are quoted:

Yes, we are more understanding [after the intervention] of the differences, and support each other. (H04)

By the grace of God we are both Christians—so we don't have any problem on that.
(H07) [African couple]

c) Improvement in communication

Question 12: Has your communication improved so that you can share your failures, fears, dreams, and fantasies with your partner? Explain.

Interpretation: Of the couples, 13 said that they had improved communication relating to their acceptance of vulnerability. To illustrate this, some of their responses are quoted:

Yes, our communication is improving every day. We share each other's plans and dreams. (W01)

Yes, a lot; session helped me to open up about my fears. (W02)

Yes, we communicate better even in our difficult issues. (H07)

d) Improvement in resolving conflict

Question 13: After the intervention, are you and your partner able to resolve conflict?

Interpretation: After the intervention, 13 couples were able to resolve conflict; some were positive whereas a few said it was a work in progress. To illustrate this, some of their responses are quoted:

Yes, previously we never used to discuss issues—now we learned to deal with the conflict that is on hand only. (W04)

With us, it was more of an improvement and learning new techniques. (H13)

Yes, with some of the tools provided here we are going to be victorious. (W14)

Next, figure 13 the couples were questioned on issues relating to decision-making.

7.3.1.2 Decision-making

Figure 13 gives a graphic depiction of the feedback of the couples on decision-making in marriage. The aspects covered referred to a) difficulty relating to it, and b) partner being more committed.

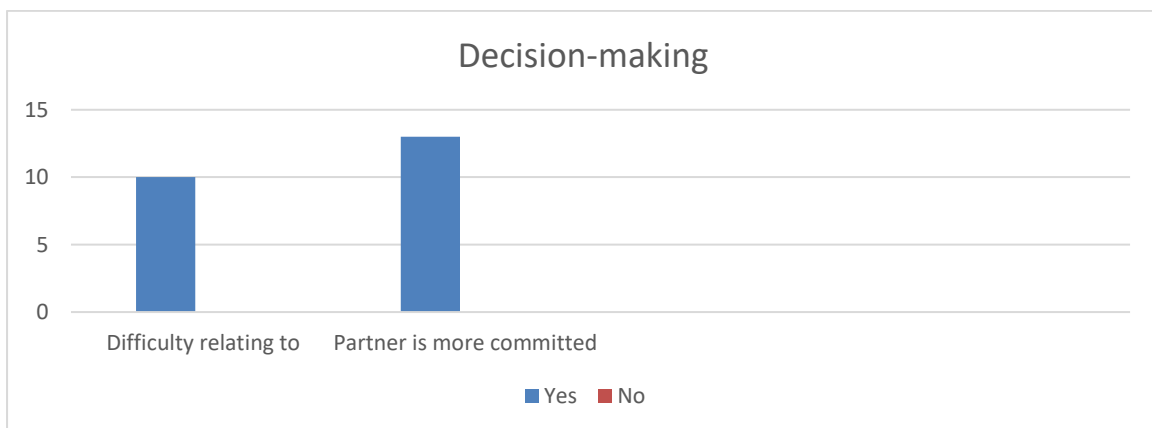


Figure 13: Decision-making

a) Difficulty relating to decision-making

Question 3: If you had difficulty relating to decision-making in the relationship, could you resolve it after the intervention?

Interpretation: Of the couples, 10 found it difficult to make decisions in the relationship before the intervention, but 13 couples improved after the intervention. If a couple finds it difficult to relate to the spouse regarding decision-making, then marital dissatisfaction can be experienced over time. To illustrate some gains related to decision-making, some of their responses are quoted:

Yes, it has been difficult. It's easier to make decisions now. (W01)

When it comes to decision-making, we managed to get common ground and agree.

(W13)

b) Partner is more committed

Question 11: Do you experience your partner as being committed to the relationship?

Interpretation: To commit to a marriage is an intentional decision. When a spouse feels that their partner is not committed, then marital dissatisfaction can be experienced over time and divorce can become a possibility. Of the couples, 13 said they were more committed, whereas the others said the issue was not applicable. To illustrate some of the couples' feelings, a few responses are quoted.

Yes, she is committed. (H03)

Yes, as he's always there physically and emotionally. (W07)

Yes, my partner's fully committed. (W12)

The next figure 14 relates to finances.

7.3.1.3 Finances

The aspects the participants were questioned on related to whether it was easier to a) discuss finances and b) understand finances. Figure 14 gives a graphic depiction of the feedback of the couples on finances.

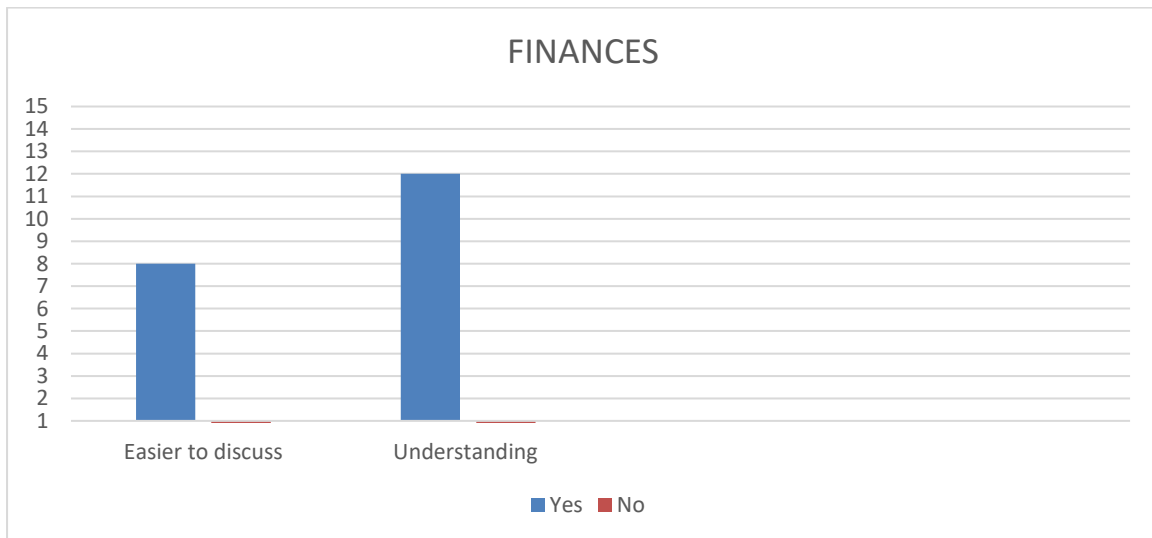


Figure 14: Finances

a) Easier to discuss finances

Question 1: If you had difficulty discussing financial issues before the intervention, are you able to come to a compromise easier?

Interpretation: Eight couples said it was easier to discuss finances after the intervention. To illustrate some of the couples' feelings about discussing finances, extracts from responses are quoted:

My husband and I communicate and discuss more. (W04)

We never had too many issues with this, but this intervention did remind me to be open and honest. (H12)

Yes. We both identified the type of finance personalities we have. We were also able to discuss where we would like to be. With hard work and commitment, we will be able to achieve this, and having the goal in mind. (W14)

b) Understanding finances

Question 2: Are you able to understand each other's perspectives regarding finances?

Interpretation: Of the couples, 12 said they understood each other's perspective after the intervention. Understanding each other's way of managing finances is challenging when the backgrounds of couples are very different. To illustrate some of the couples' feelings about understanding finances, extracts from responses are quoted:

Yes, I learned to listen more. (W04)

Yes, learned more (to communicate in a better way). (W09)

We have learned to understand each other regarding finances. (W13)

The next, figure 15 was about communicating about sexual intimacy.

7.3.1.4 Sexual intimacy

The couples were asked whether they had problems communicating about sexual intimacy (previously and currently). Figure 15 gives a graphic depiction of the feedback of the couples on this issue.

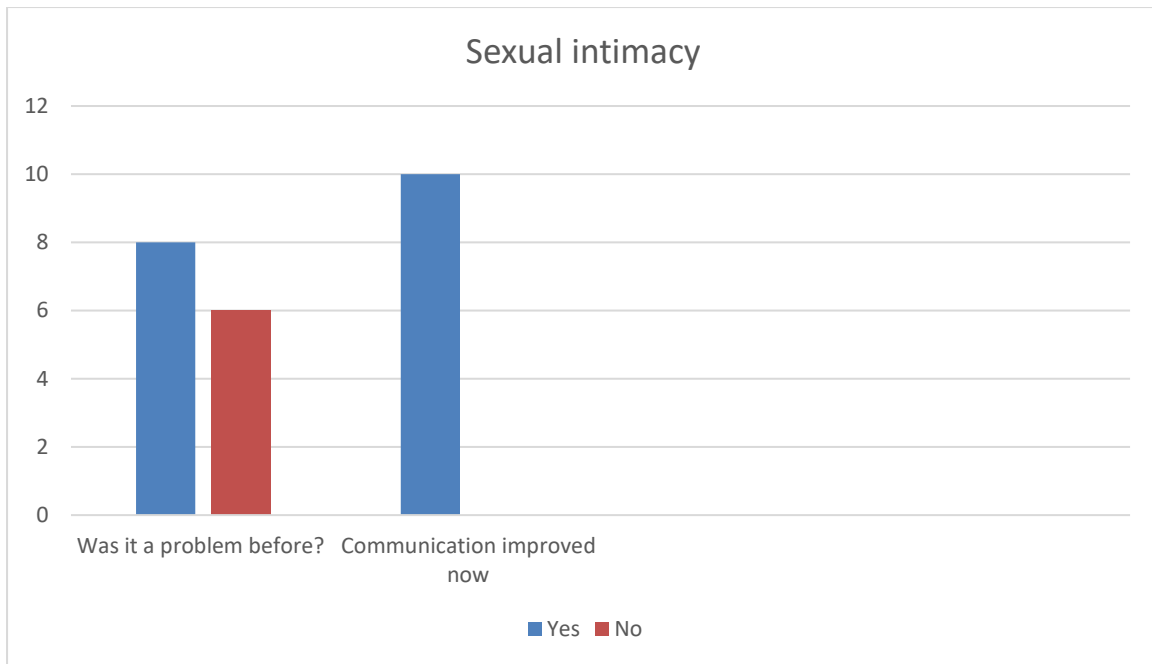


Figure 15: Sexual intimacy

Question 5: If sexual intimacy was a problem in your relationship and it was difficult to speak about sex before the intervention, how do you feel about it now?

Interpretation: As indicated in Figure 15, six couples had no problem with sexual intimacy before the intervention, and eight couples indicated they had problems. To illustrate what they have gained during the intervention, extracts from responses are quoted:

It's easier to express feelings about intimacy. (W01)

We communicate more open than before. (H07)

I feel free to discuss intimacy in my relationship. As a Christian it was difficult to be open about it because of spiritual walk. To come out of my shell was not easy. (W13)

The next, figure 16 was about relationships with in-laws.

7.3.1.5 In-laws

The couples were questioned on a) whether their relationships with their in-laws caused strain (previously and currently) in their own relationship and b) whether they were able to discuss roles and boundaries with their in-laws (previously and currently).

Figure 16 graphically displays the feedback of the couples on this issue.

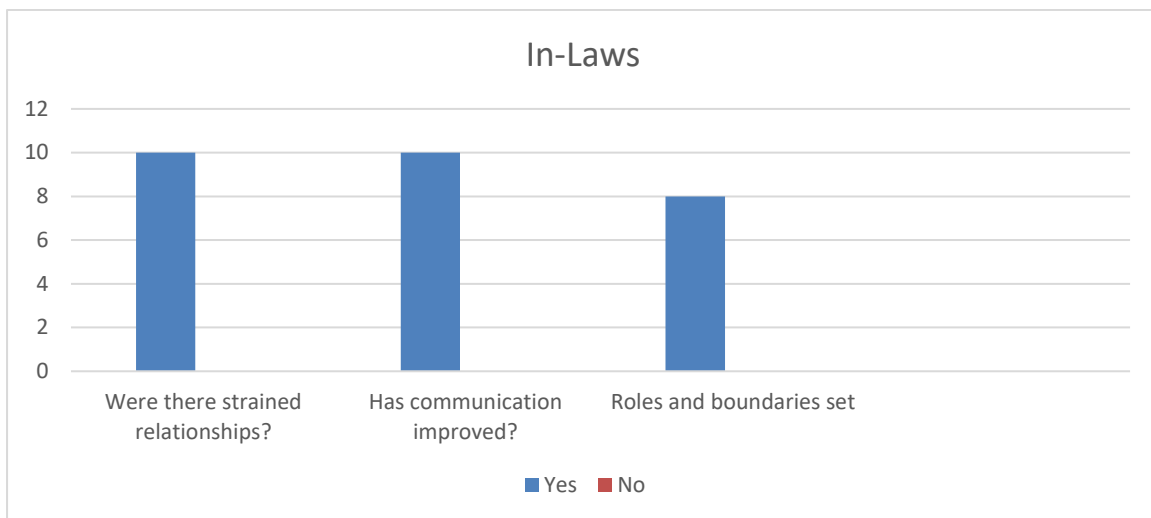


Figure 16: In-laws

Question 6: If you had a strained relationship because of your parents-in-law and your partner's siblings, (a) after the intervention, has your communication improved and (b) are you able to discuss roles and boundaries?

Interpretation: Of the couples, 10 reported some strained relationships with in-laws before the intervention. The communication skills they learned helped them to compromise and improve their communication with their in-laws. To illustrate, the responses of some of the couples about the question on in-laws are quoted:

I am yet to see—now that I know what my position should be, I am less anxious than before and I will be more adaptive and understanding and be my husband's ally.

(W14)

Yes, still working on it, but we had one meeting already with my family. (H15)

Yes, Yes, and without fighting and arguing. (H16)

Question 8: If the roles and boundaries of your parents-in-law were not discussed before, are you able to do it now, after the intervention?

Interpretation: Eight couples were prepared to discuss boundaries regarding their in-laws which caused conflict in their relationships.

Yes, I would now be in a position to discuss it. (W03)

Yes, we will implement. (H06)

Yes, in the group discussion we discussed how we are going to mitigate this. We are yet to see how this is implemented. (W14)

The next, figure 17 concerned negotiating separateness and connectedness in the marriage.

7.3.1.6 Separateness and connectedness

The couples were asked a) if they had experienced and b) still experienced challenges relating to negotiating separateness and connectedness, and c) if they had had a problem or still had a problem about spending quality time together.

Figure 17 illustrates the couples' feedback in this regard.

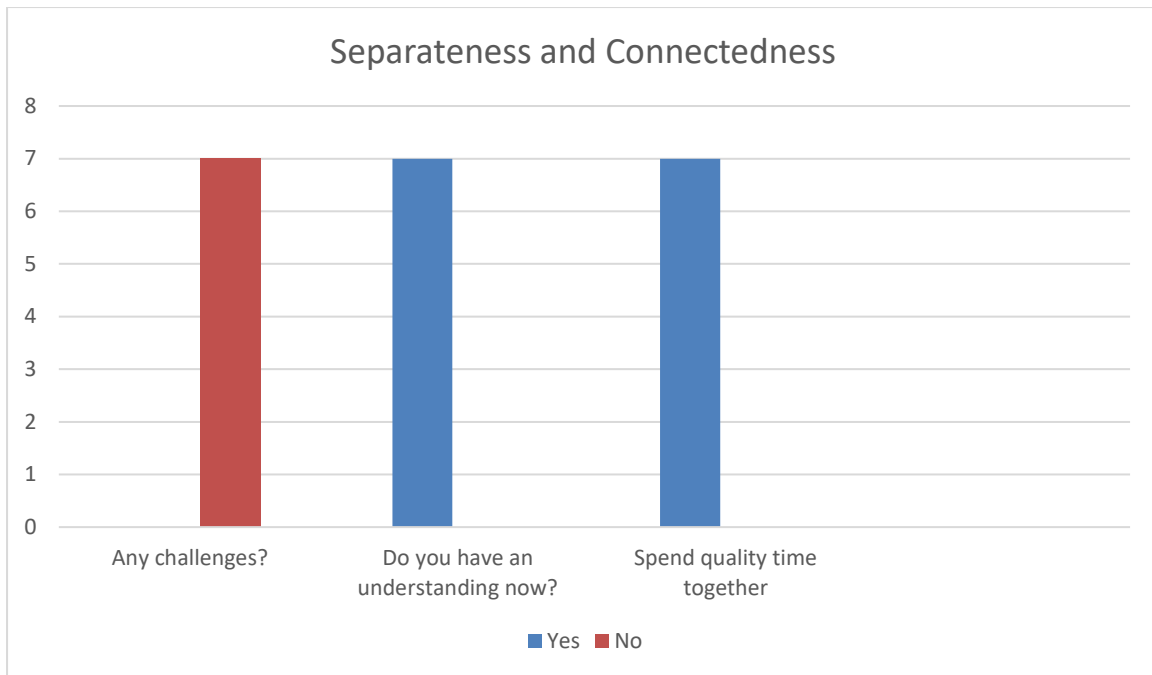


Figure 17: Separateness and connectedness

a) Challenges (previously and currently)

Question 9: a) Did you have challenges in your relationship regarding one partner needing separateness and another needing connectedness and it was not met?

b) If yes, do you have more understanding of your interaction in the relationship where both are satisfied?

Interpretation: Half of the couples (7) indicated they did not have a problem with separateness and connectedness. The seven couples who had problems indicated that they had a better understanding of it after the intervention. To illustrate, the responses of some of the couples about the question of separateness and connectedness are quoted:

Yes, we are more respectful of each other's space. (H04)

Yes. Now I have more understanding, I need to communicate better. (W14)

Yes, I have a better understanding of what to look for and be aware of. (H16)

Researcher's comment

After the intervention, the issue of separateness and connectedness is still a problem with 50% of the couples but not as intense with strong emotions such as anger but rather not making time to spend with each other.

As for high-risk or distressed couples, when the partner leaves the house without speaking and stays away for hours it becomes a serious emotional situation.

The researcher's experience in her private practice has been that intense feelings of separateness and connectedness in marriages can usually be ascribed to partners' experiences of, for example, serious emotional harm in childhood, depression, infidelity, and domestic violence (intimacy partner violence). These experiences cause conflict and can lead to serious negative repetitive interactional patterns. The one couple (C16) had serious problems with separateness and connectedness and can be mentioned here as a case in point. This couple's marriage was affected by infidelity in the marriage and severe childhood wounds, and an extract from the wife's conversation highlights the conflicts they experienced. The researcher's observations are placed in square brackets.

Childhood wounds: Don't talk about ... eye-opener! We were abusive in our home—growing up in a physically abusive home and carrying into marriage, smashing things. I was raised in a physically abusive home and carried it into my marriage [childhood wounds]. Before my husband could do something to harm me I will smash things. I was scared that he would do it, and I did it first. I was insecure. My children are being affected. I throw jewellery out of the moving car and broke my blow dryer. See wounding on kids that we have caused, kids wait for a fight between us [anxiety] and now we learning how to

communicate. This workshop taught me to change; now my children won't continue with this behaviour. (W16)

(See chapter 7, section 7.2.2.3, no 2), The scores of three couples improved in the post-assessment questionnaire where it discusses the improvement of couples in the case of high risk/distressed couples).

b) Spending quality time together

Question 10: If it was a problem before, do you do things together such as activities, fun, and house chores now? Explain.

Interpretation: Seven couples understood the importance of time spent together but the other seven found it a challenge because of their busy lives. Some couples have been trying to implement activities, after the intervention as illustrated in the quotes given.

We have more dinner dates, and hike together. (W01)

Activities and fun—yes, however, the house chores are still a work in progress. (W02)

Yes, we try to do things as a family. I will need to make more effort into family activities which bore me, like kids' parties. (H06)

7.3.1.7 Conclusion on the results of the feedback questionnaire

The goal of the intervention was to impart skills and tools to the couples to improve their marital relationships. The responses of the participants in the feedback questionnaire indicated clearly that communication between the partners had improved and that conflict had decreased.

The researcher was satisfied with the outcome of the intervention as evidenced by the results. The skills the couples had learned helped them to overcome stressors in their marriage. Stress was often work-related.

Couple C12 reported that the wife's business was affected by COVID-19, and that the husband was unemployed and often ill. Notably, the wife's scores declined in the post-assessment.

In the next section, section 7.3.2, the focus is on the results of the evaluation questionnaires (see appendix 10) handed to participants after they had completed the intervention programme. Thematic analysis was done to understand the effect of the intervention on couples.

7.3.2 THEMATIC ANALYSIS REPORT (evaluation questionnaire)

Thematic analysis was used to create codes and themes from the data gathered by means of the evaluation questionnaire that the participants completed after the intervention. The aim of using this method was to understand the participants' growth experiences related to the intervention (Braun & Clarke, 2006, p. 79). In chapter 3 (section 3.3.7.5.2) about the evaluation questionnaire, it was shown how the participants' responses were analysed where codes and themes were created from the data gathered and phases 1-5 were illustrated. In this chapter the thematic Analysis Report will be discussed (also see appendix 10 for the questionnaire).

7.3.2.1 Part A. Discussion:

In Part A, the thematic analysis of participants' responses to the following questions are given: 1 & 2) What have they learned about themselves / and their partner? 3 & 4) What aspects of their / their partners' behaviour have changed and 5) how did learning or change influence their relationship? 6) What aspects in their relationship did they feel still need some work?. It is important to note: participants had similar responses for some of the questions

The questions, themes and subthemes are presented in Table 16.

Table 16: Themes and subthemes relating to questions 1 to 6

Questions	Themes	Subthemes
Questions 1 & 2 ‘What have they learned about themselves and their partners?’	Communication	Behaviour (desire to improve) Being equipped with tools (improvement)
	Improvement in marriage	Commitment A desire to improve Understanding partner’s emotions
Questions 3, 4 ‘What aspects of your behaviour have changed?’ ‘What aspects of behaviour did your partner change?’	Improvement in communication and the use of emotions	
Question 5 ‘How did learning or change influence your relationship?’	Improvement in marriage	Sexual intimacy The relationship is a journey
Question 6 ‘What aspects in your relationship do you feel still need some work?’	Communication	Quality time Conflict
	Knowledge (topics)	Sexual intimacy Communication In-laws Finances

Questions 1 & 2

‘What have they learned about themselves and their partners?’

Theme 1: Communication

The couples learned that they could communicate better. According to Du Toit (2017, p. 11), the way one communicates has an impact on the quality of one’s relationship.

The impact it has depends on one's ability to communicate clearly and avoid misinterpretation.

Under this theme, the following subthemes were identified: Subtheme 1: Behaviour; and Subtheme 2: Being equipped.

Subtheme 1: A desire to improve Behaviour (communication)

The couples learned that they needed to be more patient, observant, and considerate, and that they had to listen to each other. When they did that, they could improve and enhance their communication.

Interpretation: The participants learned that they could change their behaviour to improve their relationship and to build trust in the relationship.

Couples' responses:

That I can be patient and compassionate towards my husband. (W01)

I have areas where I need improvement, to be more patient, observant, considerate. (H09)

Subtheme 2: Being equipped with tools (improvement in communication)

Couples felt more equipped after having been provided with communication strategies that they could use. For example, the tool of coffee time required them to observe four steps and to adhere to the rules given for managing conflict.

Interpretation: Couples mentioned that they felt more confident to deal with difficulties in their relationship when they were equipped with tools.

Couples' responses:

Never knew I could do this myself in the area of conflict management. (H10)

I have learned that I need to confront issues when they arise. I didn't know about 'coffee time' and starting with the compliments. I used to start with complaints.

(W13)

Our relationship has improved as we put into practise all of the communication and conflict resolution skills that we have learned. (W11)

Theme 2: Improvement in marriage

According to Halford (2001, p. 4), a strong and mutually satisfying marriage is resilient to the negative effects of life's stresses and is a powerful predictor of positive health and well-being in a relationship. Under Theme 2, the following subthemes were identified: Subtheme 1: Commitment; Subtheme 2: A desire to improve; Subtheme 3: Understanding emotions.

Subtheme 1: Commitment (improvement in marriage)

The subtheme of commitment indicates that the couples' learned about their own and their partners' commitment and willingness to build a healthy marriage. They realised that they needed to show their partners that they were valued by supporting them and showing them love and kindness.

Interpretation: Couples learned that they could commit, and they demonstrated this by using words such as 'building a healthy relationship', 'commitment' and 'with affection'. They looked at their marriage as a long-term relationship and were planning 'to get there'.

Couples' responses:

I have learned more about my partners' willingness to build a healthy marriage. (H01)

She is committed to our marriage. (H15)

He loves and appreciates me more than I imagined. (W06)

Subtheme 2: A desire to improve (improvement in marriage)

The couples learned that both spouses in the relationship had a desire to improve their marriage. They mentioned that they wanted to do better in their relationship and they expressed a renewed hope that their relationship would last.

Interpretation: Couples realised that they could push themselves to improve their relationship so as to experience marriage satisfaction.

Couples' responses:

That I can do more than I thought I can. (W07)

We will improve some of the learning when resolving conflict going forward. (H02)

Subtheme 3: Understanding partner's emotions (improvement in marriage)

When couples understand their emotions, they can be open to discussing emotions and feelings as well as the childhood wounds that had an impact on their relationship.

Interpretation: The couples realised that if they understood their own emotions they could understand their partners' emotions, which would improve their relationship.

Couples' responses:

My husband is more sensitive than I know. He is easily hurt but does not express it in the 'right' or 'acceptable' way. I need to be more understanding. (W16)

She was afraid to express herself openly and was unhappy about a few critical issues before the intervention. (H04)

I have learned how to identify his childhood wounds and how to help him heal from them. (W11)

Questions 3 & 4

‘What aspects of your behaviour have changed?’ ‘What aspects of behaviour did your partner change?’

The themes of communication and emotions were identified (see Table 16).

Theme 1: Improvement in communication and the use of emotions

The theme of communication focuses on communicating on an emotional level and using communication tools to understand each other better.

According to Du Toit (2017, p. 11), communicating and understanding emotions can influence the quality of communication and the closeness of a relationship.

Interpretation: Participants indicated that they were more emotionally present, had become more sensitive to each other’s feelings, and were more empathetic toward each other. For example, they worked on the way they responded to their partners and on their tone of voice when speaking to each other. These behaviours can contribute to marital satisfaction.

Couples’ responses:

Improved communication on emotional issues. (W07)

My husband is being more approachable and not just attacking. (W16)

I have started to communicate more lovingly. I am also being very intentional to show gratitude. (W11)

She is more sensitive to what I might feel or think. (H09)

Question 5

‘How did learning or change influence your relationship?’

Theme 1: Improvement in marriage

The theme of improvement in marriage included the following subthemes: Subtheme 1: Intimacy; and Subtheme 2: Relationship is a journey.

Subtheme 1: Sexual Intimacy (improvement in marriage)

Couples who understand each other are close and feel intimate toward one another, allowing them to show love and affection.

Interpretation: Learning and changing influenced couples' relationships. Their mutual understanding brought them closer together, and their closeness was enhanced through their intimacy.

Couples' responses:

Understanding each other better brings you closer. (H11)

We are close. I try to be more affectionate. (H06)

Subtheme 2: Relationship is a journey (improvement in marriage)

A "relationship is a journey" which means that they need to be patient with each other for change. If couples believe in the future of their relationship, they can build a stronger and healthier relationship.

Interpretation: Learning and changing influenced participants' relationships positively. Their use of phrases such as 'marriage is a journey' and 'a much stronger and healthier relationship' was indicative of their determination to improve their marriage, not to give up, and to focus on a long-term relationship.

Couples' responses:

He made things exciting and we both look forward to a much stronger and healthier relationship. (W14)

It made us even happier and to be together for life. (H14)

Marriage is a journey; take time to enjoy the ride. (H03)

Question 6

‘What aspects in your relationship do you feel still need some work?’

Despite the changes mentioned above such as being equipped with tools which improved their communication, their behaviour change, commitment and understanding emotions, couples mentioned that marriage is a journey and there will always be room for change such as communication skills. In particular, they wanted to increase the quality time they spent together, and they wanted to be able to manage conflict better.

Theme 1: Communication

The subthemes identified under this theme were, 1) Quality time; and 2) Conflict.

Subtheme 1: Quality time (communication)

In the busy life of work-family stressors couples do not always spend quality time together.

Interpretation: Couples led extremely busy lives and they expressed a need to spend more time with their partners to improve their relationship.

Couples' responses:

More quality time to talk about us, even when there is no conflict to be resolved.

(H03)

Making more time for each other, find a babysitter, and go out on dates occasionally.

(H04)

Subtheme 2: Conflict (communication)

The couples' aim was to constructively handle their conflict in the future.

Interpretation: Couples expressed a desire to manage conflict, especially when dealing with small things around the house and dealing with their children. The couples explained that they would like to be able to manage conflict daily and not just when they had serious issues.

Couples' responses:

He expresses himself better than before even though we still have a long way to go.

(W07)

She communicates better; she is also pushing me to talk about issues on the table.

(H07)

I need to communicate clearly when I want to be left alone. (W14)

The second theme was that of knowledge.

Theme 2: Knowledge (topics)

Couples indicated that they still needed more understanding of certain topics to improve their relationship. These topics, which were identified as subthemes, are discussed below.

Subtheme 1: Sexual intimacy (knowledge)

The couples felt a need to learn more about sexual intimacy and to understand aspects such as sexual libido, a term which they did not know before the intervention.

Interpretation: The session on sexual intimacy intrigued the couples and stimulated their interest in sex. They had a desire to discuss issues regarding sexual intimacy more openly and to learn more.

Couples' responses:

We are on different levels concerning our libidos. I need to heal in certain areas and my husband needs to give me space to do so. (W16)

We still need more work on sexual intimacy. (H16)

Subtheme 2: Communication (knowledge)

The couples realised that they had to continuously work on improving communication in their marriage.

Interpretation: The couples realised that improving communication was an ongoing daily task in order to achieve marriage satisfaction.

Couples' responses:

Communication; I don't think we can ever stop working on communicating. (W11)

Always worth listening more. (W12)

Continuing to be open and honest is always a positive thing. (H12)

Subtheme 3: In-laws (knowledge)

Couples believed that setting boundaries would minimise conflict if managed well.

Interpretation: According to the couples, one aspect that needed some attention in their relationships was in-laws because it created conflict in their marriage.

Couples' responses:

We still need to work on issues of in-laws. (W15)

In-laws is the whole family; issues we need to work on. (H15)

Subtheme 4: Finances (knowledge)

To be able to talk about money is indicative of a couples' long-term relationship (Davis, 2019, p. 7). Talking about money involves having a shared vision.

Interpretation: Couples indicated that the issue of finances was one of the main stressors in their marriage and something they had difficulty talking about. Couples still found it difficult to openly discuss their finances.

Couples' responses:

To be able to express our financial frustrations at times more deeply and broadly.
(W07)

When I am stressed about finances I separate to adjust to a normal situation. (H07)

We must learn to say no; we can't always be heroes. (W14)

7.3.2.2 Part B. Discussion:

'What have they learned from each session?'

Table 17 presents the themes, subthemes and codes derived from the analysis of what couples learned in each session. These themes, subthemes and codes are combined here to reflect what they learned during the intervention as a whole.

Table 17: Themes, subthemes and codes reflecting what couples learned from the intervention that made a difference in their relationship

Number of theme	Theme	Subtheme/Code
Theme 1	Improved communication	Subtheme 1. General communication Communication on the following topics: Subtheme 2. In-laws Subtheme 3. Finances Subtheme 4. Sexual intimacy Subtheme 5. Conflict
Theme 2	Self-awareness	Subtheme 1. Emotions Code 1. Childhood wounds Code 2. Couples' wounds Subtheme 2. Stress & depression Subtheme 3. Six steps of forgiveness
Theme 3	Being equipped	Tools & activities Subtheme 1. Communication Subtheme 2. Sexual intimacy

The themes and subthemes given in Table 17 are discussed next.

Question 1

‘What have you learned from each session that made a difference in your relationship?’

Theme 1: Improved communication

The main theme identified was the improved communication of the participants. They were excited to report that their communication had improved, as a result of which they felt satisfied in their marriages. This feedback is very important as the intention of the intervention was to improve the communication of the couples. The specific communication subthemes identified are discussed below.

Subtheme 1: General communication (improved communication)

Interpretation: The couples discussed the usefulness of the tools given to them. They agreed that the coffee time tool enabled them to speak freely about what bothered and/or hurt them, helped them to listen carefully without interrupting, and helped them to know how they needed to speak to each other to resolve their problems. The participants mentioned that the communication strategy of coffee time was valuable because it was structured to prevent conflict.

Couples' responses:

I think one of the most important things for me is the 'coffee date'; how you can sit with your partner and discuss whatever is on your mind. You can speak positively and just let out what you are hurting about, but one 'coffee date', one discussion. (W04)

I have learned that listening in communication is key; when you listen, you'll be able to express appreciation for the subject at hand and you won't interrupt. (W10)

We must confront issues and resolve them without any delay with the purpose to win the relationship rather than the argument. (W13)

Subtheme 2: In-laws (improved communication)

Interpretation: Participants came to realise that issues with in-laws could cause conflict in their marriage and that they needed to set boundaries relating to in-laws so that they could resolve their problems and minimise conflict.

Couples' responses:

Tactfully set boundaries with in-laws, in the beginning; this aids in resolving and preventing conflict. (H03)

Boundaries are key. When there are challenges presented by family members each spouse must deal with their respective family member and protect their spouses.

(W03)

Both parties need to discourage outside interference. In-laws are an important support structure, but boundaries need to be adhered to. They are a support structure, not a decision-maker in the marriage. (H04)

Subtheme 3: Finances (improved communication)

Interpretation: The couples expressed the opinion that they needed to trust their spouse and have a positive mindset to openly discuss and disclose their financial challenges in order to avoid conflict that could affect their marriage.

Couples' responses:

As soon as one person feels uncomfortable to openly disclose how money is being spent, trust issues start to develop. (W04)

Couples have to be open about their financial obligations, especially if it is being spent outside the normal household environment (H04).

About finance, it's beneficial to understand your approach when facing conflict. That may help you to be able to find a solution of how you can improve. (W14)

Subtheme 4: Sexual intimacy (improved communication)

Interpretation: The couples acknowledged the need to openly speak about sexual intimacy, express sexual desires, and understand their partner's needs in order to have a healthy sexual relationship.

Couples' responses:

Have fun and enjoy sexual intimacy. (W14)

Couples need to be open about their sexual desires. Not expressing your sexual dissatisfactions leads to a situation where your partner believes that everything is okay when it is not. (H04)

I learned in sexual intimacy that it is so easy to hurt or wound your partner unintentionally. Communication is important both ways. (W16)

Subtheme 5: Conflict (improved communication)

Interpretation: In the session on conflict, one participant shared the motto of ‘winning the relationship rather than the argument’. The couples learned that winning the argument all the time could become harmful and cause marital dissatisfaction. They agreed that empathy was important when resolving a problem as it could minimise conflict.

Couples’ responses:

To keep in mind that the idea is to resolve the conflict and not to win the argument and to also stick to the topic. (W10)

Externalising the problem to be quite an effective tool in resolving conflict and winning the relationship, not the argument. (W11)

Empathy is important in conflict. (H03)

Theme 2: Self-awareness

Second to communication skills, the participants gained the most in self-awareness. An individual who is self-aware is reality-oriented, is fully present in the situation, and can communicate well and in ways that will help them reach their full potential. Generally, people develop self-awareness in childhood based on the behaviour of significant others (Kumar, 2010, p. 1).

Why do I react, feel, or respond in a certain way. I learned how to do better. Be better.

(W09)

Subtheme 1: Emotions (self-awareness)

Code 1: Childhood wounds

Code 2: Couple wounds

Understanding your own emotions will help you to understand those of your partner, to clearly communicate with your partner, and to effectively interpret the conversation with your partner (Du Toit, 2017, pp. 197, 198).

Interpretation: The participants agreed that understanding their partner's emotions was important for better communication. They realised the importance of showing and expressing their feelings in assisting them to understand their partner better. They understood that containing their emotions, for example, by avoiding anger outbursts when discussing something factual, would improve their ability to reason with their partner, understand their partner better, and improve communication.

Couples' responses:

I don't hide my emotions from my spouse whether I am happy or upset. He always knows how I am feeling about things. (W03)

I have learned that I don't always speak out and always assume that my hubby knows what I am feeling. (W04)

Being open about how I feel is important. (H04)

I need to face issues with less emotion and stick to the facts! (W16)

I have realised that taking a bit of time out when angry can give us time to reflect, calm down and get resolutions. (W16)

Code 1: Childhood wounds (emotions)

Emotional wounds are hurtful experiences of the past that trigger one partner to experience the same emotions if the other partner does something similar that is hurtful (Wittenborn et al., 2012, p. 19).

Interpretation: Participants expressed the opinion that acceptance of vulnerability was important as it allowed them to share their childhood wounds with their partners, to become closer to each other, and to understand each other better so that trigger situations could be avoided.

Couples' responses:

Understanding the childhood hurts of my wife will help her. (H11)

Session on childhood hurts; I've learned to stop feeling self-pity and stand up and do things for myself. (W15)

I've learned to talk about my past childhood hurts. (H15)

The session on childhood wounds; my partner's reaction to certain things finally made sense. (W11)

Code 2: Couples' wounds (emotions)

Interpretation: In the session on adult wounds, couples became aware of the wounds they could cause when they said things in anger. Therefore, they learned to wait until they felt calmer before they said anything or used a particular name that meant 'time out' when things became heated between them.

Couples' responses:

What I thought was wounding is not actually wounding. I was verbally abusive but every time wife had her own way of overriding it. (H16)

Insecurity is a result of hurts and hurts can advance to wounds. (H09)

I've caught myself wanting to hurt my wife back. (H07)

Wounding stuck out for me. I need to be more sensitive, more compassionate, and use my words to build up and not break down. Speak life and not death. (W16)

Subtheme 2: Stress and depression (self-awareness)

Stressful work and household responsibilities that are not communicated and shared are associated with marital dissatisfaction. Continuous stress over a long period can become chronic stress, which exacerbates and affects mental health and can eventually contribute to separation (Halford, 2011, p. 17).

Interpretation: In the session on stress and depression, participants discussed 'gatekeeping' (referred to in chapter 2, section 2.3.7.6), and they mentioned that partners needed to make it a priority to support each other and prevent burnout especially during stressful times.

Couples' responses:

I've learned that I need to help my husband manage his stress level. (W01)

Talk to a professional when you notice signs of depression. (W07)

Being a gatekeeper during stressful times goes both ways. We have both started to lighten each other's load a bit more. (W11)

Stress from home can affect marriage, and partners can take out their frustration on each other. We need to work on it. (W07)

Subtheme 3: The six steps of forgiveness (self-awareness)

Forgiveness is a relational process in marriage involving acknowledgement of the harm done to one partner or both partners.

Forgiveness means to extend undeserved mercy to the offender, and if this is done, one or both partners experience a transformation (purposefully planned) from negative to positive psychological states. Thus, the meaning of the relationship is renegotiated, with the possibility of restoring the relationship (Waldron & Kelley, 2008, p. 93).

Interpretation: Participants were pleased to know that forgiveness was a process, not only of saying you are sorry, expecting the partner to move on, and accepting the hurt or disappointment. The couples showed their understanding of forgiveness by highlighting some of the steps it involved such as seeking forgiveness, managing emotions, making sense, and negotiating.

Couples' responses:

The importance of forgiveness is for one's self. (H01)

[after learning how to forgive] We need to learn to forgive and also show empathy to our partner. (W07)

We have learned that we need to understand each other's emotion, listen and show remorse and ask forgiveness even if you think you are right [partner's subjective reality]. (H07)

Externalising the problem from each other helps manage emotions, forgiveness, leading to a sense-making engagement and negotiations, resulting in an amicable solution. (H10)

Control the transgression, controlling the emotions and engage in sense-making, seeking forgiveness, negotiate. (H13)

Theme 3: Being equipped (tools and activities)

The theme that ranked third in predominance was feeling equipped with tools and activities. They found the tools and activities very helpful in their marriage because they received feedback from their partners, which helped to form a pattern of reciprocation. Therefore, the research goal of the intervention to ‘develop a marriage intervention, imparting skills and tools for couples which could improve their relationships’ was reached. The subthemes are discussed below.

Subtheme 1: Communication (tools and activities)

Interpretation: In the session on communication, the technique of coffee time (with its four steps to communication) and the speaker-listener technique were mentioned by the participants as useful tools in their marriage.

Couples’ responses:

I was really happy with this tool of dealing with the issues. As husbands, we always struggle to listen to our partners. The listener–speaker technique came very handy for me as it demonstrated how the two people can communicate better. (H13)

We have learned about the importance of having coffee time whereby all gadgets are switched off, no disturbances during coffee time, the offended one must start with compliments before talking about conflict matter. The communication process, C – Compliments, C – Complaint, S – Solution, N – Negotiation. (W13)

Subtheme 2: Sexual intimacy (tools and activities)

Interpretation: In the sexual intimacy session, most couples mentioned that activities had not been part of their sexual relationship before the intervention. And when a husband needs intimacy, the wife becomes annoyed thinking it is a sexual advance. Couples shared a few things they have learned regarding sexual intimacy, such as a partner using the word teddy bear when they needed hugging only or using the word tiger when they needed sexual intimacy. Further, they played games and did fun things to spice up their sex life.

Couples' responses:

Teddy bear today and a promised tiger, tomorrow. (H11)

Tips on how to spice up the sex life. (H02)

We spice up our sexual desires by reading the slips in the tin we got at the programme. (W15)

Improved sexual desires by playing a game and having fun. (H15)

7.3.2.3 Part C. Discussion:

'Effect of the intervention on relationships'.

The prominent themes that emerged were the following:

Theme 1: Effect of the intervention on relationships

According to the couples, their relationships improved after attending the intervention. They seemed hopeful about the positive change in their marriage.

Interpretation: During the intervention, couples learned things they had not been aware of before. Their new knowledge enhanced their intimacy.

Couples' responses:

This workshop has opened our eyes to improve our relationship. (C04)

Participation alone in the workshop brought a new spark and romance to our relationship. (C11)

Theme 2: Organisation and running of the intervention

The couples were satisfied with the way the implementation of the intervention had been organised, managed and run. They believed the greater community could benefit from such an intervention.

Interpretation: The well-organised and managed programme made it possible for participants to enjoy their learning experience.

Couples' responses:

We covered all aspects that affect us as a couple. (C04)

Overall, I think this course was structured and well facilitated. (C06)

All very informative and can be implemented. (C09)

All in all, the workshop has been extremely effective in the purpose that it was set out to accomplish. (C11)

Theme 3: Tools and activities

An important outcome of the implementation of the intervention was that the couples regarded the tools and activities the programme provided as very useful in understanding their relationships and their partners better.

Interpretation: The couples specifically mentioned the usefulness of the tools and activities and the positive impact they had had on their learning.

Couples' responses:

I like the simple activities for each section that opened up real discussions to understand each other better. (C11)

I am pleased with the programme and the methods and techniques I was taught because it works. (C16)

(See appendix 13)

7.3.2.4 Suggestions to improve the intervention

Action Research was used as a research method in the present research. The aim of using Action Research was to provide information that could be used to develop and improve the programme (see appendix 14). This approach was used for the intervention to develop collaboration with the participants (community) and to discuss ideas with them about improving the intervention (Nieuwenhuis, 2012b, p. 74).

The prominent themes that emerged from an analysis of the participants' responses about how to improve the intervention were to pay more attention to a) improving finances, b) relationships with in-laws, and c) managing stress and depression.

Couples' responses:

This aspect of in-laws can be explored more as it is influenced by a broad number of cultural beliefs. More material can be added to cater to more cultural beliefs and backgrounds. (C01)

Allow a short time for couples to share their stresses with their partners within the controlled environment of the workshop/group. Give practical application exercises during the session or as homework for couples to for example draw up a financial budget. (C11)

The financial management in marriage aspect needs to be improved and relevant.

Maybe in-laws need to have a workshop on how to treat the son or daughter-in-law.

Just to add more on how to recover from stress or depression. (C13)

7.3.2.5 Response of the researcher to participants' suggestions

1) It was mentioned that different cultural beliefs needed to be considered. When the intervention is implemented, more time needs to be allocated to discuss different ways of presenting because South Africa is a diverse country, with 11 languages and numerous cultures. Facilitators in different areas and communities can discuss what cultural beliefs are relevant and include them in the training. The couples in various communities participating in the intervention can share more about how their culture influences their relationship.

2) Time constraints played a role in implementing the intervention. Three days (18 hours) were not enough for what the researcher had hoped to achieve. There was no time to follow up on homework or on how couples implemented their skills (for example, how they discussed boundaries when meeting with in-laws). The exercises given as homework were not intended to give feedback but to encourage further dialogue between the couples at home. In future applications more time for practical exercises and discussions on homework can be built in.

3) The topic that seems to need more attention is managing finances. However, the goal of the intervention was not to provide in-depth financial training (e.g., drawing up budgets), but to encourage communication about financial issues. In extending the implementation of the intervention to the community, more attention can be given to financial management in households (see appendix 14).

The researcher undertakes to consider the solutions suggested and implement some of the ideas where possible.

7.3.3 Summary

The dominant theme emphasised in the thematic analysis report was that of *communication—using tools to improve* communication. The couples reported that improved communication enhanced their relationships. They mentioned that *changing their behaviour*, such as being more patient, observant, and *emotionally* connected contributed to an improvement in their marriage. The key topics they learned about was to set boundaries with in-laws to avoid conflict in their relationships, to be open about discussing finances and sexual intimacy, and to allow themselves to become vulnerable especially with regard to sharing their childhood wounds which drew them closer. As a result of the knowledge they gained they became more confident in their relationship. The couples changed their perspective on their relationships as they realised that they had a future together, and that learning about each other and using the tools they were given were an ongoing process that could help them build stronger and healthier long-term relationships.

The couples mentioned that they still wanted to improve on the quality time they spent together, that they wanted to learn more about sexual intimacy, and that they wanted to keep on improving their communication and conflict management skills to deal with daily conflicts in the home.

The outcomes of the intervention in terms of the Marital Competency Model are discussed next.

7.3.4 Outcomes of the intervention in terms of the Marital Competency Model

In summary, the outcomes of the intervention are discussed in terms of the Marital Competency Model (Lewis, 1997), as this model was included and the goal was to help couples to improve their marital competencies. (See chapter 2, section 2.2.1.1)

In Table 18, the marriage competencies are outlined, and extracts from the remarks the couples made while attending the sessions are included to indicate that they had implemented these marriage competencies.

Table 18: Outcomes measured (Marital Competency Model)

Marital competencies	Indicators of success	Outcomes
1. Negotiation	Ability of couples to negotiate between themselves.	'I need to face issues with less emotion and stick to the facts! Negotiate, bring solutions to the table.' W16
2. Equal power	The way conflict is resolved is the ability to listen to one another and come to an agreement that both are satisfied with.	'We discuss and try to come up with solutions [together].' W07
3. No enduring conflict	When conflict occurs, it tends to be brief and to be resolved without escalation.	'I learned how to shift perspective allowing [me] to resolve conflict and reach real empathy.' H01
4. Subjective reality	Partners respect each other's subjective reality and what the partner is going through.	'...there's still a listener and a speaker and obviously the listener must listen and the next step will be to acknowledge, paraphrase and clarification as well then respond. So, if you respond and get some clarification as to what is the bottom intention ...' H13
5 Empathy	Feelings are openly expressed, and the spouses often respond empathetically.	'...empathy, I need to know what she is going through and what she is feeling. I am a man and I am not so emotional.' H16
6. Problem-solving	A partner focuses on the problem rather than creating tension, becoming emotional, and falling into negative patterns of behaviour.	'... and learning that coffee time is important to have. I learned the importance of communicating openly about issues.' W02

7.3.5 Conclusion

The couples learned about marital competencies, and they mentioned that implementing these competencies was enhancing the quality of their relationships.

The next chapter, Chapter 8, gives an overview of the research, discusses the value of the intervention, and indicates how the intervention can be implemented in future to enhance the marital competencies of couples.

CHAPTER 8

8. DISCUSSION

This chapter gives an overview of the research and discusses the value of the intervention using the Marital Systems Theory as its research framework (Lewis, 1997). The value of the intervention is based on the study's quantitative and qualitative results and on what the couples learned from the intervention. Further, the chapter outlines the limitations of the research and makes recommendations for further research and for the future implementation of the intervention aimed at assisting couples who cannot afford professional psychological services.

8.1 OVERVIEW OF THE RESEARCH

The primary aim of the research was to develop a marriage skills intervention to improve the marital competencies of couples, and the researcher used the Marital Competency Model developed by Lewis (1997) as part of the contents of the intervention. The researcher included communication strategies that could assist couples to cope with their daily challenges and common problems. The intervention applied psycho-educational principles in developing a programme that focused on cognitive, affective, and behavioural skills, and on knowledge about marriage which would equip couples to communicate more effectively and improve their marital satisfaction.

The Marital Systems Theory (Lewis, 1997) as the research framework was essential in the development of the marriage skills intervention: it served to guide the research process, and its principles could be applied easily to assist couples in understanding the complexity of marriage and the challenges that had an impact on marriage.

Action Research was chosen as a research design as it follows a collaborative approach and aims to find solutions through community participation.

A situational analysis was done, and use was made of the Three Couple Scales (Olson & Larson, 2008), a survey questionnaire, and interviews with couples to learn more about their experiences and challenges in their marriages. For this analysis, 50 married individuals were recruited from the community of Midrand, South Africa. Importantly, the participants were from diverse backgrounds, because this research aimed to address the scarcity of existing research on marriage that takes the richness and diversity of the South African context into account. A literature review of existing marriage interventions and the key components of marriage was done to establish what should be included in the development of a marriage skills intervention for the South African context. The intervention that was developed included skills that assisted couples in dealing with five marriage domains, namely, communication, conflict, finances, in-laws, and sexual intimacy. The intervention (lasting 18 hours) was implemented with 14 volunteering couples divided into three small groups. Each group participated in the intervention on three consecutive Saturdays.

To determine the value of the intervention to couples, a pre-and post-assessment of the couples' marital skills was carried out using the Three Couple Scales (see appendix 3) to establish whether the marriage relationships of the participants had changed. The responses were obtained from two questionnaires; the feedback questionnaire and the evaluation questionnaire were completed by the couples after the intervention and were used to determine their experiences and growth in their marriage.

8.2 THE VALUE OF THE INTERVENTION TO THE COUPLES

The overall evaluation of the intervention indicated that participation in the programme had been a positive experience for the couples and benefitted their marriages. To provide evidence of this finding, the study's quantitative and qualitative results are discussed using the Marital Systems Theory as its research framework (Lewis, 1997).

The Marital Systems Theory was a helpful guide in the research process and also to gain an understanding of couples' interactions (Lewis, 1997). One of the notions this theory puts forward is that separateness and connectedness are essential basic human systems in a relationship. If couples do not negotiate separateness and connectedness, it can lead to conflict. An imbalance of separateness and connectedness can result in negative repetitive interactional patterns and relational structures that can negatively affect a married couple's mental and physical health. To be able to negotiate separateness and connectedness and to develop marital competencies couples need communication skills. According to the researcher, all six marital competencies (Lewis, 1997), namely, negotiation, conflict management, problem-solving, empathy, negotiation of equal power, and shared subjective realities, are constructs of communication. Therefore, if communication skills can be improved, it can help couples to develop their marital competencies, which can assist them in having a marriage that is free from fear and experiencing marital satisfaction.

The research results (both quantitative and qualitative) showed that couples' participation in the intervention enabled them to improve their communication skills in particular.

8.2.1 QUANTITATIVE RESULTS

The study's quantitative results indicated that, in general, the intervention brought about a positive change in the participating couples' marriage relationships. The Wilcoxon signed-rank test results of the pre-and post-assessment, which were obtained using the Three Couple Scales, showed that, for the individual scores as well as for the couple scores, there was a statistically significant improvement in communication, conflict management skills, and their marital satisfaction after the intervention. The results indicate that the intervention could be viewed as having resulted in an overall improvement in the participants' marriages.

Couples whose scores declined

The couples whose scores declined (C10), (C12), and (C13) in the post-assessment had stable marriages as they were leaders and marriage counsellors in their church. They mentioned experiences that indicated they had the minimum of challenges in their marriages. Although the couple (C12) had a stable marriage, the husband's scores improved on all three scales, while the wife's scores declined on all three scales after the intervention. This could be ascribed to their experiences: the husband was unemployed and had a manageable illness, and the wife experienced great stress as the business she owned was being affected by the COVID-19 pandemic.

Couples whose scores improved

The three couples whose scores had improved most significantly (i.e., couples C04, C15, and C16) in the post-assessment can be defined as high-risk/distressed couples. Couples (C04) and (C15) were from a low-income community, and one spouse in each couple was unemployed, resulting in stress in the relationship. The intervention taught these couples to accept each other and to communicate with each other about their problems. The third couple (C16) experienced challenges such as severe childhood hurts, including physical and emotional abuse, infidelity, and threats of divorce. During the intervention, the couple started to deal with their childhood wounds and improved their communication and interaction in the relationship (see Chapter 7, section 7.2.2.3, Figure 11).

This research data confirm the findings of previous research that high-risk/distressed couples sometimes show more significant improvement after attending a marriage skills intervention than do couples who have minimal challenges in their marriage (Busby et al., 2015; Halford et al., 2001; Markman et al., 2021).

Concluding, the results of the pre-and post-scores found that 11 out of 14 couples had shown an overall improvement, ranging from 9.1% - 49.6%. The results suggest further research among a larger population is indicated to confirm these results in larger populations (Chapter 7, section 7.2.2.4).

8.2.2 QUALITATIVE RESULTS

As indicated in the feedback questionnaire and thematic analysis report of the responses of participants regarding their experiences of participating in the intervention (see Chapter 7, sections 7.3.1 and 7.3.2), the couples' improvement in communication and conflict management skills, their self-awareness, and their sensitivity to one another's emotional experiences and aspects that bring about closeness, were dominant.

The couples indicated that they have benefited from the marriage intervention in various aspects of their relationship, such as communication strategies, developing self-awareness, growing emotionally, developing closeness, learning about in-laws, finance, and sexual intimacy, and a discussion on their growth areas.

1. Communication Strategies

The intervention's presentation of communication strategies and provision of communication tools (e.g., coffee-time and speaker-listener techniques) helped improve the couples' communication and conflict management skills. The results indicated that having knowledge of these strategies and using these tools assisted the couples in openly discussing their childhood experiences that could influence how they interacted to solve problems and manage conflict. The communication strategies helped couples by listening and communicating to understand their spouse's point of view, negotiating and finding a solution to a problem amicably, without conflict, avoiding passing judgment, showing respect for each other's subjective reality, and reaching an agreement about being together (connectedness)

and being apart (separateness) that satisfies both, thus demonstrating that they have equal power and a share in reaching the agreement.

The following examples can be mentioned in this regard. According to one of the husbands (H04), the way he and his wife handled conflict before the intervention could be described as a test of who had a better memory of what they were arguing about. He reported that they found value in the practice of ‘coffee time’. Similarly, one of the wives (W13) mentioned that the intervention taught her to confront issues as they arose and that the strategy of ‘coffee time’ taught her to start with compliments and not with complaints as she was used to doing.

The intervention showed couple (C16) how to improve their communication by using the tool of ‘coffee time’ as a communication strategy regularly. Consequently, their behaviour changed, and they became more committed and accountable to each other regarding their separateness and connectedness needs. Refer to premise 4 (See chapter 2, section 2.1 dealing with premise 4 of the Marital Systems Theory), which states that psychological maturity or health involves the capacity to discuss and negotiate separateness and connectedness and that the negotiation thereof can contribute to marital satisfaction.

2. Developing Self-awareness

During the intervention, couples developed self-awareness (they knew how they felt), and that helped them to become more sensitive to their partners’ feelings, which improved their communication and closeness. One wife (W04) reported that she used to be afraid to express her feelings openly and reveal her unhappiness about a few critical issues, but that the intervention had helped her to overcome this problem. It seemed that she and her husband were able to connect emotionally after the intervention.

Also, self-awareness concerning stress and depression was highlighted as an important factor to be considered because of the impact it has on marriage, particularly how prolonged stressful work and household responsibilities could result in marital dissatisfaction, which in turn could lead to conflict and depression, if not negotiated. The intervention taught participants the importance of gatekeeping, in particular, to avoid burnout. According to one of the wives (W07), she had learned that stress in the home could affect their marriage as partners and they could take out their verbal frustration on each other. Another wife (W11) had gained the knowledge that it was important to be a gatekeeper during a stressful time, and she reported that she and her husband had started to lighten each other's load a bit more. During the intervention sessions, time was devoted to a discussion on depression. One of the wives (W07) mentioned that she had learned about the importance of consulting a professional person when she notices signs of depression.

3. Growing Emotionally

When couples can connect emotionally, they become close, and can accept being vulnerable (see chapter 2, section 2.1 about premise 9 of the Marital Systems Theory) and can share their childhood wounds. As a result, they become even closer, and their relationship becomes more satisfying. During the intervention, a husband (H11) explained that the lack of affection he had experienced from his mom and especially from his dad caused him to develop an underlying fear of a loss of connection. He carried this childhood fear into adulthood, and in his married life, it developed into a central recurring problem. (See chapter 2.1, dealing with premise 6 of the Marital Systems Theory.) The intervention helped the couples to understand the importance of sharing their emotions with their partners. Such sharing would help them understand each other better, which would result in improved communication and improved marital satisfaction.

Husband (H11) said that it made him realise that if he could understand his wife's childhood hurts, it would help him heal her wounds [as he would be able to show empathy with what she was going through].

One of the wives (W16) had been raised in a physically and emotionally abusive home and carried her wounds into her marriage. She expressed her anger by physically throwing things and by harming her husband. It turned out that she required the negotiation of separateness, something which did not happen in their relationship. Their problems were exacerbated as her husband reacted to her anger outbursts by going to his friends and not coming home until late or even only the next morning without letting her know. After the intervention, the couple indicated that they had changed their behaviour as the programme had made them realise that their behaviour had been hurting their children and that they did not want their children to display their parents' negative behaviour when they were adults. (See chapter 2, section 2.1 dealing with premise 2 of the Marital Systems Theory, which states that behavioural systems are socially determined).

4. Developing closeness (intimacy)

Positive changes in a relationship develop closeness, such as vulnerability and commitment. Regarding the theme of closeness and the change in spouses' positions in the relationship, couples (C11) and (C15) mentioned that they had shared their childhood wounds (vulnerability) with their spouses and that they felt much closer as a couple (their position in the relationship changed positively). The participants' responses after the intervention (see Chapter 7, section 7.3.1.1 dealing with decision-making) obtained from responses from the feedback questionnaire indicated that the majority of the spouses' positions in the relationship showed that they were closer.

As explained earlier (see chapter 2, section 2.1 dealing with premise 10), attaining intimacy in a relationship requires commitment, which is one of the five issues that need to be negotiated indirectly to achieve a balance of separateness and connectedness. If there is a commitment in a relationship, it indicates that the couple's relationship is close. The results regarding commitment obtained from couples' responses in the feedback questionnaire (see Chapter 7, section 7.3.1.2, dealing with decision-making and aspect of commitment) and in the evaluation questionnaire (see Chapter 7, section 7.3.2) provide evidence that the majority of the couples became committed, wanted to improve their relationship and build a healthy marriage (i.e., they were committed). According to one of the husbands (H15), he came to realise that his wife was committed to their marriage, and according to one of the wives (W06), the intervention affected her relationship because she realised that her husband loved and appreciated her more than she imagined.

The Marital Systems Theory states that positive relational structures in a marriage can have a positive impact on, for example, parenting and raising physically and mentally healthy children (see chapter 2, section 2.1 dealing with premise 13). The research results indicated that when couples became more committed they became closer to improving their value system. Positive marital relational structures can be a reflection of parents' underlying healthy value systems (see chapter 2, section 2.1 dealing with premise 15).

As indicated in the findings of this research, value systems can change over time, especially during life-changing situations (see chapter 2, section 2.1 dealing with premise 14). In this regard, reference can be made to couple C16. The wife had been physically abusive in the presence of her children for over ten years, but when she and her husband became aware during the intervention that childhood wounds could harm not only their children but also family relationships, their relational structure changed positively, and their parenting changed to enable them to raise healthy children.

This illustrates that they were able to change their value system (even after a period of ten years) so as not to harm their children. The couple became closer.

5. Learning about In-laws

They learned to set boundaries relating to in-laws to avoid conflict in their relationship and with the extended family. One of the husbands (H03) said that the intervention had made him realise that tactfully setting boundaries with in-laws at the beginning aided in resolving and preventing conflict. According to one of the wives (W03), boundaries were of key importance in a relationship. Further, the couples came to realise that each spouse had to deal with the challenges relating to their own family members.

6. Learning about finance

Regarding the theme of finances, the participants mentioned being more open to discussing finances after the intervention. One of the wives (W04) reported that she had learned that as soon as a partner felt uncomfortable to openly discussing and disclosing how money was spent, trust issues started to develop. Her husband (H04) added that it was especially important to communicate with your partner about spending money outside the normal household environment.

7. Learning about Sexual Intimacy

About the theme of sexual intimacy, the husband (H04) stated that the intervention had taught him that a couple needed to be open about their sexual desires and that the avoidance of discussing sexual dissatisfaction could lead to a situation where one partner thought that sexual intimacy in the relationship was not an issue, whereas it was.

Participants mentioned that what they had learned during the intervention made them hopeful for a future together.

They understood that learning about their marital relationships and implementing the tools the intervention provided were ongoing processes that could lead to stronger and healthier long-term relationships.

8. Growth areas

The research results indicated areas that couples need to improve.

The feedback questionnaire (see Chapter 7, section 7.3.1.6 and appendix 7) indicated that 50% of the couples were not yet able to negotiate the time they spent together and the time they spent apart. Moreover, the thematic analysis report (based on the evaluation questionnaire) (see Chapter 7, section 7.3.2.1.3) indicated that quality time still needed to be negotiated amidst all the commitments the couples had. Therefore, a lack of *competency number 1* (Marital Competency Model), is recognised, which states that both spouses can *negotiate* a high level of separateness and connectedness.

By implication, the researcher suggests an imbalance of power in these couples' relationships that even though they had busy lives, their challenge probably stemmed from the fact that the spouses lacked negotiating decisions about spending time together and time apart, which showed a lack of *competency number 2* (Marital Competency Model) which states that each spouse has relatively *equal power* in the relationship and agrees on balancing separateness and connectedness.

The couples have realized that they have underlying unconscious childhood fears (some not extreme) and that these affect the relationship when time is spent apart and time spent together, which can create conflict if not negotiated. As regards the theme of separateness and connectedness, one husband (H07) mentioned that although a couple needed time apart to recharge, they should find a balance between time together and time apart to ensure that the time spent apart did not affect their marriage.

The changes that couples experienced in their relationships after the intervention made them aware of how important it was to understand and negotiate their time together to achieve marital satisfaction. Two husbands (H03), (H04) wanted more quality time to talk to their wives even if there was no conflict to resolve or to go out on dates occasionally. The fact that couples do not have time for each other can be indicative of the society of today: often, both spouses have to work, have to manage their businesses and attend to studies and family responsibilities. An overload of work and family responsibilities can cause stress and conflict, leading to marital dissatisfaction.

8.2.3 SUMMARY

The value of the intervention in improving the couples' marital competencies was illustrated, and couples' experiences relating to their marriage relationships were discussed.

Often, couples want quality time together, but their busy and independent lives make it difficult to negotiate to spend time together. Based on the responses of the participants on the feedback and evaluation questionnaires, the negotiation of separateness and connectedness (time spent apart and time spent together) is still an aspect that couples need to improve on regarding marital satisfaction.

The researcher developed a marriage skills intervention programme to improve the competencies of couples. The participating couples were studied in a multicultural context, and the research aimed to gain an understanding of the challenges of married couples and their dysfunctional communication patterns. The provision of communication strategies, such as 'coffee time' and the 'speaker-listener' technique, proved helpful as they assisted couples in improving their marriage. Evidence was provided of the research results that showed that the intervention has had a positive effect on couples' marriages.

8.3 LIMITATIONS OF THE RESEARCH

Some limitations of the research should be considered.

8.3.1 Researcher's positionality

In this research, the researcher fulfilled a dual role: that of the developer and facilitator of the intervention and that of the researcher who interpreted the research data with the assistance of a co-researcher. The positionality of a researcher refers to the place the researcher occupies as an insider or an outsider when doing research (Kurylo, 2016, p. 7). Researchers need to be aware of their positionality. Because researchers fulfil a privileged role, they need to consider not only the research methodology of their study, but they need to do a continuous internal examination (i.e., conduct reflexivity) of every step of every research goal.

Kurylo (2016, p. 7, 8) states that data get constructed through interaction between a researcher and participants. The researcher was known to some of the participants and can therefore be described as an insider in the research, a situation that could involve the issue of subjectivity. The researcher had an introductory meeting with the community to discuss the need for a marriage intervention, she developed the content of the intervention and could accurately implement the core components and values of the intervention as an insider in the research and she had the privilege of seeing the participants' reactions first hand. The disadvantage of her being an insider was that it could have influenced her objectivity in interpreting the data and how she presented the intervention as a facilitator. The use of the co-researcher who assisted with the interpretation of the data added to the objectivity of the research. Further, because some couples knew the researcher, they could have dismissed their criticism about the intervention. Also, the researcher was aware that one of the participants had been suffering from depression for years and was knowledgeable about depression.

However, the researcher did not use her prior knowledge about the participant during her presentation. Nevertheless, the dual role of facilitator and researcher could have impacted the outcome of the research.

8.3.2 Sample Size

A small sample of 14 couples volunteered to take part in this research. The researcher would have preferred more participants from the lower-income community, but some of them worked on the days of the implementation.

Because it is a small community, some couples did not want their privacy to be compromised, and they did not want people to think they had marital problems. Additionally, the social restrictions imposed due to the COVID-19 pandemic hindered the recruitment of couples for group sessions. Busby and colleagues (2015, p. 3019) confirm that it is difficult to retain couples to attend face-to-face sessions, and they mention several alternatives to address this problem, one of which is to use technology. In the current context, however, the intervention precludes the use of technological strategies as the intervention is intended to be accessible to couples from lower-income communities who may not have the facilities to participate in online interventions. According to Busby et al. (2015, p. 3018), reaching couples through religious or faith-based organisations is an effective and common way of recruiting couples. In this research, couples were recruited through these channels.

Even though the researcher would have preferred more participants from the lower-income community it is her view, however, that 14 diverse couples participated well throughout the intervention and contributed rich data about the influence the intervention had on their relationships. This provided valuable information about the value of the intervention. However, to obtain a greater impact or effect on future research, a wider application of the intervention using a larger sample should be considered.

8.3.3 Limited time

Initially, the researcher planned to implement the intervention for four Saturdays. Because of work and family commitments, the couples could only set aside three Saturdays (18 hours) to attend the intervention. More time would have allowed the researcher to add value to the intervention by giving homework assignments (practice in a natural context) and including more discussions and feedback on the implementation of learned skills.

8.3.4 Homogeneity of the group

Although the couples were heterogeneous regarding culture, race, age, and years married, all the research participants had the same religion (i.e., Christianity) except for one Hindu participant. The research outcome might have been significantly different if various religions (that held different beliefs and values) had been represented.

Further, the researcher had worked in a black township for ten years and probably did not focus enough on asking about cultural influences because she was aware of cultural differences. The couples mentioned culture as an issue mostly when discussing their in-laws. It seemed that the extended families' expectations of the couples had not changed much over the years.

Although couples were from different races and cultures (and from two other religions), only two couples mentioned that they experienced cultural problems in their relationship (see Chapter 7, section 7.3.1.1, Figure 12). They could have used their Christian faith as a guide to daily living. Referring to an African couple, the husband (H07) expressed himself as saying that by the grace of God, they are both Christians and do not have cultural differences. The fact that the majority of the couples belonged to the same faith can thus be seen as a limitation as the research was not conducted in a rich multicultural context as was hoped.

In future applications, facilitators and researchers should be aware of and alert to cultural differences that may be discussed. It can be suggested that this programme could make a meaningful difference in the marriages of couples from different population groups.

8.3.5 Scarcity of existing literature to review

There has been a decline in research on marriage in South Africa over the past two decades. Hence the researcher could not find adequate, relevant, and more recent literature about marriage in the multi-cultural South African context to review. The availability of such literature could have added a richer South African perspective on the research topic.

8.3.6 The possible effect of COVID-19 on participants

Although the researcher is satisfied with the outcome of the research results, she acknowledges that the results may have been different if she had considered COVID-19 as a variable. The pandemic affected the marriages of some participating couples: they indicated that they had experienced some of the stressors associated with the pandemic, such as economic and individual vulnerabilities (Pietromonaco & Overall, 2021). For example, the couple (C012) ascribed the wife's declined score in the post-assessment to the effects the pandemic had had on their business and family circumstances—she owned a business. She was the only breadwinner, as her husband was unemployed and has a manageable illness. As a result, the couple experienced high-stress levels. One couple (C013) also indicated that the decline in their post-assessment scores might have been because COVID-19 has impacted their financial situation.

8.4 RECOMMENDATIONS

It is recommended that further research be conducted to enhance the evidence base of this intervention. In addition, recommendations are made for the future implementation of the intervention.

8.4.1 Recommendations for further research

1) A recommendation is that with future research a follow-up study is done on the participants a year after they attended the intervention, to determine the long-term effectiveness of the intervention. When a meeting with the couples was held to verify the research transcripts, the researcher did an unofficial follow-up to establish which skills they were still using a year later. One of the couples said they were still using the ‘coffee time’ tool to enhance their communication (see appendix 9, module 3). One husband remarked that he had used the name ‘coffee time’ initially as a way to annoy his wife and sarcastically mentioned that it was time to be called to the ‘principal’s office.’ As this upset his wife, they did not call it ‘coffee time’ any longer, but they were still making time for each other. One couple reported that they were still using the gatekeeping tool to avoid burnout, as they knew that burnout could lead to depression, which could affect their marital satisfaction.

2) Only 14 couples participated in this research, and they were from various cultural, racial, and age groups, different types of employment and walks of life, and two different religious groups. Although the successful outcomes of the intervention bode well for its wider application, it is recommended that future research should use a larger heterogeneous sample as it may yield a richer outcome.

3) Further, future research should use a control group that is similar in composition to that of the sample of participants in the study to rule out external influences and to increase the internal validity of the research results (Gorard, 2003, pp. 163, 169).

8.4.2 Recommendations for implementation in communities

The intervention was developed to be implemented by trained individuals in a community context to help couples who could not afford professional psychological assistance.

It is recommended that the intervention be adapted to suit the realities of the relevant communities where the interventions are presented, for example, their language, culture, and beliefs (Kirmayer, 2012, p. 158). The programmes developed in non-African cultural contexts have been very successful as they are universal enough to be adopted; an example of such an organisation is PREP, “Prevention and Relationship Education Program.” This programme has been successfully used in over 15 countries and has recently been translated and acculturated for an Islamic population.

The following recommendations could be useful:

1. When the researcher was presenting module 3 unit 4 on separateness and connectedness, she realised that she should have asked the couples first to define their relationship in terms of these human systems. Their responses would have broadened the understanding rather than only time spent together and time spent apart which would have enhanced the interpretation of the data of this section of the research and also provided a greater understanding of couple interaction. This aspect will receive attention when implementing the intervention in the community.
2. Future facilitators should be trained well to understand the core components of the intervention. It is recommended that married couples who have participated in the intervention and who implemented most of the skills in their personal lives, be trained to facilitate future interventions.

3. The intervention needs to be adjusted according to the culture, beliefs, and language of the communities where it is to be implemented. This will mainly be necessary for communities where people do not fully understand English and have a lower education level. The influence of different cultures and beliefs in various communities should be discussed and planned before the intervention sessions. During sessions, they should be open to discussing different cultural interpretations of the content of the intervention.
4. An intervention group should consist of only three to five couples to promote cohesion and create an atmosphere of openness in the group. The small group will also assist the facilitators in attending to the specific needs of the couples.
5. The different groups should be relatively homogeneous regarding the ages of the couples or the number of years they have been married so that they can relate to each other and learn how group members are coping with similar challenges.
6. Follow-up (monthly or quarterly) meetings should be held with couples separately to encourage them to continue using the communication strategies provided and to establish if they are experiencing challenges. The time spent with a couple would depend on whether they are distressed/high-risk couples (i.e., experiencing stressful life-changing events in their marriage) or a low-risk couple (i.e., experiencing common developmental challenges in their marriage).
7. An important focus of the present intervention is on mental health and the major effect that stress and depression can have on couples' relationships. A mental health self-assessment tool will be added to the intervention to help couples identify their level of mental health risk. This mobile application takes less than 5 minutes to complete, and the researcher plans to compile a booklet containing the names and contact details of organisations (e.g., the South

African Depression and Anxiety Group) and clinics in their area for distribution to couples who need help with mental health issues.

8.5 CONCLUSION

This research focused on answering the question, ‘What is the value of a group-based marriage skills intervention programme to improve marital satisfaction and marital competencies (i.e., communication and conflict resolution) to couples who cannot afford professional psychological services?’

Based on the research results, it can be stated that the marriage skills intervention programme can potentially improve the quality of couples’ marriages. The intervention improved marriages even though the couples were from different cultures and racial groups. Therefore, it can be suggested that this programme could make a meaningful difference in couples’ marriages from other population groups as it teaches universal relationship skills. In the future implementation, the cultural expression in the group should be considered, and some adaptations may be necessary to fit the group.

Aspects of importance regarding the intervention firstly, that it is developed to be an evidence-based marriage skills intervention programme that meets the specific needs of couples in a multicultural South African context. Secondly, this programme deals with the aspect of mental health and specifically with the issues of stress and depression that, if not managed well, can significantly influence relationships. The intervention includes a strategy to prevent mental illness, such as gatekeeping and a mental health self-assessment to assist participants. Thirdly, the intervention provides couples with communication strategies to help improve their relationships. The couples found the discussions about communication and conflict and the provision of tools extremely useful.

Based on the present research results, this intervention can be regarded as a much-needed intervention programme that can equip couples with marriage skills to improve their relationships and contribute to mental health in communities.

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APPENDIX 1: PREPARE/ENRICH LLC LETTER OF PERMISSION



Marilyn Saunders
September 9, 2020

Permission to Use Three Couple Scales (Communication, Conflict Resolution & Satisfaction)

We are pleased to give you permission to use the **Three Couple Scales (Communication, Conflict Resolution & Satisfaction)** in your research project, teaching or clinical work with couples or families. You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers' names, and PREPARE/ENRICH, LLC.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using the **Three Couple Scales (Communication, Conflict Resolution & Satisfaction)**. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

In closing, we hope you find the **Three Couple Scales (Communication, Conflict Resolution & Satisfaction)** of value in your work with couples and families.

Good luck with your project!

PREPARE/ENRICH, LLC • 2660 Arthur Street • Roseville, MN 55113
toll free: 800.331.1661 • local: 651.635.0511
www.prepare-enrich.com

APPENDIX 2: PERMISSION LETTER FROM THE PSYCHOLOGIST

TO WHOM IT MAY CONCERN

I am willing to assist the researcher Marilyn Saunders with her participants as part of the anticipated risk to the research. If the participants are emotionally affected Marilyn Saunders who is a Psychologist will debrief them and if further counselling is needed, she will refer them to me.

Yours sincerely



Ronel du Toit

Counselling Psychologist

APPENDIX 3: QUESTIONNAIRE: THREE COUPLE SCALES (PREPARE/ENRICH)

1 2 3 4 5

Disagree Agree, Strongly Disagree, Undecided, Agree, Strongly Agree

Satisfaction

- (+) 1. I am happy with how we resolve conflicts.
- (-) 4. I am concerned about the quality of our communication.
- (+) 7. I feel good about how we have divided household chores.
- (-) 10. I am unhappy with some of my partner's personality characteristics or personal habits.
- (-) 13. I wish my partner and I shared more activities that we both found enjoyable.
- (-) 16. We have difficulty deciding how to handle our finances.
- (+) 19. Our sexual relationship is satisfying and fulfilling to me.
- (-) 22. Sometimes my partner's friends or family interfere with our relationship.
- (+) 25. I am satisfied with how we share the responsibilities of raising our children.
- (+) 30. My partner and I feel closer because of our spiritual beliefs.

Communication

- (+) 2. I can express my true feelings to my partner.
- (-) 5. When we are having a problem, my partner often refuses to talk about it.
- (-) 8. My partner sometimes makes comments that put me down.
- (-) 11. I wish my partner were more willing to share his/her feelings with me.
- (-) 14. Sometimes it is hard for me to ask my partner for what I want.
- (-) 17. Sometimes I have trouble believing everything my partner tells me.
- (+) 20. My partner is a very good listener.
- (-) 23. My partner often doesn't understand how I feel.
- (+) 26. I am very satisfied with how my partner and I talk with each other.
- (-) 29. It is difficult for me to share negative feelings with my partner.

Conflict Resolution

- (-) 3. To end an argument, I tend to give in too quickly.
- (-) 6. My partner and I have very different ideas about the best way to solve our disagreements.
- (+) 9. When we discuss problems, my partner understands my opinions and ideas.
- (+) 12. Even during disagreements, I can share my feelings and ideas with my partner.
- (-) 15. Sometimes we have serious disputes over unimportant issues.
- (-) 18. I go out of my way to avoid conflict with my partner.
- (-) 21. At times I feel some of our differences never get resolved.
- (-) 24. When we argue, I usually end up feeling responsible for the problem.
- (-) 27. To avoid hurting my partner's feelings during an argument, I tend to say nothing.
- (-) 28. At times my partner does not take our disagreements seriously.

APPENDIX 4: WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

Group work with married couples: A marriage skills intervention programme to improve the competencies of couples

{ETHICAL APPROVAL NUMBER: HUM047/1020}

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant's name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I permit the researchers of this study to access the information.			
I understand that this study has been reviewed by and received ethics clearance from the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that I will not be linked to the information in any way.			

I understand how this study will be written up and published.			
I understand how to raise a concern or make a complaint.			
I consent to be audio recorded.			
I consent to be video recorded.			
I consent to have my photo taken.			
I consent to have my audio recordings/videos/photos used in research outputs such as the publication of articles, theses, and conferences as long as my identity is protected.			
I permit to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

 Name of participant

 Date

 Signature

 Name of researcher taking consent

 Date

 Signature

APPENDIX 5: LETTER OF APPROVAL TO CONDUCT THE RESEARCH



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



19 April 2021

Dear Mrs MC Saunders

Project Title: Group work with married couples: A marriage skills intervention programme to improve the competencies of couples
Researcher: Mrs MC Saunders
Supervisor(s): Prof MJ Visser
Department: Psychology
Reference number: 04322355 (HUM047/1020)
Degree: Doctoral

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 19 April 2021. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizo; Dr A-M de Beer; Dr A dos Santos; Ms KT Govender; Andrew...; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX 6 : PRE-INTERVENTION- SURVEY QUESTIONNAIRE

Biographical

Male Female Customary marriage: Legal/Civil Marriage:

Race: Culture: Religious Affiliation

Years of marriage: Area where you reside:

Please print your answers so that it is easier to read.

1. Who raised you as a child?What will you include from their parenting? and what will you exclude from their parenting?

.....

2. Were your caregiver/s

- 1.Warm and accepting,
- 2.disconnected,
- 3“absent parent”
4. overly strict?

Please choose any one or more and give an explanation why?

.....

3. Are their moments when you wished your caregiver/s did not harm you (even though you know it was not deliberate)? Yes No . If “Yes”, in what way were you harmed emotionally physically Neglected

.....

.....

4. What were your family traditions as a child such as public holidays, birthdays, daily routines? Please explain.

.....

.....

5. Do you have the same religious views with your partner Yes No if “yes”, Do you have challenges, explain?

.....

5A. Do you have different religious views from your partner Yes No if yes, /what are they?

.....
and are you able to manage the difference.....
.....

6. Are your partner's values and beliefs about marriage, similar to yours? If "Yes", what are similar?

..... If "No" what is different.....

7. Do you have challenges regarding your values and beliefs?If "Yes" please explain

.....
.....

8. Do you both agree on how the finance is managed in the relationship? Yes No

If "No" explain the challenges.....
.....
.....

9. Who has the "power" in the relationship regarding finance husband wife , where one partner is making all decisions? Is it a challenge? Yes No If yes please explain?

.....
.....
.....

10. Is one partner carrying the financial burden in the marriage? Yes No If "yes" please explain the reason.

.....
.....

11. Is sexual intimacy a priority in the marriage? Yes No If "No" have there been any challenges? Explain.

.....
.....

If "No" does your partner feel the same way?

.....
.....

12. Does your parents and siblings have a good relationship with your spouse? Yes No If "No" what do you think the reason is?.....

Does your relation affect your marriage? Yes No

13. What is your relationship with your parents in laws and partner`s siblings like? Bad Good
Is your relationship affecting your marriage? Yes No explain.....

.....

14. Does your partner`s friends have the same values as yours? Yes No If "No" what is your challenge?

.....

.....

15. Do you have the same culture? Yes No if "Yes" are you experiencing cultural challenges with regard to different beliefs or rituals? In the same culture If "Yes" what are the challenges?.....

.....

16. Do you have different cultures and are you able to manage this well in your marriage? Yes
No

If "No" what are your challenges?.....

17. What are the cultural rituals that you both share that is not conflicting?.....

.....

18. Is Lobola enough for you to feel married or do you believe that the "white" wedding or Civil marriage, is what you need to feel married? Please explain

.....

.....

19. What are the roles that your parents and in-laws culturally play in your marriage?

.....

.....

20. Is your relationship triangular, which means is there another person, family member or group taking your number one place in your marriage? Please explain.

.....

.....

21. Is your partner`s independence creating conflict? If Yes explain in what way the partner display independence.

.....

.....

22. When your partner stays away for long hours without discussing with you, does it anger you? If yes, explain.

.....
.....

23. Does it feel like you must always agree with his/her suggestions or plans?

.....
.....

24. Do you do things together such as activities, fun and house chores. Yes No Explain

.....
.....

25. Is your partner committed to the relationship, Yes No if no what would you like your partner to do in order to show commitment.

.....
.....

26. Do you feel free to share your failures, fears, dreams and fantasies with your partner? Explain.

.....
.....

27. What are your differences that cause conflict?

.....
.....

Are you able to accept it?.....

APPENDIX 7: POST-INTERVENTION FEEDBACK QUESTIONNAIRE

1. If you had difficulty with discussing financial issues before the intervention, are you able to come to a compromise more easily now?

2. Are you able to understand each other's perspective more regarding finance?

3. If you had difficulty relating to decision-making in the relationship, could you resolve it after the intervention?

4. How do you feel about your position in the relationship after the intervention?

5. If sexual intimacy was a problem in your relationship and it was difficult to speak about it before the intervention, how do you feel about it now?

6. If you had a strained relationship because of your parents-in-law and your partners' siblings:

(a) After the intervention, has your communication improved? and

(b) Are you able to discuss it?

7. If you have cultural differences and found difficulty speaking about it before the intervention, are you now able to discuss it and reach an agreement on how to deal with it in your relationship?

8. If the roles and boundaries of your parents-in-law were not discussed before, are you able to do it now after the intervention?

9. Did you have challenges in your relationship regarding one partner needing separateness (time alone) and another needing connectedness (activities together) and it was not met? If yes, do you have more understanding of your interaction in the relationship where both are satisfied?

10. If it was a problem before, do you do things together such as activities, fun and house chores? Please explain.

11. Do you experience your partner as committed to the relationship?

12. Has your communication improved where your failures, fears, dreams, and fantasies can be shared with your partner? Please explain.

13. After the intervention, are you and your partner able to resolve conflict?

APPENDIX 8: COUPLES' INTERVIEW QUESTIONS

Exercise for Implementation

How did you find doing the exercise on the 'love story'?

(not for results, done before implementation of the intervention)

Question 1

What have been your challenges experienced since the first day of your marriage?

Question 2

What are the things that you want to avoid recurring during your marriage to connect or communicate better with your partner?

Question 3

What are the things you need from your partner?

Question 4

What aspects are you requiring to change during the marriage?

APPENDIX 9: THE CONTENT OF THE MARRIAGE SKILLS INTERVENTION

The intervention was presented in groups by facilitators within an experiential learning context. Interaction was encouraged and husbands and wives did role play to learn from each other in the group setting. After each module couples were given time to discuss how they can improve their relationship. The content of the intervention consists of seven modules covering, emotions, empathy, communication and conflict, Psychological impact, finance, in-laws and ends with sexual intimacy.

Establishing group norms

Exercise: An ice-breaker was used before every session to create an atmosphere of acceptance.

Aim: Group norms were established to create cohesiveness and structure in the group. The intervention started with the group discussing and establishing their own rules for their group such as maintaining confidentiality, switching off phones, and showing respect for each other's opinions.

Module 1: Understanding empathy

Aim: The overall aim of Module 1 was to help couples understand empathy. If they understood their feelings they would be able to connect to their partner's feelings and possibly be able to follow the process of forgiveness. Module 1, which consisted of four units, prepared the participants emotionally before giving them tools for communication. Unit 1 covered misunderstanding communication, Unit 2 defined empathy as an essential element of communicating effectively and avoiding conflict, Unit 3 discussed the six communication processes of forgiveness, and Unit 4 discussed the need for couples to be aware of childhood wounds and couples' wounds, the way these wounds had an impact on their behaviour and the perceptions of their partners, and the way they could affect communication and,

subsequently, the relationship. At the end of this module, the healing of couples' wounds was dealt with.

Unit 1: Misunderstanding communication

The facilitator explained that the following played a role in misunderstanding communication:

- The time of the message
- The words used
- The manner of communication (e.g., tone of voice)
- Emotions and facts (without facts partners display anger)
- Manner and behaviour

Unit 2: Defining empathy

The facilitator informed the couples that to have empathy was to be aware of another person's feelings and to be able to put oneself in another person's situation even if one had been wronged. By implication, one put oneself in the situation of the offender.

Becoming empathetic was a process that involved five steps: being self-aware; becoming aware of another's emotions; being a good listener; acknowledging; and being able to correctly and comprehensively read another person's emotional messages.

During the session, a structured exercise was done on empathy in communication, which took the form of a role play: A wife has been involved in an accident with her husband's brand-new car. The wife (offender) needs to show remorse and ask for forgiveness. The husband (the offended spouse) also needs to feel and show empathy for his wife and what she is going through.

The exercise was followed by a lesson on forgiveness. It was emphasised that forgiveness was a process; a spouse should not be forced to forgive immediately and without understanding.

Unit 3: The six communication processes of forgiveness

Forgiveness in marriage was defined as a relational process: harm was done; one or both spouses acknowledged that harm had been done; the harmed spouse extended undeserved mercy to the transgressor; the meaning of the relationship was renegotiated; and an attempt was made to restore the relationship.

Next, the six communication processes of forgiveness were dealt with.

1) Confront the transgression

Both parties had to acknowledge that wrongdoing had been committed and that at least one partner had been badly hurt. The hurt had to be understood and the magnitude of the violation assessed. Responsibility for the transgression had to be taken and, if appropriate, had to be shared.

2) Manage emotions

Strong negative emotions (e.g., shock, anger, or fear) had to be expressed, acknowledged, accepted, taken note of, and discussed over and over again until the relevant spouse was satisfied.

3) Engage in sense-making

The wounded partner had to invite the sharing of information about motives and had to assess the motives and intentions. Situational details, explanations and acknowledgement of the cause of the offense should be asked for. The offender's perspective had to be understood, the offense had to be reframed, and the possibility of forgiving the offense had to be determined 'A partner can forgive immediately, or it is a process'.

4) Seek forgiveness

The wounded partner had to convincingly apologise, express regret, and, if appropriate, offer to make amends. The forgiver had to assess the request for forgiveness, develop empathy, and communicate openness to the possibility of forgiveness. The self-forgiveness of the offender was important.

5) Grant forgiveness

The wounded partner had to indicate a willingness to forgive. Forgiveness might be extended immediately and unequivocally, or a long-term process might be initiated. The wounded partner could decide to ‘give the gift’ of forgiveness, decide what kind of mercy was appropriate (e.g., if it included a change in relationship status along with forgiveness), clarify the reasons for forgiving (e.g., in a journal), such as love for the partner, commitment to the relationship, and personal well-being.

6) Negotiate the relationship

Partners had to clarify values and rules that would govern the future relationship.

Renegotiating the ‘relational agreement’ would ensure fairness and justice in future interactions. Possible roadblocks and setbacks had to be anticipated. It was important to decide which relational changes were needed to enhance psychological safety and maintain an acceptable relationship.

Structured exercise: Partners had to discuss deal breakers that might cause termination of the relationship in the future, and they had to reimagine the future of their relationship.

Unit 4: Couples’ wounds and childhood wounds

1. Couple’s wounds

The facilitator shared the following information with the participants.

How you communicated defined your relationship and had an impact on the quality of your relationship. The quality of a relationship depended on partners' ability to communicate clearly and avoid misinterpretation. Hurtful messages took the form of accusations, lies, jokes, deceptions, insults, threats, and other devaluing statements. Messages that used negative, intense, and harsh language were very damaging. The use of hurtful words was a common occurrence. It was important to learn about the effects that communication had on a relationship and to attempt to change the quality of the relationship. People could sometimes unknowingly hurt the ones they loved; therefore, they should identify their strengths and weaknesses and accept accountability for the way they communicated in their relationship. Couples' wounds were caused by partners' words said in anger, even though the original intention had not been to cause hurt. When these words were repeated, wounds were inflicted and pain was caused.

Emotional abuse started when the partner who was hurting started hurting the other partner. If that kind of behaviour was repeated, it became a cyclical process that might increase in intensity.

Mild transgressions, for example, bad habits or patterns of harmful behaviour, could become serious. Sustained periods of abusing alcohol and/or drugs, getting into a temper, and/or being inconsiderate were examples of enduring forms of behaviour that could trigger a cycle of forgiveness-seeking and forgiveness-granting communication. (See chapter 2, section 2.3.3)

2. Childhood wounds

The facilitator shared the following knowledge with the participants.

Children who were insecurely attached to parents created a relational template and tended to use this template throughout their lives, as a result of which they were less likely to form secure, trusting, stable, and affectionate relationships with others. Insecurely attached adults often showed extreme patterns in their relationships, for example, an inability to trust or be trustworthy.

There were also strong parallels between infant–caregiver attachments and romantic love relationships because these relationships had similar dynamics. If a caregiver was an unresponsive or unpredictably responsive parent, children might become avoidant or ambivalent about affectional bonds. Adults understood relationships based on the relationships they had in childhood; therefore, their attachments to their caregivers or parents determined what they expected relationships to be like and how they expected relationships to function. Interactions with caregivers were internalised as future expectations of attachment, and these mental copies that children formed tended to remain relatively stable throughout their lives. Thus, expectations of different forms of attachment guided future relationships.

Early caregiver exchanges with children also provided a critical context within which children organised emotional experiences and learned to regulate their effect. Adults with unresolved traumatic childhood experiences tended to report a relationship history of intense, ambivalent, and unstable relationships and to develop a fear of being abandoned. They tended to experience challenges with managing their emotions and interpersonal connectedness. Traumatic childhood experiences could lead to dysfunctional relationships in adulthood. Adults could relive the emotions of childhood wounds, and these feelings could be triggered by their partners' behaviour. Therefore, partners should know about and understand each other's wounds. (See chapter 2, section 2.3.3)

3. Healing couples' wounds

The facilitator shared the following information with the participants. According to Lewis (1997), premise 7 in Marital Systems (chapter 2.1), individuals are drawn to partners who reminded them of their caretakers/parents because they had an unconscious desire to seek healing and repair of their childhood wounds that had become a central recurring problem in their relationships. Healing in an intimate relationship could only occur if the healing (and intimate) partner acknowledged and fulfilled the other partner's unresolved childhood needs. Structured exercise was useful: Share with your partner the wounds that you have, even if your partner has already identified some of your wounds (over-exaggeration of an incident is an indication it's a wound). Ask your partner what you need to do to make healing possible.

Module 2: Emotions

Aim: This module consisted of only one unit. The aim of the module is that if you learn to understand your own emotions, you can learn to understand your partner.

The facilitator shared the following information with the participants.

Emotions were important when partners communicated. Understanding your feelings and emotions would help you understand those of your partner. Emotions helped you to function and to live your life in a positive way (e.g., normal anxiety could help you study and complete tasks before their deadlines). It was important to discuss the positive and negative ways in which emotions could affect a marriage. Withholding emotions could also influence a relationship, and understanding emotions could prevent emotional discord.

Unit 1: Emotions can affect a marriage

1) Negative effect

Emotions could make you feel tense and trapped, could make you respond irrationally and could negatively affect your interpretation and understanding of a situation (which could cause wounds).

A partners who gave in to anger might speak more loudly, might respond quickly without thinking, and might make hurtful comments, which could cause the other partner to react defensively. If such behaviour continued, it could develop into a cycle of wounding each other.

2) Positive effect

Managing emotions (i.e., staying calm) could influence whether partners could communicate clearly or interpret conversations with their partners effectively.

Displaying emotions could have a positive effect; for example, when a wife was emotional and started crying, and her husband put an arm around her (i.e., he showed empathy and understanding), she would feel safe.

If partners showed they were happy and appreciative, for example, when their partners assisted them with responsibilities, it would encourage closeness.

3) Lack of showing emotions

If one partner was emotionless, it might cause the other partner to experience pain (e.g., when the one partner remained cold and apathetic even though the other partner cried and expressed vulnerability). One partner's lack of showing emotions could cause the other partner to feel rejected and hurt, which would result in a wound. Sometimes partners were unable to understand their partners' emotions/reactions, and an apathetic partner who lacked emotions might sometimes interpret a display of emotion as an overreaction to a situation.

Structured exercise: after the session it was meaningful. The wife uses her husband's new vehicle purchased a month ago to take the children to school, and she is involved in an accident. Role play: Empathy in module 1 and emotions were included, regarding the accident of the wife with her husband's new car were discussed.

Module 3: Communication and conflict

Couples did role plays and after the session, they were given time to discuss how they can improve their relationship.

Aim: The aim of Module 3 was to make participants aware that differences in values and beliefs were a normal part of any relationship. The differences between couples were not a problem, but the way they managed their differences could cause a problem.

Unit 1 introduced the tool of coffee time that could be used to manage conflict. The facilitator explained that coffee time had rules that assisted couples in minimising conflict. Problems that were not managed well could result in intense conflict and could cause hurt, but minimising hurt could improve a relationship. Unit 2, which introduced the speaker–listener technique as a tool, taught couples when to listen and when to speak to handle differences and prevent intense conflict. Unit 3 was a session that dealt with conflict styles, and partners had to identify the most dominant style of their partners. Unit 4 focused on separateness and connectedness and on the negotiation of time apart and time together. Couples were taught the importance of allowing each other to make decisions in situations where they had relatively equal power.

Unit 1: Managing conflict (coffee time)

Communication strategies: “Coffee time” is the order of the conversation to avoid conflict, Couples were informed that discussing an issue or making plans and need a solution could hurt a partner who had been offended, but that discussing issues in an organised and caring way could avoid conflict.

The facilitator gave the participants some instructions and guidelines for coffee time. To enhance the confidence of the couple’s communication, ‘coffee time’ was presented where they are guided by rules to manage their conflict and find a solution when communicating.

“Coffee Time”

Coffee time is organised for example when a partner knows the conversation will cause conflict for example if the partner is hurting is about an incident or planning the future which the order of the conversation to minimise conflict so that couples do not go “off course” and over a long time, they still have not solved the problem.

Rule 1, Arrange a *time* when it is convenient for both. Switch off the television, laptop, cell phone, etc. Body language, show you are ready to listen by facing your partner, and when he/she starts speaking make eye contact and if possible make physical contact by placing your hand on her arm. Rule 2, *compliment* your partner first before communicating your complaint (even if you are hurting, it lowers conflict). Rule 3, share your *complaint* using “I” messages for example “when you come home late I feel unloved”, rule 4, *negotiate* an outcome for example, the partner can WhatsApp if he/she can’t make home on time or “I do not wish for you to visit that friend again”, and rule 5, find an amicable *solution*. If a solution is not found then, they can arrange another ‘coffee-time’. For example when one partner wishes to move to another country then one coffee date will not suffice.

(Important rule is only one complaint at a time) the next complaint will be another coffee date, that is to avoid the escalation of emotions.

Coffee time should be held when both partners are ready to sit down and discuss an issue. This should be within about 48 hours of the occurrence of the issue—if it was done a week or so later, the offending partner might not remember the finer details of the incident which could cause conflict. Having coffee time within the stipulated time could eliminate unnecessary arguments and could avoid bringing up old offenses (often, more than one) which can cause an escalation of emotions.

Negotiation and compromise were important at the end of coffee time.

To avoid conflict, it was important for partners to indicate to each other what they needed from coffee time. Two needs were discussed: 1) The need to give emotion-focused support—one partner helped the other partner to be vulnerable, to express feelings, to validate, to encourage, to reassure, and to show affection; 2) The need to give problem-focused support—partners outlined problems, suggested specific plans of action, and offered specific assistance to resolve the problem.

Any comments or gestures that would show their negative opinion were not allowed (including pulling faces!).

Structured exercise: Role-play, the partner comes home during the early hours of the next morning and the wife calls for “coffee time”.

Unit 2: The speaker-listener technique (talking stick)

“Speaker-listener” technique explains how to communicate to avoid conflict (used a stick instead of the floor), especially in conversation when partners want to clarify sensitive issues and at the same time feel safe when doing so, partners can benefit from this technique. The aim of the conversation is not to solve a problem prematurely but to discuss the problem and understanding the partner first.

The facilitator gave the participants some guidelines on using the speaker–listener technique. Couples were asked to speak only for themselves and not to try to read the minds of their partners. They need to talk about how they feel and what their concerns were. They had to give their own views, use ‘I’ statements, be brief and avoid repeating themselves. The listener had to focus on the speaker’s message and avoid interrupting. In the listener’s role, they were not allowed to offer opinions, express thoughts, only respond after having been given the talking stick and if the speaker asked for an opinion or the listener’s thoughts about an issue.

After having spoken for a short while, the listener was to speak only when given a “go ahead” (talking stick), to show they understand by paraphrasing in words, validate feelings, and asking questions that should only be done to understand the partner. A speaker had to speak gently if the paraphrase was not accurate and should help the listener to hear and understand the speaker’s point of view.

Structured exercise: after the session, it proved to be useful: Without consulting his wife, the husband bought his mother a small car. He knew his wife would not agree to his doing that. A family member told his wife about the car he had bought for his mother. The partners had to use the speaker-listener technique to discuss the matter.

Unit 3: Conflict styles

The couples were told that understanding each other's styles of doing things could avoid conflict and help them deal with conflicts that did arise. The facilitator explained the following styles:

The turtle: Avoidance

The challenge of this style was that a person could easily look past conflicts and decide that most conflicts would solve themselves. A turtle-style person was calm on the outside, which helped to minimise conflict, but a tendency to minimise, deny, and avoid conflict altogether could become a problem because major conflicts could grow worse when they were not addressed.

The teddy bear: Accommodation

The strength of this style was that a teddy-bear person was likeable and lovable in most situations. How could you be mad at them? Because they needed and strove to attain harmony, they would accept blame just to bring about peace in upsetting situations.

The challenge of this style was that a teddy-bear person might be taken advantage of and might become a doormat. Furthermore, teddy bears tended not to give others a chance to face and work through a problem.

The shark: Confrontation

The strength of this style was the ability to be strong and courageous, and to bring conflict out in the open quickly. A shark was a leader that could confront bullies.

The challenge was that shark-style people could be too pushy; they tackled, and they could hurt other people's feelings. Sharks could create and strengthen barriers easily.

The fox: Compromise

The strength of fox-style people was their ability to communicate and show willingness to find win–win or lose–lose compromises. Often, the fox could craft intelligent intermediate solutions.

The challenge was that fox-style people could be deceptive and manipulative. People might feel ‘outfoxed’ and cheated by a fox.

The owl: Collaboration

The strength of this style was integrity. Owls could build trust, respect, and deeper relationships. They were not tied to their ways of doing and thinking, and they tended to have an open mind and find practical solutions that created win–win experiences.

The challenge was that an owl style required the collaboration of two willing parties. These parties had to have very good communication skills and high emotional intelligence. Some conflicts required quick solutions, and owl-style people tended to take too long to find solutions.

Structured exercise: after the session, the following structured exercise proved to be useful.

Encourage partners to discuss each other’s conflict styles, what do they think the conflict style their partner has and themselves and the one they would like to acquire to improve their communication. (See chapter 2, section 2.3.6)

Unit 4: Separateness and connectedness (balance of power)

The facilitator explained to the participants that the systems of separateness and connectedness should be managed well to avoid serious conflict.

Marital Systems Theory, premise 1, (chapter 2.1)

The following was shared with the participants:

Separateness was acknowledged by allowing a partner to experience themselves as a separate person and develop themselves (to have time on their own). Connectedness, which involved commitment, closeness, and intimacy, was defined as the level of having shared values, interests, activities, friends, and sexual satisfaction.

The couples were taught that the acceptance of differences showed maturity. However, such differences could cause complications, for example:

- 1) When a partner wanted extreme distance, it could give the impression of being disinterested ('I do not want you close. '), and when a partner wanted extreme closeness, it could give the impression of being needy.
- 2) If one partner preferred to be independent all the time and the other one required being more dependent, the dependent partner could feel lonely and rejected.
- 3) Too much closeness created a sense of boundarylessness (e.g., if one partner was sad it would affect the other partner). Jealousy could be a sign of a lack of emotional closeness.

The facilitator emphasised the importance of a balance of power. The couples were taught that they needed to consider the other partner, compromise, negotiate and allow each other to make decisions. Each spouse should have relatively equal power and be part of an agreement about balancing separateness and connectedness.

The following two structured exercises were meaningful during the intervention: 1) Discuss with each other when you need time together and time apart. Discussing it could avoid conflict. 2) Discuss how you share and balance power (e.g., in decision-making) in the marriage and whether there is room for change. (See chapter 2, section 2.3.2)

Module 4: Psychological impact

The facilitator informed the participants that the aim of Module 4 was to explain the possible impact of marriage on mental illness. For example, a stressful lifestyle could impact marriage partners' mental health. Unit 1 explained how stress and work and family conflict could lead to depression. Stress and conflict could lead to divorce because, if a partner suffered from depression, conflict in marriage was exacerbated (especially if they were not aware of their condition), and marital dissatisfaction and, eventually, separation could follow. Unit 2 dealt with using the tool of gatekeeping, which meant that partners needed to be aware of different challenges at work and at home, and needed to support each other during stressful periods to avoid burnout. In Unit 3, the condition of major depression was discussed, and a checklist of symptoms of depression was given as a handout to the couples.

Unit 1: Stress and work-family conflict

As regards stress, the facilitator shared some information with the participants. The stress system was governed by two key hormones, namely, adrenaline and cortisol. Adrenaline worked in the short term, whereas cortisol worked in the long term. If cortisol increased and adrenaline decreased, stress hormones were produced. When this happened, the individual felt unwell and anxious, and had many negative thoughts. If the situation continued, the brain's operation capacity diminished, and the brain had no chance of recovery, which could lead to the development of depression.

Stress, in particular stress experienced at work, was associated with having an increased negative effect on marital interaction. The reverse was also true; toxic negative marital interaction could have an impact in the work environment. Chronic hyperactivity of the stress system might lead to feelings of disinterest, excessive fatigue, and demotivation. These feelings caused the sufferer to feel unwell, anxious, and overwhelmed by negative thoughts.

In the long run, the person's capacity to deal with life was reduced, and it was likely that the person would have to resort to stress to compensate. Thus the cycle began: a person's maximum capacity was diminished, forcing the person to rely on the stress system all the time. Because of all the stress hormones flowing through the veins, the person's brain had no chance to recover, and their maximum capacity to deal with challenges diminished even further. Therefore, it was important to have knowledge about depression.

The following structured exercise introduced at the end of Unit 1 proved to be useful: Discuss what you are most stressed about and how your partner could assist you.

(See chapter 2, section, 2.3.7.3-5)

Unit 2: Gatekeeping

The facilitator explained the concept of gatekeeping to the couples and gave them some guidelines about the tool. Gatekeeping was the process through which information was filtered for dissemination, whether through publication, broadcasting, the internet, or some other mode of communication. Gatekeeping in marriage was important: couples should observe each other's behaviour and gather information about each other so that, if necessary, they could take action (e.g., make an informed decision about whether a spouse needed to be referred to a psychologist). Symptoms of depression to take note of were the following: a sudden change in behaviour, unusual behaviour, prolonged feelings of sadness, unhappiness or miserableness, extreme tiredness (no energy to get out of bed in the morning, or even being tired the whole day), loss of interest in work and affairs in the home, loss of interest in doing pleasurable activities or even engaging in usual activities, and a preference to stay at home and not go out. If a partner's sudden change of behaviour lasted for two weeks or longer, arrangements should be made for the partner to see a medical practitioner to be assessed. During stressful periods in a marriage, partners had to concentrate on a healthy lifestyle and positive ways of behaviour, and had to consider ways of destressing (e.g., taking

walks, eating healthily). Taking time off and going away for a day or two could assist in preventing depression and anxiety. (See chapter 2, section, 2.3.7.6)

Unit 3: Major depressive disorder

Numerous symptoms of major depression were highlighted. These were serious if they showed changes in a person's usual behaviour and if they continued for about two weeks nearly every day and most of the day.

1. Depressed mood (e.g., feeling sad, empty, and without hope)
2. Loss of interest in activities previously enjoyed
3. Sudden weight loss (when not dieting) or sudden weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or lack of energy
7. Feelings of worthlessness or extreme guilt for inappropriate reasons
8. Decreased ability to think or concentrate and/or be decisive
9. Recurring thoughts of death, recurring suicidal ideation with or without a plan, or a plan to commit suicide

The following structured exercise of gatekeeping done during the programme proved to be very useful: Discuss with each other when the most stressful times are and how your partner could lighten the burden during this time, and how both of you could take responsibility for maintaining a healthy lifestyle (e.g., going for walks together). (See chapter 2, section, 2.3.7., 2.3.7.1-2)

Module 5: Finances

The facilitator pointed out that the issue of finances often caused marriage partners to become emotional when they discussed it, and that finances was one of the common causes of divorce. Every couple should talk calmly about money—it was an important task for ensuring a successful long-term relationship.

The facilitator emphasised that discussing money created a shared vision and established individual goals that could be attained in life, which made couples feel satisfied in their marriage. Unit 1 dealt with understanding partners' spending personality types and the ways they could change/improve their spending habits. Unit 2 shared knowledge about the reasons why couples fought about money. Knowing these reasons would help them understand that others experienced the same issues and that change was possible. Lastly, to assist couples with finances in a practical way, they were given a handout of an example of drawing up a small monthly budget, which they could use to plan their finances together at home.

In presenting the two units on finances, the facilitator discussed various aspects with the couples.

Unit 1: Five spending personality types

1) The reckless money spender

Reckless spenders spent money on things they did not necessarily need. The spending was spontaneous; for example, a reckless spender organised parties and gave money to others for no reason. This kind of personality might use the spending of money as a way to escape emotional distress.

Reckless spenders were often proud and not only viewed themselves as generous but also used their money to get others to think more highly of them.

2) The obsessive money-maker

People of this personality type believed that earning more money brought happiness and security. Thus they spent most of their energy trying to make as much money as possible. Furthermore, they derived pleasure from the recognition and approval they got from others as this affirmed their success (at the cost of family time and family responsibilities). A characteristic of an obsessive money-maker was the fear of becoming poor, or the fear of losing their money, or the fear of not having enough money to look after the family.

3) The risk-taker

Risk-takers shared some traits with obsessive money-makers and reckless spenders. This kind of person got a thrill from taking risks, and they focused on the promise of being rewarded and deriving pleasure from such a reward. At times, a risk-taker could have a psychological reason for needing to take risks, which could pose a risk to the family's financial values.

4) The complacent user

A complacent user rarely thought about money, and when they did, they might treat it as not being important or might see it as corrupting those who have too much of it. Such a person believed that money should not influence important decisions in life. Complacent users often had no desire to improve themselves, and they lacked the discipline to attain financial security. Their attitude that 'little was more than enough' could frustrate their families. 5)

The responsible money-planner

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A responsible money-planner worked out a budget every month, did not purchase things impulsively, and did not buy things that were not in the budget. These people did not purchase above their means; they spent according to a plan that had been agreed well in advance. Responsible money-planners did not promise to assist others financially if they were not able to, and they did not have the need to impress others. To them, saving for an

emergency and the future was very important. At times, a responsible money planner could be viewed as being stingy or selfish.

The following structured exercise carried out during the programme was meaningful to the couples: Partners should share what their financial personalities are.

Couples were given homework: they were given a form for drawing up their own small monthly budget and were asked to discuss and plan their financial expenses with their partners.

Unit 2: Some of the reasons why couples fight about money

- They managed money the same way their parents had done.
- They repeated the financial habits (poor or good) their parents had taught them.
- Couples' beliefs about money differed.
- Partners might be secretive about spending money.
- If one partner was secretive or even lied about spending money it was difficult for a couple to reach their financial goals.

Partners' values about finances differed (e.g., one partner would buy a brand-new vehicle as a treat for having worked hard, whereas the other partner would want to buy a property that had a similar instalment).

The couples did the following structured exercise during the programme: Discuss what you need from each other to implement a financial plan that could create unity. Couples can write down their future financial plans and goals so that they can discuss them.

(See chapter 2, section, 2.3.8, 2.3.8.1-2)

Module 6: In-laws

The aim of this module was to make couples aware that problems with in-laws were not restricted to a mother-in-law: relationships with any of the in-laws or any member of the

extended family could be problematic. The perception should not be that in-laws were unpleasant people; it was a matter of learning about and understanding their values, beliefs and points of view. This was necessary to prevent serious conflict in a marriage. Unit 1 focused on ways to form ties with in-laws. Unit 2 explained how to communicate with in-laws, and Unit 3 dealt with the things couples should do and not do when interacting with in-laws.

Unit 1: Forming ties with in-laws

The facilitator mentioned the following important aspects:

- Individuals' behaviour had to be such that there were opportunities for all to get to know one another (e.g., they should make contact, either by calling or visiting).
- Couples should work on developing affectionate or intimate feelings for in-laws (emotional), and should give them credit for the positive qualities they had.
- Couples should acquire basic information (cognitive) about their in-laws, and knowledge about their partners' family.
- Individuals should not expect a relationship not to work; if they did, the relationship would not work (self-fulfilling prophecy). Therefore they should have a positive attitude.

Unit 2: Communicating with in-laws

The facilitator shared the following knowledge with the couples:

2.1 Adaptability and rigidity

Couples, especially newlyweds, often found it difficult or were unwilling to adapt to new environments (e.g., religious or cultural occasions that involved the in-laws), and that could lead to tension and conflict. Being adaptable was being able to 'rise to the occasion', and the ability to do that was important for good communication and a successful relationship. Being

rigid meant not being prepared to listen to someone else's point of view. It was important to regard the other person's opinion as being as valuable as your own (cognitive). Rigidity could alienate people, especially when they criticised their in-laws and expected them to change. Couples should focus on things they and their in-laws had in common, and they should downplay things about which there was disagreement.

2.2 Implementing and establishing boundaries

The facilitator provided the following examples of the behaviour of in-laws (and spouses' reaction to it) that would constitute the crossing of boundaries:

- They gossiped about and criticised you behind your back.
- They treated you like a child even though you are an adult.
- They often played the guilt card.
- They constantly ignored you and your opinion.
- Your spouse would not take the responsibility of explaining a situation when in-laws' interpretations were wrong.
- Your spouse did not have your back. Your spouse remained quiet if in-laws accused you wrongly.
- Parents-in-law made unreasonable demands.
- In-laws arrived at your home unexpectedly and uninvited.
- In-laws wanted to be included in the making of all decisions.

Unit 3: What to do when communicating with in-laws

The facilitator gave the couples some guidelines about communicating with in-laws.

- Treat them as family (they are your partner's family).
- Be truthful with them so as not to lose their trust.

- Communicate assertively, but with love.
- Respect your in-law's views and try to understand why they do what they do, especially since your husband/wife is their child.
- When you communicate, use 'I' messages.
- When you disagree, respond in a respectful but firm way and be open to negotiation (e.g., if they want to come to dinner three times a week, suggest they come once a week).
- Choose your battles wisely; do not fight about every small problem (rather take a deep breath).
- Show appreciation by doing something for them because they love the same person you love.
- Remember: dealing effectively with in-laws starts with working out conflicts with your spouse. Remember also that you are in this together.

The following fruitful structured exercise was done during the programme: Discuss with your spouse your expectations and boundaries concerning the in-laws. Do not be rigid; understand that parents' behaviour is motivated by love.

(See chapter 2, section, 2.3.4, 2.3.4.1-2)

Module 7: Sexual intimacy

The theme of Module 7 was, 'Focus on the journey, not the destination'.

This module aimed to enhance couples' communication about sexual intimacy. The facilitator explained the strong association between relationship satisfaction and sexual gratification.

Unit 1 covered three categories affecting sexual desire, Unit 2 looked at what caused a lack of interest in sexual intimacy, Unit 3 explained how stress could affect sexual libido, Unit 4 gave advice about improving sexual communication, and Unit 5 focused on increasing sexual

desire. Couples were given small practical exercises they could use to improve their sex life. Finally, a discussion was devoted to partners' feelings of rejection when their sexual advances to their partners were almost always turned down. Continuous rejection had an emotional impact.

The session opened with the following role play: The wife has a plate of food in front of her and eats on her own. The husband begs her for some food, but she refuses and says that it is hers, all the time. The husband feels rejected. This scenario symbolises a situation where a wife refuses her husband's sexual advances, and he feels rejected.

The facilitator shared information with the couples on all the topics covered in units 1 to 5.

Unit 1: Three categories affecting sexual desire

Sexual desire was based on three categories: a situation, a pattern, and a problem. A situation was created when one partner felt like having sex and another did not. A pattern developed of the one partner having an expectation and initiating sex all the time—this was not a problem if both partners enjoyed their sex life. However, a problem arose if one partner almost always initiated sex, and if the partners had sex only from time to time and not at times of their choosing.

Unit 2: Causes of lack of interest in sexual intimacy

The facilitator pointed out the possibility that one partner was never, or hardly ever, interested in sex. Many factors could contribute to a lack of interest in sex, for example:

- Fatigue, prior learning experiences about sex, alcohol or drug abuse, a variety of medical conditions, contraception, or mental conditions such as depression
- Sexual problems, such as the man being impotent, or the woman finding intercourse painful

- Repressed anger and resentment (adult wounds)
- A wife shouting at her husband in the same way she shouted at her children
- A partner who withheld sex as a means of punishment

Some couples came to accept the lack of sex in their lives. If both partners were okay with that, it was not a problem.

Unit 3: Stress can affect your sexual libido

The couples were assured that everyone suffered from stress at times. Sometimes people even stressed about insignificant things. Unfortunately, stress could harm people's libido. Studies showed that chronic stress and burnout could lead to depression and anxiety, which could reduce libido and increase sexual dysfunction. However, several things could be done to manage stress, which included leading a healthy lifestyle, getting enough sleep and regular exercise, eating healthily, having a hobby, seeing a counsellor, and having your hormones checked.

Low testosterone could affect both men and women. The facilitator explained that testosterone was a hormone that was crucial for normal sexual function. Without this hormone, people might experience a low libido, poor arousal, and difficulty reaching an orgasm. People who had these problems should get help, see a urologist, gynaecologist, or sexologist, because having a fulfilling sex life was their right.

Unit 4: Improve sexual communication

The facilitator gave couples some guidelines for improving sexual communication.

- Communication was the foundation of a good relationship, and having a good relationship would promote a good sex life.

- A woman who said, ‘If my husband loves me, he will know what to do to show me—love’ was misguided, because husbands could only know what their wives wanted if they talked about their needs (women differed regarding their needs).
- Wives often assumed that their husbands wanted sex when they touched or kissed them. Partners could use specific words to communicate their sexual needs; for example, partners could call each other ‘teddy bear’ if they wanted to be cuddled, or ‘tiger’ if they wanted sex.
- Partners had to spend more quality time together—that might be the only thing they needed to ‘relight the candle’. Further, partners had to do fun activities outside the bedroom to improve energy inside the bedroom.
- Time had to be set aside for regular date nights and for enjoying each other’s company.
- Regarding sex, the mantra was foreplay, foreplay, and more foreplay. The saying that ‘chore play is foreplay’ suggested that when a husband assisted his wife with chores he encouraged sexual desire.
- Sex was not only about penetration/intercourse but also about outercourse (that means showing love, affection and understanding should be a lifestyle not only before sex).

Unit 5: Sexual desire

The facilitator advised the couples to consider the following to rekindle their sexual desire that had diminished for various reasons: Partners had to look at each other with new eyes; they had to focus on each other’s strengths and gifts; they had to work on becoming drawn to each other; they had to banish having negative thoughts about each other because negative thoughts killed passion; they had to do new things because familiarity and routine

deadened passion; and they had to avoid hurting each other or at least settle any unresolved matters between them.

5.1 Increasing sexual desire

The facilitator explained that the prescription for satisfactory marital sex was integrating emotional intimacy, non-demand pleasuring, and sensual scenarios and techniques. These aspects were presented during the session.

1) Emotional intimacy

Emotional intimacy led to increasing sexual desire and should become a daily lifestyle of loving and caring outside the bedroom, which would automatically and naturally transfer to the relationship inside the bedroom. Couples could enhance their emotional intimacy by expressing love through small daily actions (e.g., spending more time together, being affectionate more often, saying ‘I love you’, making a spontaneous telephone call, giving a compliment, giving a hug and a warm kiss at the end of the day, remembering that birthday, getting a special gift, or preparing a special meal).

In a well-functioning marriage, both members were capable of emotional intimacy and sexual satisfaction. Integrating these dimensions required communication and effort. Emotional intimacy led to sexual satisfaction, especially as far as women were concerned. Women needed to learn to value sexuality, and men needed to learn to value intimacy. Ideally, both spouses could integrate emotional intimacy and sensual sex. Marriage functioned best when partners were not bound by traditional male–female roles. Spouses who valued emotional intimacy and sensual sex could have a satisfying and stable marriage.

2) Non-demand pleasuring

Non-demand pleasuring was a key aspect in promoting sensuality.

Showing affection (holding hands, kissing, hugging) and creating sensual experiences (massaging, bathing or showering together, cuddling on the couch, snuggling at night or in the morning) had value in themselves. Couples could enjoy non-demand pleasuring both inside and outside the bedroom. Not all touching could or should lead to intercourse. Non-demand pleasuring facilitated emotional intimacy and sexual desire. It formed a bridge between affection, sensuality, and intercourse.

Women had low testosterone levels, and they depended on triggered desire to respond to arousal (responsive sexual desire). This meant that when a woman was stimulated, she became aroused and responded by having a desire to have sexual intercourse. The clitoris was called the trigger of female desire—it was the most sensitive point a woman had for sexual arousal and it had, as far as was known, no other function. Arousal of the clitoris could be felt during foreplay and with penetration.

3) Sensual scenarios and techniques

The facilitator suggested that partners should say or do the following to arouse desire:

- ‘I would like you to take off my underwear with no hands while I am standing.’
- ‘Let us try shower sex.’
- ‘What is your favourite place on your body to be kissed? Can I do it now?’
- ‘Do we kiss enough? What kind of kisses do you most enjoy? Pecks, soft kisses, french kisses, or mango kisses? Can we try it now?’
- ‘May I wash you all over, dry you, and put on body lotion very slowly, caressing you from your north region to your south region?’
- ‘Let us put on music and serenade each other.’
- ‘Let us spend time touching, kissing, and caressing, and then have sensual sex.’
- ‘Spin the bottle, and if it points to you, I can ask you a sexy question.’

- Tie your partner's hands and feet loosely with a scarf and kiss him or her all over.
- Put your head on your partner's lap and 'make out'.
- Make a meal of your partner's body by using your favourite syrup/cream.
- Do role plays (e.g., pretend to be a nurse or a police officer).

Based on the scenarios sketched above, the couples were asked to do the following structured exercise: Discuss with each other what reasons you would regard as acceptable for refusing sex. Discuss the following: If you want to turn down a sexual advance, what is the best way to do it? (See chapter 2, see section, 2.3.9, 2.3.9.1-5)

With that, the marriage intervention came to an end.

APPENDIX 10: EVALUATION QUESTIONNAIRE OF THE MARRIAGE SKILLS INTERVENTION

Choose from the programme	What have you learned that made a difference in your relationship from each of these sessions/activities? Please explain.	Which aspects of the programme can be improved? Explain.
PART B		
1st Saturday		
<p>Hurt and forgiveness</p> <p>Communication, listening techniques</p> <p>Six steps of forgiveness</p> <p>Childhood hurts</p> <p>Couples' hurts</p>		
<p>Psychological knowledge</p> <p>Stress/Depression</p>		
2nd Saturday		
<p>Managing conflict</p> <p>(five animals representing conflict)</p> <p>(listener–speaker technique)</p> <p>Finances</p> <p>Why couples fight over money</p> <p>Finance personality</p>		

rd 3 Saturday		
Relationship affected by in-laws Do's and don'ts with in-laws Implementing and establishing boundaries		
Sexual intimacy, low & high libido Improve sexual desire Spice up your sex life		

PART A

1. What have you learned about yourself?

2. What have you learned about your partner?

3. What aspects of your behaviour have you changed?

4. What aspects of behaviour did your partner change?

5. How did learning or change influence your relationship?

6. What aspects in your relationship do you feel still need some work?

PART C

7. Other comments and suggestions (including activities or initiatives you think would be useful for the programme)

APPENDIX 11: THEMATIC ANALYSIS: PART A

Evaluation questionnaire: (five phases)

The five phases of thematic analysis is described below (Braun & Clarke, 2006, pp. 87–93).

This is a continuation of Part A (Chapter 3 Methods, section 3.3.7.5) where questions 1 and 2 were discussed.

Questions 3 and 4

Phase 2: Generating initial codes

As the researcher had read and familiarised herself with the data, she generated an initial list of ideas and highlighted what was interesting, she proceeded in Phase 2 to produce codes from the data, starting with the interesting features of the data and systematically doing the coding across the entire data set, and collating the data relevant to each code. Table 1 presents the initial codes that were generated concerning the third question, ‘What aspects of behaviour have you changed?’

Table 1: Initial codes generated about the third question, ‘What aspects of behaviour have you changed?’

Couple’s anonymous codes	Generated Codes
W01, W02, W03, W04, H04, W06, W07, H09, W15, H15, H14	<p>Character</p> <p>I attend to how I respond. I listen more. I have changed my tone when I speak to my husband and I discuss one problem at a time. I talk more often and openly. I am not afraid of conflict anymore. I am more understanding. I make boundaries at home. I can address the issues in a different and better way. I have improved my approach to managing conflicts. I am willing to be more flexible and accommodating. My manner of approach has improved. I have learned to communicate more and take my wife more seriously. I have learned to respect and trust.</p>

Table 2	
Couple's anonymous codes	Generated Codes
<p>H01, W03, H03, W04, W14, H14,</p> <p>W16, H16, W02, W13, H13, H04, W07, H07, W12, H12, W10, W11</p> <p>W06, H09, W15, H15</p>	<p style="text-align: center;">Character</p> <p>Partner listens more and is more patient.</p> <p>He is more attentive to me and my needs.</p> <p>He has increased in patience with my slow responses.</p> <p>He has increased his attention toward me.</p> <p>He communicates more and strives to be more understanding.</p> <p>He has improved in respect and understanding.</p> <p>My husband is being more approachable and not attacking.</p> <p>I feel my partner has shown more respect.</p> <p style="text-align: center;">Tools</p> <p>He has improved in complimenting me and I like that.</p> <p>Coffee time:</p> <p>C: Compliments</p> <p>C: Complaints</p> <p>S: Solutions</p> <p>N: Negotiation</p> <p>First give some compliments before complaining.</p> <p style="text-align: center;">General</p> <p>We discuss the problem at hand.</p> <p>She has opened up a bit more.</p> <p>We talk much more.</p> <p>He expresses himself better.</p> <p>She communicates better and she is also pushing me to talk about issues on the table.</p> <p>He listens better.</p> <p>We are open to exploring automatic responses.</p> <p>We work on better communication as a couple.</p> <p>He is intent on discussing and explaining matters.</p> <p>He shows more love and affection.</p> <p>She is more sensitive to what I might feel or think.</p> <p>My partner has learned to forgive.</p>

Phase 3: Initial Themes and Codes

As the researcher had coded and collated a long list of different codes identified across the data set, the researcher, in Phase 3, sorted the different codes into potential themes, and collated all the relevant coded data extracts within the identified themes. Table 3 presents the combined themes, subthemes and codes of questions 3 and 4, namely, ‘What aspects of your behaviour have you changed?’ and ‘What aspects of behaviour did your partner change?’

Table 3: Combined themes, subthemes and codes of the questions, ‘What aspects of behaviour have you changed?’ and ‘What aspects of behaviour did your partner change?’

Themes	Subthemes/Codes
<p>Improvement in communication (What aspects of behaviour did you change?)</p>	<p>Character I have changed how I respond. I have changed my tone and manner of approach when I speak. I am willing to be more flexible and accommodating. I respect and trust you more.</p> <p>Tools I have improved communication by listening more and talking more often and openly. I am not afraid of conflict. I have set boundaries at home and I can address the issues in a different and better way. I improved my approach using techniques such as coffee time. I now start with a compliment to my partner and negotiate to win a relationship rather than an argument.</p>
<p>Improvement in communication (What aspects of behaviour did your partner change?)</p>	<p>Character My partner is more approachable, communicates more by listening better, is more patient, and is attentive to my needs. My partner is intent on discussing and explaining matters. He strives to be more open and understanding, compliments me, and has shown more respect.</p> <p>Tools Coffee time: C: Compliments C: Complaints S: Solutions</p>

	<p>N: Negotiation</p> <p>First, give some compliments before complaining.</p> <p>We work on better communication as a couple.</p> <p>My partner has opened up a bit more and deals with the problem at hand. My partner communicates more, and he can express himself better.</p>
<p>Emotions</p> <p>(What aspects of behaviour did you change?)</p>	<p>Emotions</p> <p>I have improved in communicating my feelings to my wife. I am more intent on processing emotions and thoughts faster, and giving feedback when needed.</p> <p>Sometimes it is not easy to communicate with my wife but I am trying to express my feelings and be more empathetic. I have started to communicate more lovingly and intentionally show gratitude. My anger is controlled, and I exercise self-control. I need to be more sensitive toward my husband's feelings, instead of just shouting about everything.</p>
<p>Emotions</p> <p>(What aspects of behaviour did your partner change)</p>	<p>My partner is more sensitive toward my feelings, and shows more love, affection, and forgiveness.</p>

Phase 4: Reviewing the themes

After having highlighted and refined a set of contending themes, the researcher checked if it formulates a thread in the relationship of themes. This phase involved two levels of reviewing and refining the themes: reading all the collated extracts for each theme, and assessing whether these formed a coherent pattern. In Table 4, the reviewed themes, subthemes, and codes for the combined questions 3 and 4 (i.e., ‘What aspects of behaviour have the couples changed?’ are presented.

Table 4: Reviewed themes, subthemes and codes for the combined question, ‘What aspects of behaviour have the couples changed?’

Themes	Subthemes/Codes
<p>Improvement in communication</p>	<p>Character</p> <p>The way they respond, their tone of voice and their manner of approach when they speak are different. They are more flexible and accommodating, and their respect and trust have improved. Partners communicate by listening better, being more patient, and being attentive to needs. They strive to be more open and understanding and to give compliments.</p> <p>Tools</p> <p>Couples are working on better communication and being able to express themselves better as a couple.</p> <p>Couples are listening more, talking more often and openly, not being afraid of conflict, setting boundaries at home, and addressing issues in a different and better way. Because of the improved approaches they use techniques such as coffee time—they start by complimenting their partner, and they negotiate to win a relationship rather than an argument. The tools of coffee time are:</p> <p>C: Compliments</p> <p>C: Complaints</p> <p>S: Solutions</p> <p>N: Negotiation.</p> <p>First give compliments before complaining.</p>
<p>Emotions</p>	<p>Emotions</p> <p>Couples express their feelings and are more empathetic to each other. They communicate more lovingly and intentionally show gratitude, control anger, and exercise self-control. Partners are more sensitive towards feelings, show more love and affection, and forgive.</p>

Phase 5: Defining and naming themes/subthemes

The researcher defined and further refined the themes for the analysis. The process of defining and refining involved identifying the essence of what each theme meant, and generating clear definitions and names for each theme. Table 5 presents the naming and descriptions of the themes and subthemes relating to the combined question about which aspects of the couple's behaviour have changed.

Table 5: Naming and describing the themes and subthemes relating to the combined question, 'What aspects of the couple's behaviour have changed?'

Themes/Subthemes	Description of Themes/Subthemes
Theme: Improvement in communication	
Subthemes: Character Being equipped	<p>Character</p> <p>The couple's respectful manner and trustworthiness have improved. Their approach, the way they respond, and their tone of voice have improved. They are more flexible and accommodating. The partners communicate more by striving to be more open and understanding, more patient and aware of each other's needs. They listen attentively and compliment each other.</p> <p>Being equipped</p> <p>Couples are equipped with communication skills, and they use techniques such as coffee time (which has four steps), which makes them more confident in expressing themselves and avoiding conflict.</p>
Subtheme: Emotions	<p>Emotions</p> <p>Couples are sensitive to each other's feelings and are more empathetic toward each other. They communicate in a more loving, affectionate way, show gratitude, and forgive easily.</p>

The next part of the discussion deals with question 5, which is, ‘How did learning or change influence your relationship?’

Question 5

Phase 2: Generating initial codes

As the researcher had read and familiarised herself with the data and had generated an initial list of ideas, highlighting what was interesting, she proceeded to produce codes from the data, starting with interesting features of the data, systematically coding the entire data set, and collating data relevant to each code. Table 6 presents the initial codes generated for the fifth question, ‘How did learning or change influence your relationship?’

Table 6: Initial codes generated for the question, ‘How did learning or change influence your relationship?’

Couple's anonymous codes	Generated Codes
<p>H09, W11, W13, W02</p> <p>W16, H16</p>	<p>Communication</p> <p>It has improved us and has given us tools to work with.</p> <p>Our relationship has improved as we put into practise all of the communication and conflict-resolution skills that we have learned.</p> <p>The rules have influenced my relationship with my partner. We discuss issues freely.</p> <p>We have learned that a relationship is a journey and that we should never ignore small conflicts without resolving issues.</p> <p>We listen more now. We argue differently, not to 'win', but to work through and resolve issues.</p> <p>Communication is far better; the atmosphere in my home has changed, and we are not scared to be alone without the kids. We like each other more.</p>
<p>W03, H03, W04, H04, W06, H06, H07, W09</p> <p>W10, H10, H11, H13, W14, H14, W15, H15</p>	<p>Relationship/Marriage</p> <p>Learning has influenced our relationships for the better.</p> <p>Marriage is a journey, take time to enjoy the ride.</p> <p>This workshop has opened our eyes to improve our relationship.</p> <p>It is like we are newlyweds. All the things which we have taken for granted previously have so much more meaning now.</p> <p>Love is shown more.</p> <p>We are close. I try to be more affectionate.</p> <p>We are better than before.</p> <p>We have changed for the better.</p> <p>To focus on the journey rather than the destination in most things.</p> <p>Be more intimate.</p> <p>Understanding each other better brings you closer.</p> <p>In terms of understanding each other better and acknowledging our differences</p> <p>He made things exciting and we both look forward to a much stronger and healthier relationship.</p> <p>It made us even happier and to be together for life.</p> <p>It brought us closer. We are positive—open to discussing anything.</p>

	<p>We are better than before.</p> <p>We have changed for the better.</p> <p>We focus on the journey rather than the destination in most things.</p> <p>We are more intimate.</p> <p>Understanding each other better brings you closer.</p> <p>I do not judge him, and I have an open mind to learn from him.</p> <p>The rules have influenced my relationship with my partner.</p> <p>He made things exciting and we both look forward to a much stronger and healthier relationship.</p> <p>It has made us even happier to be together for life. It has brought us closer.</p> <p>Positive improvement: we are open to discussing anything.</p>
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Phase 4: Reviewing the themes

After having highlighted and refined a set of contending themes, the researcher checked if it formulates a thread in the relationship of themes. The researcher read all the collated extracts of each theme and assessed whether these formed a coherent pattern. Table 8 presents the reviewed themes, subthemes and codes for the question, ‘How did learning or change influence your relationship?’

Table 8: The reviewed themes, subthemes and codes for the question, ‘How did learning or change influence your relationship?’

Themes	Subthemes/Codes
<p>Communication</p> <p>Subtheme: Emotions</p> <p>Subtheme: Tools</p>	<p>Emotions</p> <p>We encourage each other more.</p> <p>We have improved communication on emotional issues. We discuss issues freely. We understand each other better and acknowledge our differences.</p> <p>Tools</p> <p>Our relationship has improved as we put into practise our tools and all of the communication and conflict-resolution skills that we have learned.</p> <p>It improved and gave us tools to work with our partners.</p>

	We listen more now. We argue differently, not to ‘win’ but to work through and resolve issues.
<p>Improvement in marriage</p> <p>Subtheme: Intimacy</p> <p>Subtheme: Relationship is a journey</p>	<p>Intimacy</p> <p>It is like we are newlyweds.</p> <p>Love is shown more.</p> <p>We are close.</p> <p>I try to be more affectionate.</p> <p>We try to be more intimate.</p> <p>Understanding each other better brings you closer.</p> <p>It made us even happier to be together for life. It brought us closer.</p> <p>A relationship is a journey.</p> <p>We learned that a relationship is a journey and that we should never ignore small conflicts without resolving them.</p> <p>All the things which we have taken for granted previously have so much more meaning now.</p> <p>We focus on the journey rather than the destination in most things.</p> <p>He made things exciting and we both look forward to a much stronger and healthier relationship.</p> <p>Marriage is a journey; take time to enjoy the ride. This workshop has opened our eyes to improve our relationship.</p>

Phase 5: Defining and naming themes/subthemes

The researcher defined and further refined the themes for the analysis. The process of defining and refining involved identifying the essence of what each theme meant, and generating clear definitions of and names for each theme. Table 9 presents the names and definitions of the themes and subthemes about the question, ‘How did learning or change influence your relationship?’

Table 9: Names and definitions of the themes and subthemes about the question, ‘How did learning or change influence your relationship?’

Themes/Subthemes	Description of Themes/Subthemes
Theme: Improvement in communication	
Subtheme: Emotions Subtheme: Being equipped	<p>Emotions</p> <p>Couples’ communication improved. They could deal with emotional challenges and found it easier to discuss issues freely as they understood each other better and could acknowledge their differences.</p> <p>Being equipped</p> <p>Couples felt equipped with the tools they were given as their relationship improved. They put into practise all of the communication and conflict-resolution skills that they had learned through communication. Some milestones were listening more, arguing differently, not to ‘win’ but to work through and resolve issues. The atmosphere in the home improved.</p>
Theme: Improvement in marriage	
Subtheme: Intimacy Subtheme: Relationship is a journey	<p>Intimacy</p> <p>Learning made them feel close, like newlyweds.</p> <p>They could show more love and affection.</p> <p>Understanding each other better brought them closer together, and they became more intimate.</p> <p>A relationship is a journey.</p> <p>They learned that a relationship was a journey. They should never ignore small conflicts without resolving issues.</p> <p>Focusing on the journey rather than on the destination gave things much more meaning and improved the relationship. Marriage is a journey—take time to enjoy the ride and look forward to a much stronger and healthier relationship.</p> <p>The intervention opened their eyes, and made them happier to be together for life.</p>

Next, the discussion turns to question 6, ‘What aspects of your relationship do you feel still need some work?’

Question 6

Phase 2: Generating initial codes

Having read and familiarised herself with the data and generated an initial list of ideas and highlighted what was interesting, the researcher produced codes from the data. The researcher started with the interesting features of the data and systematically coded the entire data set and collated the data relevant to each code. Table 10 presents the initial codes relevant to the question, ‘What aspects of your relationship do you feel still need some work?’

Table 10: Generating initial codes for the question, ‘What aspects in your relationship do you feel still need some work?’

Couple’s anonymous codes	Generated Codes
H01, W02, H11, W03, H09, W10, W11 W12, H12, W14	<p>Conflict</p> <p>Managing conflicts and working on disagreements with kids.</p> <p>Now we need to understand each other when both of us are irritable.</p> <p>Communication (2)</p> <p>Communication, I do not think we can ever stop working on communicating.</p> <p>Always worth listening to more.</p> <p>Continuing to be open and honest is always a positive thing.</p> <p>I need to communicate more clearly when I want to be left alone.</p>
W01, H03, H04, W02, W09, H10, W04	<p>Quality time</p> <p>Make more quality time to talk about us, even when there is no conflict to be resolved.</p> <p>Make more time for each other, find a babysitter and go out on dates occasionally.</p> <p>Have more coffee-time discussions.</p> <p>Make more time for coffee time.</p> <p>Communicating, and having coffee times more frequently.</p> <p>My husband helped me more around the house without me asking.</p>

<p>W02, H09, W16, H16</p> <p>H06, W15, H15</p> <p>W07, H07, H09, W14</p>	<p>Sexual intimacy</p> <p>We are on different levels concerning our libidos. I need to heal in certain areas and my husband needs to give me space to do so.</p> <p>In-laws</p> <p>We still need to work on issues of in-laws.</p> <p>In-laws are the whole family, and issues we need to work on.</p> <p>To be able to express our financial frustrations at times in a deeper/broader way.</p> <p>Finances</p> <p>When I am stressed about finances I separate myself to adjust to a normal situation.</p> <p>Finances—we must learn to say no, we cannot always be heroes.</p>
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Phase 3: Initial themes and codes

As the researcher had coded and collated a long list of different codes that had been identified across the data set, the researcher started to sort the different codes into potential themes and collate all the relevant coded data extracts within the identified themes.

Table 11 presents the initial themes, subthemes and codes relating to the question, ‘What aspects of your relationship do you feel still need some work?’

Table 11: Initial themes, subthemes and codes relating to the question, ‘What aspects of your relationship do you feel still need some work?’

Themes	Subthemes/Codes
<p>Communication</p>	<p>Quality time</p> <p>Make more quality time to talk about us, even when there is no conflict to be resolved.</p> <p>Make more time for each other, find a babysitter and go out on dates occasionally.</p> <p>Make more time for coffee time.</p> <p>Communication in general</p> <p>Communicate more and have coffee times more frequently.</p> <p>I do not think we can ever stop working on communicating.</p> <p>It is always worth listening more.</p> <p>Continuing to be open and honest is always a positive thing.</p> <p>I need to communicate clearly when I want to be left alone.</p> <p>Conflict</p> <p>Managing conflict and having more coffee-time discussions are important. Now we relate to each other when both of us are irritable.</p> <p>My husband helped me more around the house without me asking.</p> <p>Working on disagreements with kids.</p>
<p>Knowledge (topics)</p>	<p>Sexual intimacy</p> <p>Talks about sexual intimacy are important.</p> <p>We are on different levels concerning our libidos. I need to heal in certain areas and my husband needs to give me space to do so.</p> <p>In-laws</p> <p>We still need to work on issues of in-laws.</p> <p>In-laws are the whole family, and there are issues we need to work on.</p> <p>Finances</p> <p>We need to be able to express our financial frustrations in a deeper/broader way. When I am stressed about finances I separate myself to adjust to a normal situation.</p> <p>In finances, we must learn to say no—we cannot always be heroes.</p>

Phase 4: Reviewing the themes

After having highlighted and refined a set of contending themes, the researcher checked if it formulates a thread in the relationship of themes. This involved reading all the collated extracts for each theme and assessing whether these formed a coherent pattern. Table 12 presents the reviewed themes, subthemes and codes relating to the question, ‘What aspects of your relationship do you feel still need some work?’

Table 12: Reviewed themes, subthemes and codes relating to the question, ‘What aspects in your relationship do you feel still need some work?’

Themes	Subthemes/Codes
Communication	<p>Quality time</p> <p>Make more quality time to talk about us, even when there is no conflict to be resolved.</p> <p>Make more time for each other, find a babysitter and go out on dates occasionally.</p> <p>Make more time for coffee time.</p> <p>Conflict</p> <p>We must manage conflict and have more coffee-time discussions. Now we relate to each other when both of us are irritable.</p> <p>My husband helped me more around the house without me asking.</p> <p>We must work on disagreements with kids.</p> <p>I need to communicate more clearly when I want to be left alone.</p>
Knowledge (topics)	<p>Sexual intimacy</p> <p>Have talked about sexual intimacy.</p> <p>We are on different levels concerning our libidos. I need to heal in certain areas and my husband needs to give me space to do so.</p> <p>Communication</p> <p>We need to communicate and have coffee times more frequently.</p> <p>I do not think we can ever stop working on communicating.</p> <p>It is always worth listening more.</p> <p>Continuing to be open and honest is always a positive thing.</p>

	<p>In-laws</p> <p>We still need to work on issues of in-laws.</p> <p>In-laws are the whole family, and there are issues we need to work on.</p> <p>Finances</p> <p>We need to be able to express our financial frustrations in a deeper/broader way. When I am stressed about finances, I separate myself to adjust to a normal situation.</p> <p>In finances, we must learn to say no—we cannot always be heroes.</p>
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Phase 5: Defining and naming themes/subthemes

The researcher defined and further refined the themes for the analysis. The process of defining and refining involved identifying the essence of what each theme meant, and generating clear definitions and names for each theme. Table 13 presents the names and definitions of the themes and subthemes about the question, ‘What aspects of your relationship do you feel still need some work?’

Table 13: Names and definitions of the themes and subthemes about the question, ‘What aspects in your relationship do you feel still need some work?’

Themes/Subthemes	Description of Themes/Subthemes
Theme: Communication	
Subtheme: Quality time Subtheme: Conflict	<p>Quality time</p> <p>Couples felt that they still needed some work on spending quality time together, such as spending time speaking about themselves only and going on dates. Coffee time should not only be when there was conflict but should be a relaxed time together.</p> <p>Conflict</p> <p>The aspect that still needed some work was managing conflict. Couples highlighted that they should communicate more clearly and negotiate agreements regarding helping around the house and the children where unnecessary conflict could be avoided.</p>

Theme: Knowledge (topics)	
Subtheme: Sexual intimacy	<p>Couples mentioned topics that they still needed to work on or learn more about such as:</p> <p>Sexual intimacy</p> <p>Although couples learned about sexual intimacy they still needed the openness to speak about sexual issues that bothered them such as their sexual libido and asking for space to heal so that intimacy could improve.</p>
Subtheme: Communication	<p>Communication</p> <p>Couples felt communication was an important part of marriage satisfaction, and it was a constant process of working on it and improving it.</p>
Subtheme: In-laws	<p>In-laws</p> <p>Couples felt that improving their relationship with their in-laws would benefit them as a couple in maintaining a happy marriage.</p>
Subtheme: Finances	<p>Finances</p> <p>Couples needed to discuss their financial issues more deeply. Words that were expressed about their finances were frustrating and stressful. They had to learn to say no.</p>

APPENDIX 12: THEMATIC ANALYSIS: Part B

Evaluation questionnaire: (five phases)

The five phases of thematic analysis are described below (Braun & Clarke, 2006, p. 87-93).

This is a continuation of Part A (Chapter 3 Methods, 3.17.1) where question 1 and 2 were discussed. Appendix 11 discussed questions 3 to 6.

The question is, ‘What have they learned that made a difference in their relationship from each of these sessions/activities?’

Phase 1: Familiarising oneself with the data

The researcher immersed herself in the data collected by reading and re-reading the data to facilitate familiarisation. The next step was to organise the written data to search for meanings, patterns, and themes and write down initial ideas. The researcher made sure that the written data were a true reflection of the original; for example, punctuation was not added or removed as it could alter the meaning of the data.

Codes were used for couples, husbands and wives to protect anonymity. Each couple was given a number, for example, 01 to 16, and H was used for a husband and W for a wife.

Phase 2: Generating initial codes

The researcher read and familiarised herself with the data and generated an initial list of ideas, highlighting what was interesting. This phase started by producing codes from the data and noting interesting features. The entire data set was systematically coded, and data relevant to each code were collated. As part of the process of coding the researcher used different font colours to indicate potential patterns, and organised these into meaningful groups. These codes and themes were organised again into themes.

The codes and themes were refined continuously, as a result of which some codes were withdrawn whereas others were included as they related to the aims and objectives of the research study.

The question was, ‘What have they learned that made a difference in their relationship from each of these sessions/activities?’

Table 1 provides a list of all the initial codes that were generated.

Table 1: Generation of initial codes

Couple’s anonymous codes	Generated Codes
W01, W09, H11, H13, W10, W11	Talking stick (listening technique)
W02, H02, W04, H04, W07, W09, H09, H07, W11, H11, H13, W13, W10	Coffee time (four steps of communication)
W03, H04, H06, W07, H07, H10, W11, W13, W14, H16(2), W16	Improved communication
W03, W10, W11, H12, W14	Improved conflict management
W01, H03, W03, W04, H04, W07, H07, H10, H13, W13, H14, W16, W16, H16 W07, H09, H11, W15, H15, W11, W12, W16 H06, H09(2)	Self-awareness of own emotions Self-awareness of childhood & couple wounds and awareness of how these affect the relationship A better understanding of wounds
H01, W03, W07, H07, H10, H13, W13	The importance of forgiveness in moving forward in a relationship.
H03, W07, H15, H16, H07, W09, H09, H11, H13 H15	Seeking help when you are depressed A better understanding of depression
H01, H02, W03, W07, H09, W14, W15, H14, W04, H04, W04, H04, W07, W14, H14, W15	A better understanding of finances Transparency about finances

	Communicating openly about finances
H01, W02, H02, H03, W04, H04, H09, W13, H15, H02, H06, W07, H13, W14, W15	Communicating; Boundaries with in-laws Improving communication with in-laws
H02, W03, H11, W13, W15, H15 W02, H04, W07, H07, W09, W14, H14, W01, H06(2), H09, W10, W13(2), H13, W16(2), H16	Activities for changing sexual intimacy Talking openly about sexual challenges Self-awareness about sex

Phase 3: Searching for themes

At this stage, the researcher had coded and collated a long list of different codes that had been identified across the data set. During Phase 3, the researcher sorted the different codes into potential themes, collating all the relevant coded data extracts within the identified themes. The researcher started thinking about the relationships between the codes, the themes, and the different levels of themes.

The question was, ‘What have they learned that made a difference in their relationship from each of these sessions/activities?’

Table 2 presents a list of initial themes and codes.

Table 2: Initial themes and codes

Themes	Codes
Activities/Tools	Talking stick, listening technique (tools) Coffee time, 4 steps of communication (activities)
Communication	Improving communication and managing conflict
Self-awareness	Emotions and childhood/couple wounds <ul style="list-style-type: none"> • Being sensitive toward the partner • Understanding better
Stress/Depression	Seeking help Gaining a better understanding

Finances	Gaining a better understanding Being transparent
In-laws	Communicating; Boundaries Talking openly
Sexual intimacy	Activities for change Talking openly Being self-aware

Phase 4: Reviewing the themes

After a set of contending themes had been highlighted and refined, the researcher checked if it formulates a thread in the relationship of themes. This phase involved two levels of reviewing and refining the themes. The first involved reading all the collated extracts relating to each theme and assessing whether these formed a coherent pattern. If the contender themes appeared to form a coherent pattern, the researcher moved on to the second level of this phase. In this phase, the researcher re-read the entire data set for two purposes: to check whether the outcome concerned the data set; and to check whether additional themes had been missed at a previous coding stage. At the end of this phase, the researcher had a fairly good idea of what the different themes were, how they fit together, and what the overall narrative revealed about the data.

The question was, ‘What have they learned that made a difference in their relationship from each of these sessions/activities?’

Table 3 reports on reviewing the themes.

Table 3: Reviewed themes, subthemes and codes

Themes	Subthemes/Codes
Activities/Tools	Talking stick (listening technique) (tools) Coffee time (4 steps of communication) (activities) Sexual activities for change
Improved communication	General; Improved communication and conflict Topics; Finances, sexual intimacy (talk openly) In-laws (talk openly) and boundaries
Self-awareness	Emotions <ul style="list-style-type: none"> • Childhood/Couple wounds Forgiveness Sexual intimacy Finances Stress and depression

Phase 5: Defining and naming the themes/subthemes

The researcher defined and further refined the themes for analysis. The process of defining and refining involved identifying the essence of what each theme meant, and generating clear definitions and names for each theme. Paraphrasing the content of the data as extracts was regarded as unacceptable, but it was important to identify what about them was of interest and why. The researcher acknowledged that each theme needed a written, detailed analysis, which included the identification of the narrative that each theme expressed. It was also important to deliberate how each theme fit into the broader overall narrative that the researcher provided about the data and that concerned the research question or questions in particular. Subthemes are essentially themes within a theme. They can be useful for giving structure to a particularly large and complex theme and for demonstrating the hierarchy of meaning within the data.

The question was, ‘What have they learned that made a difference in their relationship from each of these sessions/activities?’

Table 4 presents the descriptions, names of the themes and subthemes.

Table 4: Descriptions, names of themes and subthemes

Subthemes	Descriptions of Themes/Subthemes
Theme: Improved communication	
Subtheme 1. General Subtheme 2. Topics	Communication; General communication was understood by the couples to be an integral part of their relationship as well as of managing conflict. Communicating openly with each other on topics (i.e., in-laws, sexual intimacy) and being transparent about issues (e.g., finances) were important factors for marital satisfaction.
Theme: Self-awareness	
	Self-awareness was emphasised throughout the data set and this theme was noteworthy, especially as it concerned topics that some couples had found uncomfortable speaking about before the intervention (e.g., sexual intimacy, emotions (childhood & couple wounds), and finances. These issues could lead to divorce. Stress and depression, if not identified by the couples at an early stage, could also lead to divorce. Understanding and implementing the five steps of forgiveness were regarded as significant as they could assist in the restoration of marriages.
Theme: Being equipped	
	Couples were equipped with tools and activities (communication) as practical ways to assist in improving their marriage. The participants mentioned coffee time (4 steps of communication) as an activity, and talking stick (speaker-listening technique) as important tools in assisting them to improve their communication. Activities (of sexual intimacy) were used as a way to openly communicate about sexual issues as it was important for couples to feel empowered and satisfied in their marriage.

Comment

The final report on thematic analysis was produced and is included under the results section of the evaluation (see Chapter 7, section 7.5.2).

APPENDIX 13: THE IMPACT OF THE INTERVENTION

Couple code	Impact of the intervention
C01	This was a great learning journey/programme. It should be shared with the greater community.
C02	We like the ice-breakers and role plays during training sessions.
C03	No comment
C04	<p>There are things we don't really see is wrong and do not realise the negative impact, and this workshop has opened our eyes to improve our relationship.</p> <p>We are very happy with the programme. We covered all aspects that affect us as a couple.</p>
C06	Overall, I think this course was structured and well facilitated.
C07	No comment
C09	All very informative and can be implemented.
C10	No comment
C11	Participation alone in the workshop brought a new spark and romance to our relationship. All in all, the workshop has been extremely effective in the purpose that it was set out to accomplish. We like the simple activities for each section that opened up real discussions to understand each other better.
C12	Good programme
C13	No comment
C14	All is well, no improvement needed. Basic principles are helpful and seem easy to apply. No improvement needed; necessary tools were provided. This was explained very well.
C15	No comment
C16	We are definitely pleased with the programme and the methods and techniques we were taught because it really works.

APPENDIX 14: SOLUTIONS TO IMPROVE THE INTERVENTION

Couple code	Solutions to improve the intervention
C01	This aspect of in-laws can be explored more as it is influenced by a broad number of cultural beliefs. More material can be added to cater to more cultural beliefs and backgrounds.
C02	Please consider digitising some of the forms that we complete as part of the training. Finance topic was not touched in depth and a lot of divorces caused by money.
C03	The methods raised may be difficult to accept depending on background of couples: township vs Sandton.
C04	I think more time can be spent on couples understanding their love language as well.
C06	Groups of three couples are perfect. Age of groups should be similar.
C07	Explain in detail about help, for instance low or high libido, on how they can be assisted. I think if we can have activities like going outside and do something/playing and help each other within that playing process. Have a couple that was about to divorce share their story on how they were helped through counselling and openness.
C09	No Comment
C10	Financial management needs improvement, especially dealing with sources of income. Facilitators must allow participants' inputs to be discussed more than their scientific theories because what they present at the time is raw data/real according to their own experience. Such inputs cannot be watered down because of general scientific findings.
C11	Allow a short time for couples to share their stresses with their partners within the controlled environment of the workshop/group. Practical application either during the session or as homework for couples to draw up a budget (dependent on the demograph). Practical application/homework: what have you done to build/improve in-law relationship OR what can you do to build/improve in-law relationship.

C12	No comment
C13	<p>Finance needs beefing up. Maybe in-laws need to have workshop on how to treat the son/daughter in-law.</p> <p>The financial management in marriage aspect needs to be improved and relevant. Just to add more on how to recover from stress or depression.</p>
C14	<p>I feel like the topic on emotions should be dealt with in depth. It is quite a sensitive matter and many couples resent one another because of this.</p> <p>Emotional abuse and manipulation is a silent killer of marriages. Providing more tools and methods of how to use these tools will really be beneficial. The perpetrator will recognise their faults and find ways to change; the victim will find ways of being more resilient. Additional knowledge about depression and mitigating around resolving issues that can lead to depression.</p>
C15	<p>Talking and opening up helps a lot. Finance: More topics or ways on budgeting and spending works.</p> <p>More focus on childhood hurts that improve our current situation. Talking and opening up.</p>

APPENDIX 15: PARTICIPANT INFORMATION SHEET



Master's and Doctoral Study

PARTICIPANT INFORMATION SHEET

TITLE OF THE STUDY

Group work with married couples: A marriage skills intervention programme to improve the competencies of couples.

Hello my name is Marilyn Saunders, I am currently a PhD researcher at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

- The purpose of this study is to develop a marriage skills intervention programme to help couples improve their marriage. There are many couples who are not able to afford to see a Psychologist for marriage counselling. They do not have the skills and knowledge to remain married and many couples become exhausted with trying and eventually divorce is the only option. Unhappy marriage or divorce has a negative effect on the mental health of couples.
- The overall aim of this study is to firstly, understand the problems in marriage such as communication difficulties, marital challenges and dysfunctional patterns through obtaining data from couples. Secondly, this data will be used to plan an intervention and to implement it in a sample group of 15 couples. Thirdly, the evaluation of the programme will give an indication of its value to improve marriages.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You have been invited to participate because you have shown interest in improving your marriage
- You will be excluded from this research if you are currently going through a separation or a divorce.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The researcher will call a meeting to explain the process of the research and what it entails. Participants who are willing to participate will be given a written consent form to sign and you will be expected to;

- Attend the first session where 2 questionnaires will be given to you to complete about your experience of your marriage. The time that you will need is 1hour.
- Attend a face to face interview per couple, time needed is 1hour.
- Participate in the implementation of the marriage intervention programme which will be approximately 4 days and will be arranged with the participants.
- Attend the evaluation of the intervention programme where the first two questionnaires will be repeated, time needed 1hour.
- A discussion group, evaluating the programme, time needed 1hour.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE? Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. If you decide not to take part in the study, there will be no negative consequences, or you will not be penalised.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

Anonymity of couples will be preserved and confidentiality will be ensured by assigning a colour code to the couples for the area where the couples will participate and a number between 01 to 15 will be given to each couple that will be used in all research notes and documents. Findings from this data will be disseminated through conferences and publications. Reporting of findings will be anonymous, only the researchers of this study will have access to the information.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

“There will be a direct benefit to you for participation in this study,

- Direct benefits for you as a participant will be that you will be equipped with skills and knowledge in your marriage.
- The indirect benefits will be that you will be able to make a difference to the community as they will have access to a marriage intervention programme.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

In this research the benefits outweigh the risks.

- The risks in this study are that feelings and emotions which were packed away may come back to the short-term memory. The researcher who is a Psychologist will be doing debriefing and if an intervention is needed then you will be referred to a Psychologist.

WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?

- Should you have the need for further discussions after the interviews or surveys a session will be arranged for you with a psychologist Ronel du T.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- No, you will not be paid to take part in this study but refreshments/lunch will be provided.
- Travel expenses will be paid for the participants who have to travel to the site. This means there will be no costs involved to you if you take part in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria. Ethical approval number is HUM047/1020. A copy of the approval letter can be provided to you on request.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

The findings of the research study will be shared with you by the researcher Marilyn Saunders after a year of completing the study.

WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information are provided. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researchers, please contact the research supervisor.

Thank you for taking time to read this information sheet and in advance for participating in this study.