UNIVERSITY OF CAPE COAST

EFFECTS OF TRANSACTIONAL ANALYSIS AND SOLUTION-FOCUSED BRIEF THERAPY ON IMPROVING MARITAL SATISFACTION OF CHRISTIAN COUPLES IN ACCRA METROPOLIS, GHANA.

BY

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DECLARATION

Candidates' Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.
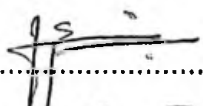
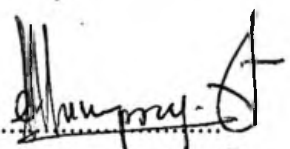Candidate's Signature...................... Date: 31-08-18

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Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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ABSTRACT

Marriage is the foundation of all communities, societies and the nation at large. If marriages do not succeed, there is bound to be problems in society. Divorce cases in Ghana have been reported to be very high in Accra Metropolis. These reports are said to stem from issues relating to marital dissatisfaction. In view of this, there was the need to ascertain what the marital satisfaction levels of married persons were and to provide ways of improving marital satisfaction. Using the descriptive and experimental research designs, this study sought to find out the levels of marital satisfaction of Christian couples in the Accra Metropolis, and to investigate the effects of transactional analysis and solution-focused brief therapy on improving the satisfaction levels of couples. Four hundred respondents were sampled for the initial survey. Based on the analysis of their responses, 15 'dissatisfied' couples were selected and placed into control and experimental groups. There was one control group and two experimental groups (the Transactional Analysis and Solution-Focused Brief Therapy groups). The study found that Christian married men and women in Accra Metropolis were relatively satisfied in their marriages. With regard to the experiments, both transactional analysis and solution-focused brief therapy were effective at improving the marital satisfaction levels of participants. Based on the findings it was recommended that counsellors should learn more about the two theories and apply them in helping their clients out of their marital relationship concerns.

ACKNOWLEDGEMENTS

DEDICATION

To my husband, family and to the memory of my late father.

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CHAPTER ONE

INTRODUCTION

Marriage is the basis of the survival of any society (May, 2012). A healthy marriage reflects a healthy society (Mrozek & Cardus, 2017); as such the preservation of the institution of marriage is paramount for a healthy society. A major impediment to family health is divorce. Divorce cases in Ghana are reported to be very high (Bogler, 2011; Amankwah, 2013). These reports are said to stem from issues relating to marital dissatisfaction. In view of this, there is the need to consider creative and helpful ways of improving marital satisfaction. One of these ways is through the use of counselling theories such as the Transactional Analysis (TA) and Solution-Focused Brief Therapy (SFBT). International research has found these two theories effective in improving marital relationships (Gingerich & Peterson, 2013; Honari, 2014). However, it appears nothing has been done on their effectiveness in improving marital satisfaction in Ghana. This is the concern of this study. It is expected that the findings of this study would help marriage counsellors have a clearer picture on the use and applicability of the SFBT and TA counselling theories with regard to marriage counselling.

Background to the Study

Marriage is an institution ordained by God. Heward-Mills (2005) stated that it is the only institution that was established before sin came into the world.

Marriage is said to be the basis of all families, communities, societies and the nation at large. If marriages do not succeed, there is bound to be problems in society. The affective relationship between two people who maintain a commitment to live together and mutually enjoy their sexuality can be called a marital relationship or simply marriage. Studies addressing affective/marital relationships have been conducted since the 20th century and have, in the last decade, indicated profound transformations in relationships. Marriage directly impacts other spheres of the spouses' lives, such as relationships with children and the extended family of partners, professional performance, spirituality, and physical and emotional health (Villa & Del Prette, as cited in Kamalju, Narimni, Atadokht & Abolghasami, 2017). These factors have roles to play in the level of satisfaction a couple will experience in marriage.

Satisfaction that spouses experience in a marriage is among very important aspects of a marital system (Taniguchi, Freeman, Taylor & Malcarne, 2006). Nevertheless, marital satisfaction is not easily achieved (Rosen-Grandon, Myers & Hattie, 2005). Marital relations may be the origin of happiness or the great source of pain and grief. Love starts from hope; hope to a day when a partner's feelings are appreciated or accepted and a pleasant relation is created (Nejadnaderi, Darehkordia & Divsalar, 2013).

Marital satisfaction could be defined as a mental state that reflects the perceived benefits and costs of marriage to a particular person. The more pain a marriage partner inflicts on his/her spouse, the less satisfied the spouse will generally be with the marriage. Similarly, the greater the perceived benefits are,

the more satisfied one is with the marriage and with the marriage partner (Stone & Shackleford, 2007). Many factors determine the level of marital satisfaction. These include a spouse's personality, his or her likelihood of indulging in infidelity, the desirability of each partner, and the presence of children. If one partner perceives that the other is inflicting pain in these domains, he or she may move to address them through discussions with the partner, or by seeking a new or additional partner who may better suit the person (Bradbury, Fincham & Beach, 2000).

One component of marital satisfaction is an understanding of the factors that influence it. Marital satisfaction was once believed to follow a U-shaped trajectory over time, such that couples began their marriages satisfied, this satisfaction somewhat waned over the years, but resurfaced to newly-wed levels after many years together (Lavner & Bradbury, 2010). Over the years, it now seems that, on the average, marital satisfaction drops markedly over the first 10 years, and continues to gradually decrease over the subsequent decades (Stone & Shackelford, 2007; Kazemi, Ehteshamzade & Makvandi, 2015). There are individual differences in the path that marital satisfaction follows over time, as not all marital satisfaction decreases in a linear way (a slow, steady decrease), but may include more dramatic decreases at times, or may even increase. This implies that whether marital satisfaction will increase or decrease as the years go by is uniquely based on each couple's marital experience.

Presently, marriages suffer as shown by an increase in divorce and separation cases. For example, available statistics from Oklahoma State of the

United States of America suggests that the divorce rate increased from 4.9% in 2004 to 5.2% in 2011 while the marriage rate moved from 7.3% in 2005 to 6.9% in 2011. Also, in West Virginia, the marriage rate moved from 7.5% in 1999 to 7.2% in 2011 while the divorce rate from 1999 to 2011 was 4.9% to 5.2% respectively (American National Vital Statistics System, 2012a, 2012b). The divorce rate in England increased from 12.9% in 1999 to 14.0% in 2004 and decreased to 10.8% in 2012. According to a McGill University study, 15% of unions in Kenya end in divorce (Kubania, 2016). On the contrary, official statistics from the National Bureau of Statistics (cited in The Economist, 2016) suggest that divorce is exceedingly uncommon in Nigeria. Just 0.2% of men and 0.3% of women have legally untied the knot. And well under 1% of couples admit to being separated. Yet such counts exclude the vast majority of Nigerians, whose traditional marriage ceremonies are not governed by modern law.

According to a 2014 South African statistics report on marriages and divorces, the number of people getting married had dropped dramatically in the past 10 years, while instances of divorce have spiked (Mdaka, 2016). The findings showed that 150,852 people wedded in civil marriages in 2014 and 3,062 had customary marriages. In the same year, 24,689 people got divorced, 3.4% higher than the previous year.

In Ghana, the Ghana Statistical Service (cited in Adjassah, 2015) reported that as at 2014, nearly 600,000 of marriages contracted in the country had collapsed. The statistics showed that the divorce rate had increased from 5.4% in 2006 to 6.6% in 2013. This is a matter of concern to the health of the Ghanaian

society. In view of this, there is the need to consider creative and helpful ways of dealing with divorce which usually results from marital dissatisfaction. One of these ways is the use of group counselling for couples experiencing dissatisfaction in marriage.

Group counselling involves individuals who have similar difficulties they wish to resolve that are of a personal, educational, social, or vocational nature (Corey & Corey, 1992). Group counselling is an important aspect of counselling activities. When individuals who have similar problems are put together for a counselling intervention, they identify with others and realise that they are not alone; that there are other people who share similar problems. There is an opportunity for interaction in groups which allows members express their concerns and difficulties and believe they can be genuinely heard.

In counselling, group leaders have a major decision to make at the outset of any planning process. They must decide whether to work from a theoretical perspective and, if so, what theory or theories to use. Theory is the bedrock on which most groups are based (Gladding, 2007). Leaders who choose to conduct group counselling from an atheoretical position (that is, to let the group develop outside theoretical guidelines run certain risks). In contrast, leaders who operate from a theoretical perspective are much more likely to enable their groups (and themselves) have positive experiences because they have a set of principles to guide them before and during actual group sessions (Corey & Corey, 1992). This study used two counselling theories namely, Transactional Analysis and Solution

Focused Brief Therapy to improve the marital satisfaction levels of Christian couples.

Transactional Analysis (TA) is a comprehensive theory of human behaviour developed by Eric Berne in 1961. TA is a theory of personality and an organised system of interactional therapy. It is grounded on the assumption that people make current decisions based on past premises, that is, premises that were at one time appropriate to their survival needs but which may no longer be valid (Corey, 2009). This indicates that it can be useful in this study which aims at improving marital relationships. TA is said to be a good theory for understanding and explaining transactions between couples. Studies show that, this approach can lead to improved self-esteem (Wissink, 1994), quality of life (Gayol, 1997) and other positive psychological operations (Novy, 2002). Transactional analysis has been used in different fields such as training for administrators and teachers, improving students' performance (Yoosefi & Karimi, 2002), and managing couple conflicts (Shafi-Abadi, 1997).

According to TA theory, everyone has three ego states: the Parent, Adult, and Child (P-A-C), and individuals constantly shift from one of these states to another, manifesting behaviour congruent with the ego state of the moment (Berne, 1961). The Parent ego state contains the values, morals, core beliefs, and behaviours incorporated from significant authority figures, primarily one's parents. Outwardly, this ego state is expressed toward others in a critical or nurturing behaviour. The Parent ego state contains all the "shoulds" and "oughts" and other rules for living. When in the Parent ego state, people may act in ways

that are strikingly similar to those of their parents or other significant people in their early life. The Adult ego state is the objective part of the person, which gathers information about what is going on. It is not emotional or judgmental but works with facts and reality. The Child ego state is the original part of a person and is most naturally who he/she is. It consists of feelings, impulses, and spontaneous actions and includes "recordings" of early experiences. The Child ego state is sub-divided into the Natural or Free Child (NC/FC) and the Adapted Child (AC), both of which have positive and negative aspects. Clients in TA therapy are first taught how to recognise in which of the ego states they are functioning at any given time. The aim is to enable them to decide consciously whether that state or another state is most appropriate or useful (Corey, 2009). The theory has many other important and valuable concepts, such as scripts, strokes, and games that are useful in group counselling (Jacobs, Masson & Harvill, 2006).

Solution-Focused Brief Therapy (SFBT) also called Solution-Focused Therapy, or Solution-Building Practice therapy is an approach to psychotherapy based on solution-building rather than problem-solving. The SFBT approach grew from the work of American social workers Steve de Shazer, Insoo Kim Berg, and their team at the Milwaukee Brief Family Therapy Centre (BFTC) in Milwaukee, Wisconsin in the 1980s (Neukrug, 2011). SFBT is an approach that focuses on how clients change, rather than on diagnosing and treating problems. As such, it uses a language of change. This makes it a useful approach for a study like this that aims at bringing positive change in marital relationships.

The questions used in solution-focused interviews are intended to set up a therapeutic process wherein practitioners listen for and absorb clients' words and meanings (regarding what is important to clients, what they want, and related successes), then formulate and ask the next question by connecting to clients' key words and phrases. The therapist continues to listen and absorb as clients again answer from their frames of reference, and once again formulate and ask the next question by similarly connecting to the client's responses. It is through this continuing process of listening, absorbing, connecting, and client responding that practitioners and clients together co-construct new and altered meanings that build toward solutions (Franklin, Trepper, Gingerich & McCollum, 2012). The solution-focused group practitioner believes that people are competent, and that given a climate where they can experience their competency, they are able to solve their own problems, enabling them to live a richer life. From the beginning, the group facilitator sets a tone of focusing on solutions in which group members are given an opportunity to describe their problems briefly (Metcalf, 1998).

SFBT has been applied to a variety of settings, from therapy with individual experts, to substance-abuse treatment with abusers and sponsors. It has been used with populations like couples (Zimmerman, Prest & Wetzel, 1997), the elderly (Seidel & Hedley, 2008), and drop-outs (Beyebach & Carranza, 1997), all with success. Research has been, generally, supportive in many of the studies done on SFBT. Effectiveness rates range from 65% to 82% improvement in treatment groups with short follow-ups (MacDonald, 1994; Lee, 1997). De Jong and Berg (1998) report that SFBT accomplished 70% or better success rates for

many clinical problems, including depression, suicidal thoughts, sleep problems, eating disorders, parent-child conflicts, marital/relationship problems, sexual problems, sexual abuse, family violence, and self-esteem problems.

In view of the stated effectiveness of transactional analysis and solution-focused brief therapy in resolving marital issues, this study is considered very important. If the health of society must be preserved, certainly marital satisfaction is key. Marital satisfaction can be improved with the use of counselling theories such as transactional analysis and solution-focused brief therapy.

Statement of the Problem

Marital relationship is the basis of the family formation and growth. Healthy marriages produce a healthy society. The preservation of the institution of marriage is, therefore, paramount for a healthy and functional society. Divorce, which usually stems from marital dissatisfaction, is a major impediment to family health. According to Amankwah (2013), divorce cases in Ghana are very high. Amankwah further stated that data available at the Accra Metropolitan Assembly (AMA) indicated that a total of 618 marriages (representing 40%) were dissolved in 2007 out of 1,511 marriages that were registered in that year.

Interesting statistics from the Greater Accra Head Office of Legal Aid Ghana indicated that at least 40% of marriages registered annually in the region break up within a spate of 14 months. According to Head of Registry, Legal Aid Ghana, the number of divorce cases brought before his outfit from January to September 2011 showed that the numbers of cases were expected to exceed that of previous years. He also added that 125 marital cases were referred to their

lawyers in 2010 and settled amicably in their office while more than 178 divorce cases were pending for final adjudication and hearing (College Press, 2011). The divorce situation is proof that several people experience dissatisfaction in marriage. In relation to this, Farahbakhsh (cited in Mostafavi, Ghojavand & Mosavi, 2014) noted that the incidence of marital dissatisfaction may be preliminary to separation and divorce. In view of the report on the high levels of divorce in Accra Metropolis, I considered it necessary to conduct this study. This study sought to establish the prevalence of marital satisfaction or dissatisfaction among married Christians in Accra Metropolis and to provide intervention to couples whose scores reflect a low level of marital satisfaction. The Greater-Accra region was chosen because, according to Ankrah (2013), it has the highest number of divorce cases in the country.

Researches have been done on issues related to marital satisfaction. Javanmarda and Garegozlob (2013) studied the relationship between marital satisfaction and personality characteristics in Iranian families and found that several Iranian couples experience dissatisfaction in marriage. Researchers like Ackumey (2011); Dabone (2012); Akpadago (2014); and Arthur-Norman (2015) have conducted investigations into the issues related to marital satisfaction in the Central, Brong-Ahafo and Northern Regions of Ghana. All of these studies found that many married couples in Ghana were dissatisfied in their marriages. With this in mind, I believe it is time for marriage counsellors to direct attention towards providing 'professional help' to as many married people as possible who experience marital dissatisfaction. One way counsellors could provide this help is

through the effective use of counselling theories such as solution-focused brief therapy (SFBT) and transactional analysis (TA).

Some studies have been done on the use of SFBT and TA in couples' therapy internationally which proved the efficacy of the theories in resolving marital issues. For example Zimmerman et al. (1997) and Gingerich and Peterson (2013) found strong evidence that SFBT was an effective treatment for a wide variety of behavioural and psychological outcomes. The self-reports from the couples involved indicated improvement in a variety of areas after completing six weeks of solution-focused couples therapy. On studies related to TA, an investigation of the effectiveness of transactional analysis on teaching communication skills to reduce marital conflict of patients suffering from cardiovascular disease was conducted by Mahdavi et al. (2015). Honari (2014) also conducted a study on the effect of TA group training on marital satisfaction of men and women in Isfahan. In both studies, the results revealed that after the TA group training, there was a significant difference ($p < 0.01$) in the marital satisfaction of respondents in the experimental group.

Although research has shown the efficacy of SFBT and TA theories in improving marital relationship issues internationally, it appears little or nothing has been done in Ghana. The rate of divorce cases in Ghana calls for research into effective ways of dealing with marital satisfaction issues which may in turn reduce the rate of divorce in the country. This has necessitated an investigation of effectiveness of the two theories in improving marital satisfaction in Ghana. The scholarly concern of this research was whether SFBT and TA would really be

effective in improving marital satisfaction. Furthermore, the study determined differences that existed in the effects of SFBT and TA therapies in improving marital satisfaction among Christian couples in the Accra Metropolis.

Purpose of the Study

The main purpose of this study was to investigate the effects of transactional analysis and solution-focused brief therapies in improving marital satisfaction of Christian couples in the Accra Metropolis. Specifically, the study aimed at finding out the level of marital satisfaction of Christian couples in the Accra Metropolis. In addition, the differences in the marital satisfaction levels of Christian married men and women in the Accra Metropolis was investigated. Again the study sought to find out the differences in the marital satisfaction levels of Christian married men and women with regard to age and duration of marriage. Furthermore, the study attempted to find out the issues that constituted marital satisfaction and dissatisfaction among married Christians in the Accra Metropolis.

Research Questions

The following questions were formulated to guide the study:

1. What is the level of marital satisfaction of married Christians in the Accra Metropolis?

2. What issues constitute marital satisfaction and dissatisfaction among married Christians in the Accra Metropolis?

3. What differences exist in the marital satisfaction levels of married Christians in the Accra Metropolis with regard to gender?

4. What differences exist in the marital satisfaction levels of married Christians in the Accra Metropolis with regard to duration of marriage?

Research Hypotheses

The following hypotheses were formulated to guide the study. They were tested at an alpha level of 0.05.

1. H_0: There are no significant differences in the pre and post test scores of couples who receive transactional analysis treatment.

   H_1: Marital satisfaction levels of couples who receive transactional analysis treatment will improve after intervention.

2. H_0: There are no significant differences in the pre and post test scores of couples who receive solution-focused brief therapy.

   H_1: Marital satisfaction levels of couples who receive solution-focused brief therapy will improve after intervention.

3. H_0: There are no significant differences in the marital satisfaction levels of couples in the transactional analysis group, solution-focused brief therapy group and the control group.

   H_1: Couples given treatment using transactional analysis or solution-focused brief therapy will experience better marital satisfaction than those not given treatment.

4. H_0: There would be no significant differences in the marital satisfaction levels of couples who receive transactional analysis and solution-focused brief therapy treatments.

   H_1: Couples who receive transactional analysis treatment will experience

higher marital satisfaction than those who receive solution-focused brief therapy.

5. H_0: There are no significant differences in the marital satisfaction levels of husbands and wives after solution-focused brief therapy and transactional analysis interventions.

   H_1: Husbands will experience significantly higher marital satisfaction levels than wives after solution-focused brief therapy and transactional analysis interventions.

6. H_0: There are no significant differences in the marital satisfaction levels of couples between the ages of 18-34 and those between the ages of 35-50 after solution-focused brief therapy and transactional analysis interventions.

   H_1: Couples between the ages of 35-50 will experience significantly higher marital satisfaction levels than those between the ages of 18-34 after solution-focused brief therapy and transactional analysis interventions.

7. H_0: There are no significant differences in the marital satisfaction levels of couples after solution-focused brief therapy and transactional analysis intervention with regard to duration of marriage.

   H_1: There are significant differences in the marital satisfaction levels of couples after solution-focused brief therapy and transactional analysis interventions with regard to duration of marriage.

Significance of the Study

It is expected that the findings of this study would help marriage counsellors have a clearer picture of the use and applicability of the SFBT and TA counselling theories with regard to marriage counselling. The findings might also provide a strong basis for using the SFBT and TA theories in counselling. The recommendations of this study could help marriage counsellors improve on the practice of counselling theories especially SFBT and TA. Married couples can also use the findings of this study as a source of remedial information to enhance their marital relationships. The findings of the study would also show whether SFBT is more effective than TA in dealing with marital satisfaction and vice versa.

The Social Welfare Department, Domestic Violence and Victims Support Unit (DOVVSU), Family Tribunals, Court Registries, the Ministry of Gender, Children and Social Protection and the Commission on Human Rights and Administrative Justice (CHRAJ) could use the findings of this study to formulate policies to enhance marital relationships. It is hoped that the study would provide couples (participants) with the skills to manage marital relationships more satisfactorily. It is expected that the findings of the study would provide a basis for future research into other counselling theories in marriage and family counselling. Finally, the findings of this study would contribute to existing literature on the use of counselling theories such as transactional analysis and solution-focussed brief therapy in improving marital relationships.

Assumptions of the Study

This study on the effects of transactional analysis and solution-focused brief therapy in improving marital satisfaction of Christian couples in the Accra Metropolis is based on the following assumptions:

1. Marriage counselling is necessary in enhancing marital relationships.

2. Counselling theories are the bedrock on which group counselling is practiced.

3. In counselling, leaders who operate from a theoretical perspective are much more likely to enable their groups (and themselves) have positive experiences because they have a set of principles to guide them before and during actual group sessions (Corey & Corey, 1992).

4. Effective therapy groups exhibit certain healthy characteristics which foster trust and openness and promote an atmosphere conducive to listening to and learning from each other.

5. If couples' counselling is effectively done, it can equip couples with good marital relationship skills necessary for managing difficulties in the marriage.

6. The level of marital satisfaction would be higher for people who receive solution-focused brief therapy than for those who did not receive therapy.

7. The level of marital satisfaction would be higher for people who receive transactional analysis treatment than for those who did not receive treatment.

Delimitations of the Study

This study was restricted to only the practical use of SFBT and TA counselling theories and more specifically, on their effects on marital satisfaction. The study focused only on married Christians in the Accra Metropolis while the interventions were carried out on Christian couples. The focus was on Christians because a news article by Adjassah (2015) indicated that the divorce rates in churches were high. In addition, according to the Ghana Statistical Service (2012), 71.2% of Ghana's population profess the Christian faith, followed by Islam (17.6%). Only small proportions of the population either adhered to traditional religion (5.2%) or were not affiliated to any religion (5.3%). By implication, Christians form the majority of Ghana's population with regard to religion; as such it would be easier to reach them and the results of the study can form a firm basis for improving marital satisfaction in Ghana. Also Akpadago (2014) in a research in Navrongo, revealed that out of 290 Christian married men and women, 255 (88%) reported that they were not satisfied in their marriage.

The initial survey was conducted on Christian married men and women in Accra Metropolis. This included couples and married individuals (whose spouses were not present at the time of data collection). The experiment involving the two theories was conducted only on couples whose scores on the Marital Satisfaction Inventory (MSI) designed by Essuman (2010) showed dissatisfaction. The sample excluded cohabiting couples, the separated and the divorced. It also excluded couples married under other religions.

Limitations of the Study

The study experienced some limitations due to its sensitive nature. It is possible some of the respondents withheld some true and useful information during the survey data collection. From my interaction with those who needed assistance with filling the inventory, some of them preferred choosing options that would paint a picture of being satisfied in their marriage.

Despite the assurance of confidentiality, some clients did not want to share some of their experiences on some of the topics during the group sessions. Those experiences could have provided more opportunities for other participants to improve their marital relationship. The limitations notwithstanding, the results of the study showed that participants gained enough positive experiences from the sessions.

Operational Definition of Terms

Married Couple: Man and woman who have been united as husband and wife by
either religious, ordinance or traditional laws of Ghana.

Divorced: People who have legally terminated the contract of marriage.

Separated: People who have not legally terminated the contract of marriage, yet
do not live together as husband and wife.

Widowed: A person who was married to another person of the opposite sex who
has become deceased.

Cohabiting Couple: Man and woman who are not legally married but live
together as a couple.

Christian Couple: Man and woman who belong to a Christian group in Ghana

and who are legally married according to the laws of Ghana.

Marital Satisfaction: The extent to which a spouse is fulfilled in a marital relationship based on his/her score on the Marital Satisfaction Inventory by Essuman (2010).

Dissatisfied Christian Couple: Husband and wife whose mean score on the Marital Satisfaction Inventory (Essuman, 2010) is between 1.6-2.5.

Group Counselling: This involves two or more counsellees who have a common concern and the counsellor who offers help to the counsellees.

Transactional Analysis (TA): It is a theory of personality and a system for understanding communication and human relationships developed by Eric Berne in 1961.

Solution-Focused Brief Therapy (SFBT): It is an approach based on solution-building rather than problem-solving developed by Steve de Shazer, Insoo Kim Berg and their team in the 1980s.

Organisation of the Study

The study is organised into five chapters. Chapter One, which is the introductory chapter, discussed the background, the research problem as well as research questions and hypotheses. It further discussed the significance, delimitations and the limitations of the study. Chapter Two reviewed related literature useful to the study.

Chapter Three described the research methods employed to obtain information for the study. Chapter Four presented the results of the study

followed up with the discussion of findings. Chapter Five covered the summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This study was aimed at investigating the effects of transactional analysis and solution-focused brief therapy on improving the marital satisfaction of Christian couples in Accra Metropolis. In this chapter, related literature that provides a framework for this study is reviewed. The review was done under four broad headings namely: Conceptual, Theoretical and Empirical Reviews as well as the Conceptual Framework. The Conceptual review looked at concepts such as marriage and marital satisfaction. The transactional analysis and solution-focused brief therapy were reviewed under the Theoretical Review section. The chapter also covered empirical studies on the use of SFBT and TA in marital situations. Also factors that bring about marital satisfaction, as well as the relationship between gender, age, duration of marriage and marital satisfaction were examined.

Conceptual Review

This section focused on the concepts of marriage and marital satisfaction, types of marriage and the characteristics of a successful marriage.

The concept of marriage

The concept of marriage is not a recent practice; it has existed right from creation. Marriage is a gift of God. When God brought to Adam the woman who was specially created for him, he cried out joyfully as seen in the New International Version (NIV) of the Holy Bible: "This is now bone of my bones, and flesh of my flesh" (Genesis 2:23a, NIV, p.2). This joy over a real companion is the explicit will of God: "It is not good for the man to be alone. I will make a helper suitable for him" (Genesis 2:18, NIV, p.2). Marriage has been established by God, the Creator; it is therefore not a humanly devised institution.

Marriage also known as matrimony is the socially recognised union between two individuals. It is a kind of relationship involving mutual rights and duties where two people are socially approved to establish a family. Hence it is a universally accepted social institution (Haviland, Prins, McBride & Walrath, 2011). Olson and DeFrain (2000) defined marriage as the emotional and legal commitment of two people to share emotional and physical intimacy, various tasks and economic resources. The definitions by Haviland et al.; Olson and DeFrain used a general description where they mention 'two people'. These two people could be a man and a woman or two people of the same sex which exist in some parts of the world such as in America. This study focused on a male-female marital relationship.

Generally, marriage in Ghana is recognised as a union between a man and a woman with the knowledge of both families of the bride and the groom. The purpose of marriage is to provide companionship for the couple, the means to

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offer support for each other, and a legitimate avenue for sexual satisfaction and reproduction. Marriage is usually a group affair in Ghana which involves not only the immediate relatives of the couple but more distant kin folk (Wreh & Kofitse, 1998).

Types of marriages

Marriage is a universally accepted social institution, but the types of marriages practised in the world can be diverse. Different societies and cultures have different religious cultural beliefs and practices for the recognition of a marital relationship. In Ghana, marriage is constructed according to the custom of the ethnic group of a to-be-wife. Usually this includes the traditional/customary ceremony, a religious ceremony and a civic registration ceremony commonly known as a wedding (Wreh & Kofitse, 1998). Wreh and Kofitse indicated that there are three-(3) primary criteria in classifying the marriage process:

1. Customary marriage
2. Ordinance marriage
3. Religious marriage

Customary marriage forms the basis of all the other types of marriage. Inquiries are made by both families to ensure that the family of the prospective son-in-law or daughter-in-law is respected. Usually violent behaviour, immorality, witchcraft, incurable or contagious diseases, and insanity in a family are not approved. The customary rites or marriage ceremony, as practised by the woman's ethnic group, are performed by the man's head of family, by the father or uncle or any member of the family who is recognised by the community as

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honourable. Presentation and acceptance of drinks and gifts known as dowry or bride wealth signifies the consent of family members to the marriage. It is also a sign or a token of support for the marriage and is used to compensate the parent for the loss of the services of their daughter. Wreh and Kofitse (1998) indicated that one characteristic of customary marriage is that it allows polygamy thus it allows the man to marry more than one woman. However, Christians who complete a religious marriage usually abide by the biblical principle of 'one man, one wife'.

Ordinance marriage or a marriage under the Marriage Ordinance is regulated by the Marriage Ordinance, 1884-1985, and it is strictly monogamous. One of the parties in the intended marriage must give notice of marriage to the Registrar of Marriage of the district where the marriage will take place. The Registrar would publish notice of the intended marriage for 21 days and then issue a certificate if no objections are made against that marriage. The couple now submits the registrar's certificate to a licensed marriage officer to perform the marriage. Then the couple must marry within three months, otherwise, the Registrar's certificate becomes invalid and a new one must be obtained (Agboklu, 2013).

Religious marriage involves administration of the marital union by a priest, religious minister or imam. However, the customary marriage and the registration of the marriage in the court or district metropolitan assembly needs to be done before Christians marry. The Islamic marriage ceremony conforms to the Islamic law and traditions. According to Muslim traditions, parents arrange a

suitable partner. Compatibility is not considered important; the choice is entirely in the parents' hand (Wreh & Kofitse, 1998). Religious marriage, specifically, marriage between Christian men and women forms the focus of this study.

Marital satisfaction

Marital satisfaction is one of the most important aspects of family life, and the quality of one's marriage is a critical component of life satisfaction (Waite, 1995). Scientific study of marital satisfaction attracted widespread attention in the 1990s from scholars representing diverse orientations and goals (Bradbury, et al., 2000). Marital satisfaction can affect not only the physical and mental health of both spouses (Holt-Lunstad, Birmingham & Jones, 2008) but also their children's development, well-being, biological function, academic performance, social skills, and relationships (Hetherington & Kelly, 2002; Cummings & Davies, 2010).

Marital satisfaction refers to a global level of favourability that individual spouses report with their marital relationship (Roach, Frazier & Bowden, as cited in Knowles, 2004). According to Schoen, Astone, Rothert, Standish and Kim (2002), marital satisfaction is a global evaluation of the state of one's marriage and a reflection of marital happiness and functioning. From an evolutionary perspective, marital satisfaction can be viewed as a psychological state of regulated mechanisms that monitor the benefits and costs of marriage to a particular person (Schakelford & Buss, 2000). Fowers (1998) described love and marriage as the primary source of individual happiness and meaning in life. This

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makes a powerful case for the wealth of research on marital satisfaction and understanding the processes that operate within a marriage.

The magnitude of work produced in a wide array of topics pertaining to marital satisfaction attests to the continued importance placed on understanding the quality of marriage (Bradbury et al., 2000). Some studies found that marital satisfaction was related to higher occupational status, higher income, higher educational level, similarities between spouses in age and religion, esteem for the spouse, sexual satisfaction and companionship (Steinmetz, Clavan & Stein, 1990). One difficulty with the assessment of marriage is that relationships are not static, but change over time. The fluctuation in marital relationships may involve many factors, including age, length of marriage, parental status and job pressures to name a few. In a cross-sectional study, one relies heavily on the present subjective evaluation of the marriage by the respondents.

Researchers differ in the way they view the conceptualisation and measurement of marital satisfaction. Some researchers view marital satisfaction as just a matter of how married individuals feel about their marriages, and other researchers view it as a characteristic of the relationship between spouses, instead of, or as well as the individual feelings of the two spouses (Glenn, 1990). Bradbury et al. (2000) point out that some researchers have conceptualised marital satisfaction as an evaluation of the marriage where positive features are present and negative features are relatively absent; others have viewed marital satisfaction as an attitude towards a partner. Irrespective of how marital satisfaction is conceptualised, certain factors appear to remain common to happy couples. They

tend to spend more time in joint activities, use more humour, are involved in more affectionate touching, are less critical of each other, are less hostile towards each other and engage in less frequent arguments (Taylor, Peplau & Sears, 1997).

Deal (2010) underscored the importance of mutual understanding in the marital relation and its role in the marital satisfaction and stated that couples who enjoy good quality of communication or mutual understanding have better health conditions. In addition, a mutual empathy is created between couples and their children which increases marital satisfaction and happiness. The submission on marital satisfaction is important because the concept of marital satisfaction is the dependent variable in this study.

Characteristics of successful families

A number of different conceptions of family strengths, positive family traits, or models of normal family functioning have been proposed over the years (Beavers & Hampson 1990; Olson 1996; Stinnett & DeFrain, cited in Family Strengths, 2017). Each model is unique, and this derives from the fact that family strengths and other positive family interaction models are conceptual frameworks. Though the models are derived from observations of real families around the world, the models are subjective constructions based on the perceptions of the researchers and family members. Nevertheless, it is important to point out that the similarities among models of family strengths are more apparent than the differences (Olson & DeFrain, 2000). Families that describe themselves as strong commonly share a number of broad qualities or traits.

The Family Strengths Model proposes six clusters of qualities that describe strong families according to Stinnett and DeFrain, (cited in Family Strengths, 2017). These are:

1. *Appreciation and affection.* People in strong families deeply care for one another, and they let each other know this on a regular basis. They are not afraid to express their love.

2. *Commitment.* Members of strong families are dedicated to one another's well-being, investing time and energy in family activities and not letting their work or other priorities take too much time away from family interaction.

3. *Positive communication.* Successful families are often task-oriented in their communication, identifying problems and discussing how to solve them together. Perhaps even more important than this, however, is that strong families spend time talking with and listening to one another just to stay connected.

4. *Enjoyable time together.* One study of 1,500 schoolchildren asked, "What do you think makes a happy family?" Few replied that money, cars, fancy homes, television sets, or Disney World. Most children said that a happy family is one that does things together, and genuinely enjoy the times family members share with each other.

5. *Spiritual well-being.* Spiritual well-being can be seen as the caring centre within each individual that promotes sharing, love, and compassion. It is a feeling or force that helps people transcend themselves and their day-to-day stressors, and focus on that which is sacred to them in life.

6. *Successful management of stress and crisis.* Strong families are not immune to stress and crisis, however they are not as crisis-prone as troubled families tend to be. Strong families possess the ability to manage both daily stressors and difficult life crises creatively and effectively. They know how to prevent trouble before it happens, and how to work together to meet the inevitable challenges when they occur.

All of the family strengths are interconnected, and are impossible to separate. What unites the strengths is that each is founded upon a sense of positive emotional connection. People in strong families feel good about each other and genuinely care for each other's well-being. This section was considered important for this study because I believe that a strong, successful family system leads to marital satisfaction and vice versa.

Group counselling

Group counselling involves individuals who have difficulties they wish to resolve that are of a personal, educational, social, or vocational in nature (Corey & Corey, 1992). Corey and Corey further indicated that group leaders have a major decision to make at the outset of any planning process. They must decide whether to work from a theoretical perspective and, if so, what theory or theories to use. Leaders, who choose to conduct a counselling group from an atheoretical position run certain risks and may get out of hand and into trouble. In contrast, leaders who operate from a theoretical perspective are much more likely to enable their groups (and themselves) have positive experiences because they have a set of principles to guide them before and during actual group sessions. Theories

according to Gladding (2007) are the bedrock on which most counselling groups are carried out. This implies that effective group counselling needs to be based on some theories. That is why this study is considered necessary as it is based on using two counselling theories to improve marital satisfaction.

The realisation that one is usually wiser in conducting group counselling from a theoretical perspective does not resolve the question of what theory to pick. Most theories can be classified according to the emphasis they place on specific behaviours. These behaviours can be described as those that focus on Thinking (T), Feeling (F), or Acting (A) or all three (TFA) (Hutchins cited in Gladding, 2007). Thinking theories concentrate on changing or modifying one's cognitions and are represented in the work of Albert Ellis (1955), Eric Berne (1961), and Aaron Beck (1960s). Feeling theories deal with the expression of emotions and are emphasised in the writings of Fritz Perls (1951), Carl Rogers (1951), and Irvin Yalom (1980). Acting theories are those that emphasise overt behaviours and are represented by the theories developed by John B. Watson (1914), B. F. Skinner (1953), Albert Bandura (1964), and William Glasser (1965). Transactional analysis is considered part of the Thinking theories while Solution-focused brief therapy could be considered as embracing all the three (TFA).

Conceptual Framework

Independent Variables   Moderating Variables   Dependent Variable
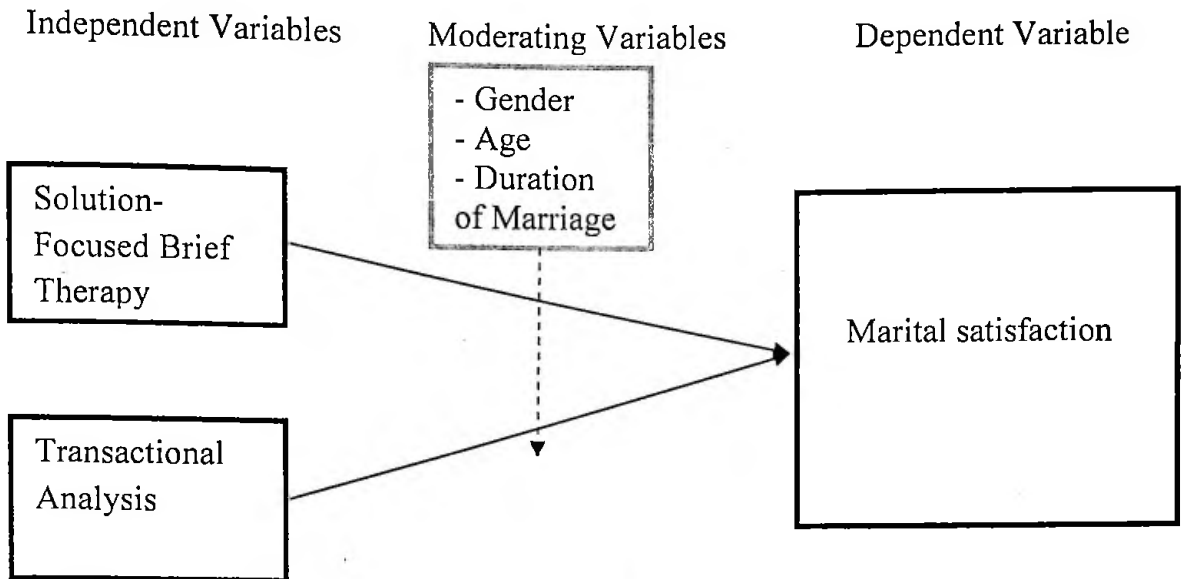
Figure 1: Hypothesised Model of the Study.

Figure 1 shows the diagrammatic conceptual framework of this study. It shows the connections between the solution-focused brief therapy, transactional analysis, gender, duration of marriage, age and marital satisfaction. In this study, I hypothesised that the independent variables (SFBT and TA) would have significant effects on respondents' marital satisfaction levels. Gender, duration of marriage and age were moderator variables. A moderator variable is a variable that changes (increases or decreases) the otherwise established effect of the independent variable upon the dependent variable (Field, 2006). Field further noted that moderator variables are important because specific factors are often assumed to reduce or enhance the influence that specific independent variables have on specific responses in question – the dependent variable.

Theoretical Review

This section presents a review of the theories that guided this study. The two main theories used in this study were presented first. Two other theories in marriage and family counselling were also presented.

Solution-Focused Brief Therapy

Growing out of a strategic therapy orientation, solution-focused brief therapy (SFBT) shifts the focus from problem solving to a complete focus on solutions. Steve de Shazer and Insoo Kim Berg initiated this shift at the Brief Therapy Centre in Milwaukee in the late 1970s. Having grown dissatisfied with the constraints of the strategic model in the 1980s, De Shazer collaborated with a number of therapists, including Eve Lipchik, John Walter, Jane Peller, Michelle Weiner-Davis, and Bill O'Hanlon, who each wrote extensively about solution-focused therapy and started their own solution-focused training institutes (Corey, 2009).

Solution-focused brief therapy (SFBT) differs from traditional therapies by eschewing the past in favour of both the present and the future. Therapists focus on what is possible, and they have little or no interest in gaining an understanding of the problem. De Shazer (1988, 1991) suggests that it is not necessary to know the cause of a problem to solve it and that there is no necessary relationship between the causes of problems and their solutions. Gathering information about a problem is not necessary for change to occur. I consider this view by De Shazer to be quite debatable. I am of the view that it is important to learn the cause of a client's problem to help the client to understand why he/she is

experiencing that kind of problem and most importantly to work on preventing a future occurrence of the same problem. Perhaps what SFBT advocates for, is not to totally ignore the cause of the problem, but to spend less time talking about the cause of the problem. Therapists are thus encouraged to spend more time on the solution of the problem as compared to time spent on why the problem exists. Consequently, SFBT therapists believe that if knowing and understanding problems are unimportant, so is searching for "right" solutions. Any person might consider multiple solutions, and what is right for one person may not be right for others. In solution-focused brief therapy, clients choose the goals they wish to accomplish, and little attention is given to diagnosis, history taking, or exploring the problem (Gingerich & Eisengart, 2000; O'Hanlon & Weiner-Davis, 2003; De Shazer, Dolan & Korman, 2007).

Solution-focused brief therapy is a future-focused, goal-directed approach to therapy that uses questions designed to identify exceptions (times when the problem does not occur or could occur less in the client's real life). SFBT also identifies solutions (a description of what life will be like when the problem is gone or resolved), and scales, which are used both to measure the client's current level of progress toward a solution and reveal the behaviours needed to achieve or maintain further progress (Trepper, Dolan, McCollum & Nelson, 2006). It is one of a family of approaches, known as systems therapies, making it useful for working with families, that have developed over the past 50 years, first in the United States and eventually evolving around the world. This new paradigm challenged family therapists, who had traditionally focused on past experiences,

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generational patterns, and family legacies to explore instead what was working in the client's life. Additionally, SFBT suggests that instead of examining and studying their clients' problems, therapists should focus on discovering solutions with their clients (Metcalf, 2010).

SFBT takes a distinctly postmodern approach, whereby therapists dismissed the notion that examining the past was necessary and began to focus on the future. According to the postmodern view, there are no fixed truths or realities. Rather, postmodernists believe that the truth or reality is whatever the client presents. In other words, the postmodern view places the client as the expert, not the therapist. In addition, social constructionism has heavily influenced the solution-focused approach.

According to social constructionism, the therapist should take a "not-knowing stance" (De Shazer, as cited in Metcalf, 2011, p. 287). This means that the therapist should enter the therapy session not knowing what the client should do to solve his or her problem. Many solution-focused therapists insist on having very little information before the first session so that they are not biased into thinking what the client should do. Social constructionists also believe that language shapes and is shaped by relationships. How a person sees another person has much to do with how the relationship develops. For example, if a person meets someone who says she is a sexual abuse victim, perhaps a negative response will be generated from how the person sees the new friend. If, however, the new friend describes herself as a sexual abuse survivor, the person meeting her for the first time may see her as having a proactive and positive outlook on her

life, not allowing the incident to trap her. Therefore, language can be a tool for creating change in therapy by conjuring up new descriptions or meanings for the client (Neukrug, 2011).

Pragmatism has also played an influential role in the solution-focused approach. William James, the founder of pragmatism, encouraged the mental health field to stop trying to predict the truth and instead begin identifying what works (Visser, 2008). Prior to the introduction of pragmatism, many therapeutic models focused on problems and their causes (Walter & Peller, 2000). Additionally, therapists were seen as experts who could or should lead the client to change. SFBT challenged these assumptions. A solution-focused therapist believes that clients possess the necessary skills and tools to change and make their life better, if they decide that their goal is good for them and what they truly want. In SFBT, what sometimes appears as resistance is really the therapist's inability to open the right door to change for the client. "There is no such thing as a resistant client, only an inflexible therapist" (De Shazer, as cited in Metcalf, 2011, p. 291). If a client does not change after a task is developed between therapist and client, for example, the therapist assumes that he, the therapist, must have not understood what the client was trying to achieve.

SFBT pays a great deal of attention to the clients' motivation level. According to De Shazer (as cited in Neukrug, 2011), there are three types of clients (visitors, complainers, and customers), and each provides insight into the client's motivation level.

1. In general, *visitors* come to therapy involuntarily and are not looking for help. With these clients, the therapists' role is to demonstrate how the client might benefit from the session.

2. A *complainer* is a client who had decided to seek help for a problem; however, complainers lack clarity and are unsure how to work toward a solution. Therapists need to help complainers to construct attainable goals and to view 'exceptions' to their problems.

3. *Customers* have constructed clear goals and are actively working toward them. When working with customers, the therapist's role is to provide them with additional support.

By implication, the SFBT model considers the 'customer' client as the most ideal for an effective counselling relationship. Some of the respondents in this study were complainers and as such my task involved helping them construct attainable goals for the betterment of their marriage.

Basic assumptions of SFBT

A number of basic assumptions about how to work with clients have been identified by De Shazer, Berg, and O'Hanlon (as cited in Neukrug, 2011, p. 433-434). The assumptions are:

1. *Change is constant and inevitable.* People's lives are filled with changes - from the developmental changes they undergo as they move through life, the unexpected changes that occur from some unforeseen event to the changes made because of the belief that the change will make life better. SFBT therapists see change as an opportunity. Thus in therapy, clients can

try out new behaviours and new ways of being as they direct their lives in directions they want to take them.

2. *'If it is not broken, do not fix it'.* Some approaches to therapy look for problems even when they do not exist. The solution-focused approach makes no assumptions about underlying issues and does not look to change behaviours that the client has not identified as problematic.

3. *If it works, do more of it.* SFBT assumes that clients sometimes have not focused on what works in their lives. Thus, conversations about what is working and the possibility of doing more of what works can be an important focus in therapy.

4. *'If it is not working, do something different'.* In other more traditional approaches, when what the client is doing is not working, the client is often labelled as 'resistant'. SFBT, on the other hand, assumes that when current ways of living are not bringing the client what he or she wants, the client needs to try some other behaviours in order to realise what would work for him/her.

5. *Clients have resources and strengths to resolve complaints.* Clients are experts about themselves; they know what has been working in their lives, although they have not always focused on identifying those behaviours. The SFBT therapist helps clients identify their strengths and resources so that they can make positive changes in their lives.

6. *Small steps can lead to big changes.* SFBT embraces a common sense assumption, which is, clients accomplish small steps over time; they can

move "gradually and gracefully forward ... to subsequently be able to describe things as 'better enough' for therapy to end (De Shazer et al., 2007, p. 2).

7. *There is not necessarily a logical relationship between the solution and the problem.* SFBT focuses on fixing the problem by asking the client to focus on the solution, not by focusing on problems that often have little effect on helping the client feel better (Thomas & Nelson, 2007).

8. *The language for solution development is different from that needed to describe a problem.* Since the focus is on solutions and not problems, SFBT, uses a tone that is optimistic, future oriented, positive and hopeful.

9. *No problems happen all the time; there are always exceptions that can be utilised.* Although clients often feel they are engulfed with their problems, actually all people have times when there are exceptions to their problems. The counsellor is to help explore these exceptions, help determine what is different in the client's life during those exceptions and elicit new solutions from this newly found information.

10. *The future is both created and negotiable.* SFBT believes that people are the architects of their destiny and in conversation with the therapist, they can co-create a new future.

SFBT's view of the family and clients

Adhering to the theoretical assumptions of the model, solution-focused therapists do not go into the therapy session with any preconceived notions about what a client needs to change; instead, they rely on the client's definition of what

the problem is. According to Miller (1997), solution-focused therapists view clients, couples, and families in the context of being stuck. The therapist, therefore, sees it as his or her responsibility to help the clients to try something different, rather than continuing to do what is not working. When the client is a family, the solution-focused therapist asks each family member to identify times when the problem is not occurring as often. This systemic approach allows change to occur more quickly and gives the family a multitude of options that are within their own expertise.

Solution-focused therapists view clients as wanting to change, and therapists do their best to help bring about change (De Jong & Berg, 2008). Clients are encouraged to do something different and to be creative in thinking about ways to deal with present and future concerns. Solutions are different for each client therefore, it is particularly important to involve clients in the process of developing solutions. Clients can help themselves by focusing on the solution rather than the problem. In this way, they can find exceptions to the problem, which then leads to solutions. By taking one step at a time and making small changes, larger changes can be made (Metcalf, 2010).

SFBT's view on how change occurs

The first step in guiding a client or family away from being stuck and toward their goal is to change the way that they see the problem. "How we look at things influences what we see and what we see influences what we do" (Hoyt & Berg, 1998, p. 204); therefore, solution-focused therapists need to help their clients to reconstruct new stories. If the therapist continues to let the client play

his or her self-defeating story, it may eventually become a self-fulfilling prophecy. It is also the therapist's job to help clients find exceptions to their complaints. Finding exceptions helps the client begin believing that change can happen.

Possibilities can also be emphasised by asking clients to describe in detail what their life would be like without the presenting complaint. This pre-suppositional language provokes the client into imagining the possibility that things can change and serves as an actual intervention (O'Hanlon & Weiner-Davis, as cited in Neukrug, 2011). If the client is motivated to change, the therapist guides the client toward identifying more frequent, predictable, and controllable exceptions (Kingsbury, 1997). For clients who are not initially motivated to change, the therapist gives suggestions that require little effort and are likely to be completed. Steve de Shazer coined "the first session task," which basically asks the client:

> Between now and the next time we meet, we (I) would like you to observe so you can describe to us (me) next time, what happens in your (pick one: family, life, marriage, relationship) that you want to continue to happen (De Shazer, 1985, p. 137).

Ultimately, goals should be small, salient to the client, specific and concrete, achievable, and involve the client's own hard work (Hoyt, 2000). Most of the time, the goals and homework in SFBT are set by the client and only reinforced by the therapist's encouragement. This implies that SFBT is client-centred and a non-directive approach to counselling.

The therapist's role in SFBT

Solution-focused therapists work collaboratively with their clients to construct goals and develop solutions based on exceptions, times when the problem presented occurred less frequently or less intensely. In essence, the therapist can be seen as a co-creator (Shilts, Rambo & Huntley, 2003). While the therapist and client work together, the therapist always operates from the assumption that the client is the expert and is always curious about how the client has coped so far. The therapist has to trust that the client knows what is best for himself or herself and lets him or her take the lead. "Empowerment of the client starts with honouring and following their lead in deciding what is important to them" (Metcalf, Thomas, Duncan, Miller & Hubble, 1996, p. 343). Usually, the therapist assumes a position of leading from behind by asking clients how they can help them to change their situation.

SFBT Interventions

Solution-focused brief therapy is composed of two main tools or strategies: questions and interviewing techniques (O'Hanlon & Weiner-Davis, as cited in Metcalf, 2011). Questions are designed to help clients focus on exceptions and make presuppositions about future actions while building a positive outlook and encouraging achievement. Interviewing skills/techniques serve to validate concerns and assist clients to experience significant shifts in their thoughts about their situation.

The initial technique used in therapy is questioning. The questions used in solution-based therapies can be categorised into three main types namely the miracle question, exception-finding questions, and scaling questions (Metcalf, 2011).

Miracle question

The miracle question according to De Shazer (as cited in Neukrug, 2011) is perhaps the single most important intervention in the solution-focused model. The miracle question asks the client to begin to think about what things would be like if the problem no longer existed and instead, a miracle occurred. In other words, the miracle question seeks to access the clients' preferred future. It encourages clients to assume that their lives will get better and provides them with interpretive lenses for seeing their lives in new ways (Miller, 1997). When therapists use phrases or talk about the client's problems as if it no longer existed, they are considered to be using "presuppositional language" (O'Hanlon & Weiner-Davis, as cited in Metcalf, 2011, p. 295).

Generally, the miracle question is stated in the following manner: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (De Shazer, 1988, p. 5). In essence, the miracle question requires the client to focus on the solution versus the problem. In addition to its other uses, the miracle question provides a framework for where therapy should go. It serves to define the clients'

goal and thereby allows the therapist to assist clients in tracking their progress toward the resolution of their goal.

De Jong and Berg (2008) suggested that the miracle question should be given slowly so that the client can think about it and discuss his/her preferred future. By answering the question, the client is laying out goals for change. Sometimes clients are thrown off by this question and so, the therapist can ask the question again in a briefer form. If the client is still unable to state a preferred goal, the therapist may ask, "what else?" In solution-focused therapy, "what else?" is a frequently used phrase, as it helps the client to come up with more goals or potential solutions.

Exception-finding questions

Exception-finding questions also known as exception-seeking questions ask clients to think about times when their concerns or difficulties were/are less severe, less frequent, or altogether absent from their lives (Lethem, 2002). This form of the question assumes that there will be an exception to be remembered. Exception-finding questions are designed to open up the door to possibilities. They can also help to emphasise how clients are already managing their problems and how they might be able to build on their current successes in the future. Additionally, when examining exceptions and possibilities, the therapist may focus on how clients have achieved what they have so far, considering their complaints. Exception-finding questions bring the client and therapist closer to the resolution of the problem. Examples of exception-finding questions include the following:

- "Take me back to a time when you and your wife got along slightly better."
- "Please tell me how you have been able to cope with this situation" (Metcalf, 2011, p. 295).

Scaling questions

Scaling questions are often considered the work-horses of the solution-focused model (De Shazer, as cited in Neukrug, 2011) because they are helpful in moving the client from the definition of the goal to the resolution of the goal (Lethem, 2002). Normally, scaling questions ask clients to rate where they feel they are on a scale of one to ten. On the scale, one usually represents the worst that things have been and ten represents what life would look like after the miracle. Some examples for the use of scaling questions include setting goals, measuring progress, creating a shared vision or understanding, examining past troubles, and identifying the magnitude of the problem on the client's life. Often times, when working with families, differences will emerge among family members' responses to the scaling questions. When differences in ratings or responses emerge, therapists should encourage clients to dialogue about their different views. Once a client has initially scaled his or her progress, it is the therapist's responsibility to assist the client in defining how he or she will move up the scale toward resolution of his or her problem. To accomplish this, the therapist may ask the clients to define what it would take for them to be able to move up the scale and closer to their goal (Metcalf, 2011).

Besides the three main categories of questions, Neukrug (2011) adds preferred goals questions, coping questions, and evaluative questions.

Preferred goals questions

The purpose of solution-focused counselling is to help clients reach their preferred goals, which are new ways of being that will result in their feeling better. When devising these questions, the focus is not on the client's problem but on the client's hopes for the future. Some questions that O'Connell (2003, p.7) suggests include:

- How will you know that coming here has been worthwhile for you?

- What are your best hopes for this session?

- How long do you think it will take before things get better?

Coping questions

Coping questions ask clients to think about and describe times in which they have been able to cope with the problem effectively. These questions are designed to elicit information about client resources that will have gone unnoticed by them (Neukrug, 2011). Coping questions are a powerful reminder that all clients engage in many useful things even in times of overwhelming difficulties (Dolan, 2017). Coping questions such as, how have you managed to carry on? Or how have you managed to prevent things from becoming worse, helps clients realise their skills in coping with adversity.

Evaluative questions

These questions focus on whether client behaviours have had a positive effect on the client's life and in what manner they have helped the client achieve his/her goals (Neukrug, 2011). Although the client is ultimately responsible for change, the therapist constantly evaluates the client's progress. The therapist

evaluates the client's progress toward change, both at the beginning and at the end of the session. At the beginning of the session, the therapist may ask the client what has become better or changed since the previous session. This helps to initially identify any progress the client may have made and help the client to stay on track with solutions. At the end of the session, the therapist may evaluate progress by asking the client what he or she found helpful in the session, as well as whether he or she would like to return for another session (Metcalf, 2010). Aside from directly asking the client about his or her progress, the therapist can pay attention to the client's thoughts and behaviours. Changes are reflected in what the client pays attention to and his/her ideas and constructions, as well as his/her interactions and behaviours (O'Hanlon, 1998).

SFBT interviewing skills/techniques

In SFBT, interviewing the client with curiosity helps to shift the manner in which a client views the current situation. Some basic interviewing skills solution-focused counsellors use include:

Requesting that clients note pre-session changes: SFBT assumes that when a client seeks counselling, he is ready for change. As such, prior to the first session, the therapist will often ask clients to note any change that may occur between the time they made the appointment and the time they actually showed up for the first appointment (O'Connell, 2003).

Problem-free talk: A solution-focused therapist presented with a client who needs to vent problems will listen attentively, inserting problem-free words such as "So, you want things to be better, how will that look when it begins to

happen?" This helps the client to begin to abandon the problem-focused thinking for solution-focused thinking, catapulting the client into a conversation of what he or she wants versus what he or she does not want. It is also more respectful than jumping too quickly into exception-finding questions and not listening to what the client needs to say. A therapist who can consistently steer his or her client gently and respectfully toward what the client prefers, instead of dwelling on how difficult the concerns are, will find that the client moves more readily toward resolution (Neukrug, 2011).

Being an ambassador: This means showing curiosity, respect and acceptance. The SFBT therapist enters the relationship humbly and is curious about the client's predicament, respectful of the client's ways of being, and accepting of what the client tells him or her (Neukrug, 2011).

Listening and empathy: These are very important skills particularly at the beginning of the relationship. Giving clients the opportunity to talk about their problems, is respectful and important to building the relationship and understanding their problems. However, according to Neukrug (2011), such a problem focus should not be extensive and should change in a relatively short amount of time to a 'solution talk'.

Being tentative: This means that the therapist approaches the client with an attitude that the client is the expert. Since the client is the expert, any hypothesis about why the client might be struggling should be cautiously held (Anderson & Goolishian, 1992).

Amplification: In order to stay away from problem talk, therapists will amplify client successes by encouraging them to have expanded discussions about solutions that have worked for them. An example of amplification is, 'that is a really interesting way of changing your life; how exactly do you think that materialised for you?'(Neukrug, 2011).

Complimenting: Complimenting involves reinforcing client strengths and resources. It is a basic skill used by SFBT counsellors to encourage clients in their continued efforts at solution-building (Neukrug, 2011). Compliments serve to normalise the client's experiences, restructure the meaning of the problem, and highlight the client's own solution-building competencies (Campbell, Elder, Gallagher, Simon, & Taylor, 1999). According to Metcalf (2011, p. 297), compliments are usually constructed using a five-step procedure:

1. The therapist begins by issuing a normalising statement. (For example: "It makes sense to me that you are concerned about your children after the divorce. You are commended to be such a thoughtful mother.")

2. Then the therapist follows with a restructuring statement. (For example: "I wonder what your children would say that you have done recently that has been helpful to them during this time?")

3. Next, the therapist gives the client an affirmation of competencies. Affirmations draw the client's attention to how personal and social resources can be used to develop solutions. (For example: "When you think of how you have handled other situations revolving around the divorce, what would you say your strengths have been?")

4. The fourth step is the bridging statement. Bridging statements make connections between the suggested next steps and what has been previously discussed. For example: "Based on what you have told me so far, that you have taken off early from work to be with your children, helped them to call their father at night before bedtime and talked to a colleague for support, what would you suggest doing more of just for the next week?"

5. The final step is the homework task. Homework tasks are usually given in the form of a suggestion to notice what is already helping to move the client toward a solution, or to carry on and to build on partial successes. Ideally, the homework task should serve to keep the client focusing on exceptions and should only be based on the exceptions. Some examples of homework tasks include asking the client to go home and answer the miracle question, or watching for times when the problem occurs less. (For example: "I am impressed with your ideas and the strategies that you have suggested. What would you suggest doing for the next week that your children would recognise as helpful to them?")

The SFBT process

Solution-focused counselling involves series of stages which include pre-session change, forming a collaborative relationship, describing the problem, establishing preferred goals, problem-to-solution focus, reaching and ending therapy (De Jong & Berg, 2002; O'Connell, 2005).

Stage 0: Pre-session change: Prior to the first session, the counsellor asks the client to become cognisant of any changes made as the client books an appointment.

Stage 1: Forming a collaborative relationship: Solution-focused counsellors prefer to view clients as having strengths and resources to find their own preferred goals. Techniques that help to initially build a collaborative and trusting relationship that will foster this point of view include being an ambassador, being a good listener, using empathy and being tentative (Neukrug, 2011).

Stage 2: Describing the problem: Although the focus of the therapy is almost exclusively on solutions, it is important that when clients first enter counselling they feel heard; as such many of the skills used to form a collaborative relationship are initially used to listen to clients' problems. De Jong and Berg (2002) suggest that the problem only need to be listened to for about 15 minutes before solutions are focussed on. Although others argue that a longer time is needed for clients to feel like their problems are heard. What is most critical to SFBT is that clients feel comfortable during the beginning phase of the therapy.

Stage 3: Establishing preferred goals: Clients are helped to focus on their preferred goal. They respond to questions about what they would like to see in the future.

Stage 4: Problem-to-solution focus: To help clients increasingly focus on solutions instead of problems, a number of different types of questions are employed, including evaluative questions (includes scaling questions), coping questions, exception-seeking questions and the miracle question). Skills like reframing, amplification and compliments are also used (Neukrug, 2011).

Stage 5: Reaching preferred goals: By the end of the first session, clients have developed a new outlook and have shifted from focusing on problems to focusing on solutions. Between their first and subsequent sessions, they work on implementing and reaching their preferred goals. Scaling questions can be used to help clients evaluate the effectiveness of their new solution-focus. Counsellors reinforce clients by listening, showing empathy and complimenting (Neukrug, 2011).

Stage 6: Ending therapy: From the very first solution-focused interview, the therapist is mindful of working toward termination. Since therapy is brief, as soon as the preferred goals are reached, therapy is finished. Guterman (2006) maintains that the ultimate goal of solution-focused counselling is to end treatment. Clients can ask for additional sessions whenever they feel a need to get their life back on track or to update their story (Corey, 2009). Follow-up can be conducted to ensure that clients are continuing their solution-focused orientation. Chief skills/techniques used include listening and empathy, complimenting and scaling as in Stage 5 (Neukrug, 2011).

In conclusion, SFBT sessions typically focus on the present and future; focusing on the past only to the degree necessary for communicating empathy and accurate understanding of the clients' concerns. From the presentation so far, SFBT can be said to be an effective approach in counselling. It is considered very appropriate for this study.

Application of SFBT to group counselling

According to Bagheri (cited in Badakhshan, 2015), one of the most effective interventions for improving the quality of couple's relationship and promoting the couple satisfaction is using the solution-focused brief group therapy. The solution-focused brief group therapy is a non-pathologic approach to treatment that focuses on the positive and healthy aspects of life rather than problems and diseases. Thus, the solution-focused therapists concentrate on potentials, resources, and abilities of the referees rather than their shortcomings and inabilities. Unlike many clinical insight-driven approaches, solution-driven approach focuses on the main accessible, tangible, and measurable objectives. Exploration of the past events and complaints are considered as the obstacles to the therapy process in this approach (Berg & Kelly, 2000).

The solution-focused group practitioner believes that people are competent, and that given a climate where they can experience their competency, they are able to solve their own problems, enabling them to live a richer life. From the beginning, the group facilitator sets a tone of focusing on solutions in which group members are given an opportunity to describe their problems briefly (Metcalf, 1998).

A facilitator might begin a new group by requesting clients to introduce themselves and to individually tell the group about the purpose of their presence at the meeting. Facilitators encourage members not to think of the problem in conversations, which tend to be a relief because it gives members an opportunity to see themselves as less problem-saturated. It is the facilitator's role to create

opportunities for the members to view themselves as being resourceful. Because SFBT is designed to be brief, the leader has the task of keeping group members on a solution track rather than a problem track, which helps members to move in a positive direction (Corey, 2009).

The art of questioning is the main intervention used in solution-focused groups. Questions are asked from a position of respect, genuine curiosity, sincere interest, and openness. Group members are encouraged to respond along with the group leader to promote group interaction. Facilitators may pose questions like these: "As each of you listened to others today, is there someone in our group who could be a source of encouragement for you to do something different?" (Corey, 2009, p. 387). By this, the leader is attempting to help the members identify exceptions and begin to recognise personal resiliency and competency.

The facilitator asks members about times when their problems were not present or when the problems were less severe. The members are assisted in exploring these exceptions, and special emphasis is placed on what they did to make these events happen. The participants engage in identifying exceptions with each other. This improves the group process and promotes a solution focus. Exceptions are real events that take place outside of the problem context. In individual counselling, only the therapist and the client are observers of competency. However, an advantage of group counselling is that the audience widens and more input is possible (Metcalf, 1998).

The group leader works with members in developing well-formed goals as soon as possible. Leaders concentrate on small, realistic, achievable changes that

may lead to additional positive outcomes. Because success tends to build upon itself, modest goals are viewed as the beginning of change. Questions used to assist members in formulating clear goals might include "What will be different in your life when your problems are solved?" and "What will be going on in the future that will tell you and the rest of us in the group that things are better for you?" Sometimes members talk about what others will be doing or not doing and forget to pay attention to their own goals or behaviour. At such times, they can be asked, "And what about yourself? What will you be doing differently in that picture?" (Corey, 2009, p. 387).

This study was in two parts, the initial survey and the experimental stage. The experimental stage involved putting 'dissatisfied couples' together in a group for counselling. The questions and skills mentioned under SFBT have been put to use in the group sessions. The details of how the questions and skills were used are found in Appendix E.

Transactional Analysis Theory

Transactional Analysis (TA) is a model for understanding human personality, communication and relationships. Transactional analysis got its name because it was originally developed as a way of analysing the patterns of communication (transactions) that people use when they are relating in pairs and groups. TA is derived from the work of Eric Berne (1910-70). Berne was originally trained as a Freudian psychoanalyst, and the roots of TA lie in the psychodynamic tradition (Stewart & Tilney, 2000). TA is both a theory of personality and an organised system of interactional therapy. It is grounded on the

assumption that people make current decisions based on past premises (that is, premises that were at one time appropriate to their survival needs but that may no longer be valid). Transactional analysis emphasises the cognitive and behavioural aspects of the therapeutic process (Corey, 2013).

The goal of transactional analysis is autonomy, which is defined as awareness, spontaneity, and the capacity for intimacy. In achieving autonomy, people have the capacity to make new decisions (re-decide), thereby empowering themselves and altering the course of their lives. As a part of the process of TA therapy, clients learn how to recognise the three ego states (Parent, Adult, and Child) in which they function. Clients also learn how their current behaviour is being affected by the rules they received and incorporated as children and how they can identify the "lifescript" that determines their actions. This approach focuses on early decisions that each person has made, and it stresses the capacity of clients to make new decisions to change aspects of their lives that are no longer working (Corey, 2013).

Philosophical assumptions of transactional analysis

The philosophy of TA rests upon certain assumptions. These are statements about people, life and the objectives of change. The philosophical assumptions of TA according to Joines and Stewart (2012, pp. 6–8) are:

1. *People are OK.* This means that everyone has intrinsic worth, value and dignity. This is a statement of essence rather than behaviour, and is held to be true irrespective of age, gender, religion or any other personal feature.

2. *Everyone has the capacity to think*. Everyone except the severely brain-damaged has the capacity to think. Therefore, it is the responsibility of each person to decide what he or she wants from life. Each individual will ultimately live with the consequences of what he or she decides.

3. *People decide their own destiny, and these decisions can be changed.* TA holds the belief that when a grown-up person engages in apparently self-defeating behaviours, or repeatedly feels painful feelings, he or she is in fact following strategies decided upon as a young child. These strategies appeared to the child to be the best way of surviving and getting needs met. The child was not made to feel or behave in particular ways by his or her parents, or by the environment (Joines & Stewart, 2012).

   TA assumes that the same is true for the adult. Other people, or life circumstances, may exert strong pressures on an individual, but it is always the person's own decision whether or not to conform to these pressures. Since the person himself/herself is responsible for making these early decisions, he/she can change any of these decisions – that is, to re-decide. Thus TA takes an assertive view of the possibility of personal change. This implies that the success of therapy is on the client's decision or willingness to change. As a counsellor, I must provide an enabling environment to allow positive change. The clients (couples) have the capacity to make necessary changes in their lives if they decide to.

Key ideas in transactional analysis

The ego states

An ego state is a set of related thoughts, feelings, and behaviours in which part of an individual's personality is manifested at a given time. Each person has a basic trio of Parent, Adult, and Child (P-A-C, as shown in Figure 2), and individuals constantly shift from one ego state to another, attesting behaviour congruent with the ego state of the moment (Dusay, as cited in Corey, 2013).
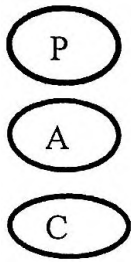
Figure 2: Basic Ego States

The Parent ego state is the part of one's personality that can process data accurately, sees, hears, thinks, and can come up with solutions to problems based on the facts and not solely on pre-judged thoughts or childlike emotions. It contains the values, morals, core beliefs, and behaviours incorporated from significant authority figures, primarily one's parents. Outwardly, this ego state is expressed toward others in critical or nurturing behaviour. The Parent contains all the "shoulds" and "oughts" and other rules for living. When in that ego state, people may act (use phrases, posture, gestures, voice, and mannerisms) in ways that are strikingly similar to those of their parents or other significant people in their early life. The Parent ego state can be divided into two functions. One part includes the nurturing side and can be soft, loving, and permission giving. This is called the Nurturing Parent ego state. It can also set limits in a healthy way. The

other side of the Parent ego state is called the Critical Parent (also sometimes called the Prejudiced Parent). This part of a person's personality contains the prejudged thoughts, feelings, and beliefs learned from parents. Some of the messages held in the Parent ego state can be helpful in living while other Parent messages are not (Solomon, 2003). This implies that it is useful for people to sort out what information they carry around so they can keep the part that helps and change the part that does not.

The Child ego state is the part of one's personality that is the seat of emotions, thoughts, and all of the feeling state memories from childhood (Deva, 2014). The Child ego state is the original part of a person and is most naturally who he/she is. It consists of feelings, impulses, and spontaneous actions and includes recordings of early experiences. According to Solomon (2003), people carry around in their Child ego state all of the experiences they have had, and sometimes these childlike ways of being pop up in grown-up lives. This can be fun when one is in a situation in which it is safe and right to play and enjoy him/herself. It can be a problem when one's child view of the world causes him/her to distort the facts in a current situation and prevents his/her Adult ego state from seeing things accurately.

The Child ego state can also be divided into two parts: the Free Child ego state (also referred to as the Natural Child) and the Adapted Child ego state (which also contains the Rebellious Child ego state). The Free Child is the seat of spontaneous feeling and behaviour. It is the part of one's personality that experiences the world in a direct and immediate way. It can be playful, authentic,

expressive, and emotional. The Free Child together with the Adult, is the seat of creativity. When people adapt in ways that make them less in touch with their true selves (that is their Free Child), they decrease the amount of intimacy they are able to have in their lives (Solomon, 2003). The Adapted Child is the part of one's personality that has learned to comply with the parental messages received while growing up. Everyone adapts in one way or another. Sometimes when faced with parental messages that are restricting, instead of complying with them, people rebel against them. This becomes the Rebellious Child ego state. This can be seen as an alternative to complying. It is still, however, a response to the parent messages, and so it is a kind of adaptation on its own (Berne, as cited in Reid & Westergaard, 2011).

The Adult ego state is the processor of data. It is the objective part of the person, which gathers information about what is going on. It is not emotional or judgmental but works with facts (Solomon, 2003). The Adult ego state is characterised by logical, practical thinking and reasoning. It provides the rational decision-making process and acts as the logical control for the Child and Parent states. It analyses, solves problems and makes decisions using the rules that have been imprinted, information pulled from the environment, along with feedback from the Parent and Child ego states. Berne (1961) stated that the Adult was "principally concerned with transforming stimuli into pieces of information, and processing and filing that information on the basis of previous experience" (p. 15).

One of the key functions of the Adult ego state is to validate data and actions from the other ego states and pass judgment. The Adult ego state provides the same interaction and intermediation with the Child ego state. Adult-to-adult transactions are the simplest transactions. These transactions break down when the two adults have different set of rules from which to make decisions. The differences are a reflection of one's culture. On a positive note, adult-to-adult transactions are not generally acrimonious, even when they do not end in agreement. The Adult ego state seeks balance (Software Process & Management, 2013).

Clients in TA therapy are first taught how to recognise which of the ego states they are functioning in at any given time: Nurturing Parent, Critical Parent, Adult, Free Child, or Adapted Child (shown in Figure 3). The aim is to enable them to decide consciously whether that state or another state is most appropriate or useful (Corey, 2013).
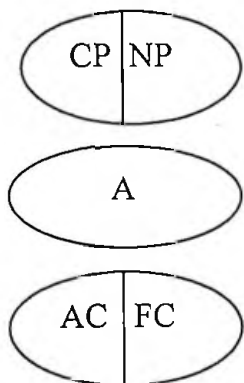
Figure 3: Variations of Basic Ego States

In sum, it can be said that if someone is behaving, thinking and feeling in response to what is going on around him using all the resources available to him as a grown-up person, he is said to be in an Adult ego state. At times, the person

may behave, think and feel in ways which are a copy of his/her parents, or of others who were parent-figures for him/her. When he/she does so, he/she is said to be in a Parent ego state. Sometimes, the person may return to ways of behaving, thinking and feeling which he/she used when he/she was a child. When this happens, the person is said to be in the Child ego state (Solomon, 2003). Understanding ego states is the basis for understanding the transactional analysis theory.

Strokes

Humans need to be stimulated physically, socially, and intellectually. This need for stimulation and recognition is referred to in TA as "strokes". Berne (as cited in Reid & Westergaard, 2011) defined a stroke as a unit of human recognition. Berne further stated that any time one human being does something to recognise another human being, that is a stroke. A basic premise of the TA approach is that humans need to receive both physical and psychological strokes to develop a sense of trust in the world and a basis for loving themselves. Strokes can be classified as verbal or non-verbal, unconditional or conditional, and positive or negative.

Verbal or non-verbal strokes can be a look, a nod, a smile, a spoken word, or a touch. Conditional strokes are given for what people do, for what they accomplish, or for a particular trait that they happen to possess. Thus, they are based on some condition. Conditional strokes can fill important needs; they are received for doing something. An example of a conditional stroke could be, "I will be nice to you if and when you are a certain way". Unconditional strokes are

those that people receive just for existing. They are a very rich kind of stroke. Babies who get lots of positive, unconditional strokes really thrive. Adults who have a good base of positive unconditional stroking thrive as well. An example of an unconditional stroke could be, "I am ready to accept you for who you are, and we can discuss our differences" (Solomon, 2003).

A positive stroke is one in which the receiver's experiences are pleasant (Manu, 2013). An example of a positive stroke is "I like you," and may be expressed by warm physical touches, accepting words, appreciation, a smile, and friendly gestures. These strokes are necessary for the development of psychologically healthy people. Manu further defined a negative stroke as one experienced as painful. An example of a negative stroke is "I do not like you," and can be expressed both verbally and non-verbally. Negative strokes are considered preferable to no strokes at all (Corey, 2013). This implies that with regard to transactional analysis, it is better to say or show how a person feels about another's actions even if it is negative than to be silent. In TA, it is acceptable to ask for strokes, and asking does not diminish the value of the stroke one receives. Usually the more one gives, the more he/she receives. This means that people need to pay attention to the kind of strokes they like to receive and learn ways to ask for them. This is helpful to this study because in marital relationships, giving and receiving 'strokes' is important for a healthy family life.

Transactions

Transactions are about how people interact with each other, specifically, which ego state in one person is talking to which ego state in another person. Two

or more strokes make a transaction. An understanding of transactions can help individuals keep their communication with others clear (Solomon, 2003). There are three different types of transactions: complementary, crossed, and ulterior.

Complementary (or Straight) Transactions: A complementary transaction occurs when the sender of the message gets the intended response from the receiver (Software Process & Management, 2013). For example, a wife makes a mistake and wanting some sympathy, makes an apology to her husband. Wife: 'I just dropped the thing when I was almost done. Now I have to do it all over again'. Husband: 'It happens to all of us; do not worry about it.' This is illustrated in Figure 4. When people use complementary transactions, communication can continue indefinitely. Straight transactions are emotionally satisfying and productive (Solomon, 2003).
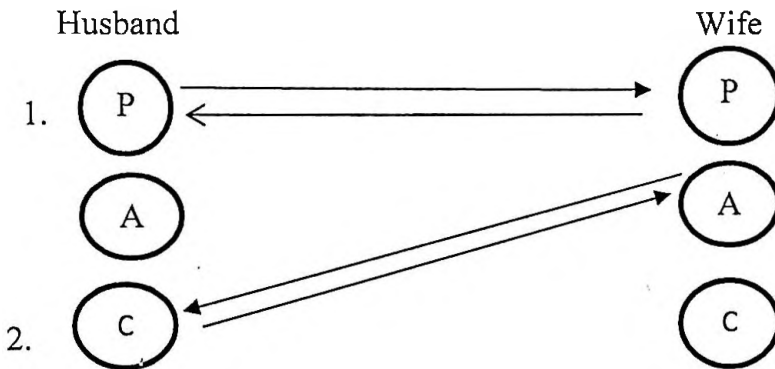
Figure 4: Complementary Transactions. 1. Parent to parent ego state.

2. Child to Adult ego state.

Crossed Transaction: A crossed transaction is one in which the vectors of transaction is not parallel (Manu, 2014a). Manu further states that in a crossed transaction the transactional response is addressed to an ego state different from the one which started the stimulus. Crossed transactions disrupt communication.

However, they are considered important because they help transactional analysts understand how and why communication is disrupted. The rule is that whenever a disruption of communication occurs, a crossed transaction would have caused it.

A crossed transaction occurs when the sender of the message does not receive the expected response from the receiver. When a message is sent from one ego state and the sender expects it to be sent back from an expected ego state: but it is sent back from a different one, the transaction is crossed; and communication is ineffective. Returning to the earlier example: Wife – 'I just dropped the thing when I was almost done; now I have to do it all over again. Husband: 'you are so clumsy' (Solomon, 2003). This transaction is illustrated in Figure 5.
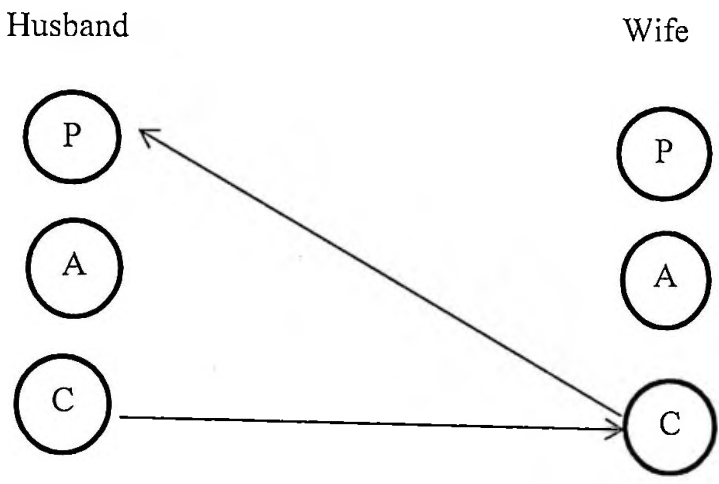
Husband   Wife

Figure 5: Crossed Transactions: Child ego state (Wife) expecting reply from

Nurturing Parent (Husband) but receives reply from the Adapted Child.

Generally, crossed transactions result in surprise, disappointment, and hurt feelings for the sender of the message. The unexpected response often gets the person emotional, which often results in his or her changing to the Adapted Child ego state, which causes the communication to deteriorate further. Crossed transactions can be helpful when the negative Parent or Child ego response is

crossed with an Adult response. This cross over may result in the preferred Adult-to-Adult conversation (Types of transactions, 2016). When a transaction is crossed, a break in communication results, and one or both individuals will need to shift ego states in order for the communication to be re-established.

Ulterior Transactions: Sometimes people do not know what they want or how to ask for it in a direct way, so they use ulterior transactions. Ulterior or hidden transactions occur when the words seem to be coming from one ego state, but in reality the words or behaviours are coming from another. It is a two level transaction in which, beyond the obvious transaction, there is a hidden transaction between two different ego-states of the persons concerned. In such communication, a non-verbal message is sent along with the spoken words. Here, there are two distinct levels of transactions – the social or overt level transactions and the psychological or covert level transactions (Babu, 2014). Babu further indicated that there were two types of ulterior transactions. They are angular transaction and duplex transactions. Angular transaction involves three ego states while the duplex transaction involves four ego states. Berne (1972) suggested that when possible, it is best to avoid ulterior transactions because they tend to waste time.

The concept of transactions as it applies to transactional analysis theory is significant to this study. This is because a very essential component of marriage is effective communication. If couples use more complementary than crossed transactions, the tendency of experiencing conflicts which may lead to dissatisfaction, will be greatly reduced.

Games

A game is an ongoing series of transactions that ends with a negative payoff called for by the script that concludes the game and advances some way of feeling bad (Berne, cited in Corey, 2013). A game according to Manu (2014b), is a process of doing something with an ulterior motive that is outside adult awareness. It does not become explicit until the participants switch the way they are behaving and results in everyone feeling confused, misunderstood and wanting to blame the other person. By their very nature, games are designed to prevent intimacy. By engaging in game playing, people receive strokes and also maintain and defend their early decisions. They find evidence to support their view of the world. Sometimes, people experience unpleasant feelings known as rackets after a game. A racket feeling is a familiar emotion that was learned and encouraged in childhood and experienced in many different stress situations, but it is maladaptive as an adult means of problem solving. People choose the games they will play to maintain their rackets. When people "feel bad," they often get sympathy from others or control others by their bad moods (Joines & Stewart, 2012).

Rackets involve the "collection of stamps" that are later traded for a psychological prize. The individual collects archaic feelings by persecuting or rescuing others in order to feel rejected, angry, depressed, abandoned, guilty, and so on. The person invites others to play certain roles. For example, Jane, a group member, may invite other members to react to her with anger. She could

programme this reaction by being extremely closed and hostile and by persuading herself that nobody could ever understand her, much less care for her. Any genuine approach from others would be rebuffed by her refusal to accept anything from anyone. Eventually, Jane would collect enough stamps to prove to the entire group that she was right all along, and then she could say, "See, I told you nobody cares about me." (Corey, 2013, p.27).

Berne (cited in Corey, 2013) described an anthology of games originating from three positions namely persecutor, rescuer, and victim. For example, people who have decided they are helpless may play some version of "Poor Me" or "Kick Me." A student "loses" or "forgets" her homework for the second time in a week and makes the announcement publicly in class. The teacher gets angry, and the student gets paid attention to in the process. People who feel superior may either persecute or rescue. The persecutor plays some form of "Blemish" (looking for the flaw); whereas the rescuer plays some form of "I am only trying to help you." Berne (1994) described a variety of common games, including "Yes, but," "Kick me," "Harassed," "If it were not for you," "I'm only trying to help you," and "Look what you made me do". Games always have some payoff (or else they would not be perpetuated). For example, people who have decided that they are helpless may play the "Yes, but" game. They ask others for help and then greet any suggestions with a list of reasons why the suggestions will not work; thus, they feel free to cling to their helplessness. Addicts of the "Kick me" game are often people who have decided to be rejected; they set themselves up to be

mistreated by others so that they can play the role of the victim whom nobody likes (p. 14).

In TA therapy, clients are taught to make connections between the games they played as children and those they play now. For example, how they attempted to get attention in the past and how those past attempts relate to the games they play now to get stroked. The aim here is to offer clients the chance to drop certain games in favour of responding honestly. This provides an opportunity for clients to discover ways of changing negative strokes and to learn how to give and receive positive strokes (Corey, 2013).

Basic psychological life positions and lifescripts

Decisions about oneself, one's world, and one's relationships to others are crystallised during the first eight years of life (Manu, 2014). Such decisions are basic for the formulation of a life position, which develops into the roles of the lifescript (often shortened to 'script'). Generally, once a person has decided on a life position, there is a tendency for it to remain fixed unless there is some intervention, such as therapy, to change the underlying decisions. Games are often used to support and maintain life positions and to play out lifescripts (Corey, 2013).

Life positions are basic beliefs about one's self and others which are used to justify decisions and behaviour (Manu, 2014). TA identifies four basic life positions, all of which are based on decisions made as a result of childhood experiences, and all of which also determine how people feel about themselves and how they relate to others:

1. I'm OK - You're OK.

2. I'm OK - You're not OK.

3. I'm not OK - You're OK.

4. I'm not OK - You're not OK.

The I'm OK—You're OK position is, generally, game-free. That people are OK is a statement of their essence, not necessarily their behaviour. It is the belief that people have basic value, worth, and dignity as human beings. This position is characterised by an attitude of trust and openness, a willingness to give and take, and an acceptance of others as they are. There are no losers, only winners.

I'm OK—You're not OK is the position of people who project their problems onto others and blame them, put them down, and criticize them. The games that reinforce this position involve a self-styled superior (the "I'm OK") who projects anger, disgust, and scorn onto a designated inferior, or scapegoat (the "You're not OK").

I'm not OK - You're OK is known as the depressive position and is characterised by feeling powerless in comparison with others. Typically such people serve others' needs instead of their own and generally feel victimised.

The "I'm not OK - You're not OK" quadrant is known as the position of futility and frustration. Operating from this place, people have lost interest in life and may see life as totally without meaning and a promise. This self-destructive stance is characteristic of people who are unable to cope in the real world, and it

may lead to extreme withdrawal, a return to infantile behaviour, or violent behaviour resulting in injury or death of themselves or others (Corey, 2013).

This section is considered useful to this study. This is because, the life position a person takes has an effect on his/her marital relationships. It is worth noting that, a life position can be changed to improve relationships.

Related to the concept of basic psychological positions is the 'lifescript', or plan for life. A personal lifescript is an unconscious life plan made in childhood, reinforced by the parents, justified by subsequent events, and culminating in a chosen alternative (Solomon, 2003). This script is developed early in life as a result of parental teaching and the early decisions made. Through a process known as script analysis, clients can become aware of how they acquired their lifescript and are able to see more clearly their life role (basic psychological life position).

Script analysis helps clients see the ways in which they feel compelled to play out their lifescript and offers them alternative life choices (Berne, cited in Corey, 2013). Berne further indicated that through early interactions with parents and others, people receive a pattern of strokes that may be either supporting or disparaging. Based on this stroking pattern, they make a basic existential decision about themselves; that is, they assume one of the four life positions just described. This existential decision is then reinforced by messages (both verbal and non-verbal) that they continue to receive during their lifetime. It is also reinforced by the results of games, rackets, and interpretations of events.

Script analysis demonstrates the process by which people acquired a script and the strategies they employ to justify their actions based on it. The aim is to help clients open up possibilities for making changes in their early programming. During script analysis, clients are asked to recall their favourite stories as children, to determine how they fit into these stories. These processes help clients to realise how these stories fit their current life experiences (Corey, 2013).

Berne (1994) recommended the need to examine what a person's favourite fairy tale is as this is often the script that people create around ages three, four or five, and is the script they will follow for the rest of their lives unless they do something to change it. In practice, a counsellor could employ the technique of mental imagery to help a client imagine that they are five years old and to reflect on what their life plan, or script, might have been. Together the counsellor and the client can explore the meaning and identity of what was attached to the script(s). Importantly, a TA counsellor should consider his/her own favourite fairy tale and reflect on how it is being acted out in life, and in counselling practice. Berne viewed scripts as being potentially productive or destructive (Clarkson, 2013).

Throughout the life span, behavioural scripting is learned and reinforced just as if the significant people in a person's current world were actors with predetermined parts to play (Adams, 2008). The script is but an image, metaphor, or tool to symbolic thinking and it does not have to be taken more literally than useful (Clarkson, 2013). Clarkson further indicated that the problem with scripts is that they work "against people's ability to take responsibility for themselves and thus ultimately against their own growth and well-being" (p. 6). For both the

counsellor and client this can be problematic as it places limits on identity, growth, and change – leaving people feeling hopeless and victimised by their scripts. Fortunately, Berne (1994) noted that, if scripts are not working for a person then they can be examined, re-written, revised, or thrown out completely.

Injunctions and counter-injunctions

When parents are excited by a child's behaviour, the messages given are often permissions. However, when parents feel threatened by a child's behaviour, the messages expressed are often injunctions, which are issued from the parents' Child ego state. Such messages establish the "don'ts" by which children learn to live (Corey, 2013). Out of their own pain, parents can issue these short, but profound lists of general injunctions: "Don't." "Don't be." "Don't be close." "Don't be separate from me." "Don't be the sex you are." "Don't want." "Don't need." "Don't think." "Don't feel." "Don't grow up." "Don't be a child." "Don't succeed." "Don't be you." "Don't be sane." "Don't be well." "Don't belong" (Goulding & Goulding, as cited in Corey 2015). These messages are predominantly given non-verbally and at the psychological level between birth and seven years of age.

When parents observe their sons or daughters not succeeding, or not being comfortable with whom they are, they attempt to "counter" the effect of the earlier messages with counter-injunctions. These messages come from the parents' Parent ego state and are given at the social level. They convey the "shoulds," "oughts," and "dos" of parental expectations. Examples of counter-injunctions are "Be perfect." "Try hard." "Hurry up." "Be strong." "Please me."

The problem with these counter-injunctions is that no matter how much people try to please, they feel as though they are still not doing enough or being enough. This demonstrates the rule that messages given at the psychological level are far more powerful and enduring than those given at the social level (Goulding & Goulding, as cited in Corey 2015).

Injunctions are not just planted in the minds of people while they sit by passively. According to Goulding (as cited in Corey, 2013), children decide either to accept these parental messages or to fight against them. By making decisions in response to real or imagined injunctions, people assume some of the responsibility for indoctrinating themselves. Clients in TA therapy explore the "shoulds" and "shouldn'ts," the "dos" and "don'ts" by which they have been trained to live, and how they allow them to operate in their lives. The first step in freeing oneself from behaviours dictated by the often irrational and, generally, uncritically received parental messages is awareness of the specific injunctions and counter-injunctions that one has accepted as a child. Once clients have identified and become aware of these internalised "shoulds," "oughts," "dos," "don'ts," and "musts," they are in a better position to critically examine them to determine whether they are willing to continue living by them (Corey, 2013).

This section is considered important for this study. This is because one or both spouses may experience dissatisfaction resulting from some injunctions and counter-injunctions that they have been trained with from childhood. These injunctions and counter-injunctions may thus have become their way of life hence hindering effective marital relationships.

Decisions and re-decisions

The re-decision therapy model was proposed by Mary Gouldings in 1979. It is, however, grounded within the framework of TA theory. The methods used in re-decision therapy are a combination of TA, Gestalt therapy, interactive group therapy, cognitive behaviour therapy, family therapy, and psychodrama (Corey, 2013). Transactional analysis emphasises people's ability to become aware of decisions that govern their behaviour and the capacity to make new decisions that will beneficially alter the course of their life. This section addresses the decisions made in response to parental injunctions and counter-injunctions and clarifies the re-decisional process.

As a part of the process of TA therapy, clients are often encouraged to return to the childhood scenes in which they arrived at self-limiting decisions. The therapist may facilitate this process with any of the following interventions: "As you are speaking, how old do you feel?" "Is what you are saying reminding you of any time(s) when you were a child?" "What pictures are coming to your mind right now?" "Could you exaggerate that frown on your face? What are you feeling? What scene comes to mind as you experience your frowning?" (Corey, 2013, p. 12).

Goulding (as cited in Corey, 2015) noted that there are many ways of assisting a client to return to some critical point in childhood. Once there, the client re-experiences the scene; and then relives it in fantasy in some new way that allows him/her to reject old decisions. After clients experience a re-decision

from being in an old scene, they design experiments so that they can practice new behaviour to reinforce their re-decision both in and out of the therapy office.

With each of the basic injunctions previously described (and some possible decisions that flow from them), there are countless possibilities for new decisions. In each case the therapist chooses an early scene that fits the client's injunctions/decision pattern, so that the scene will help this client make a specific re-decision. For example, Brenda re-lives scenes with her parents when she was positively stroked for failing or was negatively stroked for succeeding. It was apparently at those times that she accepted the injunction "Don't succeed." The therapist challenges her to examine whether the decision, which may have been functional or even necessary in the past, is currently appropriate. She may re-decide that "I will make it, and I am successful, even though it is not what you want from me." In this re-decision work, Brenda enters the past and creates fantasy scenes in which she can safely give up old and currently inappropriate early decisions. She is now able to re-live the scene in a new way (Corey, 2013).

Goulding and Goulding (as cited in Corey, 2015) believe it is possible to give a new ending to the scenes in which original decisions were made—a new ending that often results in a new beginning that allows clients to think, feel, and act in revitalised ways. Once clients experience a re-decision through fantasy work, they and their therapists design experiments so they can practise new behaviour to reinforce their decision.

Transactional analysis' therapeutic goals

The basic goal of transactional analysis is to help clients make new decisions about their current behaviour and the direction of their lives. Individuals learn alternative ways of living. The essence of therapy is to substitute an autonomous lifestyle characterised by awareness, spontaneity, and intimacy for a lifestyle characterised by manipulative game playing and a self-defeating lifescript. Individuals learn to "write their own script" instead of being passively "scripted." Since TA is a contractual therapy, the therapist and the client collaboratively establish the specific goals that guide the therapy sessions (Corey, 2013).

The therapeutic goals of transactional marriage therapy emerge naturally from the initial structure of the marriage contract. The objective is to preserve the marriage contract if possible while at the same time allowing each party to obtain as much satisfaction as possible under compromise of the relationship and script contracts. The therapeutic goal with regard to the relationship contract, is to stabilise the Adult in each spouse, both in the group and during the marriage (Berne, 1961).

The transactional analysis therapist's function and role

Transactional analysis is designed to help clients gain both emotional and cognitive insight, but with the focus clearly on rational aspects. The role of the therapist is largely to pay attention to didactic and cognitive issues. The counsellor assists clients in discovering the disadvantageous conditions of the past under which they made certain early decisions, adopted life plans, and developed

strategies in dealing with people that they might now wish to reconsider (Corey, 2013).

TA stresses the importance of equality in the client–therapist relationship. This is manifested through contractual agreements between therapist and client that make them mutual allies in the therapeutic process. Hence, therapists bring their knowledge to bear in the context of a clear, specific contract the client initiates. Regardless of what school of TA a practitioner belongs to, the focus is on the establishment, maintenance and end of the therapeutic relationship (Tudor & Hobbes, 2002).

From the perspective of re-decision therapy, the counsellor's function is to create a climate in which people can discover for themselves how the games they play support chronic bad feelings and how they hold onto these feelings to support their lifescript and early decisions. Another function of the TA therapist is to challenge clients to discover and experiment with more effective ways of being. The role of the therapist is to help individuals acquire the tools necessary to effect change. Berne (1966) suggested that the group leader's role is to observe, which is more important than any technique. Detailed observations and analysis of transactions can be viewed as the most desirable quality of the TA therapist, as well as the most effective technique (Tudor & Hobbes, 2002). This is done by encouraging and teaching clients to rely on their own Adult rather than on the therapist's Adult. Contemporary TA practice emphasises that the key job of the counsellor is to help clients discover their inner power to change by making more appropriate decisions now, as opposed to continuing to live by archaic decisions

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they made in childhood (Corey, 2013). This implies that the counsellor's real job is to allow clients to find their own strength.

Client's experience in TA therapy

One basic prerequisite for being a TA client is the capacity and willingness to understand and accept a therapeutic contract. The contract contains a specific statement of objectives that the client will attain and the criteria to determine whether goals have been effectively met. The therapist and client focus on the content of the contract, so that the client knows what he or she is coming to the therapist for. Contracts are intended to be practical tools for helping clients attain the changes they want themselves. Because long-term contracts can be limiting, clients develop contracts in steps that are subject to modification as they penetrate more deeply into the areas in which they are seeking to change (Corey, 2013).

The process of TA treatment focuses primarily on change as defined by the contract, and there is an Adult-to-Adult agreement between the therapist and the client about what the process and the desired goal will be (Dusay & Dusay, cited in Corey, 2013). Contracts place the responsibility on clients for clearly defining what, how, and when they want to change. Contracting allows for a more equal footing between client and therapist. Contracting for change minimises the potential power struggles between the therapist and client. Thus, from the very beginning, clients learn that therapy is a shared responsibility. In other words, the client's contract establishes the departure point for therapeutic activity. Clients agree to work on specific issues during their therapy sessions.

The key question is, "How will you know and how will I know when you get what you are coming to therapy for?" (In SFBT this question is an example of a preferred goal question). In TA, the question implies a therapeutic partnership aimed at accomplishing a mutual goal. When the terms of the contract are completed, the relationship is terminated unless a new contract is established (Corey, 2013). The client's experience here is quite similar to what happens in SFBT where the discussion is focused on solutions.

TA therapy for marriages

Marital counselling according to Berne (1961) is set up from beginning as a three-handed game, and may be successful with couples who are unable to play by themselves and need a third player. The counsellor, at the social level may act as a coach, telling the couple how to play their game better, or he may perform the functions of a referee. At the psychological level, he tends to become a third party to the marriage itself, usually in a Parental capacity.

There are ideally no criteria for selection in a marital group. Berne (1966) reported that his experience has demonstrated that couples who present themselves for counselling fall into four significant classes:

1. People who misunderstand each other, but do not wish for a divorce. This means people whose games are destructive, or are not being played satisfactorily, or are being grown out of, or are beginning to wear thin. This category of people formed the respondents to be used at the intervention stage of this study.

2. Those suffering from what might be called "an outbreak of script". This happens when a marriage is run happily for years until one spouse makes an impulsive extra-marital relationship. The significant consequence is not the domestic turbulence that follows but the onset of psychopathology, usually something like obsessional jealousy. As the incident is elaborated in fantasies and dreams, it becomes evident that this is a script which has been present but latent in the minds of both parties throughout the marriage.

3. Recently divorced people who are willing to consider reconciliation.

4. Situation in which one or both spouses come to the group as part of a game of 'see how hard I have tried' attempting to have the therapist' consent by compliance with his game of psychiatry, so that they can then proceed to get a divorce with a "clear conscience" (Berne, 1961, p. 213).

Application of TA to group counselling

The practise of TA is ideally suited to groups. Berne (1966) was of the belief that, group therapy yields information about one's personal plan for life that would take much more time to obtain through individual therapy. In a group, people are able to observe others changing, giving them models and increasing their own options. They come to understand the structure and functioning of their individual personality and learn how they transact with others. The objective of transactional analysis in group therapy is to carry each client through the progressive stages of structural analysis, transactional analysis proper, game

analysis, and script analysis, until he/she attains social control. The attainment of this goal can be validated by observing change not only in his responses, but in the resultant, independently observed changes in behaviour to clients who have been exposed to psychotherapy.

By seeing how others play games and act out their scripts, group members are better able to identify their own games and script. This whole process of watching others proceed at various speeds and levels of change validates clients' pacing of their own changes. Clients are able to focus on their early decisions, which may never have been subject to scrutiny. Interaction with other group members gives them ample opportunity to practice assignments and fulfil their contracts. The transactions in the group enable the members to increase their awareness of both self and others and thus focus on the changes and re-decisions they will make in their lives (Corey, 2009).

TA emphasises people's ability to become aware of decisions that govern their behaviour and the capacity to make new decisions that will beneficially alter the course of their lives. Re-decisional therapy is done in a group context in which members can experience their script coming to life by reliving early memories and by interacting with others in the group. From a re-decisional perspective, group therapy is the treatment of choice. People change more rapidly than they do in individual therapy. There are many avenues of self-understanding through analysing transactions within the group (Goulding, as cited in Corey, 2013).

The presence of group members facilitates action, because they can represent family members from the past as well as people in the present. Because

of the interaction within the group, members are given many opportunities to review and change their past decisions and experiment with new ones. One rationale for group counselling is that it provides a living experience that participants can implement in their interactions in everyday life.

According to Jacobs et al. (2006), TA can be taught by the group leader in mini-lecture format but preferably by using a member's situation. For example, if Ama, a client complains of not receiving enough attention from her spouse among other concerns of other group members, the leader may introduce some TA tools that can help group members understand better. The leader may with the help of a whiteboard marker, draw three circles representing each of the ego states – Child, Parent and Adult and use this to explain and discuss with group the various ego states Ama could be operating from at any given time with regard to her problem. Once the leader teaches TA, she can use the Parent, Child, Adult concepts in numerous ways when working with one member or with the entire group. One reason TA is a very good theory to use in groups is that, it can be used in a variety of visual and experiential ways.

Structural Family Therapy (SFT)

Structural family therapy (SFT) was developed in 1974 by Salvador Minuchin, a psychiatrist, and his colleagues (Metcalf, 2011). Based on a systemic point of view, this approach conceptualised how the struggles of families, human problems, and relationship difficulties developed as a result of interactional dysfunction. SFT looks at family members' relationships and interactions through a systems theory lens (Aponte, 2003).

The structural approach defines how a family should organise their relationships and functioning. Intervening in the pattern of interaction and the structure of the family brings about changes and resolves dysfunction in the family. Therefore, the structural family therapist spends time understanding and tracking family interactional patterns, boundaries, and subsystems so that he or she may intervene and alter the current structural patterns. The structural family therapist does this by actively changing the sequence of events or changing the structure in the family through directions or even moving family members physically in the room so that the family can experience itself differently. SFT is thus to reorganise how a family functions so that, change to a more healthy function is inevitable (Metcalf, 2011).

This theory is relevant for this study because it describes the system of marriage with a special focus on the uniqueness of every marriage and family. Because of the uniqueness of each marital situation, in this study, couples will be placed in groups for treatment. The sharing of ideas will help the couples to improve on their own unique marital relationship. The theory also talks about marital roles which is important to this study.

Theoretical assumptions

Minuchin (cited in Metcalf, 2011) found that when families are faced with a stressful situation or crisis, the rigidity of their transactional patterns and boundaries may prevent any further exploration of alternatives. After that, symptomatic behaviour is seen as a maladaptive reaction to changing environmental and developmental requirements. When family rules that govern

family transactions become inappropriate or rigid, the family is seen as dysfunctional (Vetere, 2001). Vetere further states that, a dysfunctional family has not fulfilled its purpose of nurturing growth and dealing with a crisis of its members. A family system is, therefore, stabilised by each individual member's contribution. Structural therapeutic efforts are based on the principle that action leads to new experiences and insight. Change begins when an individual's experience of certainty (his or her role) starts to become uncertainty or confusion, which helps the family become more fluid (Minuchin, 2007). By helping the family member to step out of his or her current role into an unknown role, family dynamics shift and everyone resettles into different roles.

Family structure

Family structure is the invisible set of functional demands that organise the ways in which family members interact. Family structure represents the power, patterns, and the organisation in the family. Each family has its own rules of interacting (or not interacting) with each member. Family structure is formed on the basis of interaction patterns and dynamics. Each family member has roles and functions in varied positions within different family subsystems, and each member has his or her own boundary with other individuals. Individual functioning, visible or invisible, is based on family rules, spoken or unspoken, and such functioning shapes family structure (Minuchin, as cited in Metcalf, 2011).

The way a family is structured defines how the family deals with a problem from inside or outside the family. It also determines how a member responds or does not respond. The structural family therapist seeks to understand

the structure in a family so that he or she can understand how the family gains balance, misbalance or maintains balance of the family system. For example, in families, roles evolve without any conscious awareness as a method of keeping the family functioning. Sometimes, the roles that evolve are dysfunctional, such as one parent being domineering and controlling because of the other parent being inconsistent and irresponsible. The structural family therapist pays attention to the evolution of roles in the family and introduces interventions that change the roles of family members and thus the structure of the family (Metcalf, 2011).

Power and hierarchy

In a family, the person with the most power makes all of the final decisions and takes responsibility for the outcome of the family dynamics. Appropriate persons to have power in families are the parents. The father is in control. The father has the power and the child gives the father power, respecting the father's request. However, in dysfunctional families, if the relationship between parents is not healthy, children may be given more attention than the couple gives each other, and the child is therefore given control. Such situations leave the child insecure because he or she is not mature enough to have such power and cause parents to continue their conflict over the child rather than deal with their own issues. Those children grow up needing to be more mature than they are capable of and often act out (Metcalf, 2011).

The structural family therapist strives to place parents in their proper hierarchical role above the children, helping the children feel safe and secure and creating a natural boundary between parents and children (Seligman, 2004). The

hierarchical system also applies to husbands and wives. This was important for the discussion at the intervention stage of this study since disregard for family hierarchies may lead to dissatisfaction among couples.

Family subsystems

A family system contains smaller subsystems. The subsystems include different family members, and a member may be involved in one or more subsystems in the family. Subsystems may be hierarchically arranged, with power in subsystems and/or between subsystems. The subsystems can also be divided by gender, functions, generations, or interests. Every family has developmental tasks, which must be carried out as it grows, such as helping children grow up into adolescents and later launching them into young adults. These tasks are processed within bounded subsystems and, if healthy, the subsystems allow the family members to encourage growth and independence, resulting in an adolescent feeling confident enough to leave home. Healthy families recognise that growth and independence are important and do not invade other people's space. Instead, they encourage that person to seek his or her own unique future and assure the person that the rest of the family will function (Metcalf, 2011).

Boundaries

Boundaries may be established by spoken or unspoken rules. They are psychological, not physical. The degree of boundary permeability represents how much the subsystems allow interaction among each other, or with external systems. Rigid boundaries are those that basically disengage members from each other, either in communities or at home. There is a very limited access; they do

not engage with other systems, and they cannot negotiate or accommodate developmental challenges or problems (Metcalf, 2011). An example would be the very strict husband who is unable to hear his wife's request because of a desire for complete control, leaving the wife feeling unheard and rejected. When clear boundaries are not set, the roles in a family become confusing, and the family structure is threatened.

The SFT theory is considered useful to this study because the marital relationship forms the foundation for the family. If a family is unable to develop a good structure, it will not fulfil its purpose of nurturing and dealing with difficulties. Each family member's contribution is vital.

The Dynamic Goal Theory of Marital Satisfaction

A marital goal, which is the goal people want to attain in their marriage, is one of the core elements in the dynamic goal theory of marital satisfaction. The theory argues that marital goals, especially the prioritised ones, are the most essential determinants of marital satisfaction. The four key elements of the dynamic goal theory of marital satisfaction are listed as follows. First, people have multiple goals that they want to achieve in their marriage. Second, the priority of different marital goals changes dynamically across adulthood. Third, whether the prioritised marital goals in a certain developmental stage are met in the marriage determines marital satisfaction. Fourth, other factors can also affect marital satisfaction by either changing the priority of different marital goals or by facilitating the achievement of the prioritised marital goals (Li & Fung, 2011). Each of these elements is elaborated. The dynamic goal theory of marital

satisfaction is considered relevant for this study because the intervention stage of this study required the setting of marital or therapy goals. The goals of marriage form the basis of the union and can lead to dissatisfaction if not well defined.

Classification of human goals

In order to obtain a clearer and more comprehensive view of human goals, researchers have tried to classify the content of human goals. For example, Nuttin and Lens (1985) classified human goals in a different way in their manual of motivational content analysis. Eight main categories of human goals, namely self, self-realisation, realisation, contact, exploration, transcendental, possessions, and leisure, were proposed. They also found that contact goals (that is, goals regarding social relationships) constituted 39.5%, 39.7%, 31.9%, and 33.5% of the total reported goals in four independent studies with different samples and different goal reporting methods. Their finding suggests that goals regarding interpersonal relationships constitute an essential part of the human goal system. Nuttin and Lens further distinguished the goals regarding social interactions (i.e., contact goals) into three categories.

The first contact goal category includes goals toward others. To achieve these goals, people need to conduct some actions themselves. For example, the goals can be to maintain intimate contact with others, to help others, or to cooperate with others to obtain certain rewards. The second category is goals from others. These goals are about the expected support from others, such as positive evaluation, affection, and instrumental support. The last category of contact goals is goals for others, which are the goals that people set for the sake of

others. For instance, a mother can wish her son to study in a prestigious university. This goal is not directly related to the mother herself.

In addition, Lang (2004) specifically summarised human goals regarding social relationships based on a review of previous theories. He concluded that there were two general classes of social goals; the belonging goals and the social agency goals. The belonging goals focus on the emotional benefits people obtained from social relationships, including sense of intimacy, security, and belongingness; whereas the social agency goals describe the instrumental benefits from social relationships, such as receiving support or advice when in trouble. In sum, goals regarding social relationships compose a large portion of human goals. As marital relationship is one of the most important and endurable social relationships, people would have various goals which they want to achieve in their marriage. The next section describes the classification of marital goals.

Classification of marital goals

Marital goals can be classified into three categories: companionship goals, personal growth goals, and instrumental goals. Companionship goals are about people's needs for belongingness and relatedness in the marriage. Self-determination theory suggests that the need for relatedness is one of the three basic psychological needs of human beings (Deci & Ryan, 2002). Similarly, the belonging goals refer to people's need to be related to others and is regarded as an important social relationship goal. Specifically, in the marital context, intimacy and commitment are two of the three components of love in the triangular theory of love which are both closely related to the companionship goals (Lang, 2004).

Personal growth goals describe couple's desire to improve or actualise in the marriage. Social relationships are valuable resources for achieving personal goals. Fitzsimons and Shah (2008) found that activating a target goal enhanced the accessibility and evaluation of social partners who could help with the target goal. Lang (2004) suggests that such self-serving goals constitute a significant part of social relationship goals. Specifically, in the marital context, expansion of the self—the process of acquiring new identity, experience, knowledge, and social networks—has been identified as an essential element for initiating and maintaining marriage (Aron & Aron, 1996; Aron, Norman, Aron, & Lewandowski, 2002). A good marriage facilitates people's striving for personal goals. The spouse can help the individual to achieve his or her ideal self through affirmation of that ideal self (Drigotas, Rusbult, Wieselquist & Whitton, 1999; Rusbult, Finkel & Kumashiro, 2009). Such phenomenon is particularly evident when the two partners' ideal selves are similar to each other (Rusbult, Kumashiro, Kubacka, & Finkel, 2009). In addition, it is found that many people have positive illusions about their spouse (Murray, Holmes, & Griffin, 1996a; Miller, Niehuis, & Huston, 2006). Such positive illusions can be realised by the spouse longitudinally (Murray, Holmes & Griffin, 1996b). The personal growth goals make up an important part of marital goals. Marriage is not only about the couple and the relationship, but also to provide a supportive environment for personal growth.

Instrumental goals are about the practical nature of marriage. Spouses need to share household labour and responsibilities with each other, such as

housework, managing family finance, and raising children. On one hand, instrumental support from the spouse contributes to marital quality (Cutrona, 1996; Mickelson, Claffey & Williams, 2006). On the other hand, unfair division of household labour is a major source of marital conflict, especially in modern dual-earner families (Frisco & Williams, 2003). Thus, meeting instrumental goals is also a necessary part of a successful marriage. Although all the classifications of goals are important, the priority of the three types of marital goals changes across adulthood (Lavee & Katz, 2002). These instrumental goals formed part of the discussions under marital roles at the intervention stage of this study.

Empirical Review

This section presents a review of researches related to marital satisfaction, transactional analysis and the solution-focused brief therapy.

Solution-focused brief therapy in marriage and family counselling

Research suggests that SFBT is an effective approach with certain populations and issues. Gingerich and Eisengart (2000) conducted a systematic qualitative review of multiple outcome studies on the solution-focused model. Their results indicated that the SFBT model was better than no treatment or comparable to empirically supported interventions. They concluded that there is "preliminary support for the idea that SFBT may be beneficial to clients" (p. 495). In a meta-analysis conducted by Kim (2006), the SFBT approach was found to demonstrate positive outcome measures related to both internalising and externalising behaviour problems and to family and relationship problems. More specifically, research has shown that the solution-focused brief model is effective

in treating the following: school-age children (LaFountain & Garner, 1996; Franklin, Moore & Hopson, 2008), parenting skills (Zimmerman, Jacobsen, MacIntyre & Watson, 1996), rehabilitation of orthopaedic patients (Cockburn, Thomas, & Cockburn, 1997), recidivism in prison populations (Lindforss & Magnusson, 1997), antisocial behaviours of adolescent offenders (Seagram, 1997), and hopefulness among depressed clients (Bozeman, 1999).

Several studies have been done using SFBT in dealing with variables of marital concern. Zimmerman et al. (1997) investigated the effectiveness of using the solution-focused brief couple therapy. Their results showed that using the SFBT was effective in increasing the compatibility and improving the couple's life. In another study, Nelson and Kelly (2001) showed that the solution-focused group therapy is effective in reducing couple's conflict. Russell-Martin (2006) also investigated the effectiveness of the solution-focused therapy on couple's compatibility. The results showed that this kind of treatment increases four components of Spinner's couple compatibility scale, namely couple satisfaction, solidarity, agreement, and showing affection. Nazari and Goli (2007) in a study on the effect of the solution-focused psychotherapy on couple satisfaction showed that psychotherapy can reduce couple aggression and sexual problem rates, improve time together and agreement about material issues. Davoodi, Etemadi and Bahrami (2011) carried out a study on the effect of the solution-focused brief therapy couple approach on the couple's compatibility. Their findings indicated that the approach affects couple's compatibility, helps couples to develop effective solutions in their lives and prevents divorce.

Johnson and Lebow (2000) selected a number of couples in order to increase the communication satisfaction rates and improve their communication quality and problem-solving methods. They used the solution-focused therapy approach for the study. Their results showed that the solution-focused therapy approach improved the couple's relationship. Stewart (2011) in his study indicated that solution-focused couple approach is effective in increasing the couple satisfaction, improving communication skills and individual performances of couples. Hiseini (2011) in a research on the comparison of the effectiveness of the excitement-based and solution-focus based therapies on the improvement of the intimacy and couple satisfaction found that couple therapy using the excitement-based and solution-focus based therapies were effective in increasing couple compatibility and led to higher couple intimacy.

Dejbakhsh (2010) conducted a study on the effectiveness of the solution-focused group training on the satisfaction change of couples' life and the self-efficiency. He found that solution-focused approach increased the understanding and awareness of the couples about their abilities and potentials and led to couple satisfaction. Rezaee (2010) conducted a study on the effectiveness of the solution-focused consulting on life quality of women with symptoms of borderline personality disorder. His findings showed that solution-focused consult increased the quality of mutual life of women with borderline personality disorder.

A study by Badakhshan (2015) on the effectiveness of solution-focused brief group therapy on reducing marital burnout in men found that using the solution-focused brief group therapy was effective. Badakhshan indicated that

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previous studies had confirmed the effectiveness of the solution-focused brief group therapy in reducing the divorce tendency rate. Davarniya (2013) in his study concluded that using the solution-focused brief group couple approach reduced couple exhaustion rate and its dimensions. Atari, Hoseynpoor and Rahnavard (2009) found that the solution-focused therapy approach increased couple compatibility. Izadi (2010) also found that the solution-focused training approach reduced couple burnout rate. When the treatment group was compared with the control group, they found that the SFBT caused a reduction in the physical, mental and emotional fatigue rate of the treatment group.

All the findings mentioned show that SFBT is an effective approach in dealing with issues of marital concern. In view of the reported increase in the divorce rate in Ghana, the solution-focused therapy can be used to increase marital satisfaction levels and in this way, prevent divorce. Couple dissatisfaction can have undesirable effects on the quality of life of couples in general. I, therefore, considered SFBT a very useful approach for this study. This study was aimed at further confirming the effectiveness of the solution-focused brief group therapy in improving the marital satisfaction of Christian couples.

Transactional analysis in marriage and family counselling

Transactional analysis is a theory about personality and a systematic psychotherapy for personal changes and growth (Stewart & Jones, 2009). It focuses on which ego state is most powerful in the social context (George & Christiani, 2009). TA is an effective communicative technique that has been applied successfully in various areas.

Sheikhmoonesi, Zarghami, Tirgari and Khalilian (2013) conducted a research on the effect of transactional analysis education on patient's satisfaction. Their results showed that the application of the education intervention programme provided a desirable effect by improving inpatients' satisfaction. There was a significant difference between the treatment and control groups' scores, one week after TA education. Andromico (2009) studied the effect of transactional analysis therapy in family therapy and group therapy and found significant increases in marital satisfaction relative to the control group. Shafi-Abadi, Moein and Vahdi-Vaghef (2010) conducted a research on the effect of two solution-oriented and transactional analysis approaches on changing the marital satisfaction level of married men and women in Tehran. They found that transactional analysis was a very good method for increasing marital satisfaction level and was superior to the solution-oriented approach. Salamat, Zamani and Alahyari (2007) also investigated the effect of training transactional analysis skills on the reduction of marital conflicts. In their research, 12 couples in the treatment group and 12 couples in the control group participated in the study. The analysis of results revealed that the training increased agreement on leisure time, satisfaction and intimacy. It also improved conversation method, criticism method, conclusions from discussion, and reduced marital conflicts.

A research conducted by Torkan, Kalantari and Molavi (2006) which aimed at studying the effect of group therapy by transactional analysis on couples' marital satisfaction showed that the TA group therapy increased marital satisfaction of men and women in the test group compared to those in the control

group. Danesh (2006) studied the effect of verbal transactional analysis method on marital compatibility of discordant couples. They selected 14 discordant couples randomly for two test and control groups. Analysis of data obtained from both groups at the post-test stage reflected that the method increased marital compatibility of the test group compared to the time before therapy and compared to the control group.

A research carried out by Salari (2007) aimed at studying the effect of transactional analysis group therapy on increasing emotional intelligence and marital satisfaction of couples in Mashhad. After dividing the participants into control and test groups and providing the test group with 12 training sessions, the results suggested that at the post-test stage, emotional intelligence of the test group couples was significantly more than the control group, but changes in their marital satisfaction was not significant and also there was a direct and significant correlation between emotional intelligence and marital satisfaction. The impact of training in transactional analysis on psychological well-being and self-knowledge of married women was investigated by Mansour, Mehravar and Kobra (2013). Results of post-test and follow up analysis showed that training in transactional analysis did increase the psychological well-being and self-knowledge of the women (p<.001). Mostafavi et al. (2014) conducted a study on the effect of group counselling with transactional analysis method on self-acceptance of couples with family dispute in counselling centres in Esfahan City. Their results showed that the training techniques on transactional analysis group counselling provided a significant change in self-acceptance of couples with family disputes.

All of these findings show that transactional analysis is an effective therapy with regard to issues of marital concern such as improving marital satisfaction. This makes this study relevant.

Factors that influence marital satisfaction

There have been several studies that have looked retrospectively at long lasting marriages in order to determine the reasons for their longevity. Robinson and Blanton (1993) found that the key characteristics identified by happy couples included intimacy, balanced autonomy, commitment, communication, similar religious orientation, and congruent perceptions of the relationship. Finkel and Hansen (as cited in Sokolski, 1995) examined 31 couples who were married 30 years or more. The results of their study indicated a curvilinear pattern of satisfaction, with the respondents remembering satisfaction as lower in the middle, childrearing stage of the family life cycle. During the middle stage, satisfaction was directly related to length of marriage, and inversely related to number of children and number of child-rearing problems.

Factors such as religion, gender, duration of marriage, marital roles, personality, in-law relationships and the presence of children influence marital satisfaction and are discussed in detail in the following sections.

Religion and marital satisfaction

The topic religion has been of interest to researchers because it seems to play such an important role in shaping the lives of people. An abundance of research has documented that religious and spiritual factors contribute to adult psychological well-being (Paloutzian & Park, 2013; Pargament, Mahoney &

Shafranske, 2013). Religious practice promotes the well-being of individuals, families, and the community (Fagan, 2006). One of the many areas of religious influence explored by researchers has been the marital relationship. Fagan further stated that regular attendance at religious services is linked to healthy, stable family life, strong marriages, and well-behaved children. Whether or not a couple matches up in their spiritual beliefs can be a potential source of major contention because of its deeply personal nature. This is often the framework from which people operate and when fundamental spiritual beliefs differ between two people who are trying to live a life together, it can create a number of problems (Nelson, 2008).

Religiosity is one characteristic which helps to predict marital satisfaction. Mahoney et al. (as cited in Stafford, David & McPherson, 2014) showed that several aspects of marriage quality (e.g. marital satisfaction) are predicted by religious activities such as praying together and considering the sanctity of marriage. Research by Ellison, Henderson, Glenn and Harkrider (2011) indicates that those who believe their marriage to be sanctified report higher levels of marital satisfaction than those who do not hold this belief. Mahoney (2010) has affirmed a positive association between religiousness (i.e., religious beliefs and practices) and greater marital quality. Berggren (as cited in Dabone, 2012) found that religion discourages divorce, to the extent of a 14% decrease. Gartner, Larson and Allen (as cited in Legako & Sorenson, 2000) found that religious psychotherapists experience higher levels of marital satisfaction and lower divorce rates, especially if they attend church together regularly.

Larson and Sawyers (as cited in Larson, 2002) claim that religiosity has a significant effect on divorce rates. In a 15 year national (USA) study, they found that 37% of couples who rarely or never attended a religious service had divorced, whereas only 14% of couples who attended church frequently had divorced. Larson and Goltz (as cited in Larson, 2002) found that couples who attended church frequently were more committed to marriage, while denomination and affiliation were not related to marital commitment. Larson (2002) noted that a strong commitment to marriage, and jointly engaging in religious activities both helped to promote marriage quality. Fincham et al. (as cited in Webbo, Kihara & Karume, 2017) found a positive correlation between religiosity and relationship satisfaction. They noted that young couples who regularly engaged in religious prayer reported high levels of happiness and satisfaction in their relationship.

Some studies show that denominational homogamy, where each person in the relationship practices their religion in the same denomination, was a more important factor for marital satisfaction than being homogamous in things like belief in the Bible (Heaton & Pratt, 1990). Ortega, Whitt and William (as cited in Jackson, Halberstadt, Jong & Felman, 2015) have shown that couples whose doctrinally based beliefs differed among spouses reported lower marital satisfaction than couples who acknowledged the same or similar doctrinal beliefs. A study by Williams and Lawler (2003) compared inter church couples (being a part of a different denomination from spouse), same-church couples, and those who were inter church but shifted to same-church. They found no difference in

martial satisfaction among the three groups of couples interviewed. Differences emerged from the exploration of relationship variables of a religious nature, though. For example, inter church couples reported more religious differences with their spouses as opposed to the other two groups, and were also less likely to report participating in religious activities together. They did not report religion as a strength in their marriage, as it was seen as having a negative effect on ability to respect how the partner used religion in communication skills.

Mixed and sometimes contradictory findings regarding the relationship between religiosity and marriage have been reported occasionally. In contrast to previous findings that religiosity was related to marital satisfaction, Schumm, Obiorah and Silliman (as cited in Schramm, Marshall, Harris & Lee, 2011) found no relationship between religiosity and marital satisfaction. While Booth, Johnson, Branaman, and Sica (as cited in Brooks, 2014) found that increases in religiosity slightly decreases the probability of considering divorce, Thornes and Collard (1979) found no differences in the level of religiosity between couples who were still married and couples who had divorced. This contradicts longitudinal findings on church attendance that indicate that more church attendance causes a likelihood of divorce (Clydesdale, 1997).

Religion seems to be an important variable within a relationship for reasons other than marital satisfaction, perhaps, because it does affect interactions of communication and respect between spouses. This section on marital satisfaction among Christians is considered important because Christians formed the sample for this study. There was no specific research question or hypothesis

on the relationship between religion and marital satisfaction. However the literature here helped to answer Research Question One.

Gender and marital satisfaction

There is plethora of research suggesting that men and women act differently in romantic relationships. This claim has, however, been challenged in studies of couples reporting a lack of gender differences (Levenson, Carstensen & Gottman, 1993; Karantzas, Goncalves, Feeney & McCabe, 2011). Research suggests that while men and women may behave differently in relationships, their underlying needs, wants and perspectives may not be so different; especially, for those couples in committed relationships (Hendrick, Hendrick & Adler, 1998). In a longitudinal study of couples, Kurdek (2005) found few marked differences over time in men and women's ratings of marital satisfaction, social support and spousal interactions. Moreover, the strength of the associations between these factors was similar for men and women.

Kurdek (2005) and Parker (2007) both highlighted that the reason for these disparate findings relates to the level of analysis at which the research was conducted. Specifically, much relationship research had failed to analyse the responses of couples (i.e., the couple as the unit of analysis). Rather, the majority of studies compared the responses of men and women from different relationships (i.e., the individual as the unit of analysis). Thus, it is unclear if these gender differences were due to actual differences between couples, or the result of comparing men and women from different relationships. These arguments were echoed by Kenny, Kashy and Cook (2006) who suggested that generalisations

about differences between the genders are often inappropriately made to couples when the analysis has in fact been conducted on individuals. Larsen and Olson (1990) concluded that while there are multiple approaches to calculating couple scores, each spouse represents a separate dimension of the relationship. Thus, if the husband and wife's scores were averaged or in some way combined, the meaning and potential significance of individual responses could be lost. Based on Larson and Olson's assertion, marital satisfaction is viewed as an individual quality and since it is also important to assess individual perceptions in relationships, husbands and wives' level of marital satisfaction need to be assessed individually.

Gender differences in marriage have been found in activities such as household division of labour, parental roles and responsibilities, expression of sexual intimacy and in psychological orientation. Heaton and Blake (1999) found that men and women have different roles in marriage and view relationships through different eyes. As a result they most likely derive different benefits, perceive different costs and evaluate the advantages of marriage differently. Haynes et al. (1992) compared men and women on eight different aspects of marital satisfaction and found that men reported significantly higher satisfaction than women on four of the eight comparisons. The other four comparisons did not yield statistically significant sex differences. This suggests that their differential experience of marriage would result in their differential perception of marital satisfaction.

Research regarding gender differences in perceptions of marital satisfaction has yielded mixed results. Heaton and Blake (1999, p.30) found that being in a happy marriage was more important to women than men and they also found that women's overall experiences of marriage were more negative than men's. Fowers (1991), in a study of 7,261 couples found that men were somewhat more satisfied with their marriages than women. It was commonly observed that husbands were more satisfied with their marriages than wives. Also in two large-scale national surveys in 1980 and 2000, wives reported less happiness, more conflict, more problems, and greater divorce proneness than husbands (Amato, Booth, Johnson & Rogers, 2007). The situation as shown by Ackummey (2011) in a study on the impact of conflict management on marital satisfaction among couples at Duakor, is not so different in Ghana. Her study confirmed that men were slightly satisfied in their marriages than women before treatment. However, Akpadago (2014) reported that more female respondents were satisfied with their marriages than the males in his study conducted on married people in Navrongo.

Meijer and Van den Wittenboer (2007) found a decrease in marital satisfaction that was more pronounced in women than men following the birth of their first child. They attributed this finding to the insomnia created by a crying baby and the gender norms that dictate that childcare is a woman's job. They further noted that having to revert to traditional gender roles after becoming a mother may be the cause of the significant decrease in females' marital satisfaction. The transition to parenthood affects wives' satisfaction more than that of husbands (Twenge, Campbell & Foster, 2003) and women are more likely

than men to recognise marital problems and initiate marital therapy (Doss, Atkins & Christensen, 2003) and divorce (Amato & Previti, 2003). In addition, Thompson and Walker (as cited in Hansen & Garey, 1998) found that in marriages that eventually ended in separation or divorce, women usually knew that the relationship was in trouble long before their partners did.

Rhynes's (as cited in Sokolski, 1995) findings supported the notion of a curvilinear model of satisfaction across the life cycle for women, but not for men. She also found that women were generally less satisfied with their marriages than were men, across all stages of married life. Furthermore, Rhynes's research finding indicated that marital satisfaction was highly correlated with global happiness for women but not necessarily for men. She added that one possible explanation for gender differences in marital satisfaction is the disparity of sex roles in the culture of a people. Over the years, women have increased their presence in the work force, but their responsibilities at home have not diminished. Thus, some aspects of gender roles change more quickly than other aspects, and responsibilities that individuals have and those that they expect to have may not be the same.

Research has demonstrated that sex role congruency is an important variable in marital satisfaction (Parmelee, as cited in Sokolski, 1995). Julien and Markman (1991) found gender differences in social support. According to the authors, it takes more stress for husbands to finally seek out support from their wives than the reverse. Furthermore, when men do seek support, it does not appear to improve the quality of their relationship. Burda, Vaux and Schill (cited

in Sokolski, 1995) also found that men have a more difficult time soliciting help from their wives.

This section is considered important because it constitutes a very important intervening variable with regard to the conceptual framework of this study. Research question three as well as hypothesis six focused on gender differences in marital satisfaction.

Duration of marriage and marital satisfaction

Results of previous research that have examined the relationship between duration of marriage and marital satisfaction have been inconsistent, so there is still some debate in literature as to the exact nature of the relationship between duration of marriage and marital quality (Clements & Swensen, 2000). However, a well-documented fact about marriage is that marital relationships have a strong tendency to decrease in satisfaction over the first twenty years of the marriage. Most newly married couples report very high satisfaction and any change from that point would probably be in a downward direction (Broderick, as cited in Animasahun & Oladeni, 2012).

One study that followed couples over a 15-year time frame found that the decline in marital satisfaction persisted over the entire time period and that the reduction was substantial (Hughes, 2011). A longitudinal study conducted by Huston, McHale and Crouter (as cited in Strong & Cohen, 2016), found a substantial decline in reported marital satisfaction during the first year of marriage. Also a study by Glenn (1990) estimated that marital satisfaction decreases steadily for at least the first 10 years and maybe for 25 years or longer.

Probably, the most robust finding in the marital literature is the honeymoon-is-over effect (Kurdek, 1998) or the "typical honeymoon then years of blandness" pattern (Aron et al., 2002, p. 182); whereby high initial levels of satisfaction inevitably decline as a marriage matures. Although there is some debate over whether these changes are primarily linear or nonlinear in form, there is little dispute that marriages on average are viewed as less fulfilling as time passes (Van Laningham, Johnson & Amato, 2001). A common pattern in marital satisfaction revealed through some longitudinal data collection is a slowly decreasing linear trajectory (Karney & Bradbury, 1995; Vaillant & Vaillant, 1993). Levels of marital satisfaction are highest in the early stages and continually decline throughout the rest of the marital career.

Contrary to what has been reported in the first two paragraphs of this sub-section by Broderick (as cited in Animasahun & Oladeni, 2012), the National Centre for Health Statistics (1991) noted that the risk of divorce appears to be greatest during the first three years of marriage, and over one-third of divorces occur within the first five years. Becker (1991) suggested that divorces early in marriage were predicted by changes in how one views one's partner, which are often the result of gaining negative information about the spouse after marriage. Kurdek (2005) indicated that newlywed wives have stronger declines in satisfaction than their husbands over the first few years of marriage, whereas Lawrence, Rothman, Cobb, Rothman and Bradbury (2008) found no difference in husbands' and wives' satisfaction over the first 3 years of marriage.

This section is considered important because although it does not constitute the main purpose of the study, I am interested in finding out the state of Christian marriage with regard to duration of marriage. This is seen in Research Question Four and Hypothesis Eight which sought answers on the differences in the marital satisfaction levels of Christian couples with regard to duration of marriage.

Age and marital satisfaction

Age at marriage is one of the strongest predictors of divorce within the early years of marriage (Heaton, 2002). Subjective accounts of divorce tend to vary according to age at marriage (DeMaris & Rao, 1992). Age heterogamy is associated with divorce, as couples in which the husband is three or more years older than his wife are at an increased risk for divorce (Tzeng, 1992). Specific problem behaviours may also account for the link between age at marriage and divorce. Amato and Rogers (1997) found that marrying at a later age was associated with a decline in problems due to infidelity, jealousy, and drinking/drug use – behaviours that have been shown to predict divorce. Individuals who married at older ages were more likely to cite incompatibility and a lack of a sense of family as causes of divorce (Kitson, 1992). Those who married young tended to blame marrying young, growing apart, and going out too much with friends (Amato & Previti, 2003).

In a study on the effect of age on marital satisfaction of married people in Sunyani municipality, Dabone (2014) reported that older people were satisfied in five out of the seven scales of the Marital Satisfaction Inventory used in this

study. The five scales were relationship, affection, love and appreciation, character, temperament and marital roles. Out of these five, four were statistically significant. According to Nema and Bansal (2015), it is likely that middle-aged partners' identification of successful problem-solving strategies contribute to the sense that they have control over their relationship. Similarly, in a study on the relationship between variables of marital satisfaction and family relationships in young adults and middle- age couples, Matsumoto, Ghellere, Cassepp-Borges and Falcão (2017) found that middle-aged couples had higher marital satisfaction rate than young-adult couples.

In a study on the relationship between age, gender and satisfaction in long-term marriages, Levenson et al. (1993) established that compared with middle-aged (40-50years) couples, older couples (60-70 year) experienced higher satisfaction. They further indicated that older couples experienced (a) reduced potential for conflict and greater potential for pleasure in several areas (including children), (b) equivalent levels of overall mental and physical health, and (c) lesser gender differences in sources of pleasure. Charles and Carstensen (2004) ascertained that on the average, older couples are happier than younger couples. They further stated that even self-described unhappily married older couples report that they are happier than they were when they were younger. Furthermore, older married couples argued less and have fewer marital conflicts than their younger counterparts. Older married couples also take more pleasure in many areas of married life, such as conversation and recreational activities. Finally, old

married couples do report that erotic bonds are less central in their lives; friendship instead appears to be the cardinal feature of their lives.

One study in which older and middle-aged couples were directly observed as they discussed conflictual aspects of their marriage found that older husbands and wives were more likely than middle-aged couples to interweave expressions of affection along with expressions of anger and discontent (Carstensen, Levenson & Gottman, 1995). Older couples describe increasing closeness over the years (Field & Weishaus, 1992). One study queried happily married older couples as to what they perceived was responsible for the success of their marriages (Lauer, Lauer & Kerr 1990). The three top ranked criteria were the same for men and women (although the order varied somewhat). They were commitment, liking their spouse, and having their best friend for a spouse.

From the literature presented here, it seems older couples are more satisfied in marriage than younger couples. This is one of the investigations this study sought to do. The focus of this study was not on age differences of couples but to find out whether older people (35-50, or Over 50) were happier than younger married persons (18-34years). In support of using these age groupings, according to Kiersz (2015), there are four generation groups for adults. Those between the ages of 18 and 34; 35 to 50; 51 to 69, and 70 to 87. For the purpose of this study, I have categorized adulthood into three namely young adulthood (18-34), middle adulthood (35-50) and late adulthood (Over 50). Research Hypothesis Seven sought to test differences in the satisfaction levels of couples after the interventions with regard to age.

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The marital relationship and marital satisfaction

The presentation under this sub-heading is based on communication which is the major component of the Scale One of the Marital Satisfaction Inventory (MSI) used in this study. Sexual satisfaction which is related to communication and is a component under Scale Two of the MSI is also presented.

In the past two decades, a considerable body of research has focused on the influence of interaction and communication behaviour on marriage and marital quality (Bradbury et al., 2000). It is assumed that marital communication is instrumental for marital quality and even one of the most crucial factors contributing to marital satisfaction (Karney & Bradbury, 1995). According to Noller and Fitzpatrick (1990, p. 839) "there is a weight of evidence that marital interaction causes marital satisfaction. Communication plays a central role in marriage. Communication problems according to Cunningham, Braiker and Kelley (as cited in Schreck, 2013) are the relationship difficulty most frequently cited by couples in community surveys. Consistent with survey findings, communication problems were the most frequent complaint of couples entering therapy (Geiss & O'Leary, as cited in Burleson & Denton, 1997). A popular assumption has been that the cause of many marital communication problems is deficient communication skills on the part of spouses (Halford, Hahlweg, & Dunne, 1990; O'Donohue & Crouch, 1996). Snyder (2017) named personality differences, busy lifestyles and resentment relating to other interpersonal differences as part of the reasons why married persons suffer communication difficulties. Poor communication between husbands and wives according to Zoi

(2010) is the most common cause of divorce among Emiratis. In a survey of 1,335 divorced Emirati men and women carried out by a team of experts from United Arab Emirates University, misunderstandings between spouses was most often cited as the cause of divorce, followed by interference in the relationship by family members.

Sexual communication is a strong predictor of the degree to which couples are satisfied with their sexual relationships. Communication is important for relationship satisfaction; good communication about sex is important for sexual satisfaction (Fisher, 2009). The role of sexual satisfaction has been highlighted as a metaphorical barometer of relationship satisfaction, indicating that sexual satisfaction is vital in an intimate relationship, possibly even a make or break factor (Litzinger & Gordon, 2005; Barrientos & Paez, 2006). There is a wealth of past literature that indicates that low sexual satisfaction promotes marital instability (Edwards & Booth, 1994) and significantly increases one's likelihood of divorce (White & Booth, 1991). Sexual satisfaction, according to Offman and Mattheson (2005), is the affective response arising from one's evaluation of his or her sexual relationship, including the perception that one's sexual needs are being met, fulfilling one's own and one's partner's expectations, and a positive evaluation of the overall sexual relationship.

Past studies have provided evidence that sexual satisfaction is positively associated with overall relationship satisfaction (Santtila et al., 2008) as well as communication and marital satisfaction (Litzinger & Gordon, 2005). Also, activities other than sexually related constructs have also been linked to sexual

satisfaction. Barrientos and Paez (2006) found that for women, factors such as high education levels and high socio-economic status predicted sexual satisfaction. Importantly, they found that these factors were more strongly associated with sexual satisfaction than the frequency of intercourse and orgasm. In addition to specific sexual behaviours, non-sexual constructs also influence an individual's sexual satisfaction. Of particular interest for the current study is the influence of religion.

In a sample of married individuals, religiosity was negatively related to sexual satisfaction, experiences, frequency, and permissive sexual attitudes (Beck, Cole & Hammond, 1991). Ashdown, Hackathorn and Clark (2011) found frequency of attendance at religious events to be more influential on one's sexual attitudes and behaviours than one's religious denomination. Additionally, low religiosity was associated with more liberal or permissive sexual views and with being more sexually active as well as having more friends who are sexually active. Also, high frequency of religious attendance, or religiosity, predicts less frequent engagement in sex including oral, anal, and vaginal sex. Religious rigidity (i.e., how strictly one follows religious precepts) has been found to influence sexual satisfaction within marriage relationships, with more religiously rigid individuals reporting less sexual satisfaction, more sex-related guilt, and more sexual dysfunction.

From the presentation so far, communication in marriage is very important. It is clear that, effective communication leads to marital satisfaction. Couples must make efforts at improving communication in marriage to enhance

their satisfaction. Good sexual communication is equally important if couples want to enhance their marital relationship.

Presence of children and marital satisfaction

The effect of children on their parents' psychological well-being and marital relationship has been the subject of numerous studies. Having children was among the most significant predictors of wives marital satisfaction and stability (Hattar-Pollara, Meleis & Nagib, 2000). Infertile women are less satisfied with their marital life, quality of life (Amanelahifard, Nikbakht, Hoseini, Fakhr & Hoseini, 2012) or sexual life (Lee, Sun & Chao, 2001) than fertile women. The presence of children may convince the couple to think twice concerning the divorce decision because of the expected financial and social costs that may follow the divorce decision and would affect the wife and the husband respectively (Kalmijn & Poortman, 2006).

However, other studies have indicated that having children would cause distress, anxiety and depression which subsequently decrease marital happiness and marital quality (Cowan & Cowan, 1992). A study by Lavee and Sharlin (1996) showed that adults with children living in the home report more worries and distress, higher levels of anxiety and depression, and less happiness and satisfaction than non-parents. A research by Stevens, Kiger and Riley (2001) compared marital quality between couples with and without children at home, and found that the presence of children in the family lowers the level of marital satisfaction. In addition, they noted that there is a relationship between number of children, particularly pre-school children, and marital satisfaction.

A cross-sectional study by Glenn (1990) found a curvilinear relationship between family stage and marital quality, where the average marital quality was higher in the pre-parental and post-parental stages. This is supported by Belsky and Rovine (1990), who found that marital satisfaction declines after the first child, especially for wives. One common explanation for this according to Wilkee, Ferree and Ratcliff (1998), is that, the presence of children, particularly young children is associated with an increased housework load for women. Another explanation that has been offered is that increased time and energy is devoted to the children, less time is dedicated to the spouse, and consequently interaction is disrupted between spouses and ultimately an elevation of conflict between husband and wife occurs (Lavee & Sharlin, 1996). Contrarily, White and Booth (1991) found no apparent negative effect on marriage due to the transition to parenthood.

One of the earliest findings in the marital satisfaction literature is that partners' satisfaction tends to be high around the time of the wedding, after which it begins a slow but steady decline (Burgess & Wallin, 1953). The birth of the first child is not the only factor responsible for the decline in marital satisfaction. It is possible that some of the decline in marital satisfaction is a function of time and erosion in the relationship that may characterise childless couples as well (MacDermid, Huston & McHale, 1990). Nevertheless, the period following childbirth is a time that merits special attention because the transition seems to introduce additional stress and strife into the couple relationship, which may accelerate the decline in marital satisfaction (Belsky & Kelly, 1994). A meta-

analysis reveals that although childless couples experience a decline in marital satisfaction over time, parents are significantly less satisfied than non-parents are (Twenge et al., 2003). Also, the number of children is reliably related to marital dissatisfaction. Research has consistently shown that the transition to parenthood poses a serious challenge if not a crisis for marriage (Cowan & Cowan, 1995). The issue regarding presence or absence of children in a marriage was not a major focus of this study. It, however, provided support to some of the findings.

Marital roles and marital satisfaction

According to Baldwin, Ellis and Baldwin (1999), marital satisfaction is highest when one spouse who is strongly committed to an activity receives significant role support from the non-committed spouse. The roles of husband and wife, like any set of culturally related roles, carry a complex pattern of expectations of the responses which are to come from the other. Whether or not a marital partner responds consistently with the expectations of the other depends on his own preformed concept of his role, his own expectations regarding the reciprocal role of his spouse, his perception of his mate's expectations of him, and the degree of correspondence between the two sets of role concepts and expectations. If these role concepts are similar, communication is easier and the relationship existing between the marriage partners is more satisfactory to both. If role perception is accurate, each partner is better able to anticipate the other's feelings and gear his own responses to the expectations of the other (Julien & Markman, 1991).

The division of household labour appears to relate differentially to women and men's evaluations of marital satisfaction. Since the 70's, a large proportion of research assumed that with the increase in women's participation in the paid work force, men's increased involvement in primary parenting and a shift towards more egalitarian gender ideologies, that the unequal division of household labour between husbands and wives would be altered (Sanchez & Kane, 1996). However, research findings have been mixed. The division of labour in families has not changed substantially. According to Heaton and Blake (1999), when wives perceive unfairness, their perceptions of unfairness have a stronger effect on marital satisfaction than do husbands' reports of unfairness. A study by Coltrane (2000) which focused on the relationship between the division of labour and marital satisfaction, found the perception of fairness as a critical link. This is supported by Wilkie et al. (1998) who found in their investigation of the relationship between marital satisfaction and the division of both paid and household labour that the division of household labour impacts on marital satisfaction primarily through the perception of fairness.

Findings from research on the division of household labour and perceptions of fairness have been inconsistent. Part of the difficulty of evaluating fairness is that couples do not use 50% as the point of equality (Coltrane, 2000). Coltrane further noted that, men consider the division of household labour to be fair when they contribute 36% of the time spent on household tasks; whereas women perceive the division of labour to be fair when they contribute 66% of the total amount of time spent on household tasks. These findings suggest that an

unequal division of household labour is considered to be normal to some couples. Wilkie, Ferree and Ratcliff (1998) suggest that conventional gender expectations continue to dictate how husbands and wives negotiate the division of household labour. Fairness is generally perceived as wives doing more housework than husbands. Although wives perform about two thirds of household labour, it has been found that only about a third of them rate their division of labour as unfair (Perry-Jenkins & Folk, 1994).

Research has shown that perceptions of fairness regarding the distribution of household labour seems not more important in the assessment of marriage than the amount of housework performed by each spouse (Perry-Jenkins & Folk, 1994). This is supported by Blair's (1993, p. 193) view that the "subjective perceptions of marriage are more important than the demographic characteristics of couple unions with regard to understanding marital satisfaction". Blair further stated that if conflict does arise over the division of labour, it is because wives are dissatisfied. It appears that husbands generally, regardless of gender ideology, education or class status remain satisfied with an unequal division of labour until their wives become dissatisfied, and then only sometimes, will they alter their behaviour to redress the inequality (Dillaway & Broman, 2001).

Blair and Johnson's (1992) study, in which they investigated employed wives' perceptions of fairness regarding the division of household labour, revealed that gender ideology throws little light on the variations in perceptions of fairness. However some studies show that women, and sometimes men, who are more egalitarian in their attitudes, perceive more unfairness to the wife in the

division of labour (Coltrane, 2000; Stevens, et al., 2001). Greenstein (1996) noted that the more conventional the wife's attitudes regarding gender, the less effect the actual division of labour has on fairness evaluations. Couples with egalitarian gender ideologies are inclined to be less satisfied with their marriages if they perceive the household division of labour to be unfair (Dillaway & Broman, 2001). This is further explained by Greenstein, where he found that wives who hold more egalitarian attitudes are more likely to perceive an unequal division of household labour as unfair.

Dancer and Gilbert (as cited in Sokolski, 1995) found that equity, or the perception that their spouse was doing "their fair share" (p.140), was particularly important in higher ratings of marital satisfaction in both spouses. Julien and Markman (1991) established that spouse's support (especially husbands) was a critical variable in relationship satisfaction. McHale and Crouter (1992) found no direct links between husbands' provider role attitudes and marital satisfaction; but studies of spouses' gender role attitudes suggest that marital satisfaction is highest when spouses' own attitudes align with their role behaviour and husbands' and wives' attitudes align.

Links between provider role attitudes and spouses' subjective evaluations of role overload have been mixed. Some findings suggest that co-provider wives perceive lower levels of overload than other wives (Perry-Jenkins, Seery & Crouter, 1992). Others find no difference in spouses' perceptions of role overload based on wives' provider role attitudes (Helms-Erikson, Tanner, Crouter & McHale, 2000). Loscocco and Spitze (2007) suggest that role overload may be

most salient for spouses who are ambivalent about their provider role and that the extent to which ambivalent spouses feel overloaded may be gendered. Almeida and Horn (2004) reported that women report higher levels of role overload and daily stress than men. The inconsistencies in the body of research may be a result of the partner-specific approaches that do not allow for the examination of spouse by provider role group interactions which would reveal gendered patterns of role overload in particular marital contexts.

This section on marital roles is considered important to this study because an aspect of the Marital Satisfaction Inventory used in this study focuses on marital roles. Marital roles were discussed with couples at the intervention stage of this study.

Personality and marital satisfaction

The characteristic reaction of an individual under different situations that are enduring and consistent is referred to as personality traits. An individual's behaviour reflects his or her personality (McCrae & Costa, 1991). Many studies (e.g. Amiri, Farhoodi, Abdolvand & Rezaie-Bidakhavidi, 2011; Decuyper, De Bolle & De Fruyt, 2012; Najarpourian, 2012) show that the basic personality factors of neuroticism, extroversion, and conscientiousness are important predictors of marital satisfaction. Research on personality traits has a long history in the study of premarital predictors because marriage is a relationship that endures across situations and conditions and because marital compatibility is affected by the personality characteristics that the two people bring to their marriage (Zoby, 2005). Personality includes stable and enduring traits that reveal

themselves in various situations. Global assessments of personality have shown that the behaviours associated with specific personality characteristics can contribute to tranquillity or conflict in the relationship (Craig & Olson, 1995).

According to Prabhat (2011), temperament is a basic inherited style whereas personality is acquired in addition to the temperament. Temperament is regarded as innate or inborn and is not learned. However, personality is learned and takes time to build. Temperament clashes exist to some extent in nearly all relationships. They emerge around the 10th month of living together and often rise to crisis level in the second year. If the couple are not able to manage them well, they rupture the relationship by the fourth year (Stosny, 2010). The ability to appreciate other people's temperaments is especially important in marriage, because opposite temperaments tend to attract each other (Bennet & Bennet, 2008). Bennet and Bennet further stated that the most important factor in a happy marriage is not being of like personality. Rather, what seems to make marriages happy is when husband and wife share core values and a commitment to the relationship – to honouring and respecting each other and meeting each other's needs.

Regarding the issues that couples are faced with in life today and increasing divorce statistics, nonconformity of personality traits and misunderstanding between couples are very important. Hence, in this study, I am interested in finding out if there is a relationship between personality traits (temperaments) and marital satisfaction. Temperament constitutes one of the

scales of the Marital Satisfaction Inventory used in this study. A discussion on temperaments was done with respondents at the intervention stage of this study.

In-law relationships and marital satisfaction

Marriage life may be considered as one of the most challenging phases in life, where one learns to live with another human being, find a common ground to live together, make adjustments with each other's habits and idiosyncrasies. The more challenging aspect of marriage life is dealing with in-laws. In-laws come as a part and parcel of the marital relationship; and having in-laws who do not make things easy, can be rather stressful (Sharma, 2015). The social environment in which couples live affects their marital life (Bryant, Conger & Meehan, 2001). In-laws, in particular, could have a tremendous effect on the marital relationship quality (Silverstein, 1990; Timmer & Veroff, 2000; Allendorf, as cited in Al-Attar & El-Gibaly, 2014). In-law relationship and marital relationship quality may not only affect the marital relationship between the couples in the early years of marriage but may extend far beyond to the later years of marriage.

Too much contact with in-laws may have a negative effect on marital intimacy and marital stability especially if the parents disapproved the choice of their son to his spouse (Edwards & Booth, 1994). Some studies suggest that tension with mother-in-laws increase after the birth of a child in families because of the shared attachment to that child (Silverstein, 1990). On the other hand, family pressures over wife who has no children especially husbands' family, may further cause marital dissatisfaction (WHO, 2010). Wives with diagnosed female infertility experience higher distress in self-esteem and less satisfaction on

acceptance by in-laws than marriages experiencing a diagnosed male infertility (Lee et al., 2001).

A study by Timmer and Veroff (2000) investigated the closeness of family ties and how this related to marital happiness. They looked at newlyweds and how they established the boundaries of their marriage relationship, how they became accustomed to living with a person and meeting their needs, and shifting loyalties to place the spouse's needs before those of other people (i.e. their parents). They found that among all spouses, increased closeness to the husband's family predicted increased happiness in their marriages. This was especially the case for wives from divorced families. Two years later, only the wives' closeness to their husbands' families predicted the couple's marital happiness. Closeness to a person's own parents had no significant impact on the marital happiness of the couple.

A study by Bryant et al. (2001) investigated the marital success compared to discord with in-laws among nearly 300 wives and 300 husbands. They found that:

1. The quality of the in-law relationship did predict the stability, satisfaction, and commitment expressed by the spouses in the study.

2. For wives specifically, perception of marital success was predicted by discord with their mothers-in-laws and fathers-in-laws.

3. For husbands specifically, this was only noted with the relationship towards the father-in-law.

A study by Tsui-Feng (2010) noted that wives' marital satisfaction was not negatively impacted when the husband took her side and used conflict resolution strategies to deal with the in-law conflict. According to Orbuch (cited in Daly, 2013), men who are in good terms with their wives' parents are more likely to enjoy a long-lasting marriage than those who struggle to get along with their in-laws. However, a wife's relationship with her husband's parents is a bit more complicated and less indicative of overall marital happiness. This happens because when a man bonds with his in-laws; his wife gets the message that her family is important to him because she is important to him. But to wives, in-law ties are more stressful, because it interferes with and takes time away from bonding with the husband and her family. A peer-reviewed research by Vellucci (2013) on in-law relationships and their impact on marital satisfaction and stability suggests that parental-in-law relationships are influential on the adult child's marital relationship quality. Husbands and wives' perceptions of problems related to parents-in-law, marital satisfaction, and marital stability predicted their partner's marital satisfaction and marital stability.

Bryant et al. (2001) examined the connection between in-law relations and the future success of marriage, examining each relationship individually: mothers-in-law to sons-in-law, mothers-in-law to daughters-in-law, fathers-in-law to daughters-in-law, fathers-in-law to sons-in-law. Each of these family relationships proved to be important indicators of the quality and ultimate success of the marriage. In other words, fathers-in-law as well as mothers-in-law can affect the quality of the younger couple's marital ties. While the researchers noted

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more study is needed to fully understand the effects of in-law relationships, they concluded that even after an average of two decades of marriage, unhappiness and conflict with in-laws still lead to decreased perceptions of marital success. This is significant because it implies that the influence of in-laws continues far beyond the early years of marriage, when couples are probably most vulnerable to social influences on their marriage. Perhaps that vulnerability to the opinions and behaviours of those who are close to them never ends. In-law relationship issues constitute one of the scales of the Marital Satisfaction Inventory used in this study. A discussion on in-law relationships was held with respondents at the intervention stage of this study.

Summary of Literature Review

The wide array of topics relating to marital satisfaction that have been researched over time, attest to the importance placed on understanding marriage. They also highlight the challenges faced by married couples in an effort to attain satisfaction in their marriage. Counselling theories form the basis of counselling practice. If counsellors choose to conduct a group counselling from an atheoretical position (that is to let the group develop outside theoretical guidelines), they run certain risks. In contrast, if they operate from a theoretical perspective, they are much more likely to enable their groups have positive experiences. This study used two counselling theories namely, Transactional Analysis and Solution-Focused Brief Therapy.

Solution-focused brief therapy (SFBT) was developed by Steve de Shazer, Insoo Kim Berg and their team at the Brief Therapy Centre in Milwaukee in the

late 1970s. SFBT differs from traditional therapies by eschewing the past in favour of both the present and the future. Solution-focused brief therapy is a future-focused, goal-directed approach to therapy that uses questions designed to identify exceptions, solutions and scales to help achieve or maintain further progress. The first step in guiding a client or family away from being stuck and toward their goal is to change the way that they see the problem. It is also the therapist's job to help clients find exceptions to their complaints.

Transactional Analysis (TA) is derived from the work of Eric Berne (1910-70). TA is grounded on the assumption that people make current decisions based on past premises (that is, premises that were at one time appropriate to their survival needs but that may no longer be valid). As a part of the process of TA therapy, clients learn how to recognise the three ego states (Parent, Adult, and Child) in which they function. Clients also learn how their current behaviour is being affected by the rules they received and incorporated as children and how they can identify the lifescript that determines their actions. TA uses concepts such as ego state, strokes, transactions and life positions to help bring change to a client's situation.

Studies have established the efficacy of these two theories and that constituted the motivation for the present study. Factors contributing to marital satisfaction included religion, gender, duration of marriage, and age. Other contributing factors are in-law relationships and the division of marital roles. Religious practice has been found to promote the well-being of individuals, families, and the community. Several aspects of marriage satisfaction have been

found to be predicted by religious activities such as praying together and considering the sanctity of marriage. Religion seems to discourage divorce as literature suggested a 14% decrease in the likelihood of divorce. With regard to gender, there is plethora of research suggesting that men and women act differently in romantic relationships. Other studies have challenged this assertion indicating even though men and women may behave differently in relationships, their underlying needs, wants and perspectives may not be so different; especially, for those couples in committed relationships. Gender differences in marriage have been found in activities such as household division of labour, parental roles and responsibilities, expression of sexual intimacy and in psychological orientation.

A well-documented fact about marriage is that marital relationships have a strong tendency to decrease in satisfaction over the first twenty years of the marriage. Most newly married couples report very high satisfaction and any change from that point would probably be in a downward direction. With regard to age and marital satisfaction, research has suggested middle-aged couples had higher marital satisfaction rate than young-adult couples.

Marital roles of husbands and wives carry a complex pattern of expectations of the responses which are to come from the other. Literature suggests that whether or not a marital partner responds consistently with the expectations of the other depends on his own preformed concept of his role, his own expectations regarding the reciprocal role of his spouse, his perception of his mate's expectations of him, and the degree of correspondence between the two sets of role concepts and expectations. If these role concepts are similar,

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communication is easier and the relationship existing between the marriage partners is more satisfactory to both. The division of household labour appears to relate differentially to women and men's evaluations of marital satisfaction.

Research has shown that, the perception of fairness affects marital satisfaction, found. Fairness has generally been perceived as wives doing more housework than husbands. It appears that husbands generally, regardless of gender ideology, education or class status remain satisfied with an unequal division of labour until their wives become dissatisfied, and then only sometimes, will they alter their behaviour to redress the inequality. With regard to in-law issues, research has suggested that parental-in-law relationships are influential on the adult child's marital relationship quality. Husbands and wives' perceptions of problems related to parents-in-law, marital satisfaction, and marital stability predicted their partner's marital satisfaction and marital stability.

CHAPTER THREE

RESEARCH METHODS

Introduction

In this chapter, the procedures used to carry out the research are presented. These include the research philosophy, design, population, sample and sampling procedure, research instrument, data collection, management and analysis procedures. The main variables in the study are transactional analysis, solution-focused brief therapy, marital satisfaction, age, gender and duration of marriage.

Research Philosophy

Research philosophy can be defined as the development of the research background, research knowledge and its nature (Saunders, Lewis & Thornhill, 2009). It is a belief about the way in which data about a phenomenon should be gathered, analysed and used. Research philosophy deals with the source, nature and development of knowledge (Bajpai, 2011). Positivism and Interpretivism are the two basic approaches to research methods in the Western tradition of science (Galliers, 1991). Positivists prefer scientific quantitative methods, while Interpretivists prefer humanistic qualitative methods. My research philosophy is positivism. According to Cooper and Schindler (2006), the concept of positivism is directly associated with the idea of objectivism. In this kind of philosophical approach, scientists give their viewpoint to evaluate social world with the help of objective measurement in place of subjectivity. As a positivist, I believe that

reality is measurable. I also believe that data can be collected independent of an individual's perception of the situation.

In fulfilling this positivist research philosophy, I used transactional analysis and solution-focused brief therapy to bring improvement in the marital satisfaction levels of the respondents in this study. The two theories allow for objective measurement of a situation. Both theories involve setting counselling goals that are relevant to a client's problem. The goals set must be specific, achievable, realistic and measurable. This study involved conducting experiments using the two theories and analysing data using descriptive and inferential statistics. The improvements in the marital satisfaction levels of the respondents were assessed numerically using Essuman's Marital Satisfaction Inventory. Using the positivist methodology, this study attempted to identify the effects of independent variables such as transactional analysis, solution-focused brief therapy, age, gender and duration of marriage on improving couple's marital satisfaction levels.

Research Design

The research approach for this study was quantitative. Quantitative methods emphasise objective measurements and the statistical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative research focuses on gathering numerical data and generalising it across groups of people or to explain a particular phenomenon (Babbie, 2010). This study which is quantitative, adopted the descriptive and quasi experimental research designs. The

study was carried out in two main stages: the survey stage and the experimental stage.

Descriptive research design is a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way (Shuttleworth, 2008). According to Kakkar (2015), descriptive research design is used when the researcher wants to describe specific behaviour as it occurs in the environment. It does not answer questions about how/when/why the characteristics occurred. Rather it addresses the "what" question (for example, what are the characteristics of the population or situation being studied?). There are a variety of descriptive research methods available. The nature of the question that needs to be answered drives which method is used. Some of the common data collection methods applied to questions within the realm of descriptive research includes surveys, interviews, observations, and portfolios (Association for Educational Communications and Technology, 2001). This study employed the survey data collection method. Survey research is often used to assess thoughts, opinions, and feelings (Shaughnessy, Zechmeister & Jeanne, 2011). In this study, the survey method was used to gather information on the levels of marital satisfaction of 400 Christian married men and women in Accra Metropolis. The Marital Satisfaction Inventory (Essuman, 2010) was used to collect the data. Although the survey was not the main purpose of the study, it was considered important because it provided useful information on the current state of Christian marriages in Accra Metropolis with regard to marital satisfaction. Some of the

respondents of the survey provided the sample for the experimental stage of the study.

Generally, the essential feature of experimental research according to Cohen, Manion and Morrison (2007), is that investigators deliberately control and manipulate the conditions which determine the events in which they are interested, introduce an intervention and measure the difference that it makes. An experiment involves making a change in the value of one variable using another variable known as the independent variable and observing the change in another variable known as the dependent variable. Using a fixed design, experimental research can be confirmatory, seeking to support or not to support a null hypothesis, or exploratory, discovering the effects of certain variables. An independent variable is the input variable, whereas the dependent variable is the outcome variable.

Quasi-experimental research design, like true experimental designs, test causal hypotheses. A programme or policy is viewed as an 'intervention' in which a treatment, comprising the elements of the programme being evaluated, is tested for how well it achieves its objectives, as measured by a pre-specified set of indicators. Quasi-experimental design identifies a comparison group that is as similar as possible to the treatment group in terms of baseline (pre-intervention) characteristics. The comparison group captures what would have been the outcomes if the programme/policy/treatment had not been implemented. Hence, the programme or treatment can be said to have caused some difference in outcomes between the treatment and comparison groups (White & Sabarwal,

2014). Quasi-experiments should not be seen, as always inferior to true experiments. Sometimes quasi-experiments are the next logical step in a long research process where laboratory-based experimental findings need to be tested in practical situations to see if the findings are really useful. Laboratory-based experiments often reveal intriguing insights, yet the practical importance, or substantive significance, of these can only be assessed quasi-experimentally (Fife-Shaw, 2012).

Specifically, the non-randomised control group pretest-posttest quasi-experimental design was used. This design involves two groups - an experimental group and a control group, to which participants have not been randomly assigned. Without random assignment, there is no guarantee that the two groups are similar in every respect prior to the experimental treatment or intervention. However, an initial observation such as a pre-test, can confirm that the two groups are at least similar in terms of the dependent variable under investigation. If after one group has received experimental treatment and the group differences with respect to the dependent variable are found, the researcher may reasonably conclude that the post-treatment differences are probably due to the treatment (Leedy & Ormrod, 2010).

The study made use of the non-randomised control group pretest-posttest design because I considered it the most convenient approach to compare the effects of SFBT and TA on improving marital satisfaction. In this study, participants were purposively selected for the experimental and control groups. They were not randomly assigned; the pre-test was used to confirm the

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similarities in the two groups with regard to the dependent variable. The dependent variable was marital satisfaction (with seven components) and the main independent variables were the solution-focused brief therapy and transactional analysis theory. Gender, age and duration of marriage served as moderating variables.

Study Area

This study was conducted in the Accra Metropolis of Ghana. The Greater Accra Region lies on the south-eastern part of the country along the gulf of guinea and has coastal savannah, a little forest area inland towards the Eastern Region in the Ga district, and miles of beautiful coastline especially in the rural parts of the region. The population of the region grew from 2,905,726 in 2000 to 4,010,054 in 2010 (Ghana Statistical Service, 2012). With a growth rate of 2.5% the population is estimated to increase to 5.9 million by 2040. The male and female population represents 48.3% and 51.7% respectively of the total population. The age structure of the region indicates that, 38.4% of the population were under the age of 19, 12.4% between 20 and 24, 11.5% between 25 and 29, 21.5% between 30 and 44, 12.2% between 45 and 64, and 4% age 65 and over (National Population Council, n.d).

The religious affiliations of the people of the Greater Accra region are as follows; Christian – 76.8%, Islam –17.2%, Other Religions – 4.6%, Traditional – 1.4%. This implies that Christians form the majority with regard to religion. With regard to marital status, 46% of the population are Married, 3.4% are Divorced,

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2.8% are Separated, 4.4% are Widowed, 6.4% are Cohabiting and 37% have never married (Ghana Statistical Service, 2012).

Accra as a local authority has been in existence since the colonial days. It was then known as the Accra City Council. However, in 1988 with the passage of Local Government Law 207, and an establishment instrument, LI1615, Accra became known as the Accra Metropolitan Assembly (AMA). After declaration of the 4th Republic, the Local Government Act of 1993 reaffirmed Accra as a Metropolitan Assembly (Accra Metropolitan Assembly, 2015). Due to its size, Accra is divided into 11 sub-metropolitan areas, namely Ablekuma Central, Ablekuma North, Ablekuma South, Ashiedu Keteke, Ayawaso Central, Ayawaso East, Ayawaso West, La, Okaikoi North, Okaikoi South, and Osu Klottey (Accra Metropolitan Assembly, 2010). Figure 6 shows the map of the Accra Metropolis.

Legend
Population density
(people/sq. km)
- [1] ■ 1851.7
- [2] ■ 1851.18 - 8937.54
- [3] ▨ 8937.55 - 13715.16
- [4] ■ 13715.17 - 23801.56
- [5] ■ 23801.57 - 37857.06

(1) Ayawaso West

(2) Okal-Kol North

(5) Ayawaso Central

(5) Ayawaso East

(2) LA

(3) Ablekuma North

(3) Okal-Kol South

(3) Osu Klottey

(4) Ablekuma Central

Ashiedu Keteke (5)

Gulf of Guinea

Ablekuma South (4)

Population Density, by Sub-Metro
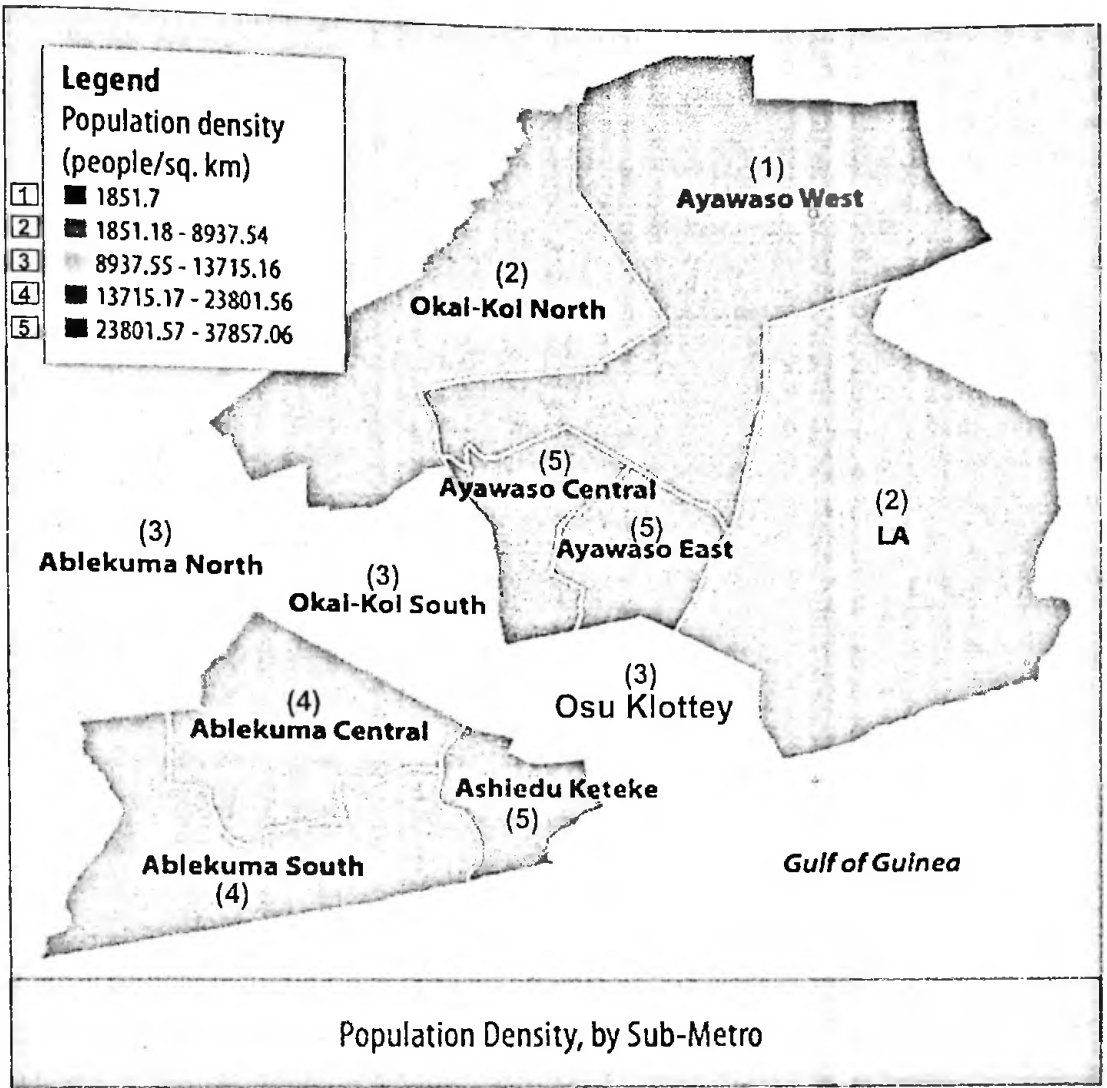
Figure 6: Map of Accra Metropolis (City of Accra, 2010).

Population

A population is generally a large collection of individuals or objects that is the main focus of a scientific query (Castillo, 2009). The population for this study comprised all Christian married men and women in the Accra Metropolis. The number of registered Christian marriages in the Accra Metropolis between January 2007 and December 2015 was 34,518 (Registrar General's Department, 2016). The population was purposely chosen because the Greater-Accra region is said to be one of the regions with the highest number of divorce cases in the

country (Ankrah, 2013). As such it was likely that there would be more dissatisfied married men and women to take part in the experimental part of the study.

Sample and Sampling Procedure

A sample is a subset of the population (Sekaran & Bougie, 2010). The sample comprised only Christian married men and women in the Accra Metropolis (some of whom were couples and others were non-couples). An initial sample size of 400 was purposively drawn from a population of 34,518 for the study. This is because according to Leedy and Ormrod (2010), beyond a population size of 5,000, a sample size of 400 is adequate. Four hundred married Christians were given the Marital Satisfaction Inventory (MSI) to fill. Subsequently, an analysis of their responses indicated those who were satisfied and those dissatisfied.

Based on the analysis of the 400 inventories, 15 'dissatisfied couples' (making a total of 30 respondents) were selected and placed into control and experimental groups. The selection of the 15 couples was based on their scores (scores ranging from 46-75) on the Marital Satisfaction Inventory (MSI) and respondents' willingness to take part in the experiments. Both husband and wife's scores should show dissatisfaction to qualify them to take part in the experiments. There was one experimental group each for solution-focused brief therapy and transactional analysis therapy respectively and one control group. Each sub group was made up of 10 participants (comprising five couples). In support of using five couples in each group, Jacobs et al. (2006) suggested that for couple therapy

groups, no more than five couples is best to allow enough time for each person to share his or her thoughts and feelings. In all there were three groups (two experimental groups and one control group). The sum of the five couples (10 members) each in the two experimental groups and the control group was 30. In support of the selected sample of 15 couples for the control and experimental groups, Borg and Gall (as cited in Cohen et al., 2007) suggested that experimental methodologies require a sample of not fewer than 15 cases.

The sampling techniques used were the simple random and purposive sampling methods. Simple random sampling, specifically the lottery method was used to select three out of the 11 sub-metros in Accra Metropolis. These sub-metros were: Ablekuma Central, Ayawaso East and Osu Klottey. Simple random sampling, according to Rahi (2017), is a sampling process in which each unit of the population has an equal probability of inclusion in the sample. Rahi further noted that simple random sampling is accomplished either by the lottery method or by using random tables. In using the lottery method, I wrote the names of the eleven sub-metros on pieces of papers. The pieces of papers were placed in a container and thoroughly mixed. I picked out three papers without looking in the container and used for this study. I considered it necessary to select three sub-metros out of 11 because there were three groups at the intervention stage (two for the experiments and one for control). Therefore, selecting three sub-metros made it easier to decide on a convenient meeting place for the participants for the interventions.

With regard to using purposive sampling, Oliver (2013) defined purposive sampling as a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher. These decisions are based on a variety of criteria which may include the researcher's knowledge of the research issue, or capacity and willingness of respondents to participate in the research. The purposive sampling technique was chosen because only married Christians were used as respondents. It was used also to obtain the 400 respondents for the initial survey for the study. The members of the control and experimental groups were also purposively selected based on their scores on the research instrument. I selected respondents who were available and willing to take part in the study during the data collection. In the event that one spouse was uninterested or unavailable to participate in the study, the available spouse was allowed to fill the Inventory for the initial survey but did not qualify for the experimental part of the study.

Data Collection Instrument

The research instrument used was the Marital Satisfaction Inventory (MSI); a standardised inventory developed by Essuman ·(2010). The MSI is designed for married people to assist them find out the extent to which they are satisfied in their marriage. I considered the MSI useful for this study because it measures very important aspects of marital life. The inventory was originally made up of 35 items (five items on background information and 30 items on marital satisfaction). For the purpose of this study, the section on background information was adapted and still had five items but different from the original.

The original instrument's background information required respondent's age, gender, religion, educational level and address. In adapting it for this study, I maintained age and gender; and replaced religion, educational level and address with duration of marriage, church attendance and presence of children. The 30 items on the original instrument for assessing marital satisfaction were adopted; thus they were used without altering the content. The five items on background information are under Section A, while the items on marital satisfaction are under Section B (See Appendix A).

The 30 items for both men and women were grouped into seven scales. The least number of items a scale had was three (3) and the greatest number was six (6). The MSI has a four-point Likert type scale which ranges from 'Very True' to 'Not At All True' Each scale helps to find out how satisfied a married person is in his or her marriage. The scales are:

Scale 1: Relationship (six items; items 2, 5, 10, 20, 21, 25)

Scale 2: Affection, Love and Appreciation (five items; items 3, 4, 16, 23, 27)

Scale 3: Character (six items; items 6, 12, 18, 19, 22, 28)

Scale 4: Temperament (three items; items 13, 14, 29)

Scale 5: In-law Issues (three items; items 11, 17, 24)

Scale 6: Marital Roles (three items; items 9, 15, 26)

Scale 7: General Evaluation (four items; items 1, 7, 8, 30).

This inventory was chosen purposefully because it has been validated among married couples in Ghana. It is a useful instrument for determining a person's level of marital satisfaction; as such it was considered appropriate for this study.

Reliability and validity of instrument

Reliability, according to Phelan and Wren (2006), is the degree to which an assessment tool produces stable and consistent results. A reliability study undertaken by Ahene (as cited in Essuman, 2010) using the alpha coefficient method showed a reliability coefficient of 0.91. Dabone (2012) conducted a study to determine the reliability of the MSI and also the feasibility of the inventory. His study found a coefficient of 0.86 for the 30 items. Although the reliability of the instrument had been established by researchers like Ahene and Dabone, I also further established the reliability using the Cronbach Alpha reliability coefficient. A single administration was done. Reliability of the instrument was undertaken to find out the precision, consistency and stability of a score from the instrument. The overall reliability coefficient from the pilot test was .89. Bryman and Cramer (1990) suggest that the reliability level is acceptable at 0.8. Therefore, the items in the MSI can be said to have a good internal consistency.

Again Dabone (2015) carried out an exploratory factor analysis on the seven scales of the MSI and concluded that the instrument is highly reliable. The summary of his findings using the Cronbach Alpha reliability coefficient analysis were as follows:

Scale 1: Relationship	0.76
Scale 2: Affection, Love and Appreciation	0.82
Scale 3: Character	0.79
Scale 4: Temperament	0.83
Scale 5: In-law Issues	0.74

Scale 6: Marital Roles   0.81

Scale 7: General Evaluation   0.76

The psychometric properties of the MSI are presented in Table 1. The Cronbach's Alpha (α) was used to arrive at the reliability coefficients.

Table 1- *Classical Psychometric Properties of the MSI*

Scale	Mean	S.D.	α
Relationship	1.214	.621	.913
Affection, Love and Appreciation	1.323	.341	.942
Character	1.934	.657	.901
Temperament	1.341	.381	.925
In-Law Issues	1.231	.465	.911
Marital Roles	1.461	.581	.934
General Evaluation	1.194	.460	.903
All items	1.531	.493	.944

Source: Dabone (2015)

While reliability is necessary, alone, it is not sufficient. For a test to be reliable, it also needs to be valid (Cozby, 2001). Validity according to Cohen et al. (2007) is an important key to effective research. They further note that if a piece of research is invalid then it is worthless. According to Creswell (2005), validity means that researchers can draw meaningful and justifiable inferences from scores about a sample. The types of validity include face, content, construct and criterion-related validity (Trochim, 2006). Face validity is the extent to which a test is subjectively viewed as covering the concept it purports to measure. It refers to the transparency or relevance of a test as it appears to test participants (Gravetter & Forzano, 2012). The MSI has undergone face and content validity.

According to Essuman (2010), the items were scrutinised and reviewed to improve the content and make the language clear and simple to understand.

The content validity of the 'Background Information' section of the instrument was established with the help of my supervisors. This was necessary because I adapted the 'Background Information' section of the original instrument. The suggestions and recommendations of my supervisors were used to restructure the Section A of the instrument for this study. Content validity, according to Mackey and Gass (2005), refers to the representativeness of measurement regarding the phenomenon about which information is needed. It includes any validity strategies that focus on the content of the test. To investigate the degree of match, test developers often enlist well-trained colleagues to make judgments about the degree to which the test items matched the test objectives or specifications. It is important to establish the content validity of an instrument because content validity is often a prerequisite to criterion validity. It is a good indicator of whether the desired trait is measured (Shuttleworth, 2009).

Pilot testing of instrument

Pilot testing means finding out if key instrument format will work in the real world by trying it out first on a few people. The purpose of pilot testing is to make sure that everyone in the sample will not only understand the questions, but understand them in the same way. Also, the researcher can see if any questions make respondents feel uncomfortable. It also helps the researcher to find out how long it takes to complete the survey in real time (Centre for Evaluation & Research, 2011).

A pilot test was conducted using 40 married men and women in the Cape Coast Metropolis. Cape Coast Metropolis was chosen because according to Bogler (2011), Cape Coast records high cases of divorce. She further stated that, the number of marriages per year is approximately constant whereas the amount of divorces keeps increasing. As such, it could be said that Cape Coast and Accra Metropolis have similar characteristics with regard to divorce, hence dissatisfaction in marriage. The 40 chosen represented 10% of the sample (400 for the initial survey) used for the main study. According to Amedahe (2002), generalisations can be made from 10% of the total population. The pilot test revealed some ambiguities and repetitions in the items under Section A: Background Information. Initially, there were seven items on background information. Based on participants' responses, the items were reduced to five. The modifications ensured a more relevant and useful instrument for this study.

Data Collection Procedures

A letter from the Dean's Office of the Faculty of Educational Foundations (Appendix B) gave the go ahead to collect data for this study. The data was collected personally and with the help of two trained research assistants. An introductory letter from the Department of Guidance and Counselling of the University of Cape Coast was obtained (Appendix D). This letter was used to seek permission from church leaders to collect the data. As part of the data collection procedure, I made announcements in various churches to meet available and willing married couples as well as non-couples. On meeting them, I had a general discussion with them regarding the purpose of the study and the essence of their

contributions. Couples were entreated to sit together while those whose spouses were not present at the time of data collection were made to sit at a separate place. This was done to allow easy identification of couples for the intervention. The inventories were then administered by me and my research assistants to the participants who were willing to take part in the study. Couples were encouraged to indicate their phone numbers on the form to help me contact them after the exercise when needed. For those who could not read or write, the items on the instrument were explained to them and they were assisted to fill them.

The data collection period lasted for 12 weeks. A week after the survey data had been collected, I went round to meet the 'dissatisfied couples' to seek their consent for the interventions and also to agree on a meeting time and place. The interventions were done over three weeks for each sub-metro. Two weeks after each intervention was completed, post-test was conducted for the couples.

The placement of couples in the treatments and control groups were based on their results on the MSI. I contacted couples whose scores reflected dissatisfaction (scores between 46 and 75) based on the MSI scoring manual individually and discussed the essence of their being placed in a group with others for counselling. After I received their consent to be part of the groups for the study, I placed five couples each in the control and the two treatment groups.

Pre-test

After exchanging pleasantries with the participants, the essence of the research was explained to them. They were also taken through the instructions for answering the MSI. Opportunity was given for respondents to ask for

clarifications with regard to the instructions. Notably, the respondents were made to understand that the exercise was purely for academic purpose and if necessary, counselling. Informed consent was obtained from the participants. In relation to seeking informed consent, Frankfort-Nachmias and Nachmias (1992) suggest that informed consent is particularly important if participants are going to be exposed to any stress, pain, invasion of privacy, or if they are going to lose control over what happens. Such informed consent requires full information about the possible consequences and dangers.

The nature of this study involved the invasion of privacy of respondents and the sharing of intimate marital issues. This was likely to bring stress to participants; as such, it was important to seek their informed consent. In seeking informed consent, I followed the guidelines for informed consent prescribed by the Institutional Review Board of the University of Cape Coast. The steps included: giving a fair explanation of the procedures to be followed and their purposes; a description of the attendant discomforts as well as benefits reasonably to be expected; and an offer to answer any inquiries concerning the procedures.

After the analysis of the responses from the 400 copies of the inventory, 15 couples whose scores showed they were dissatisfied in marriage were contacted and placed in the control and experimental groups. There were two treatment groups (one each for SFBT and TA) comprising five couples each. There was also one control group with five couples who were taken through treatment after data analysis for the study had ended.

Intervention procedures

With the consent of the couples, the treatment time was scheduled on a suitable day and time for participants. This was to allow all members to be fully committed to the meetings with regard to being punctual and regular. With each of the experimental groups, a session lasted for two hours. The interventions took place within eight sessions for each of the treatment groups. Throughout the sessions, participants were assured of confidentiality. Because the participants were all Christians, each session started and ended with a prayer. The breakdown of activities for both theories is as follows:

Solution-Focused Brief Therapy

The solution-focused brief therapy (SFBT) intervention took place within eight sessions. Six of the sessions were used for the actual treatment. The other two weeks aimed at beginning and closing the group. In relation to choosing a six-session plan for actual treatment, MacDonald (cited in O'Connel, 2012) in a follow-up study found clients reporting a good outcome after an average of 5.47 sessions, while those who reported their situation was the same or worse than before therapy attended an average of 2.67 sessions. A study by Kiser and Nunnally (1990) found that clients who received three sessions or less of SFBT had a success rate of 69.4% while clients attending four or more sessions had a success rate of 91.1%.

Right from the start of the therapy, I encouraged participants to think about solutions and look for positive signs of change. SFBT questions and skills were used throughout the sessions. These skills and questions have been

explained in Chapter Two of this study. Issues dealt with during the treatment were based on the scales in the MSI. The full breakdown for the sessions is provided in Appendix E. A summary of the sessions for the interventions are as follows:

Session One: Establishing Relationship

Objectives:

The objectives of this session were to:

    a. get to know other members of the group;

    b. explain the purpose of the group;

    c. explain at least two (2) benefits of group counselling to clients;

    d. list at least four ground rules to direct the group;

    e. describe some questions used in solution-focused brief therapy.

Activities:

This session was used to allow members familiarise and build healthy relationships. The purpose of the group as well as benefits of group counselling was discussed. Together with the participants, group rules were set. Participants were encouraged to set specific, measurable, attainable, and realistic goals. They were also encouraged to note any changes in their marital relationship before the next session. Members were introduced to some SFBT questions like 'the miracle' and preferred goals question. In relation to this, O'Hanlon (2010) noted that in the solution-focused approach, the miracle question should always be asked during the first session. Members were given the chance to ask any questions bothering them and to also voice their expectations for the sessions.

Session Two: Relationship Issues

Objectives:

The objectives of this session were to:

    a. identify the magnitude of the problem in their marital relationship;

    b. establish preferred goals of participants;

    c. recognise 'exceptions' in the marital relationship;

    d. amplify client successes by encouraging them.

Activities:

The session started with a discussion on any changes that participants had noted in their marital relationship since the first session. The discussion for the day was based on Items 2, 5, 10, 20, 21, and 25 of the MSI. Using scaling questions, counsellor found out participants' judgement of the magnitude of the state of their marital relationship. Other questions used to facilitate the discussions were the miracle and exception questions. Every member was invited to share in the lessons or ideas they had gathered from the day's discussion. Participants were encouraged to be optimistic and work towards solutions.

Session Three: Affection, Love and Appreciation Issues

Objectives:

The objectives of this session were to:

    a. use the skills of being an ambassador , amplification, listening and empathy to discuss participants' difficulties in expressing appreciation, love and affection;

    b. 'scale' problems in expressing affection, love and appreciation;

    c. establish preferred goals of participants;

d. recognise 'exceptions' in the expression of affection, love and appreciation;

e. describe expected changes in the expression of affection, love and appreciation;

f. encourage clients in their efforts at solution-building.

Activities:

Counsellor introduced the session by finding out what had improved since the previous session. This was to identify and strengthen positive changes that may have taken place. Counsellor shared the objectives for the day. The day's discussions on the expression of affection, love and appreciation, were based on Items 3, 4, 16, 23 and 27 of the MSI. Counsellor used SFBT skills of being an ambassador, amplification, complimenting, listening and empathy to allow clients to talk briefly about their concerns based on the expression of affection, love and appreciation. SFBT questions used included the scaling, miracle, and exception questions. Participants were invited to share their ideas on the solutions to their issues.

Session Four: Character Issues

Objectives:

The objectives of the session were to:

a. describe what constitutes a good and bad character in marriage;

b. use the skills of being an ambassador, amplification, listening and empathy to discuss participants' character issues;

c. identify the magnitude of problems with character issues;

d. establish preferred goals of participants;

e. discuss participants' coping strategies;

f. evaluate participants' progress;

g. encourage clients in their efforts at solution-building.

Activities:

This session focused on the participants' character issues. Again, the session started with a discussion on improvements since the previous session. Counsellor shared the objectives for the day. The day's discussions were based on Items 6, 12, 18, 19, 22 and 28 of the MSI. SFBT techniques used included being an ambassador, complimenting, listening and empathy, scaling, coping and evaluative questions. Counsellor used SFBT skills of being an ambassador, listening and empathy to allow clients to talk briefly about their concerns related to character issues. Every member was invited to share their ideas on the solutions to their issues.

Session Five: Temperament Issues

Objectives:

The objectives of the session were to:

a. use the skills of being an ambassador, amplification, listening and empathy to discuss participants' temperament issues;

b. identify the magnitude of participants' concerns with temperament;

c. help clients describe their preferred goals;

d. allow participants describe times they have been able to cope with the temperament problems effectively;

f. encourage participants to describe times they have been able to cope with in-law problems effectively.

Activities:

The session started with a discussion on improvements since the previous session. Counsellor shared the objectives for the day with the clients. The discussion on in-law issues was based on Items 11, 17, and 24 of the MSI. SFBT techniques used included being tentative, listening, scaling, coping and exception-seeking questions. Counsellor used SFBT skills of being an ambassador, being tentative, listening and empathy to allow clients to talk about their concerns related to in-law issues as well as to make each participant feel he/she is the expert about his/her problems. Using scaling questions, counsellor found out participants' judgement of the magnitude of the problems associated with their in-laws. The counsellor asked some coping as well as 'exception-seeking questions' to emphasise how clients were already managing their in-law problems and how they might be able to build on their current successes in the future. Counsellor summarised the key ideas discussed and invited questions from participants.

Session Seven: Marital Roles

Objectives:

The objectives of the session were to:

a. use the skills of being an ambassador, amplification, listening and empathy to discuss participants' issues with marital roles;

b. identify the magnitude of participants' concerns with marital roles;

c. establish preferred goals of participants;

d. allow participants to describe times they have been able to cope with marital roles effectively;

e. describe expected changes in marital roles;

f. help clients reach their preferred goals.

Activities:

Counsellor introduced the session by enquiring about clients' successes from the previous session. Counsellor shared the objectives for the day with the clients. The discussion on marital roles was based on Items 9, 15, and 26 of the MSI. Counsellor used SFBT skills of being an ambassador, amplification, being tentative, listening and empathy to allow clients to talk about their concerns related to in-law issues. The counsellor used the preferred goals question to find out the expectations of participants for the session. Scaling, coping, and exception-seeking questions were used to facilitate the discussion towards solutions. To end the session, counsellor summarised the key ideas discussed.

Session Eight: General Evaluation and Closing the Group

Objectives:

The objectives of this session were to:

a. evaluate clients' marriages;

b. recap the preceding sessions;

c. clarify issues relating to the sessions;

d. evaluate the sessions;

e. close the group.

Activities:

Counsellor assisted clients to discuss their general evaluation of their marriages. A review of the preceding sessions was done; the main lessons learnt were summarised and highlighted. The clients were invited to share their thoughts about the sessions and to discuss any other issues bothering them such as issues not fully resolved during the sessions. Counsellor drew the attention of clients to the end of the interventions. Members' commitments were reinforced and any other unfinished discussions were done. Clients were encouraged to keep focusing on solutions instead of dwelling on the problem. They were also assured of the counsellor's availability for their future counselling needs.

Transactional Analysis

The transactional analysis (TA) intervention also took place within eight sessions. Each session lasted for two hours. In support of using an eight-session intervention plan, Nayeri, Lotfi and Noorani (2014) stated that eight TA sessions or intervention are adequate for resolving couple relationship issues. Just like in SFBT, the first session was mainly for familiarisation. Group techniques for TA were used till the entire intervention period was over. Issues dealt with during the treatment were based on the scales in the MSI. The summary for the sessions is as follows:

Session One: Establishing Relationship

Objectives:

The objectives of this session were to:

    a.   get to know other members of the group.

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b. explain the purpose of the group.

c. explain at least two (2) benefits of group counselling to clients.

d. list at least four ground rules to direct the group.

e. describe at least three (3) techniques used in transactional analysis practice.

Activities:

In this session, counsellor introduced herself to the group and invited other members to introduce themselves. Members were encouraged to share only relevant information. The purpose of the group was explained to members. There was a discussion on the benefits of group counselling and group rules were set (as done in SFBT group). The members were introduced to some TA concepts such as ego states, transactions, strokes, and existential positions, which were used during the treatment. These concepts have been explained in Chapter Two of this study. The session ended with a summary of the main ideas by the counsellor.

Session Two: Relationship Issues

Objectives:

The objectives of this session were to:

a. distinguish between the different ego states;

b. apply ego states to improve marital relationships;

c. describe a transaction as used in TA;

d. utilise the concept of transactions in improving marital relationship.

Activities:

The discussion for the day was based on Items 2, 5, 10, 20, 21, and 25 of the MSI. The major issues explained and discussed were the different ego states and their application to improve marital relationships, as well as 'transactions' and how they could be used in improving the marital relationship. Counsellor made a presentation on the three ego states as well as transactions used in transactional analysis. Participants were engaged in a discussion on how they would apply the concepts presented in improving their marital relationships. Participants were presented with hand-outs on the concepts presented. Notably, the least educational level of the participants of the transactional analysis group was Senior High School. As such they could read and understand written information. Every member was invited to share the lessons they had learnt from the day's discussion. Participants were encouraged to practise the skills they had learnt.

Session Three: Affection, Love and Appreciation Issues

Objectives:

The objectives of this session were to:

    a. explain the concepts of 'injunctions' and 'counter-injunctions';

    b. assess the use of injunctions and counter-injunctions in their marital lives;

    c. describe 're-decisions' as used in TA;

    d. make new decisions based on the injunctions and counter-injunctions identified;

    e. explain the term 'stroke' as used in TA;

    f. apply the concept of strokes in expressing affection, love and appreciation.

Activities:

Counsellor introduced the session by enquiring about clients' issues from the previous session. Counsellor shared the objectives for the day. The day's discussions were based on Items 3, 4, 16, 23 and 27 of the MSI. The concepts of injunctions, counter-injunctions, re-decisions and strokes were explained as used in TA. Through discussion method, counsellor led clients to assess how injunctions and counter-injunctions have affected their expression of affection in their marriages as well as how the injunctions and counter-injunctions affecting their marriages could be reversed. There was a discussion on re-decisions and the use of 'strokes' to enhance the expression of affection, love and appreciation in marriage. Every member was asked to share his or her resolutions based on the day's discussion.

Session Four: Character Issues

Objectives:

The objectives of the session were to:

   a. describe what constitutes a good character in marriage;

   b. describe what constitutes a bad marriage;

   c. explain the four basic life positions in TA;

   d. apply the life positions in handling character issues;

   e. make use of 'strokes' in addressing character issues.

Activities:

Counsellor introduced the session by enquiring about clients' concerns from the previous session. Counsellor shared the objectives for the day with the

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clients. The day's discussions were based on Items 6, 12, 18, 19, 22 and 28 of the MSI. Counsellor explained the concept of 'life positions' as used in TA to members. Counsellor engaged clients in a discussion on what they would each describe as a good or bad character in marriage based on the specific items in the MSI. There was also a discussion on how clients could apply the basic life positions and 'strokes' to improve their character for a happier marriage. At the end of the session, opportunity was provided for clients to ask further questions and to share their lessons from the day's discussion with the group.

Session Five: Temperament Issues

Objectives:

The objectives of the session were to:

   a.   apply the concept of life positions in managing temperament issues;

   b.   apply complementary transactions in managing temperament issues;

   c.   assess the injunctions and counter-injunctions affecting temperaments;

   d.   make new decisions based on the injunctions and counter-injunctions identified.

Activities:

Counsellor introduced the session by enquiring about clients' concerns from the previous session. Counsellor shared objectives for the day. The day's discussions were based on Items 13, 14 and 29 of the MSI. Using the question and answer method, counsellor guided participants to share their application of the concepts they had learnt in previous sessions such as injunctions, counter-injunctions, re-decisions, life positions and complementary transactions to

manage temperament issues. Counsellor summarised the key ideas shared and invited questions from participants.

Session Six: In-law Issues

Objectives:

The objectives of the session were to:

    a. apply the life positions in handing in-law issues;

    b. apply transactions in improving in-law relations;

    c. make use of strokes in addressing issues related to in-laws.

Activities:

    Counsellor introduced the session by enquiring about clients' concerns from the previous session. Counsellor shared with the clients the objectives for the day. The discussion on in-law issues was based on Items 11, 17, and 24 of the MSI. Counsellor led a discussion on using life positions, transactions and strokes to improve in-law relations. Counsellor summarised the key ideas discussed and invited questions from participants.

Session Seven: Marital Roles

Objectives:

The objectives of the session were to:

    a. explain the concept of psychological games as used in TA;

    b. assess the use of psychological games in marital roles;

    c. make use of strokes in addressing issues related to marital roles;

    d. apply the use of complementary transactions in carrying out marital roles.

Activities:

Counsellor introduced the session by enquiring about clients' concerns from the previous session. Counsellor shared with the clients the objectives for the day. The discussion on marital roles was based on Items 9, 15, and 26 of the MSI. Counsellor explained the concept of psychological games as used in TA to participants and opened a discussion on the games participants have used in carrying out marital roles. Using the question and answer method, counsellor guided participants to share their views on the application of strokes and complementary transactions (which they had learnt in previous sessions) in improving issues relating to marital roles. Counsellor summarised the key ideas discussed and invited questions from the participants.

Session Eight: General Evaluation and Closing the Group

Objectives:

The objectives of this session were to:

 a. evaluate participants' marriages;

 b. recap the preceding sessions;

 c. clarify issues relating to the sessions;

 d. evaluate the sessions;

 e. close the group.

Activities:

Counsellor assisted participants to evaluate their marriages. A review of the preceding sessions was done; the main lessons learnt were summarised and highlighted. Participants were invited to share their thoughts about the sessions

and to discuss any other issues bothering them such as issues not fully resolved during the sessions. Participants were asked to evaluate the sessions. Counsellor drew the attention of participants to the end of the interventions. Participants were encouraged to keep practising skills they have learnt. They were also assured of the counsellor's availability for their future counselling needs.

Post-test

Two weeks after the intervention sessions were over, a post-test was conducted. This was done to determine the effects of the interventions on the marital satisfaction levels of recipients of the intervention. The two weeks was considered adequate to allow the participants apply the lessons they learnt during the intervention. In support of using the two weeks, Mitchel and Gordon (2014) have indicated that it is ideal to conduct post-test two weeks after treatment. The control group was given treatment after their post-test data was collected.

Control of Extraneous Variables

Extraneous variables are variables other than the independent variable that could affect the results of the study (McLeod, 2008). Extraneous variables are a challenge to both the internal and external validity of the experiment. Against the willingness of the research and the researcher, they tend to have an impact on the dependant variable and affect the outcome of the experiment. In the process of research, there is a need to control the extraneous variables as they add an alternative explanation of the results (Dissertation Canada, 2013). According to McLeod, there are four types of extraneous variables namely situational variable, participant variable, experimenter effects and demand characteristics. Situational

variables refer to aspects of the environment that might affect the participant's behaviour, such as noise, temperature and lighting conditions. Situational variables were controlled so they were the same for all participants. In both treatment groups, the experiments were carried out in a room with favourable conditions for all participants.

Participant variables refer to the ways in which each participant varies from the other, and how this could affect the results such as mood, anxiety and concentration (McLeod, 2008). To control for participant variables in this study, I ensured that in every step of the experiment procedure, all the participants were treated in the same way. As much as possible, they were all treated with respect. Also I applied the single blind procedure, where though the participants knew about the goal of the experiment, they did not know which group they were in. McLeod explained experimenter effects as ways the experimenter unconsciously conveys to participants how they should behave. This is also known as experimenter bias and may affect participants' behaviour. To control for experimenter bias, I treated all participants, regardless of the group they belonged to, in the same way. I was the only experimenter for the groups and thereby reduced the effects that could have been created by having different experimenters for the same or different groups.

Demand characteristics are all the clues in an experiment which convey to the participant the purpose of the research. These include the surroundings; the researcher's characteristics; and participants' interpretation of what is going on in the situation (McLeod, 2008). I minimised these factors by keeping the

environment as natural as possible. In addition to the measures explained, the use of Analysis of Covariance (ANCOVA) as a statistical control, helped in reducing the impact of the extraneous factors on this study.

Shadish, Cook and Campbell (2002) listed some extraneous variables which could threaten the internal validity of a study. These included History effect (events in the environment that occur besides the treatment); Testing (effect of experience with the pre-test where participants become test wise); Selection (effect of treatment confounded with other factors because of selection of participants, problem in non random sample); and Mortality (participants lost from the study, attrition). As far as I am aware, History and Mortality did not pose any threat to the internal validity of this study. Testing could have affected the internal validity of this study in the sense that, the same instrument was used for both the pre-test and post-test. It is therefore, possible that respondents became test wise and chose options which would paint a high level of marital satisfaction after intervention. Regardless of this, the comments participants' passed at the end of the intervention suggested that, Testing may not have affected the internal validity of this study. With regard to Selection, there was no random assignment of participants to the groups as such that could have posed a threat to internal validity. However, I ensured that the participants were similar in terms of their marital satisfaction levels before the interventions. All the couples who qualified for treatment had scores ranging from 46-75.

Data Management Issues

Data management is the process of controlling the information generated during a research project (Thoegersen, 2016). Any research will require some level of data management. In order to execute good data management practices, I solely handled the filled inventories to ensure that information given out by respondents does not end up in the wrong hands due to the sensitive nature of the study. After the data was collected, I stored it securely in a locked cabinet to prevent other people from having access to it. Also the data entered in the computer was protected with a password (only known to me). Respondents were not required to write their names on the instrument as such the anonymity helped to ensure protection of respondents. Code numbers were assigned and used to identify respondents. Interactions held during the intervention were treated strictly confidential.

Ethical Considerations

The research proposal went through the Institutional Review Board of University of Cape Coast for approval (Appendix C). The ethical parameters set we cautiously applied. These parameters included describing the benefits, risks a procedures for this study to participants. Participants were also given the opportunity ask any questions about the research. In addition, confidentiality of issues revealed duri the survey as well as issues discussed during the experiments was assured to the best my ability.

To ensure fidelity of treatments of the two theories, I had practised the two theories as a professional counsellor for about a year (before the study) and found

them useful in resolving marital issues based on the responses of my clients. In view of this, I believe in my competency to conduct this study and to provide reliable results. During the intervention for the two treatment groups, the control group was not engaged in any activity. To further preserve ethics in this study, participants in the control group were given the counselling given to the intervention group after the study.

Data Processing and Analysis

The scores from the MSI were computed according to its manual and then organised in worksheets in the Statistical Product for Service Solutions (SPSS) version 21.0. The information gathered from the data collected was analysed using descriptive and inferential statistics. I gave serial and code numbers to each item on the inventory for easy identification and referencing before scoring them. The demographic data was presented in frequencies and percentages. To assess the level of satisfaction of respondents, the MSI was scored as follows: for a positive item, that is a statement which shows good behaviour or attitude in marriage, a score of four (4) was for Very True, three (3) for True, two (2) for Not True and one (1) for Not At All True. For a negative item, that is a statement which shows unacceptable attitude or behaviour in marriage, a score of one (1) was for Very True; two (2) for True; three (3) for Not True and four (4) for Not At All True.

According to the MSI manual, the total score for all the 30 items is a maximum of 120 and a minimum of 30. The greater the score the more satisfied a spouse is in marriage. Couples with scores of 30 to 75 are in general considered

'not satisfied' with their marriages. Specifically, those with scores from 30 to 45 indicate they are not satisfied at all (at the verge of divorce) and those from 46 to 75 not satisfied (Essuman, 2010). Thus, respondents who scored between 46 and 75 were selected for the treatment and control groups. Couples scoring between 46-75 participated in this study because, the study aimed at improving marital satisfaction as such I considered it better to work with those who were 'not satisfied' rather than those at the verge of divorce. Based on the four-point Likert type scale, the mean scores were categorised as follows:

- Not At All Satisfied is an interval of $1.0 \leq 1.5$

- Not Satisfied is an interval of $1.6 \leq 2.5$

- Satisfied is an interval of $2.6 \leq 3.5$

- Very Satisfied is an interval of $3.6 \leq 4.0$

Means and standard deviations were used to answer research questions one and two in order to find the average score of marital satisfaction of respondents as well as how much the scores deviate from the mean. Research question three was answered using independent sample t-test. This was because I needed to compare the differences between males and females with regard to marital satisfaction. With regard to research question four, One-way Analysis of Variance (ANOVA) was used to find the significant differences in the marital satisfaction levels of respondents with regard to duration of marriage. There were three groupings for duration of marriage: 0-10 years, 11-20 years and over 20 years.

Hypotheses one and two tested the differences in the marital satisfaction levels of participants with regard to their pre-test and post-test results. In each group, there were 10 participants. The results were analysed using the Wilcoxon Signed Ranks test which is the non-parametric alternative of the paired sample t-test. This was used due to the smallness of the sample size. In relation to this, Frost (2015) opined that when the sample size is small (less than 30), it may be difficult to ascertain the distribution of the data because the distribution tests will lack sufficient power to provide meaningful results. In such cases the non-parametric alternative is more appropriate.

Hypothesis three was tested with the rank transformation procedures. Rank transformation procedures are ones in which the usual parametric procedure is applied to the ranks of the data instead of to the data themselves. This technique is a useful tool for developing non-parametric procedures to solve new problems (Conover & Iman, 1981). I considered it necessary to use the rank transformation procedure (specifically ANCOVA) for hypothesis three because it compared the two experimental groups with the control group. As such it was important to use a statistical tool that could find differences between the experimental and control groups while controlling for pre-test effects. The Analysis of Covariance (ANCOVA) - which is a parametric test that has no alternative to the non-parametric test, is appropriate for finding such differences. According to Pallant (2011), ANCOVA is an extension of analysis of variance which allows the exploration of differences between groups while statistically controlling for an additional (continuous) variable known as a covariate. A covariate (pre-test) is a

variable that may influence scores on the dependent variable. By removing the influence of any additional variable(s), ANCOVA can increase the power or sensitivity of the F-test. That is, it may increase the likelihood to detect differences between groups.

Hypotheses four, five, six and seven were tested using the Mann-Whitney U test (which is the non-parametric alternative to the independent sample t-test. This was also due to the smallness of the samples (10 participants in each group). The Mann-Whitney U test was used to find the differences with respect to gender, age and duration of marriage after the interventions.

Chapter Summary

The research approach for this study was quantitative. Specifically, the descriptive and quasi-experimental research designs were adopted. The dependent variable was marital satisfaction and the independent variables were the treatments by the solution-focused brief therapy and transactional analysis. Gender, age and duration of marriage were moderator variables. The population for this study comprised all Christian married men and women in the Accra Metropolis. An initial sample size of 400 was used for the survey. Analysis of their responses indicated those who were satisfied and those dissatisfied. Based on the analysis of the 400 inventories, 15 'dissatisfied couples' (making a total of 30 respondents) were selected and placed into control and experimental groups. The sampling techniques used were the simple random, and purposive sampling methods.

The research instrument used was the Marital Satisfaction Inventory developed by Essuman (2010). A pilot test was conducted using 40 married men and women in the Cape Coast Metropolis. The data collection period lasted for 12 weeks. The information gathered from the data collected was analysed using descriptive and inferential statistics. Means and standard deviations were used to answer research questions one and two. Research questions three and four were answered with t-test and ANOVA respectively. Hypotheses one and two were tested with the Wilcoxon Signed Ranks test. Hypothesis three was tested with the rank transformation procedures. Hypotheses four, five, six and seven were tested using the Mann-Whitney U test. The next chapter presents the results of the study.

CHAPTER FOUR

RESULTS AND DISCUSSION

Advance Organiser

The main purpose of this study was to find out the effects of transactional analysis and solution-focussed brief therapies on improving marital satisfaction of Christian couples in the Accra Metropolis. The descriptive survey and quasi experimental research designs were employed in this study. Four hundred married Christians formed the sample for the initial survey. Fifteen 'dissatisfied' couples were drawn from the initial survey and participated in the experiments.

Personal Data

This section presents the results of demographic characteristics of the sample used for the study.

Distribution of respondents by Sub-Metro

In all, 400 respondents were sampled from three sub-metros in Accra, namely Osu Klottey, Ayawaso East and Ablekuma Central. Out of the 400 respondents from the initial survey, there were 54 couples (that is, 108 respondents). Table 2 shows the distribution of respondents. The figures in the table represent the respondents reached during the data collection.

Table 2 - *Distribution of Respondents by Sub-Metro*

Sub-Metro	Total No. of Respondents	Couples	Dissatisfied Couples	Type of Group
Osu Klottey	129	14	6	Control group
Ayawaso East	140	22	10	Experimental group (SFBT)
Ablekuma Central	131	18	7	Experimental Group (TA)
Total	400	54	23	

Source: Field survey, Holm (2017)

The study required a sample of 15 couples (30 respondents) at the intervention stage (five couples from each sub-metro). In order to get 15 couples for the intervention stage, I contacted the 'dissatisfied' couples one after the other to discuss my findings and to seek their consent to be placed in a counselling group with other couples. Four couples out of the 23 did not accept the invitation for the group counselling. In Osu-Klottey sub-metro, all the six dissatisfied couples agreed to take part in the intervention when they were contacted. I, however, included in the programme, only five couples who agreed to participate in the intervention and whose scores also showed more dissatisfaction. The Osu-Klottey group was used as the control group. In Ayawaso East Sub-Metro, out of the 10 'dissatisfied' couples, two did not embrace the idea of group counselling. The other eight couples accepted to take part in the group sessions. However, I chose only five of them for the intervention based on those whose scores showed more dissatisfaction. In Ablekuma Central sub-metro, two couples did not want to

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take part in the group counselling. The remaining five were placed into one group for intervention.

Demographic distribution of respondents

The demographic information presented in this section is based on the five items in the Section A of the Marital Satisfaction Inventory used in this study (Appendix A). The demographics are presented in Tables 3.

Table 3 - *Demographic Distribution of Respondents*

Variable	Initial Survey No. of Respondents (%)	Experiments No. of Respondents (%)
Sex		
Male	192(48.0)	15(50)
Female	208(52.0)	15(50)
Age		
18-34 years	164(41.0)	13(43.3)
35-50 years	179(44.7)	17(56.7)
Over 50 years	57(14.3)	-
Duration of Marriage		
0-10	249(62.3)	14(46.7)
11-20	109(27.2)	16(53.3)
Over 20	42(10.5)	-
Religious Affiliation		
Attend same church	285(71.3)	26(86.7)
Attend different churches	115(28.7)	4(13.3)
Presence of Children		
Have children	329(82.3)	30(100)
Do not have children	71(17.7)	-

Source: Field survey, Holm (2017)

Table 3 reveals that, out of the 400 respondents that participated in the initial survey, there were 192 married men and 208 married women. Referring from Table 2, there were 54 couples (108 respondents) in this study. This implies that there were 292 'non-couples' (comprising 133 males and 159 females). With

regard to age of respondents it is observed from Table 3 that most of the respondents were aged between 18-50 years. It can also be seen from Table 3 that quite a large number (249 out of 400) of the respondents had been married between 0-10 years. With regard to religious affiliation, 71% of the respondents indicated that they attended the same church with their partners. Also, majority of the respondents (82%) were married with children. With regard to the experimental stage, there were 30 participants (15 couples). All participants in the experimental group, had children and majority of them attended the same church as their partners. With regard to age and duration of marriage, no couple aged over 50 and married for over 20 years qualified for the experiments. The data in Table 3 on the initial survey have been used in the discussion of the results.

Results of Research Questions

The main purpose of the study was to investigate the effects of transactional analysis and solution-focussed brief therapies on improving marital satisfaction of Christian couples in the Accra Metropolis. However, to arrive at the sample for the experimental stage, 400 married men and women were initially sampled and presented with the Marital Satisfaction Inventory (MSI). The responses of the 400 provided answers to the research questions. There were four research questions. The research questions were based on the issues that constituted marital satisfaction, and differences in the marital satisfaction levels of married Christians with regard to gender and duration of marriage.

Research Question One: What is the level of marital satisfaction of married Christians in the Accra Metropolis?

This question sought to find out the level of marital satisfaction of married Christian men and women in Accra Metropolis. All the thirty items in Section B of the questionnaire were used to answer the question. Responses were obtained from all the 400 respondents. Table 4 shows the results.

Table 4 - *Means and Standard Deviations of Respondents' Level of Marital*
          Satisfaction

Marital Satisfaction Scale	N	Mean	S.D.
Temperament	400	2.72	.67
General Evaluation	400	2.65	.76
Affection, Love and Appreciation	400	2.64	.54
In-law Issues	400	2.63	.49
Character	400	2.61	.62
Relationship	400	2.53	.66
Marital Roles	400	2.49	.64
Overall	400	2.61	.55

Source: Field survey, Holm (2017)

From Table 4, the overall mean score for all the sub-scales was 2.61 and this falls in the range of 'Satisfied' which is between 2.6-3.5. Table 4 shows that on five out of the seven scales, the mean scores fell within the 'Satisfied' range, whilst for the 'Relationship' and 'Marital Roles' scale, the means were below 2.61; indicating dissatisfaction. To answer Research Question One, it can be

concluded from Table 4 that Christian married men and women in Accra Metropolis are relatively satisfied in their marriages.

Research Question Two: What issues constitute marital satisfaction and dissatisfaction among married Christians in the Accra Metropolis?

This research question sought to find out the specific issues within the various scales of the MSI that constituted marital satisfaction/dissatisfaction among married Christian men and women in Accra Metropolis. For the purpose of the analysis of data related to Research Question Two, the word 'partner' has been used to replace 'wife' or 'husband' as it is originally in the MSI. The total number of respondents was 400. Table 5 shows the results.

Table 5 - *Means and Standard Deviations of Constituents of Marital Satisfaction and Dissatisfaction among Married Christians*

No.	Items	Mean	S.D.
1	My partner is fond of hitting me with objects to harm me when he/she is angry. Am thinking of reporting to the police.	2.90	.74
2	My partner appreciates very much how I help in the home.	2.81	.75
3	I will feel much happier if I move out of my present marriage	2.78	.92
4	My partner keeps his/her money to him/herself.	2.78	.77
5	I like the way my partner keeps in touch when he/she travels.	2.74	.78
6	My partner cannot be trusted. He/she is cunning, not reliable.	2.72	.85
7	My partner complains too much. Nothing I do at home pleases him/her.	2.70	.76
8	I noticed that my partner is becoming more attractive to me.	2.70	.77
9	My in-laws are my worst enemies in my marriage. They make my life miserable.	2.70	.86
10	I am fed up with my partner because he/she is stubborn, never ready to change his/her bad ways.	2.69	.88
11	My partner treats my relatives badly when they visit. This makes me highly displeased.	2.69	.78
12	I like the way my partner converses with me.	2.68	.81
13	My partner is indifferent. He/she does not care about what I do with my life.	2.66	.85

Table 5 continued

14	I am very disturbed because my partner does not appreciate all the sacrifices I put in my marriage.	2.63	.80
15	My partner is the best I can ever have.	2.62	.91
16	My partner always seeks my opinion on important issues concerning our marriage. I like this.	2.62	.92
17	My partner is too cold for my liking. I do not enjoy his/her company.	2.61	.93
18	I enjoy my partner's company most times.	2.61	1.01
19	I always feel fulfilled, happy when I have my partner by me.	2.60	.99
20	My partner speaks to me with disrespect.	2.56	.73
21	My in-laws are very helpful and give me respect	2.54	.98
22	My partner nags too much to my discomfort.	2.54	.74
23	My partner has great respect for me. He/she admires my work at home.	2.54	.70
24	Our conversation always ends in a quarrel. So we scarcely converse these days.	2.50	.83
25	I am satisfied sexually with my marriage.	2.46	.78
26	One thing I like about my partner is that he/she admits his/her faults and apologises.	2.44	.77
27	We quarrel over petty disagreements and hurt each other's feelings very often	2.37	.89
28	I like my wife a lot for the financial support in the marriage/like my husband for helping with house chores.	2.36	.66
29	My wife cooks well and takes good care of the home. My husband gives enough housekeeping money.	2.33	.73
30	I and my partner accept disagreement without hurting each other's feelings.	2.31	.77

Source: Field survey, Holm (2017)

Table 5 reveals that on 20 out of the 30 items, the respondents indicated satisfaction in marriage. That is items with a mean equal to or higher than 2.6. The statements (a) 'my partner is fond of hitting me with objects to harm me when he/she is angry and (b) I feel unsafe' (for husbands) or am thinking of reporting to the police' (for wives) had the highest mean (2.90). The indication is that, there is low incidence of physical domestic violence among Christian

married men and women. This was closely followed by 'my partner appreciates very much how I help in the home' with a mean score of 2.81.

The respondents reported dissatisfaction on 10 out of the 30 items on the MSI. On those items respondents scored between 2.31-2.54. Those items were related to sexual dissatisfaction, engaging in disagreements that hurt each other's feelings, and not supporting each other with financial and domestic activities.

Research Question Three: What differences exist in the marital satisfaction levels of married Christians in the Accra Metropolis with regard to gender?

This question sought to find out the level of marital satisfaction of married Christian men and women in Accra Metropolis. Table 6 presents the results based on an independent samples t-test analysis at the alpha level of 0.05.

Table 6 - *t-test on Gender Differences in Marital Satisfaction Levels*

Marital Satisfaction	Gender	N	Mean	S.D.	t	df	Sig.
Relationship	Male	192	2.54	.65	.139	398	.890
	Female	208	2.53	.66			
Affection, Love & Appreciation	Male	192	2.63	.49	-.028	398	.977
	Female	208	2.63	.58			
Character	Male	192	2.63	.64	.559	398	.576
	Female	208	2.59	.60			
Temperament	Male	192	2.76	.68	.962	398	.337
	Female	208	2.69	.66			
In-Law Issues	Male	192	2.70	.74	1.478	398	.140
	Female	208	2.59	.71			
Marital Roles	Male	192	2.50	.71	.124	398	.901
	Female	208	2.49	.74			
General Evaluation	Male	192	2.71	.78	1.473	398	.142
	Female	208	2.60	.78			
Overall	Male	192	2.62	.54	.362	398	.718
	Female	208	2.60	.55			

Source: Field survey, Holm (2017)   p<.05

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From Table 6, there were no significant differences in marital satisfaction levels of married Christian men and women in the Accra Metropolis on all the seven scales of the MSI. It can be observed from Table 6 that, in general, the male respondents expressed slightly higher satisfaction than the female respondents. On five out of the seven scales, namely Affection, Love and Appreciation, Character, Temperament, In-law and General Evaluation both the males and the females reported they were satisfied in marriage. With regard to 'Relationship' and 'Marital Roles' both the male and female respondents reported dissatisfaction.

Research Question Four: What differences exist in the marital satisfaction levels of married Christians with regard to duration of marriage?

This question focused on how the duration or length of marriage has affected the marital satisfaction levels of the respondents in this study. Item three of the Section A of the Marital Satisfaction Inventory provided information on the duration of marriage of the respondents. Out of the 400 respondents, 249 were married between 0-10 years, 109 married between 11-20 years and 42 had been married for over 20 years. Tables 7 and 8 display the results. Table 7 presents the means and standard deviations whilst Table 8 shows the ANOVA results.

Table 7- *Means and Standard Deviation with regard to Duration of Marriage*

Marital Satisfaction Relationship	Duration	Mean	S.D.
	0-10	2.60	.68
	11-20	2.35	.57
	Over 20	2.61	.58
Affection, Love and Appreciation	0-10	2.71	.54
	11-20	2.48	.53
	Over 20	2.69	.49
Character	0-10	2.69	.66
	11-20	2.43	.47
	Over 20	2.60	.63
Temperament	0-10	2.83	.65
	11-20	2.52	.60
	Over 20	2.60	.81
In-law Issues	0-10	2.52	.60
	11-20	2.65	.46
	Over 20	2.73	.63
Marital Roles	0-10	2.54	.66
	11-20	2.37	.60
	Over 20	2.51	.60
General Evaluation	0-10	2.70	.81
	11-20	2.39	.65
	Over 20	2.62	.85
Overall	0-10	2.65	.54
	11-20	2.47	.45
	Over 20	2.62	.55

Source: Field survey, Holm (2017)

The overall scores in Table 7 shows that respondents married 0-10 years and those married over 20 years reported marital satisfaction on all the seven scales. Those married between 11-20 years reported dissatisfaction on six out of the seven scales of the MSI.

Table 8 - *ANOVA Test on Differences in Marital Satisfaction with regard to Duration of Marriage*

Marital Satisfaction		Sum of Squares	df	Mean Square	F	Sig.
Relationship	Between Groups	5.061	2	2.530	6.007	.003
	Within Groups	167.225	397	.421		
	Total	172.286	399			
Affection, Love & Appreciation	Between Groups	3.947	2	1.974	6.950	.001
	Within Groups	112.741	397	.284		
	Total	116.688	399			
Character	Between Groups	5.061	2	2.530	6.808	.001
	Within Groups	147.553	397	.372		
	Total	152.613	399			
Temperament	Between Groups	7.898	2	3.949	9.150	.000
	Within Groups	171.337	397	.432		
	Total	179.234	399			
In-Law Issues	Between Groups	2.425	2	1.212	3.762	.024
	Within Groups	127.957	397	.322		
	Total	130.382	399			
Marital Roles	Between Groups	2.259	2	1.129	2.754	.065
	Within Groups	162.824	397	.410		
	Total	165.083	399			
General Evaluation	Between Groups	6.996	2	3.498	5.842	.003
	Within Groups	237.719	397	.599		
	Total	244.715	399			
Overall	Between Groups	2.564	2	1.282	4.763	.009
	Within Groups	106.845	397	.269		
	Total	109.408	399			

Source: Field survey, Holm (2017) $p < .05$

A look at Table 8 shows in general, that there were statistically significant differences in marital satisfaction levels with regard to duration of marriage. Also, in general, those married between 0-10 years reported more satisfaction than the

others. Again those who had been married for over 20 years reported more satisfaction than those married between 11 and 20 years. It can also be observed that with the exception of 'Marital Roles', there were significant differences in the marital satisfaction levels of the respondents with regard to duration of marriage. Notably, all the respondents, regardless of the duration of marriage reported dissatisfaction with regard to marital roles. With regard to in-law issues, respondents who had been married for 0-10 years, reported dissatisfaction.

Notably the means of the respondents married 0-10 years with regard to gender showed that females were more dissatisfied than the males (males = 2.55, females = 2.49). A two-way ANOVA statistics showing this is found in Appendix F (Tables 18 and 19).

To confirm where the significant differences were, a post hoc was done using the Tukey HSD statistics. Table 9 presents the overall Post Hoc results. The full post hoc table is presented in Appendix G.

Table 9 - *Tukey HSD on Marital Satisfaction with regard to Duration of Marriage*

Dependent Variable	(I) duration of marriage	(J) duration of marriage	Mean Difference (I-J)	Sig.
Overall	0-10	11-20	.18313	.006
		Over 20	.03210	.927
	11-20	0-10	-.18313	.006
		Over 20	-.15103	.246
	Over 20	0-10	-.03210	.927
		11-20	.15103	.246

Source: Field survey, Holm (2017)   p<.05

From Table 9, it can be observed that the significant differences were between 0-10 years and 11-20 years.

Discussions for Research Questions

Research Question One: Marital satisfaction levels of respondents

Means and standard deviations were used to present the results on the marital satisfaction levels of the 400 respondents. The results showed that the respondents were satisfied in their marriages. Contrary to this finding, researchers like Bogler (2013) and Amankwaah (2015) have reported increasing levels of marital dissatisfaction in Ghana. Possible reasons why the overall mean score showed that the respondents were satisfied could be because the population used in this study were Christians. Most Christians are made to go through premarital counselling which could equip them to adequately deal with marital challenges when they arise. Thus, when people pay attention to the teachings of the Bible concerning marriage, it helps to shape appropriate behaviours which could result in happy and stable relationships. To confirm this finding, Mahoney et al. (as cited in Stafford et al., 2014) showed that several aspects of marriage quality (example marital satisfaction) are predicted by religious activities such as praying together and considering the sanctity of marriage. Larson and Swyers (as cited in Larson, 2002) claim that religiosity does have a significant effect on divorce rates. In a 15 year national study in the USA, they found that 37% of couples who rarely or never attended a religious service had divorced, whereas 14% of couples who attended church frequently had divorced. In this present study, all of the respondents can be described as people who attended church because the data

were collected during church programmes at the various churches visited. Probably, by attending church, they are motivated to respect the sanctity of their marriages and as such work hard at improving the marital relationship.

In addition, Fagan (2006) noted that regular attendance at religious services is linked to healthy, stable family life, strong marriages and well-behaved children. Also, the sharing of religious beliefs and practices may provide a common bond and have an important and positive effect on marital satisfaction. As indicated earlier in Table 2, 71% of the respondents reported that they attended the same church with their partners while almost 29% did not attend the same church with their partners. Perhaps the overall mean showed 'Satisfied' because according to Nelson (2008), whether or not a couple matches up in their spiritual beliefs can be a potential source of major contention because of its deeply personal nature. This is often the framework from which people operate and when fundamental spiritual beliefs differ between two people who are trying to live a life together; it can create a number of problems.

It was also observed that, the respondents reported dissatisfaction on the Relationship and Marital Roles scales. The Relationship scale of the MSI focuses on issues related to communication among couples. The items on the scale include, 'our conversation always ends in a quarrel, so we scarcely converse these days'; 'I and my partner accept disagreement without hurting each other's feelings'; and 'my partner always seeks my opinion on important issues concerning our marriage'. These items all bother on communication in the relationship. The fact that the score on relationship shows 'dissatisfaction' implies

that communication among Christian married men and women is not so healthy. Supporting this finding, research has shown that marital communication is instrumental for marital quality and even one of the most crucial factors contributing to marital satisfaction (Karney & Bradbury, 1995). According to Noller and Fitzpatrick (1990, p. 839) "there is weight of evidence that marital interaction causes marital satisfaction". Communication plays a central role in marriage. Poor communication between husbands and wives, according to Zoi (2010), is the most common cause of divorce among Emiratis. In a survey of 1,335 divorced Emirati men and women, carried out by a team of experts from United Arab Emirates University, misunderstandings between spouses was most often cited as the cause of divorce, followed by interference in the relationship by family members. A popular reason for many marital communication problems, according to Halford et al. (1990) and O'Donohue and Crouch (1996) is deficient communication skills on the part of spouses. Snyder (2017) names personality differences, busy lifestyles and resentment relating to other interpersonal differences as part of the reasons why married persons suffer communication difficulties.

With regard to 'Marital Roles', the items on the scale include 'I like my wife a lot for the financial support in the marriage (for husbands) or I like my husband for helping with house chores (for wives)', 'my partner keeps his/her money to him/herself' and 'my wife cooks well and takes good care of the home or my husband gives enough housekeeping money'. These indicate that some of the respondents felt their partners did not fulfil their expected or perceived roles

in the marriage. The current result finds support in Dancer and Gilbert's (as cited in Sokolski, 1995) finding that equity or the perception that a spouse was doing his/her fair share was particularly important in higher ratings of marital adjustment and satisfaction in both spouses. Julien and Markman (1991) also reported that spousal support (especially husbands) was a critical variable in relationship satisfaction. They further indicated that whether or not a marital partner responds consistently with the expectations of the other depends on some variables. These include his/her own preformed concept of role expectations regarding the reciprocal role of his/her spouse, and the perception of spousal expectations. If these role concepts are similar, communication is easier and the relationship existing between the marriage partners is more satisfactory to both. If role perception is accurate, each partner is better able to anticipate the other's feelings and gear his own responses to the expectations of the other. Perhaps respondents in this study experienced 'Relationship' challenges because of dissatisfaction experienced in discharging their marital roles.

Research Question Two: Issues on marital satisfaction and dissatisfaction

One of the issues that respondents indicated satisfaction on was physical domestic violence. The mean score (2.90) implied a low incidence among the respondents. Perhaps because the respondents were all Christians, they had learnt about the essence of submitting to one another in reverence to God; and as such would avoid certain violent behaviours. Research that looks solely at the impact of church attendance has come to similar conclusions. For example, Ellison and Anderson (2001) found that women who were married or cohabiting were

significantly less likely to report abuse if they regularly attended religious services. According to their study, compared with a woman who never attends religious services, a woman who shares similar demographic characteristics but attends several times a week is roughly 40% less likely to be a victim of domestic violence. They also found that men who attend religious services several times a week are 72% less likely to abuse their female partners than men from comparable backgrounds who do not attend services. Wilcox (2017) also found that wives married to church-going men are comparatively safe from physical abuse.

Still on the issues that constituted marital satisfaction, I considered it logical to find that the respondents reported that they were able to show affection and express appreciation when their partners carried out their roles effectively. As was discussed under the 'Marital satisfaction levels of respondents', perception that a spouse was doing his/her fair share was particularly important in higher ratings of marital satisfaction (Dancer & Gilbert, as cited in Sokolski, 1995). To further confirm this finding, researchers like Frisco and Williams (2003); Greenstein (2009) and Carriero (2011) investigating the relationship between equity in the household labour division and marital satisfaction, concluded that there is a meaningful relationship between these two variables. I am also of the view that, when partners perceive fairness in the execution of marital roles by their spouses, they are motivated to be more affectionate to their spouses and vice versa.

On marital dissatisfaction among the respondents in this study, the central issues were sexual dissatisfaction, engaging in repeated disagreements, being disrespectful and not supporting each other with financial and domestic activities. In relation to these findings, studies have provided evidence that sexual satisfaction was positively associated with overall relationship satisfaction (Santtila et al., 2008) as well as communication and marital satisfaction (Litzinger & Gordon, 2005). Also, disagreements over the division of household chores, career aspirations and holidays were major factors in married couples splitting up (Daily Mail Reporter, 2013). Sex according to Weiner-Davis (2008) is an extremely important part of marriage. When it is good, it offers couples opportunities to give and receive physical pleasure, to connect emotionally and spiritually. It builds closeness, intimacy, and a sense of partnership. The finding that the respondents experienced sexual dissatisfaction means that some of them do not receive enough physical pleasure from their partners. This would certainly create feelings of dissatisfaction among such couples. Considering that marital dissatisfaction among the respondents came from sex, repeated disagreements and being disrespectful of each other, research has indicated that reasons why sexual intimacy in Christian marriage could suffer, include having unresolved marital problems, not making sex a priority, and simply becoming bored with the same old routine. Perhaps the respondents had unresolved disagreements and that did not even grant them the needed urge to have quality sex with their spouses. This further supports the results in Table 4 that showed that there was dissatisfaction with regard to the Relationship scale which focuses on communication in

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marriage. In addition, although the issue of sexual dysfunction was not investigated, it is possible that it could have caused sexual dissatisfaction among some of the respondents. Supporting this claim, a study carried out in Kumasi Metropolis on sexual dysfunction among married couples by Amidu, Owiredu, Gyasi-Sarpong, Woode and Quaye (2011) found the prevalence of impotence and premature ejaculation to be 60.9% and 65.4% respectively. They further stated that the prevalence of vaginismus and anorgasmia were 69.3% and 74.9% respectively.

I considered it interesting to find that on the item that says, 'I will feel much happier if I move out of my present marriage' showed a relatively high satisfaction (i.e., 2.78). This implies that even though the respondents were not strongly satisfied in their marriages based on the overall mean score (2.61) from research question one, they would not want to be divorced. Probably because the respondents in this study were Christians, their values would not encourage them to consider divorce. In support of this, Booth et al. (as cited in Brooks, 2014) found that an increase in religiosity slightly decreases the probability of considering divorce. Fincham et al. (as cited in Webbo, Kihara & Karume, 2017) found a positive correlation between religiosity and relationship satisfaction; couples who regularly prayed together reported high levels of satisfaction in their relationship.

Research Question Three: Gender and marital satisfaction

In this study, no significant gender differences were found among the respondents. In relation to this finding, Levenson et al. (1993) indicated no gender

differences with regard to marital satisfaction. Research by Hendrick et al. (1998) suggest that while men and women may behave differently in relationships, their underlying needs, wants and perspectives may not be so different; especially for those couples in committed relationships. Kurdek (2005) found few marked differences over time in men and women's ratings of marital satisfaction, social support and spousal interactions. Moreover, the strength of the association between these factors was similar for men and women.

A possible reason why this study also found no significant differences on all the seven scales could be the fact that the initial survey conducted made use of both couples and non-couples. Seventy-three percent of the respondents were non-couples. As such, the responses were not based solely on couples but on individual married men and women. In relation to this, Kurdek (2005) and Parker (2007) highlighted that the reason why significant gender differences are not found in such studies relates to the level of analysis at which the research was conducted. They further argued that, the majority of studies have compared the responses of men and women from different relationships (i.e., the individual as the unit of analysis). Thus, it was unclear if the gender differences they found were due to actual differences between couples, or the result of comparing men and women from different relationships. These arguments were echoed by Kenny et al. (2006) who suggested that generalisations about differences between the genders are often inappropriately made to couples when the analysis has in fact been conducted on individuals.

Though there were no significant differences with regard to gender, in general the males reported more satisfaction than the females. In relation to this, Heaton and Blake (1999) found that women's overall experiences of marriage were more negative than men. Fowers (1991) in a study of 7;261 married men and women found that men were somewhat more satisfied with their marriages than women were. Previous studies in Ghana by Ackummey (2011) confirmed that men were slightly satisfied in their marriages than women. In contrast, Akpadago (2014) reported that more female respondents were satisfied with their marriages than the males in his study conducted on married people in Navrongo.

A possible reason why the males in this study reported relatively better satisfaction than the women could be the care of children which seems to require more effort from women than men. It is important to note that as indicated in Table 3, 82% of the respondents in this study have children. In support of this, Twenge et al. (2003) found that the transition to parenthood affects wives' satisfaction more than that of husbands. Meijer and Van den Wittenboer (2007) found a decrease in marital satisfaction that was more pronounced in women than men following the birth of their first child. They attributed this finding to the insomnia created by a crying baby and the gender norms that dictated that child care was a woman's job.

In relation to finding that both men and women in this study expressed dissatisfaction with regard to marital roles, a study by Wilkie et al. (1998) on the relationship between marital satisfaction and the division of both paid and household labour, found that, the division of household labour impacted on

marital satisfaction primarily through the perception of fairness. This was supported by Coltrane (2000) who investigated the relationship between the division of labour and marital satisfaction and found the perception of fairness as a critical link. This perhaps means that the respondents in this study, perceived unfairness in the household division of labour. Blair (1993) was of the view that the subjective perceptions of marriage were very important with regard to understanding marital satisfaction.

Supporting the finding that the females reported higher dissatisfaction with regard to marital roles although both sexes were dissatisfied, Blair (1993) stated that if conflict does arise over the division of labour, it is because wives are dissatisfied. It appears that husbands, generally, regardless of gender ideology, education or class status remain satisfied with an unequal division of labour until their wives become dissatisfied, and then only sometimes, will they alter their behaviour to redress the inequality (Dillaway & Broman, 2001). Almeida and Horn (2004) also reported that women report higher levels of role overload and daily stress than men.

Research Question Four: Duration of marriage and marital satisfaction

Referring from the results in Tables 7 and 8 on duration of marriage, there were significant differences among the respondents. Notably, those married 0-10 years as well as over 20 years were more satisfied in marriage than those married between 11 and 20 years.

Supporting the finding that those married between 0-10 years reported more satisfaction than those married 11-20 years, Kazemi et al. (2015) noted that

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currently, it seemed that, on the average, marital satisfaction drops markedly over the first 10 years, and continues to gradually decrease over the subsequent decades. In addition, a study by Glenn (1990) estimated that marital satisfaction as indicated by the percentage of people who claim their marriages are very happy, decreases steadily for at least the first 10 years and maybe for 25 years or longer.

Also, to confirm the finding that those who had been married for over 20 years reported satisfaction in marriage, Karney and Bradbury (1997) reported that marital satisfaction was once believed to follow a U-shaped trajectory over time, such that couples began their marriages satisfied, this satisfaction somewhat waned over the years, but resurfaced to newly-wed levels after many years together. Contrarily, Karney and Bradbury (1995) and Vaillant and Vaillant (1993) have reported that a common pattern in marital satisfaction revealed through some longitudinal data collection was a slowly decreasing linear trajectory. Levels of marital satisfaction were highest in the early stages and continually declined throughout the rest of the marital relationship.

I believe the respondents in this study married over 20 years expressed satisfaction because their marriages may have been practised on some religious principles. According to Mahoney et al. (as cited in Stafford et al., 2014), several aspects of marriage quality (e.g. marital satisfaction) are predicted by religious activities such as praying together and considering the sanctity of marriage. Their satisfaction levels could also probably be because after living together for several

years, some couples accept their partners as who they are. They are not prepared to divorce or remarry and are thus ready to live with each other.

In relation to finding that those married between 11-20 years reported lesser satisfaction on most of the scales of the Marital Satisfaction Inventory (Essuman, 2010), according to Van Laningham et al. (2001), longitudinal data have shown that marital duration had a negative impact on marital happiness. They further noted that a well-documented fact about marriage is that marital relationships have a strong tendency to decrease in satisfaction over the first twenty years of the marriage. Another study by Hughes (2011) that followed couples over a 15-year time frame found that the decline in marital satisfaction persisted over the entire time period and that the reduction was substantial. The reason for the low marital satisfaction among those married for 11-20 years could be related to parenting challenges.

All things being equal, marriages lasting between 11-20 years, would have children in their adolescence or teen years; the adolescence stage has been described as a time of storm and stress (Arnett, 1999). Arnett further stated that, extreme parent-child conflict and adolescent rebellion are an inevitable part of teen years. Parents of teens are faced with the challenge of surviving the teen years until their teens grow out of this rebellious stage. Faulty parent-child relationship could affect marital satisfaction in that, it creates misunderstandings among spouses. Sometimes a spouse blames his/her partner for issues relating to misbehaviours of their children. This creates a situation where couples are usually

in constant conflicts over the right way of raising children. The more such conflicts arise, the more dissatisfaction would be experienced in the marriage.

Another possible reason for the low satisfaction among those married between 11-20 years could be complacency. When couples live together for a relatively long time, it is possible that one or both partners begin to feel too comfortable and not interested in working to improve the marital relationship. The marital life thus becomes boring; activities are done based on routines and this situation can easily give room to marital dissatisfaction. Supporting this assumption, Buckingham (2012) stated that complacency is the silent killer that impacts so many couples without them even realising it.

With regard to the In-Law scale, respondents who had been married for 0-10 years, reported dissatisfaction. In relation to this finding, Timmer and Veroff (2000) reported that the level of conflict between couples and their in-laws affects couples' marital happiness especially in early marriages. Possible reasons for the 'not so strong' in-law relationship for those married from 0-10 years could be because in early marital relationships, some parents go and live with their children/son or daughter-in law to ensure their sons or daughters are happy in marriage. Others stay in their son or daughter's matrimonial home to help with taking care of new born babies, or as part of their own adjustment process after their son or daughter has left home to live with his or her spouse. This situation could create some discomfort and probably unhappiness for newly married couples.

Notably the means of the respondents married 0-10 years with regard to gender showed that females were more dissatisfied than the males (males = 2.55, females = 2.49). A two-way ANOVA statistics showing this is found in Appendix F. In support of this, Orbuch (cited in Daly, 2013) in a long-term study, found in-law ties to be very stressful early in marriage especially for women. If women were close to their in-laws, especially early in marriage, it interfered with or prevented them from forming a unified and strong bond with their husbands. This may create some stress on the newly married couples who may take some time to adjust to the demands of their parents-in-law.

Results of Research Hypotheses

This section focused on the results of the interventions given at the experimental stage of the study. There were seven hypotheses. The research hypotheses aimed at testing the effects of transactional analysis and solution-focused brief therapy in improving marital satisfaction. There were two treatment groups and one control group. The two treatment groups received specific treatments. One group received treatment based on techniques used in Transactional Analysis while the other group received treatment using Solution-Focused Brief Therapy methods. The control group however, did not receive any treatment.

Hypothesis One:

H_0: **There are no significant differences in the pre and post test scores of couples who receive Transactional Analysis treatment**

H_1: **Marital satisfaction levels of couples who receive Transactional**

Analysis treatment will improve after intervention

Hypothesis one sought to test the differences in the marital satisfaction levels of participants who received Transactional Analysis before and after intervention. There were 10 participants made up of five couples. Participants were taken through eight sessions of treatments. The Wilcoxon Signed Ranks Test which is the non-parametric alternative of the paired sample t-test was used to test the data. This is due to the smallness of the sample size. The result of the pre-test is shown in the column titled 'before intervention'. Post test was conducted two weeks after the intervention had ended. The post-test result is displayed under the column labelled after intervention. Table 10 displays the results.

Table 10 - *Wilcoxon Signed Ranks Test on Marital Satisfaction Levels Before and*

After TA Intervention

Marital Satisfaction	Before Intervention Median	After Intervention Median	Z	Sig.
Relationship	2.00	3.25	-2.809	.005
Affection, Love & Appreciation	2.00	3.40	-2.812	.005
Character	2.08	3.25	-2.814	.005
Temperament	2.17	3.33	-2.836	.005
In-Law	2.00	3.33	-2.829	.005
Marital Roles	2.00	3.67	-2.821	.005
General Evaluation	2.00	3.25	-2.829	.005
Overall	2.05	3.30	-2.803	.005

Source: Field survey, Holm (2017) $p < .05$

Table 10 reveals that there were significant differences in the pre and post test scores of couples who received intervention using transactional analysis techniques. Due to the results obtained, H_0 is rejected and H_1 is retained.

Hypothesis Two:

H_0: **There are no significant differences in the pre and post test scores of couples who receive Solution-Focused Brief Therapy**

H_1: **Marital satisfaction levels of couples who receive Solution-Focused Brief Therapy will improve after intervention**

Hypothesis two sought to test the differences in the marital satisfaction levels of participants who received treatment using solution-focused brief therapy skills and questions before and after treatment. Just like in the Transactional Analysis group, there were also 10 participants made up of five couples in the Solution-Focused Brief Therapy group. Participants were taken through eight sessions of treatment. Table 11 presents the results based on a Wilcoxon Signed Ranks Test analysis.

Table 11 - *Wilcoxon Signed Ranks Test on Marital Satisfaction Levels Before and After SFBT Intervention*

Marital Satisfaction	Before Intervention Median	After Intervention Median	Z	Sig.
Relationship	2.00	3.00	-2.825	.005
Affection, Love & Appreciation	2.00	3.20	-2.810	.005
Character	2.08	3.00	-2.812	.005
Temperament	2.00	3.00	-2.871	.004
In-Law	2.00	3.33	-2.831	.005
Marital Roles	2.00	3.33	-2.848	.004
General Evaluation	2.00	3.00	-2.816	.005
Overall	2.00	3.17	-2.807	.005

Source: Field survey, Holm (2017) $p<.05$

As shown in Table 11, there was a statistically significant improvement in the marital satisfaction levels following participation in the solution-focused brief therapy intervention exercise. The median score on the Marital Satisfaction Scale as evident in the Overall increased from 2.00 to 3.17. On all the scales, there were statistically significant differences in the scores of respondents before and after intervention. Due to the result obtained, H_0 is rejected and H_1 is retained.

Hypothesis Three:

H_0: There are no significant differences in the marital satisfaction levels of couples in the Transactional Analysis group, Solution-Focused Brief Therapy group and the Control group.

H₁: Couples given treatment using Transactional Analysis or Solution-Focused Brief Therapy will experience better marital satisfaction than those not given treatment.

This hypothesis tested differences in the marital satisfaction levels of participants who received treatment and the control group. Participants in each treatment group were taken through eight-sessions of intervention. Each group comprised five couples (10 participants). The results of the post-test scores of participants in the treatment and control groups are based on a rank transformation ANCOVA. Table 12 displays the results.

Table 12: *Rank Transformation ANCOVA on Marital Satisfaction of Treatment and Control Groups*

Source	Type III Sum of Squares	Df	Mean Squares	F	Sig.	Partial Eta Squared	Noncent Parameter	Observed Power[b]
Corrected Model	1640.756[a]	3	546.919	23.631	.000	.732	70.893	1.000
Intercept	1925.464	1	1925.464	83.195	.000	.762	83.195	1.000
Rank Marital Satisfaction (Pre-test)	10.706	1	10.706	.463	.502	.017	.463	.100
Groups	1627.690	2	813.845	35.164	.000	.730	70.329	1.000
Error	601.744	26	23.144					
Total	9450.000	30						
Corrected Total	2242.500	29						

Source: Field survey, Holm (2017)

a. R Squared = .732 (Adjusted R Squared = .701)

b. Computed using alpha = .05

From Table 12, the groups (that is the transactional analysis, solution-focused brief therapy, and control groups) were significantly different ($F_{(2, 26)} = 35.164$, $p<.001$, $\eta^2 = .730$). Based on the significant differences found, a follow-up post hoc was done to find out which of the groups contributed more to the observed significant difference in the ANCOVA result. Table 13 shows the Sidak Post Hoc results.

Table 13: *Sidak Post Hoc on Differences in Treatment and Control Groups*

(I) TA SFBT Control	(J) TA SFBT Control	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval for Difference	
					Lower Bound	Upper Bound
TA post-test	SFBT post-test	-5.278	2.167	.065	-10.808	.252
	Control post-test	-17.581*	2.152	.000	-23.072	-12.091
SFBT post-test	TA post-test	5.278	2.167	.065	-.252	10.808
	Control post-test	-12.303*	2.162	.000	-17.820	-6.786
Control post-test	TA post-test	17.581*	2.152	.000	12.091	23.072
	SFBT post-test	12.303*	2.162	.000	6.786	17.820

Source: Field survey, Holm (2017)

*. The mean difference is significant at the .05 level.

From Table 13, there were significant differences between the Transactional Analysis and Solution-Focused Brief Therapy groups and the Control group. Between the Transactional Analysis treatment group and the Control group, there was a mean difference of 17.58 at p=.000. With regard to the Solution-Focused Brief Therapy group and the Control group, there was a mean difference of 12.30 at p=.000. Couples in the two treatment groups experienced

improvements in their marital satisfaction levels while those in the Control group reported dissatisfaction. This implies that the interventions given were effective in improving the marital satisfaction levels of participants. Due to the result obtained, H_0 is rejected and H_1 is retained.

Hypothesis Four:

H_0: **There would be no significant differences in the marital satisfaction levels of couples who receive Transactional Analysis and Solution-Focused Brief Therapy treatments.**

H_1: **Couples who receive Transactional Analysis treatment will experience higher marital satisfaction than those who receive Solution-Focused Brief Therapy.**

Hypothesis four aimed at comparing the two treatment groups with regard to their effectiveness in improving marital satisfaction. Participants in each of the groups were taken through eight-sessions of intervention. Table 14 presents the results based on a Mann-Whitney U test.

Table 14 - *Mann-Whitney U Test on Marital Satisfaction Levels of Transactional Analysis (TA) and Solution-Focused Brief Therapy(SFBT) Treatment Groups*

Marital Satisfaction	T.A. Group Median	SFBT Group Median	Mann-Whitney U	Z	Sig
Relationship	3.25	3.00	15.00	-2.854	.004
Affection, Love & Appreciation	3.40	3.20	35.00	-1. 158	.247
Character	3.25	3.00	27.50	-1. 806	.071
Temperament	3.33	3.00	35.00	-1. 314	.189
In-Law	3.33	3.33	38.50	-.914	.361
Marital Roles	3.67	3.33	36.00	-1. 114	.265
General Evaluation	3.25	3.00	19.50	-2. 675	.007
Overall	3.30	3.17	24.50	-1.933	.053

Source: Field survey, Holm (2017) $p<.05$

From Table 14, it can be observed from the overall median score, that, in general, there was no significant difference in the effects of the two treatments on marital satisfaction. Probably, this is because each of the interventions has unique ways of helping clients to deal with their concerns. Both counselling theories proved effective in improving marital satisfaction. However, with regard to the 'Relationship' and 'General Evaluation' scales, there were significant differences between the two groups (p=.004 and .007 respectively). The TA group reported a significantly higher satisfaction than the SFBT group. This implies that the transactional analysis was relatively more effective than the solution-focused treatment with regard to the two scales (i.e. Relationship & General Evaluation).

Hypothesis Five:

H_0: There are no significant differences in the marital satisfaction levels of husbands and wives after Solution-Focused Brief Therapy and Transactional Analysis interventions.

H_1: Husbands will experience significantly higher marital satisfaction levels than wives after Solution-Focused Brief Therapy and Transactional Analysis interventions.

The hypothesis tested the gender differences of participants after the interventions. Table 15 displays the results based on a Mann-Whitney U test.

Table 15 - *Mann-Whitney U on Gender Differences in Marital Satisfaction After Interventions*

Marital Satisfaction	Treatment Group	Gender	Median	Mann-Whitney	Z	Sig
Relationship	SFBT	Male	3.00	12.50	.000	1.00
		Female	3.00			
	TA	Male	3.33	9.00	-.747	.455
		Female	3.17			
Affection, Love and Appreciation	SFBT	Male	3.20	10.00	-.537	.591
		Female	3.00			
	TA	Male	3.40	12.50	.000	1.00
		Female	3.40			
Character	SFBT	Male	3.00	11.50	-.239	.811
		Female	3.00			
	TA	Male	3.33	10.00	.539	.590
		Female	3.17			
Temperament	SFBT	Male	3.00	10.00	-.655	.513
		Female	3.00			
	TA	Male	3.33	12.50	.000	1.00
		Female	3.33			
In-Law	SFBT	Male	3.67	4.50	-1.771	.077
		Female	3.00			
	TA	Male	3.33	10.50	-.454	.650
		Female	3.33			
Marital Roles	SFBT	Male	3.33	12.50	.000	1.00
		Female	3.33			
	TA	Male	3.67	12.50	.000	1.00
		Female	3.67			
General Evaluation	SFBT	Male	3.00	10.00	-1.00	.317
		Female	3.00			
	TA	Male	3.25	12.00	-.120	.905
		Female	3.25			
Overall	SFBT	Male	3.20	11.50	-.211	.833
		Female	3.13			
	TA	Male	3.33	12.50	.000	1.00
		Female	3.27			

Source: Field survey, Holm (2017) $p<.05$

Table 15 reveals that there were no significant gender differences in the effects of the interventions on the marital satisfaction levels of the participants. Both males and females reported they were satisfied after the interventions.

Generally, husbands reported relatively higher satisfaction than their wives in both TA and SFBT groups. Based on the results in Table 15, the H_0 is retained and H_1 is rejected.

Hypothesis Six:

H_0: There are no significant differences in the marital satisfaction levels of couples between the ages of 18-34 and those between the ages of 35-50 after Solution-Focused Brief Therapy and Transactional Analysis interventions.

H_1: Couples between the ages of 35-50 will experience significantly higher marital satisfaction levels than those between the ages of 18-34 after Solution-Focused Brief Therapy and Transactional Analysis interventions.

Hypothesis six tested differences among participants with regard to their ages. In terms of ages, there were three main groupings in this study, 18-34, 35-50, and 'over 50'. However, the participants for the interventions were from only two groups (18-34years and 35-50years). Table 16 presents the results.

Table 16 – *Mann-Whitney U on Marital Satisfaction Levels After Interventions with regard to Age Differences*

Marital Satisfaction	Treatment Group	Age	N	Median	Mann-Whitney	Z	Sig
Relationship	SFBT	18-34	5	3.00	7.50	-1.500	.134
		35-50	5	3.00			
	TA	18-34	4	3.17	7.50	-.980	.327
		35-50	6	3.50			
Affection, Love and Appreciation	SFBT	18-34	5	3.20	11.50	-.215	.830
		35-50	5	3.20			
	TA	18-34	4	3.20	4.00	-1.732	.083
		35-50	6	3.70			
Character	SFBT	18-34	5	3.00	11.50	-.239	.811
		35-50	5	3.00			
	TA	18-34	4	3.17	10.50	-.330	.741
		35-50	6	3.33			
Temperament	SFBT	18-34	5	3.00	10.00	-.655	.513
		35-50	5	3.00			
	TA	18-34	4	3.33	9.00	-.750	.453
		35-50	6	3.17			
In-Law	SFBT	18-34	5	3.33	11.00	-.332	.740
		35-50	5	3.33			
	TA	18-34	4	3.33	10.50	-.347	.728
		35-50	6	3.33			
Marital Roles	SFBT	18-34	5	3.00	6.50	-1.342	.180
		35-50	5	3.67			
	TA	18-34	4	3.00	6.00	-1.369	.171
		35-50	6	3.83			
General Evaluation	SFBT	18-34	5	3.00	10.00	-1.00	.317
		35-50	5	3.00			
	TA	18-34	4	3.25	4.50	-1.830	.067
		35-50	6	3.13			
Overall	SFBT	18-34	5	3.10	8.50	-.843	.399
		35-50	5	3.20			
	TA	18-34	4	3.20	6.00	-1.283	.199
		35-50	6	3.45			

Source: Field survey, Holm (2017) $p<.05$

Table 16 shows there were no significant differences among participants after treatment with regard to age differences. However generally, participants aged between 35-50 years in both the SFBT and TA groups reported a relatively

higher marital satisfaction than those aged 18-34 years. With regard to the TA group, it can be observed that, on the 'Temperament' and 'General Evaluation' scales couples aged 18-34 years reported higher medians (3.33 and 3.25 respectively) than those in the 35-50 age range (3.17 and 3.13 respectively). Due to the result obtained, H_0 is accepted and H_1 is rejected.

Hypothesis Seven:

H_0: **There are no significant differences in the marital satisfaction levels of couples after solution-focused brief therapy and transactional analysis intervention with regard to duration of marriage.**

H_1: **There are significant differences in the marital satisfaction levels of couples after solution-focused brief therapy and transactional analysis interventions with regard to duration of marriage.**

Hypothesis seven tested after intervention differences with regard to duration of marriage. In terms of duration of marriage, there were two groups for the interventions (0-10 and 11-20). In the SFBT group, there were three couples (six participants) married 0-10 years and two couples (four participants) married 11-20 years. In the TA group, there were two couples (four participants) married between 0-10 years and three couples (six participants) married between 11-20 years. Table 17 displays the results based on a Mann-Whitney U test.

Table 17 - *Mann-Whitney U on Differences in Marital Satisfaction After Intervention with regard to Duration of Marriage*

Marital Satisfaction	Treatment Group	Duration	N	Median	Mann-Whitney	Z	Sig
Relationship	SFBT	0-10	6	3.00	11.00	-.306	.759
		11-20	4	3.00			
	TA	0-10	4	3.17	4.00	-1.067	.286
		11-20	6	3.50			
Affection, Love and Appreciation	SFBT	0-10	6	3.20	10.50	-.329	.742
		11-20	4	3.30			
	TA	0-10	4	3.20	4.00	-1.061	.289
		11-20	6	3.70			
Character	SFBT	0-10	6	3.00	9.00	-.732	.464
		11-20	4	3.08			
	TA	0-10	4	3.25	2.00	-1.482	.138
		11-20	6	3.17			
Temperament	SFBT	0-10	6	3.00	8.00	-1.069	.285
		11-20	4	3.17			
	TA	0-10	4	3.17	7.00	-.306	.759
		11-20	6	3.33			
In-Law	SFBT	0-10	6	3.17	7.50	-1.016	.309
		11-20	4	3.50			
	TA	0-10	4	3.33	5.00	-.850	.395
		11-20	6	3.33			
Marital Roles	SFBT	0-10	6	3.00	6.00	-1.369	.171
		11-20	4	3.50			
	TA	0-10	4	3.33	9.00	-.685	.494
		11-20	6	3.83			
General Evaluation	SFBT	0-10	6	3.00	10.00	-.816	.414
		11-20	4	3.00			
	TA	0-10	4	3.13	5.50	-.747	.455
		11-20	6	3.25			
Overall	SFBT	0-10	6	3.08	5.50	-1.399	.162
		11-20	4	3.22			
	TA	0-10	4	3.20	3.00	-1.310	.190
		36-50	6	3.45			

Source: Field survey, Holm (2017) $p<.05$

Table 17 shows that, there were no significant differences in the marital satisfaction levels of participants after the interventions with regard to duration of marriage. However, the overall reflects a situation where those married between

11 and 20 years reported relatively higher satisfaction than those married between 0-10 years. Both interventions were effective in improving marital satisfaction, irrespective of the length or duration of the marriage. Due to the result obtained, H_0 is retained and H_1 is rejected.

Discussions for Research Hypotheses

Treatment versus control groups

The results in Table 10, 11, 12 and 13 showed significant differences before and after TA and SFBT intervention and the Control group. The results showed that TA and SFBT treatments were both effective in improving marital satisfaction. The Control group reported dissatisfaction when their post-test scores were computed. My conclusion from these findings is that, a form of intervention is certainly better than no treatment at all.

In relation to the effectiveness of TA treatment, researchers have reported on the strength of transactional analysis in improving marital relations as mentioned earlier in the literature review. For example, Salamat et al. (2007) studied the effect of transactional analysis on the reduction of marital conflicts. The analysis of their results revealed that after treatment, couples experienced improved conversation method, criticism method, conclusions from discussion, and reduced marital conflicts. Also a research conducted by Torkan et al. (2006) on the effect of group therapy by transactional analysis on couple's marital satisfaction showed the TA group therapy increased marital satisfaction of men and women in the test group compared to those in the control group. Mostafavi et al. (2014) conducted a study on the effect of group counselling with transactional

analysis method on self-acceptance of couples with family dispute in counselling centres in Esfahan City. Their results showed that the training techniques on transactional analysis group counselling provided a significant change in self-acceptance and dealing with family dispute.

Supporting the improvement in the marital satisfaction levels after SFBT intervention, Gingerich and Eisengart (2000) indicated that the solution-focused model was better than no treatment, or comparable to empirically supported interventions. In addition, Bagheri (as cited in Badakhshan, 2015), noted the SFBT as one of the most effective interventions for improving the quality of couple's relationship and promoting couple satisfaction. Other studies like those by Zimmerman et al. (1997); Nelson and Kelly (2001); Davoodi et al. (2011) have all proven that using the SFBT was effective in increasing the compatibility, reducing couple's conflict, improving the couple's life and preventing divorce.

Comparing transactional analysis and solution-focused brief therapy

Generally, there was no significant difference in the effects of the two treatments on marital satisfaction. Probably, this is because each of the interventions has unique ways of helping clients to deal with their concerns. Both counselling theories proved effective in improving marital satisfaction. However, with regard to the 'Relationship' and 'General Evaluation' scales, there were significant differences between the two groups (p=.004 and .007 respectively). The TA group reported a significantly higher satisfaction than the SFBT group..

As noted in the discussion under Research Question One, the 'Relationship' scale is largely based on communication. The transactional

analysis theory is an interactional theory that focuses largely on how better communication results in better relationships. Probably this makes it not surprising that the TA group reported relatively higher satisfaction than the SFBT group with regard to the relationship scale. In relation to this finding, Alkasir, Jafarian, Mohammadkhani, Soleimani and Atadokht (2017) investigated the use of transactional analysis training in reducing marital discord and showed that the theory was very effective. They further noted that the theory helps couples and families prevent and reduce problems in communication. In addition, the finding is consistent with the study of Nejadnaderi, Darehkordia and Divsalar's (2013) result that showed that transactional analysis training enhanced compatibility in dimensions of family, emotional, occupational, social, and improvement of communication between couples, parents and children.

As noted earlier, there was also a significant difference between the TA and SFBT groups with regard to the 'Relationship' as well as the 'General Evaluation' scales where the TA group reported a relatively higher satisfaction. The Relationship scale bothers on communication. Research suggests there is a positive relationship between the two variables (Relationship and General Evaluation). A happy marital relationship will result in a positive evaluation of the marriage. In support of this result, Abbasi and Afsharinia (2015) conducted a study on the relationship between couples communication patterns and marital satisfaction and found that marital satisfaction increases when communication styles of couples are improved.

In relation to the finding that the transactional analysis group reported relatively higher marital satisfaction levels than the solution-focused group, Shafi-Abadi et al. (2010) in a research aimed at determining the effect of two solution-oriented and transactional analysis approaches on changing the marital satisfaction level of married men and women in Tehran showed that transactional analysis was a very good method for increasing marital satisfaction level and was superior to the solution-oriented approach.

Gender, age and duration of marriage after interventions

On all the three variables (gender, age and duration of marriage), all couples reported that they were satisfied after the interventions. There were no significant differences among participants after interventions.

Gender: In relation to finding no significant gender differences, researchers like Hendrick et al. (1998) and Karney and Bradbury (1995) have suggested that while men and women may behave differently in relationships, their underlying needs, wants and perspectives may not be so different; especially for those couples in committed relationships. However, in a longitudinal study of couples, Kurdek (2005) found few marked differences over time in men and women's ratings of marital satisfaction, social support and spousal interactions.

As mentioned earlier, Kurdek (2005); Kenny et al. (2006) and Parker (2007) highlighted that the reason for finding few gender differences with regard to marital satisfaction was that much relationship research had failed to analyse the responses of couples (i.e., the couple as the unit of analysis). Rather, the majority of studies have compared the responses of men and women from

different relationships (i.e., the individual as the unit of analysis). Thus, it was unclear if these gender differences were due to actual differences between men and women, or the result of comparing men and women from different relationships. Notably, the respondents for the interventions in this study were couples and yet there were no statistically significant differences between the males and females after the interventions. Based on this present study, it can be concluded that, even among couples, there is no significant gender differences in marital satisfaction after TA and SFBT interventions.

In relation to the finding that in general, although there was no significant gender difference, the husbands reported slightly higher marital satisfaction than their wives. Amato et al. (2007) found that being in a happy marriage is more important to women than men and they also found that women's overall experiences of marriage are more negative than men's. The possible reason for husbands reporting higher satisfaction than their wives according to Twenge et al. (2003) is that the transition to parenthood affects wives' satisfaction more than that of husbands. A study by Ackummey (2011) on marital satisfaction among couples at Duakor, also confirmed that men were slightly satisfied in their marriages than women. My opinion on why husbands reported relatively higher marital satisfaction is that the man is considered the head of the home and has the last say on issues in the home. Women are forced to accept what their husbands say or do even when it's unfavourable to them.

Age: Couples aged 18-34 years in the TA group, reported higher medians on the 'Temperament' and 'General Evaluation' scales. than those in the 35-50

age range. Items on Temperament and General Evaluation on the MSI include 'My partner is too cold for my liking. I do not enjoy his company', 'My partner gets angry too frequently and beats me', 'My partner is the best I can ever have and 'I will feel much happier if I move out of my present marriage'. It is probably not strange that with regard to 'General Evaluation', respondents aged between 18-34 years scored higher because they would have been married for a relatively shorter period than those married 36-50 years. They, probably, would be much more excited about remaining married and being happy. In addition, majority of participants in the 18-34 age range may be married with young children and may be insecure about having to play a dual parent role. With regard to temperament, some of them may not have been married long enough to experience violence in their marriage. As such generally, they may feel more positive about the future of their marriage than those married between 35-50 years.

In relation to the finding that in both SFBT and TA groups, those aged 35-50 generally reported slightly higher marital satisfaction than those aged 18-34, a study by Dabone (2014) on the effect of age on marital satisfaction in Sunyani municipality found that older people were more satisfied on five out of the seven scales of the Marital Satisfaction Inventory used in this study. The five scales were (a) Relationship, (b) Affection, love and appreciation, (c) Character, (d) Temperament and (e) Marital roles. He further noted that, out of the five scales, four were statistically significant. Probably participants aged between 35-50 years reported more satisfaction because they are older than those aged 18-34 and as such may be more mature and have more experiences to bring about more

positive changes in their lives. Supporting this finding, Nema and Bansal (2015) noted that it is likely that middle-aged partners' identification of successful problem-solving strategies contribute to the sense that they have control over their relationship.

Duration of Marriage: There were no significant differences in the marital satisfaction levels of participants after the interventions with regard to duration of marriage. However, the overall reflects a situation where those married between 11 and 20 years reported relatively higher satisfaction than those married between 0-10 years. Both interventions were effective in improving marital satisfaction, irrespective of the length or duration of the marriage.

Probably those married between 11 and 20 years reported more satisfaction because they are supposedly older than those married 0-10 years and as such, more mature and have more experiences to bring about more positive change in their lives. Also because they have been married longer than those married between 0-10 years, they would have well adjusted to the marital life and therefore learnt better ways of managing issues in the marriage. This supports the finding by Hinchliff and Gott (2004) that long marriage duration improved intimacy among some older couples since they were able to know each other better, knew about each other's likes and dislikes more and had a closer relationship as a couple.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter, a summary of the findings of the study, conclusions drawn, and recommendations made are presented.

Summary

This study investigated the effects of transactional analysis and solution-focused brief therapies in improving the marital satisfaction levels of Christian couples in the Accra Metropolis. The study was also aimed at finding the levels of marital satisfaction of Christian married men and women in the Accra Metropolis. An initial sample size of 400 was drawn from three sub-metros in Accra and an analysis of their responses showed those who were satisfied and those dissatisfied in their marital relationship. The three sub-metros were Osu Klottey, Ayawaso East and Ablekuma Central. Fifteen 'dissatisfied couples' (making a total of 30 respondents) were selected and placed into control and experimental groups. There was one control group and two experimental groups (the Transactional Analysis group and the Solution-Focused Brief Therapy group). The sampling techniques used were the simple random and purposive sampling methods. The Marital Satisfaction Inventory, which is a standardised inventory developed by Essuman (2010) was the research instrument used for this study. The instrument had two main sections namely, Section A (Background Information) and Section B (Marital Satisfaction). A pilot test was conducted using 40 married Christian

men and women in the Cape Coast Metropolis. The data collection period lasted for 12-weeks. After the data had been collected and analysed, the members of the control group were reached and given treatment to improve their marital satisfaction levels.

Findings

Based on the research questions and the hypotheses for this study, the findings were as follows:

Research Question One investigated the level of marital satisfaction of married Christians. The results showed that married Christians in the Accra Metropolis were relatively satisfied in their marriages. Specifically, the overall mean was 2.6; the 'Satisfied' range was from 2.6-3.5.

Research Question Two sought to find out the issues that constituted marital satisfaction and dissatisfaction among married Christian men and women in the Accra Metropolis. The results showed that issues that constituted marital satisfaction included feeling fulfilled and enjoying the company of their partners and showing love, affection and appreciation to partners. Other constituents of marital satisfaction were (a) being able to trust marital partner, (b) seeking consent from partners for important issues and (c) good in-law relationships. Issues that brought about marital dissatisfaction included (a) sexual dissatisfaction, (b) engaging in disagreements to the point of hurting each other's feelings, (c) not supporting each other with financial and domestic activities, partners not admitting faults, and (d) being disrespectful of each other's feelings and work.

Research Question Three enquired about the differences in the marital satisfaction levels of married Christians in the Accra Metropolis with regard to gender. The study revealed that there were no significant gender differences with regard to marital satisfaction. However, generally, the males reported relatively better marital satisfaction than the females. With regard to the scales on 'Relationship' as well as 'Marital Roles' both male and female respondents reported dissatisfaction.

Research Question Four also sought to investigate the differences in the marital satisfaction levels of married Christians with regard to duration of marriage. The results indicated that respondents who were married within 0-10 years as well as those who had been married for over 20 years reported significantly higher marital satisfaction levels than those married between 11-20 years. However, with regard to in-law issues, respondents married for 0-10 years expressed significantly lesser marital dissatisfaction.

Research Hypotheses One and Two tested the differences in marital satisfaction levels of couples before and after intervention with regard to transactional analysis theory and solution-focused brief therapy respectively. Both results showed that there were significant differences (p=.005) in the marital satisfaction levels of participants before and after intervention on all the seven scales of the MSI. Respondents reported improved marital satisfaction levels; a change from being dissatisfied before intervention and becoming satisfied after intervention.

The finding for hypotheses three revealed that there were significant differences (p=.000) between the marital satisfaction levels of respondents in the treatment and control groups on all the scales of the Marital Satisfaction Inventory. On all of the scales, participants in the treatment groups had scores that reflected satisfaction in marriage while those in the control group reported dissatisfaction. This showed that the transactional analysis and solution-focused brief therapy interventions were effective in improving the marital satisfaction levels of respondents.

Hypothesis Four sought to test significant differences between the effects of transactional analysis and solution-focused brief therapy on marital satisfaction levels of couples who received the treatments. From the overall score, although there was a difference between the effects of transactional analysis and solution-focused brief therapy on improving marital satisfaction, the difference was not significant. However, there were significant differences with regard to the 'Relationship' and 'General Evaluation' scales (p=.004 and .007 respectively). The transactional analysis group reported a relatively higher marital satisfaction than the solution-focused brief therapy group. Notably, both theories yielded positive results in improving marital satisfaction of the couples.

With regard to Hypothesis Five, there were gender differences after intervention on the various scales of the MSI (Essuman, 2010). However, these differences were not significant. Both males and females reported they were satisfied after intervention. Due to the result obtained, H_0 was retained and H_1 was rejected.

Hypothesis Six tested the differences in the marital satisfaction levels of couples with regard to ages. In conclusion, there were no significant age differences on the various scales of the MSI used in this study. Due to the result obtained, H_0 was accepted and H_1 was rejected.

Hypothesis Seven established that although there were differences in the marital satisfaction levels after intervention with regard to duration of marriage, the differences were not significant. However the overall scores reflected a situation where those married between 11 and 20 years reported slightly higher satisfaction than those married between 0-10 years. The interventions were effective in improving marital satisfaction irrespective of the length of the marriage. Due to the result obtained, H_0 was retained and H_1 was rejected.

Conclusions

Based on the findings of this study, it can be concluded that counselling theories such as transactional analysis and solution-focused brief therapy are effective in improving marital satisfaction levels of couples. Also, some factors may improve or reduce satisfaction in marriage. These factors include a partner's view on his/her spouse's contributions to the marriage, expression of affection, love and appreciation. Character displayed, temperament differences, and the execution of marital roles may also improve or reduce satisfaction in marriage.

Being happy or satisfied in marriage is the desire of every married person whether male or female. The scores of the recipients of the interventions as well as the comments they made at the end of each session have proved the relevance of this study. This study (especially the interventions) has possibly prevented a

situation of divorce or separation among the couples. It is my hope that the beneficiaries of this study will apply the techniques learnt to deal with future challenges in their marital relationships.

Finally, based on the findings of this study, I present my observed model for this study in Figure 7. The results after the interventions showed that not all the independent variables had significant effects on marital satisfaction. Gender, age and duration of marriage did not bring about significant changes in the marital satisfaction levels of couples in the treatment groups. However, the transactional analysis theory and the solution-focused brief therapy caused significant changes in the marital satisfaction levels of respondents. TA and SFBT interventions led to improved marital satisfaction.

Independent Variables   Dependent Variable
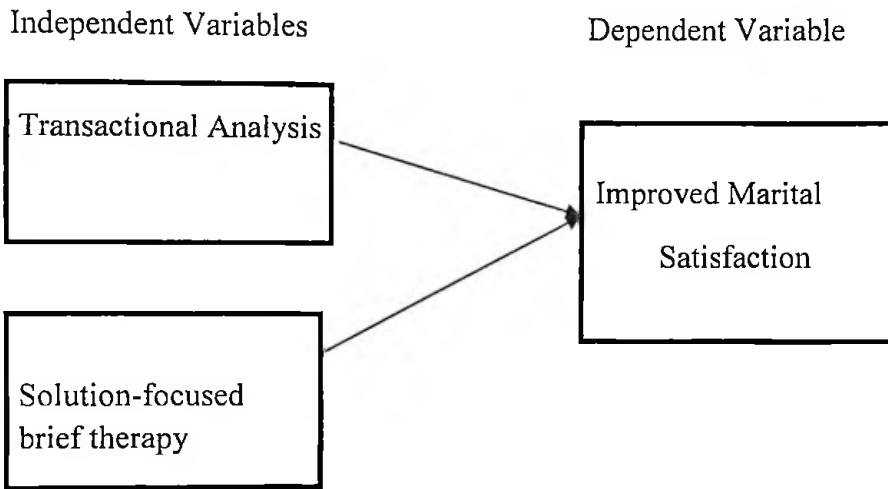
Figure 7: Final Observed Model of the Study

Implications for Counselling Practice

This study has implications for counselling practice. Among the implications are:

1. The overall mean score for the level of satisfaction of the respondents was 2.6 (range for satisfaction=2.6-3.5). Although it is within the range for satisfaction, it can be said that the respondents were not strongly satisfied. This implies that counsellors need not wait for clients to approach them with their concerns before they attend to them. Counsellors are to be very observant of the people in their environment and initiate counselling when necessary considering that not everyone who has concerns will willingly ask for help.

2. The finding that both SFBT and TA techniques were effective in improving marital satisfaction means that counsellors should use them often in helping couples overcome marital challenges. It also implies that other counselling theories need to be tested to ascertain their practicality in assisting couples in Ghana to overcome marital dissatisfaction issues.

3. Counsellors need to update their knowledge and skills needed to effectively use the transactional analysis and solution-focused brief therapy. This would help them become familiar with the techniques and knowledgeable regarding the suitability of these theories for each situation.

4. The finding that TA was more effective than SFBT in improving marital satisfaction implies that counsellors should use more TA techniques than

churches should organise seminars on improving marital relationships regularly to help people who may be having challenges in their marriages to learn ways of addressing their concerns. Some of the issues to be discussed at such seminars could include strategies for resolving conflicts, sexual satisfaction in marriage and supporting marriage partners with financial and domestic activities.

The study revealed positive changes in the couples' marital satisfaction after treatment. This was achieved by the use of skills and techniques employed in transactional analysis and solution-focused brief therapy. Marriage counselling practitioners should learn more about the two theories and apply them in helping their clients out of their relationship challenges.

Married men and women are requested to consciously learn how to communicate effectively with their spouses in ways that will not encourage frequent conflicts and be willing to resolve conflicts as soon as they occur. This recommendation is made because communication challenges proved to be major issues during the discussions held with the respondents as well as part of the discussions under Research Question One. Communication according to Van Pelt (2000) is what sparks the caring, giving, sharing and affirming that are present in intimate relationships.

In addition, churches should work on getting professional counsellors to provide marriage counselling not only to would-be couples but also for married people to access anytime there is the need. Professional counsellors are well trained to apply variety of counselling theories and principles to help people

become more adjusted than 'church counsellors' who probably only have training in preparing people for marriage.

In general, females in this study reported less satisfaction in marriage than the males on most of the scales of the MSI. Based on this, women are entreated to initiate counselling when they find the need to enhance satisfaction in their marriages. They should also initiate discussions with their husbands when they are uncomfortable with certain situations in their marriage to prevent escalation of problems and hence enhance their marital satisfaction.

Couples should consider seeking preventive counselling when they anticipate the existence of issues which could affect their marital relationship. They should consider seeking solutions instead of divorce or separation when they encounter difficulties. This recommendation is made based on comments from some participants of the interventions who admitted that they had considered divorce when they felt 'suffocated' in their marriage.

Respondents who were married for 0-10 years as well as those who had been married for over 20 years reported more marital satisfaction than those married between 11-20 years. It is, therefore, recommended that married persons consider involving themselves in a lot of leisure activities together to sustain the joy and happiness they feel right from the first day of marriage and continue till death. This will ensure a feeling of satisfaction all through the marital relationship.

With regard to in-law issues, the survey results indicated that respondents married for 0-10 years expressed marital dissatisfaction. It is recommended that

to-be couples should work on knowing more about their in-laws and should seek professional help when they observe situations they find difficult to understand about their in-laws to be. This will quicken the adjustment process in marriage.

The Marital Satisfaction Inventory (MSI) used in this study is a useful tool for assessing marital satisfaction issues. It is helpful for initiating discussions around solutions for marital problems. I recommend that the MSI be used widely by marriage counsellors to aid appropriate diagnosis and interventions during counselling.

Suggestions for Further Research

For a study on the effectiveness of transactional analysis and solution-focused brief therapy on improving marital satisfaction, it would have been ideal to apply the theory not only on Christians but on members of other religions. It would also be more ideal to carry out the study in other regions of the country. I therefore suggest the following:

1. There should be a nationwide study into the marital satisfaction levels of married persons. The results of such studies will give a firm foundation for Counsellors, Guidance and Counselling Co-coordinators, the Social Welfare Department, Religious leaders, and Community leaders to make sound decisions for effective marriage counselling in our societies and the nation at large.

2. In-depth studies can be conducted on factors that make men more satisfied in marriage.

3. More studies on the effectiveness of other counselling theories in improving marital relationships in Ghana will be very useful in improving counselling practice.

4. The effectiveness of SFBT and TA in overcoming other life challenges could be investigated.

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UNIVERSITY OF CAPE COAST
DEPARTMENT OF GUIDANCE AND COUNSELLING
MARITAL SATISFACTION INVENTORY

Marital satisfaction may be seen as the degree to which one feels fulfilled or satisfied in his/her marriage. This instrument is designed to obtain information from Christian married men and women in the Accra Metropolis on their level of marital satisfaction. This is strictly an academic exercise. Your participation is important because you will be contributing immensely to this. Please read the questions carefully and answer them appropriately. Please tick (√) the appropriate answer where boxes are provided. Thank you.

SECTION A: BACKGROUND INFORMATION

1. **Sex:** Male   [   ]

   Female   [   ]

2. **Age:**   18 – 34 years [   ]

   35 – 50 years [   ]

   Over 50 years [   ]

3. **How long have you been married?**

   0 – 10 years   [   ]

   11 – 20 years   [   ]

   Over 20 years   [   ]

4. **Do you and your partner attend the same church?**

   Yes [   ]

   No [   ]

5. **Do you currently have children?**

   Yes [   ]

   No [   ]

SECTION B: MARITAL SATISFACTION

This section has 30 statements. In filling this questionnaire, read each item first and make sure you understand. Indicate in one of the boxes a tick (√) to show how true the item applies to you. Confidentiality of the information you provide is very much assured. Thank you.

FORM A (FOR MEN)

No.	Items	Very True	True	Not True	Not At All True
1	I always feel fulfilled, happy when I have my wife by me.				
2	I like the way my wife converses and shares her experiences with me.				
3	I am satisfied sexually with my marriage.				
4	I am very disturbed because my wife does not appreciate all the sacrifices I put in my marriage				
5	We (I and my wife) quarrel over petty disagreements and hurt each other's feelings very often.				
6	My wife cannot be trusted. She is very cunning, not reliable.				
7	I will feel much happier if I move out of				

	my present marriage.				
8	My wife is the best I can ever have.				
9	I like my wife a lot for her financial support in the marriage.				
10	My wife always seeks my opinion on important issues concerning our marriage. I like this.				
11	My in-laws are very helpful and give me respect.				
12	I am fed up with my wife because she is stubborn, never ready to change her bad ways (like keeping bad friends).				
13	My wife is too cold for my liking. I do not enjoy her company.				
14	My wife is indifferent. She does not care about what I do with my life.				
15	My wife keeps her money to herself. She does not contribute to the upkeep of the home and family.				
16	I notice that my wife is becoming more attractive to me. I am growing to love her more and more.				
17	My in-laws are my worst enemies in my				

	marriage. They make my life miserable.				
18	One thing I like about my wife is that she admits her faults and apologises.				
19	My wife is insolent. She speaks to me with disrespect.				
20	Our conversation always ends in a quarrel. So we scarcely converse these days.				
21	I and my wife accept disagreement without hurting each other's feelings.				
22	My wife nags almost everyday and makes my life very uncomfortable.				
23	My wife appreciates very much how I help her in the home (with the household chores).				
24	My wife does not like my relatives. She treats them badly when they visit. This makes me highly displeased.				
25	I like the way my wife keeps in touch when she travels. She phones and converses to my liking.				
26	My wife cooks well and takes good care of the home. I love her for this.				

27	My wife respects and admires me very much. She says I work hard.				
28	My wife complains too much. Nothing I do at home pleases her.				
29	My wife is fond of hitting me with objects to harm me when she is angry. I feel unsafe because she is very violent.				
30	I enjoy my wife's company most times.				

FORM B (FOR WOMEN)

No.	Items	Very True	True	Not True	Not At All True
1	I always feel fulfilled, happy in the company of my husband.				
2	I like the way my husband converses and shares jokes with me.				
3	I am satisfied sexually with my marriage.				
4	I am very worried because my husband does not appreciate all the sacrifices I put in my marriage.				
5	We (I and my husband) quarrel over petty disagreements and hurt each other's feelings very often.				
6	My husband is not trustworthy. He is cunning, not reliable.				
7	I will feel much happier if I move out of my present marriage.				
8	My husband is the best I can ever have.				
9	I like my husband a lot for helping me with the household chores.				
10	My husband always seeks my opinion on important issues concerning our marriage. I like this.				

11	My in-laws are very helpful and give me respect.				
12	I am fed up with my husband because he is stubborn, never ready to change his bad ways (like affairs with women).				
13	My husband is too cold for my liking. I do not enjoy his company.				
14	My husband is indifferent. He does not care about what I do with my life.				
15	My husband keeps his money to himself. He does not perform his financial duties for the upkeep of the home.				
16	I notice that my husband is becoming more attractive to me. I am growing to love him more and more.				
17	My in-laws are my worst enemies in my marriage. They make my life miserable.				
18	One thing I like about my husband is that he admits his faults and apologizes.				
19	My husband speaks to me harshly as if I am a child. I strongly dislike this.				
20	Our conversation always ends in a quarrel. So we scarcely converse these days.				

21	I and my husband accept disagreement without hurting each other's feelings.				
22	I thought it is only women who nag. My husband nags too much to my discomfort.				
23	My husband appreciates my cooking always. I like this.				
24	My husband speaks harshly and angrily to my relatives when they visit. This displeases me.				
25	I like the way husband phones and converses when he travels. He does it frequently.				
26	My husband is committed. He gives enough house-keeping money and sometimes gives more.				
27	My husband has great respect for me. He admires my hard work at home.				
28	No matter how well I cook, my husband would find some fault. He is always complaining about my cooking.				
29	My husband gets angry too frequently and beats me. I am thinking of reporting him to the police.				
30	I enjoy my husband's company most times.				

APPENDIX B

APPROVAL - FACULTY OF EDUCATIONAL FOUNDATIONS

APPENDIX C

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

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C/O Directorate of Research, Innovation and Consultancy

19TH JUNE, 2017

Ms Rita Holm
Department of Guidance and Counselling
University of Cape Coast

Dear Ms Holm,

ETHICAL CLEARANCE –ID :(UCCIRB/CES/2017/20)
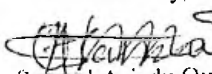
The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled ' **Effects of Transactional Analysis and Solution-Focused Brief Therapy on Improving Marital Satisfaction of Christian Couples in the Accra Metropolis.'**

This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST
Date:...............................

Samuel Asiedu Owusu
Administrator

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APPENDIX D

LETTER OF INTRODUCTION

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING

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CAPE COAST, GHANA

Our Ref :

Your Ref:

02 / 06 / 2017

LETTER OF INTRODUCTION
TO WHOM IT MAY CONCERN

We introduce to you Mr. /Mrs./ Miss. ....RITA   HOLM.........................., A student form the Department of Guidance and Counselling , University of Cape Coast. He/She is pursuing PhD/M.Phil in Guidance and Counselling.

As part of his/her requirement, he /she is expected to work on a thesis titled:

Effects of Transactional Analysis and Solution-focused Brief Therapy on Improving Marital Satisfaction of Christian Couples in the Accra Metropolis

He/She has decided to carry out his/her study at your institution/establishment for the project.

We would be most grateful if you could provide him/her the necessary assistance for the study. Any information provided will be treated as confidential.

Thank you.

Dr. Bakari Yusuf Dramanu
HEAD OF DEPARTMENT

TREATMENT PACKAGE

SUMMARY OF SESSIONS FOR THE INTERVENTIONS

Solution-Focused Brief Therapy Group Intervention for Improving Marital Satisfaction

Session: One   **Duration: 120 minutes**

Topic/ Sub-topic	Objectives	Counsellor-Clients Activities	Session Materials	Core points
Topic: Opening the group Sub-topics: Introduction of members Setting group rules Introduction to the Solution-focused brief therapy (SFBT).	By the end of the session, clients should be able to: a. get to know other members of the group; b. explain the purpose of the group; c. explain at least two (2) benefits of group counselling to clients; d. list at least four ground rules to steer the	Introduction (20 minutes) Counsellor introduces herself and invites other members to do same. <u>Sample statement</u> I would like each of you to introduce yourself. Tell us what you would like for us to know about you. PRESENTATION **Step 1: Explanation of the Purpose of the group** (10 minutes) Counsellor explains the purpose of the group to members and invites questions. **Step 2: Discussion of the Benefits of Group Counselling** (20	Flip chart on some of the benefits of group counselling	<u>Introduction</u> Counsellor and other members introduce themselves. <u>Purpose of the Group</u> Based on the results of the MSI, all members of the group could be described as not happy in their marriage. The purpose of this group is therefore to have discussions to improve the marital satisfaction of members. <u>Benefits of group counselling to clients</u>

	group;	minutes) Through discussion method counsellor leads the group in a discourse on the benefits of group counselling. <u>Sample Question</u> What benefits are you likely to gain by being part of such a group for counselling? <u>Expected Answer</u> 1. It makes me see that I am not alone. 2. I will learn from other people's coping strategies/mistakes. 3. I may form a network with other married men/women I can call on when the need arises.		1. Members realise that they are not alone in their problems 2. Certain types of groups, such as couples therapy, and family therapy are best treated in a group 3. Groups are cohesive, and members share a sense of belonging that allows them to address their issues collectively or as individuals 4. Groups foster modelling; individuals see what works for others and copy that behaviour 5.Groups instill hope in members; individuals are encouraged by the successes of others and feel optimistic that they can address their issues (Jacobs et al., 2006).
	e. list at least two (2) techniques used in SFBT.	**Step 3: Setting Ground Rules** (25 minutes) Through the use of the question and answer method, counsellor invites members to come out with ground rules for the group.	Board summaries on ground rules	<u>Ground Rules for Group</u> 1. Respect other's views 2.Punctuality 3.Regular attendance 4.Keep discussions confidential. 5.Respect for other's privacy

		<u>Sample Question</u> Considering the nature and purpose of this group, list some ground rules to guide the sessions. <u>Expected Answers</u> 1. Respect each other's opinion 2. Punctuality 3. Keep issues discussed secret		

		Step 4:
		Introduction to solution-focused brief therapy
		(30 minutes)
		
		Using the lecture method, counsellor introduces SFBT to participants and takes them through some of the intervention methods to be used in subsequent sessions.
			Handout on some SFBT techniques	<u>Introduction to SFBT</u>
				    Solution-focused brief therapy (SFBT) is a future-focused, goal-directed approach to brief therapy that uses questions designed to identify times when the problem does not occur or could occur less in the client's real life. SFBT identifies solutions and uses scales, which are used both to measure the client's current level of progress toward a solution and reveal the behaviours needed to achieve or maintain further progress (Trepper et al., 2006).
				    SFBT is composed of two main strategies: questions and interviewing techniques (O'Hanlon & Weiner-Davis, as cited in Metcalf, 2011).
				    Some of the SFBT questions are the miracle question, exception-

				finding and scaling questions.
				The Miracle Question
				The miracle question requires the client to focus on the solution versus the problem. It serves to define the clients' goal and thereby allows the therapist to assist clients in tracking their progress toward the resolution of their goal (De Shazer, 1988).
		Closure (5 minutes) Counsellor draws participants' attention to the end of the session and invites questions. **Evaluation** (10 minutes) Counsellor evaluates the day's discussion by asking the following questions: 1. From the discussion today, what are the benefits of group		**Scaling Questions** Scaling questions ask clients to rate where they feel they are on a scale of one (1) to 10. On the scale, one usually represents the worst that things have been and 10 represents what life would look like after the miracle. **Exception-finding questions** These questions ask clients to think about times when their troubles were/are less severe, less frequent, or altogether absent from their lives (Lethem, 2002). Some basic skills SFBT counsellors use include: - Requesting that clients note pre-session changes (O'Connell, 2003). -Being an Ambassador: that is showing curiosity, respect and acceptance. - Listening and Empathy

		counselling?		- Being tentative: The therapist approaches the client with an attitude that the client is the expert and that any hypotheses or interpretations about why the client might be struggling should be cautiously held (Anderson & Goolishian, 1992).
		2. Name any two techniques used in SFBT.		
		3. Mention any two ground rules for our meetings.		

Session: Two   **Duration: 120 minutes**   **Topic: Relationship Issues**

Objectives	Counsellor-Clients Activities	Session Materials	Core Points
By the end of the session, clients should be able to: a. identify the magnitude of the problem in their marital relationship; b. describe preferred goals; c. recognise 'exceptions' in the marital relationship; d. describe expected changes in the marital relationship.	**Introduction** (15 minutes) Counsellor welcomes clients and informs them that the focus of the discussion would be on their relationship issues. Counsellor distributes copies of blank MSI for the discussion and draws members' attention to the items on 'Relationship' issues. Counsellor shares objectives with clients. **PRESENTATION** **Step 1: Identification of the Magnitude of Marital Relationship Problem (25 minutes)** Using scaling questions, counsellor finds out participants' judgement of the magnitude of the state of their marital relationship. Participants take turns to scale their marital relationship and also describe what it would take for them to	Copies of MSI, special focus on Items 2, 5, 10, 20, 21, and 25. - Notes on Scaling in SFBT. - Board summary of clients' responses	<u>Items 2, 5,10, 20, 21 and 25</u> -I like the way my partner converses and shares his or her experiences with me. -We quarrel over petty disagreements and hurt each other's feelings very often. -My partner always seeks my opinion on important issues concerning our marriage. I like this. -Our conversation always ends in a quarrel. So we scarcely converse these days. - I and my partner accept disagreement without hurting each other's feelings. - I like the way my partner keeps in touch when he/she travels. He/she phones and converses to my liking. <u>Scaling Questions</u> Scaling questions ask clients to rate where they feel they are on a scale of one to 10 (where one represents the worst that things

	move up the scale. Sample question Looking at the items on marital relationship in the MSI, on a scale of one to 10 (where one represents the worst that things have been and 10, what life would look like after positive change), how will you rate your marital relationship? Expected responses - 1 - 3 - 4 Counsellor further asks participants where they wish the relationship will get to in terms of scaling and what it would take for them to get there. This generates a discussion.		have been and 10 represents what life would look like after positive change). When there are differences in ratings, counsellor would encourage clients to talk about their different views. To accomplish this, the therapist may ask the clients to define what it would take for them to be able to move up the scale and closer to their goal (Neukrug, 2011).
	Step 2: Reaching Preferred Goals (15 minutes) Using question and answer method, counsellor finds out participants' preferred goals with regard to their marital relationship issues. Sample question At the end of this session, how will you know that coming here has been worthwhile for you? Expected answer - I will see change in my marital relationship. - We will start conversing like married people who are happy. - My partner and I will deal with disagreements calmly. The counsellor could also ask, 'how long do you think it will take before things get better?' **Step 3: Recognising 'Exceptions' in the Marital**	Flip chart summaries of clients' goals Board summaries of clients'	Preferred-goals questions The purpose of SFBT is to help clients reach their preferred goals. These are new ways of being that will result in clients' feeling better. When devising these questions, the focus is not on the client's problem but on the client's hopes for the future (Neukrug, 2011). Using Exception-finding Questions to Recognise Exceptions

Relationship (30 minutes) Using the 'exception-finding questions', counsellor asks participants to think about times when their 'troubles' were less severe, less frequent, or absent from their lives. Sample question One after the other, please take me back to a time when you and your partner had a better marital relationship. What happened then? Expected response - Some few years back, we used to have nice conversations without hurting each other's feelings. - My partner regularly called/sent me message to find out how I was doing. - At first, even when my partner is angry with me, he/she does not embarrass me publicly. Counsellor bases on the 'exceptions' clients describe to help them realise that improvement is possible.	responses	Exception-finding questions ask clients to think about times when their troubles were/are less severe, less frequent, or altogether absent from their lives (Lethem, 2002). This form of the question assumes that there will be an exception to be remembered. Exception-finding questions also help to emphasize how clients are already managing their problems and how they might be able to build on their current successes in the future.
Counsellor encourages clients to expatiate their identified 'exceptions' by amplifying their successes. Sample question With the exceptions you mentioned and probably others' you did not mention, how exactly did those materialise for you? Participants take turns to describe those 'exceptions'		Amplification In order to stay away from problem talk, therapists amplify client successes by encouraging them to have expanded discussions about solutions that have worked for them (Neukrug, 2011).
Step 4: Description of Expected Changes in the Marital Relationship (25 minutes)	Flip chart summaries of clients' responses.	Using the Miracle Question to Describe Expected Changes The miracle question

Using question and answer method, counsellor asks participants the miracle question to open a discussion on their expected changes in the marital relationship or what things will look like if the problem no longer existed and instead, a miracle occurred.

<u>Sample question</u>

Suppose that one night, while you were asleep, there was a miracle and your marital relationship had improved. How would you know? What would be different?"

<u>Expected response</u>

- My partner will come home from work and have a nice conversation with me about his/her experiences during the day.
- We will talk calmly without arguing unnecessarily.
- My partner will seek my opinion on important issues concerning our marriage.
- I and my partner will accept disagreement without hurting each other's feelings.

Closure (5 minutes)
Counsellor draws members' attention to the end of the session and invites questions. Participants are encouraged to be optimistic and work towards solutions.

Evaluation (5 minutes)
Counsellor calls clients at random to share their lessons learnt as well as resolutions with the group.

asks the client to begin to think about what things would be like if the problem no longer existed and instead, a miracle occurred. It encourages clients to assume that their lives will get better and provides them with interpretive lenses for seeing their lives in new ways (Miller, 1997). Generally, the miracle question is stated in the following manner: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (de Shazer, 1988, p. 5). It serves to define the clients' goal and thereby allows the therapist to assist clients in tracking their progress toward the resolution of their goal.

Session: Three **Duration: 120 minutes** **Topic: Affection, Love and Appreciation Issues**

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. identify the magnitude of problems in expressing affection, love and appreciation; b. describe preferred goals; c. recognise 'exceptions' in the expression of affection, love and appreciation; d. describe expected changes in the expression of affection, love and appreciation; e. build efforts at solution-building.	**Introduction** (10 minutes) Counsellor introduces the session by finding out what has improved since the previous session. This is to identify and strengthen positive changes that may have taken place. Counsellor shares objectives for the day. The topic for the day's discussions is on the expression of affection, love and appreciation (based on Items 3, 4, 16, 23 and 27 of the MSI). **PRESENTATION** Counsellor uses SFBT skills of being an ambassador, amplification, complimenting, listening and empathy to allow clients to talk briefly about their concerns based on the expression of affection, love and appreciation.	Copies of MSI (focus on Items 3, 4, 16, 23 and 27)	Items 3, 4, 16, 23 and 27 of MSI - I am satisfied sexually with my marriage. - I am very worried because my partner does not appreciate all the sacrifices I put in my marriage. - I notice that my partner is becoming more attractive to me. I am growing to love him more and more - My husband appreciates my cooking always/My wife appreciates very much how I help her in the home (with the household chores). - My partner has great respect for me. He/she admires my hard work at home. Being an Ambassador This means showing curiosity, respect and acceptance. The SFBT therapist is curious about the client's predicament, respectful of the client's ways of being, and accepting of what the client tells him or her. Listening andEmpathy

	Step 1: Identification of the Magnitude of Problem regarding Expression of Appreciation, Love and Affection (25 minutes) Using scaling questions, counsellor finds out participants' judgement of the magnitude of the situation regarding the expression of appreciation, love and affection. Participants take turns to scale and also describe what it would take for them to move up the scale. Sample question Looking at the items on expressing appreciation, love and affection in the MSI, on a scale of one to 10, where are you now and where do you wish to be in terms of expressing appreciation, love and affection to each other? Expected responses - 2 want to be at 6 - 3 want to be at 7 - 4 want to be at 7 Counsellor further asked participants what it would take for them to get to the new scale. **Step 2: Reaching Preferred**	Flip chart summaries Flip chart summaries	These are very important skills particularly at the beginning of the relationship. They require giving clients the opportunity to talk about their problems. However, according to Neukrug (2011), such a problem focus should not be extensive and should change in a relatively short amount of time to a 'solution talk' Use of scaling questions as done in Session Two and the skills of being an ambassador, listening and empathy. Use of preferred goals questions

Goals (15 minutes)

Using question and answer method, counsellor finds out participants' preferred goals with regard to expressing appreciation, love and affection.

Sample question

At the end of this session, how will you know that coming here has been worthwhile for you?

Expected answer

- My partner will become more appreciative.
- I will realise what I can do to be more affectionate.
- We will express love to each other in a better way.
- Our sex life will improve.

Step 3: Recognising 'Exceptions' in the Expression of Appreciation, Love and Affection (20 minutes)

Using 'exception-finding questions', counsellor asks participants to think about times when their concerns were less severe, less frequent, or absent from their lives.

Sample question

One after the other, please take me back to a time when you and your partner expressed appreciation, love & affection better. What happened then?

Expected response

- We used to have sex often and it was exciting.
- My husband used to help me a lot with household chores and that relieved me of some stress.
- My partner remembered and

Use of exception-finding questions and the skills of being an ambassador, amplification, listening and empathy.

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celebrated my birthday and our anniversaries. - Before the situation got bad, my wife used to cook very nice meals even when I could not give her money for the home. Counsellor bases on the 'exceptions' clients describe to help them realise that positive changes are possible. Using the skill of amplification, counsellor invites clients to elaborate on their identified 'exceptions'. Sample question With the exceptions you have mentioned, how exactly would you say those materialised for you? Participants take turns to describe those 'exceptions'. **Step 4: Description of Expected Changes in the Expression of Affection, Love and Appreciation** (25 minutes) Using question and answer method, counsellor asks participants the miracle question to open a discussion on their expected changes in the expression of affection, love and appreciation. Sample question Suppose that one night, while you were asleep, there was a miracle and your marital relationship had improved. How would you know? What would be different?" Expected responses		Use of the miracle question; and the skills of being an ambassador, listening and empathy.

- My husband will come home early from work and help me with household chores.
- Our sex life will become active and enjoyable again.
- I and my partner will become more affectionate in our words and services.

Step 5: Building Efforts at Solution-building. (20 minutes)

Using the skill of complimenting, counsellor works on building participants' efforts at finding solutions.

<u>Sample</u> questions/statements for the five-step procedure

1. It makes sense to me that you are concerned about being more affectionate in your marriage. It shows you care about your partner and marriage.

2. I wonder what your partner would say that you have done recently that has been helpful to him/her during this time?

3. When you think of how you have handled other situations revolving around expressing appreciation, love and affection, what would you say your strengths have been?

4. Based on what you have told me so far, that you have taken been buying your partner gifts from time to time, closing early from work to be with your partner, and affirming your love to him/her regularly, what would you suggest doing more of.

5. I am impressed with your ideas and the strategies that

<u>Complimenting</u>

Complimenting involves reinforcing the client's strengths and resources. It is used to encourage clients in their continued efforts at solution-building (Neukrug, 2011). Compliments are usually constructed using a five-step procedure:

1. The therapist begins by issuing a normalising statement.
2. The therapist follows with a restructuring statement.
3. Next, the therapist gives the client an affirmation of competencies.
4. Bridging statements: These statements make connections between the suggested next steps and what has been previously discussed.
5. Homework tasks: These are usually given in the form of a

	you have suggested. What would you suggest doing for the next week that your partner would recognise as an expression of appreciation, love and affection.		suggestion to notice what is already helping to move the client toward a solution, or to carry on and to build on partial successes. Ideally, the homework task should serve to keep the client focusing on exceptions and should only be based on the exceptions.
	Closure (5 minutes) To end the session, counsellor summarises the key points discussed and invites clients to ask questions.		

Session Four   **Duration: 120 minutes**   **Topic: Character Issues**

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. describe what constitutes a good and bad character in marriage; b. describe preferred goals; c. identify the magnitude of problems with character issues; d. allow participants describe times they have been able to cope with the character problems effectively; e. evaluate participants' progress;	**Introduction** (5 minutes) This session is focused on the participants' character issues. The session starts with a discussion on improvements since the previous session. Counsellor shares objectives for the day. The day's discussions are based on Items 6, 12, 18, 19, 22 and 28 of the MSI. SFBT interventions to be used include: being an ambassador, complimenting, listening and empathy, scaling, coping and evaluative questions. **PRESENTATION** Counsellor uses SFBT skills of being an ambassador, listening and empathy to allow clients to share their views on what a good or bad character in marriage is to each of them. **Step 1: Description of good and bad character** (20 minutes) Through discussion method counsellor ascertains from clients what good/bad character in marriage is to each of them. <u>Sample Question</u> From the items concerning Character on the MSI, what would you describe as a good/bad character? <u>Expected response</u> - Good	Copies of MSI Flip chart summaries on constituents of good and bad character in marriage.	<u>Items on Character Issues</u> - My partner cannot be trusted. He/she is very cunning, not reliable. - I am fed up with my partner because he/she is stubborn, never ready to change his/her bad ways. - One thing I like about my partner is that he/she admits faults and apologises. - My partner is insolent. He/she speaks to me with disrespect. -My partner nags and makes my life very uncomfortable. - My partner complains too much. Nothing I do at home pleases him/her. <u>Constituents of a good character in marriage:</u> 1. Being respectful 2. Being trustworthy. 3. Being hardworking. 4. Willingness to change 5. A good temper. 6. Admitting faults. 7. Ability to forgive. <u>Constituents of a bad character in marriage:</u> 1. Being disrespectful 2. Being untrustworthy.

build their efforts at solution-building.	character 1. Being respectful 2. Behaving in a way that is trustworthy. 3. Forgetting my past mistakes. 4. Readiness to change bad habits.		3. Being lazy. 4. Unwillingness to change 5. A bad temper. 6. Refusing to admit faults. 7. Inability to forgive.
	Expected response – Bad character 1. Being disrespectful. 2. Embarrassing me. 3. Behaving in a suspicious manner. 4. Reminding me of my past mistakes. 5. Inability to accept fault 6. Refusing to change bad habits.		
	Step 2: Reaching Preferred Goals (15 minutes) Using question and answer method, counsellor finds out participants' preferred goals with regard to character issues. Sample question At the end of this session, how will you know that coming here has been worthwhile for you? Expected answer - I will see change in my partner's behaviour. - My partner will respect me. - My partner and I will deal with trust better.	Flip chart summaries	Use of preferred-goals questions.
	Step 3: Identification of the Magnitude of Problem regarding Character Issues (20 minutes)	Flip chart summaries	Use of scaling questions as done in earlier sessions and the skills of being an

	Using scaling questions, counsellor finds out participants' judgement of the magnitude of the situation regarding Character issues. Participants take turns to scale and describe what it will take for them to move up the scale.		ambassador, listening and empathy.

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Sample question
Looking at the items on character issues in the MSI, on a scale of one to 10, where are you now and where do you wish to be in terms of your own as well as your partner's character?

Expected responses
- I am at 2 want to be at 7, my partner is at 1 and I want him/her to get to 7.
- I am at 3 want to be at 7, my partner is at 2 and I want him/her to get to 7.
- Both of us are at 2, it will be good if we can move to at least 6.

Counsellor leads a discussion on what participants' think it would take for them to get to the new scale.

Step 4: Description of Coping Strategies for Character Issues (20 minutes)
Using the skills of being an ambassador, listening and empathy as well as coping questions, counsellor asks clients to describe how they have been coping with character issues in their marriage.

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Coping questions
Coping questions ask clients to think about and describe times in which they have been able to cope with the problem effectively. They elicit information about client resources that will have gone unnoticed by them (Neukrug, 2011).

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	Sample question From the range of scales you gave earlier, it appears you have been doing a lot of things to manage the situation and not to be divorced. How have you done that? Expected responses - I sometimes pretend not to be bothered by my partner's nagging. - I try to play my part even if my partner complains. - Sometimes I report my partner to his/her family members and they talk to him/her. - I stop talking to my partner for some time when I feel disrespected by him/her.		Genuine curiosity (being an ambassador) helps to highlight client strengths without appearing to contradict his or her perception of "the problem."
	Step 5: Evaluation of Participants' Progress (15 minutes) Using evaluative questions, counsellor leads a discussion on whether clients' behaviours have had positive impact on Character. Sample question I admire al that you have been doing to manage character issues in your marriage. From your own assessment, how have these strategies helped your marriage? Expected answer -Well sometimes my strategies work, other times there is no change -When I report my partner and he/she is advised, there	Flip chart summaries	Evaluative questions These questions focus on whether client behaviours have had a positive effect on the client's life and in what manner they have helped the client achieve his goals (Neukrug, 2011). Although the client is ultimately responsible for change, the therapist constantly evaluates the client's progress both at the beginning and at the end of the session. At the beginning of the session, the therapist may ask the client what has become better or changed since

	is some change for a while.		the previous session. This helps to initially identify any progress the client may have made and help the client to stay on track with solutions. At the end of the session, the therapist may evaluate progress by asking the client what he or she found helpful in the session (Metcalf, 2010).
	As clients share their evaluation of progress, counsellor also evaluates their progress by observing non-verbal behaviours.		
	Step 6: Building Efforts at Solution-building. (20 minutes) Using the skill of complimenting, counsellor helps to build participants' efforts at finding solutions regarding character issues.	Flip chart summaries	Use of the skills of complimenting, listening and empathy.
	Sample questions or statements for the five-step procedure 1. It makes sense to me that you are concerned about character issues in your marriage. 2. I wonder what your partner would say that you have done recently that has been helpful to him/her during this time? 3. When you think of how you have handled other situations revolving around character, what would you say your strengths have been? 4. Based on what you have told me so far, such as working on your bad habits (such as drinking),		

	and trying to genuinely apologise when you are at fault, what would you suggest doing more of? 5. I am impressed with your ideas and the strategies that you have suggested. What would you suggest doing for the next week that your partner would recognise as an improvement in your character? **Closure** (5 minutes) Counsellor draws clients' attention and asks members to share the lessons they learnt during the session. Opportunity is provided for clients to ask further questions	

Session Five

Duration: 120 minutes

Topic: Temperaments

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. identify the magnitude of participants' concerns with temperament; b. describe their preferred goals; c. describe times they have been able to cope with the temperament problems effectively; d. describe expected changes in the marital relationship.	**Introduction** (5 minutes) Counsellor introduces the session with a discussion on improvements realised since the previous session. Counsellor shares objectives for the day. Counsellor informs participants that the day's discussion is on Temperament issues as indicated in the MSI. Counsellor prompts participants to refer to Items 13, 14, and 29 of the MSI. SFBT techniques to be used include: taking an ambassador position, listening and empathy, the miracle question, scaling, coping and preferred goals questions. **PRESENTATION** **Step 1: Identification of the Magnitude of Problem regarding Character Issues** (30 minutes) Using scaling questions, counsellor finds out participants' judgement of the magnitude of the situation regarding temperament. Participants take turns to scale and describe what it would take for them to move up the scale. <u>Sample question</u> Looking at the items on temperament issues in the MSI, on a scale of one to 10, where are you now and where do you wish to be in terms of your own as well as your partner's temperament?	Copies of MSI Flip chart summaries	<u>Items 13, 14 and 29 of MSI</u> - My partner is too cold for my liking. I do not enjoy his/her company. - My partner is indifferent. He/she does not care about what I do with my life. - My partner is fond of hitting me with objects to harm me when he/she is angry. I feel unsafe. Use of scaling questions as done in earlier sessions and the skills of being an ambassador, listening and empathy.

	<u>Expected responses</u> - I am at 2 want to be at 7, my partner is at 1 and I want him/her to get to 7. - I am at 3 want to be at 7, my partner is at 2 and I want him/her to get to 7. - Both of us are at 2, it will be good if we can move to 7. Counsellor leads a discussion on what participants' believe it would take for them to get to the new scale.		
	Step 2: Reaching Preferred Goals (20 minutes) Using question and answer method, counsellor finds out participants' preferred goals with respect to temperament issues. <u>Sample question</u> At the end of this session, how will you know that coming here has been worthwhile for you? <u>Expected answer</u> - I will see change in my partner's temperament. - We will show an interest in each other's well-being. - My partner and I will deal with disagreements calmly instead of being abusive.	Flip chart summaries of clients' preferred goals.	Use of preferred-goals questions.
	Step 3: Description of Coping Strategies for Temperament Issues (30 minutes) Using the skills of being an ambassador, listening and empathy as well as coping questions, counsellor asks clients to describe how they have been coping with temperament issues in their marriage. <u>Sample question</u> From the range of scales you gave earlier, it appears you have been	Flip chart summaries	Skills used: being an ambassador, listening and empathy. Question used: coping questions.

doing a lot of things to manage the situation. How have you done that?
Expected responses
- I sometimes ignore my partner's mood swings especially when he/she appears cold.
- I try to play my part even if my partner is indifferent towards me.
- Sometimes I report my partner to his/her family members.
- I stop talking to my partner for some time when I am abused.

Step 4: Description of Expected Changes with regard to Temperament Issues (30 minutes)
Using question and answer method, counsellor asks participants the miracle question to open a discussion on their expected changes with regard to temperament.

Sample question
Suppose that one night, while you were asleep, there was a miracle and the temperament issues in your marriage had improved. What will make you recognise the miracle? What would be different?"
Expected responses
- My partner will become more caring.
- My partner will not beat/insult me even if I offend him/her.
- My partner will ask about my welfare and help me to progress in life.
- I and my partner will become more affectionate to each other.

Closure (5 minutes)
Counsellor draws members' attention to the end of the session and invites questions as well as any additional contributions.

Use of the miracle question; and the skills of being an ambassador, listening and empathy.

Session Six

Duration: 120 minutes

Topic: In-law Issues

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. identify the magnitude of participants' concerns with in-laws; b. help clients reach their preferred goals; c. describe times they have been able to cope with the in-law issues effectively; d. describe expected changes with in-law issues.	**Introduction**(5 minutes) The session starts with a discussion on improvements since the previous session. Counsellor shares objectives for the day. The discussion on in-law issues is based on Items 11, 17, and 24 of the MSI. SFBT techniques to be used include: being tentative, listening, scaling, coping and exception-seeking questions. **PRESENTATION** Counsellor uses SFBT skills of being an ambassador, being tentative, listening and empathy to allow clients to talk about their concerns related to in-law issues as well as to make each participant feel he/she is the expert about his/her problems. **Step 1: Identification of the Magnitude of Problem regarding Character Issues** (25 minutes) Using scaling questions, counsellor finds out participants' judgement of the magnitude of the situation with their in-laws. Participants take turns to scale and describe what it would take for them to move up the scale. Sample question Looking at the items on in-law issues in the MSI, on a scale of one to 10, where are you now and where do you wish to be? Expected responses - I am at 2 want to be at 7, my partner is at 2 and I want him/her to get to 7. - I am at 3 want to be at 8, my partner is at 2 and I want him/her to get to 8.	Copies of MSI Flip chart summaries	Items 11, 17 and 24 - My in-laws are very helpful and give me respect. - My in-laws are my worst enemies. They make life miserable. - My partner speaks harshly and angrily to my relatives when they visit. This displeases me. Use of scaling questions.

- Both of us are at 3, it will be good if we can move to 8. Counsellor leads a discussion on what participants' believe it would take for them to get to the new scale.		
Step 2: Reaching Preferred Goals (25 minutes) Using question and answer method, counsellor finds out participants' preferred goals with respect to in-law issues. <u>Sample question</u> At the end of this session, how will you know that coming here has been worthwhile for you? <u>Expected answer</u> - I will see change in my partner's views on in-law issues. - My partner will show a commitment towards getting his/her to treat me with respect. - My partner will agree with me on the need for change in attitude towards my family.	Flip chart summaries	Use of preferred-goals questions.
Step 3: Description of Coping Strategies for In-law Issues (30 minutes) Using the skills of being an ambassador, listening and empathy as well as coping questions, counsellor asks clients to describe how they have been coping with in-law issues in their marriage. <u>Sample question</u> From rating you gave earlier, it appears you have been doing a lot of things to manage the situation. How have you done that? <u>Expected responses</u> - I try to be good to my in-laws even when they disregard me. - We decided to take care of our families by ourselves, 'each one	Flip chart summaries	Use of coping questions and SFBT skills of being an ambassador, listening and empathy.

for himself'. - I avoid contact with my in-laws. - I find a way to cover up for my partner so my family does not see the problems. - I stop talking to my partner for some time when I feel he/she did not respect my relatives.		
Step 4: Description of Expected Changes with regard to In-law Issues (30 minutes) Using question and answer method, counsellor asked participants the miracle question to open a discussion on their expected changes with regard to in-law issues. Sample question Suppose that one night, while you were asleep, there was a miracle and the in-law issues in your marriage had improved. What will make you recognise the miracle? What would be different?" Expected responses - My partner will ask that we visit or invite my family over. - My in-laws will come and visit and not quarrel with me. - My in-laws will treat me as a family member. - My partner will understand me and not take sides with his/her family all the time. - I and my partner will respect our families. Closure (5 minutes) Counsellor summarises the key ideas discussed and invites questions from participants.	Flip chart summaries	Use of miracle question

Session Seven Duration: 120 minutes Topic: Marital Roles

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. identify the magnitude of concerns with marital roles; b. describe preferred goals; c. describe times they have been able to cope with the marital roles effectively; d. describe expected changes in marital roles;	**Introduction (5 minutes)** Counsellor introduces the session by enquiring about clients' successes from the previous session. Counsellor shares objectives for the day. The discussion on marital roles is based on Items 9, 15, and 26 of the MSI. **PRESENTATION** Counsellor uses SFBT skills of being an ambassador, amplification, being tentative, listening and empathy to allow clients to talk about their concerns related to in-law issues as well as to make each participant feel he/she is the expert about his/her problems.	Copies of MSI	<u>Items 9, 15 and 26</u> - I like my partner a lot for helping me with the household chores/financial support. - My partner keeps his/her money to him/herself. - My husband is committed. He gives enough house-keeping money. /My wife cooks well and takes good care of the home. I love her for this. <u>Being tentative</u> This means that the therapist approaches the client with an attitude that the client is the expert and that any hypotheses/ interpretations about why the client might be struggling should be cautiously held (Anderson & Goolishian, 1992).

Step 1: Identification of the Magnitude of Problem regarding Marital Roles (30 minutes) Using scaling questions, counsellor finds out participants' judgement of the magnitude of the situation with marital roles. Participants take turns to scale and describe what it would take for them to move up the scale. Sample question Looking at the items on in-law issues in the MSI, on a scale of one to 10, where are you now and where do you wish to be? Expected responses - I am at 2 want to be at 7, my partner is at 2 and I want him/her to get to 7. - I am at 3 want to be at 8, my partner is at 2 and I want him/her to get to 8. - Both of us are at 2, it will be good if we can move to 7. Counsellor leads a discussion on what participants' believe it would take for them to get to the new scale.	Flip chart summaries	Use of scaling questions

Step 2: Reaching Preferred Goals (20 minutes)
Using question and answer method, counsellor finds out participants' preferred goals with respect to marital roles.
Sample question
At the end of this session, how will you know that coming here has been worthwhile for you?
Expected answer
   - My wife will help me with the children's school fees when she has the money.
   - My husband will give more money than he gives now for the home.
   - My wife will cook more and take better care of the house.
	Flip chart summaries of participants' preferred goals.	Use of preferred-goals questions.

	- My husband will support me in the domestic activities. **Step 3: Description of Coping Strategies with regard to Marital Roles** (30 minutes) Using the skills of being tentative, listening and empathy as well as coping questions, counsellor asks clients to describe how they have been coping with issues regarding marital roles in their marriage. <u>Sample question</u> From the rating you gave earlier, it appears you have been doing a lot of things to manage the situation. How have you done that? <u>Expected responses</u> -I ask some of my younger relatives to help in taking care of the home. -I report to my partner's family when he/she does not perform his/her roles well. -When my husband is in a good mood, he helps with the domestic activities in the home. -I stop talking to my partner for some time when I feel he/she is not acting responsibly.	Flip chart summaries of participants' responses	Use of coping questions. Skills used: being tentative, listening and empathy.
	Step 4: Description of Expected Changes with regard to Marital Roles (30 minutes) Using question and answer method, counsellor asks participants the miracle question to open a discussion on their expected changes with regard to marital roles. <u>Sample question</u> Suppose that one night, while you were asleep, there was a miracle and the issues with marital roles in your marriage had improved. What will make you recognise the miracle? What would be different?" <u>Expected responses</u>	Flip chart summaries	Use of miracle question

	-My wife will help me with the children's school fees when she has the money. -My husband will give more money than he gives now for the home. -My wife will cook more and take better care of the house. -My husband will support me in the domestic activities. -Even if I do not play my part well, my partner will understand that it is not intentional **Closure** (5 minutes) Counsellor draws members' attention to the end of the session and invites questions.	

Session Eight   **Duration: 120 minutes**   **Topic: General Evaluation**
                                                     Closing the group

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. evaluate their marriage; b. recap the preceding sessions; c. clarify issues relating to the sessions; d. evaluate the sessions; e. close the group.	**Introduction** (10 minutes) Counsellor introduces the session by enquiring about clients' successes from the previous session. Counsellor shares objectives for the day. The discussion on 'general evaluation' will be based on Items 1, 7, 8 and 30 of the MSI. **PRESENTATION** **Step 1: General Evaluation of Marriage** (30 minutes) Taking turns, counsellor invites clients to give their general evaluation of their marriages Sample question As at now how will you describe your marriage based on the items in the MSI on general evaluation? Expected response I am happy I came for counselling because things are much better now. I now enjoy my partner's company like when we first got married. Counsellor invites questions from participants. **Step 2: Recap of preceding sessions.** (20 minutes) Counsellor draws participants' attention to the end of the group counselling and invites them to share their views on the preceding sessions. Participants take turns as they express their views. **Step 2: Clarification of Issues.** (20 minutes) Counsellor invites participants to ask any questions bothering them	Copies of MSI	Items 1, 7, 8 and 30 -I always feel fulfilled, happy in the company of my husband. -I will feel much happier if I move out of my present marriage. -My husband is the best I can ever have. -I enjoy my husband's company most times.

| | | concerning any or all of the issues discussed. Participants discuss any other issues bothering them such as issues not fully resolved during the sessions.

Step 3: Evaluation of Sessions. (15 minutes) Counsellor leads a discussion on the individual sessions and invites clients to provide their personal evaluations. Participants share their thoughts about the sessions.

Step 4: Closing of the group (15 minutes) Counsellor draws the attention of participants to the end of the interventions. Participants are encouraged to keep practising skills they have learnt. They are also assured of the counsellor's availability for their future counselling needs.

Closure (10 minutes) The main lessons learnt are summarised and highlighted. | | |

Transactional Analysis Group Intervention for Improving Marital Satisfaction

Session: One

Duration: 120 minutes

Topic/ Sub-topic	Objectives	Counsellor-Clients Activities	Session Materials	Core points
Topic: Opening the group **Sub-topics:** Introduction of members Setting group rules Introduction to the transactional analysis theory	By the end of the session, clients should be able to a. get to know other members of the group; b. explain the purpose of the group; c. explain at least two (2) benefits of group counselling to clients; d. list at least four ground rules to steer the group; e. list at least two (2) techniques used in transactional analysis practice.	**Introduction (20 minutes)** Counsellor introduces herself and invites other members to introduce themselves. Members are encouraged to share only relevant information. **PRESENTATION** **Step 1: Explanation of the Purpose of the group (10 minutes)** Counsellor explains the purpose of the group to members and invites questions. **Step 2: Discussion of the Benefits of Group Counselling (20 minutes)** Counsellor leads the group in a discourse on the	Flip chart on some of the benefits of group counselling	Introduction Counsellor and other members introduce themselves. Purpose of the Group Based on the results of the MSI, all members of the group can be described as not happy in their marriage. The purpose of this group is therefore to have discussions to improve the marital satisfaction of members. Benefits of group counselling to clients 1. Members realise that they are not alone in their problems 2. Certain types of groups, such as

			benefits of group counselling. <u>Sample Question</u> What benefits are you likely to gain by being part of such a group for counselling? <u>Expected Answer</u> 1. It makes me see that I am not alone. 2. I will learn from the mistakes of other group members. 3. I may form a network with other married men/women I can call on when the need arises.		couples therapy, and family therapy are best treated in a group 3. Groups are cohesive, and members share a sense of belonging that allows them to address their issues collectively or as individuals 4. Groups foster modelling; individuals see what works for others and copy that behaviour 5.Groups instil hope in members; individuals are encouraged by the successes of others and feel optimistic that they can address their issues (Jacobs et al., 2006).
			Step 3: Setting Ground Rules (30 minutes) Through the use of the question and answer method, counsellor invites members to come out with ground rules for the group.	Flip chart on ground rules	<u>Ground Rules for Group</u> 1.Respect other's views 2.Punctuality 3.Regular attendance 4.Keep discussions confidential.

		<u>Sample Question</u> Considering the nature and purpose of this group, what ground rules will you suggest? <u>Expected Answers</u> 1. Respect each other's opinion 2. Punctuality 3. Keep issues discussed secret	5. Respect for other's privacy
		Step 4: Introduction to Transactional Analysis theory (20 minutes) Using the lecture method, counsellor introduces transactional analysis theory to participants and takes them through some of the techniques to be used in subsequent sessions. A video on some TA concepts is shown.	Hand-out on some TA concepts. A video on some TA Concepts	<u>Introduction to Transactional Analysis</u> Transactional analysis (TA) is a counselling theory of human behaviour developed by Eric Berne in 1961. It is based on the assumption that people make current decisions based on past premises that may no longer be valid. TA is said to helpful for understanding and explaining transactions between couples (Corey, 2009). Some of the techniques used in TA are: <u>Ego States:</u> Refer to a set of related thoughts, feelings, and behaviours in

				which part of an individual's personality is manifested at a given time. Each person has a basic trio of Parent, Adult, and Child and individuals constantly shift from one of these states to another, showing behaviour corresponding with the ego state of the moment (Dusay, cited in Corey, 2009).
				Strokes Humans need to be stimulated physically, socially, and intellectually. This need is referred to in TA as strokes. A basic premise of the TA approach is that humans need to receive both physical and psychological "strokes" to develop a sense of trust in the world and a basis for loving themselves (Berne, 1961). Strokes can be classified as verbal or non-verbal, unconditional (being) or conditional (doing), and positive or

		Closure (5 minutes) Counsellor draws participants' attention to the end of the session and invites questions. **Evaluation** (15 minutes) Counsellor evaluates the day's discussion by asking the following questions: 1. From the discussion today, what are the benefits of group counselling? 2. Name any two techniques used in TA. 3. Mention any two ground rules for our meetings.		negative. <u>Transactions</u> Transactions are about how people interact with each other, specifically, which ego state in one person is talking to which ego state in another person. Two or more strokes make a transaction. Understanding of transactions can help individuals keep their communication with others as clear as they would like it to be (Solomon, 2003). Within the ego states, there are three different types of transactions namely: complementary, crossed and ulterior transactions.

Session: Two   **Duration: 120 minutes**   **Topic: Relationship Issues**

Objectives	Counsellor-Clients Activities	Session Materials	Core Points
By the end of the session, clients should be able to: a. distinguish between the different ego states; b. apply ego states to improve marital relationship; c. describe a transaction as used in TA; d. utilise the concept of transactions in improving marital relationship.	**Introduction** (10 minutes) Counsellor welcomes clients and informs them that the focus of the discussion will be on their relationship issues. Counsellor distributes copies of blank MSI for the discussion and draws members' attention to the items on 'Relationship' issues. Counsellor shares objectives with clients. **PRESENTATION** **Step 1: Different Ego States** (25 minutes) Using the lecture method, counsellor presents the three ego states to clients. Participants watch a video on the ego states.	Copies of MSI, special focus on Items 2, 5, 10, 20, 21, and 25. - Notes on the different ego states. - Video on ego states.	Items 2, 5,10, 20, 21 and 25 - I like the way my partner converses and shares his/her experiences with me. - We quarrel over petty disagreements and hurt each other's feelings very often. - My partner always seeks my opinion on important issues concerning our marriage. I like this. - Our conversation always ends in a quarrel. So we scarcely converse these days. - I and my partner accept disagreement without hurting each other's feelings. - I like the way my partner keeps in touch when he/she travels. He/she phones and converses to my liking. The Different Ego States Each person has a basic trio of Parent, Adult, and Child. The Parent ego state sees, hears, thinks, and can come up with solutions to problems based on the facts and not solely on pre-judged thoughts or childlike emotions. It contains all the "shoulds" and "oughts" and other rules for living. When in that ego state, people may act (e.g. use phrases, posture, gestures, voice, and mannerisms) in ways that

are strikingly similar to those of their parents or other significant people in their early life. The Parent ego state can be divided into two functions - the Nurturing Parent(soft, loving, and permission giving), and the Critical/Prejudiced Parent (contains the prejudged thoughts, feelings, and beliefs learned from parents). Some of the messages held in the Parent ego state can be helpful in living while other Parent messages are not. (Solomon, 2003).

The Child ego state is the seat of emotions, thoughts, and feelings from childhood. It is the original part of a person and is most naturally who he/she is (Solomon, 2003). The Child ego state can also be divided into two parts: the Free/Natural Child ego state and the Adapted/Rebellious Child ego state. The Free Child is the seat of spontaneous feeling and behaviour. The Free Child together with the Adult, is the seat of creativity. The Adapted Child is the part of one's personality that has learned to comply with the parental messages received while growing up. Sometimes when faced with parental messages that are restricting, instead of complying with them, people rebel against them.

| | | | This becomes the Rebellious Child ego state. This can be seen as an alternative to complying (Berne, as cited in Reid & Westergaard, 2011).

The <u>Adult</u> ego state is the processor of data. It is the objective part of the person, which gathers information about what is going on. It is not emotional or judgmental but works with the facts (Solomon, 2003). The Adult ego state analyses, solves problems and makes decisions using the rules that have been imprinted, information pulled from the environment, along with feedback from the Parent and Child ego states. One of the key functions of the Adult ego state is to validate data and actions from the other ego states and pass judgment. The Adult ego state also interprets and reacts to adult-to-adult transactions. The adult ego state seeks balance. |
|---|---|---|---|
| | **Step 2: Application of Ego States in Improving Marital Relationships** (30 minutes) Using the discussion method counsellor leads clients to describe how they would apply the concept of ego states in improving their marital relationships. <u>Sample Question</u> From the presentation I | Flip chart summaries on participants' application procedures. | <u>Application of Ego states in Marital Relationship Issues</u> 1. Recognize which ego state you and your partner are functioning at any given time. This will help you consciously decide whether that state or another state is most appropriate. 2. Act maturely. 3. Communicate by using more adult-to-adult modes |

	just made how can you apply the ego state to improve your relationship with your partner? Expected Answer 1. I must identify which of the ego states my partner is in as well as the one am also in. 2. It will be helpful if my partner and I consciously interact on an adult-to-adult level. 3. I need to work on those behaviours that make me a Critical Parent and work on becoming a Nurturing Parent. 4. I would work consciously on moving to the appropriate ego state for a better interaction with my partner.		4. Check and correct faulty Parental messages which interfere with marital relation.
	Step 3: Description of a 'Transaction' (15 minutes) Counsellor shows a video on transactions to participants and invites questions. Participants watch and ask questions for clarifications.	Video on Transactions in TA	Transactions Transactions are about how people interact with each other, specifically, which ego state in one person is talking to which ego state in another person (Solomon, 2003). Within the ego states, there are three different types of transactions namely: complementary, crossed, and ulterior transactions. Complementary transactions occur when the sender of

			the message gets the intended response from the receiver (Software Process & Management, 2013). When people use complementary transactions, conversations become more emotionally satisfying and productive (Solomon, 2003). Crossed transactions occur when the sender of the message does not receive the expected response from the receiver. When a message is sent from one ego state and the sender expects it to be sent back from the expected ego state: but it is sent from a different one, the transaction is crossed; and communication is ineffective. Crossed transactions can be helpful when the negative parent or child ego response is crossed with an adult response. This cross-over may result in the preferred adult to adult conversation.
	Step 4: Utilisation of 'Transactions' in Improving Marital Relationships (30 minutes) Counsellor leads clients in a discussion on how they would make use of the 'transactions' in improving their marital relationships. <u>Sample Question</u> From the presentation I just made, how can you utilise 'transactions' in	Flip chart summaries on clients' utilisation methods	<u>Utilisation of Transactions in Improving Marital Relationship</u> 1. Use more complementary transactions to reduce the tendency of experiencing conflicts. 2. When a transaction is crossed, one or both individuals will need to shift ego states in order for the communication to be re-established. 3. If possible, avoid crossed transactions.

	improving your relationship with your partner? Expected Answer 1. By avoiding crossed transactions. 2. Keeping my emotions in control. 3. Transacting adult ego state even if my partner crosses transactions. 3. By using more complimentary transactions. **Closure** (5 minutes) Counsellor draws members' attention to the end of the session and invites questions. **Evaluation** (5 minutes) Counsellor calls clients at random to share their lessons learnt as well as resolutions with the group.		

Session: Three **Duration: 120 minutes** **Topic: Affection, Love and Appreciation Issues**

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to a. explain the concepts of 'injunctions' and 'counter-injunctions'; b. assess the use of injunctions and counter-injunctions in their marital lives; c. describe 'decisions' and re-decisions' as used in TA; d. make new decisions based on the injunctions and counter-injunctions identified; e. explain the term 'stroke' as used in TA; f. apply the concept of strokes in expressing affection, love and	**Introduction** (10 minutes) Counsellor welcomes participants and informs them that the focus of the discussion will be on issues related to showing affection, love and appreciation. Counsellor draws members' attention to the items on 'Affection, Love and Appreciation' issues. Counsellor shares objectives with clients. **PRESENTATION** **Step 1: Explanation of Injunctions and Counter-injunctions.** (10 minutes) Counsellor explains the concepts of 'Injunctions' and 'Counter-injunctions to clients.	Copies of MSI (focus on Items 3, 4, 16, 23 and 27) Hand-outs on Injunctions and Counter-injunctions	Items 3, 4, 16, 23 and 27 of MSI - I am satisfied sexually with my marriage. - I am very worried because my partner does not appreciate all the sacrifices I put in my marriage. - I notice that my partner is becoming more attractive to me. I am growing to love him more and more - My husband appreciates my cooking always/My wife appreciates very much how I help her in the home (with the household chores). - My partner has great respect for me. He/she admires my hard work at home. Explanation of Injunctions and Counter-Injunctions Injunctions are the messages expressed by parents when they feel threatened by a child's behaviour. The messages expressed are often, issued from the parents' Child ego state. Such messages establish the "don'ts" by which children learn to live. They include: "Don't be close." "Don't separate from me." "Don't be the sex you are." "Don't want." "Don't need." "Don't think." "Don't

appreciation			feel." "Don't succeed." (Corey 2015). These messages are given predominantly non-verbally and at the psychological level between birth and age seven.
			Counter-injunctions are the messages parents send when they observe that their sons or daughters are not succeeding, or not being comfortable with who they are. This way, they attempt to "counter" the effect of the earlier messages (injunctions). These messages come from the parents' Parent ego state and are given at the social level. They convey the "shoulds," "oughts," and "dos" of parental expectations. Examples of counter-injunctions are "Be perfect." "Try hard." "Hurry up." "Be strong." The problem with these counter-injunctions is that no matter how much people try to please, they feel as though they are still not doing enough or being enough. This demonstrates the rule that messages given at the psychological level are far more powerful and enduring than those given at the social level.
	Step 2: Exploration of the Use of Injunctions and Counter-injunctions (25 minutes) Through discussion	Flip chart on the injunctions and counter-	<u>Using Injunctions and Counter-injunctions in TA therapy</u> 1. Clients would explore the "shoulds" and

	method counsellor leads clients to assess how the injunctions and counter-injunctions affect their marriages.	injunctions used by clients.	"shouldn'ts," the "dos" and "don'ts" by which they have been trained to live, and how they allow them to operate in their lives.
	Sample Question What are some of the injunctions or counter-injunctions you have learnt that could be disturbing your marriage? Expected Answer 1. A man must be served by his wife and not vice versa. 2. Women secretly enjoy sex so I must force my wife to have sex anytime I feel like it. 3. A man must be respected but a woman needs not to be respected. 4. In our family we don't get good marriages. 5. You must be a perfect partner. Counsellor further asks client how the injunction and counter-injunctions affecting their marriages may be reversed. Expected answer - By making new decisions for a better marital relationship.		2. Clients critically examine the specific injunctions and counter-injunctions that they had accepted as children to determine whether they are willing to continue living by them.
	Step 3: Description	Hand-out	Decisions and Re-decisions

	of 'Decisions and Re-decisions' in TA (10 minutes) Counsellor presents an explanation of decision and re-decision as used in TA.	on decisions and re-decisions	Injunctions are not just planted in the minds of people while they sit by passively. According to Goulding (cited in Corey, 2009), children make decisions either to accept these parental messages or to fight against them. By making decisions in response to real or imagined injunctions, people assume some of the responsibility for indoctrinating themselves. Re-decision therapy is grounded in the assumption that adults make decisions based on messages absorbed in childhood from parents and caretakers. These messages along with past decisions, inform current decision-making processes, and at times they can have negative effects. In re-decision therapy, individuals can examine these messages and any past negative decisions in order to identify what is not working (Goulding & Goulding, , as cited in Corey 2015). With each of the basic injunctions previously described (and some possible decisions that flow from them), there are countless possibilities for new decisions. The process of re-decision is a beginning rather than an ending.
	Step 4: Application	Flip chart	Applying Re-decisions in

	of Re-decisions in expressing affection, love and appreciation. (20 minutes) Counsellor leads clients in a discussion on the re-decisions they could make to enhance the expression of affection, love and appreciation in their marriage. <u>Sample question</u> Based on the injunction and counter-injunctions we have just discussed what decisions or re-decisions do you hope to make to improve the amount of affection, love and appreciation you express to your partner? Counsellor encourages clients to write down their decisions. <u>Expected response</u> 1. A successful marriage demands hard work and I am committed to work hard to restore love in my marriage. 2. There is no perfect partner or marriage. I am ready to make room for my partner's imperfection.	on applying re-decisions	<u>expressing Affection, Love & Appreciation</u> Counsellor leads clients to better understand what messages they have carried from childhood and help them to determine which messages are false, no longer required or harmful. The counsellor then works to help them create new messages and beliefs to improve marital satisfaction.

	3. We must respect each other in this marriage. 4. There is nothing wrong with helping each other domestically and financially. 5. I will pay attention to the emotional state of my partner when it comes to sex.		
	Step 5: Description of a 'Stroke' (10 minutes) Counsellor shows participants a video on strokes in TA.	Video on strokes. Hand-out on strokes.	Strokes As humans, we need to be stimulated physically, socially, and intellectually. This need for stimulation and recognition is referred to in TA as "strokes". Strokes can be classified as verbal or non-verbal, unconditional (being) or conditional (doing), and positive or negative. All strokes can be verbal or non-verbal. These include: a look, a nod, a smile, a spoken word, or a touch. Conditional strokes are given for what people do, for what they accomplish, or for a particular trait they possess. Thus, they are based on some condition. Unconditional strokes are those that people receive just for being. They are a very rich kind of strokes. People who get lots of positive, unconditional strokes really thrive (Solomon, 2003). A

			positive stroke is one which the receiver experiences as pleasant (Manu, 2013). These strokes are necessary for the development of psychologically healthy people. A negative stroke is one experienced as painful. Negative strokes are considered preferable to no strokes at all (Corey, 2009). In TA, it is acceptable to ask for strokes, and asking does not diminish the value of the stroke one receives. Usually the more one gives, the more he/she receives. This means that you need to pay attention to the kind of strokes you like to receive and learn ways to ask for them.
	Step 6: Utilisation of strokes in expressing affection, love and appreciation. (25 minutes) Counsellor leads clients to discuss how they would use strokes to express affection, love and appreciation to their partners. <u>Sample question:</u> From the presentation on 'strokes' how would you express affection, love and appreciation to your partner?	Flip chart on the practical use of strokes	<u>Utilisation of Strokes to express Affection, Love & Appreciation</u> 1. Use a lot of positive strokes 2. Be more affectionate by combining verbal and non-verbal strokes. 3. Treat each other with respect unconditionally. 4. Ask for strokes if partner does not give you. 5. Reduce the use of negative strokes. 6. Choose to give strokes than ignoring partner.

	Expected response: 1. I will not ignore my partner's efforts. 2. I will commend my partner's work 3. I will support my partner physically, emotionally and socially. 4. I will use a lot of positive strokes. 5. I will encourage my partner to be more sexually active. 6. I will verbally express sexual satisfaction to my partner. **Closure** (5 minutes) Counsellor draws clients' attention to end the session, and invites questions. **Evaluation** (5minutes) Based on today's discussion, let's share our resolutions with the rest of the group.		

Objectives	Counsellor-Clients Activities	Session Materials	Core points

By the end of the session, clients should be able to:
 	
a. describe what constitutes a good character in marriage;
 	
b. describe what constitutes a bad character in marriage;
 	
c. explain the four basic life positions in TA;
 	
d. apply the life positions in handing character issues;
 	
e. make use of 'strokes' in addressing character issues.
	Introduction (10 minutes)
	Counsellor introduces session by enquiring about clients' issues from the previous session. Counsellor informs the 'house' that the day's discussion will be on Character issues in their marriages. Counsellor prompts clients to refer to Items 6, 12, 18, 19, 22, and 28 of the MSI.
	
	PRESENTATION
	
	Step 1: Description of a good character (15 minutes)
	Through discussion method counsellor ascertains from clients what a good character in marriage is to each of them.
	<u>Sample Question</u>
	From the items concerning Character on the MSI, what would you describe as a good character.
	<u>Expected response</u>
	1. Respect
	2. When my partner does not behave in a suspicious manner.
	3. When my partner does not constantly remind me of my past mistakes.
		Copies of MSI
		
		Flip chart summaries
			<u>Items on Character Issues</u>
			- My partner cannot be trusted. He/she is very cunning, not reliable.
			- I am fed up with my partner because he/she is stubborn, never ready to change his/her bad ways.
			- One thing I like about my partner is that he/she admits faults & apologises.
			- My partner is insolent. He/she speaks to me with disrespect.
			-My partner nags and makes my life very uncomfortable.
			- My partner complains too much. Nothing I do at home pleases him/her
			
			<u>Constituents of a good character in marriage:</u>
			  1. Being respectful
			  2. Being trustworthy.
			  3. Being hardworking.
			  4. Willingness to change
			  5. A good temper.
			  6. Admitting faults.
			  7. Ability to forgive.

	4. My partner's readiness to change his/her bad habits.		
	Step 2: Description of a bad character (15 minutes) Through discussion method counsellor ascertains from clients what a bad character in marriage is <u>Sample Question</u> From the items on the MSI on Character, what would you describe as bad character? <u>Expected response</u> 1. When my spouse treats me with disrespect. 2. When my partner embarrasses me. 3. When my partner behaves in a suspicious manner. 4. When my partner constantly reminds me of my past mistakes. 5. My partner's inability to accept his/her fault 6. When my partner refuses to change his/her bad habits.	Flip chart summaries of clients' responses	<u>Constituents of a bad character in marriage:</u> 1. Being disrespectful 2. Being untrustworthy. 3. Being lazy. 4. Unwillingness to change 5. A bad temper. 6. Refusing to admit faults. 7. Inability to forgive.
	Step 3: Explanation of the basic Life Positions in TA. (15 minutes) Counsellor makes a presentation on the basic life positions to participants and sums it with a video. Clients listen and ask for clarifications.	Hand-out and video on TA's life positions	<u>Basic Life Positions</u> Decisions about oneself, one's world, and one's relationships to others are crystallised during the first eight years of life. Such decisions are basic for the formulation of a life position. Life positions are basic beliefs about self and

others which are used to justify decisions and behaviour (Manu, 2014). TA identifies four basic life positions, all of which are based on decisions made as a result of childhood experiences, and all of which determine how people feel about themselves and how they relate to others:

1. I'm OK - You're OK.
2. I'm OK - You're not OK.
3. I'm not OK - You're OK.
4. I'm not OK -You're not OK.

The I'm OK-You're OK position is the belief that people have basic value, worth, and dignity as human beings. This position is characterized by an attitude of trust and openness, willingness to give and take, and an acceptance of others as they are. There are no losers, only winners.

I'm OK—You're not OK is the position of people who project their problems onto others and blame them, put them down, and criticise them. When people take this position, they project anger, disgust, and scorn onto a designated inferior, or scapegoat.

I'm not OK - You're OK is known as the depressive position and is characterised by feeling powerless in comparison with others. Typically such people serve others' needs instead of their own and generally feel

			victimised.
			The "I'm not OK - You're not OK" quadrant is known as the position of futility and frustration. Operating from this place, people have lost interest in life and may see life as totally without meaning and a promise. This self-destructive stance is characteristic of people who are unable to cope in the real world, and it may lead to extreme withdrawal, a return to infantile behaviour, or violent behaviour resulting in injury or death of themselves or others (Corey, 2009).
	Step 4: Application of the Basic life positions. (30 minutes) Using discussion method, counsellor finds out how clients could apply the basic life positions in improving character issues in their marriages. <u>Sample question</u> From the presentation on the life positions, how can you help yourself or your partner to improve on his or her character? <u>Expected answer</u> 1. I need to take the stand of 'I'm OK – You are OK' when I do not understand my partners behaviour.. 2. In building trust, I must avoid the position of 'I'm OK –	Flip chart summaries	<u>Application of Basic Life Positions</u> 1. Realise that it is possible to move from one life position to another. 2. Identify the position you have taken at a given time and its impact on the relationship. 3. Change to a position that can improve the marital relationship. 4. Target taking the I'm OK – You are OK position a lot of the time. 5. Be willing to do things differently to help each other enjoy a fulfilling marriage.

	You are not OK'. 3. In applying the 'I'm OK – You are OK' position, I must learn to accept my faults and apologise and also respect my partner 4. I should understand my partner's weaknesses and encourage him/her to improve instead of considering him/her as 'Not OK'. 5. I will no longer consider our nagging to mean we are both not OK. Instead we are both OK but have concerns which should be discussed. **Step 6: Utilisation of strokes in improving Character issues** (30 minutes) Counsellor leads clients to discuss how they would use 'strokes' to help address Character issues. <u>Sample question:</u> From the presentation on 'strokes' how would you express affection, love and appreciation to your partner? <u>Expected response:</u> 1. I will not ignore my partner's efforts at improving his/her character. 2. I will commend my partner's effort. 3. I will support my	Flip chart summaries	<u>Utilisation of Strokes to improve Character Issues</u> 1. Use a lot of positive strokes 2. Be more affectionate by combining verbal and non-verbal strokes. 3. Treat each other with respect unconditionally. 4. Ask for strokes if partner does not give you. 5. Reduce the use of negative strokes. 6. Choose to give strokes than ignoring partner.

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	partner physically, emotionally and socially. 4. I will use a lot of positive strokes. I will consciously work on being a better partner by changing undesirable behaviours such as nagging and being disrespectful.		**Closure** (5 minutes) Counsellor draws clients' attention and asks members to share the lessons they learnt during the end of the session. Opportunity is provided for clients to ask further questions.

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. apply the concept of life positions in managing temperament issues; b. apply complementary transactions in managing temperament issues; c. assess the injunctions and counter-injunctions affecting temperaments; d. make new decisions based on the injunctions and counter-injunctions identified.	**Introduction** (10 minutes) Counsellor introduces session by enquiring about clients' issues from the previous session. Counsellor informs participants that the day's discussion will be on Temperament issues as indicated in the MSI. Counsellor prompts participants to refer to Items 13, 14, and 29 of the MSI. **PRESENTATION** **Step 1: Application of basic life positions in managing temperament issues** (30 minutes) Using discussion method, counsellor finds out how clients could apply the basic life positions in managing temperament issues in their marriages. <u>Sample question</u> From what we learnt previously on the life positions, how can you help yourself or your partner to improve on his or her temperament? <u>Expected answer</u> 1. I need to take the stand of 'I'm OK – You are OK' when I do not understand my partners behaviour.	Copies of MSI Flip chart summaries	<u>Items 13, 14 and 29 of MSI</u> - My partner is too cold for my liking. I do not enjoy his/her company. - My partner is indifferent. He/she does not care about what I do with my life. - My partner is fond of hitting me with objects to harm me when he/she is angry. I feel unsafe. <u>Application of Basic Life Positions</u> 1. Realise that it is possible to move from one life position to another. 2. Identify the position you have taken at a given time and its impact on the marital relationship. 3. Change to a position that can best manage partner's

	2. I should understand my partner's weaknesses and encourage him/her to improve instead of considering him/her as 'Not OK'. 3. I will no longer consider my partner's indifference to mean we are both not OK. Instead we are both OK but have concerns which should be discussed.		temperament. 4. Target taking the I'm OK – You are OK position a lot of the time. 5. Be willing to do things differently to help each other enjoy a fulfilling marriage.
	Step 2: Application of complementary transactions in managing temperaments. (30 minutes) Through discussion method counsellor leads clients to describe how they would make use of the complementary transactions in managing temperament differences. <u>Sample Question</u> From the discussion on transactions, how would you apply complementary transactions in managing temperaments? <u>Expected Answer</u> 1. Politely find out why my partner seems cold to me. 2. Keeping my emotions in control and avoid hitting my partner. 3. I will ask my partner to allow me some 'alone time' to allow me deal with my anger.	Flip chart summaries	<u>Managing temperaments with complementary transactions</u> 1. Become more interested in each other's welfare. 2. Provide an environment to address emotional concerns. 3. Observe each other's mood and interact appropriately. 4. Consciously work on avoiding violence and abuse on each other.
	Step 3: Assessment of Injunctions and counter-injunctions affecting temperament. (25 minutes) Using brainstorming method, counsellor leads clients to	Flip chart summaries	<u>Using Injunctions and Counter-injunctions in TA therapy</u> 1. Clients would

assess the injunctions and counter-injunctions that have affected their temperaments.
<u>Sample Question</u>
What are some of the injunctions or counter-injunctions you have learnt that could be affecting your temperaments?
<u>Expected Answer</u>
1. A man must discipline his wife when she misbehaves.
2. It is the responsibility of my partner to make me happy in marriage.
3. If a man does not provide enough housekeeping money, he does not deserve to be treated nicely.
4. The man is the head of the house and so is always right. The woman must not condemn the man's behaviour.
5. Submissiveness of a wife includes allowing husband to beat her if need be.
6. Putting up a cold attitude will get you the right results.

Step 4: Making new decisions based on identified injunctions and counter-injunctions. (20 minutes)
Counsellor asks participants what new decisions they are willing to make with regard to the identified injunction or counter-injunctions.
<u>Expected answer</u>
1. I must love and treat my partner with respect.
2. Abuse in marriage, whatever

explore the "shoulds" and "shouldn'ts," the "dos" and "don'ts" by which they have been trained to live, and how they allow them to operate in their lives.
2. Clients critically examine the specific injunctions and counter-injunctions that they had accepted as children to determine whether they are willing to continue living by them.

		the form, is unacceptable.		
		3. It is the responsibility of both partner to make the marriage lively. Happiness in marriage is not the work of only one partner.		
		4. Even if a man does not provide enough housekeeping money, he deserves to be treated in a respectful manner.		
		5. The man is the head of the house but that does not make him always right. We should be ready to listen to and help each other become better persons.		
		6. Submissiveness of a wife does not imply accommodating domestic violence.		
		7. Being cold or indifferent to my partner is not healthy for our happiness in marriage. **Closure** (5 minutes) Counsellor draws members attention to the end of the session and invites questions as well as any additional contributions.		

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. apply the life positions in handing in-law issues; b. apply transactions in improving in-law relations; c. make use of strokes in addressing issues related to in-laws.	**Introduction**(10 minutes) Counsellor starts the session by enquiring about participants' concerns from the previous session. Counsellor shares objectives for the day. The discussion is on in-law issues and is based on Items 11, 17, and 24 of the MSI. **PRESENTATION** **Step 1: Application of the basic life positions in improving in-law relations.** (35 minutes) Using discussion method, counsellor finds out how clients could apply the basic life positions in improving in-law issues in their marriages. <u>Sample question</u> From the lessons learnt on the life positions, how can you help yourself or your partner to improve your in-law relations? <u>Expected answer</u> 1. I need to take the stand of 'I'm OK – You are OK' when relating with my in-laws. 2. I must avoid the position of 'I'm OK – You are not OK'. 3. In applying the 'I'm OK – You are OK' position, I	Copies of MSI Board summaries	<u>Items 11, 17 and 24</u> - My in-laws are very helpful and give me respect. - My in-laws are my worst enemies. They make life miserable. - My partner speaks harshly and angrily to my relatives when they visit. This displeases me. <u>Application of Basic Life Positions</u> 1. Realise that it is possible to move from one life position to another. 2. Identify the position you have taken at a given time and its impact on in-law relations. 3. Change to a position that can improve in-law relations. 4. Target taking the I'm OK – You are OK position a lot of the time.

	must learn to accept my in-laws as my family too and also respect them. 4.I will no longer consider my in-laws as 'not OK'. **Step 2: Application of transactions in improving in-law relations.** (35 minutes). Through discussion method counsellor leads participants to describe how they would make use of 'transactions' in improving their in-law relationships. Sample Question From the presentation I just made, how can you utilise 'transactions' in improving your relationship with your in-laws? Expected Answer 1. By avoiding crossed transactions. 2. Keeping my emotions in control when relating with my in-laws. 3. Transacting adult ego state even if my in-laws cross transactions. 4. By using more complimentary transactions. **Step 3: Utilisation of strokes in expressing affection, love and appreciation.** (35 minutes) Counsellor leads clients to discuss how they would use strokes to improve their in-law relations. Sample question: From our earlier discussion on 'strokes', how would you	Board summaries Board summaries	5. Be willing to do things differently to help each other enjoy a fulfilling marriage. Improving in-law relations using transactions 1. Be more interested in each family's welfare. 2.Provide a welcoming environment to in-laws. 3. Use more complementary transactions to reduce the tendency of experiencing conflicts. 4. If possible, avoid crossed transactions even when intimidated. 5. Respecting each other's family. Utilisation of Strokes to improve in-law relations 1. Use a lot of positive strokes 2. Be more affectionate with in-laws. 3. Treat each

	improve your in-law relations? <u>Expected response</u>: 1. I will not ignore my partner's efforts towards my family members. 2. I will support my in-laws physically, emotionally and socially. 3. I will use a lot of positive strokes in relating to my in-laws. 4. I will encourage my partner to be more affectionate to my relatives. 5. I will encourage my family to respect my partner. **Closure (5 minutes)** Counsellor summarises the key ideas discussed and invites questions from participants.		other's family with respect unconditionally. 4. Reduce the use of negative strokes. 5. Choose to give strokes than ignoring in-laws.

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. explain the concept of psychological games as used in TA; b. assess the use of psychological games in marital roles; c. use of strokes in addressing issues related to marital roles; d. apply complementary transactions in carrying out marital roles.	**Introduction** (10 minutes) Counsellor introduces the session by enquiring about clients' concerns from the previous session. Counsellor shares objectives for the day and draws clients' attention to the items on marital roles (Items 9, 15, and 26 of the MSI). **PRESENTATION** **Step 1: Explanation of psychological games.** (20 minutes) Counsellor shows a video on the concept of psychological games as used in TA. This is followed by a question and answer session to clarify any misunderstanding. **Step 2: Assessment of the use of games in marital roles** (30 minutes) Counsellor leads clients in a discussion on how they have used games in the discharge of their	Copies of MSI Video presentation on games in TA. Board summaries	<u>Items 9, 15 and 26</u> - I like my partner a lot for helping me with the household chores/financial support. - My partner keeps his/her money to him/herself. - My husband is committed. He gives enough house-keeping money. /My wife cooks well and takes good care of the home. I love her for this. <u>Psychological Games</u> A game is a process of doing something with an ulterior motive that is, outside adult awareness, does not become explicit until the participants switch the way they are behaving and results in everyone feeling confused, wanting, & misunderstood to blame the other person (Manu, 2014). <u>Assessment of the use of games in marital roles</u> Counsellor leads clients to make connections between the games they played as children and those

	marital roles. Sample question From the presentation I just made on psychological games, what is your assessment of the games you have used with regard to marital roles? Expected response 1. As a wife, I sometimes pretend to be sick and thus refuse to cook when am angry with my husband. 2. When I want some attention from my husband, I pretend to be sad. This makes him sometimes stay home with me. I like that. 3. Sometimes I pretend not to have money for the home so I can use it for my personal needs 4. When my husband does not give enough house-keeping money, I serve him without meat and vice versa. 5. I do not help my wife with household chores because I believe it is her work. 6. Even when I have enough money and my husband does not, I pretend not to have money. Counsellor then asks clients what new decisions they have made to improve the execution of their marital roles.		they play now—for example, how they attempted to get attention in the past and how those past attempts relate to the games they play now to get stroked. The aim is to offer clients the chance to drop certain games in favour of responding honestly—an opportunity that may lead them to discover ways of changing negative strokes and to learn how to give and receive positive strokes (Corey, 2009).

	Step 3:Utilisation of strokes in executing marital roles (25 minutes)	Board summaries	<u>Utilisation of strokes in carrying out marital roles</u>
	Counsellor leads clients to discuss how they would use strokes to express affection, love and appreciation to their partners.		1.Use a lot of positive strokes to encourage each other in the discharge of marital roles.
	<u>Sample question:</u> From the presentation on 'strokes' how would you improve the execution of your marital roles?		2.Be more supportive with the domestic activities as well as financial support. 3.Treat each other with respect unconditionally.
	<u>Expected response:</u> 1. I will not ignore my partner's efforts. 2. I will appreciate my partner's execution of marital roles verbally and no-verbally. 3. I will support my partner physically, emotionally financially and socially. 4. I will use a lot of positive strokes.		4.Ask for strokes if partner does not give you. 5.Reduce the use of negative strokes. 6.Choose to give strokes than ignoring partner.
	Step 4: Application of complementary transactions in marital roles (30 minutes) Through discussion method counsellor leads clients to describe how they would make use of the complementary transactions in executing their marital roles.	Board summaries	<u>Application of complementary transactions in marital roles</u> 1.Become more interested in helping each other.
	<u>Sample question</u> From the discussion on transactions, how would you apply		2.Provide an environment to address concerns regarding marital roles. 3. Be committed to each other's

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	complementary transactions in executing your marital roles?		expected roles.
	Expected Answer		4. Express concerns on marital roles respectfully.
	1. Politely find out why my partner is unable to execute his/her roles.		
	2. I will work hard at executing my roles to prevent crossed transactions.		
	3. Respectfully request my husband to help me with household chores.		
	4. Respectfully request my wife to support the hoe financially when there is the need.		
	Closure (5 minutes) Counsellor draws members' attention to the end of the session by summarising the key ideas of the session. Counsellor invites questions.		

Session Eight   **Duration: 120 minutes**   **Topic: General Evaluation**
                                                   Closing the group

Objectives	Counsellor-Clients Activities	Session Materials	Core points
By the end of the session, clients should be able to: a. evaluate their marriages; b. recap the preceding sessions; c. clarify issues relating to the sessions; d. evaluate the sessions; e. close the group.	**Introduction** (10 minutes) Counsellor introduces the session by enquiring about clients' successes from the previous session. Counsellor shares objectives for the day. The discussion on 'general evaluation' will be based on Items 1, 7, 8 and 30 of the MSI. **PRESENTATION** **Step 1: General Evaluation of Marriage** (20 minutes) Taking turns, counsellor invites clients to give their general evaluation of their marriages. Sample question As at now how will you describe your marriage based on the items in the MSI on general evaluation? Expected response I am happy I came for counselling because things are much better now. I now enjoy my partner's company like when we first got married. Counsellor invites questions from participants. **PRESENTATION** **Step 1: Recap of preceding sessions.** (20 minutes) Counsellor invites participants to share their views on the preceding sessions. Participants take turns as they express their views. **Step 2: Clarification of Issues.** (10 minutes) Counsellor invites participants to ask any questions bothering them	Copies of MSI	<u>Items 1, 7, 8 and 30</u> -I always feel fulfilled, happy in the company of my husband. -I will feel much happier if I move out of my present marriage. -My husband is the best I can ever have. -I enjoy my husband's company most times.

| | | concerning any or all of the issues discussed. Participants discuss any other issues bothering them such as issues not fully resolved during the sessions.

Step 3: Evaluation of Sessions. (25 minutes)
Counsellor leads a discussion on the individual sessions and invites clients to provide their personal evaluations.
Participants share their thoughts about the sessions.

Step 4: Closing of the group (25 minutes)
Counsellor draws the attention of participants to the end of the interventions. Participants are encouraged to keep practising skills they have learnt. They are also assured of the counsellor's availability for their future counselling needs.

Closure (10 minutes)
The main lessons learnt were summarised and highlighted. | | |

APPENDIX F

Two-Way ANOVA for the interaction between Sex and Duration of marriage with regard to In-law relationship

Table 18 - *Means and Standard Deviation of the Interaction between Sex and Duration of Marriage*

Sex	Duration of marriage	N	Mean	S.D
Male	0-10	123	2.55	.65
	11-20	43	2.65	.47
	Over 20	26	2.72	.63
	Total	192	2.59	.61
Female	0-10	126	2.49	.54
	11-20	66	2.66	.45
	Over 20	16	2.75	.65
	Total	208	2.57	.53
Total	0-10	249	2.52	.60
	11-20	109	2.65	.46
	Over 20	42	2.73	.63
	Total	400	2.58	.57

Source: Field survey, Holm (2017)

Dependent Variable: In-law Issues

Table 19 - *Tests of Between-Subjects Effects*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2.609[a]	5	.522	1.609	.157	.020
Intercept	1609.692	1	1609.692	4963.625	.000	.926
Sex	.001	1	.001	.005	.946	.000
Duration	2.370	2	1.185	3.654	.027	.018
Sex *Duration	.103	2	.051	.158	.854	.001
Error	127.773	394	.324			
Total	2791.222	400				
Corrected Total	130.382	399				

Source: Field survey, Holm (2017) $p<.05$

a. R Squared = .020 (Adjusted R Squared = .008)

APPENDIX G

Post Hoc Test

Table 20 - *Tukey HSD on Marital Satisfaction with regard to Duration of Marriage*

Dependent Variable	(I) duration of marriage	(J) duration of marriage	Mean Difference (I-J)	Sig.
Relationship	0-10	11-20	.25799*	.002
		Over 20	-.00602	.998
	11-20	0-10	-.25799*	.002
		Over 20	-.26402	.069
	Over 20	0-10	.00602	.998
		11-20	.26402	.069
Affection, Love & Appreciation	0-10	11-20	.23515*	.000
		Over 20	.05835	.786
	11-20	0-10	-.23515*	.000
		Over 20	-.17680	.157
	Over 20	0-10	-.05835	.786
		11-20	.17680	.157
Character	0-10	11-20	.25823*	.001
		Over 20	.09022	.649
	11-20	0-10	-.25823*	.001
		Over 20	-.16801	.284
	Over 20	0-10	-.09022	.649
		11-20	.16801	.284
Temperament	0-10	11-20	.30705*	.000
		Over 20	.23475	.083
	11-20	0-10	-.30705*	.000
		Over 20	-.07230	.817
	Over 20	0-10	-.23475	.083
		11-20	.07230	.817
In-Law Issues	0-10	11-20	-.13368	.102
		Over 20	-.20941	.071
	11-20	0-10	.13368	.102
		Over 20	-.07572	.743
	Over 20	0-10	.20941	.071
		11-20	.07572	.743

Table 20 continued

Marital Roles	0-10	11-20	.14481*	.028
		Over 20	.17852	.075
	11-20	0-10	-.14481*	.028
		Over 20	.03371	.924
	Over 20	0-10	-.17852	.075
		11-20	-.03371	.924
General Evaluation	0-10	11-20	.30358*	.002
		Over 20	.07674	.823
	11-20	0-10	-.30358*	.002
		Over 20	-.22685	.241
	Over 20	0-10	-.07674	.823
		11-20	.22685	.241
Overall	0-10	11-20	.18313*	.006
		Over 20	.03210	.927
	11-20	0-10	-.18313*	.006
		Over 20	-.15103	.246
	Over 20	0-10	-.03210	.927
		11-20	.15103	.246

Source: Field survey, Holm (2017) $p < .05$

*. The mean difference is significant at the 0.05 level.