

**AN INVESTIGATION OF MARITAL PATHOLOGY AND  
THERAPY OF ZULU COUPLES - A PSYCHO-EDUCATIONAL  
PERSPECTIVE**

by

**JUSTICE MZOMKHULU NGESI**

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Supervisor: Professor L.J. Jacobs

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## **SUMMARY**

This study investigated some of the causes of marital pathology of Zulu couples. Through a questionnaire, the study investigated factors which affect Zulu marriages. It was found, according to this research, that communication and infidelity by Zulu husbands are serious causes of marital pathology. The research also revealed that the historical and cultural nature of the Zulu marriage contributes to marital pathology.

The second aim of the research was to investigate the marital therapy of Zulu couples. The question was whether marital therapy works among the Zulus, given the unwillingness of Zulu husbands to be counselled. The researcher found that Zulu husbands are resistant to being counselled.

A therapeutic model was designed and used with two case examples. In both cases divorces were averted. This seems to indicate that marriage counselling can restore most of the Zulu marriages if husbands could cooperate in being counselled with their wives.

### **KEY CONCEPTS**

Marital pathology, marital therapy, relational therapy, therapeutic model, Zulu questionnaire, personality, Zulu marriage, Zulu couples, self-concept and psycho-educational approach.

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# CHAPTER 1

## PROBLEM FORMULATION, AIM AND METHOD OF INVESTIGATION

### 1.1 INTRODUCTION

In many marriages life seems to be fast becoming unendurable for most couples. Consequently some young men and women no longer rush into marriage with zeal and vigour. Some have adopted a wait and see attitude, some prefer trial marriages which give them time to study each other. Others have decided to simply stay together without any commitment to each other. This picture seems to suggest that some marriages are not enjoyed, but endured for the whole lifetime.

"Take any dozen wedded couples, and four will jump overboard, six will stay on deck without joy or love because of children, careers, family and church; and only two will enjoy a happy marriage." (Van Pelt, 1980: 11)

Out of 3 marriages, one may be expected to end in divorce. In 1980 it was 12 divorces per 1000 marriages. In 1978 nearly 163 000 children under sixteen were involved in divorce. This means that between 1 in 5 and 1 in 6 children born today may witness their parents' divorce before they reach 16 years of age. (Gerdes and Philips, 1975: 20)

There seems to be an unprecedented rise in divorces. South Africa had alarming statistics about the divorce rate in 1987. According to the Central Statistical Services, divorces were as follows:

<b>RACE</b>	<b>NUMBER</b>	<b>YEAR</b>
Whites	18288	1986
Whites	18781	1987
Asians	109	1986
Asians	1049	1987
Coloureds	3817	1986
Coloureds	4817	1987

In KwaZulu alone, between 1988 and 1992, there were about 128 reported divorces in the rural areas, and 466 divorces in the urban areas. These divorces are those where the couples had to consult the courts because of the claim for the maintenance of children. This excludes unreported cases of separation where the husband simply leaves his wife and children to go and illegally cohabit with another woman.

The statistics quoted above show that the marriages of all races have pathological marital problems. This state of affairs has led to what is called family violence. Family violence is prevalent among the African peoples in South Africa. In South Africa alone, the state of family life is characterised by family murders, the high divorce rate, child abuse, family violence and the high rate of extramarital births and cohabitation. (Van Niekerk, 1989: 2)

This gloomy picture of marriages points to an unprecedented marital pathology. The results of a marriage poll reported in May 1981 by the Detroit Free Press, showed that 70% of all couples in the U.S.A. would not re-marry their same mates if given an opportunity. (Karson and O'dell, 1976: 35) The Zulus are experiencing the same marital problems as Americans and South African Whites.

## 1.2 AWARENESS OF THE PROBLEM

Though very little research has been done in the field of marital pathology of the Zulu couples, there seem to be a lot of indications that all is not well in some of their homes.

The researcher has discovered in his work as a psychometrist in KwaZulu that 2 out of 5 pupils tested and diagnosed to have learning difficulties or be under-achieving or a slow learner, that the aetiology is attributable to an emotional problem due either to parents' conflict at home or that parents live in separation where the father has deserted his family or they are divorced.

According to the KwaZulu department of justice, Maintenance section, there is a general prevalence of marital problems in the Zulu community. This assertion is supported by the gradual increase of applications for maintenance by wives in the KwaZulu magisterial district of Izingolweni alone. The statistics in this district's register reveal that Zulu husbands are rapidly becoming unconcerned about looking after their families in terms of financial responsibilities as shown below:

<b>Number of Applicants</b>	<b>Year</b>
83	1988
89	1989
66	1990
109	1991
129	1992

These statistics show that Zulu couples too like all other races, are gradually being affected by marital problems and divorces. In a demographic statistic given in 1988 by



the Central Statistics Service, the Africans as a whole, had fewer divorces, though they are numerically in the majority.

<b>Race</b>	<b>Percentage</b>
Whites	3.3%
Coloureds	1.1%
Africans	0.9%
Asians	0.8%

This statistic did not mean and does not mean that African marriages had or have less problems. It simply meant that Africans, particularly the Zulus, had fewer divorces reported in that year. Secondly, the cultural norms and way of life might have been stronger then, than they are today.

Consequently the recent statistics obtained from the registrar of the North Eastern Divorce Court in Durban shows that divorces among the Zulus are escalating, as shown here below:

<b>Month and Year</b>	<b>Month and Year</b>	<b>No. of Divorces</b>
July 1990	July 1991	1096
July 1991	July 1992	1150
July 1992	July 1993	1143

These communities have nowadays experienced transformation of their cultures. The Zulu women also have been influenced by liberal forces. They may no longer suppress their feelings. But men remain the same; they still uphold those cultural values, which regard men as infallible and their authority unquestionable.

Whenever the Zulu couple has a marital problem, the husband is usually not affected by the seriousness of the problem; he is, in most cases, the cause of the problem. Secondly, he does not see it as a problem for himself, because men tend to maintain that the wife is always wrong in so far as she does not conform to her husband's demands, no matter how unreasonable the demands. Thirdly, the husband is, for most of the time, away from home; hence he does not feel the impact of the stressful situation.

It thus appears that if the Zulu couple has a marital problem they keep it to themselves and do not seek counselling. It may be the next of kin who may discover that they have a problem and decide to intervene if it is very serious. The Zulu husbands are very reluctant to allow a third person to intervene in their marital problems. It has thus always been the wife who goes out and shares her problem with others, next of kin or friends. There are no recognised counsellors in almost all the Zulu communities. Therefore counselling is usually given by unqualified people.

It is this attitude of the Zulu husbands in particular, which is compounding their marital problems. Husbands believe that wives must just conform to their way of life if they want to preserve their marriage, and that solutions to their marital problems must be reached according to their own terms. They will reject the wife's change of behaviour as a result of counselling. A wife must change her behaviour at her husband's instruction, that is the kind of respect which a wife is expected to show. The situation of tension and conflict is aggravated if the wife changes as a result of counselling by another male. The interpretation often made is that she submits to and respects another man. These factors complicate the counselling and therapy of the Zulu couples.

### 1.3 ANALYSIS OF THE PROBLEM

Many causes of marital pathology are given in literature, some of which will be discussed in this research, but very little has been researched about the causes of marital pathology of Zulu couples and their responses to therapy.

According to the statistics of the department of justice and Maintenance in KwaZulu, which have been quoted already, it appears as if the main cause of marital problems in the Zulu marriage is lack of financial support of the family by the husband. The registers kept by the social workers in this department show that most of the files opened every day have to do with applications for maintenance by the husband. All the cases perused by the investigator in the Maintenance section of this department had one common problem, lack of financial support by the husband.

Closely related to this problem of lack of financial responsibility by the husband, appears to be infidelity. The cases studied by the researcher showed that whenever the Zulu husband fails to support the family, it is because he is living with another woman, though not married. Cohabitation appears to be a very common phenomenon in the Zulu community. This problem seems to cause the fiercest disputes and conflict between the couples, because the Zulu women appear to be no longer prepared to share their husbands with other women.

Excessive drinking is apparently one of the major problems also closely related to the first one. Case studies in the KwaZulu department of Justice and Maintenance at Izingolweni, indicate that husbands who do not support their families financially, are involved in heavy drinking to which they have become addicted. It is thus common for the whole monthly salary to be spent on drinking.

Communication problems result, as soon as problems in marriage start. This has been observed by the researcher in an encounter with those couples who have agreed to be interviewed. It takes a long time before a husband agrees to be interviewed with his wife. The Zulu husbands have invariably shown reluctance to see a third person whenever there is a conflict between them and their wives. This is apparently due to the top down approach in communication in a Zulu family. The husband communicates and the wife must receive without any question, and that is regarded as a sign of the wife's respect. Thus whenever the wife answers back, she is seen to be challenging the authority of her husband.

Communication seems to be made difficult by the cultural beliefs of the Zulu community, hence culture complicates marital problems among the Zulus. The culture of the Zulus, judged against the western standards and norms, appears to be heavily weighted against the women. This may not be questioned as it is a historical heritage, that men are the absolute authorities and rulers of their families, and that wives are treated like one of the children at home. A child has no say in the home, she has to be seen and not heard.

Childlessness appears to be an important factor that contributes to marital pathology of Zulu couples. The stress in a Zulu marriage is laid on bearing children. (Hastings, 1978: 28) Historically this had religious implications, that to live eternally, you need children to sustain you in their minds and souls. The long dead would be made alive by the sacrifices made by their children. (Torday, 1975: 288)

The unduly high premium placed on children has continued to the present. The Zulu man does not only want children per se, he wants his wife to give birth to boys; it is she who determines the sex of children. A marriage without children may be characterised by quarrels, tension, uneasiness and conflicts. The wife may feel inferior, have low self-esteem, evaluating herself negatively for failing to produce the most

important commodities in this home, the reason she was married. The husband may try to look for a child in extramarital relationships.

Childlessness does not necessarily lead to divorce, but the couple may live in dissatisfaction for the rest of their marital life. Both husband and wife believe that they should have children.

The economic reality of the present century has circumstantially forced women to work. This appears to have liberated women from dependence on men, who now become onlookers in the running of the home. Since women contribute financially to the maintenance of the home, they also want to contribute their opinions and ideas. This appears to have caused them to be a threat to their husbands who still believe in the old order. This seems to disrupt marital relationships.

The factors stated above appear to imply that Zulu husbands are the "identified patients" in the marital pathology. This is compounded by the fact that Zulu husbands are not easily persuaded to see the marital counsellor. It is only the wives who are prepared to see the counsellor. In view of the refusal of the husbands to see the counsellor, wives must do so secretly at their own risk. Their discovery might complicate the marital relationship. This factor in itself is a serious cause of pathology because a minor issue, if not detected and communicated early enough, may develop to such an extent that it later leads to a divorce as the husband is not prepared to allow a third person to be involved in their affair and/or is reluctant to see the counsellor. Therefore intervention in a Zulu marital problem is not an easy task.

### **1.3.1 Statement of the Problem**

As already stated, various factors underlying marital pathology in general, have been discussed in literature, some of which will be discussed in this research.

There has, however, been no study, known by the researcher, which deals specifically with the marital problems and therapy of Zulu couples.

This research therefore purports to establish some of the most important causal factors to marital pathology of Zulu couples and to design and suggest a therapeutic model which can be used with Zulu couples.

### **1.3.2 Formulation of the Problem**

In this study the researcher will try to establish the factors which are the most important in causing marital pathology among Zulu couples. Secondly, a model of therapy for Zulu couples will be designed and applied.

### **1.3.3 Exploration of the Problem**

The investigation of the marital problems of Zulu couples will be limited to those couples in the Izingolweni district of KwaZulu, whose marital relationships are currently tense or strained, and those who have already divorced. This does however mean that not all of them will agree to participate for the reasons already stated. Thus the sample will consist of those who are willing to assist in this research.

## **1.4 AIMS OF THE RESEARCH**

The aims of the study will be divided into specific and general aims.

### **1.4.1 Specific Aims**

It has already been said that there is a growing number of divorces among Zulus, a phenomenon which hitherto was uncommon. Therefore, it must be established what the causes are.

It is to attempt a breakthrough in enabling the Zulus to realise that consulting a therapist or counsellor when one has a marital problem, is one of the norms of a civilised society, and that it does not undermine the authority of the husband, instead it heals the marital relationship.

### **1.4.2 General Aims**

The study aims at making a contribution to the study of the Zulu marriage, and thus add to the body of knowledge. It is also to stimulate thinking and provoke debate on the pathology and therapy of the Zulu marriages.

## **1.5 DEFINITION OF TERMS**

### **1.5.1 Marriage**

Marriage is an operational concept in this study, therefore it is necessary that it be broadly defined.

"Marriage is a relationship that proceeds from a romantic intensive, infatuation stage to a problem-solving extensive relationship." (Ables, 1977: 2)

It is argued that the early stage of being in love is the one in which reality recedes and fantasy dominates. Although the element of conscious choice is important, strong unconscious needs are also at work in determining attraction. The

individual projects his needs and symbolic perceptions onto the loved one in such a way that this person becomes over-idealised far beyond whatever qualities are possessed. In addition, marital choices are usually made under the sway of sexual strivings. It is no wonder that contrast between the early state and the later state of marriage, after reality looms more significantly, produces major problems. (Ables, 1977: 2)

Greene (1970: 17) defines marriage as "a meaningful relationship between husband and wife based on mutual respect which in turn is based on self-respect." Marriage is a "social relationship, sui generis. In the west it is a voluntary agreement between two persons at conscious or ego levels to enter in a contract to play certain roles in such a way as not only to satisfy many emotional and biological needs each of the other and of their own; but also to fulfil or conform to a tolerable degree with the requirements and mores of the cultural background in which each partner developed, and of the changing society of which they now form a constituent unit." (Dicks, 1967: 7)

The definitions given above, are western oriented and thus marriage may not be understood in the same way by the Africans, especially the Zulus whose aim in getting married is to produce children. According to them, "marriage appears to be considered as the union of one man with one woman for the begetting of legitimate children in whom one of the two souls of each parent is perpetuated as a plant is perpetuated by cuttings, and who will, after their parents' death, perform for them the rites and offer to them sacrifices on which their happiness in the world of spirits depends". (Torday, 1975: 288)



### **1.5.2 Marital**

This concept is derived from marriage. Therefore marital is the term used to describe all couples who are in intimate pair relationships, whether they are legally married or not. (Gerdes and Philips, 1975: 1)

### **1.5.3 Marital Pathology**

A broad definition of pathology is necessary before marital pathology can be defined. Dewey and Bentley (1949: 108) proposed three levels of organisation in conceptualising pathology. These are self-action, where things are viewed as acting under their own powers, interaction, where thing is balanced against thing in connection, and lastly, transaction where systems of description and naming are employed to deal with aspects and phases of action, without final attribution to elements or other presumptively detachable or independent entities, essences or realities and without isolation of presumptively detachable relations from such detachable elements.

Historically, pathology was first viewed as being mythically determined, its cause attributed to abstract origins like the gods or supernatural phenomena. This means that pathological behaviour erupted entirely on its own without any apparent external provocation. Secondly, pathology was seen to be related to some definite contextual factors such as the environment or other people. An external element of causation was attributed. Lastly, behaviour was attributed to the functional outcome of historical, intentional and contextual exchanges, which must be considered within the contextual exchanges, which must be considered within the context of their being observed and evaluated by an outsider. This last conception is transactional because it describes multi-directional behaviour. (Weeks and L'Abate, 1978: 39)

In the light of this historical overview of pathology, it can be stated that any definition of marital pathology must consider both the stability and the quality of marriage. Appreciable conflict or alienated indifference produce marital pathology, as do repeated departures and a final separation. "Thus pathology exists when the minimum needs of one or both partners are not met. Then separation and divorce are contemplated and eventually realised, unless change occurs." (Dominian, 1980: 6)

#### **1.5.4 Marital Therapy**

Generally speaking, "psychotherapy is trouble-sharing using a variety of non-verbal and verbal communication techniques which can range from a sympathetic smile, through individual and group discussion to relaxation exercises". (Burns, 1983: 5)

Two definitions of therapy are worth quoting. Patterson (1973) says that "psychotherapy is a relationship involving verbal interaction between a professionally trained person and an individual or group of individuals voluntarily seeking help with a problem which is psychological in nature, for the purpose of effecting a change in the individuals seeking help". (Burns, 1983: 7)

It is maintained that psychotherapy is aimed at producing constructive behavioural and personality change. It may be stated that therapy is largely concerned with developing an awareness of the nature of the relationship between the spouse, as well as with self-awareness. There are two types of marital therapy which also need to be defined.

#### **1.5.4.1 Individual marital therapy**

Individual marital therapy "refers to therapy with one spouse in a marriage where the dysfunction in the marriage is the focus of the therapeutic intervention". (Gurman and Rice, 1975: 25) Smith and Hepworth (1967: 352) maintain that the criterion which determines the type of therapy to be used lies in the content and focus of the sessions. If this focus is the marriage relationship, then it is marital therapy, regardless of whether one or both spouses are present. This kind of individual marital therapy can result in dramatic change in the marital relationship when the other spouse is not present. The disadvantage however is that the therapist has to depend on the one spouse's account of the marital interaction and therefore inference plays a substantial role.

In supporting the individual marital therapy, Smith and Hepworth (1967: 353) found that if only one spouse was involved, but the resistant partner became involved at a later stage, that the initial diagnosis of the marital interaction, made on the basis of individual diagnosis, proved to be accurate. They also found that even though one partner is absent, he or she is an indirect participant and that changed behaviour in the one spouse elicited new behaviour in the other one. (Kalinko, 1979: 29)

The changes arising from individual therapy are a result of a strong transference and counter-transference reactions, particularly if the client and therapist are of opposite sexes. (Kalinko, 1979: 30) In this case of individual therapy with one partner, it has been found that improvement in the marriage as a result of individual therapy seems to be greater than the likelihood of dissolution of marriage. This is because the individuals become more adept at solving their marital problems. (Kalinko, 1979: 30)

#### **1.5.4.2 Conjoint therapy**

Conjoint marital therapy is the most frequently used technique because of its advantages over the individual marital therapy. Here both spouses are seen together and thus the marital partners' perceptions of themselves and each other are heightened.

Conjoint marital therapy is defined as "... a method in which both marital partners are seen together by the same therapist or co-therapist, one male and one female, and in which the signalling system or condition is viewed by the therapist as comment on the dysfunction of their interactional system". (Martin, 1976: 122)

Schreiderer and Bernstein (1974: 30) state that although conjoint marital therapy is the ideal for couples with problems deeply rooted in the marital relationship, one spouse often refuses to co-operate or to admit to having a problem, hence the therapist may use the individual marital therapy. This is very common among Zulus, where cultural and historical beliefs hold that a man is the sole ruler. A Zulu man therefore usually does not co-operate or admit that he has a problem. Thus therapy for a Zulu wife is helping her accept her problems and thus gain strength to live with them indefinitely.

#### **1.5.4.3 Combined marital therapy**

Kugel (1974: 795) believes in combining both individual and conjoint marital therapies. The individual sessions allow the partners to gain understanding of their own personality dynamics and their responsibility towards marital relationship. Conjoint sessions help to deal with the healthy aspects of the marriage relationship. Individual sessions are useful for discussing aspects which one partner did not wish to share with the other, such as sexual inhibition. It was thus found by Kugel (1974: 796) that partners who found it difficult to share their feelings and inhibitions with their spouses could eventually be helped to do

so more easily if they first expressed them when on their own with the therapist. A spouse would hear a message from the therapist which she failed to hear from her spouse. Kugel (1974: 796) thus maintains that a conjoint session has disadvantages such as guarded comments and the anxiety of watching each other's reactions instead of listening carefully. Thus a combination of the two therapies was found to be the most appropriate since it encourages spouse's responsibility for the success of the marriage. (Kalinko, 1979: 32)

## **1.6 METHODS OF RESEARCH**

### **1.6.1 Literature Study**

It is necessary to have a thorough survey of literature concerning both the general causes of marital pathology and therapy. It is maintained that there should be a lot of common causal factors of marital pathology between the Zulus and other races and peoples with regard to marital pathology and therapy. Therefore the aim of literature study is to explore the general causes of marital illness. Secondly, it is to explore the techniques which may be generally effective when used with Zulu couples.

### **1.6.2 Empirical Study**

A questionnaire will be prepared and be administered to about 21 couples whose marriages are currently strained and included in these couples will be the divorcees. All these couples will be sampled from the KwaZulu Izingolweni magisterial district. It will be a purposive sample of all those couples known to have had marital problems. Secondly, two couples out of these will be selected to undergo marital therapy, using the model designed for Zulu couples.

The purpose of the questionnaire is to test some of the hypotheses about the causes of the Zulu marital pathology which have been generated in this chapter when the problem was analysed. The questionnaire will also help to unearth the most serious causes of marital pathology of the Zulu marriage which will help in further research.

In the analysis of the questionnaire, the mean percentage will be worked out, followed by the weighted mean. The average weighted mean will be calculated. The weighted mean when scores are balanced will also be worked out. The latter gives meaning to the weighted mean, when compared. It indicates whether the item in question is significant. When this standard score is compared with the average weighted mean, it shows whether the test items are all important to the respondents.

The administration of the Emotion Profile Index and the 16 Personality Factors will be done in an attempt to break the barrier to penetrate one of the couples which may seem to be very resistant to therapy. This will also help the couple become aware of their problem.

## **1.7 DELINEATION OF CHAPTERS**

In chapter one an introduction to this research into marital problems and therapy of the Zulu marriage is briefly expounded. The background and analysis of the problem is discussed. The aim of this study, definition of terms and brief outline of research have been given.

Chapter two deals with the nature of the Zulu marriage, first in its historical perspective, with special reference to the beliefs of the Zulus about their marriages which are well reflected in their wedding ceremonies. The analysis of these beliefs and

ceremonies is done to see how they impact on the marital life and relationship of the Zulu couples. Finally a comparison is made with how the Zulu marriage works today, whether these beliefs are still held and how this affects marriages of the Zulus today.

Chapter three investigates the causes of marital pathology in general, from literature. These theories on the causes of marital pathology are related to the causes of marital problems among the Zulus.

Chapter four is devoted to theory and techniques of marital therapy in general, and these theories and techniques are related to the marital therapy of Zulu couples. On the basis of the Zulu marriage in chapter two and the causes of marital pathology in chapter three and the theories and techniques of marital therapy in this chapter, a therapeutic model for Zulu couples is designed.

Chapter five is a research design which includes an empirical investigation into the causes of marital pathology among Zulu couples, through the use of a questionnaire.

Chapter six deals with the full programme of therapy on the two couples chosen for this purpose. A therapeutic model designed for the Zulus is applied to the two couples.

Chapter seven contains the interpretation of the findings, conclusion, recommendations and suggestions for further studies.

## CHAPTER 2

### THE ZULU MARRIAGE

#### 2.1 INTRODUCTION

The Zulu marriage and its problems and difficulties with therapy may not be understood without a historical review and exposition, because history and its concomitant customs and traditions continually impinge on marriage. The Zulus had very clear, cut-and-dried traditional rules and beliefs about marriage and what made a marriage work for them.

A series of traditional ceremonies which were performed indicate that, for the Zulus, the wedding was a very important public event. The whole community was involved, particularly the family and the extended family, from the beginning to the end of the preparations for marriage.

In some areas and for some people of the Zulu nation, the Zulu marriage may have undergone changes and variations in terms of traditional ceremonies and rituals, but some crucial beliefs about marriage are still maintained by many Zulus, especially in rural areas. It is maintained by the researcher that these beliefs affect role perceptions, and expectation of a successful marriage. Invariably these role perceptions, expectations and values held by the Zulu males and females come into conflict. It is thus maintained by the researcher that most of the problems which affect Zulu marriages can be attributable to these conflicting role expectations and changing values and the fact that the value perceptions of males and females are at variance with each other.



The examination of the Zulu marriage will facilitate the background to the discussion of marital pathology and therapy in a Zulu marriage.

The Zulu marriage to be discussed in this chapter will include the choice of a marriage partner, the beginning of negotiations between the two families, the wedding day and its ceremonies, which form the climax of a long process of negotiation, and brief discussion of the expectation of a marital couple in terms of their roles. This will be done with particular reference to the wife as the kingpin of the marriage. It will be on the basis of this Zulu marriage and the causes of its marital pathology that a model of therapy will be designed.

## **2.2 AIMS OF THE ZULU MARRIAGE**

### **2.2.1 The Birth of Children**

The birth of children was the most important reason for getting married in a Zulu society. Thus Hastings (1978: 28) states that the stress in African societies is laid upon the production of children rather than upon interpersonal relationship, mutual companionship and reciprocity. An intimate relationship with one's wife did not exist. In fact a Zulu man was hardly found at home, hence he was not regarded as a member of the family. He was constantly away from home with other men discussing national issues e.g. the defence of their tribe. The decision to marry was to produce children with a legal wife at home.

A Zulu married because he wanted to produce children. The most important "value" of a woman was her child-bearing capacity. Therefore if the woman proved to be barren, in many cases her kin would return the marriage payment, or provide another woman, (Radcliffe-Brown and Torde, 1967: 5). In Zulu society a man would be allowed to take her sister-in-law, and the parents were

glad to give their other daughter to go and help her sister bear children for her husband. (Msimang, 1975: 302)

Childlessness or infertility did not necessarily lead to dissolution of a marriage as Msimang (1975) has stated above, but it bore a stigma, hence a barren woman was pitied by all, for her this was an affliction.

In view of the fact that marriage was so closely related to the continuance of the lineage, childlessness was regarded as a serious condition and was provided against institutionally by the provision of polygamy and levirate (Verryn, 1975: 117). This ensured posterity lest a man's name should become extinct.

A woman who bore many children was highly prized, valued and loved. The principal quality sought in a Zulu woman is fecundity, for she alone is able to give birth to new life, maintaining the unbroken chain of generations, linking the ancestral souls to their many descendants.

### **2.2.2 Religious Aim**

The high value placed on children by the Zulus also had a religious motive. A person lives eternally through his children. A man without children was pitied because there would be no link between the ancestral souls and the descendants.

Verryn (1975: 118) states that "if the goal of the African society can be described as the preservation and perpetuation of the lineage, that of the individual can be seen as the continuation of his existence by means of procreation. Man is in the world to perpetuate himself by reproduction".

In supporting this view of eternal life through procreation, Torday (1975: 288) states that for Zulus "marriage appear to be considered as the union of one man with one woman for the begetting of legitimate children in whom one of the two souls of each parent is perpetuated, as a plant is perpetuated by cuttings, and who will, after their parents' death, perform for them the rites and offer them the sacrifices on which their happiness in the world of spirits depends".

The fact that the birth of children was religiously motivated is again supported by Mbiti (1977) as he says that "the chief purpose of marriage is to provide opportunity for the unborn members of the family to spring forth. The person who fails for various reasons, to have children, is one of the most miserable members of society, since he will be despised and regarded as the cul-de-sac". (Verryn, 1975: 119)

The Zulus did not expect only children from a woman, they expected her to give birth to boys. The first-born was expected to be a baby boy. If the first born was not a boy the woman's seed was said to be fluffy and weak. If it was a boy, a goat would be slaughtered to thank the ancestors and gifts would be bestowed on him. (Msimang, 1975: 300) This indicated a preference for boys. Therefore a Zulu wife without boys felt miserable because this was a stumbling block to perpetuation of the lineage.

The importance of children and its impact on marriage is still equally upheld in Zulu society today. Childless marriages are usually unstable and may eventually end in divorce. A wife without children invariably has low self-esteem and a negative self-concept because she knows that she has fallen short of her in-law's high expectations. Even if the husband understands the situation, his wife may not believe it. The situation is aggravated by the fact that this problem can no

longer be solved in the way it used to be, through the provision of polygamy and levirate. Thus it becomes a haunting problem for the rest of their lives.

### **2.2.3 Work**

The third aim of a Zulu marriage was to provide a servant for the home. When the young man's mother grew older and was thus unable to perform all her household duties, a young man was encouraged to get married. (Msimang, 1975). The bride had to be strong and diligent to be a praiseworthy wife. She was kept busy all day without any assistance from her husband who was always away from home, nor the members of the family. She was treated as a slave by western standards. But she did not feel this heavy load on her because she accepted it as her role according to the cultural norms of the Zulu society.

The Zulu marriage therefore provided the husband with a helpmate whose labour at home and in the fields was economically advantageous. (Schapera, 1939: 39)  
A man with many fields married many wives for labour.

## **2.3 THE CHOICE OF A MARRIAGE PARTNER**

In the Zulu community parents played a pivotal role in the choice of a bride. Emphasis was laid on important qualities and characteristics of a bride, such as moral behaviour, supported and attested to by the whole community, her responsibility and diligence in household duties and outstanding physical prowess, strength and fitness. It was also important that the girl should be an adept dancer and able to sing well at ceremonies. She had to have courtesy and respect, which meant that she did not look directly at an elderly person. The reasons necessitated the involvement of parents in the choice of a marriage partner (Mbiti, 1977: 50).

The qualities expected of a wife were better known and observed by the elderly women. "The propagatory purpose of marriage was seen much in relationship in wider unit, the extended family or lineage. Hence, in arranging when and whom young persons were to marry, the opinion of senior members of the kindred's, is likely to be most important than that of the young people themselves" (Hastings, 1978: 28). This idea is supported by Kayongo and Onyango (1984: 56) as they say that since "mate selection depended very much on the parents, choosing a spouse was very much a family affair. Both families scrutinise each other before an association was made".

Parents of both parties could consent to the marriage of their children without consulting them because what mattered most was that the bridegroom's parents appreciated the girl's physical fitness which would enable her to execute her duties diligently and be fit for fecundity.

A girl therefore "can be married without her consent, in fact her consent plays no part. It is also theoretically possible for a man to be married without his previous consent. A man could return from Cape Town and be told that he is married, the father (and the other men of the homestead) have agreed to give him a bride. (Verryn, 1975: 298)

The choice of a marriage partner, in light of what has been stated above, was however not exclusively the prerogative of the parents. The young man was free to make a choice of mate if he wished to do so, but the fact remained that he did not marry for intimacy, interpersonal relationship, mutual companionship and reciprocity, but for the family. "The woman joining the family of the husband, becomes a child of the family and of the husband." (Maqalaka, H. In Verryn, 1975: 16)

The implications of this procedure for the choice of a mate for Zulu marriages today are evident in the fact that most Zulu men still believe that a wife is for domestic purposes and child-bearing, and not for companionship. They are married to be kept at

home, but the Zulu women no longer believe that they are marrying the whole family; they want to live with their husbands and enjoy intimacy with them. Thus many Zulu women are usually left lonely at home, and this frustrates them.

#### **2.4 NEGOTIATIONS, CEREMONIES AND THE WEDDING**

The preparations, negotiations and ceremonies preceding the wedding day were meant to condition the bride for marriage. Thus the marriage was a most important public event which did not take place in one single moment of time, but came into being through a series of meetings, negotiations and ceremonies. The preparations for marriage and wedding, beginning with the private discussions between the families, culminating in the wedding day, were normally confirmed at every stage by big or little presents particularly in the form of goats which were slaughtered. (Hastings, 1978: 29)

It was felt by the Zulus that the gift of ilobola cattle was not sufficient to produce a feeling of friendship or co-operation between the groups, and custom therefore demanded that additional measures be taken to secure this, hence a series of gift exchanges taking place between the two families, so that while the boy's family brought lobola cattle during the betrothal period, the girl's family also sent gifts on various occasions. (Krige, 1985: 122)

The process of marriage as a human experience was one which certainly took time, weeks if not months. This long process and the series of gift exchanges strengthened the bonds between the two families concerned. (Nyembezi and Nxumalo, 1977: 118)

The agreement between the parents or lovers resulted in the beginning of negotiations between the families where negotiators were sent to the bride's parents. It was mainly the father and other men, who could be his brothers, who were consulted. Once the

negotiators were accepted at the bride's home, the first ceremony of their acceptance was celebrated.

This ceremony to accept the negotiators was called *indlakudla*. At this ceremony a goat was slaughtered, and the gall bladder inflated and tied on the wrist of the negotiator's hand. This feast apart from reporting to the girl's ancestors, marked the conclusion of the initial efforts of the boy's group. It indicated that through its representative, this descent group was temporarily at rest in relation to the girl's group. (Reader, 1966: 183)

It also meant the acceptance of the bridegroom as a member of the bride's family. He was symbolically aggregated as a member of the family. Included was also the negotiator himself as one of the members of the two families. The gall bladder of the goat was also inflated and tied on to the hair of the bridegroom's sister. The significance of this was that it cemented the relationship between the two families, and it also united the two families with the ancestors. This sense of unity strengthened the bonds of relationship between the two partners. (Msimang, 1975: 271)

Though this ceremony is still done today, its significance is not usually appreciated by those who get married, hence it no longer has the psychological impact it had during those days. Its implications are no longer realised.

#### **2.4.1 Ilobola and its Significance**

Ilobolo, or the bride-price, is the means whereby the loss to the girl's people is in some measure compensated for. (Krige, 1985: 122, Msimang, 1975: 266 and Shooter 1957: 48) express this loss deeply when they say that "ilobolo means to take away a cutting, and figuratively to remove pain. When applied to

the act of giving cattle for a girl, it refers to the pains which the mother endured in bearing and nurturing her, and the cattle are given to reward her".

The bride wealth played a significant role in cementing the relation between the two families. It must always be remembered that the bride married the family in its entire extension with occasional contact with the bridegroom for procreation purposes. (Hastings, 1978: 28)

The family did not only participate in mate selection, but it also paid and received the bride wealth. The payment of lobola caused both families to take each other seriously, and to enter the contract fully aware of what was expected of them. (Kayongo and Onyango, 1984: 56) This then had the most desired impact on the bride on whom depended the stability of the marriage.

In general, the bride-purchase was never paid in full, and this, to some extent, rejuvenated the marriage and sustained it because the bridegroom would be reminded of the ilobola he still owed and thus could be controlled. (Kayongo and Onyanga, 1984: 56). What is thought to have deterred dissolution of marriage, was that the bride wealth was very high and divorce would mean its repayment, and secondly, for the man, marrying another wife would be very expensive. (Hastings, 1978: 35) Thus both men and women did not undermine the responsibility which went with divorce.

Ilobola appeared to deter a divorce or separation and desertion. When a husband ill-treated his wife, she would go to her father who could, if ill-treatment was proved, fine the husband, or if the woman wished, divorce. This could be granted, and the husband would not be able to get his cattle back. If the husband sued for and got a divorce from his wife he was entitled to a return of the cattle, but the number returned depended upon the number of children which might



have been born. (Mair, 1969: 14) In this sense it appears as if the ilobola was also a child-price.

The acceptance of ilobola by the bride's parents was an important occasion, requiring the slaughter of a goat to invite the ancestors to be present in the preparation for the marriage.

#### **2.4.2 Engagement Party**

Once the consent of the girl's father to the marriage had been officially obtained, the girl's father ordered her to undergo *ukukhehla*, which is an equivalent to an engagement party. On this day the girl adopted the topknot, put up her hair to signify her engagement, indicating that she was now committed to her prospective husband. Thus the relationship was strengthened, anyone breaking it would be prosecuted. This also meant that she was ready to get married. (Krige, 1985: 134)

On this day, the negotiator with the bridegroom's sister would be sent, driving a goat, to the bride's home. But the bride's father would not use this goat for the party, he provided his own goat for slaughtering in order to report to the ancestors that his daughter had committed herself as the prospective wife of a certain man. (Msimang, 1975: 274)

#### **2.4.3 The Bridegroom's Visit**

This feast was begun by the bride, who with her party, went to the bridegroom's home to fetch him. The bride and other girls stayed there until the bridegroom's family was ready, during that time brewing of beer would have been done.

When everything had been done and organised, the bride was led to the cattle kraal where she was introduced to the ancestors. The agnate addressed the ancestors pleading with them on her behalf. They were asked to accept her as the bride and the child of the family.

The bride and her age-mates left for home followed by the bridegroom. At the bride's home, a beast was slaughtered for the bridegroom as a sign of acceptance and welcome to the bride's family. (Msimang, 1975: 276)

#### **2.4.4 Umncamō**

Umncamo was an event to express the acceptance of the reality that the girl was leaving the family. All the family members, relatives and the community gathered at the girl's home.

On this day, according to Reader, (1966: 195) a goat was slaughtered to invoke the ancestors and draw their attention to the fact that one of their members was leaving the family. Prayer was made to them to go with the girl, and bless her in her new family.

A beast was then slaughtered for the girl, and the gall of this beast was poured over the face, arms and legs of the girl and the stomach contents used to cleanse her. The pouring of the gall over the girl was a means of informing the ancestors of the change that was to take place, and the father, or any eloquent agnate, told the ancestors about the forthcoming marriage and what ilobola was.

This was a very sad occasion for parents who now realised that the girl was indeed leaving them. The sadness was aggravated by the fact that all her

belongings and presents were in front of her while the ceremony was going on. (Reader, 1966: 196, and Msimang 1975: 279)

The elders of the family started to give her premarital counselling. The elders of the sib instructed her on how to behave with the other family. She was strongly warned not to put her family to shame by her behaviour. She was told in tears, of the hardship she would undergo, and that she was going to be called a wizard, a sloven, a harlot and all sorts of bad names. (Krige, 1985: 136)

The father took the girl by her arm, led her to the cattle, the Zulu ancestral temple where prayers were offered. The crowd of witnesses followed behind. In the cattle kraal, all the girl's belongings were placed in front of her where she stood, while her father talked to the ancestors, telling them that his daughter was leaving to start a new family of her own. The ancestors were asked to go with her. The placing of the girl's belongings in front of her was a public testimony that she was going and would never return to her home. On this day she cried at the realisation of the seriousness of her decision to marry. (Msimang, 1975)

Women also cried during this time.

The girl was then asked to walk to her bridegroom's home accompanied by her peers. She was told not to look back or stop to drink water save the water she carried with her. This was meant to symbolise that she would never return to her home even if she met hardships in the new family.

This was an important day which prepared a girl for her marriage. The counselling done on this day was very important in helping her to adjust to her marital life. This is no longer done in such a serious manner today. The emphasis is usually put on the slaughtering and eating of meat. Premarital counselling is no longer done on this day.

### 2.4.5 The Wedding Day

The wedding day is the culmination of the long process of negotiation between the two families. On this day the bride's father delivers a speech about his daughter with emphasis on her physical fitness and health. During his speech he gives an ancestral pedigree and wishes the couple a successful and happy marriage. He promises to pay a beast for the treatment of any disease which might cause barrenness in his daughter. (Nyembezi and Nxumalo, 1977: 122) This indicates the importance of child-bearing in the Zulu marriage. The bridegroom's father also delivered a speech on behalf of his family.

After the two speakers, two old men from the bride's side stood up with two old women to deliver short speeches and prayers to the bridegroom's ancestor that their daughter requested marriage from them, and acceptance in their family. There was a strong belief that if this prayer was heard by the ancestors, the marriage would be respected. (Reader, 1966: 220)

The legal representative finally officiated and solemnised the marriage. The bride was asked whether she loved the bridegroom. The bride raised *isiqindi* (short spear) as a sign of an oath that she loved the bridegroom. She then danced pointing with this spear and eventually broke it to indicate that she had been defeated by the bridegroom. (Msimang, 1975:283)

This was followed by the old men from the bridegroom's side. They prayed again to the ancestors stating that the bridegroom, through the cattle, was requesting marriage from them. All this was done in the cattle kraal where it was believed, ancestors could be met.

The mother-in-law of the chief woman of the bride's father carried a baby, *imbeleko* (a skin for tying a baby on the back) and a gourd of fat. The bride would then run around the whole kraal, followed by her party of girls. This was a sign that she was prepared to build the new family completely, hence the running three times around the kraal. Thereafter, an important event took place. The bride's mother-in-law gave the bride an oil and a baby boy, which the bride had to smear with the oil, hug and put him on her back. Girls would pinch this baby in order to make him cry and the bride would run with him to the gate and back. This was done to express the desire that she should have children, starting with a boy. Thus the family was not happy if the first born was not a boy.

The bride was also anointed with this oil by the mother-in-law symbolising the acceptance of her as a child of the family. (Krige, 1985: 153)

The significance of the wedding day ceremonies was that prayers were offered to instil in the mind of the girl that she was going, and therefore not expected to come back, because even the ancestors were informed that she was going away from the family. The ancestors of the bridegroom's side had accepted her after being informed of her arrival. There were so many witnesses to this marriage that to dissolve it was unthinkable. On this day the question of the importance of children again surfaced. All these psychologically conditioned the girl to accept any circumstances in her marriage without grumbling.

## **2.5 THE BRIDE'S APPRENTICESHIP UNDER HER MOTHER-IN-LAW**

Immediately after the wedding day, the bride was placed under the supervision and control of her mother-in-law, and this is called *ukukotiza*. She stayed in the house of

her mother-in-law for a domestic apprenticeship, until she had given birth to a child, or for a corresponding length of time. (Reuter, 1963: 160)

The bride was being inducted and introduced to the world of motherhood with its attendant responsibilities, especially the relationships with the in-laws. This period was long enough to qualify her for a healthy marital relationship.

Today it is only those Zulus who live in rural areas and semi-literate people who still practice this apprenticeship. The vast majority of Zulu brides no longer get this opportunity to be trained by their elderly mothers-in-law, hence problems are encountered in the very first months of their marriage.

## **2.6 THE BIRTH OF CHILDREN**

It was expected that the bride should soon give birth to children, otherwise the marriage could be in danger. (Hastings, 1978: 3)

If the bride did not produce children fairly soon, the bridegroom's father convened a meeting of all his sons, because a Zulu bride belonged to all the family members. The father expressed a concern that the bride continued to be a virgin, as she was called, when she was taken to be a wife i.e. to bear children.

Women were instructed to brew beer in preparation for the traditional prayer to the ancestors. On the day of the prayer, a goat was slaughtered and the father of the household spoke to the ancestors through this goat, requesting them to grant their daughter a child. On the following day a beast was slaughtered and ancestors were invoked again on behalf of the family and the bride. (Msimang, 1975: 301)

If this did not yield the desired results, the bride was declared barren, regretting that the bride-purchase was a complete loss. After everything had failed, the bridegroom was advised to go and propose to his sister-in-law. If she agreed, she would be married to assist her sister by bearing children, i.e. to bear children on behalf of her. Thus the marital relation was not disturbed. (Msimang, 1975: 300) Polygamy would thus result.

Today the clash between married Zulu couples is usually caused by the fact that a Zulu husband still believes that when there are no children from a marriage, the marriage is not healthy and successful. Therefore he starts to father children out of wedlock, which is abhorred by his wife.

## **2.7 DUTIES OF HUSBANDS AND WIVES**

The hut in which Zulus lived was divided into two areas, the left and the right sides. The left side was for women and the right side for men. (Nyembezi and Nxumalo, 1977: 122) Women were not allowed to sit on the men's side and vice versa.

The division of the hut also represented the division of roles and duties of the two sexes. This was due to the fact that the Zulus and in fact all the Ngunis emphasised age groupings and sex in their social organisation and labour. The division of society into male and female at all levels of social organisation were special in that individual persons, whether male or female, never crossed the sex-line. Boys became men and young girls married, but at no stage did a male undertake a female role or participate in it.

This rigid division of roles has continued to the present in the majority of cases. A woman has to look after the whole family alone, feeding them and washing for them, keeping the house clean, the building and the outside of the house, while a man has

nothing to do because there are no longer any wars to fight or any cattle to look after. This causes him to be away from home for most of the time, and the woman is left alone at home to do these duties. It is worse when she does not have children. Some men made their wives work like oxen, they had to work hard because they had been bought with a high price - ilobola. (Shooter, 1957: 80)

It was expected of women to respect their husbands, and their in-laws, with unconditional submission. They had to attend to the family's fields. The wife was essentially the provider of food and resources for living. There were also numerous demands which were made on her by her in-laws. She had to feed the whole family, the in-laws and other relatives and the children. She was expected to work for her mother-in-law to prove that she was a good diligent, strong bride. Thus she was sent everywhere like a child. Evidently one of her major roles was that of being a servant to the whole family. There was little or no concern about her heavy load of work in the family, because she had to be strong, her husband who was always away from home did not help her, after all, she had married the family and not him. (Kayongo and Onyango, 1984: 58)

The most important duty was that of giving birth to children, particularly boys which were highly valued by the Zulu family. Without the fulfilment of this duty she was regarded as still a virgin and not a wife. (Msimang, 1975: 300)

Men, on the other hand, were mainly occupied with external affairs such as defence of their tribe. They supervised boys in looking after the cattle, goats and sheep, but for most of the time they were involved in endless discussion with other men in the kraal. (Msimang, 1975: 175) That is why they did not have time to be with their wives at home, and did not help their wives with tasks which were distinctly theirs. A paralysed housewife did not expect help from her husband. Men could not do anything even to help themselves. This attitude still exists in many of the Zulu men today.



## 2.8 CHILDLESSNESS

Having children in a Zulu marriage was and is very important, hence Ngubane (In Krige, 1981: 84) says that "a man...takes or receives a wife into his matrilineal home where she is expected to be productive and continue the descent line of her husband's patrilineage." Her father had to continue various rituals to ancestors to guarantee the fertility of his daughter.

Childlessness therefore was and is a great affliction for a married Zulu woman and her people. It means firstly that she cannot form a uterine grouping (*kwethu*; a house) which constitutes an economic unit and assures her comfort in middle or old age when her daughters-in-law take care of her. Secondly, having children who grow to maturity also ensures the perpetuation of her house, and thus her status as an ancestress in the life hereafter. If the lineage later subdivides, it will be along the lines of the various houses, each tracing its origin to a particular wife of the original remembered male ancestors. Besides being concerned that their daughter should be happy, the lineage and the ancestors of the bride are vitally concerned with her child-bearing capacity as this is what they are responsible for and have promised in the marriage contract. (Ngubane, 1981: In Krige, 1981: 89)

Thus husbands had to ensure that children were born to the family. If no child was born, the father of the whole family convened a meeting to discuss the problem of childlessness, organised intercessory prayers to the ancestors on behalf of the bride. If all failed, a second wife had to be sought, first from the bride's family, usually the bride's sister. This then resulted in polygamous marriages. (Msimang, 1975) Sometimes more wives were needed for labour in the many fields a man had.

## 2.9 EXTRAMARITAL RELATIONS

Adultery by women was "a rare occurrence, not because of inherited purity, but firstly due to the fear of consequences. The husband might send the adulteress home and recover the cattle or accept a fine and retain her". (Shooter, 1957: 86) The husband did not commit adultery because he was allowed to make love to as many girls as he wished.

A man was thus not expected to be faithful in his marital life. It was an accepted behaviour for him to be in love with girls, some of whom would eventually be married. This did not offend wives at all. Wives took offence only if their husbands had a permanent relationship with another woman without a purpose. Casual relationships were accepted, a man's wife would appreciate and express happiness to see her husband's girl friend. Thus women did not expect their husbands to refrain from extramarital affairs. It was publicly accepted by the Zulu community that a man was not to be confined to one woman.

Today this creates a conflict between Zulu men and women because men still believe they have a right to extramarital love, whereas their wives reject this belief and attitude. Most men, however, are not willing to discontinue private love affairs.

## 2.10 POLYGAMY

The attitude of women to polygamy was a positive one, because it was a recognised institution; there was no feeling that it was an indignity to be one of several wives, on the contrary, a household with many wives had prestige. (Mair, 1969: 18)

The positive attitude of the Zulu women to polygamy is supported by Shooter (1957: 78) when he says that "the women were more reconciled to it than might have been

expected, and if we were to judge by the sociability which a man's wives display in public, we might conclude them to be a loving sisterhood".

Three factors caused a man to practice polygamy:

- ♦ If the wife did not bear children for a man, he was forced to take either the sister-in-law or another girl;
- ♦ A man who had many fields needed a lot of labour to work on the fields, consequently many wives fulfilled this need; and
- ♦ It was prestigious for a man to have many wives, just as it was prestigious for a man to be in love with many girls.

Nowadays, polygamy is no longer accepted, according to the western and Christian standards. However, Zulu men have not yet accepted western and Christian norms, whereas women have. They thus expect their husbands to abstain from extramarital affairs. This appears to be the main cause of conflict in the Zulu marital relationships.

## **2.11 THE STATUS OF THE ZULU WOMEN**

A woman is inferior in a Zulu community. The inferior status of women is believed to be evident in the institution of polygamy, child betrothal, the inheritance of widows and all procedures whereby women can be disposed of in marriage without their consent, in a division of labour which allots a large share of heavy work to women; and in the submissive behaviour expected of women towards their husbands, the generally recognised right of a man to beat his wife and the fact that marriage often involves little companionship between spouses. The common assumption is that women are oppressed and exploited, have little freedom of action, and accorded no respect. (Mair, 1969: 7)

With regard to conjugal relations, there is a fundamental inequality between husband and wife owing to the right of the man, inherent in a polygamous system, to take and cohabit with more than one women whilst a woman may never have more than one husband at a time.

According to a fundamental principle of Native Law, a woman is a perpetual minor. Zulu males disapprove of the emancipation of women. (Reuter, 1963: 161)

Being a minor also means being a child. A Zulu wife can be humiliated in any way deemed fit by the husband. When a woman was disobedient, it was considered by the ancient man that she ought in the first instance to be reasoned with, and that blows should be resorted to only when arguments fail. This rule is not always observed, especially by young men. A young man may beat his wife if he pleases. (Shooter, 1957: 83)

## **2.12 THE EFFECTS OF MODERN INFLUENCES ON THE ZULU MARRIAGES**

Though this examination of the Zulu marriage is in a historical perspective, it does not mean that all the practices and attitudes referred to have ceased to exist. Handling this in historical perspective indicates that the complexity of attitudes and practices which make up the institution of the Zulu marriage no longer persist as a coherent whole. Some practices have been abandoned altogether, others are still regarded as essential, though modern conditions make them very difficult to carry out, and under modern conditions the consequences are sometimes very different from those in the traditional environment. In some remote rural areas these rites are still practised as they are, while Zulus in the urban areas practise them selectively according to their environment.

2.12.1 The three aims of marriage in the Zulu community, have not changed. The birth of children appears to still be the main aim of marrying. Childlessness is attributable to the wife's barrenness. The sex determination of the child is believed to be caused by a woman. One hears statements like: "My wife does not give birth to boys". The majority of women accept this blame and feel guilty. This often leads to tension and depression. A wife may live with this guilt feeling for the rest of her married life.

The rural traditional Zulu also attaches an important religious aim to procreation. The birth of a boy is thus essential for the eternal existence of cognates and it is only the males who can perpetuate the existence of the departed.

2.12.2 The division of labour between the two sexes remains the same. The husbands maintain that domestic work is for the women alone, hence a woman is married in order to look after the family by providing food. A man who does work for his wife is looked down upon and ridiculed.

Modern life has however left husbands without much work to do because their work is outside. A diligent and hard working wife is highly commendable. Wives partly accept this thinking, though with reservation because they now believe that they need the assistance of their husbands since they are not both breadwinners, but this is contrary to the whims and fancies of the man.

2.12.3 The choice of a marriage partner is nowadays completely left to the boys and girls themselves. Parents no longer interfere. Consequentially many familial values have been flouted, and a society without values is fast emerging. Both sexes feel this is their right.

familial values have been flouted, and a society without values is fast emerging. Both sexes feel this is their right.

- 2.12.4 The marriage ceremonies are today regulated by the environment, be it urban, rural, and the economic conditions. There is now only one main ceremony, the wedding day. The relationship between the two families is thus no longer as strong as it was. They may even see each other for the first and last time on the wedding day. The history of the Zulu marriage has proved that where there is no strong bond between the families, it is easy for the married couple to break their marital relationship.
- 2.12.5 Ilobolo or bride wealth played a very important deterrent role in marital divorce, because it was in the form of cattle. Today, it is in the form of money, and thus not easily translatable into cattle value. Some families may ask exorbitant bride-prices. This creates ill-feelings in the mind of the husband. Money cannot be reclaimed in the event of desertion by the wife, and the husband's father-in-law can no longer charge his son-in-law for ill-treating his daughter.
- 2.12.6 The engagement parties, bridegroom and betrothal visits are no longer there to strengthen the relationship between the two families and the partners before they get married. The religious influence has led to the shortening of the engagement period. They get married before they fully understand each other.
- 2.12.7 Umncamo is partly and deleteriously done. The emphasis is now only on the slaughtering and eating of the meat. No prayers are offered and most important of all, no premarital counselling is done, a serious omission. Therefore many Zulu couples enter marriage without any knowledge of

- 2.12.8 The wedding takes one day and the speeches delivered on this day are usually hollow and lack seriousness. The marriage contract is usually not spelt out. It used to be stated what would happen in the event of a problem cropping up in the marriage.
- 2.12.9 The public admission of the bride that she is going to respect and submit to her husband, which was done symbolically by her dancing and breaking the *isiqindi* or spear in front of her husband and the audience, is no longer done. The elders would refer to this event when counselling in the event of problems cropping up. There is thus no longer any reference to any standard and norm during counselling. Wives are no longer interested in this practice because of its binding applications, while husbands would like this to be done. Wives don't believe in unconditional submission to husbands any more, there is a desire for equality with men, especially seeing they also bring in income at home. Men tenaciously adhere to the traditional belief that women should submit at all costs.
- 2.12.10 The apprenticeship of the bride under the mother-in-law whereby she learnt everything concerning marriage has been discontinued. Today's newly-weds are not interested in this practice, though their husbands are keen that their wives undergo this training under their mothers. Today's bride wants to be independent and free from interference by their elders.
- 2.12.11 Secret extramarital love affairs conducted by men are rampant. Most Zulu men are still deeply and inextricably attached to their past history, when men were free to have as many girlfriends as they liked, because it was honourable and prestigious to do so. The prohibition of polygamy seems to have complicated the situation and led to prolific clandestine love affairs.

This is extremely frustrating for wives who are no longer prepared to share their husbands with other women. Men seem to be enjoying the game.

- 2.12.12 The status of the wife remains the same, as she is still regarded as a minor by the husband, and it is difficult for this perception to change. This is exacerbated by the husband's opinion that they are superior and wives are inferior. Some Zulu wives no longer accept this inferiority status because they contribute very substantially to the running and maintenance of the household.
- 2.12.13 Some Zulu husbands still beat their wives as children are beaten for disciplinary purposes. Women reject this practice.
- 2.12.14 Husbands still enjoy infallibility and exoneration from marital error. For anything wrong in the marriage, the wife is blamed because she does not listen to and obey her husband. Women believe that husbands are mainly to blame for the marital problems today.
- 2.12.15 Zulu marriages in the majority of cases are basically still not aimed at companionship, intimate relationship and love. The place of the wife is in the kitchen where she must work and sit with her children. Wives express a need to be loved, a constant close relationship with their husbands. For men this is traditionally unacceptable, it is inherently not in them to do so. Deep down in the heart of women there is a deep cry for love, where love is translated into concrete actions.

## **2.13 CONCLUSION**

It was evident in this chapter that the Zulus had three aims in their marriage: the birth of children, the religious purpose and that women were needed for labour at home.



Therefore, a marriage which does not fulfil these aims may be doomed to fail or have problems.

Zulu marriages took a long process in order to prepare a bride psychologically. This involved many negotiations and ceremonies culminating in a wedding. During this process of negotiation and ceremonies, premarital counselling was done. This effectively prepared the bride for the hardship in marriage such as working hard in the fields and giving birth to many children. Modern life has short circuited this process, resulting in marriages of prematured partners. This state of affairs seems to contribute a lot to marital problems of Zulu couples. Most couples are not ready for marital relationships.

Ilobolo played a significant role in cementing the relation between the two families, bearing in mind that the bride married the entire extended family. The replacement of ilobolo cattle with money, and a short period of engagement seem to have weakened the bond between the two families.

There are problems which appear to have been inherited from the historical and cultural nature of Zulu marriages:

1. Zulu husbands did not marry for companionship, intimacy and interpersonal relationship. There was an emotional detachment between the partners. Most Zulu husbands still keep an emotional distance between themselves and their wives as a sign of strong manhood.
2. Husbands had an absolute authority over their wives which could not be challenged. This tendency still continues in most Zulu marriages today.
3. Cultural norms sanctioned husbands' extramarital sexual relations, and wives accepted this practice without any question. Polygamy was also accepted in the society. Most Zulu husbands still continue these practices which are no longer accepted by wives.

4. Men were not socialised to be responsible and to be part of the household. Their place was always outside either in courtship or in hunting. Modern life no longer accepts this type of life to which men still cling.
5. Women were given an inferior status in their marriages. They were regarded as one of the children of the family and were treated as such. Most Zulu men still hold this view that wives are children who may not be consulted when important decisions are taken.

These problems have had serious repercussions on Zulu marriages. It appears as if Zulu marriages are still founded on this historical and cultural background.

## CHAPTER 3

### THE CAUSES OF MARITAL PATHOLOGY

#### 3.1 INTRODUCTION

The marital relationship is important, and it closely approximates childhood relationship. It is in this area that individual adults make their most significant emotional investments, and from which they expect the most satisfaction. The eventual quality of the marriage depends on whether the needs the two partners bring to the marriage are met. (Jacobson, 1988: 4)

It may be argued that three levels of marriage contracts may cause a clash between the dyads; resulting in marital pathology. Berne (1961: 63-78) discussed the structure of marriage as divided into these three levels:

1. The first one is the formal contract between the spouses, which they sign and agree to at the marriage ceremony. Later this contract may be broken or violated as in the case of one partner having an extramarital affair.
2. The second level relates to the psychological contract which is tacit rather than explicit. On this level the couple agree to enter into a specific type of relationship such as the one taking parental function and the other, the child function. If this implicit contract is broken at any stage by one of the partners wanting to swap-roles or becoming more autonomous as occurs in successful therapy; then this will disrupt the marriage and necessitate outside intervention in the form of marital therapy.

3. Thirdly, the marriage is the secret contract between the two children, the contract of the script. Each partner seeks out the other on the basis of his suitability to give the appropriate transactional responses in order to play the required games which will ultimately allow each partner to live out his or her life script and hence the partners have complementary scripts.

In this chapter the psychological schools or approaches to the causes of marital pathology will first be discussed. These approaches indicate the extent to which marriages may be vulnerable to problems. Thereafter the specific causes or factors of marital problems will be discussed.

## **3.2 THEORIES UNDERLYING MARITAL PATHOLOGY**

### **3.2.1 Psychodynamic Approaches**

The psychodynamic approaches are apparently based on the depth analysis. Behaviour is explained in terms of the unconscious needs of the individual. Applied to marital conception, it is based on the premise that the choice of a marital partner is influenced by the unconscious need of the individual to get in touch with the split-off and repressed elements of his personality.

The inconsistency between the behavioural and verbal evidence provides grounds for believing that a split exists. A person may for example claim to love another while apparently behaving in an angry and sadistic way.

It is maintained that when two partners both use this type of splitting mechanism as their predominant defence, their marriage becomes a useful vehicle by which the conflict can be externalised either between themselves (one spouse expressing one side of the split, the partner the other) or between them as a

strongly identified pair on the one hand and the outside world on the other. It is argued on the basis of this conceptualisation, that the extent to which the marriage is satisfactory or conflict-ridden, depends on the degree to which these unconscious needs are fulfilled.

Marital pathology is then manifested whenever the partners' needs are not satisfied in the marriage. The great expectations which partners might have had when they entered marriage, might not have been fulfilled resulting in frustration and depression. This whole concept is based on the central ego concept.

In terms of this conceptualisation, personal norms and values, conscious judgements, beliefs and expectations are operative in the choice of a partner. The ongoing demands of each partner on the other hand, in their role of husband or wife continually test the consistency between consciously held attitudes and actual behaviour. Where conscious beliefs and role models are congruent with the individual's internalised world, there is likely to be a consistency between the couple's initial mutual expectations and their current experience of interaction. (Dicks, 1967: 30)

What seems to create marital problems according to this view, is the fact that partners perceive each other's roles and interactions in light of their early internalised world of experiences. The perception of incongruence and inconsistency between the consciously held beliefs and attitudes on the one hand, and the actual behaviour of the partner may cause the marital relationship to end in disarray.

There is a sense of complementarity suggested in marriage, when one partner is attracted to another because the latter seems able to express certain aspects of personality that the other has repressed and failed to integrate into his or her own

personality. Some couples may be attracted to shared developmental failures, others may choose partners who have achieved an equivalent level of immaturity. (Gerdes and Philips, 1975: 30) Therefore couples who experience difficulties may do so because those very qualities that drew them together are conscious experience of what, at an unconscious level, they each find difficult. Different behaviours may reflect what is in fact a similar unconscious difficulty, uninhibited behaviour may be a vigorous attempt to deal with exactly the same difficulties of reserve that a partner may respond to in the opposite way.

In accordance with this view, as stated above, marital problems are caused by the failure of the partners to tolerate each other, to be flexible in adapting to and accepting each other's changing needs and developing identity.

Psychoanalytically, most marital problems are caused by each partner's struggle to gratify the infantile impulses through the manipulation of the partner. Secondly, the partner's difficulties are often viewed as symptoms of unresolved childhood conflicts. (Wile, 1981: 19)

In terms of this view, it seems as if there are many instances where Zulu couples experience marital problems because of their needs which are not satisfied. This particularly applies to a man who marries a woman whom he expects to be docile and very obedient to him, and he meets a different person. A woman too may be expecting a husband who is loving and caring and meets a different, harsh individual. Both of these Zulu partners are actually responding to their childhood experiences and needs which were not satisfied. Both their childhood experiences are the same, because they did not experience an intimate love from their parents, because in a Zulu culture, children are kept at a distance, they must be heard and not seen. Consequently and invariably, a Zulu man is intolerant of his wife's needs due to his early childhood experiences in a Zulu culture.

### 3.2.2 Systems Approach

Wile (1981: 27) views the couple as constituting a system, and that their behaviour within the marital system will differ from their behaviour in other contexts.

Since the parts of a system are dynamically connected, the behaviour of any one part affects the state of all the other parts in reciprocal fashion. Thus the behaviour of one partner is co-determined by the other and vice versa. A system is also a complex of components in mutual interaction. (Greene, 1970: 7)

According to Jackson (1967: 139), in the early stages of a couple relationship, a sort of bargaining process takes place in which each spouse attempts to define and establish the relationship to their advantage and in their terms. The partners may thus develop a series of implicit rules by which they determine, among other things, who is to have control in which situations and what each is to give in return for what.

In the process of negotiating rules in the early stages of marriage, conflict can occur, over who has the right to set rules, and enforcement of incomplete rules or ambiguous communication about rules.

Haley (1963: 30) states that in view of the fact that the individual's expectations of marriage usually derive from the implicit rules in their families of origin, conflicts often arise from the struggle to reconcile these differing assumptions.

It is thus clear here that the problem in a marital situation may be the strife over who is to control the relationship and circumscribe the range of each other's

behaviour. No one may be prepared to lose this battle or compromise their held beliefs and norms.

Jackson (1967: 145) says that during this struggle for control over the marriage, relationship and communication between the partners may be very complex, especially in view of the fact that the partners have developed over time their own patterns of behaviour, habits and rules of behaviour.

In a systems approach, the marital dyad is seen as a sub-system of the family. The explanation of the marital pathology in systems approach, is done in the whole context of the operation of the system, which has a life and force of its own that is more than the sum of its parts. It is thus postulated that a change in one part of the system invariably leads to a change elsewhere.

Wile (1981: 27) states that this postulation leads to the generating concept of systems theory called circular causality in marital pathology, as against linear causality or cause and effect. In terms of circular causality, parties are seen as mutually reinforcing and shaping each other's behaviour.

The notion of the circular causality changes the picture. Each partner's behaviour comes to be viewed as a reaction or adjustment to the behaviour of the other. One partner withdraws because the second nags, while the second nags because the first withdraws. (Wile, 1981: 28)

It would appear in terms of systems approach conceptualisation, that the possibility of an "identified patient" is precluded. The partners' behaviour is caused not by their personal problems, but by the system. It is the system which causes marital illness and not the individual partners. Therefore changing the system may lead to a change in both partners' behaviour.



In the Zulu marriage today there appears to be a struggle, between the husband and the wife, with regard to who should prescribe rules and enforce them, because socio-economic conditions have elevated the wife to the same status as a man. Traditionally and rightly so, the man claims the authority, but the woman is powerful economically, as she contributes to the running of the home. According to this approach it is the clash of Zulu and western cultures which creates a system that causes Zulu couples to be in this conflict situation.

### **3.2.3 Behavioural Approach**

Behavioural approaches to marital difficulties are based on social learning principles and tend to view the marital relationship in terms of the mutual behaviour shaping it, subsumed in contingency contracting (Wile, 1981: 46). The current situational determinants of behaviour are emphasised, and the assumption is made that interpersonal difficulties may be understood by identifying those factors in the present situation that perpetuate these difficulties.

It is thus the faulty reinforcement behaviour which may create marital problems. Marriages become distressed because of communication deficit (Gerdes and Philips, 1975: 40). This is when a communication is received in a way that was not intended. The deficit exists only when intention and impact do not agree, not when they are both negative.

It is also assumed that marital difficulties arise from faulty behaviour change mechanisms and that conflict occurs because the demand behaviour from one partner is met with non-compliance in some way by the other. It is thus a lack of reciprocity between the couple which creates problems within the marriage.

The operant conditioning appears to be akin to a linear causality in so far as what the partner does, elicits a response from another. The marital illness therefore is caused by what one does and the reaction of the other. Secondly, social learning theory may be very important in this approach. What has been learnt may be continued to be done in spite of its negative effects on the other partner. What compounds problems is that the partner may not be aware that he or she rigidly adheres to a negative learnt behaviour, because it is conditioned behaviour in that particular pattern.

It would appear that most Zulu marriages which face problems lack reciprocity and mutual companionship. An intimate interpersonal relationship between the Zulu partners is not common, and this is caused by the fact that historically, Zulu marriages were never meant to be so. A Zulu wife does need love and care, but this is not met by an appropriate response. In most cases the relationship may be akin to that of master-servant.

A man's behaviour has been learned from childhood. In Zulu society males have been socialised, not to reciprocate love with a woman, not to be too friendly with a woman lest she undermines your authority as a man.

A contingency contract characterises most marriages. Wives are prepared to respect and submit, provided husbands are ready to love and care for them. Husbands are not keen to commit themselves.

### **3.2.4 Structural Approach**

The structural approaches related to marital relationships refer to the relationship between role perceptions, expectations and marital happiness. If the husband and wife have different expectations and perceptions of their spouse's role

performance, marital happiness will be fundamentally affected. Incompatibility in role expectations may indicate a conflict in other areas of relationship and thus possibly a high level of dissatisfaction with marriage. (Gerdes and Philips, 1975: 13) The role stress or strain that a person experiences when they find it difficult to meet the expectations and demands of a role, or set of roles, which may have been initially successfully negotiated may also be an important source of marital pathology.

The changing status of women highlights another structural factor, for with greater quality comes greater power. The economic dependence of women renders them powerless, comparatively speaking, in the marital relationship and confines them to traditional-gender-specific domestic roles. It is this structural position which makes marriage very stressful for women. The female partner labours under this powerful structure of her partner which psychologically constrains her. Thus wives react quickly to stress, they are emotionally reactive. Evidently marital harmony may be more central to women's psychological well-being, thus marital problems are more stressful for them. (Feldman, Grodman and Behrman, 1983: 140-145)

The argument here is that it is the structural arrangement of the family which puts female partners at a disadvantage, thus rendering marriage unbearable for them, which may often lead to marital pathology. Thus structural position is even pathetic in a Zulu society where the wife is regarded as a minor and made more dependent on the husband who may capitalise on his partner's powerlessness and dependency by deliberately depriving her of her rights.

Husbands gain power as a class, and not as individuals, suggesting that power distribution in marriage is determined solely by external structural factors which reflect an ideological element. This may be most frustrating to wives, who have

recently become more responsible than husbands, especially in a Zulu community.

It is generally argued that Zulu women are oppressed by their husbands and men in general. It is thus the structural arrangement which gives men power to oppress women. It is the structural arrangement which renders women powerless so that they are unable to defend themselves. Women cannot change this arrangement, and men too cannot change it, it was predetermined by their forefathers from time immemorial.

### **3.3 OTHER FACTORS UNDERLYING MARITAL PATHOLOGY**

#### **3.3.1 Socio-economic Factors**

The fast changing status of women in general and thus wives in particular has affected the married women's perception of their roles. Women had always accepted the position of the domestic wife. Concomitant with this position, was an unconditional submission to the husband. The man had power and authority over his wife. The economic dependency of the wife on her husband strengthened the man's power over his wife, and the latter's submission. The changing status of women as they have begun to work and gained financial independence has impacted on marital relationships. The husband is no longer the only source of economic support, and wives can opt out of an impossible marriage and still survive. (Dominian, 1980: 10)

The economic power of women has earned them freedom of expression even within marriage. They no longer have to suppress their feelings as a sign of submission and respect. It is the woman's expression of her feelings and dissatisfaction that often angers the man and thus strains the relationship. This

point is, particularly pertinent to the Zulu culture, where a man has always regarded his wife as one of his children and she was thus not free to express her dissatisfaction and feelings.

Education and western cultural values has taught Zulu women that it is socially acceptable to voice their complaints, whereas Zulu men perceive this as a challenge to their entrenched traditional power and authority over their wives. (Greene, 1970: 58)

The family constellation and the position of birth has been cited as one of the predisposing factors to marital pathology. Research has shown that some background factors are positively associated with pathology in marriage. Marriage in which the wife was the only child and the husband had grown up without a sister, are likely to have problems. (Gerdes and Philips, 1975: 3)

It is accepted that the spouses with marital problems identify the birth of a child as the time problems begin.

"The arrival of the first child is one of the most important events in this phase of marriage. The couple now becomes a triad; the wife has to learn how to be a wife-mother; the husband, husband-father."

(Dominian, 1980: 23)

The arrival of children brings with it a disruption and potentially difficult transition, and for many, children have a negative impact on marital satisfaction. Amongst the vast majority of divorced couples, research has proved that difficulties arose when the wife was still involved with infant care. (Gerdes and Philips, 1975: 8)

The nature of the difficulties caused by the arrival of children may be multifaceted. Children take time and energy that might otherwise be devoted to supporting the couple's relationship. The children's presence does not intrude into this intimate interaction, but creates a more complex social system, with greater potential for conflict and disagreement over issues related to child-rearing. The new parent may be ill-prepared for new roles and responsibilities, to which husband and wife may react differently, leading to a divergence of previously shared perspectives on marriage. Consequently husbands may begin to extend their activities outside the home, whilst the wife may give up work with all the social, economic and psychological changes to which that may give rise. There may be a disruption of social, domestic and sexual life to varying degrees. This transition may result in a level of stress that may ultimately lead to the break-up of the marriage. (Dominian, 1980: 7)

Childlessness is another serious problem in marriage. Having children is regarded as the normal thing to do - even as doing God's will. When a couple does not have children, they just don't have respect from the community. In a Zulu community this is regarded as an affliction. In Zulu marriages it may cause separation or divorce. Childlessness is one of the serious factors which brings about unhappiness in a Zulu marriage. In addition to positive social pressures towards parenthood, is the existence of a cultural negative stereotype of childless couples, which can generate problems of various kinds for a marriage, for example, feelings of stigmatisation and deviance and pressures from family and friends.

The "wifeness" of a wife is proved by the ability to bear children. Involuntary childlessness may induce feelings of failure in a Zulu man who is infertile, and this may lead to stress on all aspects of the marriage. Therefore research proves

that childless marriages may be more divorce-prone. (Gerdes and Philips, 1975: 35)

The changing status of a woman seems to be unaccepted by men, because it is giving women in a Zulu community, freedom of expression and raising them to the same level as men. This has been made possible by the economic independence of women which has caused them to rebel against unconditional submission to the authority of men.

### **3.3.2 Sociocultural Factors**

Culture refers to the sum of knowledge, beliefs, idea, values and practices prevalent in a specific society. (Jarvis, 1983) It is important to note that it is a dynamic phenomenon affected by the pressures of changing technology, the forces of economics and political ideology.

All cultures have undergone a tremendous change in the face of changing technology and political ideologies. These changes have impacted on the marital relationship. Western cultures have emphasised and upheld monogamous marriages since the Victorian era. This way of life was also spread to the African society through the process of westernisation.

The Zulus have been negatively affected by their deculturation and aculturation by the west. This resulted in the loss of their values and norms. There are socio-cultural factors which destabilise their marriages today.

#### **3.3.2.1 Polygamy**

Polygamy was once a recognised institution, and was honourable and prestigious. (Mair, 1969: 18) It is now no longer acceptable to the Zulu

Christian and western community. The Zulu women of all classes reject the practice of polygamy as they are no longer willing to share their husbands with other women. It appears to be men who still cling to it. (Torday, 1975: 258-259)

### **3.3.2.2 Social status of women**

Zulu women are still regarded as minors, though they are playing a very important role in the financial sustenance of the family. They are still not consulted in important decision-makings. (Reuter, 1963: 153) For women to be free, they must understand the source of their oppression and how to control it. The family battle going on in a Zulu family is about this struggle for freedom. (Torday, 1975: 258-290)

### **3.3.2.3 Ilobolo**

The notion that the bride-payment pays for the child has complicated the marital relationship in a Zulu family. "Ilobolo buys children..." (Reuter, 1963: 218) Men thus expect the wife to give birth to children, because she was paid to do so. It is difficult to uproot this way of thinking from the minds of men. (Boerakker, 1973: 142-157)

### **3.3.2.4 The choice of a partner**

This was originally done by parents, but now parents do not interfere. Consequently young men make immature choices. The brides no longer serve apprenticeship with their mother-in-law. It is this lack of guidance which seems to have exposed marriages to many problems.

### **3.3.2.5 Wedding and ceremonies**

There was a thorough preparation which was made in order to cement the bonds between the two families, and this has since collapsed. A serious



omission has been made with regard to premarital counselling. Young brides enter marital life without any induction, and thus they fail.

### **3.3.2.6 Alcoholism**

It was an accepted practice that men should drink beer, and this was life to them. But even when intoxicants were introduced, men still continued to make drinking their way of life. This has an effect on their marriages because they become addicted to it in their households.

### **3.3.2.7 Marital relationships**

Men did not marry for mutual companionship, and this has continued to affect the relationships. They seem to be naturally unable to express love in an intimate manner. This causes many marital relationships to be cold and boring for women. Marital breakdown may also be caused by increasing disregard for ancestral customs and the new freedom from the fear of traditional sanction - the inevitable concomitants of cultural contact. (Gray, 1956: 267-277)

## **3.3.3 Personality Factors**

Personality plays a very extensive role in either stabilising or destabilising marital relationships. This is because "personality represents those structural and dynamic properties of an individual or individuals as they reflect themselves in characteristic responses to situations". (Pervin, 1970:2) It is the dynamic organisation within the individual of those psycho-physical systems which determine his characteristic behaviour and thought. (Allport, 1957: 3) It is that which permits a prediction of what a person will do in a given situation. (Cattell, 1963: 2) These definitions suggest some consistent manifestation of behavioural patterns, through which an individual is known. There are difficult personalities which are not easy to deal with or handle. Some of these would

appear to show some psychopathological traits because they are unable to learn from past experiences. They continually repeat the same mistakes which led to discomfort and inconvenience in their lives. They find it difficult to change or evaluate their lives. Others are doing so because they are sick and deviant. Such personalities are bound to make unhappy marriages if they marry each other.

### **3.3.3.1 Personality configuration**

DSM-111 lists twelve personality disorders, which are as follows: paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, compulsive, passive-aggressive and atypical. (Greene, 1970: 120) Greene (1970) discusses some of these personality configurations and relate them to marital problems.

#### *3.3.3.1.1 Neurosis*

Marital pathology is particularly caused by personality disorder. This includes a variety of traits such as dependence or symbiotic relationship, passiveness, aggression, immaturity, histrionism, paranoia and obsession. All these traits of personality may impair marital relationships.

The neurosis has been mentioned in a lot of research as one of the main causes underlying marital pathology. It is "neurotic when the past overwhelms the present or when the conflicts of the past re-enacted in the present, produce maladaptation and symptoms". (Sholevar, 1981: 48)

Studies of the effects of neurosis on marriages have been established. (Kreitman, Collins, Nelson and Troop, 1970: 33) These studies have demonstrated that neurotic disturbances impair marital relationships. Some of the studies support psychoanalytic approach in explaining the

causes of neurosis in marriage. Psychoanalysts elucidate these causes on the basis of psychosexual development at the early stages and how this affects the interaction in marriage.

It can be stated briefly that each person in a marital transaction brings to it personality which is at that moment the product of his genetic background, his drives, the vicissitudes of his drives and the results of his many experiences with his parents, siblings and others. The complex, diverse forces of the psychic apparatus are sometimes successful in achieving biological adaptation, satisfaction and happiness. At other times, the inner forces are intrinsically incompatible and conflictual, and behaviour is marked by the symptoms arising from an attempt to compromise the conflicts and an unsuccessful trial at involving other people in the present to solve the conflicts and gain satisfaction. (Sholevar, 1981: 482)

Neurotic symptoms such as dependence, passiveness and immaturity may strain the marital relationship. Both partners may share similar traits and pressurise each other beyond their capacity to cope. A spouse, as already stated earlier on, may outgrow these traits and no longer relate to a partner who was initially chosen to fit with them.

A spouse with schizoid and paranoid traits find it difficult to form a close warm relationship, he or she is suspicious of betrayal and is often jealous. The combination of emotional detachment, suspicion and jealousy is particularly difficult to relate to.

Histrionic and obsessive traits are both associated with considerable anxiety. A histrionic personality has repeated dramatic outbursts

demanding attention, makes accusation of infidelity, and threatens to leave. The obsessional personality expects life to be subordinated to order, tidiness and cleanliness, pays little attention to feelings and often experiences considerable sexual difficulties. (Dominian, 1980: 39)

Aggression may be physical or verbal and often accompanies personality disturbances and is important in causing eventual marital discord. Studies have found that neuroticism is associated with marital breakdown and poor marital adjustment, as measured by the gap between affection given and received. A neurotic husband tends to lack reliability and is emotionally irresponsible, impulsive and antisocial. He is also likely to sulk, make scenes and be aggressive. Such husbands also resist their wives' independence which thus restricts their leisure activities. The inability of the wife to escape from her husband's constant neurotic behaviour may contribute to her marital tension. (Dominian, 1980: 40)

Some of Greene's (1970) personality configurations are relevant to marital pathology, and thus need attention.

1. The obsessive personality demands perfection, thus where one partner demands this perfection, marital life becomes unbearable. This illusion of perfection for security results in personality compulsivity and rigidity, that "one must never make an error or admit a deficiency". Thus any threat internally from a partner would result in varying degrees of anxiety.
2. The paranoid personality is a deeper disorder and more serious. It involves an unjust accusation of infidelity by a suspicious partner. Thus the couple usually quarrel over suspected infidelity for years.

3. There is also the paranoid psychotic reaction with severe distortion of reality and bizarre complaints, such as "I am very jealous".
4. There is also the mild to severe hysteria. The hysterical personality usually refers to females. The male types are characterised by seductiveness, histrionic behaviour, excitability, marked emotional liability, often taking the form of emotional storm, and extreme forms of dependency, which are manifested in clinging and demanding interpersonal relationships.
5. The fifth type of personality configuration includes sociopathic and dyssocial. The individuals are usually indifferent to the impact of their behaviour on others since they lack shame and remorse. They can rationalise very well, speak convincingly because they are intelligent.

These are general personality problems which affect all marriages irrespective of race and nationality. Paranoiac behaviours seem to affect Zulu women more than all the others because of the high rate of infidelity and mistrust of their husbands. On the other hand men have shown incredible psychopathic behaviours in their treatment of their wives. Battering and psychological torture of some Zulu wives reflect this psychopathic symptom.

#### 3.3.3.1.2 *Psychoses*

Psychoses is one of the symptoms of personality disorder often experienced by spouses. A syndrome of morbid jealousy sometimes associated with schizophrenia is characterised by a delusion of jealousy almost exclusively sexual. The delusion consists of the absolute certainty of the sexual misbehaviour of the spouse confirmed by the evidence which may be stains on underclothing, telephone numbers in diaries or receiving telephone calls or making calls, innocent letters, and even the most bizarre

evidence is acceptable. The delusions occur in a variety of pathologies including psychoses, brain damage, alcoholism and disturbed insecure personalities. These symptoms tend to be enduring and usually play havoc with the marital relationship. (Dominian, 1980: 40)

The psychotic behaviour of the Zulu marriage partners is very common especially in the urban and civilised communities. This symptom appears to be very prevalent among those Zulu female partners who have partners who experience sexual problems such as infidelity and promiscuity. This type of behaviour destroys trust of the husband in the female partner. Such female partners are usually regarded as being very jealous. The wife begins to suspect even the telephone calls to the husband believing that they come from private lovers. These wives would always search for letters in the men's pockets to see if there are no letters from other women. Innocent letters are taken as proof that this husband is in love. This psychotic behaviour is gradually becoming very common among the Zulus. It is caused by the rapid increase of infidelity and desertion of homes by husbands.

#### 3.3.3.1.3 *Self-concept*

Researchers agree that self-concept plays an important role in determining behaviour in general. The self-concept is the core of personality organisation. Therefore the degree of marital adjustment of spouses may not only be a reflection of their ability to assist each other in maintaining and enhancing the self, but also an indication of their adeptness in prevention of threat to the self-concept. (Aller, 1962: 43) Studies such as this one above have thus indicated that the self-concept plays a significant role in marital life and adjustment. It is thus in the writer's

opinion, an important factor in marital relationships because of its influence on behaviour.

Self-concept can be defined as "a value-based cognitive affective symbolisation of the organism growing over time through maturation and accretion of experience". (Jacobs and Vrey, 1982: 21) It is further stated by the same authors that precept like saying Siphos is a good boy, for an example, or is an ugly boy or sad boy, have been cognitively processed with traces of affect arising from interaction with the environmental agents that helped structure the concept.

This concept is supported by Jackson (1971: 17) when he says:

"Self-concepts are many faceted concepts, forming the parameters within which at conscious behavioural levels, cognitive processes operate. Self-concepts are the organism's symbolisation of itself. Functionally self-concept consists of a series of personal beliefs and attitudes, that dispose the organism to act-react to itself as does to any object in its environment."

Broadly defined, "self-concept or self-structure may be thought of as an organised configuration of perceptions of self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities, the precepts and concepts of the self in relation to others and to the environment, the value qualities which are perceived as having positive or negative valence". (Rogers, 1965: 136)

A very pertinent definition of self-concept is given as a "configuration of convictions concerning oneself and attitudes toward oneself that is dynamic and of which one normally is aware or may become aware".

(Vrey, 1979: 47) It is also maintained that self-concept is the focal point of relationship in the life-world. The concept of relationship plays an important role for any person especially in marital relationships. Self-concept may be likened to a map of a region, the self. Each personality trait is revealed in terms of a person's self-concept. If personality is the "radiant force" emitted from the core of the person, the self-concept is the lens focusing this force on personality traits. (Vrey, 1979: 47)

The formation of self-concept entails a certain dynamo, the force or power or strength. This force is not always equally strong, hence the self-concept is not static. The dynamics of the intrapsychic dialogue causes the self-concept not to be static. The power of the intrapsychic dialogue mobilises the self-concept to move between two poles, the negative and the positive. This is done via the pedagogical essences of the experience, involvement and significant attribution. There is thus a continuous interaction between the self-concept and self-actualisation or behaviour.

The essences of experience, involvement and significance attribution are the determinants of human behaviour. The three essences are the essential determinants of marital interaction in the families or in marriage. Each partner attributes meaning to a situation or message during their communication process. The spouse attributes meaning to a behaviour of his or her spouse which will determine his or her response and behaviour too. It is thus this attribution of meaning which will determine his or her degree of involvement in this marital relationship. It will also depend on the favourable or unfavourable experience obtained from this involvement. The way a partner attributes meaning to, becomes involved in, and experiences the marital relationship triggers a continual interaction between the self-concept and self-actualisation, resulting in a certain



behaviour. It can thus be stated that a negative self-concept in a partner triggers a problematic behaviour in a marriage. A partner who experiences the self negatively either withdraws from the relationship, or feels insecure and thus becomes aggressive or depressed.

The essences such as involvement, experience and meaning attribution seem to play a very influential role in the marital lives of the Zulu couples. Most marriages of the Zulus seem to be plagued by the fact that the Zulu husbands enjoy the company of their friends outside their homes more than their wives. For most of the time they are out and not at home. Secondly, private love affairs seem to be very common. Thirdly drinking is a serious problem.

The majority of Zulu wives appear to interpret the behaviour of their husbands with reference to their inadequacies, they blame themselves for it. They think they are not attractive enough, they are sexually unattractive, hence husbands don't love them. They thus experience themselves negatively. They feel inferior and thus withdraw from their partners. Sometimes they withdraw on account of their paranoiac behaviour. Therefore the meaning they attribute to the behaviour of their husbands causes them to experience the following in their self-concept:

- ♦ A partner with a low self-concept complex may possess little or no trust in himself or herself and this may be extended to others in his surrounding, especially his or her partner.
- ♦ He may experience an inferiority complex and self-rejection and thus rejection of spouse.
- ♦ He projects his or her low or negative self-concept on the external world, including his or her partner.

- ♦ He may be continually preoccupied with his or her own weakness and inadequacy, and thus withdraw from his or her partner.
- ♦ He or she refuses to be involved in any relationship.
- ♦ He shows weak self-acceptance. As a result of these factors the person is prone to be alone and withdrawn. This creates serious marital illness.
- ♦ His ability to show love becomes permanently inhibited because his or her partner fails to provide warmth and affection when it is needed most, and this is a serious problem of Zulu husbands who do not always show and express love to their wives.
- ♦ He or she believes that he is not in control of his life's circumstances, and thus feels hopeless and powerless. A Zulu wife may constantly experience this in her marriage.
- ♦ He may thus have the tendency to reject his partner.
- ♦ He or she may be aggressive to his partner.

### **3.3.4 Emotional Factors**

The emotional factors overlap with many other personality traits which are held responsible for contributing to marital pathology. These factors are regarded as the most contributory in a deteriorating relationship because they cause a gradual emotional alienation between the couple. The emotional difficulties are an interaction in which the minimum emotional needs of the couple are not met. (Dominian, 1980:29)

According to Greene (1970: 67) the most frequent complaints among the couples, two decades ago were unfulfilled emotional needs. Currently this complaint is third in frequency and is occurring in 50% of the dyads being treated. Women again complain more of unfulfilled emotional needs than do

men, in a ratio of 3 to 2. The frustration from unfulfilled emotional needs centres within each person's inner child. The dyadic discord can result when the inner child feels that the dyadic partner is overtly critical or abusive or when a person feels she is unlovable.

Greene (1970: 67) further maintains that somewhere and at some time everyone was a child, at the same time, he noted that adult distress, unhappiness and much dyadic discord often stems from ignoring our lives as children, discovering our childhood or omitting it in our adult consideration of ourselves and others. The ongoing voice of the inner child influences, often determines, and frequently dominates the individual's relationships.

Thus when people disown, ignore or dismiss their inner child's emotional needs, or when they try to overcome these by scolding and belittling themselves (often through a silent and internal dialogue), discord and emotional frustration often result.

Greene (1970: 68) gives six emotional needs in order of their frequency:

1. Frustration of dependency needs.
2. Making the inner child feel inadequate. In research it was found that a large proportion of wives than husbands (20% - 89%) reported that they feel they were degraded by their mate.
3. Making the inner child feel unlovable. Bannister (1955: 28) states that marriage is primarily a love relationship. Most difficulties which lead to marital breakdown can be seen as disturbance of emotional equilibrium, ultimately the balance of love and hate, of positive and negative impulses - between the two partners. Its success depends on the last resort on the partners' capacities for an emotional give-and-take of a maturing kind.

Trust is an indispensable variable, without which no intimate relationship can survive. This variable was also expounded by Erick and Erickson (Hamachek, 1979: 35) in his theory of child development. It is thus maintained that partners who might have experienced inadequacy of trust in their childhood will have problems in a marriage where their spouse fails to communicate well, and reveals uncertainty and indecision. Marital conflict may result from one partner feeling continuously insecure because of late arrivals of one partner, unknown whereabouts and inconsistent behaviour. These factors may lead to anxiety, depression or aggression.

A delicate balance between independence and dependence between the newly-weds is an important factor. Excessive dependence on a powerful, assertive and dominant partner is a common problem. This may suit the couple at the beginning of their marriage, though the problem may arise as the submissive partner gradually gains self-confidence and self-esteem and outgrows her or his dependence. If the dominant partner does not recognise and accommodate the changes in his partner, relationships begin to be tense. The growing partner begins to feel trapped and that her newly-found identity is denied her, she may feel she is being treated like a child and invalidated and may thus become angry and aggressive. The oppressed partner may gradually lose feelings for his or her partner and withdraws into his or her shell, and a vicious circle of marital conflict and disharmony begins. (Dominian, 1980: 30)

It has also been found that some spouses who fear domination may choose kind, considerate, passive and easily controlled partners. The dominant takes initiative in running the home. After a number of years the dominant partner becomes fed up with the passivity chosen, and begins to provoke the partner to activity and initiative. This reversal of roles becomes a problem when this partner is bullied and blamed for the very qualities for which he or she was chosen.

Some spouses enter marriage lacking self-esteem, self-confidence in their intellect and appearance, and have a paranoid personality. Such individuals may have married partners who are inferior to their genuine potential, someone below their educational or social level, someone who is unattractive or worse still, someone who does not communicate affection. These spouses may be consciously in need of approval, affection and affirmation. Subsequently these needs may reach consciousness and create conflict, which is experienced as tension, hostility, or depression, because they want approval and affection from their spouse and do not know how to seek or ask it.

The emotional needs in a Zulu marriage are the ones which appear to underlay some of the marital problems. It has been stated already that a Zulu marriage was not characterised by intimacy and companionship. The wife was kept at arms length, only called closer when there was procreational need. This attitude has continued to exist in most of the Zulu men. Emotional needs therefore can be cited as one of the causes of dissatisfaction of Zulu wives. Their marriages are always cold and they are kept at a distance by their husbands.

The question of independence and dependence is also pertinent in a Zulu marriage, where a man chooses a woman he thinks he will dominate because she looks docile. When she gradually grows and outgrows this trait, and claims freedom to decide and question things he does not understand, he may then feel threatened and refuse to recognise this newly-gained freedom.

### **3.3.5 Sexual Factors**

Researchers have found that sexual problems were fourth in frequency of dyadic complaints although stated in 80% of the couples by either one or both partners.

Thus writers such as Gerdes and Philips (1975: 75) and Brannen and Collard (1982: 487) agree that a sexual problem is one of the main causes of marital pathology. They further concur that there are few marriages in serious difficulty without sexual problems.

They have found in their research studies that both husbands and wives were almost equally likely to mention sex as constituting a significant difficulty. It was almost always implicated in the marriage problem. (Brannen and Collard, 1982: 487)

An adult's sexual activity represents the epitome of his personality. If all goes well in this area, a state of health is reflected and if there is not a state of health then in some fashion sooner or later the sexual life reflects the illness. For healthy people, the sexual life opens a way in the most gratifying of its intimacies for a kind of obliteration of time and separateness. (Astley, 1959: 39-50)

From the preceding, it appears very evident that sexual satisfaction is very important. Research done among English-speakers overseas found that about 12% - 21% of wives were initially sexually dissatisfied in marriage. It is at this time that there is a combination of sexual problems such as non-consummation, premature ejaculation, and partial or complete primary impotence. (Dominian, 1980: 76) Failure to enjoy or experience an orgasm, emotional difficulties, inability to relax associated with a level of anxiety, fear of pregnancy, and occasionally complete disgust with sex are common factors underlying sexual problems. Sometimes wives may complain about their husbands' excessive sexual desire and husbands may retaliate by grumbling about their wives' indifference.

Since sexual satisfaction, as stated above, appears to be an important part of marital happiness, a continuing absence of pleasure will gradually erode the relationship.

In an American study of 100,000 women, 94% of the wives who said they were mostly happy described the sexual side of their marriage as good or very good and conversely, 53% who reported a poor sexual relationship were mostly unhappy in their marriage. This study also confirmed by the British study where in a sample of stable married women and men, 96% of the women and 98% of men claimed that the sexual side of their marriage was satisfactory. (Dominian, 1980: 27)

It can thus be stated that emotional or neurotic problems in marriage are a corollary of sexual problems. Sexual problems often harbour an emotional misery that goes far beyond the sense of missing pleasure and satisfaction. It indicates a sign of not being loved, of deep-rooted insecurity in one's sense of self-esteem, feeling of humiliated and mistreated masculinity or femininity. Relationships are thus more vulnerable to sexual problems, they seem to be more dependent on sexuality and its related affects. Couple relationships are dependent on emotional and narcissistic sources. Emotional and satisfaction, warmth, protection, love sexuality and intimacy are vulnerable to interference and are more at risk than are material sources of satisfaction. Relationships and sexuality provide the assurance that one is worthy of being loved and confirmation of one's masculinity or femininity. (Arentewicz and Schumidt, 1983: 3)

Most of the Zulu marriages appear to be infested with the sexual problems such as the following:

### 3.3.5.1 Infidelity

In almost every marriage, critical times will come to threaten the relationship. As the man's energies are claimed more and more by urgencies of his career or job, or as the women are taken up in bearing and caring for children, one or the other may suffer pangs of deprivation and the feeling of being rejected or not mattering. When such a constellation passes the point that exhausts patience and efforts to understand and comply and collaborate, real trouble arises. Then the renewal of mutual delight is elusive and out of pique, and may even be spurned; but the childhood yearning becomes increasingly assertive, and a "more understanding or 'more giving'" partner is sought. In the very seeking lies the inconsistency or infidelity. (Astley, 1959: 39-50)

Infidelity is "lack of faith, trust or loyalty." (Greene, 1970: 172) It remained the seventh most common dyadic complaint two decades ago. One out of five complained of unfaithfulness.

Infidelity as applied to marriage, is generally taken to connote adultery. It can be argued that adultery, if it occurs, is only an evidence of a relationship already terribly stressed and torn. It is thus correct to say that infidelity is a broader term which contains sexual infidelities. Sexual activities and satisfaction are only a culmination of a life of fidelity and satisfaction in marriage.

Greene (1970: 176) states that the motivating forces of infidelity were found to be either conscious or unconscious and present in different combinations.



The conscious forces present in terms of frequency were as follows:

1. *Sexual frustration*

Most of the Zulu wives seem to be sexually frustrated. They accuse their husbands of frustrating them by keeping them at arms length. Over and above that, Zulu husbands are also accused of being cold, not expressing love to their wives, and above all, they are often away from home. This sexual frustration causes daring wives to fall into adultery.

2. *Curiosity*

Zulu husbands involve themselves in private love affairs because they claim to be curious, they want to experience how it is to get involved with another woman. They complain of boredom in sticking to one partner.

3. *Revenge*

It appears as if in most cases of the Zulu infidelity, revenge is the aim. One partner is not satisfied with the other's behaviour at home. As a way of inflicting punishment on this one, he starts extramarital affairs. In return for this, the other partner would do the same. This circular causality creates a very volatile situation at home.

4. *Enmity - monotonous, boring and tedious partner*

Zulu husbands maintain that to cleave to one partner is sexually monotonous, boring and tedious. It is in the pursuit of sexual variety that they become involved in extramarital love affairs. This is confirmed by their historical and cultural background, when the Zulu men prestigiously practised polygamy.

5. *Recognition seeking*

This point is linked with the historical and cultural background of the Zulu men. It was an honour to be in love with many women and thus to eventually marry them. Men would gain public recognition through this practice of polygamy. This mentality seems to be still at work today, but

it is now no longer a quest to be recognised by the public as such, but by women. They want to be seen to exist and to be womanisers.

The following forces are common with every race and ethnic group and they thus apply to the Zulu couples as well.

1. Seeking stroking of the inner child.
2. Rage at a partner or parent.
3. Proof of masculinity.
4. Expression of immature personality.
5. Severe personality disturbance.

#### **3.3.5.2 Hypersexual Desire**

This is one of the main problems of some women whose husbands are so hypersexual that they cannot cope with their demand, hence the desire to revenge by going out. Apparently this is a learned habit or operant conditioning by the Zulu men. The writer does not agree with Greene (1970: 176) when he says that hypersexuality can be a symptom of a psychiatric disorder and even organic brain damage. For the Zulus at least, this appears to be the result of sociocultural upbringing.

Extramarital sexual intercourse which is part of infidelity threatens marital happiness and stability, and those who do it usually experience marital difficulties which sometimes lead to divorce. Men in particular are extremely intolerant of sexual infidelity. The Zulu culture would even support a husband who divorces or even beats his wife because she was caught in adultery, but the converse is accommodated in the Zulu culture. A man is entitled to enjoy extramarital intercourse. This attitude emanates from the history of polygamy in the Zulu culture and community. Westernisation and urbanisation of the

Zulus have transformed the thinking of women. They no longer accept the polygamous activities of men, they no longer accept that they should share their husbands with another woman. On the other hand, men consistently find it difficult to adjust themselves to the western monogamous life. Consequently "covert polygamies" are practised by husbands. Extramarital love affairs are innumerable, causing tensions in many marriages.

A monogamous life appears to be so difficult to adjust to, that even some of the men who have accepted the Christian way of life, seem to find it difficult to adjust to monogamy, hence working against expectations, and this is more damaging to these marriages, than those which are regarded as non-Christian.

### **3.3.5.3 Infidelity, Neurosis and Psychosis**

There may be many ramifications of neurosis and psychosis in connection with infidelity. One type of problem can be a man who in illness deeply doubts his masculinity and potency, and may be forced to reassure himself by a series of superficial liaisons with many women.

These liaisons with many women have bogus aspects because they lack even evanescent mutuality and are at an almost masturbatory level. By the same token, a woman who has never been fortunate enough to really know that she is acceptable, may seek reassurance through promiscuity. When the twisting of fantasy and fear have been altogether too great, hatred and sex may combine to bring about rape, murder and suicide - a dreadful travesty of the deep need of men and women to love and be loved and a frightful distortion, prompted by fear and rage, of the healthy yearning to love actively and yet find a way to be close and quiet and safe.

This type of problem is not easy to notice among the Zulus because it is unobtrusive and is regarded as disgraceful to talk about. It is also true that many Zulu women who think they are not attractive enough to draw attention of men to themselves do go about seeking reassurance through promiscuity. Some men who doubt their masculinity do go about having superficial relationships with many women in order to reassure themselves and prove that they are masculine.

### **3.3.6 Religious Factors**

There is a strong argument in research that religious factors play a very important role in marital pathology which often results in divorce. In 95% of all divorce cases, either one or both partners did not attend church regularly. In regular church families, only one marriage in fifty-seven fails, because it is maintained that the family who prays together stays together. Greene (1970: 164) supports this view when he says that "observations indicate a positive influence of shared religious beliefs upon harmony in dyadic relationships. Attendance of religious activities usually reinforces the cohesion of the couple." There have been three factors which have been attributed to marital pathology and high rate of divorce.

#### **3.3.6.1 Declining religious commitment**

The overall trend in religious indicators implies continued secularisation, punctuated by periods of discontinuity. It has been suggested that if religion inhibits marital dissolution, an overall decline in commitment should result in increased rates of divorce through the weakening of religious constraints, relative to other sources of social integration. (Shrum, 1980: 135-147) As the population becomes less committed to the values and beliefs of traditional

religious institutions, structures against marital dissolution will have decreasing relevance, resulting in an upswing in divorce.

### **3.3.6.2 Changes in the nature of the religious belief system and its relation to secular values**

As the church begins to relax traditional imperatives regarding the sanctity of marriage, the divorce rate might increase by virtue of a change among the highly committed in the direction of more favourable attitudes toward divorce.

High levels of religiosity would no longer be incompatible with a belief in the morality of terminating an unsatisfactory marriage. Alternatively, if religious constraints against marital dissolution remain powerful, while secular pressures favouring it increase, strain may be introduced into the marital relationships of the relatively less committed, leading increasing numbers of the nominally religious to dissolve marriages. These two possibilities can be summarised in the hypothesis that the strength of the relationship between religious commitment and marital stability is changing.

### **3.3.6.3 A convergence of denominational difference**

It is maintained that a convergence is taking place between Catholics and Protestants in both attitudes and separation behaviour. This is based on reduced denominational variation. This convergence is attributed mainly to decline in Catholic devotion and religious orthodoxy since the Second Vatican Council and the 1968 birth control encyclical. The continued liberalisation of the Catholic position on marital dissolution is indicated by recent redefinition's of grounds for annulment and the discontinuance of automatic excommunication for the remarried by the US. National Council of Catholics Bishops. The last two factors were not supported by the research findings.

The first factor or explanation was supported by the following studies by Shrum (1980: 135-147)

ANALYSIS

**Figure 1**

**Marital history by frequency of church attendance**

Marital history (N-6935)	Church attendance		
	% Low	% Medium	% High
Intact marriage	65.5	73.3	81.9
Ever-divorced or Separated	34.5	26.7	18.1

The table above presents the joint distribution of marital history by frequency of church attendance for ever-married respondents. (N = 7, 029) The proportions reporting they were divorced or separated were 34% for those attending church less than once a year, 27% for those attending once to several times a year, and 18% for those attending monthly or more. Clearly, frequent religious participation was linked to a decreased probability of marital instability.

(X = 1617) Statistically significant at the 0,001 level.

The question of religion is crucial in Zulu marriages. The Zulus had a strong belief in the influence of religion upon their marriages. It has been seen how ceremonies were conducted and the frequency of prayers in all the ceremonial events. This indicates that the success of those marriages depended on religious beliefs. The advent of Christianity and western civilisation removed the Zulu's tenacious belief in their religion. Unfortunately, they have not at the same time accepted Christianity, nor do they believe wholeheartedly in a Christian God.

They are thus dangling in the air, believing in neither their traditional religion, nor Christianity. Consequently the majority of Zulu men do not attend church services. Therefore religion has very little or no influence on the Zulu marital life, hence the alarming rise in disregard of marriage.

### 3.3.7 Communication

Communication is the process involving the transmission and reception of symbols eliciting meaning in the minds of the participant by making common their life experiences. (Baird, 1977: 6)

"One of the most serious problems in marriage and a prime cause of divorce lies in the inability or reluctance of couples to communicate." (Van Pelt, 1980: 77)

The researcher maintains that communication in general may not be the cause but the effect of marital problems. Jackson, (1967: 139) is right in saying that one cannot not communicate. This is because one communicates verbally and non-verbally.

Communication is however taken as the commonest cause of breakdown in marriage. "For whether we are considering personality problems, sex or any of the things that cause, or are involved in a marriage breakdown, defect of communication is there too." (Preston, 1968: 27)

It is maintained by Bardill (1966: 70) that the vehicle for studying relationships in marriage is apparently, communication. Couples with marital problems tend to communicate progressively less as their conflict deepens.

This view of communication is different in the context of Zulu marriages. It is the directional flow of communication which causes problems in Zulu

marriages. This flow of communication is deeply embedded in the cultural history of the Zulus. It is believed and maintained by the Zulus that a wife is a minor, she is one of the children, and thus her ideas and opinions are not considered in decision-making. Thus communication is downward from top, the husband. As a result of this directional flow of communication and the fact that a wife's opinion is not accepted in most marriages, a wife simply keeps quiet and plays a passive role, even if she is not satisfied with the decision made by her husband. Such a decision therefore causes resentment in her which may be suppressed, but this cannot be permanently suppressed, it explodes one day, and such an emotional outburst is extremely abhorred by a Zulu man who may beat the wife.

In summary, it may be hypothesised that the following are the main causes of marital pathology of Zulu marriages:

1. Sexual factors with special reference to infidelity.
2. Heavy drinking by husbands.
3. Personality problems of both partners.
4. Communication.
5. Emotional factors such as aggression by husband and coldness towards their wives.
6. Childlessness.
7. Dissatisfactory support of the family by a husband.
8. Sociocultural factors such as treating a wife as minor to be seen and not heard.
9. Socio-economic factors, which include the growing economic independence of women which threatens the power and authority of men who capitalise on the dependence of women on them.
10. Religion does no longer play a pivotal role in the lives of Zulus, hence marriage is no longer held in high esteem.



### 3.3.8 Conclusion

Theories underlying marital pathology were firstly divided into, general, such as psychodynamic, behavioural, systems and structural approaches; and secondly, the specific factors. The general approaches appear to suggest that it is either a historical or early childhood experiences which predispose Zulu couples to marital problems; or it is the circumstances under which they find themselves which cause marital pathologies. Some unconscious needs tend to influence the behaviour of the couples. It would also appear that a circular causality could be used to explain the causes of marital problems, but behaviourally a linear causality can be used to explain marital illness because what one partner does elicits a response from another. Therefore, some Zulu marriages may lack reciprocity and mutual companionship. The status of a Zulu wife who is regarded as a minor is a structural problem which may only be solved if there are structural changes on the whole nature, historical and cultural beliefs about Zulu marriages and the position and status of a woman in that marriage.

Zulu women have been historically made to depend on men economically. Their gradual achievement of economic independence from men seems to be a threat to their husbands.

Zulu men were historically and culturally allowed to practise polygamy which appears to have led to sexual promiscuity which seems to be a serious problem among Zulu couples today.

Personality as those lifelong and enduring individual traits which determine behaviour, appears to be one of the most problematic factors in Zulu marital relationships. If personalities do not match, it may often be difficult to reconcile them. Some Zulu husbands seem to prefer submissive personalities since they tend to be dominant personalities.

A partner who has a low self-concept appears not to trust himself or herself, and this may usually be extended to his partner.

According to this literature study, infidelity appears to be a serious problem facing Zulu marriages.

It has also been found that lack of religious commitment has contributed to the escalating divorce rates. Most Zulu husbands seem neither to accept Christianity nor practise their traditional religion. Consequently, there is no longer any respect of marriage as instituted by God.

Though communication is generally taken as a problem in all races, it appears to be very serious among Zulu couples where a wife is regarded as a perpetual minor and thus is not expected to question her husband's instruction.

The following chapter will thus explore the theories of marital therapy which can be used to treat the marital pathologies which have already been discussed in this chapter.

## CHAPTER 4

### THEORY AND TECHNIQUES OF MARITAL THERAPY

#### 4.1 INTRODUCTION

Marital therapy consists of helping the couple to gain insight into their interaction with one another and their problems. (Jacobson, 1988: 10) It is thus considered appropriate and more effective if there is no single technique which is regarded as the panacea. There are many contingencies which should be considered before the counselling process begins. An eclectic approach may thus risk the possibility of being a hit-or-miss approach. It is for these reasons that different techniques from different theories of therapy and counselling will be analysed so that a therapist has a repertoire of techniques at his disposal.

The contingency theory postulates that the therapy to be used depends on the nature and the cause of the problem. Marital techniques should suit the problem at hand. For instance, some problems emanate from childhood experiences, some are due to faulty learning, some are due to communication direction, assumption and distortions; some from the relationships, some from negative meaning attribution to things and others from beliefs and perceptions people have.

It is consequently possible to apply different techniques in one therapeutic or counselling session. In this chapter, brief theories of therapy will be discussed as the basis of some techniques. The use of a number of techniques forms a necessary framework for gaining insight into marital therapy.

## 4.2 THE PSYCHOANALYTIC APPROACH

Psychoanalysis is both a set of theories and a therapy produced by Freud's genius. Freud specialised in treating nervous disorders. He later became interested in the use of hypnosis in his treatment of clients. Later he became dissatisfied with the outcome of this technique. Freud then became interested in Joseph Beuer's development of a cathartic form of therapy, in which clients related the details of their symptoms and when they occurred, while the doctor listened. Freud adapted and developed this talking out technique. It was upon this technique and free association that he began to build his dynamic theory. (Burns, 1983: 23)

### 4.2.1 Theory

The first basic tenet of Freud's theory deals with the unconscious and its role. Freud believed that most of our motives are unconscious and that unconscious motivation, to some extent, affects every aspect of our behaviour, from the profession we choose, to the clothes we wear, and the type of marriage partner we choose. According to Freud, the unconscious is the source of mental energy or dynamism, which is the driving force of behaviour. Therefore nobody can escape the influence of the unconscious on his behaviour.

For Freud, nothing happens accidentally or by chance. There is a psychological reason for everything, and this he called psychological determinism. This is the conception of a dynamic unconscious full of energy or psyche, wherein everything we say or do, including slips of the tongue, free associations and dreams, reflect some unconscious motivation.

According to the psychoanalytic view, the personality consists of three structural components: the id, ego and superego. The id is the original seat of personality,

at birth a person is all id. It is the primary source of psychic energy and the seat of the instincts. It is blind, demanding and insistent on immediate gratification of pleasure. The ego on the other hand has contact with the external world of reality. It is the executive that governs, controls and regulates the personality. Lastly, the superego is the judicial branch of personality. It is a person's moral code. It represents the traditional values and ideals of society. It functions to inhibit the demands of the id on the basis of right and wrong.

Conflicts between the id, ego and superego over the control of the available energy, develop an anxiety which may be either a reality anxiety, a neurotic anxiety or a moral anxiety.

For the individual to cope with anxiety and prevent the ego from being overwhelmed, ego defence mechanisms are used, which include repression, denial, sublimation, compensation, reaction formation, rationalisation, replacement, regression, projection, interjection, identification, ritual and undoing. (Corey, 1990: 99)

#### **4.2.2 The Techniques**

As already stated above, psycho-analysis is based upon the premise that human behaviour is determined largely by unconscious psychological forces. Thus the general goal of therapy is to make the client aware of these unconscious psychological forces that are causing him or her difficulty and to bring about a fundamental change in his personality so that he is released from his neurotic disorder. Freud believed that neurosis was caused by the repression of disturbing feelings and emotions associated with conflicts established in early childhood. These conflicts result from the impulses of the id and/or the strictures of an over demanding superego. He assumed that the client's ego was too weak to cope

with such conflicts and defended itself by repressing them into the unconscious. However conflicts do not go away, they find expression through the symptoms and neurotic behaviour of the client. Once unconscious motives or needs are acknowledged, they can presumably be dealt with in a more realistic and adaptive way.

#### **4.2.2.1 Free association**

Free association is "the process whereby the client is told to tell the therapist, without censorship, whatever thought, feeling or memory enters his or her mind". (Burns, 1983: 30) Whatever comes into the mind is told, regardless of how personal, painful or seemingly irrelevant it may be.

The purpose of free association is to bring to light these long-submerged motives and conflicts. Analytic interpretation involves the therapist's tying together the patient's often disconnected ideas, beliefs and actions into a meaningful explanation to help him gain insight into his unconscious and possibly maladaptive behaviour. The therapist then interprets this material to the individual guiding him or her toward increased awareness and understanding of these long-repressed feelings. (Carson, Butcher and Coleman, 1988: 586)

This technique is mostly effective with individual marital therapy. It is used with an "identified patient" whose problems might have emanated from the repressed feelings of childhood experiences which were repressed in the unconscious. This technique is appropriate for diagnosing Zulu couples whose problems may seem to emanate from childhood experiences.

#### **4.2.2.2 Analysis of dreams**

Freud (1900) maintained that it was useful to consider dreams as representing, in a symbolic way, the unconscious conflicts or desires of the dreamer. When a

person is asleep, since the defences are lowered, repressed, unconscious material can emerge through the symbolism of dreams. (Burns, 1983: 33) For this reason dreams have been referred to as the royal road to the unconscious. The therapist uncovers the disguised meanings of both the manifest content and latent content through studying the symbols. This technique can be used with one partner at a time. Dream analysis can also be used for diagnosis and psychotherapy with Zulu couples. There is, however, a need to do research into the influence of dreams in the life of Zulu couples. To the knowledge of the researcher, nothing has so far been done.

#### **4.2.2.3 Analysis of resistance**

During the process of association or dream analysis, an individual may show unwillingness or inability to talk about certain thoughts, motives or experiences. The therapist must then trace the source of this resistance to enable the Zulu client to become aware of and face his problem and learn to deal with it in a realistic way.

#### **4.2.2.4 Analysis of transference**

Transference manifests itself in the therapeutic process at the point where the client's earlier relationships contribute to their therapists as they did to some of their significant persons. However, transference is considered valuable in the therapy because its manifestations provide clients with the opportunity to re-experience a variety of feelings that would otherwise be inaccessible. Through the relationship with the therapist, clients express feelings, beliefs and desires that they have buried in their unconscious. Through appropriate interpretations and working through some of these new editions of early feelings, clients are able to change some of their long-standing patterns of behaviour and transference allows them to achieve here-and-now insight into the influence of the past on their present functioning. (Corey, 1990: 123)

There is also what is called transference and counter-transference in psychoanalysis. This is presumed to occur in the therapeutic relationship. The therapist "fulfils the role of a transitional object whose task is not only to accept the projections and unreal expectations by experiencing them on his own person, but also to respond to these communications and emotional onslaught in such a way that his comments are enlightened and increase the patient's insight." (Dicks, 1967: 232)

It may be emphasised that taking a case history is essential in psychoanalysis. The history of each of the partners is important since their expectations of each other are founded on their childhood experiences. Therefore a comprehensive history of the partners must be taken before making a diagnosis of the case. (Jacobson, 1988: 11)

### **4.3 CLIENT-CENTRED APPROACH**

Carl Rogers first wrote about this theory in 1942. His early views focused on recognising and clarifying the client's expressed feelings. Initially this approach was called non-directive therapy, because a basic rule was that the therapist should adopt a passive role and only reflect the client's feelings or words and never direct the conversation. The purpose of reflecting feelings was to facilitate the appropriate expression of feelings, to help clients understand how they felt, and to help them use feelings as a basis for action. (Burns, 1983: 153)

#### **4.3.1 Theory**

Client-centred therapy is based on Rogers' theory of personality in which the self-concept is central. This self-concept is a relatively consistent and enduring



framework of self-regarding attitudes. Disturbed persons are those who find some of their experiences or feelings to be inconsistent with the concept they have about themselves and so they deny that the feelings apply to them. If the person denies part of his or her own experience, these feelings and experiences cannot be used as a guide for action. (Burns, 1983: 155)

Rogers' professional experience taught him that if he was able to get to the core of an individual, he found a trustworthy, positive centre. He firmly believed that people are resourceful, capable of self-direction, and able to live effective and productive lives. (Corey, 1990: 207)

Rogersian therapy is to resolve the incongruence to help clients become capable of accepting and becoming themselves. The therapist does so by creating a psychological climate in which clients can feel unconditionally accepted, understood, and valued as persons. In this climate they can begin to feel free, for the first time to explore their real feelings and thoughts and to accept hates and angers and ugly feelings as part of themselves. As their self-concept becomes more congruent with their actual experiencing, they become more self-accepting and more open to new experiences and new perspectives and become better integrated people. (Carson, Butcher and Coleman, 1988: 602-603)

### **4.3.2 Techniques**

In Rogersian approach, three personal characteristics or attitudes of the therapist form a central part of the therapeutic relationship.

#### **4.3.2.1 Congruence or genuineness**

According to Rogers, this is the most important characteristic. Congruence implies that the therapist is real, genuine, integrated and authentic during therapy.

The therapist is without a false front, his inner experience and outer expression of that experience match and they can openly express feelings and attitudes that are present in the relationship with the client. This acceptance of negative feelings by the therapist can facilitate honest communication with the client. This brings about a healing effect on a patient who has never experienced a genuine and authentic communication with his or her partner.

#### **4.3.2.2 Unconditional positive regard**

The therapist needs to communicate a deep and genuine caring for his client. This caring is unconditional, in that it is not contaminated by evaluation or judgement of the client's feelings, thoughts and behaviour, as good or as bad. Acceptance is recognition of the client's right to have feelings and not the approval of all behaviour. The greater the degree of caring, prizing, accepting and valuing the client in a non-possessive way, the greater the chance that therapy will be successful.

#### **4.3.2.3 Accurate empathic understanding**

The therapist has to understand the client's experience and feelings sensitively and accurately as they are revealed in the moment-to-moment interaction during therapy sessions. The aim is to encourage the client to get closer to himself, to feel more deeply and intensely, and to recognise and resolve the incongruity that exists within him. Empathy entails more than reflecting content to the client, but it is a deep and subjective understanding of the client. It is a sense of personal identification with clients. (Corey, 1990: 214)

It is maintained that constructive change in the client occurs when the therapist grasps the client's private world as the client sees and feels it. The penetration of the couple's feelings by the therapist brings about change in their lives.

#### **4.3.2.4 Psychological climate**

All the three attitudes culminate in the creation of a psychological climate conducive to a change of personality or behaviour. For Rogers, this is the essence of therapy. It is this relationship which effects change in the client. This may be very effective in most marital relationships. Some spouses just crave to be listened to, accepted as they are, and understood. This attitude alone may bring about a positive self-concept which may thus lead to a change of behaviour. In fact, all marital techniques must be preceded by this psychological climate. The climate creates a credit for the therapist which makes him or her acceptable to the clients. This climate is of particular importance with Zulu couples where the husband is usually unwilling to co-operate and see the therapist. Showing this warmth and acceptance relaxes both the partners, and helps them to trust the therapist, a very important factor in counselling Zulus.

### **4.4 EXISTENTIAL APPROACH**

#### **4.4.1 Theory**

The existentialists emphasise the importance of the human situation as experienced by the individual. Existentialists are deeply concerned about the predicament of human kind, the breakdown of traditional faith, the alienation and depersonalisation of the individual in contemporary society, and lack of meaning in the lives of individuals as having a degree of freedom and thus capable both of doing something about their predicament and of being responsible for doing the best they can. The unique ability of human beings to be aware, reflect on and question their existence, confronts them with the responsibility for deciding what kind of person to become, for establishing their own values, and for actualising their potentialities. (Carson, Butcher and Coleman, 1988: 604)

#### 4.4.2 Techniques

One important and most relevant technique for marital therapy from this approach is freedom and responsibility. Couples need to grow from immaturity to maturity. For this to happen there is a great demand for responsibility from both partners.

Existentialists will not allow partners to blame each other, or to blame external forces, or to blame heredity and environment. Spouses should be aware of their entire responsibility for their lives, for their actions, for their failures to take action. They are what they are as a result of their choices. An inauthentic mode of existence consists of lacking awareness of personal responsibility in their lives and passively assuming that their existence is largely controlled by external forces. Existentially, spouses are the authors of their lives in the sense that they create their destiny, their life situation and their problems. Assuming responsibility is a basic condition for change. Partners who refuse to accept responsibility for their marriage, by persistently blaming others or each other for their problems will not benefit from therapy. (Corey, 1990: 180)

Implicit in this emphasis of responsibility is that partners should blame themselves as a dyad for any problem, instead of turning against each other. They are both responsible for what they are, and they are free to make a choice and change. Failure to be responsible in marital life is one of the major problems. Existentialists teach partners to be responsible for solving their problems. Therefore therapy consists of guiding and making the spouses aware of the actions they need to take in order to solve their problems.

## **4.5 GESTALT APPROACH**

### **4.5.1 Theory**

The term gestalt may be defined as a meaningful organised whole or as a configuration. The figure and the ground are the two primary concepts delineated in the theory. Whatever is the present focus of one's attention is the figure, while all other elements of the environment at that moment make up the ground. This conception of an individual's perception of his or her world becomes important in gestalt therapy for understanding a client's problems, as well as his or her basic auditory or visual perception. (Burns, 1983: 176)

Gestalt therapy is a model for psychotherapy that sees disturbing behaviour as the signal of a painful polarisation between two elements in a psychological process. Such discordance can be found within one individual or it may manifest between two or more people. Regardless of location, treatment consists of bringing discordant elements into a mutual self-disclosing confrontation. Gestalt therapy postulates that coming to know one's own psychological polarisations is the first step toward psychological integration and consequently a higher state of awareness. (Corsini, 1973: 251)

### **4.5.2 Techniques**

Two techniques may be relevant to marital therapy from this approach.

#### **4.5.2.1 Unfinished business**

Unfinished business refers to unexpressed feelings such as resentment, rage, hatred, pain, anxiety, grief, guilt and abandonment. (Corey, 1990: 234) Such bottle up feelings are very common in a marriage, and they strain the relationship

because the feelings are not fully expressed in awareness, they linger in the background and are carried into present life in ways that interfere with effective contact with oneself and others. Unfinished business will persist until the unexpressed feelings are found and dealt with.

Marital conjoint therapy provides an opportunity for the expression of the feelings. The therapist creates the atmosphere within which each spouse will feel free and safe to communicate his or her feelings. Once the unfinished business has been sorted out, the authentic intimacy and relationship is restored.

#### **4.5.2.2 I take responsibility**

This technique is reminiscent of the existentialist responsibility. It is a method of training partners to be responsible for their choices and action for what they feel, think and do. The therapist may ask the spouses to make a statement:

"I feel cold toward my wife." The therapist asks the spouse to add: "And I take responsibility for it."

This technique is an extension of the continuum of awareness, and it is designed to help clients recognise and accept their feelings instead of projecting their feelings onto others. It is maintained that the technique does become psychologically effective and meaningful, though it may sound mechanical.

## **4.6 RATIONAL - EMOTIVE THERAPY**

### **4.6.1 Theory**

Rational-emotive therapy (R.E.T.) is one of the cognitive behaviour therapy approaches which stemmed from both cognitive psychology, with its emphasis on the effects of thoughts or behaviour, and behaviourism with its rigorous

methodology and performance-oriented focus. (Carson and Coleman, 1988: 597)

Ellis further proposed that cognitive understanding of events, when mistaken, can lead to maladaptive behaviour. These mistaken beliefs or self statement are believed to be learned early in life. Therefore RET is based on the premise that through extensive talking with a client, the therapist can lead him or her to see the irrational nature of his self-statement and bring him to a more appropriate way of viewing the world. (Burns, 1983: 127)

The function of the RET is to restructure the individual's belief system and self-evaluation, especially with respect to the irrational 'shoulds', 'ought' and 'must' that are preventing a more positive sense of self-worth and a creative, emotionally satisfying, and fulfilling life. The therapist disputes the client's false beliefs through rational confrontation.

The A-B-C theory of personality is central to RET theory and practice and follow this sequence:

- A - is the activating event or agent: A wife says her husband comes home late.
- B - belief that it is because he is having an affair with another woman.
- C - emotional and behavioural consequences where she decides not to talk or greet him when he arrives home from work.
- D - disputing or intervention therapy, trying to change B and C from irrationality to rationality.
- E - effect may either be negative or positive.
- F - feeling is a new behaviour after the dispute of irrational beliefs.

#### 4.6.2 Techniques

RET is one of the most suitable marital therapies, because it appears that most of the problems of marital tensions are caused by one of the spouse's perceptions of another's behaviour and his or her irrational belief. In a conjoint therapy, the therapist listens to both partners, playing the referee, making them aware of their statements based on their beliefs. He thus accurately confronts them for uttering unfounded statements, or irrational beliefs acted upon. He may follow the procedural steps as suggested by Burns, (1983: 128).

1. Verbal persuasion aimed at convincing the client of the philosophical tenets of RET.
2. Identification of irrational thoughts through client self-monitoring and therapist's feedback.
3. The therapist directly challenges irrational ideas and models rational re-interpretation of disturbing events.
4. Repeated cognitive rehearsal aimed at substituting rational self-statement for previously irrational interpretation.
5. Behavioural tasks designed to develop rational reactions.

It has been argued however, even by Ellis himself that RET is limited in the type of clients that it can help. This is because some clients are not intelligent enough to understand the rational thought process, others are too emotionally upset to follow logical procedures, while still others again are too rigid in their illogical thought processes to gain anything from this therapy. (Burns, 1983: 129)

It may be speculated that the technique can be very effective with the Zulu couples of average or above average intelligence. Couples who can reason and consider facts behind marital problems, may experience change in their lives.



## 4.7 REALITY THERAPY

### 4.7.1 Theory

Reality therapy rests on the central idea that people choose their behaviour and thus are responsible for what they think, feel and do. The general aim of reality therapy is to provide conditions that will help clients develop the psychological strength to evaluate their present behaviour and, if it does not meet their needs, to acquire more effective behaviour.

People's behaviour is geared to fulfil their human needs. There are four psychological needs which were identified. (Corey, 1990: 372) These are needs for belonging, power, freedom, fun, and the psychological need for survival. Control theory explains how people attempt to satisfy their needs, which are the powerful forces that drive them. In terms of the control the brain functions as a control system to help one to get what one wants. When psychological needs are thwarted, the behaviour chosen feels painful and a person is not satisfied with life, but when these needs are met in a responsible way, an identity characterised by success and self-esteem is developed, and the behaviour which are used to make them feel good.

In resume, there are two basic human needs; the need for love which implies both giving and receiving love, hence reciprocal feeling, and the need for achievement. If these two needs are not satisfied, a person experiences sorrow or suffering and this affects those around him. This suffering is manifested by symptoms such as neurosis and psychosis.

These two basic human needs underlie most marital problems. A spouse who is deprived of love and recognition for achievement malfunctions as a result of these unsatisfied needs. The spouse with unsatisfied needs may be withdrawn, depressed, aggressive and this problem affects communication which then complicates the whole marital relationship. Probably the neurotic and/or psychotic symptoms are used partly to attract attention and gain recognition, partly to manifest aggression towards the outside world because of the unsatisfied needs.

## 4.7.2 Techniques

### 4.7.2.1 Paradoxical technique

There are spouses who are very resistant to change, and it is at this time that paradoxical intention becomes relevant and appropriate. The pragmatic paradox is the most suitable in this situation. This paradox gives a client no choice. "Thus, if the message is an injunction, it must be obeyed; if it is a definition of self or other, the person thereby defined is this kind of person only if he is not, and is not if he is." (Weeks and L'Abate, 1978: 5)

The classic example of this principle, and of the pragmatic paradox is the paradoxical injunction, such as "be spontaneous." As soon as one attempts to act on this command, one cannot. It is only when one gives up that one can behave spontaneously. An example of a therapeutic paradox is to prescribe the symptom - in other words, to encourage the client to become even more symptomatic. It often happens that when he tries to do so he fails and the symptoms disappear. A symptom becomes silly when one is instructed to act on it. The following are the examples of the paradoxical intentions or therapeutic paradoxes:

#### 4.7.2.1.1 *Reframing*

Reframing is "... the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the facts of the same concrete situation especially well or even better and thereby change its entire meaning. " (Watzlawick et al. 1974: 95)

The function of reframing is to shift the frame of reference for pathology from the individual to the system. The problems of the identified patient are diffused to the subsystem. Accepting the view that psychopathology is a transactional phenomena, the therapist's first task is to reframe the identified patient's problem as a contextual one. The use of reframing to achieve a systematic definition of a problem is called positive connotation. (Selvini Palazzoli et al. 1978: 56) The purpose of positive connotation is to avoid drawing lines between the couples in such way that the identified patient is bad and the other partner is good. The connotation, as maintained, puts both partners on the same level, thus avoiding involvement in any alliance with one partner.

Positive connotation allows the therapist to access the systematic model. The assumption is that the purpose of pathology is ultimately the stability and cohesion of the group. It defines the relationship between the couple in a positive way, while shifting the context of therapy to the systemic level. It also creates a paradoxical situation for the couple. (Selvini Palazzoli et al., 1978: 81)

Positive connotation is demonstrated by an example where Peggy Papp (1977) told a woman that she should continue to act helpless and incompetent because that gave her husband a chance to show how strong, caring and protective he could be. She was further warned of the negative consequences that might occur should she attempt to change. (Weeks and L'Abate, 1978: 106)

#### 4.7.2.1.2 *Re-labelling*

Re-labelling refers to changing the label attached to a person or problem without necessarily changing the frame of reference in the sense of moving from the individual to the dyadic or systemic. In paradoxical literature it means changing a bad label to a good label.

One of the effects of re-labelling a behaviour is to change the client's phenomenological perspective. The new label provides the client with a new way of thinking and feeling about the behaviour. Theoretically, re-labelling exemplifies the linguistic principles that language is not reality, just as a map is not the territory. This principle releases an individual from a linguistic tyranny, which makes them act as if they are locked into a certain kind of reality because of their language. (Selvini Palazzoli et al., 1978)

Re-labelling is a general therapeutic strategy for couples. Whenever it can be done, the therapist defines or labels the couple as attempting to bring about an amiable closeness but going about it wrongly, being misunderstood, or being driven by forces beyond their control. (Haley, 1963: 139) A newly married man who experiences impotence on his wedding night, may be told that he is so overwhelmed by the beauty of his new bride that he felt incompetent. (Weeks and L'Abate, 1978: 108)

#### 4.7.2.1.3 *Prescription*

This technique is regarded as a pragmatic paradox. The underlying message or paradoxical situation created by prescriptive interventions is:

- a) in order to lose your symptom, keep it and/or exaggerate it; and
- b) will your uncontrollable symptom to occur voluntarily.

There are many techniques discussed in literature which fall under prescriptions, only a few will be cited here for the purposes of this research:

**(i) Paradoxical intention**

This technique was initially used by the logotherapists. The therapist instructs the client to train himself to experience the symptom to an extreme degree as frequently as possible. The symptom has run its course when the client recognises its absurdity and gains sufficient self-detachment to laugh at the symptom.

**(ii) Prescription related to time**

An essential and relatively popular form of prescription is known as a symptom scheduling. The procedure involves setting up a time for the client to enact the symptom, including the length of time that the symptom is invoked. The client may be instructed to engage in the symptomatic behaviour for a certain period of time each day, and perhaps at a specific time. The rationale behind this, is to change the order of the symptom controlling the client, but to help the client control the symptom, once this happens the client will be able to stop the symptom.

**(iii) Descriptive paradoxes**

When something is described, it is also prescribed to have certain attributes. A description becomes a prescription for others to accept the way of seeing a phenomenon. The descriptive message consists of a positive connotation, a dialectical description of the relationship and cryptic or restraining statement. Firstly the couple is told that its pattern of behaviour is liked and appreciated. In other words, a negative behaviour is re-labelled as positive.

The second component is to describe the nature of the couple relationship in dialectical terms. The oppositeness, contradictions or polarisation is pointed out in their relationships. In other words the polarisation present in the system is described and exaggerated.

The third component in the message is the question directed to the couple asking whether the couple is happy with the situation described, asking them to wonder about different ways of relating or suggest different ways of relating. This third message may also restrain change. The clients may be told not to change or that it is too risky to change.

#### **(iv) Restraining**

Restraining is the method used when there is resistance to change. The therapist might have worked hard without any effect. This term is used to denote the fact that the therapist restrains change. The underlying message in a restraining statement is: in order to change, stay the same or give up. The client is told that change can have both good and bad effects. The therapist can tell all the negative consequences of the client's changing. (Weeks and L'Abate, 1978: 126-127)

#### **(v) Inhibiting and forbidding change**

This technique basically means going at a slower pace than the client maintains things should be going. The client is asked not to change faster than he can. If he changes, he is advised to do it slowly. The client is told to give in to the symptom and it is prescribed. A couple with a sexual problem is prohibited from having sex, or allowed to have it under certain prescribed conditions. This technique may result in a miraculous cure, but may frequently relapse if a restraining strategy is not continued.

#### **(vi) Declaring hopelessness**

This technique needs to be used frequently in working paradoxically. Predicting relapse is essential to most paradoxical work. In general, a paradoxical prescription is given first and if it is successful, the symptom suddenly disappears. The next step is to predict a relapse. The client is told that the symptom will suddenly reappear. By predicting a relapse the therapist is placing the client in a therapeutic double-bind. If the symptom does occur again, the

therapist predicted it, so it is under his control. If it does not occur again, it is under the client's control. The symptom has been defined in such a way that it can no longer be perceived as uncontrolled or spontaneous.

The psychological effect of this is that the client views relapse prediction to be a challenge. The only way to prove the therapist wrong is to have the relapse. To ensure the power of the predictive paradox, the therapist may even discuss things the client might do to make the relapse happen.

#### **(vii) Prescribing a relapse**

This is an extension of relapse prediction. It is sometimes useful to prescribe a relapse rather than just predict it. The symptom's re-enactment is prescribed so that it is an ordeal. The behaviour is re-prescribed to an extreme degree, with the rationale that it is sometimes useful to look at and learn from old patterns. If the behaviour is made an ordeal for those involved in the problem, it is less likely to recur.

## **4.8 TRANSACTIONAL ANALYSIS**

### **4.8.1 Theory**

Transactional analysis offers an integrated approach to the understanding and treatment of marital conflicts. It combines three main schools into a coherent theory of personality and a specific treatment modality. In this way transactional analysis allows for a structured eclecticism on the therapist.

Transactional analysis is contractual and decisional. The contract which is developed by the client, clearly states the goals and direction of the therapeutic process. (Corey, 1990: 66) The therapeutic contract needs to be agreed to by both the adult ego state of the therapist. The first phase of TA began with

Berne's identification of the state, (parent, adult and child) which provides a perspective from which to explain thinking, feeling and behaving. He realised that the way to study personality was to observe here-and-now phenomena such as the client's gesture and vocabulary. The observable criteria provided a basis for inferring a person's past history and for predicting future problems.

The personality is comprised of functional parts called ego states. An ego state "is a system of feelings accompanied by a related set of behaviour patterns". (Berne, 1961: 17)

The Parent (p)ego state is that part of the personality that has directly taken or incorporated attitudes, beliefs and behaviours from parent and/or authority figures. It is expressed in prejudicial critical and nurturing behaviour. It is often an arbitrary basis for decision. The parent ego state also has an important survival value storing traditions and cultural standards.

The adult ego state focuses on reality. It processes information and processes data in a dispassionate unbiased way to estimate probabilities and make decisions.

The child ego state contains all the impulses, feelings, spontaneity and creativity that characterises the chronological child. Each ego state has concomitant behavioural manifestations, verbal and non-verbal, that allows it to be easily identified by oneself or others. This is important for the treatment of dysfunctional couples since the awareness of which ego state one is cathecting at the time is the first step toward actual behaviour control and change. Problems arise in marital relationships when one partner uses an ego state, consistently and rigidly, that is inappropriate to the situation and without adult control, as for



instance a young wife who panics and react with helplessness and despair (child ego) in the absence of her husband.

The second phase in transactional analysis focuses on transactions and game. Games are "an on-going series of complementary ulterior transactions progressing to a well-defined, predictable outcome. Descriptively it is a recurring set of transactions, often repetitious, superficially plausible with a concealed motivation. (Berne, 1961: 78)

Games are learned, unconscious repetitions in nature that have a social acceptable component and an ulterior concealed aspect. They start with a discount of the self and/or the other person, and have a psychological payoff at the end, bad feeling for one or all the players. Games help structure time and they confirm and further the individuals feelings about himself and others. They prevent honest, intimate and open relationship. Intuitively, game players seek others who will play complementary games. This is one of the unconscious contracts in marriage.

In marital therapy, games need to be uncovered and exposed in the therapy sessions for changes to occur. If closeness between the spouses is a goal.

The third phase in TA gives attention to life scripts and scripts analysis. A life script is an internal plan that determines the direction of one's life. (Corey, 1990: 271) It is a psychological script, a blueprint for life, an unconscious life plan. It has a theme, plot, stages, drama and an outcome.

Parents transmit to their children from birth onwards, a multitude of attitudes and messages, verbal and non-verbal that begin to shape the clients view of himself and the world. Furthermore, the individual's early experiences also contribute to

life position. The existential position influences others. There are these four life positions:

I am OK, you are OK.

I am OK, you are not OK

I am not OK, you are OK

I am not OK, you are not OK

The existential position arrived at early in life shaped the personality and is at the basis of each person's script and of the psychological games that are played to further and confirm one's script. They also determine the type of psychopathology the individual may develop.

Parental attitudes and messages are reinforced by parents through stroking certain behaviours in the child while ignoring or discounting others. Stroking is a unit of recognition, a form of stimulation. It can be physical verbal or non-verbal. It can be positive or negative, conditional or unconditional. The recognition hunger, often achieved through stroking, is an inherent psychological need of human beings. Children are programmed to behave in special ways by the manipulation of strokes. One of the most important functions of marriage is that through stroking, the spouses are assured a steady diet of the strokes they are used to and need, such as being praised, criticised and discounted.

#### **4.8.2 Techniques**

Marital treatment, as already stated, must be preceded by a therapeutic contract. This contract must be clear, concise and direct. It involves a decision to do something about a specific problem, a statement of a clear goal to be worked toward in language simple enough for the inner child to understand, and the possibility of the goal being fulfilled.

#### **4.8.2.1 Structural analysis**

Problems in a marital relationship are caused by inter alia, a partner or both of them operation in an ego state which is not suitable for the situation, and a partner may consistently and rigidly do so. Therefore structural analysis helps partners become aware of the content and functioning of their parent, adult and child ego states. They are helped to identify their ego state analysis, which allows them to find out which ego state their behaviour is based on. This knowledge helps them determine their options.

Two problems related to the structure of personality are contamination and exclusion. Contamination exists when the contents of one ego state are mixed with those of another. The parent, the child or both intrude within the boundaries of the adult ego state and interfere with the clear thinking and functioning of the adult. Contamination from the parent is typically manifested through prejudiced ideas and attitudes. Contamination from the child involves distorted perceptions of reality.

Exclusion exists when an Excluding-child ego state can block out the parent or when an excluding-parent ego state can block out the child, that is, when rigid ego state boundaries do not allow for free movement. The person may be restricted to relating primarily as parent, as child, or as adult. The content parent excluded the adult and the child. This is basically what causes marital conflicts. In therapy the couple must be made aware of their operation of their ego state. This needs education of the couple and thus demands average intellectual ability.

#### **4.8.2.2 Transactional analysis**

Whatever happens between two partners involves a transaction between their ego states, when messages are sent, a response is expected. A complementary

transaction occurs when a message sent from a specific ego state gets the predicted response from a specific ego state of the other person. A crossed transaction occurs when an unexpected response is made to a message that a person sends out. Ulterior transactions are complex because they involve more than two ego states.

#### **4.8.2.3 Analysis of games and rackets**

A payoff for most games is a bad feeling that the player experiences. The therapist must observe and understand why the games are played, what payoff results, what strokes are received and how these games maintain distance and interfere with intimacy. Learning to understand a person's racket and how the racket relates to the person's games, decisions, and life script, is an important process in helping the couples in TA therapy.

#### **4.8.2.4 Script analysis**

People's lack of autonomy stems from their commitment to their scripting, that is, to a plan decided on at an early age. (Corey, 1990: 279) Therefore the life pattern which a couple follows should be identified. Script analysis can demonstrate to a couple the process by which they acquired the script and the ways in which they justify their script and actions. When the couple become aware of their life script, they are in a position to do something about changing their programme. People are not condemned to be a victim of early scripting, for through awareness, re-decision is possible, script analysis opens up new alternatives from which to choose. As people go through life, they need no longer feel compelled to play games to collect payoff to justify a certain action that is called for in their life script. (Corey, 1990: 279)

## 4.9 STRUCTURAL THERAPY

### 4.9.1 Theory and Technique

The structural aspect of marital treatment applies to therapies and therapist of all persuasions. Any therapeutic intervention made by any therapist necessarily includes a structural component. For instance, deciding whether to talk to one partner or both is a structural decision.

The goal of structural therapy is to induce a more adequate family organisation of the sort which will maximise growth potential in each of its members. (Minuchin, 1974: 39) The aim of the therapy is toward restructuring the system, such as establishing or loosening boundaries, as appropriate, for a given couple. There is thus less emphasis on directly correcting the problem or symptom, instead problems are seen to result from a rigid dysfunctional structure, and their functionality or usefulness will disappear with system transformation. Symptom elimination then becomes a spin-off of structural change. (Stanton and Todd, 1979: 45)

More emphasis is placed on process than content in structural therapy. Patterns such as who speaks to whom and how often, are important to identify despite the content of the message. These patterns give clues as to proximity and distance. The therapist can use various non-verbal techniques to establish boundaries. A couple may be separated by chair placement, seating oneself between an intrusive spouse another family dyad, asking spouse to watch from a change in this observation. The desired interaction change in this therapy must take place within the actual session, rather than at home.

Some other aspects of the interventional process include refusing to let a spouse talk about the other spouse in a session. The other partner's individuality is not

allowed to be squashed. Change happens if the couple's perception of reality has been challenged, secondly change takes place once alternative transactional patterns have been tried out; new relationships appear which themselves become self-reinforcing.

## **4.10 BEHAVIOURAL EXCHANGE MODEL**

### **4.10.1 Theory**

The behavioural exchange model is based on the principles of reciprocity and social exchange. It emphasises the teaching of specific reciprocal exchange and bargaining skills to groups of married couples. It is believed by the exponents of this model that it helps couples to reduce conflict and tension in their relationship, while providing mutual gratification based on a reciprocal behavioural exchange designed to accelerate desirable behaviours. This model, as maintained by its exponents, is best suited for those relationships in which both spouses possess resources valuable to each other, that is the quid pro quo system, "if you do this I will do this", on which the model is based. The system assumes that both spouses hold valuable resources in the relationship and that, in turn, these resources determine the power of each spouse in the marriage. (Rappaport and Harrel, in Shovelar, 1981: 262-263)

### **4.10.2 Implementation of the Model**

Before this programme is implemented, the therapist informs the couple of all approaches to marriage counselling available. The behavioural exchange model will then follow this sequence:

### 1. *Applying reciprocal exchange skills to marriage problems*

Didactic and modelling techniques are used to teach the couple how to apply the principles of reciprocal exchange and behaviour modification. The therapist will describe and then role-play a typical marital conflict that exemplifies reciprocity and co-operative bargaining. The couple gets a chance to practice this and they are reinforced for demonstrating competence. A written contract in concise behavioural terms is negotiated and established, after which the model is implemented.

### 2. *Labelling undesirable behaviour in spouse*

The therapist starts by instructing both husband and wife to independently prepare lists of true specific undesirable behaviours manifested by spouse.

(1 = most undesirable)

(3 = least undesirable)

After this both spouses are instructed to prepare lists indicating their usual or typical way of responding to each of the undesirable spousal behaviours. In order to identify the reinforcers which maintain these behaviours, the therapist and the couple modify the list until they are all satisfied with the final lists. To conclude, the therapist finalises the lists with the dyad and elaborates on vicious cycles that exist within the relationship, emphasising how they unwittingly maintain their maladaptive system of interaction by using reciprocal reinforcement principles in a destructive manner.

### **4.10.3 Labelling Positive or Desirable Behaviours in Spouse**

The couple is here instructed to prepare lists of specific positive or desirable behaviours manifested by their spouse (1 = most positive behaviour of spouse). Each partner, in other words, indicates those behaviours manifested by their spouse which they value highly.

#### **4.10.4 Implementation of Contract**

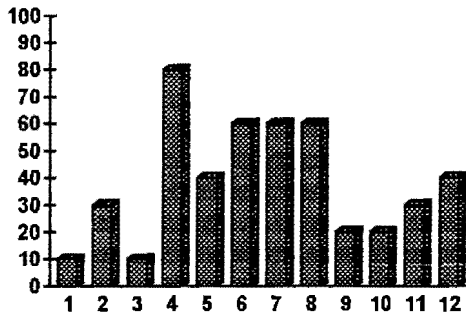
The spouses negotiate their own contract to reciprocally eliminate undesirable behaviour and replace them with desirable ones. Agreement on a contract insures reciprocity right from the beginning. If the first behavioural exchange results in mutual satisfaction for both partners, a positive pattern will be created and the couple will most likely want to continue bargaining to further enhance their marriage. Thus it is essential that the couple start their negotiations on the least undesirable behaviours first.

#### **4.10.5 Re-negotiation of Contract**

The functional marital relationships is an adaptive and evolving system which continually changes during its developmental continuum. In light of various internal and external factors which serve to facilitate change within the marital dyad over the course of the family life cycle, counsellors employing the behavioural exchange model should continually emphasise the need for flexibility on the part of both spouses. Both spouses should realise the inevitable need to modify or re-negotiate contracts as their initial ones become outdated. (Shovelar, 1981: 265)

After negotiating and establishing the contract, the therapist explains the importance of keeping accurate daily records of the new behaviours (frequency counts). Graph paper is distributed to the couple and the record-keeping process is carefully described and kept as follows:





Dates observed: March 1 - 12: 1993

Target behaviour: To increase number of compliments to wife.

Observer: Mrs Xaba

Observation period: March 1 - 12: 1993

Figure 1: Observation record: Behavioural Exchange Model

## 4.11 ASSERTIVENESS TRAINING

### 4.11.1 Theory

Assertive training was initially developed as a behavioural approach for reducing anxiety and inhibition of individuals. (Gillis, 1992: 41)

It has recently been used to treat a variety of interpersonal skills, for instance, those who cannot express anger or irritation, those who have difficulty in saying no, those who are overly polite and who allow others to take advantage of them, those who find it difficult to express affection and other positive responses, and those who feel that they do not have a right to express their thoughts, beliefs and feelings. (Corey, 1990: 305)

It is assumed that training in assertive social skills will maximise the degree to which a person's needs will be fulfilled in interpersonal relationships without coercing and alienating significant others. These skills would appear particularly valuable in intimate relationships such as marriage.

A basic tenet of behavioural marital therapy is that dysfunctional marriages are likely to be characterised by spouses' disproportionate use of average means of controlling each other. A partner's compliance with one's wishes is gained through coercion, but at the cost of having the partner retaliate or avoid contact.

A central goal of behavioural treatment packages is to reduce spouse's use of aversive control and increase their exchange of positive reinforcement using skill training in communication contracting and negotiation. Suggestions are more likely to produce positive change in marital interactions if agreements are reached in a pleasant context than in a context of aversive exchange. (Jacobson, 1988: 67)

The components of assertion training are modelling or imitation of a common training procedure, rehearsal which is repeated practice of assertive behaviour, feedback and coaching and cognitive restructuring which attempts to change the couple's beliefs about assertive and unassertive behaviour.

Assertion training methods are on the principles of the cognitive behavioural therapies. Most assertion training programmes focus on the client's negative self-statements self defeating beliefs that accompany their lack of assertiveness and teach them to make constructive self-statements and to adopt a new set of beliefs that will result in assertive behaviour.

## 4.12 COMMUNICATIONS APPROACH

### 4.12.1 Theory

"Communication is the process involving the transmission and reception of symbols eliciting meaning in the minds of the participant by making common their life experiences." (Baird, 1977: 6) This definition spells out the complexity of the communication process, especially in view of the fact that life experiences are always at variance with one another and invariably affect perception or interpretation of the message one receives. The conflicts in marital life compound this problem of communication.

Greene (1981: 57) talks of a pathological communication, which is lack of talking, constant arguments and/or violence. He says that women list such a complaint more frequently than men.

Therefore the vehicle for studying the relationships in marriage is apparently communication, verbal and non-verbal. Couples with marital problems tend to communicate progressively less as their conflict deepens. When communication does take place, it is often ambiguous or contradictory. Even simple tasks often result in argument because of the nature of the ambiguous communications between the different levels of communication. (Bardill, 1966: 70-77)

The communications approach maintain that any behaviour that occurs between any two people is the product of both of them. Everything can be understood once the premises from which any behaviour is derived are made explicit and clear.

It is thus maintained that one cannot not communicate. (Watzlawick, Beavin, Jackson, 1967: 252) In terms of a marital dyad a passive husband who refuses to argue with his wife by turning away from her is communicating more than his unwillingness to quarrel. It is thus essential to note that communication not only conveys information, but at the same time it imposes behaviour. (Witzlawick, et al., 1967: 253)

In communication theory, marital conflict is viewed as:

1. Disagreements about the rule for living together;
2. Disagreements about who is to set those rules; and
3. Attempts to enforce rules which are incompatible with each other.

In summary "communication theory conceives of a symptom as a non-verbal message. It is not I who does not (or does) want to do this, it is something outside my control e.g. my nerves, my illness, my anxiety, my bad eyes, alcohol, my upbringing or my wife." (Watzlawick, et al., 1967: 80)

Therefore successful and effective communication leads to self correction and improvement of the marital relationship. The researcher maintains that lack of communication is both the cause and effect of marital pathology.

#### **4.12.2 Techniques**

The communication approach is more effective in a conjoint therapy. The general behavioural orientation to marriage proposed that in a cost benefit analysis, dissatisfied spouses do not receive sufficient positive reinforces from their partners to counterbalance costs in the relationship. Yet in order for two individuals to function effectively as a unit that maximises rewards and minimises costs to each member, (the reciprocity model) they need to exchange information in a manner that is both clear and constructive.

During the first conjoint sessions the therapist takes an inactive role, allowing each individual to present his or her version of the problems, speaking free about anything she feels, sees and thinks regarding the spouse. This session provides the therapist with valuable information regarding the communication patterns of the couple. Secondly it offers the couples an opportunity to express their feelings in a safe atmosphere. This in itself may have a therapeutic effect.

1. The therapist will hear the partner in turn.
2. Both partners are called and the therapist will request the partners to tell each other what they told him.
3. In order to ensure listening and attention, the therapist will request the listening partner to repeat what has been said by the speaking partner.
4. The role of the therapist will be to explore with the couple their interpretations of the messages they receive from the spouse in the here-and-now situation.
5. The therapist will point out that the conflict is not a matter of right or wrong or truth or falsehood, but the focus is placed on the feeling partners have towards each other because in the final analysis, feelings rather than rational thought determine most behaviours.
6. Increasing mutual empathy. Both partners, speakers and listeners bear responsibility for accurate communication of each person's thoughts, feelings and needs. Mutual empathy facilitates resolution of marital conflict by clarifying needs preferences and feelings and by increasing communication of respect.

Relationship Enhancement skills, based on social learning principles are taught and they include modelling of good communication skills by group leaders, didactic presentation and instructional aids such as video tape examples of

communicational patterns, maximising of successes through graded expectations, selective reinforcement of successes and in homework assignments.

Mutual empathy, not only creates a supportive, caring atmosphere, but also facilitates the accurate exchange of information regarding relevant thoughts and feelings in a conflict situation, which is then expected to improve a couple's problem - solving ability.

#### **4.13 RELATIONAL THERAPY**

Man cannot be understood in isolation, and thus cannot be investigated. This is very pertinent in marital therapy in particular. The implication of this dictum is that "personality cannot be understood apart from its social setting and self and world are correlates, each understandable in terms of the other." (Vrey, 1979: 21)

Man therefore forms relationships with himself, with ideas with objects, and with people. The meaning a person attributes to his relationships is also mirrored by his behaviour. In order to change his behaviour, one needs to look at his relationships. "The way in which a person experiences peace, joy, sadness, aggression, etc., determines the quality of the relation." (Jacobs, 1987: 5)

Relational therapy is an effective therapy where the diagnosis is inextricably inseparable from therapy. Diagnosis forms an integral part of the therapeutic programme. (Jacobs, 1987: 10) While the therapist is doing diagnosis, he is at the same time doing therapy.

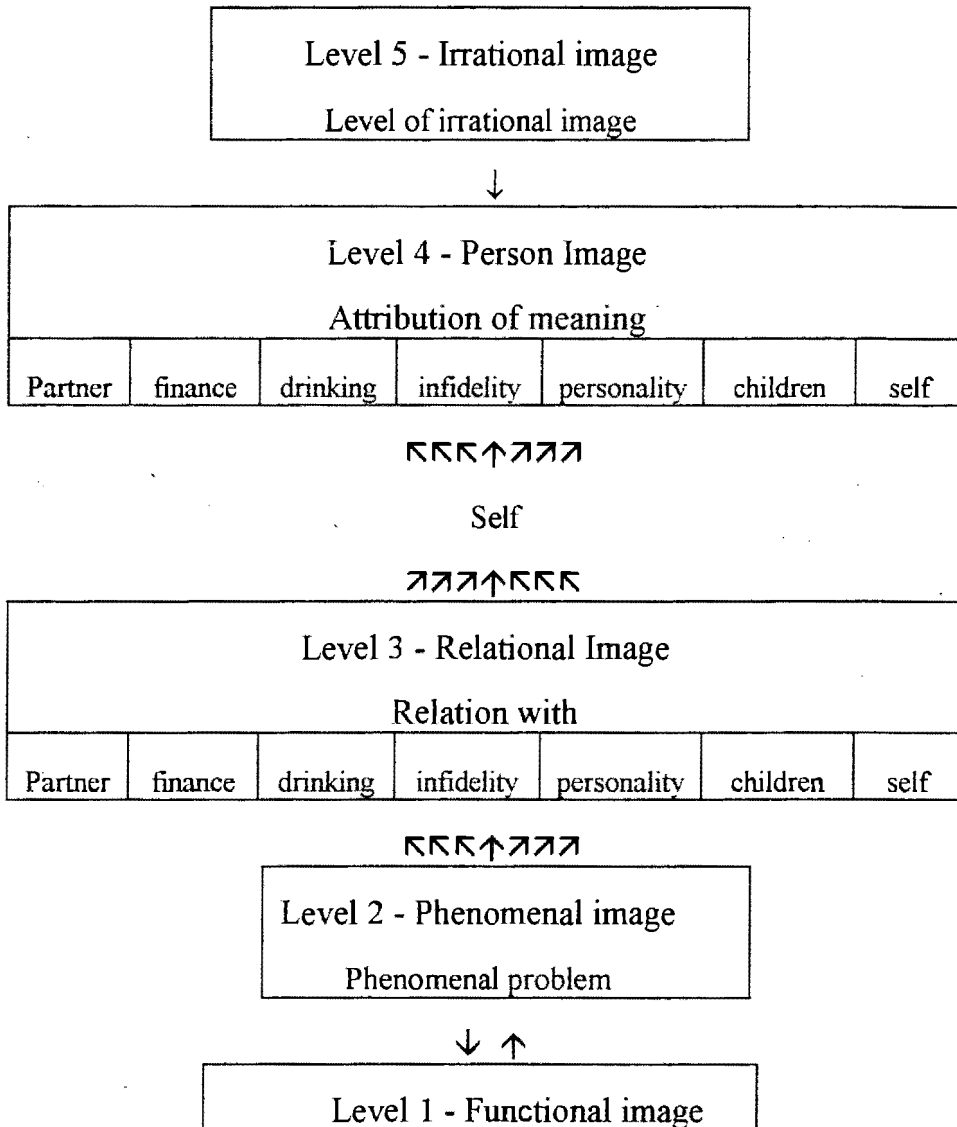
#### 4.13.1 Model of Diagnosis and Therapy

There are five steps which can be followed. (Jacobs, 1987: 9, and Jacobs and Vrey, 1982: 56)

1. The functional image, which refers to the presenting problem such as the husband not supporting his family financially.
2. The phenomenal image which focuses specifically on the problem itself. All the aspects of the problem are thoroughly investigated.
3. Relational image looks at the persons relationship with himself, the ideas, the objects and the people. In marriage the focus is on how this person relates to his partner, her in-laws or her children. The description of these relations gives the therapist an indication of possible causes of the functional image.
4. The person image follows or emanates from the relational image. The pertinent question here is the manner in which a person sees his or her relations. The therapist looks at the person's frame of reference, the type of meaning he gives his or her relations.
5. Irrational image is the last one resulting from the intrapsychic dialogue taking place within a person. This dialogue mobilises the self-concept to move between the two poles, namely high and low pole. It is when the self-concept of a person goes beyond the low pole, that the level of irrational is reached. When a person is operating in this level, he finds it impossible to give rational meaning to his relations. It is thus at this level that the pathological behaviour results which needs therapy.

**Figure 2**

## Relational diagnostic model



This diagnostic model which has been adapted from Jacobs (1987: 9) indicates the importance of constructing a real person image of couples or partners with marital pathologies. The model describes the partners' experiential world, meanings, feelings, thoughts, volition, behaviours and marital relationships. In short, the model shows that the true person image of the partner is an amalgam of the different relationships which the partner has formed with his or her partner.

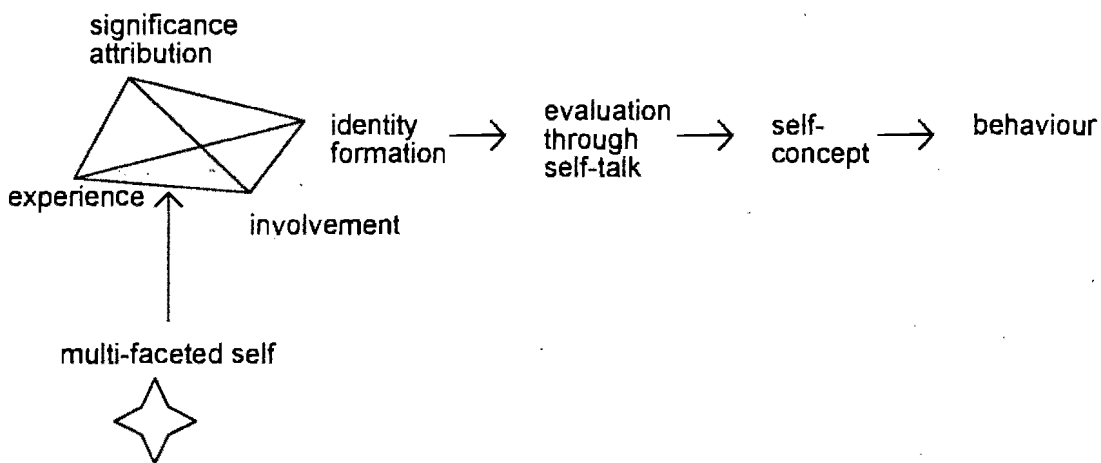


### 4.13.2 The Therapeutic Programme

According to Jacobs (1987: 11) a psycho-educational approach can be operationalised in this relational therapy.

**Figure 3**

Psycho-educational approach



The formation of an identity is a continuous process, it is a life-long task. It is to have satisfactory answers to the question, who am I? "Self-identity is congruent with an integrated whole made up of (i) the person's conceptions of himself, (ii) the stability and continuity of the attributes by which he knows himself, and (iii) the agreement between the person's self-conceptions and the conceptions held of him by people he esteems." (Vrey, 1979: 44-45)

Self-identity develops and becomes quite stable during adolescence. With the educational support an own identity gradually takes shape, it is accepted by others and a certain dignity is assigned to it. When this has happened the person becomes someone.

A person, if one may argue, should get married after this self-identity has been clearly formed. Thus when two people marry, one will form a mother-identity, another a father-identity. One will form a wife-identity, and another a husband-identity. All these identities form boundaries within which they operate in the fulfilment of their marital roles. Crossing over these boundaries seem to cause problems.

It thus appears as if the Zulu men in particular, as a result of their cultural background in terms of sexual behaviour never outgrow the adolescence-identity. Father-identity or husband-identity appears to be vaguely formed in those who usually have marital problems.

In terms of this psycho-educational theory, the identity formation is evaluated through self-talk on the basis of the person's subjective norms and values. The results of this evaluation is a high or low self concept which can be respectively realistic or unrealistic. In turn, the self-concept is the actualiser of the behaviour.

The problematic behaviour may be the ultimate symptom of what goes wrong in the intrapsychic dialogue. However problematic behaviour may not be changed by improving the self-concept. In terms of relational therapy, change begins when therapy penetrates the partner's dialogue during his identity formation.

The therapist makes each partner aware of how s/he behaves or relates to another, his or her co-elements of the dialogue. The awareness of the essence of the dialogue is essential for the lasting solution. The therapist shows the partners the manner in which the self-talk gives meaning to his identity. He further shows them through the analysis of the meaning attribution, whether

the meaning attribution is realistic or unrealistic. The partner may become aware that as a result of the unrealistic meaning attribution, he experiences himself negatively. (Jacobs, 1987: 11-13)

In some Zulu couples, it is the wife who may experience herself negatively because the husband has deserted her and is staying with another woman, which seems to be a common problem in most Zulu marriages. The wife will always ask herself the question why her husband decided to be involved in extramarital affairs? Self-talks begin resulting in so many negative and self-destructive answers.

#### **4.13.3 CONCLUSION**

In this chapter, theories and techniques of therapy were discussed. It was explained for instance that one would use psychoanalytic techniques such as transference to analyse the relationship between the spouses by observing the client's relationship to the therapist. Behavioural techniques would be used to de-condition what has been socially learnt. The technique of showing the couple their responsibility and that they are solely responsible for what happens in their lives appeared to be relevant to Zulu couples where one spouse usually hides behind another. This technique stresses that one should not blame outside factors for his or her life. Thus a Gestalt therapist would ask the client to always use the phrase, "I take responsibility for that". It was also realised that unfinished business causes problems among couples, therefore, a spouse should be allowed to air all pent-up feelings about his or her spouse. In rational emotive therapy, the A-B-C theory of personality is central. It is maintained by this theory of marital therapy that spouses are usually affected by their beliefs rather than real existing problems. Paradoxical intention technique is used by the reality therapist to deal with a

very difficult personality which is resistant to change. Transactional analysis helps in analysing the ego states in which spouses operate which usually affect their communication. Relational therapy is important for diagnosis and therapy, and these two go together in relational therapy. All these therapeutic techniques must be underpinned by the psychological climate within which a client feels the warmth, feels accepted unconditionally as s/he sees the genuineness of the therapist. It is within this climate that change and disappearance of the problematic behaviour can be expected.

## CHAPTER 5

### RESEARCH DESIGN

#### 5.1 INTRODUCTION

A literature survey on the theory and factors underlying marital pathology of Zulu couples revealed some general causes of marital pathology that apply to all population groups. Special reference was made to the Africans, but no specific study has ever been devoted to the research of the causes of marital pathology among Zulu couples and the therapeutic model which may be used with them.

The theoretical framework from the literature survey in chapter 3 led to the formulation of a hypothetical list of causes of marital pathology among Zulu couples such as the following:

1. Sexual factors with infidelity as the main problem.
2. Socio-economic factors such as the rising economic power of women and heavy drinking by men.
3. Problematic and difficult personalities.
4. Communication difficulties.
5. Emotional factors.
6. Sociocultural factors such as childlessness.
7. Religious factors such as the decline in the belief of the sacredness of marriage itself and the fact that most people no longer respect the church and its role, hence they do not regularly attend church services.

These causes of marital pathology above as studied in literature are generally common in most marriages. The questionnaire had been given to 21 couples with a view to finding out what they think are the most serious causes which affect Zulu marriages.

Therefore, the analysis of the questionnaire will be done in this chapter. A therapeutic model which can be used with Zulu couples will also be designed and discussed in this chapter. Finally, a therapeutic programme which will be followed during therapy, will be drawn.

## **5.2 THE QUESTIONNAIRE**

A questionnaire, based on all the factors assumed to be the direct causes of marital pathology, was drawn up. A few items under each factor were constructed to determine its degree of influence on marital pathology. This resulted in a total of forty-four items based on eight factors.

A four point scale was used to determine the degree of an influence of an item: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree.

The aim of the questionnaire was to select those factors which are regarded by Zulu couples as the main causal factors in their marital pathology. The first twenty items were selected in the order of their highest score as the most important factors which cause marital pathology among Zulu couples.

Secondly, the aim of this questionnaire was to test the hypothetical list of the causes of marital pathology drawn in chapter 3, in order to support the theoretical framework of the causes of marital pathology.

Thirdly, the questionnaire would help in the designing of a therapeutic model to be used with Zulu couples.

It was thus not the intention of the study to draw a standardised questionnaire for testing the Zulu couple's opinion of their marriage, hence no pilot testing and evaluation of the questionnaire was done.

### 5.3 SAMPLING

The population or target group from which the researcher wanted to obtain opinions of the causes of marital pathology were those Zulu couples whose marriages are unstable in the small Gamalakhe township of the Izingolweni district in KwaZulu. In view of the reluctance of most Zulu husbands to discuss their marital problems openly, the researcher chose those Zulu couples who were willing to participate in this study.

A non-probability sampling was used because it was not easy to specify what the chances were that certain couples whose marriages were unstable, would be included in the sample. Couples selected for the administration of the questionnaire were those who were known and accessible to the researcher. It was also a purposive sampling because the researcher deliberately selected those couples known to him that had unstable marriages, and would agree to answer the questionnaire because they trust and respect the researcher.

Twenty-one Zulu couples who were selected, agreed to answer the questionnaire. The questionnaire was distributed to them personally and later collected, to be analysed by the researcher. In analysing the questionnaire, raw scores of each item were converted to frequency percentage, and the weighted mean was calculated. The weighted mean helps to determine the significance and gravity of each statement in comparison with other statements. It also indicates the extent of difference between agreement and disagreement by the respondents for statement.

Some statements may be very significant in causing marital pathology, while others may be insignificant and irrelevant. The mean, which is calculated when responses or scores are balanced, helps to indicate which statements are significant and which ones may be ignored because they are not relevant as far as the respondents are concerned.

The steps in the calculation of the weighted mean, average weighted mean and the weighted mean when responses or scores are balanced are as follows:

1. The conversion of the number of responses for each statement, to the percentage of the response frequency:

$$\frac{\text{responses} \times 100}{\text{No. of respondents}} = \text{response frequency \%}$$

2. The calculation of the weighted mean of each statement, including the value of each statement on a four point scale:

$$\frac{1 \times 100}{\text{No. of respondents}} + \frac{2 \times 100}{\text{No. of respondents}} + \frac{3 \times 100}{\text{No. of respondents}} + \frac{4 \times 100}{\text{No. of respondents}}$$

3. The calculation of average weighted mean:

$$\frac{\text{Sigma M}}{\text{No. of statements}} = \bar{X}$$



4. The calculation of the weighted mean when responses or scores are balanced between agreement and disagreement:

$$\frac{\frac{1}{2} \text{ scores} \times 100}{\text{No. of respondents}} + 0 + \frac{\frac{1}{2} \times 100}{\text{No. of respondents}}$$

**Figure 4**

Husbands' Responses

Strongly disagree (1) Disagree (2) Agree (3) Strongly agree (4)

	Mean % 1	Mean % 2	Mean % 3	Mean % 4	Weighted mean
1. Husbands are the main causes of marital problems	9.5	57.1	23.8	9.5	11.1
2. The decline of religious life	0	19.0	52.4	28.6	47.7
3. Wives no longer respect their husbands	0	9.5	57.1	33.3	15.4
4. The birth of children takes the wife's attention	9.5	28.6	42.9	19.0	12.8
5. Wives are unfairly oppressed by their husbands	19.0	42.9	28.6	9.5	10.9
6. The marriage of two difficult personalities	0	9.5	42.9	47.6	16.1
7. Wives have emotional outbursts	0	28.6	33.3	42.9	15.7
8. One partner suffers from an inferiority complex	4.8	19.0	62.0	14.3	13.6

9. Wives are the main cause of marital problems	14.3	47.6	33.3	4.8	10.9
10. Decision- making is done by husbands alone	14.3	4.8	19.0	19.0	7.4
11. Husbands are very aggressive to their wives	23.8	38.0	33.0	4.8	10.3
12. The frustration of not having children	4.8	9.5	33.3	52.4	15.9
13. Strong beliefs in God or ancestors has declined	4.8	14.3	57.1	23.8	14.3
14. One partner with a very problematic personality	0	9.5	62.0	28.6	15.2
15. Decline in practising Zulu customs	9.5	42.9	28.6	9.5	10.5
16. Inordinate drinking by husbands	4.8	28.6	28.6	38.0	14.2
17. Emotional immaturity of spouses	0	4.8	47.6	42.9	15.5
18. Lack of communication between the spouses	4.8	0	42.9	52.4	16.3
19. Excessive drinking by wives	14.2	9.5	38.0	28.6	12.4
20. Spouses are unable to resolve their conflicts	4.8	4.8	33.3	47.6	14.6
21. Failure of a partner to express his or her feelings	0	28.6	42.9	28.6	14.2
22. Wives are still regarded as minors by their husbands	4.8	42.9	28.6	23.8	12.9

23. Husbands don't satisfactorily support their families financially	14.2	38.0	33.3	14.2	11.7
24. Husbands don't always stay at home with their wives	0	14.3	71.4	9.5	13.4
25. The stubbornness of the wives	0	33.3	38.0	28.6	13.9
26. Excessive demands of sex by husbands	28.6	47.6	14.3	9.5	9.7
27. Husbands don't express love to their wives	9.5	23.8	38.0	28.6	13.5
28. Violence and battering of wives by husbands	14.3	33.3	33.3	9.5	10.4
29. Wives are moody	0	33.3	52.4	14.3	13.4
30. The emotional outbursts of anger by husbands	0	33.3	47.6	9.5	11.8
31. Lack of interest in sex by wives	9.5	28.6	52.4	9.5	12.4
32. Both partners don't understand each other	0	4.8	47.6	47.6	16.3
33. Adultery by husbands	0	28.6	42.9	28.6	14.2
34. Wives' views are ignored by husbands	0	33.3	62.0	4.8	13.0
35. Private love affairs by husbands	0	9.5	62.0	28.6	15.0

36. Husbands are dishonest and irresponsible	9.5	9.5	42.9	9.5	9.3
37. Adultery by wives	0	28.6	42.9	28.6	14.2
38. Wives want to control their husbands	0	28.6	38.0	33.3	14.4
39. Lack of sexual satisfaction by wives	9.5	23.8	42.9	19.0	12.9
40. The rising financial independence of wives	0	23.8	33.3	38.0	14.5
41. Men feel threatened by the intelligence of women	14.2	23.8	42.9	14.2	12.2
42. The traditional belief that women are inferior to men	9.5	33.3	33.3	9.5	10.3
43. Lack of sexual satisfaction by husbands	9.5	28.6	19.0	14.2	8.6
44. Men as leaders fail to manage their families satisfactorily	23.8	23.8	23.8	23.8	11.3
The average weighted mean					12.9
The weighted mean when responses are balanced					12.0

**Figure 5**

## Wives' Responses

Strongly disagree (1) Disagree (2) Agree (3) Strongly agree (4)

	Mean % 1	Mean % 2	Mean % 3	Mean % 4	Weighted mean
1. Husbands are the main causes of marital problems	0	23.8	28.6	47.6	15.5
2. The decline of religious life	4.8	23.8	38.0	33.3	14.2
3. Wives no longer respect their husbands	19.0	47.6	23.8	9.5	10.6
4. The birth of children takes the wife's attention	19.0	14.2	57.1	9.5	12.2
5. Wives are unfairly oppressed by their husbands	4.8	19.0	28.6	47.6	15.2
6. The marriage of two difficult personalities	0	28.6	38.0	33.3	14.4
7. Wives have emotional outbursts	4.8	19.0	52.4	23.8	14.0
8. One partner suffers from an inferiority complex	14.2	14.2	42.9	28.6	13.5
9. Wives are the main cause of marital problems	38.0	42.9	9.5	9.5	9.1
10. Decision- making is done by husbands alone	0	9.5	42.9	47.6	16.1
11. Husbands are very aggressive to their wives	0	14.2	47.6	42.9	16.4

12. The frustration of not having children	0	4.8	52.4	42.9	16.1
13. Strong beliefs in God or ancestors has declined	4.8	14.2	61.9	19.0	14.0
14. One partner with a very problematic personality	0	19.0	33.3	47.6	15.7
15. Decline in practising Zulu customs	4.8	52.4	28.6	14.2	12.0
16. Inordinate drinking by husbands	4.8	4.8	19.0	71.4	17.0
17. Emotional immaturity of spouses	0	14.3	47.6	47.6	17.2
18. Lack of communication between the spouses	0	4.8	38.0	62.0	17.7
19. Excessive drinking by wives	19.0	14.2	23.8	38.0	13.0
20. Spouses are unable to resolve their conflicts	4.8	0	47.6	47.6	16.1
21. Failure of a partner to express his or her feelings	0	9.5	52.3	38.0	15.5
22. Wives are still regarded as minors by their husbands	0	0	52.4	47.6	16.6
23. Husbands don't satisfactorily support their families financially	0	14.2	19.0	66.7	17.1
24. Husbands don't always stay at home with their wives	0	19.0	14.2	62.0	16.7

25. The stubbornness of the wives	14.2	33.3	42.9	9.5	11.7
26. Excessive demands of sex by husbands	19.0	42.9	19.0	19.0	11.3
27. Husbands don't express love to their wives	0	14.3	28.6	57.1	16.3
28. Violence and battering of wives by husbands	9.5	14.3	33.3	42.9	14.8
29. Wives are moody	4.8	47.6	42.9	4.8	11.7
30. The emotional outbursts of anger by husbands	0	19.0	62.0	19.0	14.3
31. Lack of interest in sex by wives	14.3	28.6	38.0	19.0	9.6
32. Both partners don't understand each other	0	23.8	33.3	42.9	15.3
33. Adultery by husbands	0	28.6	42.9	28.6	14.2
34. Wives' views are ignored by husbands	0	33.3	62.0	4.8	13.0
35. Private love affairs by husbands	0	9.5	62.0	4.8	10.7
36. Husbands are dishonest and irresponsible	19.0	19.0	42.9	19.0	12.4
37. Adultery by wives	0	28.6	42.9	28.6	14.2
38. Wives want to control their husbands	0	28.6	38.0	33.3	14.4
39. Lack of sexual satisfaction by wives	9.5	23.8	42.9	19.0	12.5

40. The rising financial independence of wives	0	23.8	33.3	38.0	14.3
41. Men feel threatened by the intelligence of women	14.2	23.8	42.9	14.2	11.7
42. The traditional belief that women are inferior to men	9.5	33.3	33.3	19.0	12.1
43. Lack of sexual satisfaction by husbands	9.5	28.6	28.6	14.3	10.0
44. Men as leaders fail to manage their families satisfactorily	23.8	23.8	23.8	23.8	11.3
The average weighted mean					13.9
The weighted mean when responses are balanced					12.0

#### 5.4 THE ANALYSIS OF THE QUESTIONNAIRE FOR BOTH HUSBANDS AND WIVES

**Figure 6**

The analysis of the questionnaire

Strongly disagree (1) Disagree (2) Agree (3) Strongly agree (4)

	Mean % 1	Mean % 2	Mean % 3	Mean % 4	Weighted mean
1. Husbands are the main causes of marital problems	4.8	40.5	26.2	28.6	6.6
2. The decline of religious life	2.4	21.4	45.2	31.0	7.9



3. Wives no longer respect their husbands	9.5	26.2	42.9	21.4	6.6
4. The birth of children takes the wife's attention	14.3	19.0	53.4	14.3	6.4
5. Wives are unfairly oppressed by their husbands	11.9	28.6	31.0	28.6	6.6
6. The marriage of two difficult personalities	0.0	16.7	42.9	40.5	7.7
7. Wives have emotional outbursts	2.4	23.8	42.9	31.0	7.2
8. One partner suffers from inferiority complex	9.5	16.7	52.4	21.4	6.8
9. Wives are the main causes of marital problems	26.2	45.2	21.4	7.1	4.9
10. Decision-making is done by husbands alone	7.1	28.6	28.6	35.7	6.2
11. Husbands are very aggressive to their wives	11.9	27.0	38.1	23.8	6.6
12. The frustration of not having children	2.4	7.1	42.9	47.6	8.0
13. Strong beliefs in God or ancestors have declined	4.8	14.3	60.0	21.4	7.1
14. One partner with a very problematic personality	0.0	11.9	50.0	38.1	7.8
15. Decline in practising Zulu customs	11.9	47.6	27.0	14.3	5.8
16. Husbands drink too much	4.8	16.7	23.8	54.8	7.8

17. Emotional immaturity of spouses	0.0	11.9	47.6	40.5	7.8
18. Lack of communication between the spouses	2.4	2.4	38.1	57.1	8.3
19. Excessive drinking by wives	16.7	19.0	28.6	35.7	6.7
20. Spouses are unable to resolve their conflicts	4.8	4.8	42.9	47.6	7.9
21. Failure of a partner to express his or her feelings	0.0	19.0	47.6	33.3	7.4
22. Wives are still regarded as minors by their husbands	2.4	21.4	40.4	35.7	7.3
23. Husbands don't satisfactorily support their families financially	7.1	27.0	27.0	40.4	7.2
24. Husbands don't always stay at home with their wives	0.0	16.7	40.4	42.9	7.8
25. The stubbornness of wives	7.1	33.3	40.4	19.0	6.5
26. Excessive demands of sex by husbands	23.8	45.2	16.7	14.3	5.2
27. Husbands don't express love to their wives	4.8	19.0	33.3	42.9	7.4
28. Violence and battering of wives by husbands	11.9	21.4	35.7	31.0	6.8
29. Wives are moody	2.4	40.4	47.6	9.5	6.3

30. The emotional outbursts of anger by husbands	0.0	26.2	54.8	19.5	7.0
31. Lack of interest in sex by wives	11.9	28.6	45.2	14.3	6.2
32. Both partners don't understand each other	0.0	14.3	42.9	42.9	7.5
33. Adultery by husbands	0.0	23.8	35.7	40.4	7.7
34. Wives' views are ignored by husbands	4.8	16.7	54.8	23.8	7.1
35. Private love affairs by husbands	0.0	11.9	38.1	50.0	8.1
36. Husbands are dishonest and irresponsible	9.5	11.9	33.3	45.2	7.5
37. Adultery by wives	9.5	23.8	35.7	30.9	6.9
38. Wives want to control their husbands	9.5	35.7	33.3	21.4	6.3
39. Lack of sexual satisfaction by wives	4.8	35.7	35.7	23.8	5.8
40. The rising financial independence by wives	0.0	26.2	42.9	30.9	7.3
41. Men feel threatened by the intelligence of women	4.8	28.6	40.4	26.2	6.9
42. The traditional beliefs that women are inferior to men	4.8	23.8	47.6	23.8	6.9
43. Lack of sexual satisfaction by husbands	7.1	21.4	45.2	26.2	6.9

44. Men as leaders fail to manage their families satisfactorily	14.3	14.3	26.2	45.2	7.2
Average weighted mean					7.0
Weighted mean when scores are balanced					6.0

### 5.5 RANK ORDER OF THE WEIGHTED MEAN STATEMENTS

Statements	Rank order	Weighted mean
Lack of communication between spouses	1	8.3
Private love affairs by husbands	2	8.1
The frustration of not having children	3	8.0
The decline of religious life	4	7.9
Spouses are unable to resolve their conflicts	4	7.9
One partner with a very problematic personality	6	7.8
Husbands drink inordinately	6	7.8
Emotional immaturity of spouses	6	7.8
Husbands don't always stay at home with their wives	6	7.8
The marriage of two difficult personalities	10	7.7
Adultery by husbands	10	7.7
Both partners don't understand each other	12	7.5
Husbands are dishonest and irresponsible	12	7.5
Failure of partners to express their feelings	14	7.4
Husbands don't express love of their wives	14	7.4
Wives are still regarded as minors by their husbands	16	7.3
The rising financial independence of women	16	7.3
Wives have emotional outbursts	17	7.2

Husbands don't satisfactorily support their families financially	17	7.2
Men as leaders fail to manage their families satisfactorily	17	7.2
Strong beliefs in God or ancestors have declined	21	7.1
Wives' views are ignored by husbands	21	7.1
The emotional outburst of anger by husbands	23	7.0
Adultery by wives	24	6.9
Men feel threatened by the intelligence of women	24	6.9
The traditional beliefs that women are inferior to men	24	6.9
Lack of sexual satisfaction by husbands	24	6.9
One partner suffers from an inferiority complex	28	6.8
Violence and battering of wives by their husbands	28	6.8
Excessive drinking by wives	30	6.7
Husbands are the main causes of marital problems	31	6.6
Wives no longer respect their husbands	31	6.6
Wives are unfairly oppressed by their husbands	31	6.6
Husbands are very aggressive to their wives	31	6.6
The stubbornness of wives	35	6.5
The birth of children takes the wife's attention	36	6.4
Wives want to control their husbands	37	6.3
Wives are moody	37	6.3
Decision-making is done by husbands alone	39	6.2
Lack of interest in sex by wives	39	6.2
Decline in keeping and practising Zulu customs	41	5.8
Lack of sexual satisfaction by wives	41	5.8
Excessive demands of sex by husbands	43	5.2
Wives are the main causes of marital problems	44	4.9

This questionnaire helped in the design of the therapeutic model to be used in counselling the Zulu couples. There is an indication of the areas which seem to be the main problems in the Zulu couples of the geographical area from which the couples were sampled. It was thus expected that the couples which would be counselled would reflect these problems in their marriages.

The analysis of the questionnaire showed that almost all the items of the questionnaire, except the last four, in the rank order, are supported by the respondents to be contributing to their marital problems.

## **5.6 THE THERAPEUTIC MODEL**

### **5.6.1 Introduction**

The therapeutic model for Zulu couples should be designed against the following backgrounds: that the historical and traditional beliefs of the Zulus are still deeply embedded in the thinking of both husbands and wives. Husbands still uphold the belief that they are superior and more intelligent than women, and thus their word should be final. Men still maintain that wives should unconditionally submit to their husbands. They believe that they have absolute authority to rule their houses. For them, marriage is equal to children, if there is no child, the marriage is a failure. Zulu men uphold that they have public sanction to fall in love with many women, and thus even if they get married, it should be understood and accepted when they continue being involved in extramarital love affairs. They seem to believe that the place of the husband is outside, and that of the wife is at home.

On the other hand, women believe that times have changed due to western civilisation, therefore they no longer totally agree with their husbands' thinking. Women believe that they must have a right to express their opinion among men, they have a right to challenge men even at meetings. They support the western way of life as the accepted standard of living.

This is what brings about conflict in Zulu homes and houses. Men want to maintain the past and historical values, while women are still directed and controlled by the current values of the civilised society.

Both these beliefs from men and women will always cause each spouse to defend at all costs his or her position. The husband supports his position by referring to the past, and the wife points to the present position. In this situation a man will claim to be always right and a wife always wrong. It is thus this perception which compounds the marital problems of the Zulus. The perception by husbands to be always right, causes them to refuse to see the counsellor whenever there is a problem because they regard that as an interference in their private lives, thus rejecting a third person in their married life.

The therapy for the Zulu couple should thus be approached against this background. Thus a suitable therapeutic model should be sought which will fit in this situation.

### **5.6.2 Psychological Climate**

This climate is so indispensable in and among Zulu couples. The therapist must sell himself to the couple, especially the man. The development of trust is a prerequisite in Zulu marital therapy, especially when the counsellor is a man. During the first session of the interview the couple must be made to feel at ease.

### **5.6.3 Individual Marital Therapy**

In view of the difficulty of getting the Zulu husbands to attend a counselling session with his wife, the man must first be seen alone to establish that acceptance in an unconditional positive regard. Among the Zulus, it is always the wife who seeks counselling. A man never goes to seek counselling because of the cultural background. A Zulu husband does not like to be confronted by his wife in front of a third person who is not part of their family. All these factors necessitate an individual counselling, before a conjoint therapy is applied. The therapist must first win the confidence of the man for the therapy to succeed.

There are also other problems on the part of the wife which necessitate an individual therapy first. The questionnaire has revealed that personality difficulties is problem number one in marital problems and therapy of the Zulu couples. It is thus essential to deal with some of the wife's idiosyncrasies before you put them together. Some of the wives would maintain that sex is not that important, hence failing to accept the high premium put on the sexual relationship by her husband. This must be dealt with, with her alone before the conjoint therapy.

### **5.6.4 Relational Therapy**

According to the findings in the literature, it seems as if relational therapy is the most appropriate model of therapy to use with Zulu couples. It is suitable and relevant because it allows the premise that problems emanate from the meaning a person assigns to his or her relationships. There are several areas of relationship in marriage which usually affect the marital contract. Before any therapy can be applied, one needs to know which relationships are affected.



The advantage of this therapy is that diagnosis and therapy go together. If it is a partner's relationship with his or her self, you know that you are dealing with the problem of self-esteem and self-concept. There may be a problem of infidelity which, when one goes deeper into it, may be caused by the problem of personality or religious belief. Relational therapy allows the therapist to focus on many possibilities. It affords the therapist an opportunity to listen to how the client evaluates herself after the identity formation and the resultant behaviour of this evaluation.

It thus appears therefore that relational therapy is the most suitable for Zulu couples because it enables the therapist to isolate that particular relational problem and deal with it.

Other therapeutic techniques may be used as they dovetail in relational therapy. A presenting problem may be the heavy drinking of the husband, whereas underlying this problem may be a bullying wife at home, whom the husband is unable to handle. The therapist thus begins to deal with the personality of the wife. A very withdrawn wife or aggressive husband may be having relational problem with the self. Therefore, while using relational therapy one may utilise other therapeutic techniques to treat that particular problem area.

### **5.6.5 Rational Emotive Therapy**

It appears as if most of the time the marital problems of the Zulu couples are based on the irrational belief caused by mistrust emanating from past experiences with each other. It is thus very necessary to deal with these irrational beliefs by challenging them. Rational emotive therapy would be effective in dealing with unfounded irrational beliefs. The irrational image is often caused by hasty

decision based on incorrect beliefs and irrational conclusions which must be disputed.

### **5.6.6 Transactional Analysis**

This technique is of special relevance to Zulu couples because of the problems, as evidenced by the questionnaire, which relate to communication. The latter is the most pertinent to Zulu marriages. It is not that there is no communication, because couples cannot not communicate, but the communication of Zulu couples is affected by the traditional beliefs about the partners' roles emanating from their cultural heritage.

Communication in a Zulu marriage is usually from top, the husband, down to the wife. It is so because a wife is still regarded as a minor or a child as it is expressed in Zulu. A Zulu husband therefore expects his wife to conform to his way of perceiving and doing things.

The transactional analysis is important here because couples will have to be taught to recognise the ego states they use when they address each other, and the reasons behind misunderstandings which compound their communication. Zulu husbands therefore usually consistently and rigidly operate in a parent ego state, thus expecting the wife to operate in a child ego state. The conflict is created by the fact that wives are always the ones who usually reflect maturity and the understanding of the situation that they operate in a parent ego or adult ego states, which in turn annoys their husbands who expect to be submissively obeyed.

Zulu couples will have to be taught about these ego states operation and how they affect their communication. There are instances where the child ego states

need to be accepted especially from the wives, but Zulu husbands usually do not recognise these situations where the child ego states from the wife need to be accommodated. Husbands rigidly continue to operate in an ego state which is not suitable for the situation.

### **5.6.7 Paradoxical Intention**

Paradoxical intention is regarded as effective in dealing with difficult personalities and characters. It has become apparent that whatever problem the Zulu couple may have, will ultimately point to the problematic personality underlying it. Zulu husbands often resist change. The paradoxical intention would thus deal with this resistance to change. By restraining a problem, the therapist actually provokes the client to work for change. It is paradoxically maintained that by trying to keep or exaggerate a symptom, the symptom instead disappears.

### **5.6.8 Assertiveness Training**

Marital pathology of Zulu couples is usually exacerbated by the fact that a woman, in Zulu culture, is not expected to voice her feelings of dissatisfaction. This causes withdrawal and communication problems. On the other hand, as also revealed by the questionnaire, Zulu husbands do not express love to their wives, due to cultural and traditional beliefs. They may not publicly show love to their wives. This method should help train men to learn to express their appreciation of and love for their wives. For Zulu men, this can be very difficult to do.

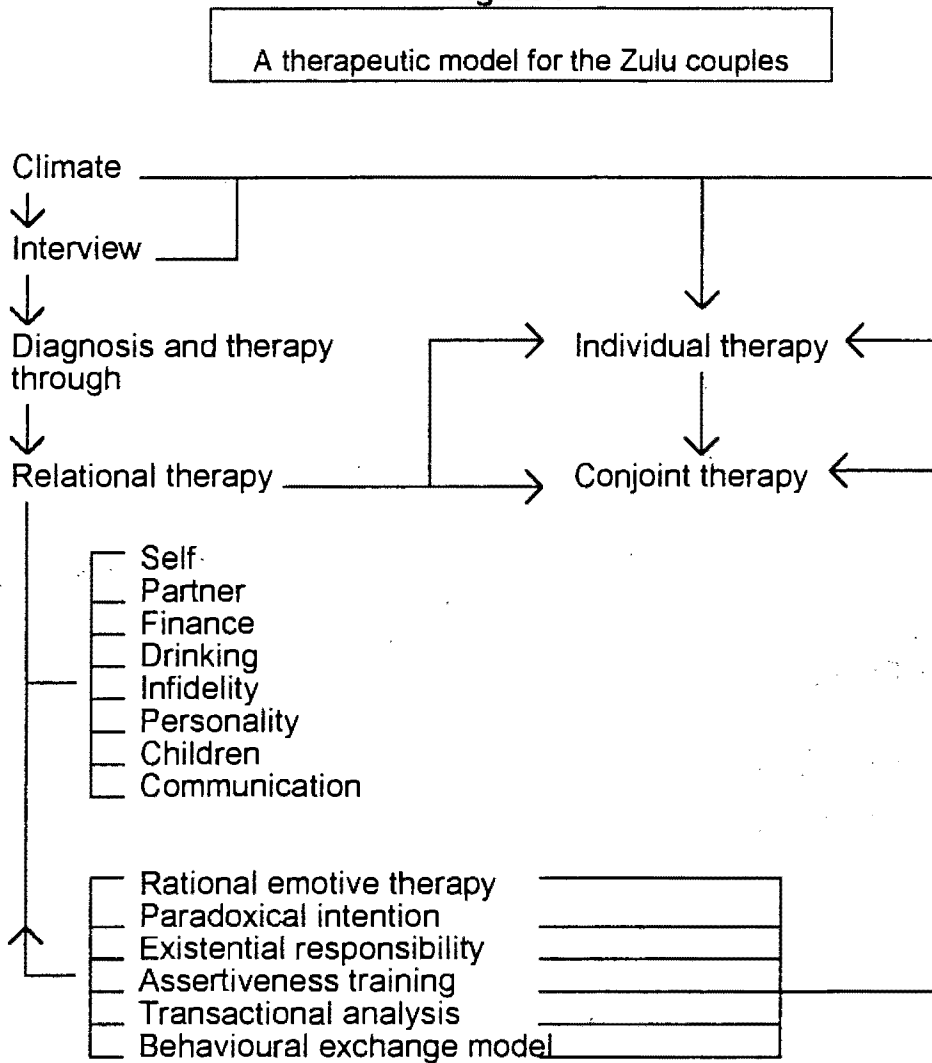
### **5.6.9 Existential Responsibility**

Zulu couples do have a tendency to hide behind some excuses for failing to act responsibly. The usual excuses are cultural reasons e.g. the fact that a person is a man means that there are things he feels people will have to understand and accept. Zulu women would decry the hopeless situation in which they find themselves, where they cannot do anything because they are women borne to passively submit to the authority of men. It is for this reason that they have to be made aware of their responsibility to make a choice and act responsibly as adults, because ultimately, man is the product of his or her choices. Most marital problems among Zulu couples manifest lack of responsibility on the part of men or husbands.

### **5.6.10 Behavioural Exchange Model**

Once a working relationship between the therapist and the Zulu couple has been established, then it is necessary to commit the couple to a contract to monitor their change. This is an important last technique which helps to actualise other techniques already used. It will be helpful for the wife to monitor how many times her husband is able to appreciate her or to say that he loves her, that is reinforcing assertiveness training. They will have to monitor their responsibility to one another. All these behavioural activities will be actualised through this model.

Figure 7



## 5.7 A THERAPEUTIC PROGRAMME

### 5.7.1 Interview

Three interviews will be conducted with the client. During the first interview a climate will have to be created, without which no therapy will be possible. The climate will create an atmosphere within which the client will venture to release herself or himself in order to grow. It will be during this climate that trust and confidence will be developed between the clients and the therapist. It will be

created by love and respect of the clients, and congruence and genuineness by the therapist.

In order to win the confidence of the husbands, an individual interview and therapy will have to be done with the husbands alone because Zulu husbands do not like a third person in their married life. Wives maintain that men do so, because they know that they are the ones who are always the "identified patients" and thus do not want to be humiliated in front of their wives and a stranger for their failures and weaknesses. Thus husbands need to be assured that it is essential that they both see the counsellor and that counselling is not a place and time for cross-examination, it is meant to heal their relationships.

The ensuing two interviews will be focused on the diagnosis of the problem.

### **5.7.2 Diagnosis and Therapy**

About eleven sessions will have to be spent on the diagnosis and therapy. This refers to a relational therapy which simultaneously enables the therapist to diagnose while doing therapy. This diagnosis will indicate the area in which the couple has a problem.

### **5.7.3 Therapeutic Techniques**

The relationship therapy helps to identify the relational problem. At the present moment it appears that Zulu couples have problems in eight main areas: self, where a spouse may suffer from a low self esteem or negative self-concept, as a result of the meaning s/he attributes to their relationship, due to some experiences they have been involved in. It may be another partner who is a problem i.e. an identified patient. The problem may be due to financial stresses,

drinking, infidelity, which is very common among Zulu couples, personality, which is problem number one among Zulu couples, according to the questionnaire, childlessness and communication.

In dealing with these problems, the other techniques will be used, such as rational emotive, paradoxical intention, existential responsibility and assertiveness training. Change of behaviour will be monitored by the behavioural exchange model. Five sessions will thus suffice in the treatment of whatever marital symptom will have been diagnosed.

#### **5.7.4 Behavioural Exchange Model**

This will be the last stage in this therapy which will be reached only when the couple has agreed to co-operate and work on their problem. This is particularly important for the Zulu couple where the husbands may often be reluctant to be counselled. Once the husband agrees to co-operate, the model will be employed.

It is thus not necessary to stipulate the number of sessions, because they are determined by the number of times the symptoms appear or the resistance of the client, and thus the follow-up to monitor the progress. However, it is envisaged that at least ten sessions will be spent for therapy with each case study.

## CHAPTER 6

### CASE STUDIES OF MARRIAGE THERAPY

#### 6.1 INTRODUCTION

Therapy basically consists in making the client aware of his or her problem so that he can begin to work on it. As long as the client is not aware of the problem, no therapy will take place. The client is helped to see the problem as it really is. He must be helped to accept and work on the problem, change what he can, and accept what he cannot change. Therapy helps the client to be realistic and rational. The therapist, therefore, has to present the client's problem realistically, and then it's up to the client to decide what he is going to do about it.

Furthermore, the therapist must analyse the problem to make the client aware of its causes. This is done through the interview. The problem may be investigated or explored through the tests; it is explored to find other underlying factors. As soon as the client finds meaning in it, he becomes involved in it as it is. The ultimate goal is the personalisation of the problem when the client begins to work on it.

There are, however, slightly different dynamics involved in the counselling of Zulu couples. This is due to the fact that the Zulu husbands are traditionally endowed with unquestioned authority to which wives must unconditionally submit. Zulu husbands do not like an involvement of a third person in their marital problem; therefore they will usually be reluctant to see the therapist. The latter must consequently first establish a climate and build a confidence before therapy.

In this research two case studies will be used. Firstly the background of the problems of the two couples will be explained and thereafter the process of the therapy.



## 6.2 BACKGROUND INFORMATION

The first case study was that of Mr Z and Mrs S. Both of the partners are professional; they are qualified teachers and have been married for more than ten years. Their initial years of marriage were very happy, exciting and fulfilling, but later on in their marriage, a strange thing happened, which led to the deterioration of their marital relationship. Mrs S began to have very strange dreams. She would dream of sleeping with a creature which was half-animal and half-man (*Isihwane*). In the dream this male creature with a big penis had sexual intercourse with Mrs S. The coitus so satisfied Mrs S that she began to feel that she no longer needed her husband. This gradually changed into a hatred of her husband, and it became so serious that Mrs S refused to have sex with her husband. Mr Z was completely rejected by his wife with regard to sexual relationship. She so hated him that she began to be very irritable and impatient with him, but she did not tell her husband about these dreams.

This led to a deterioration of their marital relationship. To Mrs S, it was repulsive to live and sleep in one bed with Mr Z. Mrs S believed that witchcraft was behind the dreams, in order to cause her to part with her husband; probably a girl who was after her husband, hence she did not want to tell her husband about the dream.

Henceforth, Mrs S's attitude towards sexual relations with her husband changed. She developed an extremely negative attitude towards her husband, and worse still, she began to hate sex, and became rigid during sexual intercourse, if her husband had managed to cause her to comply with the demand. Sometimes she would fall asleep during the act. Sexual intercourse with her husband began to be a torture to her; thus it became painful, detestable and unacceptable. She began to complain that her husband was demanding too much sex, and she could not cope with it. She also started to argue that sex is not important in marriage.

Subsequent to these events and experiences of Mrs S, the couple started to live a life without any sexual intercourse, for months and years. It so tortured Mr Z that he could not bear it any longer. He thus began to have extramarital relations. Mr Z became so used to this life of infidelity that it became a way of life for him.

Mr Z and Mrs S's marital relationship became so pathological that life together became unbearable. The husband had to go and work far away from home where he freely involved himself in extramarital affairs. This way of life so affected his wife that she began to be very aggressive and irritable. She became very paranoid and suspicious of anything that had to do with the husband's association with women. She began to keep a close surveillance over her husband's movements. He, in turn, hated being watched, and this increased the level of conflict in their relationship. They both became miserable and sometimes depressed. It was this unhappy situation that led to the need for counselling the couple. Both the wife and the husband came separately to the researcher to ask for some advice because there was no longer any healthy communication between the two of them.

The second case study is that of Mr K and Mrs V, who are also both professional people. The husband is a teacher and the wife is a nurse. They have been married for six years. Their marriage took place after having a child out of wedlock. Initially the marriage was a happy one without problems. The husband, Mr K, is a very reserved person and a bit dull. Mrs V is a glowing, ebullient and sociable person who is also very intelligent.

Mr K drank liquor moderately, and this did not cause any problem in their marriage, but gradually he increased his liquor intake and began to come home drunk every day. In fact, he would be so drunk that he had to be carried home by his friends. During weekends he remained drunk for the whole day. His drunkenness led to his losing his

salary every month-end; hence serious conflicts and verbal fights began, and became so unbearable that Mrs V had to request counselling and intervention in their marriage.

The problem was complicated still further when Mrs V shared her frustration with Mr Z. They met and became friends, and this led to their falling in love. Mrs V contemplated divorcing her husband (Mr K), with the hope of marrying Mr Z; but Mr Z was not prepared for that.

### **6.3 FIRST SESSION INTERVIEW - THE CREATION OF CLIMATE**

The creation of a climate is a sine qua non for counselling the Zulus. The therapist must first gain the confidence and trust of the husband. The latter must be able to feel that the therapist recognises him as the man of his house who has a right to rule without any interference from outside. Unless the therapist gains the confidence and acceptance of the husband, he can sabotage the whole therapy. The husband needs to be assured that therapy is not an interrogation or trial, but it is a process of trying to heal the marital relationship. In both cases the husbands were first talked to alone in order to allay their fear that they may lose their power and confidence in front of their wives.

The following steps were used for the first case study:

1. Diagnostic individual interview. The interview helped to create a climate to enable the husband to develop trust, for the researcher removed fears that his authority as a man would be undermined.
2. Conjoint interview and therapy.
3. Relational therapy.
4. Transactional analysis.
5. Rational emotive therapy.
6. Existential responsibility.

7. Assertiveness training.
8. Paradoxical intention.
9. The administration of the EPI and the 16 PF. tests.
10. The communication of tests results to the couple.
11. The conclusion of the case study.

## **6.4 THE FIRST CASE STUDY OF MR Z AND MRS S**

### **6.4.1 Second Session - Interviews**

The presenting problem was that there was no longer any communication between Mr Z and Mrs S. The latter became very irritable and verbally attacked or ran down her husband in front of their children. This happened after the slightest provocation. There was no sexual union between the partners because of the wife's complete refusal. She was always angry and depressed. Mrs S's reluctance to have sex also caused her husband to decide not to make any advances at all. A deadlock was thus reached where no one was prepared to back down in order to create a conducive atmosphere for communication and growth.

The partners were first interviewed separately. The first person to be interviewed without any interference by the researcher was the wife. Her main complaints were that:

"My husband is unfaithful. He receives telephone calls everyday from his lovers. I sometimes discover letters from girls in the pockets of his trousers. I can no longer put up with this behaviour which I have endured for many years."

Mrs S cited as the antecedent to this behaviour the time when her husband caused a certain girl to fall pregnant, and that from that incident their marriage started to deteriorate.

Mrs S's feelings were that it would be better for them to divorce or to separate so that her husband could get enough time to womanise until he was satisfied. She expressed her strong feelings about her husband's extramarital affairs, that she was being hurt and destroyed by this behaviour. The second problem related to financial difficulties. Mrs S's complaint was that they had a very tight budget because her husband squandered his money with his lovers. He had many girlfriends whom he usually entertained.

Mr Z was then interviewed. He stated his feelings as follows:

"The life I am living with my wife is miserable because there is no longer any communication between us. We no longer talk to each other, in fact, she does not want to talk to me, except when she wants to run me down in front of the children. My wife is very irritable lately - even at the slightest provocation. To make things worse, there is no longer any sexual union between us. She completely refuses to have sex with me.

We just sleep together as a brother and sister. I have now adjusted myself to this life to the point where I also no longer need her sexually. What worries me now is the fact that we fight in front of the children because this destroys children. Therefore, it is either that she stops lambasting me in front of the children, or she leaves my house."

After these interviews with the partners, an agreement was reached about a conjoint interview where each one of them was going to tell his or her partner what s/he told the researcher. The husband was willing to have this opportunity

because it was difficult for them to talk alone because they did not listen to each other.

#### **6.4.2 Third Session - Conjoint Interview and Therapy**

When the couple arrived on the appointed day, the researcher asked them who was prepared to start to tell his or her partner what s/he told the researcher. The husband was the one who broke the ice:

*Mr Z:* "My wife does not talk to me. She runs me down in front of the children. I no longer receive the respect I deserve as a husband."

Before the partner responded, the researcher suggested that they should address each other, instead of directing their remarks to the researcher. This enabled them to talk to each other under the researcher's protection.

*Mrs S:* "It is because I am affected by what you are doing. I can no longer stand this. Everyday I receive telephone calls from your lovers; time and again I discover love letters, and this is irritating to me."

Summarising, the researcher stated that Mr Z's complaint was that there was no longer any communication between them. He also felt that he was being run down in front of the children. On the other hand, Mrs S's response was that it was due to the fact that Mr Z was having a lot of extramarital affairs.

After this summary, either partner was asked to respond first. Mrs S commenced by saying that she did not talk because of being affected by the promiscuous life of the husband. Her irritability and moods were caused by the fact that she felt that it was not worth her staying with him. It was only the children who caused her to be in a conflict about leaving or staying.

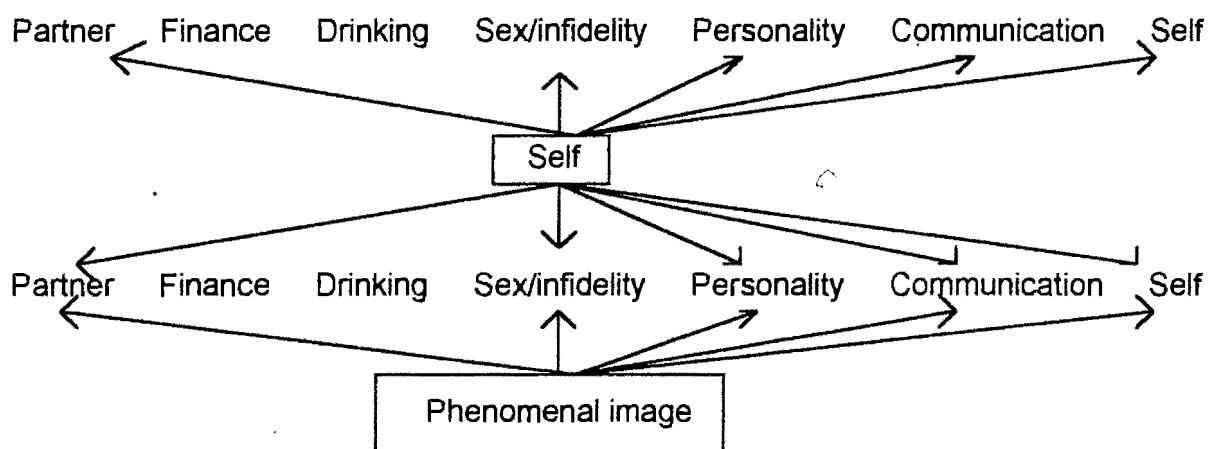
Mr Z then narrated the history of their problem and the antecedent behaviours. The gist of his response was that Mrs S had deprived him of his conjugal rights. He had thus eventually accepted the fact that he had no wife, but was just sleeping with his sister. He then emphatically said:

"I have now grown used to living without sex with you and thus have become accustomed to this way of life. I have learnt to do without you, hence I no longer need you sexually."

### 6.4.3 Relational Therapy

**Figure 8**

Relational Image



The arrows point to the fact that the partners in the first instance are a problem to themselves. Secondly, both partners point to a sexual problem. Mrs S has a problem with her husband whom she says is involved in sexual relations with other women. On the other hand, Mr Z cites his wife as the cause of the problem because of her refusal to have sex with him caused him to start these extramarital affairs. The next step was the person image, to find out what meaning this couple attributed to their relationships. This was done through the application of the psycho-educational approach as a further diagnosis and therapy.

The researcher asked Mrs S to respond to her husband's complaint that she was running him down in front of the children, was irritable and refused to have sex with him. Her response was:

"I cannot have sex with him because I no longer trust him. I am afraid that I might contract AIDS. Secondly, Mr Z never asks sex from me because he knows that he no longer needs me because he satisfies his sexual needs with the other women he is in love with."

*The researcher:* "You have the feeling, Mrs S, that your husband no longer loves you. Secondly you seem to believe that your husband has AIDS. Can you elaborate on that?"

*Mrs S:* "Yes, he does no longer love me at all. What he is doing he is doing deliberately, in order to cause me to go away from his house so that he can take other beautiful women and marry them. Secondly, you cannot escape AIDS if you are in love with as many women as he is."

*The researcher:* "You seem to have a feeling that you are not beautiful, hence your husband is looking for more beauties."

*Mrs S:* "If I were beautiful he would not have gone to other women and if he loved me, he would have not done what he is doing to me now. He has been doing this for so many years, therefore I am no longer prepared to have sex with him as long as he is still involved in womanising. He must go on having sex with his women and not me. Sometimes I experience some funny things in my body. I believe they are some charms caused by



his girlfriends in order to cause me to leave his house so that he can marry them. I also believe that sex is not so important that my husband has to go outside just because we have no sex. We are Christians; therefore there is no need for sex. Let us learn to have self-control."

Evidently Mrs S's self-concept was completely shattered by what she thought were the underlying reasons behind her husband's behaviour. All her thoughts about herself were so distorted and irrational that to get her to accept herself positively was a *sine qua non* to therapy. She felt unloved, probably because of not being beautiful. She could not have sex with her husband because she was afraid of AIDS which she suspected and believed her husband had contracted owing to his promiscuity. She had a generally negative attitude towards sex. This negative attitude towards sex was initially precipitated by Mrs S's dream. During therapy, Mrs S did not mention the problem of a dream which caused her to refuse sexual intercourse with her husband, hence the question of her dream was never treated during therapy. She thus had to be persuaded to change this thinking and attitude. She needed an assurance from her husband that she was loved; but the only condition and assurances she said she would accept was if her husband stopped extramarital love affairs as soon as possible.

The meaning which Mrs S attributes to her relationship is that she is unlovable; she is not attractive in comparison with other women outside. Her evaluation of herself is thus that she is not worthy to be called his wife. She does not deserve it. Her identity is that of an unattractive wife. She has thus developed an unrealistic negative self-concept which needs to be disputed. Secondly, she is behaving like a parent punishing a naughty boy, and refuses to be realistic and face the reality that her husband needs her. She is suppressing and bottling this up until it finds its expression through irritability and depression as a way of

communicating her anger against her husband. Her fear of AIDS is realistic, but it needs to be questioned.

The next task then was to persuade Mr Z to discontinue his extramarital affairs.

His response was as follows:

*Mr Z:* "My wife is always quiet, if I am at home I have nobody to talk to. I like socialising with people, and my wife is against that. She says I must not talk to females. I cannot agree to that because I am lonely in this house. It is when I am outside that I become happy because I meet women who talk to me nicely, who respect me and show love which I do not see in this house. She does not respect me, and thus I must go to those who respect and care for me."

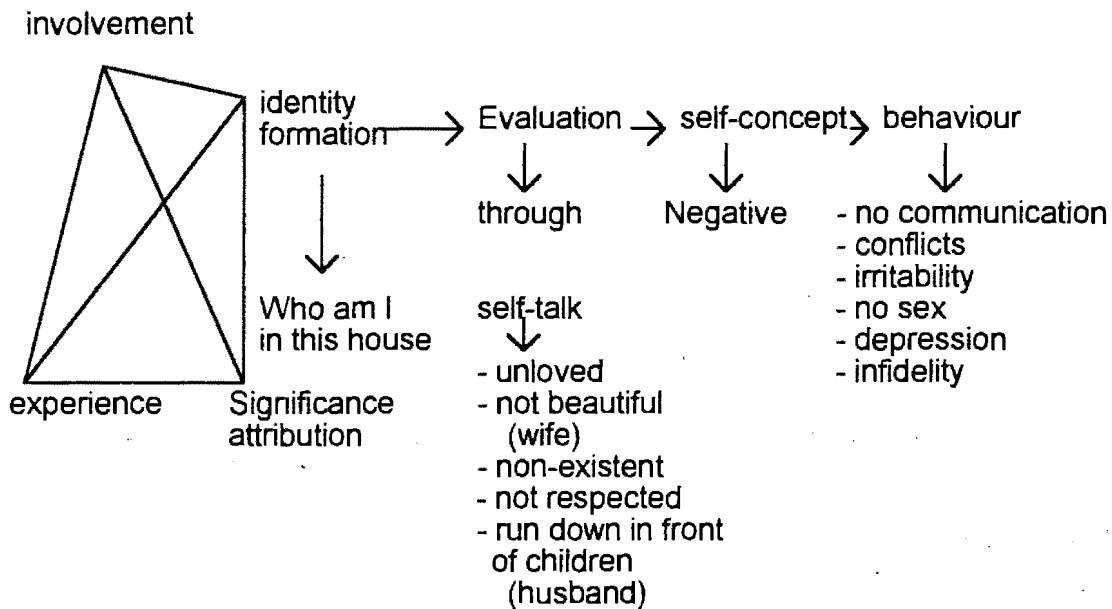
Mr Z's feeling and attribution of meaning to his relationship with his wife is that she does not respect him, hence the fact that she runs him down in front of the children and is easily provoked. He is also a child that needs to be cared for and loved, if he is not, he goes outside where he will obtain love and care. It can thus be summarised that:

1. Mrs S's involvement in this marital relationship, has resulted in unfavourable and painful experiences. She says that her husband has been involved in extramarital relationships for a long time, hence her negative meaning attribution to this depressive relationship.
2. The involvement and experiences have led to a negative evaluation of herself; she feels she is unloved, hence she had a low self-esteem and negative self-concept. This has caused her to lose confidence in herself, consequently she thinks she is not beautiful.

3. Her personality appears to be a difficult one. Her personal construct is rigid; she sticks to what she believes in spite of facts to the contrary.
4. She acts like a very strict parent who believes in moral perfection as will be seen in the ensuing therapy session. Her puritanical attitude is influenced greatly by her religious beliefs. Such religious beliefs cause her to feel more affected by the behaviour of her husband since she believes that a Christian ought not to conduct himself in that manner. She actually dictates terms to her husband: he must not talk to women because they are going to tempt him.
5. Mr Z's problem is that he does not seem to have formed a father or husband identity. He is more hedonistic; he cannot tolerate the pain of moral restraint. He appears to have no self-control. He has no resistance to the attraction of women. He has conditioned himself to this behaviour.
6. He thus behaves like an adolescent who cannot control himself, nor can he understand why his wife is upset and angry and refuses to have sex with him.
7. His Zulu traditional belief is a problem because he does not accept the fact that his wife is annoyed at his extramarital affairs. He has a long history of infidelity with the excuse that his wife does not respond to his sexual advances.
8. Both of these partners have problematic personalities; they are very incompatible.

**Figure 9**

Psycho-educational Illustration



#### 6.4.4 Fourth Session - Individual Therapy

The researcher felt that both of these partners had difficulties which needed to be handled in separate individual sessions. They were so intolerant of each other that Mrs S especially, made it very difficult for her husband to express some of his weaknesses. There were so many delicate and shameful things which hurt Mrs S and made her behaviour very uncontrollable in the therapy. For instance, if her husband admitted to having had an affair, she was deeply hurt and believed he had acted deliberately and purposefully in order to cause her to leave him alone. Secondly, she expected the researcher to reprimand the husband immediately, when he admitted his love affairs. If the researcher did not do this, she immediately stated that as men they were in collusion against her.

There were things which Mr Z would not admit and talk about freely in front of his wife, because they would exacerbate their relationship; and he believed that she was collecting some evidences in order to sue him. Over and above that, he

did not, as a man, want to be questioned by his wife about his private love affairs, which "all men engage in" as he stated and maintained. Mr Z felt that his wife needed to be told that all Zulu men are involved in extramarital affairs. Thus she needed to accept that because it would help her accept him in spite of what he was doing. His feelings were based on the nature of marriage and its working in terms of the historical and cultural background of the Zulu people.

In addition to the reasons above, it became apparent that different counselling techniques would have to be used for these two partners rather than conjoint therapy in which the same techniques would be used.

Mr Z requested individual therapy because he felt there were things he would prefer to say in her absence because it would make things worse if they were said to her face.

For these reasons the researcher felt it expedient to treat them separately until they had accepted the issues they did not accommodate in their thinking. Thereafter conjoint therapy was resumed.

#### **6.4.4.1 Fifth session: individual therapy and the use of transactional analysis**

1. Mr Z maintained that he was involved in love affairs because of his wife's refusal to have sexual intercourse with him.
2. He also felt that she was not responsive to sexual advancement and that she was generally an avoidant or withdrawn personality. This frustrated him and thus made him look outside to more sociable women.
3. He felt that his wife did not play her traditional role. She no longer cooked for him, but instead assigned the children to do this.

Mr Z had asked to be seen alone in order to state what he felt was too serious for his wife to hear at that stage. This showed the psychological climate that had already developed between the therapist and the client. His greatest concern was that he had once confided in his wife with a view to reconciliation in the hope that she would understand the situation he had been placed in by their long history of conflict and abstinence from sex. His wife became so annoyed and upset to hear his confession, that she went around telling people. This in turn so annoyed and upset Mr Z that he decided never again to talk to his wife about his private life.

Mr Z appeared to have a lot of complaints against his wife which he stated as follows:

*Mr Z:* "My wife no longer looks after my needs as her husband. She does not cook for me. When I return from work in the afternoon, I come back hungry because I do not eat breakfast. Even though she knows that I do not eat breakfast, she does not immediately serve food or make tea for me. Instead, when I ask for food, she bursts into anger because she is very irritable. Thus I have to cook for myself. She sometimes sends a child to prepare food for me, although she knows I do not like this. I told her long ago that I hate food which has been prepared by a child. I feel dehumanised by this; it appears I am non-existent to her. Staying with my wife has taught me to be quiet and a loner, because she will react very negatively and aggressively when I talk to her.

*Researcher:* "Mr Z, you appear to have a lot of complaints against your wife. It seems as if you feel very frustrated and even annoyed by what your wife does to you. This is also causing difficulties for you because you have nobody to talk to at home."

*Mr Z:* "Exactly."

Mr Z went on to say that the problems stated above caused him to start intimate relationships with other women. He felt he needed a woman with all the qualities of a wife, a woman whom he would not need to tell when he is hungry; a woman who would see when he needed tea or drink; a woman who would respect him as a man. He could not resist the temptation to find someone to console him in his distress; a woman who would respond to his sexual needs; a woman who would not bear a grudge, but would later forgive and forget if he had wronged her. He emphasised:

"I no longer see any characteristics of a woman in my wife, and this repels me from her, and this causes me to be easily attracted to other women."

The analysis of Mr Z's behaviour, in the researcher's opinion, appeared to show that he was operating in an ego child. He had all the complaints that a child could have because of being deprived of physiological needs. He was acting like a very fretful child whom if you deprive of what he wants, throws temper tantrums. It was explained to him that, as a man, he needed to face his problems in an adult manner. He needed to understand his wife's frustration which caused her to react as she did towards him. Mr Z was entreated to be an adult and to face his problems without putting up a lot of defences as he was doing.

Mr Z still felt that his wife had a duty to look after him, respect him and accept him as he was. She should do so despite his extramarital affairs, because he was doing this as a man like all other Zulu men, and the extenuating reasons were that she was not prepared to have sex with him and that she was no longer taking care of his needs at home. Therefore he had no choice but to look outside his house for help.

In order to help Mr Z understand the present problem an antecedent was discussed which Mr Z narrated to the researcher. It was necessary to find out from him the antecedent behaviours. Mr Z stated therefore that their sexual problem began after he had caused a certain girl to fall pregnant. Mr Z maintained that since then his wife did not forgive him. As an expression of her anger at this incident, she refused to have sex with him. She never recovered from this trauma.

This led to Mr Z's inception of infidelity and to the birth of other children out of wedlock. After these events their relationship deteriorated.

The same technique was used with Mrs S. It appeared, in the researcher's opinion, that she was acting in a parent ego. She was trying to subject her husband to a lot of rules which a Zulu man cannot tolerate. Mr Z was always reprimanded for talking to women, even if there were no evil intentions. It was clearly explained to Mrs S that she was actually aggravating the relationship because treating an adult, and more so, her husband, like a child pushes him away from home and her. Zulu men want to be recognised as leaders and heads of their families, even if they are inefficient leaders and husbands. To say her husband must not talk to women was actually making him a small child.

Mrs S's response was that if Mr Z did not want to be told what is wrong, then it was better for them to separate. Mr Z had also declared that he could not continue to live with a wife who was not prepared to accept him as her husband. Both partners were not prepared to shift their positions. The researcher had to resort to another therapeutic technique.



#### **6.4.4.2 Sixth session: individual therapy and the use of rational emotive therapy**

In light of the short background history of their marital and sexual relationship, their beliefs and thinking had to be challenged and disputed through reasoning with each one of them separately.

According to Mr Z, she considered him a nonentity. Mr Z was challenged to think whether this was what was in his wife's mind. Did she actually feel he was non-existent, was she also frustrated about what went on in their lives, especially the infidelity of Mr Z?

Mr Z was made to understand that his extramarital affairs were the cause of his wife's frustration and anger against him. The fact that she was always withdrawn meant that she was trying to communicate her feelings of anger about what was happening in their married life. This had nothing to do with deliberately disrespecting him as a husband or regarding him as a nonentity.

Mr Z's feeling was that he was being dehumanised by his wife, who seemed to ignore him when he arrived from work, and also to disrespect him. It was communicated to him that this was actually as a result of her being dewomanised. Her pride as a woman was the knowledge that her husband was not shared with other women. He was reminded of his antecedent behaviour that led to the initial cause of their marital problem. It was he who began extramarital affairs which led to the birth of an illegitimate child. Mrs S's reaction to the incident was similar to all women. It was a logical effect and a linear causality for which she needed to be understood, accepted, supported and helped to change.

Mrs S was depressed all the time. She was a difficult person to talk to because sometimes she decided to close up or lock her mind by just saying, "I don't

know". Therefore one had to start by creating a climate of talking about general things and then commenting that she looked bright and full of life on that day, to which she responded by saying that she was trying to cope with life, and this led her to talk about her aggravated problems with her husband. She mentioned the problem of financial difficulties and the infidelity of her husband. She sounded depressed and bitter.

During this session one had to recap on the previous interview. Mrs S had a lot of beliefs which caused her to have problems with her husband. Some of the beliefs were justifiable, but they needed to be questioned because they caused pathology in their marriage. It was clear that Mrs S was hurt more by what she believed were the reasons for her husband's infidelity than the actual behaviour of her partner.

1. She believed that her husband was deliberately having extramarital affairs because he wanted to chase her away from his house.
2. She also believed that her husband did not love her.
3. She believed that she was not beautiful, and that her husband's extramarital affairs were in pursuit of beautiful women.
4. She believed that she might contract AIDS if she had sexual intercourse with her husband.
5. She believed that her husband was having extramarital affairs because he knew that she could not do anything to stop him from this action.

These beliefs had to be disputed as irrational and false. The researcher summarised these beliefs as they came out from the previous session's interviews and asked her to examine them with the researcher to find out if there was logic and truth in them.

The first one to be disputed was that her husband's infidelity was deliberately planned with the aim of expelling her from the house in order to marry another woman. Again the question of an antecedent behaviour or event was asked, which could have precipitated Mr Z's problematic infidelity. Mrs S still remembered very vividly that it was the time when she did not enjoy sex and thus did not want it. This, according to her, led to misunderstanding between her and her husband and then to Mr Z's deprivation of his conjugal rights. This also resulted in Mr Z going to work away from home, and his starting to lead a very promiscuous life. It was noted again that Mrs S avoided mentioning the dream as the initial precipitant, hence her dream could not be brought in, in therapy.

The researcher analysed the underlying causes of their problem. Mr Z was put in a predicament when he lived for about a year without a sexual union with his wife. Hence he began to commit infidelity. This was something he did not plan, but it was circumstantial. It could thus not be logical to say that he was deliberately promiscuous in order to punish her. Mr Z had admitted that, due to his domestic problems, he had led a promiscuous life and cultivated habits which he was finding difficult to discontinue and uproot.

After this explanation and disputation of her beliefs that she was being deliberately targeted by her husband, Mrs S asked:

"Is sex so important that a man cannot stay without it, must he find the excuse that he is in love with other women just because his wife is negative about sex? I don't believe that sex is so important. After all, we are Christians. What is the difference between us and the non-Christians if we also can't stay without sex?"

It was explained to Mrs S that sex was very important in marriage; therefore it was also important that she changed her attitude towards sex and regarded it as

one of the most significant components of marriage. The fact that she believed it was not important did not make it so. Her husband valued it, and therefore was involved in extramarital sex in search of satisfaction which he could not get from his wife.

Mrs S appeared to be very negative and dogmatic about her beliefs that sex is not important. It became quite difficult to convince her that it is so important in fact, that marriages can break down because of dissatisfaction over sexual relations. She admitted when asked, that she indeed had not had sex with her husband for about a year, and that this did not bother her because she did not have the slightest desire for it. She felt she could even divorce and stay without a husband. For Mrs S, sex was important only for the purposes of procreation. Mr Z had revealed that his wife had only asked for sex when she wanted to conceive; therefore she was only using him because she never showed that she enjoyed sex.

The second belief which was disputed was that her husband did not love her. This was a very difficult point to dispute because Mrs S's strong belief was that love for her implied moral purity on the part of her husband.

Her husband's extramarital affair was clear proof to her that he did not love her. She was then reminded of the fact that this behaviour was precipitated by her aversion to sex; and secondly, according to a Zulu custom and belief, being in love with other women did not necessarily mean a husband did not love his wife. It was a manly practice which had been followed even in the days of the forefathers. It was accepted without a woman having to blame herself. It was still common for Zulu men to behave accordingly, but this did not imply a condonation for Mr Z's behaviour. It merely showed that Mr Z's promiscuity did

not necessarily mean he did not love her. It was just a habit which had developed during their time of problems and separation.

It was suggested to Mrs S that her husband's numerous love affairs showed that he had a personal problem pertaining to relations with women, which had nothing to do with hating her or wanting to chase her away from their home. The meaning she attributed to her husband's behaviour was really irrational, and upheld in spite of facts to the contrary.

Thus, Mr Z's movements from one woman to another had nothing to do with her as such, but had all to do with his character and personality. It would be concluded that Mr Z's extramarital affairs did not at all mean that he did not love her, but that he had a disease which needed to be treated and cured. It was stressed to Mrs S that her problem was not so much Mr Z's extramarital affairs, but rather her beliefs about his actions, which were depressing her and making her repel her husband. She was thus encouraged to rethink her beliefs. She was asked not to spend a lot of psychic energy in irrational thinking and action. That merely depressed, frustrated and angered her, causing her to be irritable with her husband, and driving him further away from her to other women, who were waiting to show love and appreciation to this frustrated man. Instead, she was implored to love, appreciate and serve her husband in order to attract him back to herself.

The third belief which was disputed was that of believing that she was unattractive compared with other women. She had evaluated herself very negatively without any logical reasons to support her belief. It was explained to her that the intrapsychic dialogue going on within her was that she was ugly. This was affecting her attitude and behaviour towards her husband. She was exhorted not to feel and accept the inferiority complex because it was ruining

her. She was urged to accept herself as she was, and to believe in her own attractiveness. There was nothing wrong with her physical appearance; what was wrong was her belief and attitude towards herself, her husband, and their marriage. She needed to change her attitude and beliefs in order to change her behaviour, which would in turn change her husband's behaviour. It was neither the beauty nor sexual appeal which attracted Mr Z to other women. It was rather the conditions at home which drove him away. It was her aggressive actions towards her husband which underlay their marital pathology.

#### **6.4.4.3 Seventh session: conjoint therapy using existential responsibility**

Mr Z and Mrs S appeared, in the researcher's opinion, to lack responsibility as adults and parents. They had rather lame excuses for behaving in the way they did, citing a partner to justify their conduct. They both needed to be challenged to act responsibly. For this session, they had to be seen together.

Mr Z maintained that he was a sociable man and that women liked and appreciated him because of his personality. Thus he was able to get any woman he liked because they responded positively to his appreciation of them. He was again asked to talk about himself.

*Researcher:* "You are able to get the woman you want and you also get as many women as you like. What attracts you to so many women?"

*Mr Z:* "As I have already said to you, as a man you feel satisfied when a woman submissively and respectfully serves and cares for you physically and emotionally. These women I get involved with, have all the characteristics of being women. When you are with them you feel good; you feel you are worthy; you

feel you are a man; and, especially after you have been run down by your wife, you find solace in them. When you are at home, you get so humiliated and ignored by your wife that you decide to go elsewhere. You cannot live with a wife who will always find fault with you; who does not appreciate anything you buy for her; who talks only if she wants to run you down in front of the children; who, if she has wronged you, never apologises. Yet I always ask for forgiveness if I have wronged her, but do not get any response and forgiveness. This is what hurts me most: she has never said, "I am sorry" for what she had done to me, and yet I always do."

Although his complaints were plausible, Mr Z was taught about existential responsibility coupled with the Zulu's traditional belief and way of life. In a Zulu society, a wife is a minor and is counted as one of the children, and never as an adult. It was thus suggested to Mr Z that his wife was a child who had made many mistakes as a child. He was an adult, and a man who needed to act responsibly towards her. Whatever wrong happened at their home, he was accountable and not the child, i.e. his wife. The wife as a child was trying to demand his attention by being withdrawn, and by her aggression sometimes. As a man, and he as an adult, and nobody else, was responsible for whatever happened to him. He should blame no-one but himself.

"I do understand and I admit my faults. I have lived a life of sin for so many years. When I left home to work far from home just because my wife did not want to have sex with me, I got myself into the habit of making love to women. It became a game to me. I no longer think about it, it happens spontaneously. I wish and I want to stop, but my wife is still so rejecting and unaccepting, who will meet my needs as a man? Therefore talk to her first,

until she is prepared for us to reconcile. I am prepared to change my life, if she is prepared to forgive me."

The researcher felt at this juncture that Mr Z was then ready for a constructive engagement with his wife. She was at that stage still very adamant. She demanded an assurance from her husband that he would never again be unfaithful.

Mrs S equally had a responsibility to her husband. In spite of her complaint and problems which were created by Mr Z, she also had to play her role as a wife.

First she was informed that she was Mr Z's wife and was thus bound by marital vows to love, respect and look after her husband, but her most important responsibility was that of sexual union with him. In order for them to normalise their responsibility, she was implored to accede to her husband's sexual advances. She had to respond quickly to Mr Z's needs such as food when he arrived from work, because as a wife these were her duties she had to fulfil.

Mrs S's response was as follows:

"I cannot help my reaction to Mr Z's behaviour which you say is negative and irritable. It is beyond my control. I am not doing it deliberately. I am affected by what Mr Z does. I just cannot pretend to be happy when I am not. Therefore, I cannot force myself to have sex with Mr Z; it is difficult and impossible. The other things like cooking, I have no problems about those. In fact I am doing them, but I am not going to risk having AIDS by sleeping with him."

It was stated to Mrs S that both of them had a responsibility to each other for the sake of their marriage. Mr Z had a problem of being unable to discontinue



womanising, which started gradually and ended up enslaving him. She was also having the same problem of being unable to resist the negative reaction to Mr Z's lifestyle. She was affected by Mr Z's lifestyle in such a way that she could not extricate herself from this problem. Therefore both of them were asked to exercise their ego strength and decide to act responsibly in spite of the problems they were facing.

#### **6.4.4.4 Assertiveness training**

It was going to be easy to use this technique in order to help Mrs S to become sexually assertive, but the problem was that she was not willing to accede to her husband's request for sex. Assertiveness training could help Mrs S venture into sexual union. She had the withdrawal problem. She felt culturally bound not to initiate sex. Mrs S was thus asked to request sex from her husband instead of waiting for him. She however refused to initiate sexual intercourse. She strongly believed that it is her husband's prerogative to initiate sexual union. Assertiveness training would also assist Mrs S in overcoming her anxiety about the possibility of contracting AIDS from sex.

After this seventh therapeutic session, no progress had been made. The two partners - especially Mrs S - were still not prepared to compromise their positions. Mrs S completely denied that she did not respect her husband, but agreed that she was irritable and depressed because she was affected by what her husband was doing. She could thus not help but be depressed as the only way to make her husband see that.

On the question of sex, she was adamant that she was not prepared to have intercourse with her husband because she was angry against him. She no longer trusted him at all. She thus needed guarantees that Mr Z would never commit

adultery again. It was only then that she could consider acceding to her husband's demand for sex.

Mr Z, on the other hand, was not prepared to give a guarantee that he would not be involved in extramarital affairs again. He insisted that his wife had to accept him as he was. All men were like him, and their wives were patient with them. He had got used to that life of extramarital affairs. He could only be helped by his wife if she were prepared to understand him, and start to support him in trying to stop these habits. Thus deadlock was reached.

#### **6.4.5 Eighth Session: Conjoint Therapy**

This session was used to negotiate two things with the couple. Firstly it became clear that they were not prepared to shift their positions. Therefore the researcher gave two options to choose from:

- ♦ to decide whether they were still prepared to live together seeing that they were such extreme opposites
- ♦ to either consider separation or realise that they were such different personalities, who needed to accept each other and be prepared to live with each other in spite of all these difficulties.

Mrs S initially hailed the idea of divorce as the best solution, but she later changed and cited the problems of children. Mr Z was prepared to separate from his wife. Mrs S then rejected both options.

It thus became clear that there was still a need of individual therapy with these partners. Their resistance to change led again to individual therapy using the paradoxical intention of the reality therapy.

During the same process of using the paradoxical intention, the clients were asked to complete the EPI and the 16PF tests. They were intended to help them become aware of themselves in terms of their personality dynamics, because both partners appeared to be very difficult personalities who were very resistant to change.

#### **6.4.6 Ninth Session: Individual Therapy using Paradoxical Intention**

The technique was used because it appeared to be difficult to effect change in this couple after all the other techniques had been used. They continued to act aggressively to each other, especially Mrs S. She completely refused to have sex with her husband. She refused to talk to him, apart from when she wanted to run him down in front of the children. She seemed to have her mind set on acting very negatively in their relationship. She was thus very resistant to any persuasion and reasoning. By using the paradoxical intention, the researcher wanted to control her behaviour, knowing full well that the nature of her personality would cause her to resist being controlled by someone else. Therefore the researcher said the following to her:

"I have the feeling, Mrs S, that you have been so hurt over so many years by your husband, that you have accumulated a lot of pent-up feelings and bitterness, which you have suppressed all these years. You never ventilated these feelings against your husband to show that you don't like what he is doing to you. It seems now you have rightly decided to express these feelings for the good of your marriage.

I still feel that you have not yet done it effectively enough; you are still diffident and fearful about doing it. You must vigorously show him that you hate him and that you are angry with him, by running him down in front of the children and even publicly. This is good for your marriage. Deprive him of sex; refuse to have sex with him. You may even go to sleep in another

bedroom. Try to be as hard as possible, you are still very mild in your anger. Don't stop until I have told you that you can stop doing this, because it will not be helpful to stop too soon."

This confused and astounded Mrs S as it sounded ridiculous to her, but it was seriously expressed and the researcher made a follow-up to see to it that she was following this prescription. This technique was used to denote to her that the researcher was restraining her change. In addition to this restraint, the researcher also predicted the almost daily recurrence of this type of behaviour.

"Your bitterness and anger against your husband, Mrs S, will cause you to run him down in front of the children nearly everyday because you are unable to control yourself, and you are justified in doing so. Do try to do it everyday."

Mrs S was carefully put into a double-bind. If she continued to do so, then she would realise that the researcher had prescribed and predicted it anyway, therefore he was in control of her. If she decided to stop, then she was in control of this type of behaviour, and not the researcher. This was the desired response.

After a week her husband told the researcher that she had stopped expressing her anger and irritability in front of the children. She only decided to keep quiet and not to talk. She would talk in the absence of her husband, but as soon as he arrived, she stopped talking. In the next session, when the researcher asked her whether she was still refusing to have sex with her husband, she complained that Mr Z no longer requested sex. She was right because her husband had vowed not to request sex from her again because he had suffered enough humiliation. Thus the researcher had to work with the husband in a separate session, but through a paradoxical intention.

As a man, Mr Z was challenged to take the responsibility of persuading his wife to respect and have sex with him. This was done by declaring the hopelessness of their marriage, that he would never be in a position to control his wife; it was in fact impossible for them to be reconciled again. Their marital situation was a hopeless one which was beyond any improvement. To this Mr Z responded optimistically, stating that he could bring about improvement if he changed first. He surprisingly expressed that their marriage was not beyond redemption. The researcher still expressed despair, but asked Mr Z to do the best he could to save the marriage, but for the researcher, there was no hope of every bringing about positive change. The researcher stated that he would hear from him as soon as he wished to contact the researcher about anything he might like to discuss. In the meantime, the EPI and 16PF were administered to this couple.

#### **6.4.7 The Administration and Results of the Emotions Profile Index (EPI) and the 16 Personality Factor Tests (16PF)**

The administration of these tests was done to help the researcher to convince this couple that they had either to decide to separate or to accept one another as they were. In taking the latter option they would adapt to their problem and begin to live with each other with understanding. The test results were also going to be used for the paradoxical purpose of strengthening Mr Z's sense of hopelessness.

## 6.4.7.1 EPI

<b>MRS S's RESULTS</b>	<b>MR Z's RESULTS</b>
<b>1. Depressed Dimension - 94</b>	<b>Gregarious Dimension - 99</b>
<p>This person is depressed, sad and gloomy. She is dissatisfied with some aspects of her life. She feels deprived and is probably pessimistic. This extremely high score may be associated with suicidal tendencies</p>	<p>This person tends to be highly sociable, friendly, affectionate and extroverted. He enjoys being with people.</p>
<b>2. Dyscontrolled Dimension - 3</b>	<b>Control Dimension - 49</b>
<p>This person is reluctant to try new things, or have new experiences. She is not impulsive and tends to withdraw from social contacts.</p>	<p>This person wants to know his environment, and to learn how to deal with it.</p>
<b>3. Distrustful Dimension - 20</b>	<b>Trustful Dimension - 98</b>
<p>This person tends to be stubborn, resentful and sarcastic. She is overly critical and tends to be rejecting of people and their ideas. She is most likely perceived by others as a hostile person. Another description of her would be "passive-aggressive".</p>	<p>This person tends to be accepting, trustful, obedient and gullible.</p>

<b>4. Timid Dimension - 82</b>	<b>Timid Dimension - 74</b>
She tends to be cautious, careful and anxious. She worries about getting into trouble. She also worries about what people think of her and say about her.	He is the same.
<b>5. Aggression Dimension - 60</b>	<b>Aggression Dimension - 4</b>
This person tends to be quarrelsome and aggressive. She tends to say whatever is on her mind. She has a lot of anger and expresses it overly. She tends to blow off steam with people around. People might describe her as rebellious.	This person is unaggressive and not quarrelsome. He has very little anger and is reluctant to express it overly. He is somewhat passive.
<b>6. Common Combination of Scores</b>	
Mrs S seems to have a conflict with her timid and aggressive dimensions, which are both high. She tends not to be sure about these two dimensions of her personality, hence she may also be called passive-aggressive.	
<b>7. Bias - 99 and 95</b>	
Both Mr Z (99) and Mrs S (95) respectively, tend to select those items which they think are socially acceptable, though they may not apply to themselves. They appear not to be honest and sincere with themselves.	

## 6.4.7.2 16 PF

<b>MRS S's RESULTS</b>	<b>MR Z's RESULTS</b>
	<b>Affectothymia - A +</b>
	He is good natured, easy going and ready to co-operate and participate. He is attentive to people. He is soft-hearted and trustful. He is adaptable, careless, "goes along". He is warm-hearted and laughs readily
<b>Low Intelligence B -</b>	<b>High Intelligence B +</b>
She is unable to handle abstract problems. She is apt to be less well organised. She has poor judgement, and low morale, and tends to be a quitter.	He has insight, is fast learning and intellectually adaptable. He is inclined to have more intellectual interests. He shows better judgement. He is of higher morale and perseverance.
<b>Ego Weakness C -</b>	<b>Ego Weakness C -</b>
She is affected by feelings, emotionally less stable, easily upset and changeable. She gets emotional when frustrated. She is changeable in attitudes and interests. She is easily perturbed. She is evasive of responsibilities, tending to give up. She is a worrying person. She gets into fights and problem situations.	He is equally the same.



	<b>Submissiveness E -</b>
	He appears to be obedient, mild, easily led, docile and accommodating. He is dependent, diplomatic, conventional and conforming. He is considerate, expressive and easily upset by authority.
<b>Desurgency F -</b>	<b>Desurgency F -</b>
She is sober, taciturn and serious. She is silent, introspective and full of cares. She is concerned and reflective. She is incommunicative and sticks to her inner values. She is slow and cautious.	He is the same.
<b>Harria I -</b>	
She is tough-minded and rejects illusion. She is unsentimental and expects little. She is self-reliant and takes responsibility. She is hard, to the point of cynicism. She is unaffected by fancies.	

<b>Praxernia M -</b>	<b>Praxernia - M -</b>
<p>She has down-to-earth concerns. She is alert to practical needs. She is concerned with immediate interests and issues. She is prosaic - dull and unromantic. She avoids anything far-fetched. Earnest, concerned or worried. She is guided by objective realities. She is dependable in practical judgement.</p>	<p>He is the same.</p>
<b>Shrewdness N +</b>	
<p>She is astute and worldly. She is emotionally detached and possibly insecure. She has an exact, calculating mind.</p>	
<b>Low Self-sentiment Q3 +</b>	
<p>Mrs S has a low self-sentiment integration, is uncontrolled, lax and follows her own urges. She is careless of social rules.</p>	

	<b>High Ergic Tension Q4 +</b>
	<p>Mr Z seems to have tension - frustrated, driven, overwrought, and fretful. Ergic tension shows itself by individuals being irrational, worried, tense, irritable, anxious, and in turmoil. Persons high in Q4 rarely achieve leadership. This is true of Mr Z, and is demonstrated by the fact that he is unable to contain his wife. Such tension contributes to motor car accidents which have been happening to Mr Z quite often. It also represents a level of excitement and tension, expressing undischarged (usually frustrated) and poorly controllable libido. Individuals with Q4 + have higher ergic sex tension as it is the case with Mr Z.</p>
<p>The C - factor in both Mr Z and Mrs S seems to indicate a low prognosis for therapy.</p>	

#### 6.4.7.3 Tenth session : the communication of test results

The 16PF and the EPI revealed that Mrs S was depressed and had suicidal tendencies which might have been unconscious because she denied having such tendencies. This was also supported by 16PF (factor C- and M-) which revealed that she was worrying a lot and was easily perturbed. She also tended to be socially withdrawn. (EPI-Dyscontrolled -3) She is naturally also emotionally detached (16PF N+) with a possibility of insecurity.

It is Mrs S's type of personality which gives Mr Z a problem. By contrast, Mr Z is highly sociable, friendly, affectionate, extroverted, and enjoys being with people. This usually causes a conflict between them. Mrs S has always complained that Mr Z is too friendly with women in particular. Mrs S forbids Mr Z to give lifts to women, and the latter refuses to comply. Mr Z is an outgoing personality who is attentive to people. (16PF factor A+) He laughs easily, especially with women. Mrs S hates this and reprimands her husband for it.

Mrs S is a stubborn person, resentful and sarcastic. She is overly critical and rejecting of people. She may be perceived as hostile or passive-aggressive. (Distrustful - 3) Her stubbornness is backed by her hardness to the point of cynicism. (Harria I -) Thus she expects little from Mr Z. If Mr Z buys her a present, she usually cynically describes it as a cover-up for his promiscuous life. This hurts Mr Z to the extent that he has stopped buying presents for his wife.

Mr Z, on the other hand, is accepting and gullible. (Trustful - 98) He is ready to co-operate (affectothymia A+), and this is what made it even easier to work with him in therapy.

Both Mr Z and Mrs S worry a lot about getting into trouble. They worry about what people think of them and say about them. (Timid - 74) This affects them differently. Mrs S's stated reason for being depressed was that she was worried about what people were thinking and saying about them because of her husband's promiscuous life. This greatly affected her, as she always stated. Mr Z was extremely unhappy about his wife because he believed she was telling people about his private life.

Mrs S appears to be an aggressive person, and indeed Mr Z's complaint is that she is rude. (EPI - Aggression - 60) She is quarrelsome, even in front of children, and says whatever is on her mind. She blows off steam with people around her, which often annoys her husband. Mrs S's defence is that she cannot help herself because she is affected by what Mr Z does.

Both of these partners have an ego weakness. (16PF C-) They are easily upset, get emotional when frustrated. They both avoid taking responsibility for their marital life. They blame each other for their behaviour, creating a problem of a circular causality.

Mrs S has a low self-sentiment integration. (16PF Q3-) She is uncontrollable and follows her own urges. She is also careless of social rules.

Factor Q4+ (high ergic tension) throws light on Mr Z's personal problems. High ergic tension shows itself in being irrational, worried, tense, irritable, anxious and in turmoil. Mrs S does complain of Mr Z's irritability and constant tongue-lashing for minor things, or when questioned about his behaviour by his wife, Mr Z's high ergic tension also indicates his incapacity for leadership. This factor also contributes significantly to motor car accidents, which is the case with Mr Z. It also represents a level of excitement and tension expressing undischarged (usually frustrated) and poorly controllable libido. Individuals with Q4+ have a higher ergic sex tension, which appears to be one of Mr Z's problems.

Another important factor which helps in understanding Mrs S, is factor B (intelligence) which provides a rough measure of intellectual functioning, and against which the personality fabric can be understood.

Mrs S's low intelligence (B-) indicates that she is apt to be less well organised. She has poor judgement, low morale, and tends to quit in the face of a problem. Mr Z, on the other hand, is insightful, has a better judgement of things, is of higher morale and persevering. Though Mr Z has a better judgement of things, his ego weakness prevents him from putting into practice what he knows to be right. Mrs S's often poor analysis of their marital problems, her tenacious belief that she is unworthy and unattractive - hence her husband's behaviour is attributable to her low intellectual functioning.

Their score of C-, which is an ego weakness, seems to indicate a low prognosis for therapy.

The communication of these results to the couple, coupled with the use of paradoxical intention of the reality therapy, broke the resistance in both partners. They began to be aware of themselves, particularly their personality dynamics.

These two tests effectively caused them to be aware of their problem. They both began to show willingness to work on their problems, especially their personalities. Mr Z, in particular, was keen to start working on some of his difficult areas. He was told that he needed to develop a strong ego and will-power to resist extramarital affairs, and to start forming a father and husband identity. He agreed that he needed to accept his wife as she was and learn to endure patiently whatever his wife could not change. He began to do very praiseworthy things to his wife, though the latter was not yet convinced that they needed to begin to accept each other. The man took the initiative. This helped to boost Mrs S's ego and she gradually began to co-operate, though on a very minor scale, but their relationship began to normalise very slowly.

#### **6.4.7.4 Eleventh session: individual therapy, working with sexual relations**

The paradoxical intention of the reality therapy and the EPI and 16PF helped to induce co-operation in these partners, but there was still a very strong resistance to sex from both of them. They were seen separately over this problem. It was very easy because they had begun to co-operate.

The technique of gestalt responsibility, coupled with the Zulu cultural norms in sexual behaviour was used with Mr Z. The assertive training was used with Mrs S, to encourage her to start talking, and to say positive things to her husband - even to the extent of making sexual advances to him.

According to Zulu cultural belief and practice, a wife has no right to initiate sexual advances. It is the prerogative of a man to do so. It was on this ground that Mrs S was resistant to initiate sexual union. Mr Z was thus reminded of this norm, that is, that he was the one who should initiate sexual advances in order to normalise their marital relationship. As a man, he was responsible for the fact that they had not been having sex for some years. Therefore he had to say:

"My wife and I do not have sex, and I take responsibility for this as a man."

Mr Z agreed to try to initiate the sexual advances, but he repeatedly failed to do so. It was still difficult for him, as he stated, because he was afraid that he was going to be humiliated again.

The assertive training was continued on the other hand with the wife. She was encouraged to demand her rights from her husband. Though Mr Z no longer asked for sex, Mrs S was told that it was her right to take the initiative to request sex from her husband. This assertive training, included other areas Mrs S complained about, for instance, that she was not being taken out or given a car

to use for going to work. She was asked to express these feelings to her husband.

At the end of each session both Mr Z and Mrs S were given assignments to go and put into practice what they were told in these therapeutic sessions.

### *Results*

Mr Z tried eventually to initiate sex, but Mrs S refused. She declared that she had been so mentally affected by her husband's infidelity, that she needed some time to convince herself that Mr Z's change of behaviour was sincere. Mr Z, on the other hand, agreed to wait for his wife's mental healing. He accepted the fact that this could not happen immediately.

Mr Z also agreed to gradually withdraw from his private affair with Mrs V. He wanted to do it gradually in order not to hurt Mrs V who had become very emotionally attached to him in the face of her own marital problems with her husband, Mr K. Mr Z attested to a feeling of change in his mind and behaviour. He was thus ready to face his problems and solve them; hence an agreement was arrived at to discontinue therapy.

The researcher was left with monitoring Mrs S. She was continually asked whether she was carrying out tasks assigned to her. The supervision continued until the researcher was convinced that relapse was unlikely to occur. Mrs S had a problem of relapsing to her depressive and aggressive stage; whenever she had suspicions about Mr Z's behaviour. Her behaviour, however, improved gradually. An informal meeting between Mr Z and the researcher continued for a month. Both partners reported improvements in their married life.



## **6.5 THE SECOND CASE STUDY OF MR K AND MRS V**

### **6.5.1 Background Information**

Mr K, a teacher, and Mrs V, a professional nurse, were happily married for about five years, but gradually the husband began to drink heavier than before. Episodes of drunkenness rapidly increased. Mr K drank to such an extent that he had to be carried home everyday in a wheelbarrow. Mr K's drunkenness led to serious financial problems which became unbearable for the wife. She then decided to come and see the researcher.

The following steps were used:

1. Diagnostic individual and conjoint interviews and therapy
2. Relational therapy
3. Conjoint therapy
4. Transactional analysis
5. Existential responsibility
6. Assertive training and responsibility
7. Behavioural exchange model
8. Separation
9. Reunion and conjoint therapy

### **6.5.2 First Session: Interviews with Mrs V**

The following is the summary of Mrs V's complaints against her husband:

- ♦ Mr K was fast becoming a disturbing problem at home because he did not support his house financially. All the financial responsibilities were left to Mrs V and this was frustrating her terribly.
- ♦ Mrs V's contribution to the household was completely ignored by Mr K. She had helped not only with the groceries, but also in buying a car for the family

and in doing building extensions. In spite of all this, she was being threatened by her husband that she would be chased away from the house.

"What frustrates me most is that I have done everything to make him a responsible man. I obtained a loan for him in order to pay all his debts so that he can be free from them, thus enabling him to look after us in the family, but he squandered that whole R2000.00 and we are in a worse situation today."

Mrs V sobbed and stated that she was thinking of leaving him and taking her children to a rented house because, as she expressed it, it was "very painful" for her.

- ♦ Mr K was dead drunk almost every day and consequently became sexually impotent. "He sleeps with his suit on, the way he is always drunk." He had thus no interest in sex, even if she forced him into having sex with her, he became tired halfway. Therefore, they did not have sex for months.

### **6.5.3 Interview with Mr K**

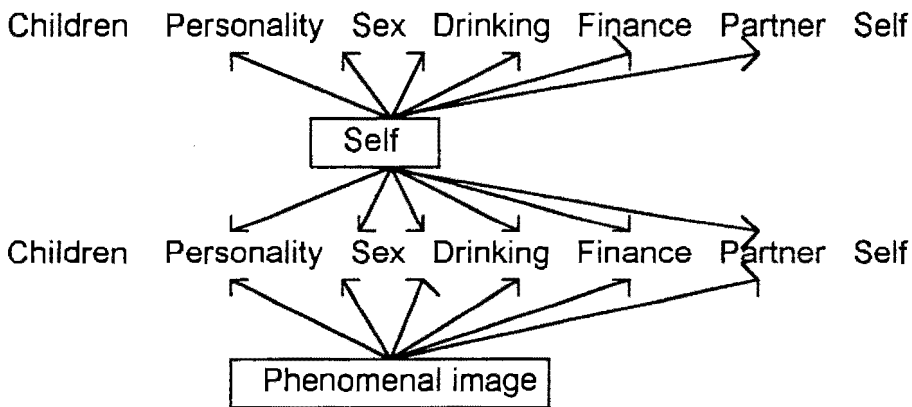
The summary of Mr K's interviews was that:

- ♦ He felt that he was not a man at his house because his wife no longer respected him. He explained that the problem started over the matter of his failure to support his family financially. His wife believed he was deliberately irresponsible.
- ♦ He stated that he was also being undermined as the head and the father of the family. At this point, he was so emotional that he began to sob.
- ♦ He felt that his drinking was a solution to these problems. "It is she who is driving me to drinking."

After creating a climate for a conjoint interview, it was agreed upon between the researcher and Mr K for a date for an interview with his wife. He later changed his mind: he told his wife that he was no longer prepared to come for an interview, but would try to solve his problem himself. The researcher felt that there was again a need for an interview with Mr K to make him aware of the importance of conjoint therapy. It did appear that Mr K either had some personal problems which he did not want to be discussed in the presence of the third person because he was ashamed of them or that this would give his wife more authority to overpower him. Eventually, however, he agreed to come for an interview after he was assured that it was not going to be a court case or an interrogation, but rather an attempt to help them solve their problems. Mr K was assured that therapy was going to help his wife cope with the problems of their marriage.

#### 6.5.4 Relational Therapy

Figure 10



- It was hypothesised that Mr K's initial problem was that he was financially unable to meet his household's needs, so he began to drink more heavily.

This created a vicious circle because it led to his losing his salary whenever he was inebriated and thus to more financial destitution.

- ♦ Drinking helped him avoid guilt over irresponsibility and lack of communication with his wife.
- ♦ His drunkenness, while enabling him to avoid the problem, created another serious problem of sexual impotence. His inability to perform sexually for "several months" as Mrs V stated, caused her to yield to the temptation of an extramarital affair, but Mr K was not aware of this.

#### **6.5.4.1 Third session: conjoint therapy**

Mr K had been asked privately in the previous session not to drink on the day of therapy so that he would be able to listen and talk sense. Nevertheless, he did break his promise by drinking. Fortunately, it was only enough to enable him to talk boldly since he is by nature a shy person. During this session they were going to be made to tell each other exactly what they told the researcher when they were interviewed separately.

Mr K was asked to speak first. He then voiced one main complaint against his wife:

"I am nothing in this house. My wife does not regard and respect me as her husband. That is my problem which has led me to drink heavily."

Mr K was asked to direct what he was saying to his wife. He did this reluctantly and angrily. He was again asked to say more about what Mrs V did to denigrate and humiliate him. Unfortunately, he was unable to say anything more than to state that his wife did not respect him; she looked down upon him. Then he started to narrate how the problem began.

According to Mr K, their problem started when he lost his bank card and thus could not buy food for the family. Instead, his wife bought food for the family. He thus accused his wife of refusing to give him this food he did not buy. This story caused Mrs V to laugh indicating that it was not true. Mr K maintained that he was looking after his family properly, and supporting them faithfully.

Mr K repeatedly stated that he was not accepted as a father and head of the family. He accused his wife of humiliating and rejecting him as a husband. He hated such disrespect. When Mr K was asked to tell more about Mrs V's humiliating and disrespectful behaviour, he could only say that she did that when she talked to him. He did not specify exactly what it was that he regarded as disrespect, non-acceptance and humiliation. It was thus difficult to establish exactly what it was that Mrs V was doing to upset Mr K.

It appeared as if Mr K was experiencing a sense of inadequacy and inferiority which he did not want to express. He voiced his feelings as follows:

"I have always been unwanted in this house; I have always been rejected as being useless as a man in this house."

Mr K was asked to explain those things which he thought caused his wife to regard him as useless. He mentioned only one reason - that he was accused of not supporting the family financially. However, he avoided the issue of sex which his wife mentioned, but this was not followed up until the wife's turn to talk.

Mrs V's response to her husband's complaints was that everything he had said was untrue. She did respect him, but she admitted talking to him strongly when he did not go to work the morning after a drinking spree. She scolded him for

this because she feared that he was going to lose his job by repeatedly absenting himself from work.

"I have done everything in this house to help my husband. I alone buy groceries. I do not know what he does with his money except to lose it when he is drunk. I helped him buy a car. I do not even benefit from this car because he will not drive me to work even if I am late. He does not go to fetch me from work. I have started the building extensions with my money. We asked for a loan to do these extensions, and I was the one who started repayments, but in spite of all of this, my husband does not show any appreciation. Instead he keeps on threatening me with expulsion from his house, and this is what hurts me most."

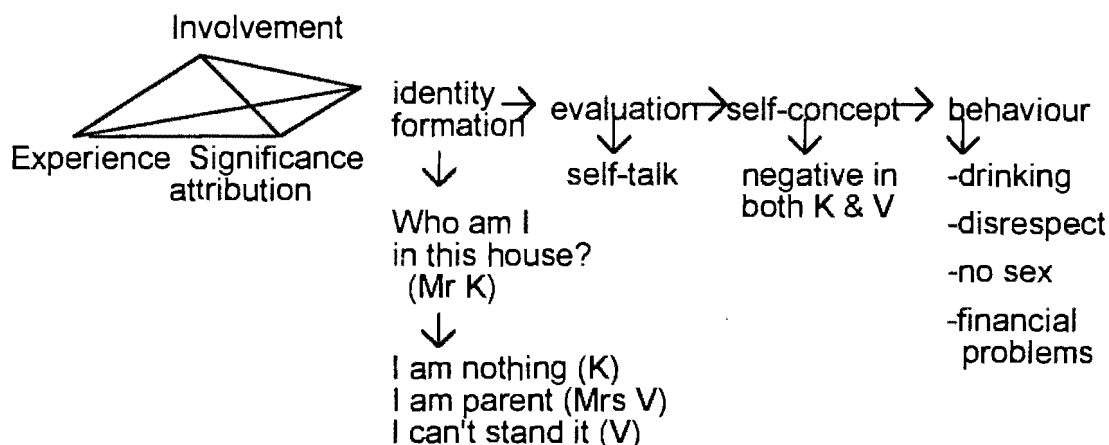
Mrs V's account was being interjected intermittently by Mr K saying: "You are lying, you are lying, you are lying man!"

He just did not want to give her a chance to speak, apparently he did not want to hear his shortcomings. The researcher prompted Mrs V to comment on the things for which Mr K felt he was regarded as useless and not a man. She stated that Mr K's daily drunkenness caused him to lose interest in sex, which Mr K denied as being untrue. According to him he was satisfying his wife sexually.

Mrs V had tried to save her husband by securing a loan to assist him pay off his accounts so that he would be free to assume his financial responsibility at home, but all this was not recognised or seen by her husband, instead he saw a very troublesome woman who needed to be chased away from his house. Mr K scoffed at all these incidents of assistance from his wife and declared that she was simply lying.

**Figure 11**

Summary in psycho-educational perspective



#### 6.5.4.2 Fourth session: Conjoint therapy and the use of transactional analysis

This session was begun by recapping everything that had been said in the previous interviews. Mrs V's problem was that she was accused of not respecting her husband, and that he did not support the family financially.

The researcher summarised the previous session by stating the following: It appeared to the researcher as if the following were the problems:

- \* Mr K was unable to meet his financial responsibility to the family and instead of admitting this to his wife, he decided to protect his ego through defences and drinking.
- \* Drinking had made him sexually impotent.
- \* He appeared to be suffering from an inferiority complex; hence did not want to face his wife. This was probably also due to the fact that his wife appeared to be more intelligent in all matters of running the home and handling of the finances. He seemed to be dull and unperceptive.
- \* The traditional belief that a wife is a minor did help him to sustain his ego.

- \* Mrs V was frustrated for a long time by the inability of her husband to manage the household financially. She had spoken very strongly to Mr K and had humiliated him in some instances, hence he had become very adamant and stubborn.
- \* Mrs V had been treating him more like a son she wanted to groom and shape into a responsible person. This had frustrated her because it did not work. Her last ditch attempt to make her husband financially responsible was when she borrowed money in order to help him pay all his debts. Mr K squandered that money and could not pay it back, so Mrs V had to repay it herself. This hurt and discouraged Mrs V terribly and she felt it was impossible for Mr K to change his behaviour.
- \* During individual therapies, the researcher gathered that both of them seemed to have developed a deep-seated hatred for each other. They no longer loved each other.

The first thing the couple had to understand was that they were operating basically at different ego levels, which influenced their behaviour to each other as well. This was explained to them.

Mrs V had always acted as a parent in the house, more so because Mr K was a shy and slightly withdrawn person who needed to take a nip to talk boldly. Mrs V had been disappointed by the fact the Mr K, whom he hoped to develop and improve like a child, did not respond. She even said, "I have done everything to help this man develop and become a man, but all was in vain".

Mr K behaved like a naughty and disobedient child and hence was treated accordingly. He had been repeatedly asked to behave himself like an adult. To make things worse, at the end of the month he always came home having lost a portion of his salary. Nobody had ever discovered whether he had really lost the



money. This caused his wife to reprimand him - something which he did not like, and regarded as undermining him.

Mrs V was thus counselled to allow Mr K to stand on his own feet. Mr K was playing a game when, for instance, he said that it was Mrs V who caused him to drink. He played this game to avoid any intimacy between them. He wanted this game to produce rackets such as anger which would cause her to desert the house.

In spite of the fact that Mr K did not support the family, he was very choosy in his diet, he wanted special food for himself which Mrs V had to provide without being given money. Again this was very hurtful to her. Mrs V claimed that the first thing her husband demanded very impatiently on entering the door was food. It was explained to him that this was a child ego. As a man he had to recognise that, and cease to operate on the child ego level because his wife expected to deal with a husband and not a child.

#### **6.5.4.3 Fifth session: Existential responsibility**

Mr K had repeatedly said:

"You caused me to drink and come back home late because you don't respect me."

It was explained to Mr K that he was using a defence mechanism to avoid responsibility. He had to accept the responsibility as a man for whatever was happening in their married life. He was not to blame anybody else - such as his wife. He must be financially responsible for looking after their welfare and safety. Therefore it was reprehensible of him to go and drink just because he was trying to avoid such responsibility.

He had the obligation to come back home sober as a father. He had the duty to fulfil his wife's conjugal rights as a husband. His responsibility then, was threefold:

- \* To support the family financially;
- \* To drink modestly; and
- \* To have sex with his wife.

The first one to be dealt with was the financial one as it appeared to be easier than the others. Mrs V's responsibility was to give her husband a rightful place in his house, to respect and accept him, despite his financial shortcomings.

It was evident that Mr K's problem was losing his money and not that it was insufficient for them to live on. His problem was that, firstly his wife was not made aware of what he was doing with his money. Secondly, he claimed that he would cash his cheque and lose the cash in the house. In fact, he personally believed it was stolen in the house by his wife. His wife, on the other hand, was frustrated and discouraged by the fact that he was not contributing anything to the monthly expenses of the household. This session was thus used to solve the problem of losing money. They were asked to suggest the answer to the problem. Mrs V started by expressing her feelings as follows:

"I am not an over demanding person. I understand the financial situation. It was better before because I knew what we did with every cent, but now my husband does not want me to know what he does with his money. All I am told is that he loses his money every month-end, because he is always drunk. Therefore the first thing that can help him and his family is for me to know what my husband does with his money. Now, for instance, he lost R700.00, which he claims is in the house here, and we have searched high and low without finding it."

The researcher, "In which way then can you ensure that the financial transaction is done openly so that you also know how Mr K uses the money?"

Mrs V suggested that in order to forestall the loss of money by Mr K, he would have to first share all his plans with his wife, i.e. they should budget together. Mr K agreed not to go alone to town at the month-end. He would either go with Mrs V or give his cash card to her in order for her to cash his cheque and withdraw the money Mr K needed. Mr K would then have to state the amount he needed as his personal pocket money.

Mr K reluctantly agreed to this arrangement, on condition that his wife would start to respect him. They then agreed upon this contingency contract, that if, "my wife respects me, I shall also give her my cash card to control my finance so that I may not lose my money."

#### **6.5.4.4 The sixth session: dealing with drinking**

After explaining the dynamics of Mr K's insistence that his wife's disrespect was to blame for his drinking, the same technique of responsibility was employed.

*Mr K:* "It is you who causes me to drink. I am no longer given my position as a man in this house. I feel I am nothing in this house. That is why I decided to come home drunk everyday, so that I may just sleep."

*The researcher:* "Mr K, I get the impression that you feel undermined and that you are no longer important in this house, probably because you are not able to fulfil your responsibilities as a man and head of the house. Can you tell me more of how Mrs V does this to you."

*Mr K:* "She does not respect me when I am talking to her."

*The researcher:* "How does she show this disrespect?"

*Mr K:* "She scolds me when I am talking to her. She does not treat me as her husband."

*Mrs V:* "I only talk to him strongly because when he is drunk he usually does not want to go to work the following day. I thus force him to go to work because if he does not go to work, he is going to lose his job, and what will become of us?"

*Mr K* "You are lying. I have never refused to go to work."

On the basis of this information, it was explained to Mr K that he was using the defence mechanism of rationalisation in order to avoid and suppress his responsibility and guilt. There was no way by which his financial responsibility at home could be evaded. The researcher's impression was that he felt nagged by his wife about his behaviour and thus wanted to come back drunk so that she would be unable to talk to him.

Mr K was then encouraged to face his responsibility. It was made clear to him that it was not his wife who was causing him to drink. He was drinking in order to avoid facing his conscience, which told him that he was not behaving as a man because he was failing dismally every month to help his wife financially. Furthermore, it was weakness and cowardice for a Zulu man to run away from his responsibility and blame the wife for it. He was reminded that, according to a Zulu custom and traditional belief, a wife is a child; therefore an adult like him

could not blame a child for his own behaviour. He must stand on his two feet as a man and blame nobody but himself.

It was explained to Mr K that drinking alcohol relieves stress, relaxes, gives a lift, relieves tension and generally affects a person's mood. People who feel timid, stress or pressure and are insecure, rely on liquor to enable them to cope. A person drinks in order to stifle his conscience. A frustrated person drinks in order to avoid facing his shortcomings. Mr K was told that he was drinking because of one or more of these reasons.

Some of the dynamics involved in drinking were stressed again. The researcher pointed out that the use of alcohol rests on a psychological foundation. The drinker is self-deceived in that he feels strong when he is weak; warm when he is cold; adequate when he is a failure; and secure in spite of his insecurity. When deprived of alcohol, he must face an unpleasant reality when has been made worse by alcohol, so he continues to drink. Mr K was told that this was what was happening to him and his family situation.

In view of this, he was asked to be willing to face reality squarely, and to have a strong determination to break the habit. It was made clear that he could stop drinking if he were willing and desirous to do so. Thus he was given a programme to reduce the quantity of drinking gradually and progressively until he reached the quantity that would not intoxicate him. Mr K did agree to cut down on his drinking.

#### **6.5.4.5 Seventh session: dealing with the sexual problem through assertive training and responsibility**

Evidently the sexual problem was directly linked to the problem of financial difficulties and thus also drinking. Clearly Mr K tried to avoid his wife because

she was nagging him about household responsibility. He thus developed a negative attitude towards his wife. In order to escape all this, he decided to come drunk every day in order to avoid being talked to. In this way he managed to protect himself. In the process of doing so he was not aware that he created another problem which compounded the whole situation, and created a vicious circle. Mr K had the right feeling that he was "nothing in the house" because that was how the wife felt about him. Sexual deprivation was the most serious problem which complicated this marital pathology. It led to Mrs V's falling in love with Mr Z, the husband to Mrs S. She had no other way of finding sexual gratification.

The sexual problem was in addition to the frustration of bearing the financial responsibility alone.

First and foremost it was clear that the sexual problem could not be addressed unless the first two problems - finance and drunkenness - were resolved. But there was another problem, though unspoken, which appeared to underlie the sexual problem. Mr K was not very sexually active for unknown reasons. He was thus informed that sex is in the mind; therefore he needed to tell himself that he was going to be sexually assertive through showing an active interest in his wife. He was encouraged to play with her, exuding his love. Mr K appeared to be shy and reserved, with little inclination to be with his wife. Mr K never agreed that he had a problem in his sexual relations with his wife, probably because he felt ashamed to admit such a weakness in front of another man, but when asked alone, he admitted to be doing that deliberately because there was no sense in their having sexual relations when they were not on good terms with each other. That is how he felt.

### 6.5.5 The Eighth Session: The Behavioural Exchange Model

This model was explained to them after it was agreed that they were going to try to improve Mr K's three problem areas, namely, financial, drinking and sexual, which were a reaction to Mrs V's alleged lack of respect to him.

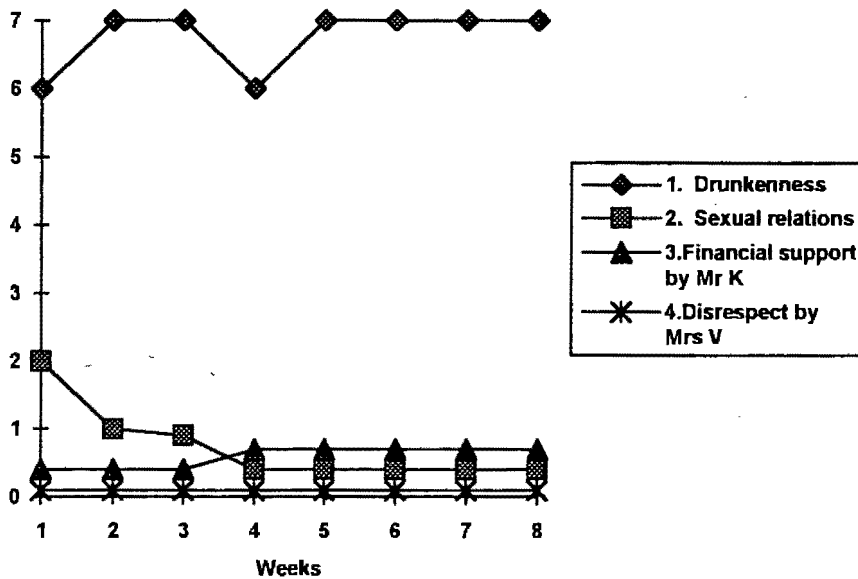
This created a vicious circle because if Mrs V was disrespectful of her husband, it was because of frustration and anger that her husband was "useless" at home. Mr K was not being responsible because, as he claimed, his wife did not respect him. That is how they responded to each other's problems. They were both dissatisfied with the way in which they related to each other.

Through this model (BEM), they monitored each other on the areas they agreed to deal with, but there was nothing tangible for Mrs V to deal with because the alleged lack of respect was a reaction to Mr K's reluctance to go to work. She probably talked strongly with Mr K about going to work, and her husband interpreted it as disrespect. However, Mr K was also going to monitor his wife's reaction to his behaviour. Mrs V monitored the following with regard to her husband:

- \* How often per week did he come back home drunk?
- \* How many times per week did he make sexual advances to his wife?
- \* How many times per week did he support the family financially, even for little things like buying bread?

Figure 12

Behavioural exchange model



Period of Observation: 8 weeks

1. The horizontal line indicates the period of observation - eight weeks or two months. During this period Mr K and Mrs V monitored each other's behaviour.
2. The vertical line refers to the number of days per week. It shows the number of days per week, a particular behaviour recurred.
3. According to this graph, Mr K arrived home drunk on 6 days on week 1, 7 days on week 2 and 3, 6 days on week 4, and 7 days per week for the rest of the period. Mr K's behaviour evidently was becoming worse each week.
4. The couple had sexual intercourse on two days on week 1, one day on the second and third week. After that there was no sexual relationship.
5. There was not a single day when Mr K tried to support the family financially.



6. There was not a day when Mrs V showed disrespect to her husband, hence the claim by Mr K that his wife did not respect him was not supported. Mrs V seemed to co-operate with the therapist.

The behavioural exchange model seemed to indicate that Mr K was not improving in his behaviour, and that instead, he was becoming worse and was trying to work against the therapy.

#### **6.5.6 The Ninth Session: Follow-up**

The wife reported during this session that their relationship had deteriorated since the last therapeutic session. Mr K was also accusing his wife of not starting to respect him. This was of course a false accusation. Mr K suddenly became aggressive to his wife. He demanded sex in a callous manner. After that impersonal sexual union, Mr K told Mrs V to go and tell "that man you reported me to, that I don't have sex with you".

There was thus a need of another session to review the counselling contract with them.

On the day before the appointment for therapy, it was reported to the researcher that Mr K had driven his wife and children away from home. He threatened to kill his wife, and told her to leave his house and never to return. He claimed to be mad and therefore was going to behave madly. He said he was tired of his wife and wanted to live alone.

#### **6.5.7 Tenth Session: Individual Therapy**

The researcher met both partners separately to discuss their attitudes towards what had happened. They were already living separately. Mrs V stated that the way her husband had ill-treated her in the years they had been married, had

caused her to hate him. Therefore, she no longer loved him anymore. What had happened was good for her. She was going to live with the children and would cope without him. She was not prepared to return to him again.

Mr K also expressed the same feelings: that he had had enough of Mrs V, and he was going to live alone without her. He did not want her again because he no longer loved her at all.

It was made very clear to them that the separation ought to take place without either one bearing a grudge against the other. Secondly, the implications involved, such as the custody of the children and the maintenance by the father, had to be considered. They had to realise also that since they were married in community of property, whatever they had in the house had to be shared between them. They had to go and think about these implications of their separation so that this agreement could be finalised at a later session.

#### **6.5.8 Eleventh Session: Negotiation of Separation**

Both partners, after being consulted individually, were willing to take the option of separation. Mrs V expressed a strong feeling of hatred and bitterness against her husband, Mr K. She felt she could live a better life without him. She was tired of the financial responsibility she bore.

Mr K was desirous of parting from his wife. He stated that he wanted to live alone. He was tired of living with a woman who did not respect him.

Mr K and Mrs V eventually separated. Mrs V bought a house of her own and went to live there with all the children. Mr K remained in their house alone.

Before a week had expired, Mr K could not manage living alone. He kept on going to Mrs V to make threatening remarks for groceries. He could not live alone. It thus became necessary to bring them together again to discuss new options.

They decided to reunite and live together again. Mrs V reluctantly accepted this reconciliation on the condition that Mr K was going to be fully responsible for everything in their household. Mr K agreed to honour the original agreements - that he was going to be financially responsible.

Mr K, however, continued to drink. Thus the question of their sexual relationship was not solved. Mrs V was reluctant to part with Mr Z because she was still very dissatisfied with her marital relationship with her husband. There could be no sexual relationship with a man who came home drunk every day. She felt, therefore, that she was going to cling to Mr Z for emotional support.

Mr K sought reconciliation with his wife because he realised that he could not live without his wife, but he still admitted that he no longer loved his wife. Mrs V was no longer prepared to live with Mr K, but the mother-in-law and brother-in-law forced her to agree to a reconciliation. The researcher formalised the agreement. They consented to tolerate each other, and to adapt themselves to each other's idiosyncratic personalities and live together for the sake of their children. They were made aware that accepting one another meant that they were going to accept each other's mistakes and wrongs without any conditions and provocation to anger. They should live peacefully without bearing a grudge against each other.

## 6.6 SUMMARY AND CONCLUSION

The two case studies seem to support the theory that Zulu men are still traditional in their thinking and behaviour. They appear to have a mind set deeply embedded in the values of the past. This is particularly a factor which divides couples. Zulu men still strongly believe in and maintain their traditional and cultural norms and values in marriage. These traditions give them more power over women. Hence men are tacitly allowed philandering and heavy drinking. The unquestioned authority which Zulu men wield creates communication problems.

The problems stated above, affected both couples in the two case studies. Mr Z and Mrs S's problem was mainly related to sex - including infidelity by Mr Z and rigidity and refusal to have sex by Mrs S. These problems hampered communication, thus creating a circular causality. Mr Z and Mrs S had a problem of a low ego strength as revealed by 16PF. They were also stubborn. The 16PF also indicated that they had a low prognosis.

The following therapeutic techniques were used:

- Relational therapy
- Rational emotive therapy
- Existential responsibility
- Transactional analysis
- Paradoxical intention
- Assertive training

The relational therapy appeared to have an educative effect - because the client was made aware of the problem areas s/he needed to work on. These included personality, communication, sex and the self. Having become aware of these problem areas, the client was made to work on them through therapeutic techniques.

Rational emotive therapy and transactional analysis seemed to be effective; only if a client had an average reasoning ability. According to 16PF factor B, Mrs S was not intelligent hence unperceptive. In spite of all the disputations and explanations that Mr Z's infidelity was not a calculated behaviour to expel her from their house; she took too long to understand and abandon her beliefs. Mrs S understood this for a short time and temporarily improved, but after that she relapsed.

Mr Z's intelligence according to 16PF, factor B, was higher, hence her response to RET and TA was good and effective; though the improvement was slow.

Both these partners had a low ego strength; and thus they shirked the responsibility to each other. Mr Z was willing to co-operate, but lacked the ego strength to put to practice what he learnt from the therapeutic sessions. Mrs S was reluctant to co-operate, she seemed to be stubborn and resistant to change. The EPI - distrustful dimension supports the fact that she is naturally stubborn. It thus appeared very strongly that Mr Z and Mrs S were incompatible personalities.

The paradoxical technique was effective in moderating Mrs S's behaviour - her aggression and refusal to co-operate. She became aware of her problem and began to work on it.

Psycho-educationally, Mrs S evaluated herself negatively and formed a negative self-identity. Her formation of negative self-identity was based on her experience of her marriage with Mr Z. She started to believe that she was ugly and unattractive, hence Mr Z was no longer interested in her. This behaviour was also moderated through the use of rational emotive therapy. Though Mrs S had some relapses, when therapy was closed, she had begun to co-operate and work on her problems, of accepting herself

without any negative feelings and inferiority complex. She eventually made a decision to settle down at her house and stopped threatening to leave her husband and children.

Mr K and Mrs V had the following problems:

- ♦ Financial difficulties
- ♦ Heavy drinking by Mr K
- ♦ Sexual impotence by Mr K
- ♦ Difficult personality

The following therapeutic techniques were used:

- ♦ Relational therapy
- ♦ Existential responsibility
- ♦ Assertive training
- ♦ Transactional analysis
- ♦ Behavioural exchange model

A psycho-educational perspective showed that Mr K suffered from an inferiority complex; perhaps due to the fact that he was unable to support his family financially and to satisfy his wife's sexual needs. Instead of solving these problems, he used defence mechanisms to avoid his responsibilities. He appeared to be less intelligent compared to his wife. Consequently, he did not understand the dynamics of their marital relationship. He could not understand the level on which his ego level was operating.

It appeared as if Mr K had never been used to taking responsibility. He was bent on punishing his wife for insisting on him taking a financial responsibility for his family. He did not keep the promise to co-operate. No technique seemed to work with him. He eventually became aggressive and expelled his wife from his house. No sooner had he expelled his wife, than he realised that he could not live without her, thus he called

her back. They then agreed to reconcile and live together again in spite of the differences they had.

In conclusion, it can be stated that a few factors seemed to be underlying the marital pathology and difficulties of therapy of Zulu marriages.

1. Zulu men's perception of their marriage has not changed from the historical and traditional form. A wife is a minor to be seen and not heard. A husband is an absolute ruler whose authority may not be easily challenged. This thinking makes therapy very difficult.
2. It became evident in these case studies that personality is an important factor in counselling Zulu couples. Personality includes factors such as intelligence, sociability and temperament. This personality has been shaped by the cultural norms, values and traditions of the Zulu community. The amenability to therapy appeared to depend on the personality type of the client. For instance, Mr Z and Mrs V were very amenable to therapy, while Mr K and Mrs S were stubborn and resistant to it.
3. It also appeared in these case studies that communication is a difficult problem among the Zulus because they approach it from a position of inequality.
4. A sexual problem seemed to be a common denominator in Zulu marriages. Again, this is a historical and cultural problem.

## CHAPTER 7

### THE INTERPRETATION AND DISCUSSIONS OF FINDINGS

#### 7.1 INTRODUCTION

The researcher's experiences from his encounter with Zulu couples who have marital problems led him to believe that difficulties in Zulu marriages are caused by the following:

1. Financial problems in which husbands fail to provide financial needs for their families.
2. Infidelity and sexual problems. Zulu husbands usually have extramarital love affairs and practise adultery.
3. Inordinate drinking.
4. Communication which, according to research, is usually cited by women of all races as the main causes of marital pathology.
5. A marriage without children is regarded as cursed by the Zulus. Husbands mainly blame wives for failing to conceive. Wives are also blamed for failing to give birth to a baby boy.

#### 7.2 RESULTS OF LITERATURE STUDY AND THE QUESTIONNAIRE

The husbands' and wives' responses analysed separately, indicated that lack of communication appear to be the most serious problem affecting Zulu marriages. The weighted mean was 16.3 for husbands and 17.7 for wives. These were the highest scores in both groups. Both husbands and wives felt that childlessness destabilises marriage as indicated by the weighted mean of 15.9 for husbands and 16.1 for wives.



The emotional immaturity was supported by both groups as one of the main contributing factors to marital pathology.

The researcher's beliefs based on literature study and experience that financial problems, infidelity, drinking, communication and childlessness are the main causes of marital pathology, were supported by both husbands and wives, though they differed on infidelity alone. Wives did not support this factor as a serious factor in causing marital problems, hence their low weighted mean of 10.7, which was below 12.0, a weighted mean when scores are balanced. The weighted mean of 15.2 showed that husbands regard this factor as important in causing marital problems.

The wives' opinion on infidelity factor seems to suggest a cultural reflection on historically accepted polygamy and extramarital love affairs by husbands. Instead, wives seem to be more concerned with structural factors which they believe affect them most. Their scores were high on statements which relate to being left alone at home by their husbands (16.7), regarded as minors (16.6), aggression (16.4), unilateral decision-making by husbands (16.1), oppression by husbands (15.2) and that on the whole, husbands seem to be the main causes of marital pathology.

When the analysis of the questionnaire for both husbands and wives was done, it still supported most of their views expressed separately. The researcher's belief that children are of paramount importance in a Zulu marriage; was supported by both literature survey and the questionnaire. In accordance with Zulu culture and tradition, children serve a religious purpose. That is probably the reason why this factor was highly supported, and scored a weighted mean of 8.0 in the questionnaire.

In a Zulu community a girl could be married without her consent. This is a historical evidence which gives an origin and development of Zulu women's oppression under the guise of culture. The weighted mean score of 7.3 is indicative of a high support of

how women are still treated in the Zulu community. They are regarded as minors, equal to the positions of children. They may be ignored even if they have an important contribution, or a serious complaint. Undoubtedly, this seriously affects marital relationships.

The Zulus did not marry necessarily for intimacy, companionship and interrelationship. A young man could come back from Johannesburg and find a wife at home. The emphasis of love and respect for the wife in marriage was undermined. This appears to be continuing even in the present day. The weighted mean of 7.4, supports that Zulu husbands do not express love to their wives. Secondly, they do not always stay at home with their wives. The weighted mean of 7.8 indicates that this is a serious complaint.

It may be argued that many marital problems among Zulu couples are caused by insufficient preparations prior to the wedding. Long preparations, negotiations and ceremonies used to prepare the bride psychologically, and conditioned her for the hardships in marriage. The long process of preparing for the marriage, also strengthened the bonds between the two families concerned.

The religious factor appears to be very contributory, according to the respondents. Zulu couples feel that religion cemented their marriages, thus it is an important factor. This factor's weighted mean score is 7.9. When one considers the emphasis which was laid on prayer and invocation of the ancestors during wedding ceremonies, one realises the psychological impact this had on the married life of the Zulus. One is therefore not surprised at the high score of this factor. The supernatural presence in marriage was also felt by couples. It is therefore the materialistic and secularistic approach in Zulu marriages which seems to underlie marital pathologies.

Infidelity ranks number two, with the weighted mean score of 8.1, as a serious problem which rocks Zulu marriages. The origin of this problem can be traced back to the history of the Zulus' sexual behaviour. Extramarital and casual relations by husbands were connived at and accepted. Women accepted polygamy and appreciated their husbands' girl friends. Zulu husbands are still behaving in the same manner, and this is totally rejected by wives. In one of the case studies in this research, it appeared that Mr Z felt justified to have extramarital affairs like "all other men". His wife was hurt by the behaviour, stating that it degraded her as a civilised and Christian wife to have a promiscuous husband. Neither of these two partners was prepared to compromise his or her stance. This clash on cultural norms appears to be a serious problem between spouses.

Closely related to infidelity, is sexual problems. The reasons behind these sexual problems are a multiplicity of factors. Some men such as Mr Z, have sexual frustration for different reasons: one partner refuses or ignores the other. Mrs S did the same to Mr Z. One partner may refuse sex out of revenge. Mr Z discontinued sexual advances to his wife out of revenge. Mr Z and Mr K boycotted sex with their wives out of anger, frustration and revenge. Mrs S was sexually rigid and uninterested in sex. Her husband was hypersexually active. Mrs S complained that this was abnormal and hence she could not cope with it.

The inordinate drinking by husbands is a serious problem, destabilising Zulu marriages. This was also supported by the weighted mean score of 7.8. Historically, drinking was a way of life of Zulu men. During those days high intoxicants were not used. Nowadays, men take very strong intoxicants, to which they become addicted. This appears to cause problems in marriages. Invariably, inordinate drinking leads to financial irresponsibility. This has the weighted mean score of 7.2. Therefore, drinking and financial problems appear to go together. Mr K, one of the two case studies, had this problem. Heavy drinking destituted him financially. The more he drank to

suppress the guilt feeling, the more destitute he became. He eventually, and aggressively chased his wife away from his house.

Both case studies support the psychodynamic theory which postulates that marital pathologies are caused by partners who perceive each other's roles and interactions in the light of their internalised world of experiences. Mrs S seemed to have had a painful experience about sex which caused her to attribute a negative feeling to it. This negative experience was generalised to the whole married life. She completely lost trust in her husband in terms of honesty and fidelity.

Mr Z, on the other hand, had experienced humiliation, to an extent that he developed a negative attitude towards his wife. He began to hate her. His experiences with her were so unfavourable that he made up his mind not to bother her again with sexual advances. However, the unanswered question is, why Mr Z was so promiscuous that he did not mind that this hurt his wife? It may be suggested from a psychoanalytical viewpoint that some marital problems may not be understood because they are caused by each partner's struggle to gratify the infantile impulses through the manipulation of the partner.

According to a systems approach theory, since parts of a system are dynamically connected, the behaviour of any part affects the state of the other part in a reciprocal fashion. Therefore the behaviour of one is co-determined by the other and vice versa. This usually leads to what is called a circular causality, which partners find difficult to break. In both case studies, the behaviour of one partner led to a reaction in the other partner. Mr K failed to support his family leading to his wife pressurising him to do so. Instead this led him to evade this responsibility by drinking heavily. Consequent to drinking was sexual impotence which frustrated his wife, and the problem complicated.

Behaviourally, marital difficulties arise from faulty behaviour exchange mechanism, and the conflicts occur because the demand behaviour from one partner, is met with non-compliance in some way by the other. It is this lack of reciprocity between the spouses which creates conflicts in a marriage. Mrs S was adamant that she would never have sex with her husband until she was assured by him that he would never be involved in extramarital love affairs again. Mr Z's change depended on the condition that his wife started to accept him as he was, in spite of his promiscuous life. Both spouses refused to reciprocate behaviour that was going to normalise their relationship. Mr K too, maintained that he would never support the family until his wife respected him.

It is the structural arrangement of the Zulu families and communities which puts female partners at a disadvantage, while placing the male partners in positions of privilege, power and authority to rule women, without any concern for their aspirations. Women are minors because of the structural organisation of the Zulu society. It would appear that this may not easily be corrected until society itself has been re-organised.

Personality is one of the most serious factors behind marital pathology among Zulu couples, hence its weighted mean score was 7.8. The personality will either stabilise or de-stabilise marital relationships. It is neurotic when the past overwhelms the present or when the conflict of the past re-enacted in the present; produces maladaptation and symptoms. It has been learnt in this study that neurotic symptoms of passiveness and immaturity caused problems in both case studies. Mr K and Mrs S revealed a measure of immaturity.

A spouse with schizoid and paranoid traits finds it difficult to form warm relationships. Mrs S was always suspicious of Mr Z. The combination of emotional detachment, suspicion and jealousy caused difficulties between Mr Z and Mrs S. Mrs S appeared to have a histrionic personality. She perpetually accused her husband of infidelity, though she did not have evidence. She thus kept on threatening to leave her husband in order

to ostensibly give him an opportunity to marry another woman. She had made these empty threats for years, according to her husband. Mr Z had ignored them.

A neurotic husband tends to lack reliability and is emotionally irresponsible and impulsive. Mr Z appeared to evince all these symptoms. The 16PF supported this in indicating irresponsibility and carelessness as one of the factors which caused him problems. Mr Z showed a lot of irresponsibility and unreliability in his behaviour. The researcher maintains that Mrs S had some psychotic symptoms; such as the delusion of absolute certainty of the sexual behaviour of her husband; confirmed by the evidence of telephone calls from other women. She interpreted all calls from women as her husband's lovers. She always privately listened to telephone conversations of her husband to eavesdrop messages. She thus always heard what she wanted to hear; and this hurt her extremely.

The self-concept is an important determinant of behaviour. The pedagogical essences of involvement, experience and the attribution of meaning to a relationship leads to the formation of either positive or negative self-concept; depending on the extent of involvement and the favourability or unfavourability of the experience and the meaning attributed to that relationship. Through an intra-psychic dialogue; the person evaluates himself and herself on the basis of the pedagogical essences. Mr K and Mrs S's problems were made more difficult by these aspects of their personalities. They evaluated themselves very negatively due to the experiences of their relationships. The low self-concept of two partners of the two case studies produced the following:

1. Mr K and Mrs S had little or no trust in themselves. Mr K felt inadequate, hence he was aggressive; trying to prove himself to his wife. Mrs S was also very aggressive towards her husband Mr Z. She also admitted that she was inadequate and unattractive to her husband.

2. Both these couples experienced an inferiority complex, self-rejection and rejection by their spouses.
3. Mr K tended to project his low self-concept on his partner, accusing her of his failures.
4. Mrs S continually occupied herself with her weakness and inadequacy, thus withdrawing from her partner, including some of the household duties such as preparing food for her husband Mr Z.
5. Mrs S refused to be involved in their marriage relationship, i.e. in sexual intercourse. She probably felt inadequate and unwanted by her husband.

Closely related to self-concept is self-identity. The formation of self-identity enables a person to know who is, and to stand on his or her own with confidence. He does not need an external assurance to affirm who he is. He knows himself or she knows herself. A person who has not formed an identity, may be easily swayed by any whims and fancies. People, therefore, who have no self-identity, may find it very difficult to be responsible, because they don't know who they are. Sex roles which are played by individuals are dependant on identity.

This appeared to be the problem of all but one of the two case studies. Messrs. Z and K seemed to have never formed a husband and a father identity. It would appear as if Mr Z never outgrew the adolescent identity with regard to his sexual behaviour. Sex for him, seemed to be a game he enjoyed playing with women. Mr K appeared to have not outgrown the child identity, when he was looked after by his mother. He expected his wife to continue taking care of him without any complaints. It thus became very hard for these two to accept their responsibilities, because they did not understand how it relates to these problematic areas of their lives.

The wife and mother identities seemed to have not been fully instilled to the mind of Mrs S. She appeared to vacillate often between divorce and marriage. She desired to

divorce and leave Mr Z, but whenever the researcher reminded her of the responsibilities which go with divorce, especially when she was made to think about her children, she changed her mind and decided to stay. However, at the slightest provocation from her husband, such as a telephone call from a strange woman, she threatened to leave again. Her instability, in the researcher's opinion, seems to support that she had not yet formed a clear identity of who she was.

The emotional factor also appeared to be important, hence it scored the weighted mean of 7.8. Partners go in to marriage with some expectations of what they hope to see in marriage. What has created problems in Zulu couples, was when these needs were not met in the marriage. Women in particular, complain of unfulfilled emotional needs. Mrs V, for instance, who seemed to have had high expectations in her house; having a husband who meets their families' needs; was frustrated when her husband did not meet this standard. It appeared that she needed a husband who is a good leader and manager of the house. Mr K on the other hand needed a wife on whom he would depend for all his needs. He had a need to lead a passive life in his family, where the wife took care of everything. He was frustrated when his wife wanted him to be involved in the running of the family. He was demanded to pay for the survival of the family. He refused to take up this responsibility.

In summarising the causes of marital pathology, it can be stated that the underlying factors to pathology are mainly structural and behavioural. The structural organisation of the Zulu community is heavily weighted against women. Unless this structural arrangement of the community is changed, marital problems will continue. Zulu partners seem to fail to reciprocate accepted behaviours. Husbands in particular, appear unprepared to respond with love to their wives' initiative. These are the main underlying factors which create a volatile situation for conflicts in Zulu marriages. The third one, the psychoanalytic factor appears to be uncommon among Zulu couples, though it does affect them to a lesser degree.



The questionnaire and the underlying factors above, supported some of the researcher's hypotheses about the main causes of marital pathology of Zulu couples. The religious and personality factors were not included in the equation as serious factors. Ten direct causes were selected in accordance with the weighted mean scores, and ranked in the order of their seriousness.

1. Lack of communication between spouses.
2. Extramarital private love affairs.
3. A childless marriage.
4. The decline of religious commitment.
5. The marriage of two problematic personalities.
6. Inordinate drinking by husbands.
7. Dissatisfied emotional needs of spouses.
8. The cultural oppression of wives as minors.
9. The threat of rising financial independence of women and their intelligence.
10. Battering of wives by their husbands.

### **7.3 THE RESULTS OF THERAPY**

The researcher had set out to investigate marital pathology and therapy of Zulu couples. It was hypothesised that a Zulu husband is, in most cases, an "identified patient" of the marital problem. This opinion that Zulu husbands are the main causes of marital problems was supported by the high weighted mean score of 6.6, compared to the wives' weighted mean score of 4.9. The latter score is below the standard score of the whole questionnaire implying that the statement that "women are the main cause of marital problems"; is least supported. Therefore Zulu husbands seem to be the problem starters in marriages. In both case studies, husbands were the cause. Perhaps further research with a larger sample would confirm this.

It was hypothetically stated that Zulu husbands refuse to see the marriage counsellors because they are usually the cause of the problem, and are unaffected by the problem. They often think it is the wife who fails to adapt to her marriage problems or to her husband's way of life, or of doing things. They are also not affected by the problem because they do not spend a lot of time with their families. They are often away with friends for the whole day, therefore they do not feel the pressure and stress of the family demands.

Zulu husbands' perception of therapy is that it is the process of helping wives to adapt to their husbands' lifestyles, norms and values. In this way it means helping wives accept and live with their problems. This is how Zulu marriages were historically patterned. They depended on the ego strength of women to endure the marital hardships. For instance, Mr K's later expulsion of his wife from the house, was because she failed to conform to his demands and the ways he wanted their house to be run.

It was again hypothesised that it is the wife who usually seek counselling in the event of marital conflicts. In both case studies, wives consulted the researcher for counselling. Husbands were reluctant to come with their wives for therapy. However, they were willing to be seen individually. It was the psychological climate created by the researcher during these individual sessions which allayed their fears. In creating the climate, husbands were assured that counselling is not a cross-examination between the partners to find out who is guilty. It is a process of relationship with the therapist which aims at making them aware of their problems, resulting in them deciding on their own how to work on the problem without the imposition of the therapist's solutions. The research showed that no counselling of Zulu couples can take place without a conducive psychological climate. A choice had to be made from three marital therapies:

- \* Individual marital therapy.
- \* Conjoint marital therapy.
- \* Combined marital therapy.

Combined marital therapy included both 1 and 2 above. The therapy was thus determined by the problem and the process of therapy. In some sessions, one partner became too intolerant of his or her partner that s/he had to be isolated and treated alone. In some instances one partner would have very delicate secrets which could destroy the other partner. Mr Z, for instance, had some personal problems he did not want his wife to hear because they would aggravate their marital problems. Mr K did not allow his wife to speak freely in front of the researcher, probably because he feared exposure of his weaknesses to the researcher. Mrs S expected the researcher to support her in reprimanding her husband, whenever he had confessed immoral behaviour. These problems necessitated individual marital therapy.

There was no longer any trust between the partners. It appeared as if they responded better to therapy when they were seen alone, and thereafter brought together. The researcher was constantly constrained by the Zulu culture to protect the dignity of the husbands. The individual marital therapy mainly served this purpose, which if it was ignored, the whole therapy could have been sabotaged by the husbands.

The therapeutic model which was designed for use with Zulu couples consisted of the following:

1. Psychological climate
2. Individual interviews and therapy
3. Conjoint interviews and therapy
4. Relational therapy
5. Rational emotive therapy
6. Transactional analysis

7. Existential responsibility
8. Paradoxical intention
9. Assertive training
10. Behavioural exchange model

The psychological climate is building a credit for a therapist. Zulu wives appear to trust counsellors. It is men who distrust "a third person coming to interfere in their marriage". The climate is thus indispensable for drawing a Zulu husband nigh to therapy and keeping him there until the termination of therapy. The researcher had the unconditional positive regard for the couples, especially the husbands who were "identified patients". The researcher was completely uncritical and non-judgmental. This had a greater impact on Mr Z who had realised that he created many problems for his wife. He gradually drew closer to the researcher. The empathic understanding had a healing effect on Mrs S and Mrs V who were the most hurt. Mr Z and Mrs S were initially very difficult to handle, however warmth and acceptance created this climate which caused them to co-operate. Their problems were not radically solved, but they gradually took the initiative to see the researcher whenever they had serious quarrels and misunderstandings.

The relational therapy helped to identify and isolate problematic areas in the partners, and to understand the meaning each partner had attributed to his or her relationship with the self, partner, behaviour and their problems in general.

All partners in the two case studies, except Mrs V, attributed irrational meaning to their marital relationships. Mr Z felt he was a nonentity to his wife. His wife, Mrs S, felt she was ugly and sexually unappealing to him. Mr K felt he was nothing to his wife Mrs V. These irrational meanings were disputed through the RET techniques.

It seemed difficult for Mr K and Mrs S to realise the irrational meanings they assigned to the behaviours of their partners. It took a long time to understand the irrational meaning they held. Mr Z and Mrs V appeared to understand quickly whenever illogical statements uttered, were reflected back to them. The researcher thus concluded that RET worked successfully with the intelligent Zulu clients.

The transactional analysis seemed also to work well with the intelligent partners. Mr Z and Mrs S's marital problems were aggravated by the communication problems caused by crossed transactions of their ego states and how these were further acted out. Mrs S attempted to control her husband. She went to an extent of preventing her husband from picking up telephones. She wanted that done by her in order to censure telephone calls. Every telephone call was suspected to come from Mr Z's lovers. Mr Z was made to be a child and his wife a parent watching over a naughty boy. Mrs S often tongue lashed Mr Z for talking to any woman. She believed women could tempt him easily, thus he needed to avoid them. This hurt Mr Z and made their marital relationship worse, but Mrs S did not understand these dynamics.

Mr K demanded food like a child; food which he did not want to buy because of allegedly having no money. This behaviour hurt Mrs V. Mr K was acting out his child ego states. Mr K and Mrs S had difficulty in understanding the level in which their ego states were operating. The researcher concluded that the TA is best suited for intelligent Zulu clients. Mr Z and Mrs V seemed to have no problem in understanding the explanation about their ego states operation. The insight and understanding of his ego states modified his behaviour.

All but one partner of the two case studies, were exhorted to act responsibly. They were made aware of the freedom of choice. The researcher realised that a client who has not formed an identity, finds it difficult to act responsibly. It became evident that making a choice and to be held accountable for one's behaviour, requires a clear

identity. If this has not been formed, the client struggles unsuccessfully to take responsibility for his action. Messrs. Z and K, and Mrs S appeared to have an identity problem, in the researcher's views, hence it was difficult for them to act responsibly as adults.

It would appear therefore that these partners needed to be helped to form an identity, which will enable them to take courage, fulfil their roles and take responsibility.

Mrs S was anxious about having sex with her husband. She believed she might contract AIDS. However, over and above that, she held a traditional belief about sex. She strongly believed that it is the husbands' prerogative to initiate sex. Consequently she refused to try assertive training.

Mr K, who did not have sex with his wife, was taught this technique, and he used it negatively and destructively. He aggressively demanded sex from his wife in order for her to go and "report to your man counsellor that I have had sex with you".

The paradoxical intention seemed to be effective in breaking a difficult and resistant personality. It's multifarious techniques cover a variety of difficult behavioural problems. Mrs S was put in a double-bind by prescribing and predicting her behaviour. As a stubborn person, as both EPI and 16PF showed, she tried to defy the researcher's instruction, thereby conforming to the desired behaviour. Secondly, the prescription and the prediction of the symptom made a mockery of herself and the symptom itself. Hence she decided to discontinue lambasting her husband in front of the children. She developed another symptom of not talking whenever her husband was present. Paradoxical intention seemed to have had an effect on Mrs S's behaviour because she changed.

Paradoxical intention was used simultaneously with EPI and 16PF which made Mr Z and Mrs S aware of their personality problems. These tests had a greater impact on them. Both Mr Z and Mrs S showed significant changes after the results had been discussed with them.

The behavioural exchange model could be one of the most effective tools if partners co-operate. This is one model which makes couples aware of their problems and how they react to them. The awareness of their problems helps them begin to work on them. It's second advantage is when partners monitor each other. Partners are made to be involved with each other. It's disadvantage is that it cannot be implemented if partners do not co-operate with each other. More research with Zulu couples needs to be done, where this model will be used, because most of the other therapeutic techniques can be subsumed in this model.

It can thus be stated that the therapeutic model designed for Zulu couples still needs to be tried with more clients in order to gauge it's effectiveness. It was successful with the two cases, though the success was not decisive and immediate.

#### **7.4 CONCLUSION**

1. Most of the marital problems affecting Zulu couples may be better understood against the historical and cultural background of the Zulus. Both causes of marital pathology and therapy are related in one way or another, to this historical and cultural background. Consequently a therapist who works with Zulu couples must have a thorough knowledge of Zulu marriages, their nature and how they worked and are still working today.
2. The present structural organisation of the Zulu families, based on historical arrangements, seem to underlie most of the causes of marital problems. Unless

there is a change in this structural pattern, marriage therapy with Zulu couples will always be difficult to accomplish.

3. Lack of communication which appeared to be factor number one behind marital problems of Zulu couples; does not mean the absence of communication. It has been stated in this study that couples cannot not communicate. Their communication is poor, because in most cases, it is topdown from the parent to the child, reflecting a structural arrangement of the Zulu society; that a woman is a child and a man is an adult. There is thus a need for more research into a communication pattern of Zulu couples with a view to find a suitable communication model for the Zulus.
4. Extramarital love affairs, drinking and lack of support of the family by the husbands, appear to have a historical origin. Extramarital love relationships seem to be an inherited learned behaviour. Men had the freedom to make love even after marriage, over and above the many wives which they had. This was a prestigious privilege which was enjoyed by men alone. The majority of Zulu men have continued to practise this custom to the present day. Women are vehemently opposed to the philandering of their men. This is therefore a habit which was deeply rooted in the culture and lifestyle of the Zulu communities. Some Zulu men therefore reject the belief that extramarital love relationships and sexual promiscuity are immoral. For them it is part of culture. They maintain that the majority of men practise this. It is thus difficult for men to accede to their wives' demand for complete abstinence from extramarital love affairs. Therefore, there is a need of the transformation of the culture to accommodate the women's present beliefs.
5. Drinking beer was also part of life. Men spent the whole day drinking. However, the type of beer drunk at that time was not intoxicant. The habit to



spend days drinking, not only beer, but intoxicants, has continued at the same rate as before. Men usually spend the weekends carousing, and this appeared to be part of their life. Therapy with such men is usually slow and hardly successful.

6. Extramarital love affairs, sexual promiscuity and drinking seem to be difficult to treat because most Zulu men regard them as normal and part of their rights to enjoy. Thus further research in the therapy of this problem, is needed.
  
7. The problem of financially neglecting the family by Zulu men is common. This may be explained by social learning theory. It appears that some of Zulu men were not socialised to be responsible right from childhood. Zulu families tend to neglect boys and concentrate on girls in their child upbringing. From childhood girls are consciously prepared to face marital responsibility when they grow up, whereas nothing is done to prepare the boys. This again seems to have its origin in the history of the Zulus when boys were charged only with the responsibility of looking after the cattle. Thus their place and work were known to be outside the household. After the western civilisation and urbanisation which resulted in the disappearance of cattle grazing, boys were left without any work to do. In most families therefore, boys don't have any duties to perform. They linger about in the streets and drink and make love to girls. This is how the communities socialise them, therefore for the rest of their youth, they do not learn responsibility. They must begin to learn about responsibility when they get married and start their families. There is thus a need to restructure these families in order to socialise the youth appropriately in preparation for their adult responsibilities.

It can be concluded that these are the husbands who usually have problems of responsibility when they are married because they have never formed identities during their upbringing.

8. The two case studies seem to suggest that personality underlies the problems of marital pathology and therapy. Mrs S, for example, refused to have sexual intercourse with her husband. No amount of therapeutic technique appeared to be successful in changing her negative attitude towards sex. The 16PF described her as a stubborn person. It did not make any sense to her when her irrational beliefs about her unattractiveness was disputed. Factor B of the 16PF indicated that she is not intelligent, hence it might have not been easy for her to quickly grasp the analysis of her marital relationship.

Mr Z is a very friendly and sociable person who seemed to attract women easily. He could not control himself when it came to women. The 16PF described him as having an ego weakness. No amount of persuasion could immediately cause him to change his behaviour. He admitted that he was unable to eradicate the habit. He was also described by the 16PF as careless and irresponsible.

The EPI and 16PF justified the difficulty the researcher encountered in doing therapy with this couple. These two tests were used in order to help the researcher have an insight into the personality dynamics of the couple because they were difficult to handle. The test results greatly helped both the researcher and the clients in gaining insight. The couple appeared to respect the test diagnosis of their personalities. Thus, using tests when doing therapy with Zulu couples, is recommended because they accept their validity.

Mr K and Mrs V were two different personalities who were also not supposed to marry each other. Mr K is dull and reserved, and Mrs V is intelligent and sociable.

Their conflicts seemed to indicate that they are incompatible. Their personalities were such that it was easier to deal with the wife than with the husband. In the case of Mr Z and Mrs S, it was easier to deal with Mr Z than with Mrs S, because of their personality differences.

The researcher concludes that the causes and therapy of marital pathology of these couples seemed to hinge on their personalities. There is thus a need to do further and profound research into this factor in order to entrench and strengthen these findings.

The willingness of most Zulu couples to discuss their marital problems with counsellors, limited the sample to only 21 couples which participated in answering the questionnaire. Only two couples were used for therapy. The sample was limited and hence represented a small population of Zulu couples with marital problems in the area of Izingolweni district. It would therefore be recommended that this research is repeated with a larger sample of more urban and rural Zulu couples with a view to enable the generalisation of the findings to the Zulu couples in the whole of Natal.

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