

**Exploring the meaning attached to seeking marital therapy among married African males
in the Durban area**

by

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DECLARATION OF ORIGINALITY

I, Philile Simamukele Mtshali, student number (200804391), declare that the research title: “Exploring the meaning attached to seeking marital therapy among married African males in the Durban area” is my original work.

This research project has not been previously submitted for an academic qualification at any other university. All the sources that were used in this work have been acknowledged in the reference list.

Philile Mtshali

Date

DEDICATION

This work is dedicated to my son Hlelokuhle, and my late friend Ayanda Biyela.

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I would like to extend my heartfelt gratitude to:

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My siblings and all those who contributed to the completion of this project, thank you so much.

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ABSTRACT

The overall aim of the study was to gain insight into what it means for an African man to seek marital therapy when confronted with marital problems. The study also sought to understand the circumstances that often influence African men to consult with marital therapists. The barriers experienced by men towards utilising marital therapy were also explored. The study adopted the qualitative research method, and data were collected using semi-structured interviews. Thirty (30) Black African men participated in the study from the province of KwaZulu-Natal, in the Durban area.

The results were analysed thematically, and the findings demonstrated different factors that contributed towards how Black African men give meaning to seeking marital therapy. The results also indicated that marital therapy was considered as the last resort for some of the participants in this study. Perceived stigma, marital status of the therapist, access to marital therapy and the gender of the marital therapist were identified as barriers towards utilising these services. The findings were discussed in relation to pertinent literature, and recommendations for professional practice, training and for future research are offered in the last chapter.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This chapter commences with a background to the study. Thereafter, the problem statement and motivation are discussed. It also contains the main aim and questions of the study. The method employed to gather data is briefly presented, with further elaboration in chapter three. The chapter concludes with the key concepts identified in this study.

1.2 BACKGROUND TO THE STUDY

Generally, men are portrayed as unwilling and reluctant to ask for assistance where one would ordinarily expect them to do so. Addis and Mahalik (2003) maintained that well known generalisations depict men hesitantly requesting directions when lost, and having trouble sharing their helplessness to loved ones. They further observed a reluctance in men to seek professional help when in distress. Women, on the other hand, have been found to seek professional help more than men (Moller-Leimkuhler, 2002). According to Davies, McCrae, Frank, Dochnahl, Pickering, Harrison, Zakrzewski and Wilson (2000), few men want significant others to know that they have sought therapy, while women tend to hold a positive attitude towards seeking professional help. Therapists are often guided on how to work effectively with men. as it appears that many are hesitant in receiving help, uncomfortable to talk about their issues, and avoid emotional exploration (Mahalik, Good & Englar-Carlson, 2003). Interestingly, Davies et al. (2000) stated that men would only be found in therapy when they are experiencing extreme distress. In support of the same idea, the study by Dookran (2015) found that it was difficult for African men to accept the existence of problems and seeking western services. The study further revealed that men were open to seeking therapy when it was suggested by family elders, and such an act would be seen as acceptable because it honoured the hierarchal power in the family.

Couples normally seek marital therapy when they are experiencing problems. Evidently, men believe that seeking marital therapy is only meant for women, as noted by Mutanana and Gasva, (2014), who also found that men viewed therapists as strangers. A study conducted by Bringle and Byers (1997) revealed that only abuse and divorce were considered significant by both genders when seeking therapy. In addition, the study reiterated that men were of the opinion that marital problems were not deemed a priority for them to pursue professional help. Nonetheless, women perceived problems such as drugs, depression, lack of communication, and extramarital affairs as substantial enough to warrant therapy (Bringle & Byers, 1997). The couples who had sought therapy, in the study by Doss, Rhoades, Stanley and Markman (2009), were perceived by others as experiencing low marital satisfaction. This probably was a contributory factor as to why men avoided seeking therapy, fearing to be viewed negatively by others.

Doss, Atikins and Christensen (2003) identified three steps that are essential toward seeking marital therapy namely: problem recognition, treatment consideration, and treatment seeking. Furthermore, it is believed that a partner who is experiencing marital distress more than the other is much more likely to be the first in identifying the marital problem (Doss et al., 2003). Although, this does not necessarily determine who is going to make the initial contact with the therapist. Moynehan and Adams (2007) contended that men may be aware of their marital problems but often prefer not to seek help. They further suggested that some men prefer not to discuss their problems with others and try to solve their problems themselves. Dookran (2015), on the other hand, found that African men preferred to receive help from traditional healers, as it is acceptable in their communities, and the clear instructions given by traditional healers, such as performing a ritual, made them confident in the help they received. However, men who were sexually dissatisfied in their marriages were found to demonstrate interest in seeking marital therapy (Doss et al., 2003).

Davies et al. (2000) asserted that the socialisation of men to be in control and conceal any behaviour that might be viewed as a sign of weakness has a significant impact on help seeking behaviour in men. African men held the belief that a man should be courageous to overcome any challenges without getting assistance from another person. This means that they have to maintain

the respect and not be seen as a “woman, gay or other “inferior” person (Israelstam, 2012). However, these beliefs left men in fear of being stigmatized by their peers for seeking help (Davies et al., 2000). Some African men were found to be more likely to share their problems with their peers as compared to consulting a professional (Dookran, 2015). Other factors are elaborated upon in chapter two.

In this study the term therapy and counselling are used interchangeably. Though, the researcher is cognizant of the distinction between the two concepts.

1.3 PROBLEM STATEMENT

It is a common clinical observation that men remain unwilling to join their spouses in marital therapy sessions (Young & Fok, 2005). Culbertson (1994) reiterated that women in particular often pursue professional help and their partners frequently refuse to join them. Women often initiate the first contact with the therapist, while men are reluctant or completely resistant to attend. Studies, such as by Komiya, Good and Sherrod (2000), have indicated that men in general tend to avoid consulting professionals when they are experiencing psychological distress, which leaves them at risk of suffering from mental related problems. This trend has also been observed in marital literature where men have been reluctant to seek these services as compared to females (Doss et al., 2003). This could be linked to the socio-cultural expectation of women to be more responsible in maintaining marital stability (Sodi, Esere, Gichinga, & Hove, 2010). Furthermore, Hammond (2012) asserted that African men endorsed the restriction of displaying emotions publicly, and ignored the need of seeking psychological services, however, they often presented a different side in their homes.

Existing literature on marital therapy and general observation from clinical practice has indicated that men in general, and especially Black African men, are reluctant and hesitant to seek therapy, let alone marital therapy. Raune (2010) made such an observation and mentioned that the psychological services in the South African context are being underutilised, particularly by the

black population. This is linked to the cultural assertion that problems should be resolved within the family, and that African men should remain in a position of power and authority (Raune, 2010; Israelstam, 2012). Furthermore, Raune (2010) observed that seeking therapy when addressing problems has not been reinforced in African communities. This, in particular, motivated the study. The researcher sought to gain insight on the meaning associated with seeking marital therapy by Black African males. Information gained from this study is more likely to assist in making therapeutic interventions more attractive to a wider population.

1.4 AIM OF THE STUDY

The study aimed at exploring the meaning attached to seeking marital therapy by married African men.

1.5 RESEARCH OBJECTIVE

Research objectives of this study were to:

1. Explore the meaning of seeking marital therapy for African men
2. Exploring circumstances that would lead an African man to seek marital therapy
3. Explore possible barriers experienced by African men towards seeking marital therapy

1.6 RESEARCH QUESTIONS

The associated research questions were as follows:

1. What does it mean for African men to seek marital therapy?
2. In what circumstances would African men seek marital therapy?
3. Are there barriers experienced by African men towards seeking marital therapy?

1.7 RESEARCH METHODOLOGY

In order to address the research questions, the qualitative research methodology was employed. Chapter 3 elaborates on the methodology of the study.

1.8 SIGNIFICANCE OF THE STUDY

The study made a positive contribution to the field of counselling and its body of knowledge. It gave African men an opportunity to unpack their views and the meaning of seeking marital therapy. The findings emerging from this study would inform the health care practitioners who provides psychological services about the challenges that African men face in accessing the services, especially those who render marriage guidance and therapy to couples.

1.9 SCOPE OF THE STUDY

The first chapter provides a brief background of the study. It looks at the main aim and objectives of the study, statement of the problem, and also significance of the study. Chapter two looks at the existing literature on general reluctant of men in seeking counselling services and the factors that contributes to such. The chapter further looks at the importance of maintaining masculinity in men and its impact on seeking mental services. Chapter three outlines the research approached and the designed that was used in this study. It also looks at the sampling, data collection and data analysis methods. Chapter four presents the findings and discussion of the study. Chapter five provides the summary of the findings, limitations of the current study and presented recommendations for professional practice and future research on a similar topic.

1.10 DEFINITION OF TERMS

Marital therapy - is an intervention that focuses on helping couples who are experiencing conflicts and relational difficulties that prevent them from obtaining closer intimacy and satisfaction in being together (Wolska, 2011: 58).

Socialisation - is the process where individuals acquire skills, behavior patterns, values and motivation influenced by social and cultural norms for competence functioning (Maccoby, 2015: 3).

Multicultural counselling - “occurs in diverse, changing contexts, including theoretical, experiential, geographical, political and cultural contexts” (Edwards, 2015b: 38).

Therapy – is “an in-depth process of learning to behave in a different manner for individuals to experience a more enriched quality of life together” (Engel & Lingren, 1991: 10).

Counselling - “is a purposeful, private conversation arising from the intention of one person (couple or family) to reflect on and resolve a problem in living, and the willingness of another person to assist in that endeavour” (McLeod, 2013: 7).

African perspective- “an idea and a perspective which holds that African people can and should see, study, interpret and interact with people, life, and reality from the vantage point of African people” (Gray, 2001: 3).

Western perspective- imposes reality to be universal and emphasises on Western methods which has generally been applied universally (Asante, 1991: 173).

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews the existing pertinent literature on the general reluctance of men in seeking psychological/counselling services. The contributory factors in avoidance of utilising such services are also discussed. The chapter further explores the trend in seeking out marital therapy by married couples and also looks at the history on the development of marital services. The construction of masculinity, and its impact on help seeking behaviour in men, will be explored. Different counselling perspectives, and the importance of multicultural counselling will also be discussed. The chapter concludes by looking at some of the barriers experienced towards seeking counselling services.

2.2 RELUCTANCE OF MEN TO SEEK ASSISTANCE

Help seeking in men is often not desirable as it is often associated with lack of power, weakness and dependence on someone who possesses more power (Mahalik et al., 2003; Morrell, 2006). Consequently, men avoid practices that are connected with powerlessness, for example, help seeking which is regularly viewed in a negative light in societies (Pederson & Vogel, 2007). Consulting a therapist for some men may constitute a confirmation that they cannot take care of their issues alone, and this could be seen as an individual disappointment (Addis & Mahalik, 2003). This is a contributory factor that explains the underutilisation of psychological services that has been noted in men as compared to women. Women have been found to be more likely to recognise the existence of mental health problems, and be open to receiving psychological help (Gonzalez, Alegria, & Prihoda, 2005). Even at the point where they consider seeking counselling, they have been found to display less interest in therapy than women (Addis & Mahalik 2003; Courtenay, 2000).

Literature, for example Mahalik et al. (2003), revealed that there is a diminished propensity to ‘unpack’ one’s pain, and more prominent self-shame when seeking psychological help in men. Furthermore, counselling related self-shame appears to reduce positive attitude and inclination toward seeking counselling (Mahalik et al., 2003). It has been argued that social support, perceived stigma and past consultation have a significant influence on an individual’s willingness to consult a therapist when in distress (Vogel, Webster, Wei, & Boysen, 2005). Vogel and Webster (2003), in particular, found in their study with Caucasian college students, that males avoided seeking help, with a fear of disclosing the distressing events and the perceived outcome of sharing such information with the therapist. Often, self-disclosure is associated with sharing painful feelings (Komiya et al., 2000). Individuals who are hesitant in expressing their feelings, tend to view receiving counselling as stigma as it involves emotional exploration (Komiya et al., 2000), particularly in the black population. Raune (2010) also observed the same trend of underutilising counselling services in the South African context. This may be linked to the cultural expectation of men that encourages them to solve their own problems and remain in power (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard 2011; Sue & Sue, 2008; Partab 2012). Moreover, the high levels of masculine beliefs possessed by men may contribute to the negative attitudes towards seeking psychological services (Vogel et al., 2011).

2.3 SEEKING MARITAL THERAPY

According to Engel and Lingren (1991), married couples strive to lead a well-functioning relationship and prevent marital conflicts from occurring. However, couples are found to be experiencing diverse challenges, such as viewing their parenting skills as inadequate, struggling with role sharing, and extramarital relationships (Engel & Lingren, 1991). It has been observed that with problems such emotional distance, communication breakdown, conflicts and fear of separation or divorce, couples do indeed seek marital therapy (Doss et al., 2003). In cases where couples are aware of their existing problems, and have applied different techniques to resolve them without any success, professional help is often considered and is usually the best solution (Engel & Lingren, 1991). Previously, marital issues were resolved by using the traditional forms of counselling, such as consulting family elders or community leaders. This has recently not been so

popular in modern society, and has led to the western approach gaining more attention (Mutana & Gasva, 2014). Nevertheless, it has been observed that some married African couples are reluctant to consult a professionally trained therapist when they are experiencing marital discord because of the differing perceptions towards marriage and family therapy (Mutana & Gasva, 2014). It was indicated by Mutana and Gasva (2014) that most African men are more reluctant than women to explore marital therapy to resolve their conflicts. They further asserted that African men resisted marital therapy because in some communities this act is forbidden, and men are expected to conform to the prescribed masculine norms which do not endorse help seeking behaviour. Doss et al. (2003) contended that when marital problems are experienced by both spouses, the wives are more likely to make the decision to seek therapy and to also encourage their husbands to join the process. Hence, even in the process of seeking individual therapy, men were found to have received assistance from their spouse (Saunders, 1993). However, Sodi et al. (2010) reported that there are few cases where male partners attended therapy sessions, while their wives declined the request to join therapy.

Engel, Mathew and Halverson (1985) argued that marital problems are often ignored in most marriages, and therapy would only be considered when marital satisfaction has deteriorated. Nevertheless, it is observed that couples can still receive effective assistance, which can have a positive outcome on the marriage on condition that both spouses express a willingness to work towards improving the quality of their marriage. Couples who are experiencing relational distress, such as emotional disengagement, power struggle, problem-solving and communication, extra marital involvement and sexual dissatisfaction have been found to use therapy to work on resolving their marital difficulties (Gurman & Fraenkel, 2002). In addition, spouses who are experiencing marital dissatisfaction are more likely to seek marital therapy at any stage of the marriage. This suggests that most couples seek marital therapy when they are confronted with problems, rather than for marriage enrichment (Doss, Rhoades, Stanley, & Markman, 2009; Engel & Lingren, 1991).

In divorcing couples, it was found that only 37% have sought marital therapy before deciding to divorce (Johnson, Stanley, Glenn, Amato, Nock, & Author, 2002). This indicates that distressed

couples may consider marital therapy as a last option. Crane (1996) suggested that at some stage in the marriage, partners may consider working on problems that might impede present marital satisfaction. This may be related to issues such as parents' failed marriages, abuse or neglect by their own families and if they have the history of failed relationships. Furthermore, marital therapy is mostly suitable when couples seek treatment as a way of improving their marital stability (Crane, 1996). One could argue that professional help is mostly considered when there is a perceived risk of developing future problem in the marriage (Crane, 1996). It is therefore, evident that couples seek therapy as a preventative tool in an attempt to sustain their marriages. In this context, Crane (1996) suggests that the therapist needs to assist couples in identifying their major concerns, and therapy should be aimed at focusing around those presented concerns.

Sholevar (2003) noted that the presence of overt conflicts, with the consequences of recognisable effects on couples, is also a strongest indicator for marital therapy. In addition, the eruption of symptoms in a family member, which overlaps with the outbreak of marital problems suggest the need to seek professional help and it may further increase the risk of marital instability if it remained unnoticed (Sholevar, 2003). Similarly, couples who are alarmed about their relationship problems often seek assistance as a means to prevent such problems from exacerbating and deteriorating the quality of their marriage. Even though divorce or separation may not have yet been considered in these cases, they anticipate avoiding further marital dissolution (Crane, 1996). However, Crane (1996) suggested that other couples who have already identified the possibility of divorce or separation may seek assistance from a marital therapist to further explore their options before they execute such a decision. This further indicates that the use of therapy is considered as the last alternative.

Studies have indicated that abuse has been a common problem that exists in many marriages, though it has only been seen in 1% of couples who were seeking therapy (Bringle & Byers, 1997). This low rate of cases reported has remained, regardless of the fact that more than 50% of married people have experienced mild physical abuse and 24% have been exposed to severe abuse (Doss et al., 2003).

2.4 CONTRA INDICATIONS TO SEEKING MARITAL THERAPY

Wolska (2011) proposed that marital therapy should not be conducted in a situation where there is physical abuse between partners, mental illness or addictions. In such context, the marital therapist should refer couples to relevant services for appropriate intervention. However, Ripley and Worthington (2014) asserted that marital therapy may be provided to couples with a history of physical abuse, provided that there has not been any incidence of violence for at least a year before seeking therapy. Similarly, in substance abuse, the partner must have acknowledged the effects of the problem and made necessary arrangements to receive treatment for the addiction, then marital therapy can be conducted effectively (Ripley & Worthington, 2014). Furthermore, Ripley and Worthington (2014) recommended that when mental illness concerns are brought to marital therapy by couples, the intervention needs to be delayed until there is improvement noted through use of other appropriate treatment.

Sholevar (2003) argued that “conjoint therapy” which will be explicitly defined below, should not be conducted when couples are constantly attacking each other and when one or both seek the therapist’s assistance for their destructive behaviour. It has been broadly argued that it is ineffective to conduct marital therapy in a context where one or both couples are involved in an ongoing extra marital affair (Ripley & Worthington, 2014). Pertinent marital therapy literature further indicates that partners cannot sustain concurrent relationships and engage successfully in marital therapy. Individual therapy should be recommended to such couples and proceed with conjoint marital therapy once the issue of affairs has been dealt with and contact with the extramarital affair partners has been terminated (Ripley & Worthington, 2014).

Ripley and Worthington (2014) pointed out another the challenge that is often experienced in working with couples, is where one partner seems to be more interested while the other remains strongly unresponsive. This can present an obstacle in rendering effective treatment. This has been often addressed by altering the treatment and focusing on the resistance of the reluctant partner in the initial setting. Crane (1996) further argued that marital therapy is not suitable in cases where one or both partners focuses on working on individual concerns. Crane (1996) discourages spouses

to seek marital therapy when they seek the therapist's recommendation to carry out a divorce. In support to this, Ripley and Worthington (2014) maintained that the prognosis of the marriage remains poor when one or both partners enter therapy with the intention of divorce, despite the effectiveness of therapy. Crane (1996) contends that couples should be referred or provided with divorce mediation.

2.5 HISTORY OF MARITAL THERAPY AS A PROFESSION

During the early twentieth century, marital therapy was not recognised within the mental health establishment as a form of professional therapy, were couples could both be seen by clinicians in working towards resolving their problems (Wetchler, 2003). Traditionally, elders of the family helped married couples to cope with their marital problems in the earliest stages of marital counselling; however, the influence of family members in resolving conflicts deteriorated. When this was observed, physicians and clergy were called in to assist troubled couples (Sholevar, 2003). Their focus was on assisting couples to resolve moderately uncomplicated, everyday life problems before intense problems could begin to surface. These professionals also had an advantage of an existing long-term relationship with family members (Sholevar, 2003).

Couples who were seeking therapy for marital problems were seen for individual therapy and their partners would also receive treatment from different therapists, especially when their problems were deemed to be too difficult (Wetchler, 2003). In long-term individual therapy, clients were found to be transferring their past experience to the therapist which was addressed between the client and the therapist in the process. However, on the other hand the notion of having both spouses in separate therapy rooms was perceived as a barrier for the manifestation of transference on to the therapist, and it was thus discouraged (Wetchler, 2003).

The practices of marital therapy emerged in the late twentieth century, with the aim of assisting couples to strengthen their marital relationships and to resolve marital conflicts (Sholevar, 2003).

Furthermore, the theoretical formulation of professional marital therapy emerged in the 1920s and 1930s by various scholars. It was then followed by the theoretical foundations that were borrowed from psychoanalysis (Gurman 2008; Sholevar, 2003).

The practices of marital therapy emerged in the late twentieth century, with the aim of assisting couples to strengthen their marital relationships and to resolve marital conflicts. Nevertheless, it is as ancient as the institution of marriage (Sholevar, 2003). The theoretical foundation of professional marital therapy emerged in the 1920s and 1930s by various theoreticians. It was then followed by the theoretical foundations that were borrowed from psychoanalysis (Gurman 2008; In New York, the first Marriage Consultation Center was established in 1929, which was then followed by the creation of the Marriage Council of Philadelphia in 1932. In 1939, the Institute of Family Relations was established, which focused on providing counselling services that were specifically linked to marital problems (Sholevar, 2003).

The field of marital therapy further advanced to include a much wider field of family therapy, which caught the attention of therapists in the 1950s. The concepts of homeostasis, communication, and family conflicts were created and applied to marital relationships. These concepts focused on how relational interaction occurred between the two people (Sholevar, 2003). Family therapy largely emerged as a collective statement against the excess and limitations of highly individual oriented theory and practice (Gurman & Fraenkel, 2002). The theoretical basis in marital therapy was further established in the mid-1960s when behavioural approaches were practiced for marital distress. Consequently, the cognitive and therapy concepts were widely used by behavioural marital therapist. This was followed by the integration of multiple theoretical perspectives, which were evaluated scientifically and practiced by various clinicians (Sholevar, 2003).

2.5.1 Marital therapy in South Africa

The centre for marital counselling in South Africa was established in 1948, and was initially limited to Johannesburg. Following the national family and welfare conference, which was held in Johannesburg in 1954, that focused on family problems and disintegration, the South African

National Council for Marriage Guidance and Counselling came into existence (Family and Marriage Association of South Africa, 2010). The Family and Marriage Association of South Africa (FAMSA) has been involved for many years in the field of marriage counselling by providing marital therapy to clients through preventative and remedial services, while also providing marital counselling training to professional psychologists, social workers and other helping professionals (FAMSA, 2010).

Recently the term “couple therapy” has substituted the historically more familiar and limiting term “marital therapy” as couple therapy focuses more on the link and bond between two people. However, in literature these two concepts are used interchangeably (Gurman & Fraenkel, 2002). For the purpose of this research project the term “marital therapy” is used as the focus is on married African men.

2.6 FACTORS INFLUENCING THE ATTITUDE IN MEN TOWARD SEEKING ASSISTANCE

Pertinent literature has revealed the factors that influence seeking individual counselling or marital therapy (Vogel, Wester, & Larson, 2007). These include, but are not limited to age, gender, level of education, social stigma, self-stigma and culture. Some scholars have documented the impact of these factors on the attitude toward utilising counselling services in general and focused on individual counselling and minimally on marital therapy. Each of these influential factors will be elaborated upon below from either marital therapy or individual therapy perspective

2.6.1 Age

A few studies have demonstrated that older individuals generally hold more positive attitudes with regard to seeking and receiving psychological help than their younger cohort. This was noted by older participants expressing their willingness to seek assistance from mental health practitioners and also receive psychological help from a primary physician (Berger, Levant, McMillan, Kelleher

& Sellers, 2008; Mackenzie Gekoski, & Knox, 2006). Further a national study with African Americans, established that younger males were less willing to utilising counselling services when they were experiencing distress as compared to older men (Gonzalez et al., 2005). The results in previous studies suggests that the traditional sanction of maintaining masculine image in older men is reduced yet noted in younger men (Berger et al., 2008).

It was further observed by Doss et al. (2003) in their study with married couples that younger husbands are more likely to acknowledge existing problems in their marriages. However, older husbands tend to be more likely to join marital therapy. This may be explained by the difference of maturity stages that exist between these age groups (Koydemir-Ozden, 2010). On the contrary, a study with Egyptian married couples demonstrated that the age did not have any significant effect on the attitude toward utilising marital therapy (Onsy & Amer, 2014).

2.6.2 Gender

There exists evidence of gender differences with regards to utilising psychological services. Women remain open to expressing their emotions in therapy and reported more psychological distress than men (Good & Wood, 1995; Komiya et al., 2000). This further extends to seeking marital therapy, where women were rated as being more active in seeking marital therapy and more likely to be vocal about their marital problems. The gender differences in seeking marital therapy has been influenced by three compounding factors: men's general reluctance to seek out therapy, the impact of social support in seeking therapy, and women's general function in maintaining the relationships (Doss et al., 2003). Studies, such as Doss et al. (2003) have indicated that wives tend to initiate the decision to seek therapy and often assist husbands in the process of joining the therapy. It has been observed that often husbands end up in therapy without any effort to seeking professional help. Mackenzie et al. (2006) found the gender differences to be evident in openness to receiving psychological help. This suggests that women are more likely to recognise psychological problems and seek assistance when compared to men. This attitude by men toward psychological openness may potentially hinder them from utilising and accessing counselling services. Furthermore, this is indicative of a need for interventions that will decrease the gender differences in accessing psychological services (Mackenzie et al., 2006).

2.6.3 Level of education

There has been negligible literature on the impact of the level of education in relation to men seeking marital therapy. However, greater emphasis has been dominantly on seeking individual therapy. Some studies have found differences related to one's educational level, the highly educated men demonstrated a more positive attitude toward receiving counselling than less educated men. Nevertheless, women appeared to be positive with receiving such services regardless of their level of education (Hammer, Vogel, & Heimerdinger-Edwards 2012; Mackenzie et al., 2006). It was argued by Raune (2010) that individuals who have not received tertiary education and who have not been exposed or well informed about mental illnesses are more likely to be negative about seeking therapy for any psychological related concerns. Raune (2010) further maintained that this can be ascribed to the African worldview, where there is a belief that spiritual and personal issues should be dealt within the community context. Men who have obtained tertiary education are believed to be less inclined to internalise negative views that are associated with seeking help. Consulting a therapist has been seen to be less likely in interfering with how they view themselves as men (Hammer et al., 2012). In addition, one's level of education and parents also tend to significantly influence the attitude. It was reported that children of more educated parents were more positive about seeking counselling services (Koydemir-Ozden, 2010).

2.6.4 Cultural background

Cultural beliefs, values and preferences have been reported to have a significant impact on peoples' perceptions and attitude toward consulting a therapist. These decisions can be viewed as being inconsistent with the cultural expectations (Diala, Muntaner, Nickerson, LaVeist, & Leaf, 2000). This explains the poor utilisation of psychological services in the South African context, as it was found that African population were of the belief that a psychologist lacked the cultural sensitivity to African problems, and the challenges of the underprivileged have been historically encountered by Blacks in their communities without receiving external resources (Raune, 2010). Those who have been found to have sought counselling services reported to have discontinued the sessions because they felt that they were not being completely understood by the western trained therapist

on matters relating to culture. Becker and Duncan (2005) noted that at interpersonal level Afrocentric views may not separate the “self” from the “other”. Furthermore, African people did not discuss any cultural issues, and sessions were not beneficial as some concerns were not shared in therapy (Juma, 2011). The analysis of this study also draws attention to the crucial role played by cultural beliefs in defining psychological problems from an African worldview (Juma, 2011).

The cultural influence was also noted in an epidemiological survey with African Americans, cultural experiences were found to be more influential in predicting the attitude toward seeking psychological services more than gender-related experiences (Gonzalez, Alegria, Phrihoda, Copeland, & Zeber, 2011). Men who were brought up to be in control of their emotions experienced challenges with seeking help, as they have been taught to fix their own problems without seeking help from outsiders (Vogel, Wester, Hammer, & Downing-Matibag, 2013; O’Neil, 2008; Brooks & Good, 2001). Hence, Partab (2011) advocates rethinking and relinquishing traditional and obsolete beliefs. Another perceived barrier toward seeking psychological services in the African context is the belief that white therapists are influenced by previously acquired stereotypes of African people (Raune, 2010). Nonetheless, in the same study black psychologists were also perceived to have shifted away from indigenous cultural beliefs and could also be insensitive to their concerns as non-whites therapist (Raune, 2010).

2.6.5 Stigma

2.6.5.1 Social stigma

According to Englar-Carlson and Shepard (2005), men may fear being stigmatized for seeking counselling, misunderstood by the therapist, and tend to be confused about the counselling process. A study conducted by Kgathi and Pheko (2014), with Botswana University students, revealed that the stigma related to seeking psychological help significantly prevented most men from accessing these services. This somehow illuminates why men fail to adhere with psychotherapy treatment. The stigma was associated more with seeking counselling than medical services. Most men do not want their significant others to find out that they are seeing a therapist for their problems (Davies et al., 2000). According to Raune (2010), the stigma associated with receiving psychological

services can remain a significant barrier. This was identified by the participant's response, such as being "shamed and embarrassed" when one has received professional help. This typically occurs within a stereotypical male hegemonic society (Partab 2011).

Bringle and Byers (1997) found that in married couples the fear of being stigmatized by significant others resulted in the avoidance of seeking marital therapy when they experienced problems. It was reported that those married couples who had a negative view towards marital therapy or who have not used such services in the past were more likely to perceive the stigma from others (Bringle & Byers, 1997).

2.6.5.2 Self-stigma

Self-stigma was defined by Brown, Conner, Copeland, Grote, Beach, Battista and Reynolds (2010) as beliefs that members of a stigmatized group have about themselves. According to Topkaya (2014), internalised stigma towards receiving psychological assistance is more important than the perceived public stigma. Several studies have found that self-stigma in males tend to create a negative attitude towards seeking counselling across all age groups (Hammer et al 2012; Vogel, Schectman, & Wade, 2010; Vogel et al., 2011). In addition, the internalised stigma influences how individuals perceive the public stigma that is related to seeking help (Brown et al., 2010). According to Brown et al. (2010), individuals who are placed with an adversely stereotyped group, for example, those individuals who are depressed, are more likely to experience internal stigma associated with seeking treatment as they fear judgment from significant others. Hence, the distress disclosure and self-stigmatization related with seeking counselling can further affect the decision of seeking therapy in these individuals (Pederson & Vogel, 2007).

Komiya et al. (2000) asserted that the openness to emotional distress influences one's willingness to seek counselling. The willingness in men to discuss their concerns with a therapist is based on the internal comfort to talk about issues (Vogel et al., 2013). Partab (2011) also, in her South African study admits that these internal mechanisms can promote inexpressiveness and further perpetuates dissonance experienced by men. The study by Hammer et al. (2012) with African

Americans revealed that there was great association between conformity to masculine norms and self-stigma in men who reside in rural communities as opposed to other men in other communities. This can be attributed to men in rural communities' adherence to restricted confidentiality and a great risk of dual relationship they share with the professionals from their community.

2.7 THERORETICAL FRAMEWORK

The researcher focused on social learning theory on how males are socialized to gender roles expectations that distinguishes them from females. It also looks at how hegemonic masculinity dictate what it means to be a real man and how men should behave. These roles are socially and culturally constructed and men are expected to conform to the standards.

2.7.1 CONSTRUCTION OF MASCULINITY

According to Connell and Messerschmidt (2005), the concept of masculinity is not a natural and innate quality fixed on bodily drives and individual qualities. Masculinity is patterns of socially constructed practices that are constantly achieved through activities which differ according to gender relations in a specific social context. Connell and Messerschmidt (2005) essentially stated that this concept denotes social actions that are regarded as masculine in different societies. Therefore, what is regarded as masculine in one setting or culture is characterised distinctively in various settings or culture (Hadebe, 2013). Masculinity is often established through heterosexually, violence, control and competition (Morrell & Ouzgane, 2005; Morell, Jewkes, & Lindegger, 2012). Masculinity can be better understood as socialisation of men to ascribe to a set of gender roles (Gorski, 2010).

Clearly, gender roles are socially constructed, with each society ascribing and allocating different roles. This is ranked according to boys and girls, men and women, and both these genders are

expected to conform to the standard behaviours that are perceived appropriate by the society (Thobejane & Khoza, 2014). It was further argued by Morell et al. (2012) that there has been a tendency in literature to group men in one category and ascribes one fixed idea on what constitutes a real man in South African context. This places men in the difficult position and attributes gender inequalities, violent and risky practices to men. As men are socialised to be tough, independent and resistant from any situation that would leave them into a vulnerable position (Englar-Carlson & Shepard, 2005).

2.7.2 HEGEMONIC MASCULINITY

The notion “hegemonic masculinity” has been used to elucidate the nature, form, and dynamics of male power (Morell et al., 2012). According to Hadebe (2013), this term refers to prevailing form of masculinity in society, regularly used to characterise an “ideal man” in societies often informed by cultural norms. The predominant form of masculinity is rated as being powerful, competitive and in control as compared to other forms of masculinities. It is seen as reference point by which the socialisation of young boys occurs with acceptable masculine identity (Joseph & Lindegger, 2007; Morell et al., 2012). During the socialisation process boys are exposed to social sanction such as, “Boys don’t cry” and that motivates them to conceal any feelings of vulnerability to avoid public stigmatization (Pederson & Vogel, 2007). This however places pressure to boys to engage in risky behavior to prove their masculinity identity (Shefer, Ratele, Strebel, Shabalala, & Buikema, 2007). Consequently, boys commonly endeavor to position themselves socially, deliberately, or unknowingly in arrangement with hegemonic principles as a focal mechanism for building and keeping up with successful masculine identity (Morell et al., 2012).

In a study by Israelstam (2012) with South African men, it was found that being “strong, “brave” and a “leader” were critical in understanding hegemonic masculinity. This further leads to avoidance of any practices and characteristics that are viewed as inconsistent to masculinity. In support to this, Ampofu and Boeteng (2007) indicated that how some men behave in their families is firmly influenced by the expectation about what it means to be a man by their peers, community

and the general public. When he does not succumb to the standard social norms or practices that are set for men, he is criticised. There is undeniable pressure in young boys to adopt the expected behaviour set by society. While all males across different age group experience the pressure to conform to the prevailing dominant approach of masculinity (Shefer et al., 2007). This suggests that men are taught to avoid any behaviours that will be viewed as feminine “sissy stuff” in order to maintain the status and respect in society (Englar-Carlson & Perdeson, 2005; Silverstern, Auerbach, & Levant, 2002).

2.7.2.1 The vulnerability that men face

Men who do not live up to masculine norms are often ridiculed and called names in societies. For example, a man whose lifestyle does not match up to the standards is referred to as “man-woman” (Ampofu & Boeteng, 2007). Studies such as by Blazina, Eddins, Burr ridge and Settle (2007) pointed out that men may experience internal conflict because of the pressure by society, family, and themselves to adopt masculine behaviours, thoughts, and feelings which may not be congruent with who they are. Even if they subscribe successfully to the cultural ideals of certain masculine behaviours like emotional constraint, it may have a negative impact on their well-being. Furthermore, Hearn (2007) indicated that the impact violence, poverty and vulnerabilities of masculinities have seen in number of men committing suicide. In addition, men are sometimes left in a painful emotional state a result of the pressure experienced to live up to societal expectations (Blazina, 2004).

The socialization of males has resulted in negative attitudes toward seeking professional help when one is experiencing personal and emotional problems (Gonzalez et al., 2005). As counselling generally encompasses disclosure of emotional vulnerabilities, such exposure appears to be challenging for men who were brought up to be self-reliant (Young & Fok, 2005). The expectations of men to be in control leaves them feeling ambivalent to share their emotional distress with the therapist (Vogel et al., 2013). As the principle related to help-seeking such as relying on others, acknowledging that one needs assistance, or perceiving and labelling emotional problems, are inconsistent with the masculine philosophies (Mahalik et al., 2003). In support of this Gorski (2010) asserted that when boys are socialised to masculine principles such as “real” men conceal

emotional pain and don't request for help, it impacts how he will perceive help-seeking act and practices in the future. With this being said, Gorski (2010) further elaborated that when these men experience psychological issues later in life, they may be less inclined to concede their issues and seeking help for them.

Some men may experience emotional distress by trying to protect their masculine identity. If he finds himself in a situation that requires him to request assistance, there may be an increased feeling of failure and thus making the act of asking for help more difficult (Williams, 2000). According to Pederson and Vogel (2007), this conflict experienced by men further results in reluctance to pursue counselling services when they are confronted by psychological and interpersonal distress. Men are perceived to be less willing to explore painful emotions and hold negative views towards therapy, these factors adversely affect their perception of receiving counselling. Furthermore, men who have internalised messages regarding dominant masculine behavior may evaluate help seeking as a failure to live up to internalised standards of masculinity (Vogel et al., 2011). This led to the argument by Hearn (2007) that while most contemporary social orders can be portrayed as patriarchies or male dominant, this does not necessary imply that all men are powerful therein.

The study by Gorski (2010), with university males, also demonstrated that men who identified with traditional masculine standards were found to be less willing to utilise psychological services. The study further revealed that the masculine ideologies, such as concealing emotions, independence and violence, are the contributing factors leading to reluctance in help seeking attitudes. According to Englar-Carlson (2005), the responsibility that is linked to help seeking, for example depending on others, accepting that one needs help, perceiving or acknowledging emotional issues, are inconsistent with the masculine socialization process. Additionally, the perceived disgrace of not maintaining the masculine identity likely affects consulting a therapist for psychological problems especially when it's around a striking (egocentric) masculine ideologies (Addis & Mahalik, 2003). Furthermore, when men are considering seeking help, this may increase feelings of being weak which can further make it difficult for them to seek help (Vogel et al., 2007). They further argued that societal standards play a significant role in help

seeking attitudes in men. It is within this environment that traditional and western counselling will be discussed.

2.8 COUNSELLING PERSPECTIVES: TRADITIONAL AND WESTERN

Counselling among African societies has always been practiced. This counselling process incorporates spiritual, physical, mental, social, financial and environmental aspects (Charema & Shizha, 2008). While Eurocentric and Afrocentric approaches are different in their counselling process, they both work towards achieving the same goal for the people involved (Charema, 2004).

2.8.1 The traditional perspective

In the African context, individuals favour the idea of seeking help from family elders or close relatives than pursuing assistance of professionally trained person beyond their immediate network. This forms part of cultural practices which promotes seeking help within the community context (Rupande & Tapfumaneyi, 2013). At whatever point when there exist differences within the community members, the elders and community leaders are called to assist in resolving conflicts and maintain harmony. This process includes advising, guiding and condemning any behaviour that could anger ancestral spirits. (Charema & Shizha, 2008). Moreover, the relationship between the client and advisers in the traditional counselling already exists. Also, during the counselling process the advisers or counsellors do most of the talking and decision making, which is contrary to the western counselling process (Dookran, 2015).

Similarly, when married couples are confronted with marital distress they are expected to seek the guidance of family elders (Mutanana & Gasva, 2014). The family elders comprise of aunts, uncles, grandparents, elders in the community, church elders and pastors. They are collective entity (Charema & Shihza, 2008). They are viewed as important agents to help couples learn to resolve marital problems more effectively (Sodi et al., 2010). These elders are often found in every community and viewed as trustworthy mediators who have accumulated wisdom over the years of life (Rupande & Tapfumaneyi, 2013; Charema, 2004). Nyowe (2000) adds that the couples who

are in conflict have a chance to be guided by a panel of reliable mediators who will cooperatively conduct an effective process.

The counselling process is conducted in a group that is in a less formal setting which appears to be appealing for Afrocentric counselling practices. This differentiates the process from western counselling (Rupande & Tapfumaneyi, 2013). According to Nyowe (2000), the elders do not only engage in the therapy session as neutral observers or remain as passive listeners to the problems presented by couples. Nyowe further elaborated that their presence is viewed as that of the administrators of justice and recognised referees of the community who are also well informed about how a married couple should behave towards each other. However, this practice of counselling was experienced differently in the study by Mutana and Gasva (2014) with married Zimbabwean couples. In their study, some couples restricted the thought of consulting seniors as they were viewed as using excessively harsh method in resolving marital distress. This has led to the belief that this context is not conducive for marital discord to be discussed.

Indigenous marital therapy has been established on the perception that marital dissatisfaction arose from the inability of one or both partners faced with marital conflicts to live up to their traditional marital role that is expected (Nyowe, 2000). The knowledge of how spouses should relate to one another, guides therapy process and serves as the cultural norm in mediating the appropriateness or injustice on the action and reaction of both parties. As healthy marriage in the African perspective is understood by partners being willing to gain from each other and also prepared to sacrifice for their growth (Nyowe, 2006). Therefore, the couples are expected to take responsibility for their mistakes and working on resolving the marital distress (Nyowe, 2000). The meetings with the elders are usually held at the bride's family home (Nyowe, 2006).

Once the marital issues have been discussed and resolved, the decision of offering a material gift is often made in an attempt to fix the damage. The types of gifts offered differ from culture to culture. The elders, who will then award it to the injured party, collectively determine such decision. Punishment is also enforced on the offending partner, which is considered as a sign of reconciliation in the marriage (Nyowe, 2000). According to Nyowe (2006) in indigenous marital approach the role of elders is that of mediators, who engage in facilitating the process. The elders foresee the problems where agreement is not reached between couples and help in bringing new

perspective in the way they conceptualise their conflict. The main aim of traditional approach is on building successful marriages that means that couples should be willing to listen to remedial remarks from the mediators (Nyowe, 2006).

2.8.2 The Western perspective

According to Charema and Shihza (2008) contemporary counselling practiced in the urban and per-urban areas follows Eurocentric methods. This includes conducting the counselling session in a formal environment that is different from the African context (Rupande & Tapfumaneyi, 2013). The western counselling allows the therapist to build rapport with the client by creating a warm and conducive environment that allows the client to trust the therapist with their presenting problem. The role of the therapist is to listen and assist the client to gain insight on the presenting problem and empower the clients to make their own decisions (Charema, 2004). This further distinguishes the two approaches, as in African counselling the focus is on providing the solution on the present problem. However, the practice of western counselling could potentially have a negative impact on African people because it does not include the historical and socio-cultural factors of African people (Charema & Shihza, 2008). Considering that some traditional Africans are skeptical of the values and goals of western counselling, there is a need to recognise indigenous methods of healing that are used by African people when distressed (Juma, 2011). Nonetheless, because of urbanisation and educational developments, the majority of African people residing in urban areas access western counselling more and in some cases practice both methods (Charema, 2004).

In western counselling, the professionally trained person facilitates the process and it is the client who takes the initiative to seek counselling. The services are paid for and usually by appointment (Charema, 2004). The client makes his or her decision and the therapist facilitates the process, while in the African system the elders or advisers are responsible for providing solutions as noted earlier. Although these two approaches are essentially different, they are both directed at helping individuals overcome their problems (Charema, 2004; Dookren, 2015). According to Munikwa, Mutopa, & Maphosa (2012) the benefits of non-directive counselling empowers the client to change his or her situation and gain insight into the problem. This means that the focus is

more on self-development than changing the immediate problem, which is the opposite of what occurs in the traditional practice.

Individual marital therapy is often conducted when one partner decides to seek therapy with the intention to individually focus on the marital conflicts. In this context, the therapist may request the other spouse to join the therapy to get a better sense of the marital problem (Sholevar, 2003). This is perceived as a poor choice of therapy, but can be necessary when couples are confronted with marital disturbance and severe psychopathology, such as psychosis and physical abuse (Sholevar, 2003). In addition, couples may be encouraged to seek individual marital therapy when their spouses remain reluctant to attend therapy and one partner has already considered a divorce (Sholevar, 2003). In western based marital therapy, the focus has been more on conjoint work where both partners are seen together by a trained professional who is not known to them. This entails psychotherapy sessions where married couples try to resolve their marital problems with the assistance of the therapist (Mutanana & Gasva, 2014). Furthermore, the therapist helps clients in improving their communication and interactive skills (Mutanana & Gasva, 2014).

The benefit of using conjoint therapy has been documented by Sholevar (2003), as the service that enables the therapist to therapeutically observe the couple's interaction, in which the therapist can recognise the subtle transactional configuration and feedback mechanism that maintains the marital distress between couples. This includes interactional patterns, contradiction in overt and covert communication, and the reinforcement of coercive behaviours. Conjoint work has been perceived to be the most useful method as it allows the therapist to note the information on the marital interactional patterns and it has been widely practiced by various marital therapists (Sholevar, 2003).

It was noted that in conjoint therapy, couples may use the therapy destructively as a platform to blame each other and exercise power struggles. It may be difficult for the therapist to establish therapeutic alliance when couples are deeply divided and resentful of each other (Sholevar, 2003). In such cases it is suggested that the couples should be recommended to attend concurrent therapy.

The concurrent marital therapy sessions can be conducted by the same therapist individually to both partners. This is done so as to establish and maintain a good rapport with each partner and also allow spouses to talk about all their issues in a safe space without having to worry about defending themselves against their partners (Sholevar, 2003).

2.9 MULTICULTURAL COUNSELLING

Recently, attention has been placed on diversity, multiculturalism and multicultural competency in the international and South African counselling literature (Johnston, 2015). Ngcobo and Edwards (2008) also maintained that when working with clients from diverse backgrounds, it is imperative that clinicians comprehend the cultural guiding principle that clients learn, which endorsed methods of dealing with illness. They further suggested that every ethnic or racial group has its particular cultural and social standards and beliefs that dictate the manifestation of pain, description of symptoms, techniques of conveying such symptoms and beliefs about causes of illness.

According to Edwards (2015b) multicultural counselling is aware of the cultural context and the significance of harmony amongst general and particular parts of society. Thus, counselling African people requires effective multicultural strategies that are sensitive to people's cultural values, belief system, spirituality, religion, collective family set up and community partnership (Charema & Shizha, 2008; Ngcobo & Edwards, 2008). Similarly, in "the South African context, multicultural awareness and intervention are vital as an ongoing corrective for apartheid legacies" (Edwards, 2015a). According to Collins and Arthur (2010), being multicultural competent means that the therapist has to identify the attitude, beliefs, knowledge and skills that are necessary to work with clients who holds different cultural beliefs from themselves.

Multicultural counselling skills comprise numerous facets. As noted earlier by Ngcobo and Edwards (2008), the counsellor has to possess the ability to work with people from all races, genders, socio-political, sexual orientation and wellbeing status. This is required particularly to understand the spirituality, role of ancestors and healing practices (Ngcobo & Edwards, 2008).

Sue, Zane, Hall and Berger (2009) contend that the culturally competent therapist has:

- Cultural awareness and beliefs: The therapist is mindful of his or her personal belief and biases and how this can affect their clients and counselling relationship.
- Cultural knowledge: the therapist has understanding of the client's culture, worldview and what the client hopes to achieve in the counselling relationship.
- Cultural skills: the therapist has the skill to intervene in a way that is culturally sensitive and appropriate.

According to Ngcobo and Edwards (2008), it is crucial that the therapist becomes aware of their own worldview, attitudes and beliefs system in contrast to the client's in order to avoid assumptions. Furthermore, a multicultural competent therapist can be perceived as geared towards enhancing the accuracy of case formulation minimising treatment errors. Dookran (2015) argued that the therapist needs to strive to be culturally competent and comprehend that each client is unique. Some clients may firmly relate to Afrocentric views and prefer a therapist who is well informed and affirms their perspective. However, this does not necessarily mean that all African clients hold the same views as some may have adopted the western or Eurocentric culture. It is believed that multiculturalism can promote the credibility of therapy and increase the client's compliance to a treatment plan (Ngcobo & Edwards, 2008). In multicultural counselling the therapist needs to be aware of the clients' cultural beliefs, attitude towards family, how the client sees him/herself. This is an essential component of the counselling process as this helps with building rapport and enables the client to explore their cultural beliefs (Dookran, 2015).

It is within this counselling process that the client and the therapist build a relationship with the possibility of holding different values, beliefs and viewpoints. Thus, Eurocentric counselling in a multicultural society may result in difficult points of difference and inconsistency for both the client and therapist (Eagle & Long, 2011). This potentially could lead to premature termination of the helping relationship as the clients from different cultures may not find the counselling process effective (Moodley, 1999).

It is therefore imperative that these counselling skills be incorporated within the curriculum of the therapist.

2.10 INCORPORATING MULTICULTURAL EDUCATION INTO THE PSYCHOLOGY CURRICULUM

Collins and Arthur (2010) asserted that in the theoretical and counselling practice the cultural and contextual aspects have generally been disregarded. In addressing this concern Edwards (2015b) suggested that the “Goals of the cultural counselling training should include:

- The development of knowledge, experience, expertise and skill in cultural counselling;
- appropriate professional practice;
- Improvement in the assessment and management of cultural factors in illness and healing;
- prevention of human rights abuses such as apartheid or discrimination against people with HIV/AIDS;
- Promotion of unique human culture (*ubuntu*), in its universal form which includes care, dignity, respect, freedom as well as diverse forms of culture”.

Ngcobo and Edwards (2008) further added their thoughts on the curriculum for psychologists and suggested that it should focus on effectively managing the mental health concerns of South African diverse backgrounds. Baloyi (2008) contended that within African knowledge, for example, African healing methods are conceptualised, interpreted and concluded with Western viewpoints. There exists limited research in South Africa on the multiculturalism included in the curriculum of psychological training. Two such studies are mentioned below.

In a South African study conducted by Chitindingu (2012) with two South African Universities, Black African postgraduate psychology participants concurred with the perspective that psychology had neglected to address the issues of other ethnic groups and that multicultural counselling is not yet fully infused in the curriculum. Therefore, this calls for training institutions to integrate multicultural issues in psychology to benefit all South Africans. Furthermore, the study by Ngcobo and Edwards in (2008) revealed that international and local contemporary psychology has been generally characterised by Western Eurocentric, medical viewpoints and assumptions.

This suggests that “mainstream psychology is unable to fully articulate the concerns and issues of the marginalised, and specifically of those who fall outside of a dominant Western framework in terms of race, ethnicity and religion” (Ahmed & Pillay, 2004).

Multicultural counselling skills training implies that counsellors need to be cultured (i.e. sufficiently developed in the culture of humanity), have general and specific cultural counselling skills, knowledge and experience as well as contextual skills in that counselling itself occurs in diverse changing contexts: theoretical, experiential, geographical, historical, economic and political (Edwards, 2015b). He further added that indigenous psychology, knowledge and healing are markedly wealthy fields for the generations of psychology researchers, teachers and practitioners. The incorporation of indigenous information into school and university educational programmes and therefore into counselling would empower schools to act as organisations for transferring the culture of communities from one era onto the next generation (Masoga, 2005; Nel, 2005). Furthermore, Bomoyi (2008) asserted that would imply that psychologists would be more culturally sensitive and deliver services that are more relevant to local cultural customs. She further indicated that psychologists may be more inclined to perceive and expand upon the connections that exist among the spiritual, natural and human realms in the world around them. It is anticipated that this would assist clients to identify and acknowledge who they are and their worldviews (Masoga, 2005; Nel, 2005).

2.11 MAIN TENETS OF AFROCENTRISM

“Afrocentrism may in its looser sense or more moderate forms mean little more than emphasis on shared African origins all “black people” taking pride in those origins and interest in African history and culture or those aspect of new world cultures seen as representing African survivals and the belief that Eurocentric bias has blocked or distorted knowledge of Africans and their culture” (Howe, 1999). It is regarded as an approach that maintains unity in the African people and helps Africans in taking pride in their heritage. Furthermore, it is evident that there is no denial

that Afrocentric values are in contrast to Eurocentrism (Dookran, 2015). With this being said, Shizha and Charema (2012) argued that the indigenous perspectives related to Afrocentrism have been “scientifically” overlooked and not recognised. The tenets of Afrocentrism include:

Reality is structured hierarchically (Mkhize, 2003). Firstly, there is God, followed by spiritual beings and human beings at the intermediate level, and lastly at the bottom inanimate objects (Mkhize, 2003).

2.11.1 Holistic understanding of reality

Western theoretical frameworks have been applied to non-Western societies, while indigenous knowledge systems have been underestimated (Baloyi, 2008; Mkhize, 2004). According to Dookran (2015), Afrocentrism is grounded in the communal understanding of reality that encourages peace and working together to achieve a common goal. Therefore, reality in the African perspective is all encompassing whereas the Western perspective is incoherent and compartmentalised (Dookran, 2015). According to Mkhize (2004) the reality is organised hierarchically with God being on top, and after that took after by spiritual beings. He explained that people are set at the intermediate level and finally at the base of the hierarchy lie the inanimate objects. Each components as indicated in the African point of view are interrelated, reliant and intertwined. A relationship exists between the individual, group and inanimate objects and plants. Mokgale (2003) asserted that reality in the African perspective is understood in circular as oppose to a linear way. Hence, reality does not separate the soul from the body, isolate between male or female, rather people are seen as integrated entities as opposed to secluded parts (Santiago-Saavedra, 2004). However, in the western perspective reality is fixed to five senses, for example, touching, smelling, sight, feeling and tasting (Holdstock, 2000). Additionally, reality is formulated by Africans based on the shared lived experiential interaction (Baloyi, 2008).

2.11.2 Connectedness to community

In the African perspective, a community exists in terms of a shared understanding of life. A sense of a community survives when members commonly share the responsibility of taking care of each other’s needs (Mkhize, 2004). The individual cannot be seen independently from the group or

others, thus collective existence in Afrocentrism is essential (Schiele, 2010). Therefore, this means that in order to understand the individual one must understand the environment from which the person comes. Mkhize (2004) asserted that in the African view the self is determined in relation to the community. He further maintained that the sense of being is characterised in terms of one's association with others; this includes family, group and status or position within the community.

The parental role may be performed by any adult in the community through the teaching of collective child rearing. This is informed by the belief that children will improve the future of the community as a whole. Therefore, Mkhize (2004) maintained that the community collectively shares responsibility and this is a crucial part of enhancing the community.

2.11.3 Living in holism and holistic healing

Comprehensive and holistic healing is important to the African culture. The value of this world view is on '*holism*', which emphasises the entire living being. This is apparent in the traditional way of lifestyle that is maintained by African people (Juma, 2011). For traditional persons, illness is not merely understood by manifestation of physical symptoms, but involves the holistic being (Omanzejele, 2008). Therefore, traditional healing remains appealing as it is rooted in the cultural beliefs of treating illnesses and established on the holistic nature of healing which restores harmony with the individual with his or her surroundings (Moodley, Sutherland, & Oulanova, 2008). Crawford and Lipsedge (2004) too added that traditional healers are perceived to have deep knowledge and understanding of the community's historical, religious, and cultural views. Hence, they play a crucial role in the life of the community by ensuring stability. According to Moodley et al. (2008), traditional healing addresses the spiritual, physical, emotional and mental wellbeing in the same consultation. Thus, the community sees the traditional healer as their first option and western treatment as a last resort. Shizha and Charema (2012) maintained that in most African community' traditional healers are generally consulted in pursuit of the causes of pain and ailments and rituals are regularly practiced to cure the sick. This form of mind, body and spirit of traditional healing is the main element of the healing process (Moodley et al., 2008). Therefore, the notion of healing in the African context is about integrating the whole being, and it cannot be taken in

isolation. It is not merely about the function of body organs, but comprises other elements that need to be viewed in unity (Omanzejele, 2008).

2.11.4 Connectedness to ancestors

Life in the African context is recurring since it is believed that ancestors of today could resurrect as the living of tomorrow (Omanzejele, 2008). They are presumed to have power to influence and they transcend humankind yet interface with humanity (Omanzejele, 2008). Good health in African people is generally linked to one's relationship with the ancestors. It is not based just on how it influences the living being, yet it is of great important that the healthy relationship with the ancestors is maintained as that they significantly shield the living from harm (Omanzejele, 2008). The relationship between human beings and ancestors is interdependence and the withdrawal of ancestors in African people is undesirable (Mkhize, 2004).

In certain seasons of the year most African communities collectively offer distinctive sacrifices to their ancestors either as a family or a group in return for good health. Hence, it is the obligation of people to maintain this by offering suitable sacrifices as prescribed by ancestors through divination (Omanzejele, 2008). For example, a man who fails to maintain good peace with his ancestors is not likely to enjoy good health. Consequently, when sacrifices are offered at the ancestor's shrine the family's elders intercede with ancestors to visit and restore good health in the family (Omanzejele, 2008). An interruption of the relationship between the living and their ancestors prompts confusion in the lives of humans (Holdstock, 2000).

2.11.5 Religion and spirituality

In the African context, the environment involves the spiritual being that can be either tender and kind, or cruel and unforgiving. Thus, human and spiritual attributes are ascribed to taboos and prohibitions, both being attached to objects and the natural environment (Charema & Shizha, 2008). Additionally, Mkhize (2004) elaborated that in the African worldview, God is the source of energy which is extended to everything such as animals, plants, soil and human beings. Therefore, paying attention to religion and spirituality in the counselling process is vital

2.12 BARRIERS TO WESTERN COUNSELLING

Barriers in counselling can be referred to a specific situation in which clients find themselves which can have an impact on their attitude towards the process (Scheppers, Van Dogen, Dekker, Geertzen, & Dekker, 2006). Scholars have therefore identified a number of barriers that can hinder clients from seeking help. Scheppers et al. (2006) asserted that barriers are not merely limited to language and culture, but other factors that may hinder persons from seeking help. In this section only particular barriers such as cost implications, religious beliefs, and language will be explored although being cognisant of others experienced in the African context.

2.12.1 Cost implications

Receiving western counselling means that the client has to pay the consultation fee, which is contrary to the cultural expectations of most Africans. Traditional services are not paid for and this presents a challenge to some (Rupande & Tapfumaneyi, 2013). This could potentially present as a major challenge in utilising counselling services. The cost may explain the reluctance of African clients in seeking professional help and result in early termination of therapy as client's experience problems with paying for the services (Schepper et al., 2006). However, this does not necessarily mean that the African people do not require counselling services, it may just be indicative that the cost for such services are unaffordable. Raune (2010) found that many people experiencing psychological problems were consulting with traditional healers as opposed to seeking western intervention due to financial difficulties. The participants indicated that they would be more likely to access the western services if they were free or at an affordable cost. Financial difficulties result in failure to use counselling services (Jack-Ide & Uys, 2013). The participants in their study recommended that these services should be made affordable to accommodate the low-income socio-economic groups. Jack-Ide and Uys (2013) also added that in Nigeria individuals were unable to keep follow-up appointments even though the services were necessary to fully address psychological distress.

2.12.2 Religious beliefs

In the African context, there are diverse religious beliefs and practices in communities. These religious beliefs have been noted as one of the barriers to seeking professional counselling. Rupande and Tapfumaneyi (2013). Scheppers et al. (2006) contended that the religious impact on clients cannot be ignored, as it greatly influences the attitude towards counselling services. In the study by Cinnirella and Loewenthal (1999) participants indicated that they preferred to receive help from professionals of the same religion.

Rupande and Tapfumaneyi (2013) also indicated that in the Christian religion, each preacher or Christian society ought to trust that:

- God is the foundation of all truth and knowledge required in counselling;
- the pastor is reliant on God, the Holy Spirit as his/her counselor for direction, wisdom and discernment;
- God's word contains all reality and insight which is required by the pastor as guide; and,
- counselling is aimed at achieving the right conclusion and answers as indicated by God's word.

2.12.3 Language

The use of language in counselling in the African context has also been noted as one of the barriers. Ngcobo and Edwards (2008) contended that a client who is compelled to speak English in the counselling process when he or she is not sufficiently acquainted with the language, tends to get separated from his or her background and thus ends up not benefitting from the process. Scheppers et al. (2006) further indicated that the challenge of language in counselling often remains unresolved and result in clients feeling detached from the process. Schwartz (2004) argued that the majority of clients in KwaZulu-Natal who utilise health care services are Zulu speaking, while the health care practitioners working with the community in the public services are English speaking. In the study by (Mkhize, 2013) with KwaZulu-Natal psychologists, it was found that most therapists believed that speaking a different language from your clients creates a difficulty in

establishing a working therapeutic relationship. The study reveals that this leads to the therapist feeling helpless and hinders the client from expressing their feelings in therapy.

2.13 CHAPTER SUMMARY

The chapter discussed literature relevant to the study in relation to seeking therapy by African men. The methodology used to recruit the sample and collect data will be discussed in the next chapter.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter describes and justifies the research design and methodology employed for this study. It will specifically focus on the sampling technique, data collection method, data collection procedure and process of data analysis. The chapter also addresses the, ethical considerations for the study. The chapter concludes with the researcher's reflexivity.

3.2 RESEARC APPROACH

Since the aim of this study was to gain greater insight into the meaning associated with seeking marital therapy by African married males the qualitative research approach was deemed to be a more suitable methodology for collecting such in-depth understanding. As suggested by Babbie (2013), the core focus of qualitative research is the non-numerical examination and interpretation of observations, for the purposes of discovering underlying meanings and patterns of relationships. Hennink, Hutter and Bailey (2011) added that the main characteristic of qualitative research is to allow the researcher to identify issues from the subject's point of view. This further assists the researcher to grasp the meaning and interpretation of the social world of people who live in it. Durrheim and Painter (2006) also mentioned that in qualitative research the process of collecting data involves a form of written or spoken language and it also allows the researcher an opportunity to observe the subject in a natural setting.

The qualitative method is also appropriate for investigating sensitive issues, whereby establishing a good rapport with the participants is a priority which allows participants to be comfortable in disclosing information (Hennik et al., 2011). The advantage of using the qualitative approach is that it affords the identification and study of particular issues in a more detailed manner (Durrheim and Painter 2006). In addition, Hennik et al. (2011) argued that the researcher needs to be open-

mindful, empathetic and flexible in order to be able to listen attentively to information shared by the research participants.

3.3 RESEARCH DESIGN

Due to the nature of the study an exploratory research design was employed. According to Grinnell (2001), a research design is a plan that includes every aspect of a proposed research study from conceptualisation of the problem right to the dissemination of findings. The purpose of exploratory research is to gain a broad understanding of a situation, phenomenon, community or person (Bless and Higson-Smith, 2000). The selected strategy allowed the researcher to explore the meaning African men attach to seeking marital therapy. The design further afforded the researcher an opportunity to record the circumstances that warrants therapy and perceived barriers that African men face.

3.4 SAMPLING METHODS

Non-probability procedures were utilised in this study. According to Durrheim and Painter (2006), in non-probability sampling, the selection of subjects does not involve the statistical principle of randomness. In recruiting the male participants for this study, the researcher employed snowball sampling method. Babbie (2013) suggested that the snowball sampling method is most suitable when the sample of a particular population is difficult to access. The process of collecting data in snowball sampling is by first collecting data on the few known samples that are representative of the target population (Babbie). The individuals interviewed from the initial sample are then requested to recommend potential participants with the same characteristics and contact will thereafter be made with them (Matthew & Ross, 2010).

In total, 30 black married African men participated in this study. Initially, five individuals, whose marital statuses were known to the researcher, were approached with a request to participate in the

study. At the end of their interviews, participants were requested to recommend other candidates (namely married African men). Babbie (2013) further indicated that in snowball sampling, the sample accumulates as participants suggest other subjects that might be suitable for the research project.

3.4.1 The sampling criteria

In order to be included in the study, participants were selected according to the following criteria:

- Married African (Black) men.
- Residing in the province of KZN, city of Durban.
- Different age groups.
- Either have or have not attended marital therapy.
- Willingness to participate in the study.

All participants who met the above were considered to be eligible to participate in the study and they gave consent to be interviewed. The Consent form is attached (see appendix 2 a & b).

3.5 PROFILE OF PARTICIPANTS

Participants were recruited from the province of KZN in urban, township and rural areas of Durban. The age group of the sample ranged between 25 and 60 years. Among the participants there were 4 categories of religious affiliation, which included 12 Christians, 9 Traditional, 2 Roman Catholics and 7 none. 18 participants reported possessing tertiary qualifications, 8 obtained up to grade 12 and 4 who did not reach up to the matric level (grade 12). The occupational profile indicated that there were 22 employed, 3 self-employed, 2 pensioners and 3 unemployed. 17 participants were recruited from 3 different townships, 8 from the Rural and 5 from the Urban area of Durban. The biographic information of the 30 participants recruited for inclusion in this study is presented in the table below.

Participants	Age	Level of education	Occupation	Religion	Residential area
1	39	Degree	IT manager	Christian	Urban
2	33	Matric	IT supervisor	Christian	Urban
3	28	Matric	Unemployed	Christian	Rural
4	34	Diploma	Senior electrical technician	Christian	Township
5	41	Diploma	Self-employed	Roman Catholic	Rural
6	40	Honours Degree	Lawyer	None	Urban
7	49	Matric	Self employed	Christian	Rural
8	36	Diploma	Self employed	Traditional	Rural
9	30	Diploma	Administrative assistance	Traditional	Township
10	43	Degree	Junior business analyst	Christian	Township
11	47	Degree	Journalist	Christian	Township
12	50	Post-graduate diploma	Communication officer	Traditional	Rural
13	25	Degree	Part- time tutor	Christian	Township
14	45	Matric	General worker	Traditional	Township

15	38	Degree	Teacher	Christian	Township
16	27	Matric	Student	Christian	Urban
17	33	Diploma	Unemployed	Traditional	Township
18	60	Matric	Retired	Traditional	Rural
19	38	Honours in Social work	Social worker	Roman Catholic	Township
20	49	Grade 10	Bus driver	Traditional	Rural
21	44	Masters in Social Work	Social worker	Christian	Township
22	41	Grade 8	General worker	None	Township
23	29	Matric	Police	None	Township
24	28	Diploma	Civil engineer	None	Urban
25	51	Grade 10	Unemployed	None	Township
26	31	Degree	Teacher	Traditional	Township
27	34	Grade 11	Taxi driver	None	Township
28	27	Btech	Student	None	Township
29	40	Degree	Manager	Christian	Township
30	59	Matric	Pensioner	Traditional	Rural

3.6 DATA COLLECTION METHOD

Individual interviews were conducted to collect data, using a semi-structured interview schedule (see appendix 3 a & b).

3.6.1 Individual interviews

According to Kelly (2006), individual interviews occur in the form of natural interaction between the researcher and the interviewee, which is not seen when participants are requested to fill out questionnaires or perform an experimental task. Marshall and Rossman (1999) further noted that qualitative interviews are useful in yielding a rich source of data. Furthermore, qualitative interviews afford the opportunity of collecting in-depth data about sensitive issues and distressing topics (Marshall & Rossman, 1999). In individual meetings, an endeavour is made to see how people encounter their life-world and how they comprehend what is transpiring (Welman, Kruger, & Mitchell, 2005). Moreover, the interviewer's questions ought to be directed at the respondent's experiences, beliefs, views and feelings about the subject being referred to in the study (Welman et al., 2005).

The strength of semi-structured interviews is that they are characterised by a flexibility of approach to questioning and are adaptable to the needs of the participants (Marshall & Rossman, 1999). However, Welman, et al. (2005) contended that the interviewer should be cautious in this process and not ask leading questions which might suggest certain responses to the interviewee. King and Horrocks (2010) indicated that the following is essential to consider when conducting qualitative interviews: the interview setting, audio recording, establishing rapport, how to ask questions, probing, starting and finishing the interviews, and handling difficult interviews. The most salient

feature in the interviews is for the researcher to convey that the information shared by the participants is valuable and useful (Marshall & Rossman, 1999). Therefore, good listening and interpersonal skills, questioning framing and gentle probing for clarification are skills that the researcher should possess in order to maximise the interaction (Marshall & Rossman, 1999).

Matthews and Ross (2010) also recommend methods to guide the researcher to ensure the well-being of the participants during the interviews. These methods include the following:

- Ensuring that the participants are informed about the nature of the study.
- Conducting interviews in a safe space.
- Getting the participants' permission to record the interviews and informing them about their autonomy to withdraw from the study.
- Phrasing questions in a way that will avoid evoking emotional issues.
- Ending the interview on a positive note.
- Providing participants with the relevant contact details to allow them to seek support after their interviews, if necessary.

3.6.2 Procedures for data collection

Due to the qualitative nature of the study, semi-structured interviews were considered most appropriate and utilised for data collection. The aim of the study was explained and informed consent was thereafter sought by signing the consent form (see Appendix 2 a & b). Ethical considerations such as confidentiality and autonomy to withdraw from the study were discussed at the inception of the interviews. The interviews were scheduled at an agreed-upon time that was convenient for the participant. The interviews were conducted in a private setting (an office) that was hired within Durban central to conduct interviews for this study. Some participants preferred to be interviewed in their own homes and the researcher travelled to their homes in those cases. Most interviews lasted for approximately 50-60 minutes and were conducted in either English and/or IsiZulu, depending on the preference of the participant. All Interviews were audio-taped with the written permission of the participants. Each audio was thereafter transcribed by the researcher.

All IsiZulu transcripts were also translated by the researcher. Kelly (2006) validated the advantage of recording interviews in that it allows the researcher to accurately capture the data from the participants without being concerned about taking detailed notes during the process.

3.7 DATA ANALYSIS

For the purpose of this qualitative study, thematic analysis was adopted for analysing data as the most appropriate form of analysis.

3.7.1 Thematic analysis

Braun and Clark (2006) define thematic analysis “as a method for identifying, analysing, and reporting patterns (themes) within data”. In thematic analysis the researcher engages with the collected raw data and remains in touch with this data throughout the process of analysing (Matthews & Ross, 2010). Here the researcher makes reference to the raw data to check the interpretations, to approach data in different ways and to make patterns between different places of data within each case (Matthews & Ross, 2010). The transcripts were analysed using the following six steps by Braun and Clarke (2006):

PHASE 1: FAMILIARISING YOURSELF WITH THE DATA

At this stage the researcher becomes immersed in the collected data by repeatedly reading in an active way, searching for meaning and patterns. Before developing themes, the researcher engaged in repeated reading and note taking, which assisted in familiarising herself with the collected data. Terre Blanche, Durrheim and Kelly (2006) too asserted that at this stage of data analysis, it is essential for the researcher to go through the entire interview transcripts, so as to be acquainted with the data well enough to start the process of analysing.

PHASE 2: GENERATING INITIAL CODES

In this phase, the identification and generating of initial codes commenced. The researcher manually coded the data by writing notes and highlighting the potential patterns that emanated. This was conducted in order to contribute to categorising the themes that would finally be included and discussed in the analysis chapter.

PHASE 3: SEARCHING FOR THEMES

The codes that were developed were thereafter categorised into identified themes. This also included the searching of patterns across all the transcripts, which were deemed to answer the questions and met the aim of the study (to explore the meaning attached to seeking marital therapy by African men).

PHASE 4: REVIEWING THEMES

The researcher frequently revisited the potential themes that were developed. This was conducted to ensure that there were coherent patterns across the themes.

PHASE 5: DEFINING AND NAMING THEMES

This phase involved further refining of the identified themes that emanated from data. This step also involved identifying the sub-themes that emerged in the main themes.

PHASE 6: PRODUCING THE REPORT

The final stage began with the process of writing the final analysis chapter. The goal of this last stage is to provide with a coherent and concise story from the extracted data.

3.8 ETHICAL CONSIDERATION

The study was granted permission by the University of Zululand (UNIZULU) Psychology Department and consent to conduct the study was obtained from the University of Zululand Research Ethics Committee (UZREC 171110-030 PGM 2015/219). All stipulated ethical

considerations were adhered to as outlined by the Ethics committee. Hennik et al. (2011) also asserts that paying attention to ethical issues does not stop once ethical approval to conduct a study has been granted by the institution, but should be applied in all stages of the research.

All participants were provided with the information letter containing the details of the study (see attached appendix 1 a & b). Furthermore, the aim of the study was explained to the participants. Written consent was obtained from all the participants and the content of the consent form was discussed in detail. Participants were given a chance to ask questions of clarity about the study or raise any concomitant concerns about participation.

In addition, the participants were informed that their involvement was voluntary and it was emphasised that they were free to withdraw from the study at any stage of the process. (The transcripts and audios will be securely stored in a locked cupboard with access strictly limited to the researcher and the supervisor).

The participants were informed that that the study was confidential and that their anonymity would be maintained by using pseudonyms. Babbie (2013) asserted that anonymity is achieved in a research project when neither the researchers nor the readers of the findings can identify a given response with a given respondent. All interviews, with permission, were audio-recorded and participants were assured that data would only be utilised for the legitimate purpose of the study.

Due to the sensitive nature of the study subsequent arrangements were made with Family and Marriage Society of South Africa (FAMSA) to provide debriefing to men who required it. Five participants were duly referred to FAMSA.

3.9 THE RESEARCHER'S REFLEXIVITY

Boonzaier and Shefer (2006) emphasised the importance for a researcher to practise reflexivity when qualitative research methods are conducted. ‘Reflexivity in qualitative research specifically invites us to look “inward” and “outwards”, exploring the intersecting relationships between existing knowledge, our experience, research roles and the world around us’ (King & Horrocks, 2010). The researcher was aware that enlisting African Black men to participate in the study would be a potential challenge, as literature indicates that men in general are reluctant to seek therapeutic help. Upon hearing that this study aimed to explore the meaning attached to seeking marital therapy, some men were of the opinion that the researcher wanted to invade the privacy of their marriages, which led to most men declining to participate. Some men in the initial phase of the interviews were quite defensive in their responses and were reluctant to converse. This was also respected at all times by the researcher. The researcher thus experienced a huge challenge in getting men to participate.

Secondly, the marital status of the researcher (unmarried) appeared to be a contributory factor as some participants felt that they could not discuss marriage- related issues with the researcher, and resulted in some men withdrawing from the study. This concern also emerged as a barrier towards seeking marital therapy. (See Chapter Four). Another issue that emerged was the gender of the researcher, which might have negatively influenced the participation of the men, as one participant was quoted saying *“it would have been more interesting if I was discussing these issues man to man”*. With this in mind, the researcher was vigilant about not imposing her own assumptions on the participants. The researcher further remained non-judgemental towards the participants and maintained a warm conducive environment throughout the interviews process.

3.10 CHAPTER SUMMARY

This chapter discussed the research methodology design, sampling, data collection, and data analysis. Ethical considerations were also addressed and the researcher reflexivity was explored. The analysis of the findings is presented and discussed in the next chapter.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 INTRODUCTION

The aim of the study was to gain insight to the meaning attached to with seeking marital therapy by married African men. This was achieved through 30 in-depth individual interviews that were conducted with African married men. The interviews were thereafter transcribed and utilising thematic analysis. 3 main themes and sub-themes emanated from this:

4.2. The meaning attached to seeking marital therapy:

4.2.1 Understanding attributed to the terminology marital therapy, and

4.2.2 Views on other men who seek marital therapy.

4.3. Circumstance that lead to seeking marital therapy:

4.3.1 Significant others knowing about seeking marital therapy, and

4.3.2 Response to partners request to seeking marital therapy.

4.4. Barriers to seeking marital therapy

The 3 main themes and subthemes identified will be elaborated upon and substantiated by participant's narratives, which are italicized and indented in this chapter. It should be noted that these themes are interrelated and linked.

4.2 THE MEANING ATTACHED TO SEEKING MARITAL THERAPY

From examining the participants' (P3) narratives on what it means to pursue marital therapy as an African man, it was apparent from participant 3 that socialization of boys significantly influences how one constructs the meaning associated with seeking therapy:

P 3: *As young boys we were told that “boys don’t cry”. So we are expected to be leaders; telling a therapist about my issues would make me feel as if I cannot fix my own problems. To me it’s a sign of weakness as a man, these things are meant for women.*

Evidently, P3 illustrates the significant role of socialization and the associated meaning attributed in childhood to the gendered nature of stereotypical hegemonic masculinity. Also noted in Chapter Two are internalised messages concerning the dominant social position of men who view seeking assistance as a failure to conform to hegemonic masculinity (Vogel et al., 2011). P3 further indicated the importance of maintaining a sense of control and being a leader as being crucial and essential to the persona of being a man. Moreover, the societal endorsement such as “boys do not cry” or “take it like a man” influences the behaviour of men in this study which was also evident in the previous studies (Pederson & Vogel, 2007; Addis & Mahalik, 2003). This further informs avoiding any behaviour that would be perceived as inconsistent to masculinity ideologies and to stereotype dictates (Bantjies & Neiuwoudt, 2014; Wester & Vogel, 2012). Consequently, men avoid situations that would place them in a vulnerable position of seeking assistance and explains why they feel therapy is intended for women (Vogel et al., 2013).

The importance of maintaining respect was further emphasised by Black African men. This is prominently illustrated in the following extracts:

P 10: *It will show that I cannot handle my own issues and it will be embarrassing to my family. No one will ever take me seriously.*

P 17: *Traditionally, we believe that as a man you should always be strong and brave. Seeking therapy will really prove that you are weak, so it goes back to protecting your dignity and pride as a man.*

P 20: *If you look at it from an African view, seeking therapy as a man is embarrassing. It would show that I am not brave enough to work on my own issues and inviting strangers to help me resolve issues would threaten my manhood.*

It was clear from P10 and P17's responses that merely seeking assistance is regarded as a sign of weakness and the fear of shame and dishonor accompanies such decision and prevents pursuing therapy in marital conflict resolution. In the study of Saunders-Thompson, Bazile and Akbar (2004) it was reported that the weak seek assistance. This elucidates poor mental health in men as this belief hindered men from receiving support. P 20 emphasised the need to preserve the status of being an African man and that seeking therapy will be contradictory to being strong. Ruane (2010) warned that such expectation for African men to be in power and authority places them in a difficult situation. As established in Chapter Two the pressure to conform to masculine expectations leaves men in a vulnerable position, avoiding accessing health care services when they are in distress. Therefore, masculinity and the pressure to conform to masculinity ideologies are evident (Lindinger-Sternart, 2014; Kghathi & Pheko, 2014). Partab (2012) too extended the thought that within the South African environment the "patriarchy privileges" are an extension of patriarchal dividends which can inform their choices.

Furthermore, it is tacitly understood that in most African societies family elders and community leaders are available to provide guidance when couples are confronted with marital difficulties. In this study, participants emphasised the availability of elders rather than exploring options beyond the family. The following excerpts reflect this view:

P 14: *I would feel less of a man, because it will mean that I have done a new and embarrassing thing in my family and no one will ever take me seriously. As nobody in my family has ever used this kind of assistance. There are elders available to assist with marital issues.*

P 22: *In my culture it is not recommended for a man to seek help outside family. It will be embarrassing and it will also point out that I am soft, a failure and not in control of my marriage*

From the extracts, it was evident that African cultural beliefs suggest the process of resolving marital disputes within the family are substantially the role of elders within the family. These findings are similar to those of Raune (2010), who affirmed that resolving matters within the community framework, without inviting outsiders for assistance was central in the African worldview. Moreover, the majority of African societies condemns the act of revealing family secrets to a stranger as issues should be maintained within the close circle of family (Rupande & Tapfumaney, 2013). This further offers an explanation why African men in this study are reluctant and hesitant to consult a marital therapist. Connell (2011) too validated that cultural diversity in gender patterns are familiar. In addition, Kgathi and Pheko (2014) also emphasised that interconnection of culture and ethnicity ultimately informs the decision to seek professional assistance.

Interestingly, another contributory factor was the importance of acknowledging religious beliefs. As participants noted in the narratives, their religious philosophy influenced how they construct meaning attached to seeking marital therapy. This was illustrated in the following narratives:

P 1: *It will prove that I have lost faith in God, I believe that as a Christian you should seek guidance from God through prayer.*

P 2: *It means that I do not trust God to help me solve my problems. It will indicate a lack of faith in what I believe in.*

P 19: *I believe it is God who knows you better and able to change your situation. The other person cannot give you answers. So as a person who draws strength from God, it will show doubt.*

P1 indicated that religious practice such as “prayer” is a strategy for dealing with marital difficulties. While P1 & P2 asserted that the decision of seeking therapy suggests a lack of faith in God, Saunders-Thompson et al. (2004) noted that individuals who hold strong religious beliefs are likely to view the church as the main source of support. Partab (2012) also noted how socio-cultural religious rationalisations inform decisions to seek assistance. Furthermore, prayer and seeking the guidance from the pastor is regarded as the most ideal way of coping with issues (Saunders-Thompson et al., 2004). The importance of being firm with what one believes in, was also pointed out by P19 and the belief that God has a solution to all one’s problems. This highlights the religious preference of some African men, who participated in this study, when confronted with marital issues. Joshi, Kumari and Jain (2008) reasoned too that religious practices have a positive effect on the psychological well-being of individuals.

Three men held a different view towards seeking marital therapy. They specified that this step will mean that they are being courageous in taking a decision to reject masculine ideologies. This is elucidated in the extracts:

P 6: *I think it will prove that I am a brave person to take such a step of swallowing the man’s pride.*

P 21: *It will indicate that I am able to acknowledge my limitations as an individual, which does not necessary mean I cannot face my own issues. Therefore, it means that a professionally trained person can help me resolve whatever issues are experienced.*

P 23: *I will be proud of taking such a step. This will show commitment to my partner and my marriage.*

The men justify how seeking assistance acknowledges their initiative as being a positive step in the right direction. P23 eloquently claims that such a step of resorting to marital therapy is a pledge to commitment not only to his partner but to the institution of marriage itself.

In this study, it was evident that seeking help was attributed to diverse influences. However, it was also noted from P6, P21 and P23 that there was no hesitation in exploring marital therapy as it

offered a professional option to address their marital concerns. Moreover, as opined by P6 it is courageous and assists in overcoming the masculine ideologies of how men should behave.

SUB-THEME 4.2.1: UNDERSTANDING ATTRIBUTED TO THE TERMINOLOGY MARITAL THERAPY

Participants revealed different understanding of the term “marital therapy”, as established below:

P 1: *It has to do with people seeking the opinion or involvement of a third party concerning issues experienced in the marriage.*

P 2: *It is a form of intervention that is required to minimise the differences that exist in marriages in order to maintain harmony. It can include issues such as religious beliefs, traditional upbringing and social networking (the people you “hang out” with).*

P 9: *It is when couples go out to seek advice. So I would say it is more needed in couples who want to find answers and a solution to the issues being experienced, so that they can have peace and be happy in their marriage.*

P 16: *I have heard that it’s counselling for married people, but I think it’s the same thing that involves getting advice about your problems in your marriage.*

P 26: *It’s where a professionally trained person sort of advises or intervenes when married people are having challenges in their marriages.*

P 28: *It is a form of intervention that is intended for couples who want to minimise marital issues.*

P 30: *I would say it is a form of professional assistance that is available to help couples experiencing marital problems, it can be considered mostly when you have exhausted all the resources available to you - “pastors or family elders”.*

Based on the extracts above, it emerged that marital therapy is understood by a vast majority of participants as an intervention that is most suitable and appropriate for couples who are

experiencing problems in their marriages. Therefore, this indicates that marital therapy is only applicable when assistance to resolve marital issues is required and not for other circumstances including pre-marital counselling. A concept noted by Zikhali (2009) was that couples were unwilling to seek pre-marital counselling due to the lack of awareness of what this intervention entails.

Engel and Lingren (1991) contended that couples should not only seek out therapy when there are already existing problems, but also look at it as a method of strengthening the well-being of the marriage. This was communicated by two participants as shared below:

P21: *It is a process whereby people who are married go for counselling that will help enhance their relationship. I believe that couples should not wait till there is a problem, but can use it any time.*

P 27 offered a similar view:

Marital therapy is a kind of service that is meant to enhance the satisfaction in marriages, even though I'm not sure what kind of strategies are used during this process.

These two participants infer that marital therapy can be extended to couples who wish to enhance satisfaction with an emphasis on building and strengthening their marriages. It is viewed as maximising and utilising the existing resources for marital couples. This process aims at enhancing communication, conflict resolution and decision-making skills (Giblin & Combs, 2003). Three participants were ambivalent on the exact meaning attached to the term, as revealed:

P 5: *I am not really sure if I know what this term refers too, perhaps you can enlighten me. I only know the word therapy, where one goes to a psychologist to receive help for whatever reason.*

P 11: *To be honest I do not have a clear understanding of this term, I have heard the term therapy and I think you go there when you are experiencing problems. So I will assume*

that marital therapy is provided to people maybe before marriage or during marriage if they are experiencing problems.

P 17: *I have heard of this term, but I don't think I will be able to give you a clear definition. Though I am quite aware what the process is about.*

These extracts highlight that some participants did not have a distinct understanding of this concept. Nevertheless, it can be contended that this does not necessarily mean that there is no awareness of this intervention as P 17 mentioned that there is knowledge of what it entails.

SUB-THEME 4.2.2: VIEWS ON OTHER AFRICAN MEN WHO SEEK MARITAL THERAPY

In as much as some participants possessed varied views associated with seeking therapy, they did not hold the same interpretation towards the other men who sought these services:

P 6: *We live in a modern society, things have changed. Men are now allowed to express their feelings too, this notion of "boys don't cry" is ancient. So what I am trying to say is that it is normal for men to seek professional assistance.*

P 9: *I don't think there is anything wrong with men seeking therapy, however I do question the motive going there. Sometimes people don't want to confront their issues and run to therapy for assistance. I think these services are abused at times.*

P 12: *I see them as ordinary and brave. Most men do not consider this option when working out their marital issues. I think they value what they have to the extent that they are willing to try out different alternatives.*

P 18: *Being a man does not stop me from being vulnerable. I am an individual who believes that everyone is allowed to express their feelings and seeking professional help is a normal act.*

P 23: *I do not have any problems with men who are seeking for these kind of services. If they are not able to solve their own problems and feel that a professionally trained person*

can help them, it's okay. Then carrying on with unresolved problems which might lead to more problems.

P 27: *I believe that people should use what works best for them. It doesn't matter what others think of you, as long as it's going to work for you. I really do not have any negative view of them.*

P 30: *I think they are brave people and they show commitment to their marriages. However, I think others are just doing it to please their partners.*

Evidently, from the above, men are open to the possibility of not viewing help-seeking as a deficiency within themselves or in other men. This stereotype of interpreting men as “weak” as noted by P3 is not as popular as suggested by the seven participants above. This was also expounded by Davies et al. (2000) who found that despite the fear of seeking help and being judged negatively, some men reported that they do not perceive those who were seeking assistance as weak or vulnerable. Interestingly, P5 below extends his perception of therapy as being necessary for the “weaker sex”

P 5: *I still believe that Boys are not supposed to cry. I would really like to meet a man who has been to therapy and ask them what is so difficult in their marriages that leads to therapy. These things work better for women as they are expected to be weaker than us.*

P 15: *I think those men not serious and cowards. They run away from fixing their own problems.*

P 17: *You can't be a leader of a family if you are weak. It is hard to think that there are men who actually take that alternative; it is an embarrassing act.*

From the three extracts above, participants held a negative view toward other men who use therapy when confronted with marital issues. This is supported by Vogel et al.'s (2013) view that men who battle with emotional expression when talking with others about their concerns are more likely to

stigmatise those who express their emotions to mental health professionals. Consequently, this obviates seeking psychological services as this was viewed as devaluing them as men.

4.3 CIRCUMSTANCES THAT WARRANT MARITAL THERAPY

Circumstances that warrant seeking out marital therapy for men were reflected in individual interviews. However, not all participants in this study believed that there were problems that will require the intervention of the therapist. This was illustrated in responses below:

P 8:*I will consider this if my wife ever threatens to leave me. In that case I would want us to work on it by using different alternatives before executing such decision. This type of issue will leave me open to anything that might be a better solution, such as therapy.*

P 25:*I would go for it if I see that there is a risk of divorce in my marriage and if we have tried to sort out our issues without any improvement.*

From the extracts above, it is noted that being at risk of marital dissolution may inspire the decision to seek therapy. This is contrary to the findings of Amato and Rogers (1997) that some married couples who ended up divorced reported existing problems nine to twelve years before initiating the divorce.

P 12:*Personally I will make that choice if I see that we are struggling to work on an issue that we are confronted with and also when the marriage is falling apart.*

P 24:*When I realised that we were at breaking point and all that we tried did not seem to work for us, I considered the option of seeking professional help with my wife, which turned out to be the best option.*

P 30:*It is something that I have not thought of thus far, however it will have to be a choice that I will only make when I see that my marriage is ending, or after I have tried on working our issues first.*

Furthermore, these extracts above extend to the previous accounts which indicated that African men in this study do perceive the need to seek therapy when the marriage is considered problematic.

P 7: *We sought marital advice with my wife when there was an issue of extra-marital affair affecting our marriage. We were able to sort things out and put it behind us through therapy. So I think in a situation like this the involvement of a third person is necessary and is beneficial.*

P 27: *I was once seeing someone else while married to my wife, which really affected our marriage. She suggested that we seek help from a therapist. At first I was reluctant because I never thought I would ever go there. It really helped a lot and we were able to successfully work on the issue, so I would recommend it when the marriage is confronted with such issues.*

In light of the above extracts, another contributory factor in seeking assistance was when there was an extra marital relationship in the marriage. As noted in Chapter Two, extra marital relationships were commonly reported as one of the major concerns for couples who were seeking therapy. This was also claimed by Amato and Rogers (1997) as the most common divorce predictor. More specifically, South and Lloyd (1995) also found that a large majority of divorced individuals had been having another romantic relationship with someone other than their spouses. Amato and Rogers (1997) also revealed that young couples are more susceptible to reporting extra-marital problems and jealousy. They explained that it is easier for young partners to be drawn into infidelity relationships. Extra-marital affairs, as noted below also occur due to experiencing sexual dissatisfaction.

P 21: *If the relationship is not functioning effectively or if I have problems with my partners. It can also include sexual problems experienced by couples. I know a lot of people are not keen to talk openly about such issues, but it helps to go for marital therapy if you are experiencing sexual problems so that you can get the opinion of an expert.*

P 21 highlighted the point that sexual dissatisfaction is one of the marital problems that other people are often reluctant to discuss. This is consistent with the findings by Berns and Christensen (2001) that sexual dissatisfaction plays a major role in husband's seeking therapy. Cox, Babalola, Kennedy, Mbwambo, Likindikoki and Kerrigan (2014) also confirmed that sexual dissatisfaction has been perceived as one of the reasons spouses are found to be engaged in extra-marital affairs in both genders. Men were reported to be negatively affected by their spouses' sexual dissatisfaction as compared to women (Owiredu, Amidu, Gockah-Adapoe, & Ephraim, 2011). In some cases, marital conflicts are often caused by the inability of spouses to gratify each other's sexual needs (Tolorunleke, 2014). According to Kelly (2004), sexual dissatisfaction in couples stimulates negative feeling such as inadequacy, self-blame and frustration, particularly by the person who is experiencing the problem, which also leads to their spouse being adversely affected.

P 4: *I regard therapy as a last option. I think I can only go when our marital problems are beyond our level of control.*

P 6: *To me it will be the last kick of a dying horse. I will only consider it when I see that things are not working out after I have tried to solve them with my partner and consulted family elders.*

P 26: *I think as a couple you have to find a way to resolve your own problems or consult with family elders before seeking out professional assistance. Therefore, going outside for help should be considered at the later stage when all the internal resources have been exhausted.*

It was pointed out that this type of therapy will be considered when all other options have been explored and exhausted. The extracts indicate that the participants regard marital therapy as a final resort. This replicates the findings of (Wills, 1992; & Hinson & Swanson, 1993) which indicated that the intervention of a therapist was sought after trying out other alternatives

There were two participants who declared that there were no circumstances that would warrant therapy. The extracts illustrate this point aptly:

P 3: *Sitting down and telling a stranger about my problems is crazy. Being a black man comes with pride, independence and being in control. So I believe these things are a quick fix to problems. We are taught from an early age to fix our problems and taking it like a man. I do not see myself going there.*

P 20: *I would not go far as considering that option for any of our problems. I don't like to share my personal problems with other people, in other words I prefer to discuss my issues with my partner than getting others involved.*

From the extracts, self-reliance was identified by participants as a way of dealing with marital issues and the help of a marital therapist was not a logical option. These participants assumed power and strength in resolving their own marital issues. A stereotype associated with seeking marital therapy was identified in this study, as P3 indicated that that these types of services are intended for women and are considered a quick fix to problems.

SUB-THEME 4.3.1: REACTION TO SIGNIFICANT OTHERS KNOWING ABOUT SEEKING MARITAL THERAPY

Findings from the study revealed that significant others (such as family members and friends) do influence participant's perception towards seeking professional assistance. From an African perspective unity and a sense of community is paramount and the act of seeking therapy is construed as individualistic. This was evident in the comments offered below:

P 3: *I would not want anyone to know that I have been seeking therapy. I always prevent people from knowing about my personal affairs, so I would be very uncomfortable with them knowing. They will think that I can't solve my own issues.*

P 16: *I would not inform people close to me about seeking therapy because my family members are not yet open this idea. I don't want my marriage issues to be in the headline of the community newspapers.*

P 22: *I know I would be likely to be judged for that, since it is not acceptable in my family to seek help from external sources. Therefore, I would not disclose it to anyone. It must remain confidential.*

P 23: *I believe it's something that is personal, which I would want to remain between me and my therapist.*

Participants discussed their negative views about sharing with significant others on engaging in therapy. Their views were associated with the fear of being regarded as weak by those close to them. The influence of family and friends toward seeking professional help cannot be disregarded, as some studies have revealed that generally the opinions of significant others about consulting professionals for help are essential (Cameron, Leventhal & Leventhal, 1993). This may explain why men in the current study were not only unenthusiastic, but reluctant to attend marital therapy, as they were concerned on how significant others would view them. Bofo, (2013) asserted that the attitude toward seeking professional services is greatly influenced by the support offered by significant others. Several studies also found that individuals are more likely to seek assistance from professionals when there's a guarantee that significant people in their lives would support and approve such decisions (Vogel et al., 2005; Bayer & Peay, 1997). This is a view in contradiction of the western perspective, where the role of family and community does not greatly influence the decision and the needs of individuals are prioritised as more significant (Scheppers et al., 2006). P21 confidently admits:

P 21: *It won't bother me if they have to find out, if the situation allows I will inform them that this is what I'm doing with my wife. Though I will not give all the details of what I'm doing. I don't think it will embarrass me, I will tell them so that they can be aware that there are some other ways of solving marital problems and that marital therapy is one of them. So as long as I'm doing something that is important for my marriage, I don't have to justify this decision.*

It was evident from the above that he did not interpret any negative connotation about disclosing to others. This participant pronounced that the decision to seek marital therapy was not guided by the opinions of others, but yet remained and motivated by a personal choice. These findings

replicate the findings of Bringle and Byer (1997) which revealed that men did not seem to have any problems about those closest to them knowing that they have been seeking therapy.

SUB-THEME 4.3.2: RESPONSE TO PARTNERS REQUEST TO SEEKING MARITAL THERAPY

When questioned about the partner's request to seek marital therapy, some participants were receptive to the suggestion while other appeared to be indifferent to it. The extract below illustrates how P14 was not open to the option:

P 14: *I don't think I will consider that alternative, as we know that there are traditional practices available to us (family elders, community leaders or traditional healer). However, if she still insists she will have to attend alone.*

The extracts communicate the reluctance of joining his partner in therapy. He reiterates the traditional option which he considers necessary as discussed in Chapter Two. The partner who is unwilling to consider therapy may therefore reject or discourage the spouse's attempt of seeing therapy as an option to their marital problems (Eubanks, Fleming and Cordova, 2012). Additionally, other reasons noted which might prevent seeking therapy is the perception that consulting a professional is unsafe for the relationship and that admitting that there are serious marital problems could precipitate the end of the marriage (Eubanks et al., 2012). This is found in the statements below:

P 29: *It will depend on an issue we are experiencing and I would really need a good reason as to why it should be our option. Otherwise I would not consider.*

P 15: *That would really come as a shock to me, but I will first have to first consider whether we have talked about our issue. I can go but she must give a valid reason of going there.*

The extracts from participant 15 and 29 imply that they will contemplate the suggestion of seeking therapy with their partners on the condition of that the wives give sufficient motivation for this

decision. Eubanks et al. (2012) also found that wives' help seeking behaviour was significantly influenced by their own evaluation of the quality of marriage and while that of their spouses appears to be influenced by the wives' evaluation. This leads to the view that women are regarded as the relationship barometer, as they tend to be more aware of the level of relationship functioning (Eubanks et al., 2012).

P 6: *I think we must first discuss what methods we have used to work on our issues and see that they are still unresolved. Then therapy can be our last hope on working out our issues, but she cannot request for us to go if we ourselves have not worked on them.*

P 21: *I will be open to the suggestion if I can see that whatever we have tried did not work, but if we have not tried anything I will be very hesitant.*

In these accounts, it was noted that this request will be accepted by men on the ground that all other avenues consulted were not successful, before receiving help from a professional.

P 13: *If she ever suggests this I would have to convince her to try other alternatives. Such as consulting a pastor in our church.*

In terms of priority other alternatives such as consulting the church pastor or calling the family elders was preferred than consulting a marital therapist. This belief is replicated by findings of Mutana and Gasva (2014) with Zimbabwean married couples, where some participants reported to prefer pastoral counselling. This form of counselling was preferred by couples in their study since it was believed that the guidance of the pastor did not only include psychological issues, but also focused on empowering the couples spiritually. Partab (2012), in a study of South African men, found that religion was the first preference and prevented marital violence.

From this section it is evident that majority of men would want to use other resources before considering their partner's request to seek marital therapy. The participants also share barriers towards seeking counselling which will be detailed in the next section.

4.4 SOME BARRIERS TO SEEKING MARITAL THERAPY

Beyond expressed concerns in the previous section about receiving marital therapy, the emphasis was the fear of being perceived as weak by significant others. This was illustrated in the following:

P 2: My friends will definitely laugh at me, so I cannot put myself in such a situation. It is embarrassing and it's something that you would not want other people to know

The extract reflects the perceived stigma from others which is a barrier in seeking marital therapy in black African men. This account attests to the view that the stigma attached to individuals who utilise psychological services remains a significant barrier in exploring therapy. Consequently, the stigma is often associated with the feelings of shame and embarrassment (Saunders-Thompson et al., 2004). Being in a social context that accepts and encourages help seeking behaviour may encourage and provide a conducive environment to seek help for a problem. Thus, if significant others view therapy as a negative choice, that individual would be less likely seek professional help, fearing their social standing (Rickwood & Braithwaite, 1994). Lupuwana, Simbayi, and Elkonin (1999) added that having the services within the community may increase accessibility and psychologists may not be seen as strangers. Furthermore, the stigma experienced by men tends to determine the types of issues that are acceptable to seek help for, and avoiding help seeking with issues that are believed to be stigmatized or which reflects their self-worth (Magovcevic & Addis, 2005).

It was further noted by Vogel et al. (2011) that men who are confronted with psychological problems are prone to experience conflict related to the internalized messages prescribed by societies on how men should behave, which tend to have an impact on their attitudes towards therapy. This is illustrated below:

P 20: *I'm the man of the house, therefore I need to deal with the problems in my marriage and not go to therapy for help. So I would not do something that will make me appear as being weak*

P 28: *I prefer not to talk about my marital problems to anyone, as it will make me appear as a failure to my wife. How can I lead my family if there are matters I can't deal with myself?*

In the narrative above self-stigma appeared to influence the attitude toward seeking marital therapy, as these participants indicated that seeking help would appear as them not being in control of their marital problems. Partab (2012) indicated that headship, issues of power and control was viewed as important by men. In her study, participants further acknowledge that men used headship to uphold patriarchy and to rationalise violent action, which was a way of gaining recognition in the family. The narratives above attest to the study by Brown et al. (2010) that the internalised stigma influences how individuals perceive the public stigma that is related to seeking assistance. This suggests that the way in which person feels about seeking therapy will have a great impact on how they anticipate and understand public stigma.

P 5: *I think our communities are not yet open to this kind of service, so that is why you find most men reluctant to use them. Nobody wants to be seen as weak and lacking control. It is more acceptable if its women seeking such services, but if it's a man then people start to wonder.*

P 15: *It is the fact that the elders and people from my community will never take me seriously in anything that I do in my home, that's what can stop me from using these services. I am a well-respected man in my community and I have to maintain the standard.*

The two participants noted that the community is not open to the possibility of western services, which acts as a barrier to men in this study. Similarly, in the study of Dookran (2015) it was reported that when couples experience problems the family elders make a collective decision about the process necessary to resolve the problem; this means that one cannot seek help outside without

consulting with the elders. As noted in Chapter Two in the African view the community exists in terms of a shared understanding of life. Therefore, it is important to conform to the society norms. Kghati and Pheko (2014) asserted that the beliefs held by individuals on what is expected and rejected by the society remains a major barrier towards accessing counselling services. This suggests that men who might be in need of counselling services do not access them because of the fear of not conforming to stereotypical shared societal norms.

P 10: *If the therapist has never been married, it will be difficult as a married man to open up to that person.*

P 21: *I prefer to be seen by someone who has experience about relationships, possibly someone who is married . Because that person understands the dynamics of the marriage. It's not just about the learned theory. The unmarried person might have a clue, but it will not be the same as with someone with lived experience. I think the married one will have a better understanding.*

P 30: *I do not want to be advised by someone who is not married. I don't think that person can easily relate to my issues as she/he is not exposed to marriage life.*

It was evident from the above that the marital status of the therapist is considered a vital factor when working with African men. This was highlighted in the extracts that the men would want to be assisted by a married professional, as they maintained that the therapist needs to be exposed to the marriage life in order to better assist with marriage related issues.

P 1: *one of the reasons I prefer consulting a pastor from my church, is that there are no fees involved. So I think going to professionals is for people who can afford it. Though some of us may want to, but finances would remain a problem.*

P 18: *I was once in a position where I required such intervention, but unfortunately I could not afford the consultation fee. I was not aware of any that were free for people who could not afford a private therapist.*

P 29: *Accessing these kind of services I would say is a challenge. As the services are expensive as compared to traditional alternatives. It is hard to find one that is free of charge, and some people cannot really afford them*

Another barrier that was highlighted in the above extracts by P1 was that the financial cost to accessing marital therapy hindered African men seeking professional help. This was validated by the study by Davies et al. (2000) where male participants expressed concerns about the cost involved in receiving professional help. P1 expressed the preference of consulting with a pastor since there is no cost involved.

The gender of the therapist was yet another vital factor to for accessing marital therapy. This was demonstrated in the statements:

P2: *You find at times that the marital therapist is a woman, so I cannot discuss my marriage issues with two women in the same room. Obviously the therapist would take the side of my wife and I think whatever I would say would be disregarded*

P12: *I don't want to be told how to behave as a man in my house. It will be worse if I am told by a female therapist*

P25: *It can be a huge barrier if I find someone who is biased. For instance, if I find a female who will tend to be on the wife's side.*

These three extracts above indicate that men perceive the gender of the marital therapist as a barrier towards utilising services. They indicated a desire to rather consult with a male therapist with the belief that he can be objective to their problem in therapy. P25 expressed the view that a female therapist will be biased in their judgment and afford his wife an advantage. The findings are inconsistent with the view of Moller- Leimkuhler (2002) who indicated that men are reluctant to express emotional issues because of gender biased perceptions.

4.9 CHAPTER SUMMARY

This chapter contained a discussion of the narratives of the thirty participants in the research study. The main themes and subthemes were identified and discussed. The following chapter presents the conclusions that were drawn from the findings and this is followed by the recommendations for possible further studies.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This final chapter presents the limitations encountered in this study. A Summary of findings from the previous chapter will be discussed. The chapter concludes with recommendations for professional practice, training and future research.

This research study sought to explore the meaning associated with seeking marital therapy in the African context by married men. Emanating from the findings it was evident that African cultural beliefs play a major role in how men respond to Western counselling approaches. The findings further responded to the three main research questions, namely:

- What does it mean for African men to seek marital therapy?
- In what circumstances would African men seek marital therapy?
- Are there barriers experienced by African men towards seeking marital therapy?

5.2 LIMITATIONS OF THE STUDY

Although the study offered insight on the meaning associated with seeking marital therapy by Black African men, the following limitations were encountered while conducting the study:

- In as much as the study constituted a sample of thirty Black African men, it was nonetheless a limitation, as the findings cannot be generalised to all black African men. However, being cognisant that the study employed a qualitative methodology where a small sample is justified for the depth of understanding it offers. In support, Durrheim and Painter (2006) established that working with a small sample when conducting qualitative research provides richer and detailed data..

- The sample was also homogenous; with an absence of diversity from men from other racial groups. However, it should be reiterated that the study's main focus was Black African men.
- The study was located in KwaZulu-Natal, and confined to the Durban area. However, the potential for replication of this study in other Provinces exists.
- The study was methodologically designed to elicit the narratives of Black married African men only and no corresponding semi-structured individual interviews were held with their wives. Hence the study depended on the men's subjective experiences whose experiences of reporting is questionable (Partab, 2012).

5.3 SUMMARY OF THE FINDINGS

Based on the research questions of the study and the associated findings the following conclusions were reached:

- The socialization of men to maintain control and avoid any behaviour that is associated with weakness was evident in this study. Similarly, the study by Gorski (2010) with university males demonstrated that men who identified with traditional masculine standards were found to be less willing to utilise psychological services and referring others too. The study further revealed that the masculine ideologies such as concealing emotions, independence and violence are the contributing factors leading to reluctance in seeking help. Clearly, a vast majority of participants indicated that seeking help communicated they were weak and lacked control. P3 in particular narrated that "therapy is meant for women" which elucidates why men are reluctant to access such services. In support of this Gorski (2010) asserted that men would rather suggest or refer women to seek help regularly than they would themselves. Some participants validated normative societal views that states "boys don't cry", which placed them in a position of avoiding any behaviours that are inconsistent with hegemonic masculine ideologies. Another participant emphasised that he

has to maintain his masculine image of “respect”, which infers that men have to meet a certain masculine role stereotype consistent within hegemony of masculinity.

- It was noted by a vast majority of participants that seeking marital therapy when experiencing distress was negatively perceived by significant others, such as the community elders and family members. The fear of being shamed and humiliated by significant others further influenced their avoidance of utilising western marital services. The fear that the significant others will react negatively to the decision of consulting with a psychologist tend to hinder those who consider this option (Mokgale, 2003; Goldston, Molock, Whitbeck, Murakami, Zayas, & Hall, 2008). This is mostly experienced by individuals from traditional families that discourage seeking help from Western practices (Mokgale, 2003). Moreover, the participants asserted that family elders and community leaders were normally consulted for guidance in the African context. They reiterated the importance of exploring, as a first option, the existing community resources. Lupuwana et al. (1999) added that having the services within the community may increase accessibility and psychologists may not be seen as strangers
- Another vital element was religious beliefs which influenced the perceptions of how specifically some Black African men accessed western services. A few cited their preference of consulting a pastor for marital guidance. This is concurring with the findings of Mutana and Gasva (2014) which was highlighted in chapter two that Zimbabwean married people favoured the guidance of their church pastor with marital issues as it was related to their religious beliefs.
- Furthermore, the term of “marital therapy” was frequently associated with assisting couples who were experiencing marital problems. This is confirmed by Doss et al. (2009) who found that seeking out marital therapy is mostly expected from couples who are dissatisfied in the marriages. However, some participants offered a divergent understanding, as they indicated that such a service is also available to couples who want to enhance the satisfaction of their marriages.
- Some participants offered that the decision to seek therapy should be considered a last resort once all other intervention strategies have been tried. According to Scheppers et al.

(2006) therapy in other cultures has been viewed as a luxury instead of the need to be considered when experiencing challenges. In support to this, Shihza and Charema (2012) asserted that, in most cases, African people who experience psychological distress frequently start by seeking assistance from the traditional healer and later visit the western health facility if the distress still persists.

- On the other hand, others mentioned no perceived circumstances that will warrant therapy. Another consideration was the suggestion of the partner to consult with a marital therapist. Some participants indicated that their partners had to provide a valid reason when suggesting a consultation with a therapist. One participant in particular specified that the women should go alone without being dragged along, P14 “.....if she still insists she will have to attend alone”. Wives’ encouragement to seeking therapy may be not necessarily helpful to a man who typically holds a negative attitude toward help seeking and who is less attuned to marital problems (Eubanks et al., 2011).
- Despite the negative view cited by some participants towards seeking marital therapy, others reinforced the effort of other men who have sought therapy for their problems. They were regarded as being brave for overcoming hegemonic masculine ideologies.
- Some barriers were highlighted by participants in the previous chapter, which may explain the reluctance of black Africans towards marital therapy. Stigma was noted as one of the barriers which was experienced both internally and externally. Jack-Ide and Uys (2013) asserted that the fear associated with help seeking explains why Nigerian people were not willing to utilise professional services when they are experiencing psychological distress. They further elaborated that the fear of significant others reaction prevents access to those who may require treatment.
- An additional factor in accessing marital therapy by some participants was the financial costs. This is supported by Raune (2010) who found that the cost of receiving these services are a significant factor influencing the black community in utilising the services. Furthermore, Participants in Raune (2010) reported that “services are seldom sought out due to the [perceived] costs involved”.

- The marital status of the therapist was also noted by some participants as an influential factor. They indicated that they would prefer a married therapist who can better relate to marital issues. For example, P30 indicated that “I do not want to be advised by someone who is not married...”
- Lastly, for a few participants the gender of the therapist was significant as they maintained that they would prefer a male therapist. This is contrary to Partab (2012) who found that South African men preferred discussing their issues with a female therapist outside their community. However, the concern of men internationally of being assisted by female therapist was further noted by Engler-Carlson and Shepard (2005), where men pointed out that the therapist was siding with the female partner. They elaborated that this concern stemmed from the belief that the female therapist approves feminine related behaviours over masculine one and therefore will associate and collude with the female partner in therapy.

5.4 RECOMMENDATIONS

In view of the findings of the current study, recommendations are offered for psychology and other cognate disciplines within the marital therapy arena. The three distinctive recommendations include; professional practice, training of psychologists and considerations for future research.

5.4.1 Professional practice

From the analysis of this study, it was evident that culture played a dominant role in the understanding of how western marital therapy services would be beneficial within the African context. Therefore, it is imperative for therapist within the African context working with African men to appreciate their client’s cultural dictates and perception of marital therapy. Nicholas, Rautenbach and Maistry (2011) asserted that culturally sensitive practice can enable professionals to understand the meanings that clients attach to particular events or situations. Furthermore, in

order to avoid misconceptions, it is suggested that a discussion during the initial stages of therapy be contemplated.

It was apparent that some participants possessed little knowledge about professional marital therapy processes. Hence educating the clients about the therapeutic process might also be advantageous as this will afford, especially the male client, to feel more comfortable about the process.

In addition, the therapist should acknowledge any concerns experienced by black African men regarding the general perception that being in therapy is an indication of weakness. On occasion, clients may enter therapy having sourced prior support from family/ community elders or church pastors. It would therefore be helpful that therapists be cognisant of such resources and determine exactly how these resources impact on the therapeutic processes. There is space to incorporate such resources with the therapeutic environment. This will further ensure promoting a source of support beyond the therapy room.

5.4.2 Training

From the analysis it was also evident that exposure within a multicultural counselling context is essential. Hence, training of therapists in this pertinent area is imperative. It is recommended that such a component should be introduced during undergraduate training. This has also been emphasised by various researchers, as demonstrated in chapter two. Chitindingu (2012) indicated that integrating multicultural training in psychology would effectively benefit South African clients. Pheko, Chilisa, Balogun and Kgathi (2013) asserted that this might dissipate preconceived ideas about psychological services and create more awareness about the benefits of receiving counselling. Furthermore, the training can encourage the integration of African and western approaches which will ultimately benefit the therapeutic community. Another concomitant recommendation to extend the awareness of marital therapy could involve workshopping on the benefits for the community. The training can further be extended to psychological associations such as the Continuous Professional Development (CPD).

5.4.3 Consideration for future research

Based on the limitations mentioned in this chapter, the following recommendations for research are offered:

- Similar research should be replicated in other provinces and include a heterogeneous sample. It will also be valuable to conduct such study with a larger sample to afford greater representation and generalisation of the findings.
- Future studies should consider focus groups discussions as a methodology of data collection to allow a richer in-depth understanding of African men as they discuss with each other their attitudes and feelings towards seeking marital therapy
- It would also be beneficial for further studies to evaluate the demographic factors in black African males such as age, socio-economic status, educational level, religious beliefs and residential area and how such factors influence the perception toward seeking marital therapy.
- Future research can also consider strategies that can assist Black African men in overcoming barriers experienced towards counselling services.
- There exists space to conduct future studies with family elders or community leaders who have been working with couples and possibly explore possibilities into complementing their work with professional therapeutic services.
- Lastly, as noted above, views of women on the reluctance of men to commit to conjoint marital therapy and the ramifications it has on the marriage should be considered as a useful addition to this study.

5.5 CHAPTER SUMMARY

This last chapter discussed the limitations that the researcher came across while conducting this study. The summary of findings which highlighted the main points were also discussed. Lastly, three recommendations which stemmed from the findings were made.

REFERENCES

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14.
- Ahmed, R., & Pillay, A. L. (2004) Reviewing clinical psychology training in the post-apartheid period: Have we made any progress? *South African Journal of Psychology*, 34(4), 630-656.
- Amato, P. R., & Rogers, S. J. (1997). A longitudinal study of marital problems and subsequent divorce. *Journal of Marriage and Family*, 59(3), 621-624.
- Ampofu, A. A., & Boeteng, J. (2007). Multiple meanings of manhood among boys in Ghana. In T. Shefer, K. Ratele, A. Strebel, N. Shabalala, & R. Buikema, (Eds), *From boys to men: Social constructions of masculinity in contemporary society*. Lansdowne: UCT Press. pp50-74.
- Asante, M. K. (1991). The Afrocentric idea in education. *Journal of Negro Education*, 60(2), 170-180.
- Babbie, E. (2013). *The practice of social research*. (13th Ed.). Canada: Wadsworth, Cengage Learning.
- Baloyi, J. L. (2008). *Psychology and psychotherapy redefined from the viewpoint of the African experiences*. Unpublished doctoral thesis, University of South Africa: Johannesburg.
- Bantjies, J., & Neiuwoudt, J. (2014). Masculinity and Mayhem: the performance of gender in a South African boys' school. *Men and Masculinities*, 17(4), 376-395.
- Bayer, J. K., & Peay, M.Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry*, 31, 504 -513.
- Becker, L., & Duncan, M. (2005). Thinking about groups. in L, Becker (Ed). *Working with groups*. Cape Town: Oxford University Press. pp. 31-51.
- Berger, J. M., Levant, R. F., McMillan, K. K., Kelleher, W., & Sellers, A. (2008). Impact of gender role conflict, traditional masculinity ideology, alexithymia, and age on men's attitudes toward psychological help seeking. *Psychology of Men and Masculinity*, 6, 73-78.

- Berns, S. B., & Christensen, A. (2001). Couple therapy and predicting change over time in couple therapy. In K. Sutherland (Chair). *The effects of marital therapy: Post treatment results of a dual-site clinical trial*. Symposium conducted at the meeting of the Association for Advancement of Behaviour Therapy, Philadelphia, PA.
- Blazina, C. (2004). Gender role conflict and the disidentification process: Two case studies on fragile masculine self. *The Journal of Men's Studies*, 12(2), 151-162.
- Blazina, C., Eddins, R., Burrige, A., & Settle, A. G. (2007). The relationship between masculine ideology, loneliness, and separation-individuation difficulties. *Journal of Men's Studies*, 15(1), 101-110.
- Bless, C. & Higson-Smith, C. (2000). *Fundamentals of social research methods: an african perspective*. Lansdowne: Juta Education.
- Boafo, S. (2013). *Determinants of seeking professional psychological help in contemporary Ghana*. M Phil Clinical Psychology. University of Ghana.
- Bomoyi, Z.A. (2011). *Incorporation of traditional healing into counseling services in tertiary institutions: Perspectives from a selected sample of students, psychologists, healers and student management leaders at the University of KwaZulu-Natal*. Unpublished master's dissertation. University of KwaZulu-Natal: Pietermaritzburg.
- Boonzaier, F., & Shefer, T. (2006). Gendered research. In T. Shefer., F. Boonzaier., & P. Kiguwa (Eds.). *The gender of psychology* (pp. 3-11). Cape Town: UCT Press.
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Bringler, R. G., & Byers, D. (1997). Intentions to seeking marriage counselling. *Family relations*, 46(3), 299-304.
- Brooks, G. R., & Good, G. E. (2001). *The new handbook of psychotherapy and counselling with men*. San Francisco, CA: Jossey-Bass.
- Brown, C., Conner, K. O., Copeland, V. C., Grote, N., Beach, S., Battista, D., & Reynolds, C. F. (2010). Depression stigma, race, and treatment seeking behaviour and attitudes. *Journal of Community Psychology*, 38(3), 350-368.

- Cameron, L. Leventhal, E. A., & Leventhal, H. (1993). Symptom representations and affect as determinants of care seeking in a community-dwelling, adult sample population. *Health Psychology, 2*(3), 171-179.
- Charema, J. (2004). *Explaining the ways in which parents of children with hearing impairments access counselling services in Zimbabwe*. Unpublished doctoral thesis. University of Pretoria: Pretoria.
- Charema, J., & Shizha, E. (2008). Counselling indigenous Shona people in Zimbabwe: traditional practices versus western Eurocentric perspectives. *Alternative: An International Journal of Indigenous peoples, 4*(2), 124-139.
- Chitindingu, E. (2012). *Students' views on the inclusion of multicultural perspectives into the psychology curriculum at two South African universities: An Afrocentric. Analysis*. Unpublished master's dissertation. University of KwaZulu-Natal: Pietermaritzburg.
- Cinnirella, M., & Loewenthal, K. M. (1999). Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *British Journal of Medical Psychology, 72*(Pt 4), 505–524.
- Collins, S., & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*(2), 217-233,
- Connell, R. (2011). Gender and social justice: Southern perspectives. *South African Review of Sociology, 42*(3), 103-115.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. *Gender & Society, 19*(6), 829-859.
- Courtenary, W. H. (2000). Construction of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine, 50*(10), 1385-1401.
- Cox, C., Babalola, S., Kennedy, C., Mbwambo, J., Likindikoki, S., & Kerrigan, D. (2014). Determinants of concurrent sexual partnership within stable relationships: a qualitative Study in Tanzania. *Behavioral Medical Journal Open, 4*(2), 1-11.
- Crane, D. R. (1996). *Fundamentals of marital therapy*. New York: Brunner/ Mazel.

- Crawford, T. A., & Lipsedge, M. (2004). Seeking help for psychological distress: The interface of Zulu traditional healing and Western biomedicine. *Mental Health, Religion & Culture*, 7(2), 131-148.
- Culbertson, P. L. (1994). *Counselling men: creative pastoral care and counselling series*. Minneapolis: Augsburg Fortress.
- Davies, J., McCrae, B. P., Frank, J., Dochnahl, A., Pickering, T., Harrison, B., Zakrzewski, M., & Wilson, K. (2000). Identifying male college students' perceived health needs, barriers to seeking help, and recommendations to help men adopt healthier lifestyles. *Journal of American College Health*, 48(6), 259-267.
- Diala, C. C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., & Leaf, P. (2000). Racial/Ethnic differences in attitudes toward seeking professional mental health services. *American Journal of Public Health*, 91(5), 805-807.
- Dookran, J. (2015). *Exploring how African employees access workplace counselling in South Africa*. Unpublished master's dissertation. University of KwaZulu-Natal: Durban.
- Doss, B. D., Atkins, D. C., & Christensen, A. (2003). Who's dragging their feet? Husbands and wives seeking marital therapy. *Journal of Marital & Family Therapy*, 29(2), 65-177.
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: an 8-year prospective study. *Journal of Personality and Social Psychology*, 96(3), 601-619.
- Durrheim, K., & Painter, D. (2006). Collecting quantitative data: sampling and measuring. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.). *Research in practice: Applied methods for the social sciences* (2nd Ed.) (pp. 131-159). Cape Town: UCT Press.
- Eagle, G., & Long, C. (2011). In our culture, in our gender: Implications of the culture/gender interface for South African psychotherapists. *Feminism & Psychology*, 21(3), 336-353.
- Edwards, S. (2015a). The role of rural universities in developing psychology in South Africa. *South African Journal of Psychology*, 45(1), 50-59.

- Edwards, S. (2015b). Promoting family resilience in South Africa: a community psychological, multicultural counselling approach. *Inkanyiso, Journal of Human & Social Science*, 7(1), 38-43.
- Engel, J. W., Mathews, L. J., & Halverson, V. (1985). *Marriage and family counselling and therapy in Hawaii: A consumer's guide*. Retrieved May 23, 2015 <http://www.ctahr.hawaii.edu/oc/freepubs/pdf/res-055.pdf>.
- Engel, J. W., & Lingren, H. G. (1991). *Marriage and family therapy: who needs it? Where to Find It?* Retrieved on 10 July 2015 <http://www.ctahr.hawaii.edu/oc/freepubs/pdf/res-127.pdf>.
- Englar-Carlson, M., & Shepard, D. S. (2005). Engaging men in couples counselling: strategies for overcoming ambivalence and inexpressiveness. *Counselling and therapy for couples and families*, 13(4), 383-391.
- Eubanks Fleming, C. J. E., & Cordova, J. V. (2012). Predicting relationship help seeking prior to a marriage check-up. *Family Relation*, 61(1), 90-100.
- Family and Marriage Association of South Africa. (2015). *What is marriage counselling?* Retrieved on May 22 2015 <http://www.famsaorg.mzansiitsolutions.co.za/>.
- Giblin, P., & Combs, M. P. (2003). Marital enrichment in clinical practice. In G. P. Sholevar & L. D. Schwoeri (Eds.), *Textbook of family and couples' therapy: Clinical applications* (pp. 539-557). Washington, DC: American Psychiatric Publishing, Inc.
- Goldston, D. B., Molock, S.D., Whitbeck, L.B., Murakami, J.L., Zayas, L.H., & Hall, G.C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63(1), 14-31.
- Gonzalez, J.M., Alegria, M., & Prihoda, T.J. (2005). University of Texas health science centre at San Antonio how do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults? *Journal of Community Psychology*, 33(5), 611-629.
- Gonzalez, J.M., Alegria, M., Phrihoda, T. J., Copeland, L. A., & Zeber, J. E. (2011). How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/race and education. *Social Psychiatric Epidemiology*, 46(1), 45-57.

- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling and Development, 74*(1), 70-75.
- Gorski, E. (2010). Stoic, stubborn, or sensitive: how masculinity affects men's help seeking and help-referring behaviors. *Journal of Undergraduate Research, v.xiii*, 1-6.
- Gray, C. C. (2001). *Afrocentric thought and praxis: an intellectual history*. Trenton, New Jersey: Africa World Press, Inc.
- Grinnell, R.M. (2001). *Social work research and evaluation: Qualitative and quantitative approaches*. Itasca: F.E. Peacock Publishers.
- Gurman, S. A. (2008). *Clinical handbook of couple therapy*. (4th Ed). New York: The Guilford Press.
- Gurman, A. S., & Fraenkel, P. (2002). The history of couple therapy: a millennial review. *Family Process, 41*(2), 199-260.
- Hadebe, L. (2013). Zulu Masculinity-Culture, Faith and the Constitution. In D. Gennrich (Eds). *Understanding Masculinity in South Africa: Essays and Perspectives*. Pietermaritzburg: ACSA & Sonke Gender Justice Network.
- Hammer, J. L., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2012). Men's Help Seeking: Examination of Differences Across Community Size, Education, and Income. *American Psychological Association, 14*(1), 65-75.
- Hammond, W. P. (2012). Taking it like a man: Masculine role norms as moderators of the racial discrimination-depressive symptoms association among African American men. *American Journal of Public Health, 102*, 232-241.
- Hearn, J. (2007). The problems boys and men create, the problems boys and men experience. In T. Shefer., K. Ratele., A. Strebel., N. Shabalal., & R. Buikema (Eds.). *From boys to men: Social constructions of masculinity in contemporary society* (pp.13-32). Lansdowne: UCT Press.
- Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. Los Angeles: Sage.
- Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function of self-disclosure and problem severity. *Journal of Counseling and Development, 71*, 465-470.

- Holdstock, T.L. (2000). *Re-examining psychology: Critical perspectives and African insights*. London, England: Routledge.
- Howe, S. (1999). *Afrocentrism: Mythical pasts and imagined homes*. New York: Verso.
- Israelstam, J. (2012). *Young men's responses to media portrayals of masculinity: A South African qualitative investigation*. Unpublished master's dissertation. University of the Witwatersrand: Johannesburg.
- Jack-Ide, I. O., & Uys, L. (2013). Barriers to mental health services utilization in the Niger Delta region of Nigeria: service users' perspectives. *Pan African Medical Journal*, 14(159), 1-7.
- Johnson, C., Stanley, S., Glenn, N., Amato, P., Nock, S., & Author, H., (2002). Marriage in Oklahoma: 2001 baseline statewide survey on marriage and divorce (S02096 OKDHS). Oklahoma City, OK: Oklahoma Department of Human Services.
- Johnston, E.R. (2015). South African clinical psychology's response to cultural diversity, globalisation and multiculturalism: a review. *South African Journal of Psychology*, 45(3) 374- 385.
- Joseph, L., & Lindegger, G. (2007). The social construction of masculinity in visually impaired adolescent boys. *Psychology in Society*, 35, 73–90.
- Joshi, S., Kumari, S., & Jain, M. (2008). Religious belief and its relation to psychological well-being. *Journal of the Indian Academy of Applied Psychology*, 34(2), 345-354.
- Juma, J.O. (2011). *African worldviews—their impact on psychopathology and psychological counselling*. Unpublished mater's dissertation. Pretoria: University of South Africa.
- Kelly, G.F. (2004). *Sexuality today: The human perspective*. (7th ed.). New York: McGraw-Hill.
- Kelly, K. (2006). From encounter to text: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.). *Research in practice: Applied methods for the social sciences* (2nd Ed.) (pp. 285-319). Cape Town: UCT Press.
- Kgathi, C., & Pheko, M. M. (2014). Application of Theory of Planned Behaviour on Batswana Men's Psychological Help seeking Behaviours. *Journal of Counselling and Development in Higher Education Southern Africa*, 2(1), 63-75.

- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. California: Sage Publications.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counselling Psychology*, 47(1), 138–143.
- Koydemir-Ozden, S. (2010). Self-aspects, perceived social support, gender, and willingness to seek psychological help. *International Journal of Mental Health*, 39(3), 44-60.
- Lupuwana, B. W., Simbayi, L. C., & Elkonin, D. (1999). Psychological services in the Black community of Port Elizabeth in South Africa: Assessment of awareness, attitudes, practices and needs. *Journal of Psychology in Africa*, 9, 25-57.
- Lindinger-Sternart, S. (2014). Help-seeking behaviours of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies*, 3(1), 1-6.
- Maccoby, E. E. (2015). Historical overview of socialization research and theory. In J.E Grusec and P.D Hastings (Eds). *Handbook of socialization: theory and research* (2nd Ed.). (pp. 3-32). New York: Guilford Press.
- Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, 10(6), 574–582.
- Magovcevic, M., & Addis, M. E. (2005). Linking gender-role conflict to nonnormative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men & Masculinity*, 6, 127-136.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity Scripts, Presenting Concerns, and Help Seeking: Implications for Practice and Training. *Research and Practice*, 34(2), 123–131.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Masoga, M. A. (2005). South African research in indigenous knowledge systems and challenges for change, *Indilinga*, 4(1), 15-29.

- Matthews, B. T., & Ross, L. (2010). *Research method: a practical guide for the social sciences*. Oxford: Pearsons Education.
- McLeod, J. (2013). *An introduction to counselling*. New York: Open University Press.
- Mkhize, N. (2004). Psychology: An African perspective. In D. Hook, N. Mkhize, P. Kiguwa & A. Collins. *Critical psychology*, pp25-53. Cape Town: UCT Press.
- Mkhize, N.C. (2013). *The dynamics of culture and language amongst English speaking psychologists in KwaZulu-Natal*. Unpublished doctoral thesis. University of Zululand: Empangeni.
- Mokgale, E.K. (2003). *Knowledge about and attitudes to psychological services in a rural village in South Africa*. Unpublished master's dissertation. University of Pretoria: Pretoria.
- Moller-Leimkuhler, A.M. (2002). Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71, 1-9.
- Moodley, R. (1999). Challenges and transformations: Counselling in a multicultural context. *International Journal for the Advancement of Counselling*, 21, 139-152.
- Moodley, R., Sutherland, P., & Oulanova, O. (2008). Traditional healing, the body and mind in psychotherapy. *Counselling Psychology Quarterly*, 21(2), 153–165.
- Morrell, R. (2006). Fathers and fatherhood in South Africa. In R. Morell and L. Ritcher. *Baba: men and fatherhood in South Africa*. Cape Town: Human Science Research Council.
- Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa: culture, power, and gender politics. *Men and Masculinities*, 15(1) 11-30.
- Morrell, R., & Ouzgane, L. (2005). African Masculinities: An Introduction. In L. Ouzgane, & R. Morell (Eds). *African masculinities: Men in Africa from the late nineteenth century to the present*, (pp. 1-20). Scottsville: University of KwaZulu-Natal Press.
- Moynehan, J., & Adams, J. (2007). What's problem? A look at men in marital therapy. *American Journal of Family Therapy*, 35(1), 41-51.

- Munikwa, J., Mutopa, S., & Maphosa, C. (2012). Assessing the Level of Preparedness of Traditional Leaders as Counsellors in Offering Counselling to Parasuicide Victims in Rural Zimbabwe. *Journal of Human Ecology*, 39(3), 195-204.
- Mutanana, N., & Gasva, D. (2014). Community perception on marriage and family counselling: a survey on married couples in Hintonville community of Chegutu in Mashonaland west province of Zimbabwe. *Greener Journal of Social Science*, 41(5), 154-163.
- Nel, P. (2005). Indigenous knowledge systems: Contestation, rhetorics and space. *Indilinga: African Journal of indigenous Knowledge Systems*, 4(1), 1-11.
- Ngcobo, H. S. B., & Edwards, S.D. (2008). Self-perceived multicultural counselling competencies in South African psychologists: a basis for practice guidelines. *Journal of Psychology in Africa*, 18(4), 647-654.
- Nicholas, L, Rautenbach, J., & Maistry, M. (2011). *Introduction to social work*. Claremont: Juta and Company.
- Nyowe, A. (2000). Building on the indigenous: theory and method of marriage therapy in contemporary Eastern and Western Africa. *Journal of Family and Therapy*, 22(4), 347-359.
- Nyowe, A. (2006). Theory and method of marriage therapy in contemporary Africa. *Contemporary Family Therapy*, 28(4), 393-504.
- Omanzejele, P.F. (2008). African concepts of health, disease, and treatment: an ethical inquiry. *Explore*, 4(2), 120-126.
- O'Neil, J.M. (2008). Men's gender conflict: 25 year research summary [Special issue]. *The Counselling Psychologist*, 36(3), 358-476.
- Onsy, E., & Amer, M. (2014). Attitudes toward seeking couples counselling among Egyptian couples: towards a deeper understanding of common marital conflicts and marital satisfaction. *Procedia-social and Behavioural sciences*, 140, 470-475.
- Owiredu, W.K.B.A., Amidu, N., Gockah-Adapoe, E., & Ephraim R.K.D. (2011). The prevalence of metabolic syndrome among active sportsmen/sportswomen and sedentary workers in the Kumasi metropolis. *Journal of Science and Technology*, 31(1), 23-36.

- Partab, R. (2011). Why do violent men do what they do? Dialoguing privileges of patriarchy and domestic violence. *Journal of Gender and Religion in Africa*, 17(1), 69-113.
- Partab, R. (2012). *Challenging violent masculinities: a critical feminist investigation of the relationship between domestic violence and religion*. Unpublished doctoral thesis, University of KwaZulu-Natal: Pietermaritzburg.
- Pederson, E.I., & Vogel, D. (2007). Male gender role conflict and willingness to seek counselling: testing a mediation model on college-aged men. *Journal of Counselling Psychology*, 54(4), 373–384.
- Pheko, M. M., Chilisa, R., Balogun, S.K., & Kgathi, C. (2013). Predicting intentions to seek psychological help among Botswana university students: the role of stigma and help-seeking attitudes. *Sage open*, 3(3),1-11.
- Raune, I. (2010). Obstacles to the utilisation of psychological resources in a South African township community. *South African Journal of Psychology*, 40(2), 214-225.
- Rickwood, D. J., & Braithwaite, V. A. (1994). Social-psychological factors affecting help-seeking for emotional problems. *Social Science and Medicine*, 39, 563–572.
- Ripley, J. S., & Worthington, E. L., Jr. (2014). *Couple therapy: A new Hope-Focused Approach*. Downers Grove, IL: InterVarsity Press.
- Rupande, G., & Tapfumaneyi, K.D.K. (2013). The challenges of professionalising counseling in Africa. *International Journal of Advanced Research*. 1(5), 565-570.
- Santiago-Saavedra, F. (2004). *The Nature of Puerto Rican folk health practices through healers “perceptions and somatic assumptions*. Unpublished doctoral thesis. The Ohio State University: United States –Ohio.
- Saunders, S.M. (1993). Applicants’ experience of the process of seeking therapy. *Psychotherapy*, 30, 554-564.
- Saunders-Thompson, V.L., Bazile, A., & Akbar, M. (2004). African Americans’ perceptions of psychotherapy and psychotherapists. *Research and Practice*, 35(1), 19-26.

- Schwartz, T. (2004). *Communication in Health within the South African context: current practices employed across three levels of health care*. Unpublished master's thesis. University of Cape Town, South Africa.
- Scheppers, E., Van Dongen, E., Dekker, J., Geertzen, J., & Dekker, J. (2006). Potential barriers to the use of health services among ethnic minorities: a review. *Family Practice*, 23(3), 325-48.
- Schiele, J.H. (2010). *Human services and the African paradigm*. New York: Routledge.
- Shefer, T., Ratele, K., Strebel, A., Shabalala, N., & Buikema, R (2007). From boys to men: An overview. in T. Shefer, K. Ratele, A. Strebel, N. Shabalala, & R. Buikema, (Eds). *From boys to men: Social constructions of masculinity in contemporary society*. Lansdowne: UCT Press.
- Shihza, E., & Charema, J. (2012). Health and wellness in Southern Africa: Incorporating Indigenous and western healing practices. *International Journal of Psychology and Counselling*, 4(5), 59-67.
- Sholevar, G. P. (2003). Couples therapy: An overview. In G. P. Sholevar & L.D. Schwoeri (Eds.), *Textbook of family and couples' therapy: Clinical applications*. (pp. 417-437). Washington, DC: American Psychiatric Publishing, Inc.
- Silverstein, L. B., Auerbach, C. F., & Levant, R. F. (2002). Contemporary fathers reconstructing masculinity: Clinical implications of gender role strain. *Professional Psychology: Research and Practice*, 33, 361-369.
- Sodi, T., Esere, M.O., Gichinga, E.M., & Hove, P. (2010). Marriage and Counselling in African communities: challenges and counselling approaches. *Journal of Psychology in Africa*, 20(2), 335-340.
- South, S. J., & Lloyd, K. M. (1995). Spousal alternatives and marital dissolution. *American Sociological Review*, 60(1), 21-35.
- Sue, D., & Sue, D. M. (2008). *Foundations of counselling and psychotherapy: Evidence-based practices for a diverse society*. Hoboken, NJ: John Wiley & Sons.

- Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. (2009). *The case for cultural competency in psychotherapeutic interventions*. *Annual Review of Psychology*, *60*, 525–548.
- Terre Blanche, M., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds). *Research in practice: applied methods for the social sciences* (2nd Ed) (pp. 320-344). Cape Town: UCT Press.
- Thobejane, T. D., & Khoza, J. (2014). Gender role expectations within the institution marriage. *Journal for Social Science*, *41*(3), 455-459.
- Tolorunleke, C. A. (2014). Causes of marital conflicts amongst couples in Nigeria: Implication for Counselling Psychologists. *Social and Behavioral Sciences*, *140*, 21- 26.
- Topkaya, N. (2014). Gender, Self-stigma, and Public Stigma in Predicting Attitudes toward Psychological Help-seeking. *Theory & Practice*, *14*(2), 480-487.
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer J. H., & Hubbard, A. (2011). “Boys Don’t Cry”: Examination of the Links between Endorsement of Masculine Norms, Self-Stigma, and Help-Seeking Attitudes for Men from Diverse Backgrounds. *Journal of Counselling Psychology*, *58*(3), 368 –382.
- Vogel, D. L., Shechtman, Z., & Wade, N. G. (2010). The role of public and self-stigma in predicting attitudes toward group counselling. *The Counselling Psychologist*, *38*(7), 904-922.
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: the risks of self-disclosure. *Journal of Counselling Psychology*, *50*(3), 351-361.
- Vogel, D. L., Wester, S.R., Hammer, J.H., & Downing-Matibag, T.M. (2013). Referring Mento Seek Help: The Influence of Gender Role Conflict and Stigma. *Psychology of Men & Masculinity*, *15*(1), 60-67.
- Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of Counseling: Psychological Factors That Inhibit Seeking Help. *Journal of Counseling & Development*, *85*(4), 410-422.
- Vogel, D. L., Wester, S.R., Wei, M., & Boysen, G.A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counselling Psychology*, *52*(4), 459-470.

- Welman, C., Kruger, F., & Mitchell, B. (2005). *Research Methodology* (3rd ed.). Cape Town: Oxford University Press.
- Wester, S. R., & Vogel, D. L. (2012). The psychology of men: Historical developments and future research directions. In N. A. Fouad, J. Carter, & L. Subich (Eds.), *Handbook of counseling psychology*. Washington, D.C: American Psychological Association.
- Wetchler, J. L. (2003). The history of marriage and family therapy. In L. L. Hecker & J. L. Wetchler (Eds), *An introduction to marriage and family therapy* (pp. 3–38). New York: Haworth Clinical Practice.
- Williams, C. (2000). Doing health, doing gender: Teenagers, diabetes and asthma. *Social Sciences and Medicine*, 50(3), 387-396.
- Wills, T. A. (1992). The helping process in the context of personal relationships. In S. Spacapan & S. Oskamp (Eds.), *Helping and being helped* (pp. 17–48). Newbury Park, CA: Sage.
- Wolska, M. (2011). Marital therapy/couples' therapy: indications and contraindications. *Archives of Psychiatric and Psychotherapy*, 13(3), 57-64.
- Young, K. P. H., & Fok, A. Y. L. (2005). *Marriage, divorce, and remarriage: professional practice in the Hong Kong cultural context*. Hong Kong, University Press.
- Zikhali, M. (2009). *Unwillingness of couples to present themselves for pre- marital counselling: a preliminary investigation*. Unpublished master's dissertation. University of Limpopo (Medunsa campus): Pretoria.

APPENDICES

APPENDIX 1(A): ENGLISH INFORMATION LETTER



Exploring the meaning attached to seeking marital therapy among married African males in the Durban area

My name is Philile Mtshali, I am a Counselling Psychology Masters student at the University of Zululand. As part of my Masters course, I am conducting a study for my research dissertation. I am requesting you to participate in a research study aimed at exploring the meaning attached to seeking marital therapy by African men.

If you agree to participate in this study you will be asked to answer a number of questions based on marital therapy. The interview will last approximately for an hour and will be conducted in the language that you are comfortable with. The researcher will also request for your permission to audio recorded the interviews for later reference.

Due to the sensitive nature of this research project, research questions have been carefully phrased in such a way that they do not cause emotional distress to participants. However, should it happen that you feel upset by taking part in the study you will be referred to FAMSA (Families and Marriage Association of South Africa) for debriefing, where you will have a choice to either see a female or male marital therapist.

Participation is completely voluntary so you are free to withdraw at any stage from participating in the study and your decision will not be used against you in any way. All information will be kept completely confidential and your identity will not be revealed in any manner.

Your participation will be highly appreciated, so if you want more information on the study please contact me on psimamukele@yahoo.com

APPENDIX 1(B): ZULU INFORMATION LETTER



Isihloko socwaningo: Ukuhlola kwencazelo ehambisana nokufunwa kosizo lomshado kwabesilisa abashadile base Afrika endaweni yase Thekwini

Igama lami ngingu Philile Simamukele Mtshali, ngingumfundi wase nyuvesi yaseZululand. Ngenza izifundo zobuchwepheshe bengqondo, ngenza ucwaningo oluyingxenye yezifundo zami. Benginesicelo sokuthi ubambe iqhaza kulolucwaningo olunenhloso yokuthola incazelo ehambisana nokufuna usizo lomshado kwabesilia base Afrika abashadile.

Uma uvuma ukubamba iqhaza kulolucwaningo uzobuzwa imibuzo emayelana nokufuna usizo lomshado. Ukuphendula lemibuzo kungase kuthathe ihora futhi izobuzwa ngolimi oluhambisana nawe. Umcwaningi uzocela imvume yakho yokuqhophisa inkulamo yenu ukuze ezokwazi ukuthi ayilalele ngokuhamba kwesikhathi.

Ngenxa yobucayi balolu cwaningo, umcwaningi uzozama ukugwema imibuzo engase ibange ingcindezi emoyeni. Kodwa uma kwenzeka uzithola uphatheka kabi ngokubamba iqhaza kulolu cwaningo uzobe usudluliselwa kwaFAMSA (Families and Marriage Association of South Africa) ukuze ukwazi ukuxoxa ngokungaphatheki kahle emoyeni.

Ukubamba iqhaza kulolucwaningo akuphoqelekile, kepha uvumelekile ukuhoxa noma ngasiphi isikhathi futhi isinqumo sakho ngeke sibe nemiphumela emibi. Lonke ulwazi lwalolucwaningo luyimfihlo futhi akukho lapho okuzovezwa khona uqobo lwakho.

Ukubamba kwakho iqhaza kuyoba ngenkulu intokozo, uma udinga ulwazi mayelana nalolu cwaningo ungaxhumana nomcwaningi kulelikheli: psimamukele@yahoo.com

APPENDIX 2(A): ENGLISH CONSENT FORM

PARTICIPANT INFORMED CONSENT DECLARATION

Project Title: Exploring the meaning attached to seeking marital therapy among married African males in the Durban area

Philile Simamukele Mtshali from the Department of psychology, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

1. I am aware that the purpose of the research project is to explore the meaning attached to seeking for marital therapy by African men
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project I will be contributing towards informing therapists working with African men on the meaning attached to seeking marital therapy and this will also assist therapist in providing services that are suitable to African men.
4. I will participate in the project by engaging in face-to-face individual interviews with the researcher. The interviews will be conducted in a private setting to minimize any destruction and to also ensure privacy. Open ended questions will be asked regarding your meaning attached to seeking marital therapy and follow up questions may also be asked in order to get in-depth understanding of the information provided. The interviews will be conducted in a language that is suitable to you. The interviews are going to be audio recorded with your consent.

5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.
7. There may be risks associated with my participation in the project. I am aware that
 - a. the following risks are associated with my participation
 - Some interview questions may evoke emotional distress.
 - b. the following steps have been taken to prevent the risks:
 - The research questions have been carefully phrased in such a way that they do not cause emotional pain to participants.
 - You will be provided with the information letter containing all the details regarding the nature of the study
 - You will be given a consent form to ensure their willingness to be part of the study and should they feel uncomfortable during the process of interviews, they can withdraw from the study. Withdrawing from the study will not lead to negative consequences.
 - Confidentiality will be highly ensured. The study will not require any identification information. You will be requested to only share biographical information such: age, occupation, level of education, religious background and residential area.
 - Should there be any distress as a result of participating in the present study, you will be referred to FAMSA for debriefing.
8. The researcher intends publishing the research results in the form of form of a dissertation as a fulfillment of Master's Degree in Psychology and possibly publishing a journal article. However, confidentiality and anonymity of records will be maintained and the participants name and identity will not be revealed to anyone who has not been involved in the conduct of the research.

- 9. I will not receive feedback regarding the results obtained during the study.

- 10. Any further questions that I might have concerning the research or my participation will be answered by Miss P.S. Mtshali and she can be contacted on: psimamukele@yahoo.com

- 11. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies.

- 12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I, have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

.....

.....

Participant's signature

Date

RESEARCHER’S DECLARATION

I,declare that:

- I have explained the information in this document to
.....
- And requested him to ask questions if anything was unclear and I have answered them as best I can
- I am satisfied that he sufficiently understands all aspects of the research so as to make an informed decision on whether or not to participate.
- The conversation took place in isiZulu and English
- I did not use an interpreter

.....

Researcher’s signature

.....

Date

APPENDIX 2(B): ZULU CONSENT FORM

IFOMU LOKUZIBOPHEZELA

Isihloko socwaningo: Ukuhlola kwencazelo ehambisana nokufunwa kosizo lomshado kwabesilisa abashadile base Afrika endaweni yase Thekwini

UPhilile Simamukele Mtshali ovela kuMnyango wezobuchwepheshe bengqondo enyuvesi yaseZululand ube nesicelo semvume yokuzibandakanya kulolucwaningo olulotshwe ngenhla.

Imvelaphi kanye nenhloso yalolucwaningo, nalolu lwazi nophawu lokwamukela ukuzibophezela ngichazeliwe ngalo ngolimi engilwaziyo.

Ngiyakuqonda ukuthi:

1. Inhloso yalolucwaningo ukuhlola:

- Incazelo ehambisana nokufuna usizo lomshado kwaselisa abansundu

2. Inyuvesi yakwaZulu inikezele ngemvume kubenzi balolu cwaningo ukuba benze loluhlelo futhi ngiyibonile leyomvume/ngingacela ukubona isitifiketi semvume

3. Ngokubamba iqhaza kulolucwaningo ngizoletha inzuzo kubasizi bomshado ekutholeni incazelo emayelana nokufuna usizo lomshado kwabesilisa, futhi lokhu kungenza abasizi bomshado ukuthi bakwazi ukusiza abesilisa ngokufanelekile

4. Ngizobamba iqhaza kulolucwaningo ngokuhlangana ubuso no buso nomcwaningi. Izingxoxo zalolucwaningo zizokwenzelwa endaweni efihlelekile ukuze kungabi bikho ukuphazamiseka futhi kuqinisekise ubhalomfihlo. Umcwaningi uhlele ukubuza imibuzo evulekile uzophinde abuze imibuzo eqhubekayo ukuze athole ukuqonda okunzulu mayelana nolwazi oluzobe lunikeziwe. Ingxoxo yocwaningo izokwenziwa ngolimi oluhambisana nawe. Umcwaningi uzoqopha ingxoxo ngemvume yakho.

5. Ekuzibandakanyeni kwami angizukulindela inzuzo futhi ngingakwazi ukuhoxa noma ngasiphi isikhathi, umakwenzeka ngohoxa ngeke kube nemiphumela emibi.
6. Mina angizukunxephezela ngokuzibandakanya kwami kulolucwaningo, kodwa izindleko eziphume kwelami iphakethe zizokhokhelwa.
7. Kuzoba nezimo ezibucayi ekuzibandakanyeni kwami kulolucwaningo, ngiyakuqonda ukuthi:
 - a. Ukuthi ubungozi obulandelayo buxhumene nokuzimbadakanya kwami
 - Emily imibuzo ingase avulse ingcindezi emphefumulweni
 - b. Lezi-zinyathelo ezilandelayo zithathelwe ukuvikela ubungozi:
 - Imibuzo yalolu cwangango yenziwe ngokuchophelela ukuze ingadali ingcindezi emphefumulweni wakho
 - Uzonikwa incwadi enalo lonke ulwazi olumayelana nalolucwaningo
 - Uzonikwa ifomu lokuzibophezela ukuqinisekisa ukuvuma kokuba ingxenye yalolu cwangango. Uma kwenzeka ungakhululeki ngesikhathi sengxoxo, ungakwazi ukuhoxa kulolucwaningo ngaphandle kwemiphumela emibi
 - Ubhalomfihlo luqinisekisiwe. Ucwangango ngeke ludinge ukuqagulwa kwamagama. uzocelwa ukuba unikezele ngemininingwane ephathelene ngeminyaka, bulkily, izinga lemfundo, inkolo, futhi nendawo lapho uhlala khona
 - Uma kwenzeka uba nengcindezi emphefumulweni ngokuba yingxenye yalolucwaningo uzodluliselwa kwaFAMSA ukuze uxoxe ngokungaphatheka kabi.
8. Umphequluli uzoshicilela imiphumela yalolucwaningo njengombhalo wokuphuthula izifundo zakhe zemfundo ephakeme kwezobuchwepheshe benqondo nokushicilela iphepha. Nokho, ubhalomfihlo, nofihlo-gama lwemininingwane izobe igciniwe nokuthi igama lami nobutho kwami angeke kubonakaliswe kunoma yimuphi umuntu obengayona inhlangotho yocwaningo.

9. Angeke ngiyamukele imiphumela etholakale ngesikhathi sesifundo.
10. Eminye imibuzo ephathelene nalolucwaningo noma emayelana nokuzibandakanya kwami ingaphendulwa nguNksz P.S Mtshali ongatholakala kulelikheli: psimamukele@yahoo.com
11. Ngokusayina lamafomu angiqubuli ubuthi noma amalungelo kwezomthetho
12. Ikhophi enolwazi oluphelele nophawu lokwamukela ukuzibophezela kwami ngizonikezwa, bese okungungqo kuyagcinwa.

Minangikufundile lokhu okubhalwe ngenhla/ ngiyavuma ukuthi lolulwazi olungenhla ngichazelwe ngolimi lwami engiluqondayo futhi ngiyakuqonda okuqukethwe nokubhaliwe. Ngiyibuzile yonke imibuzo ebengifuna ukuyibuza, futhi yaphendulwa ngendlela enganelisayo. Ngiyayiqonda kahle ukuba kulindeleke ini kimi ngalolucwaningo. Angiphoqwanga nakancane ukubamba iqhaza kulolucwaningo

Isishicilelo kobambe iqhaza

usuku

UKUZIBOPHEZELA KOMCWANINGI

Minangiyavuma ukuthi

- Ngichazile ulwazi oluku leli fomu

-
- Ngicelile ukuthi kubuzwe imibuzo uma kukhona la kungaqondakali khona futhi ngiyiphendulile ngobuqotho

- Nginelisekile ukuthi u-----uzwile indlela lolucwaningo oluzosebenza ngayo, lokho kumenze wathatha isinqumo sokuthi alibambe yini iqhaza noma cha
- Ingxoxo yenziwe ngesiZulu nangesiNgisi
- Angimsebenzisanga utolika

Isishicilelo somcwaningi

usuku

APPENDIX 3(A): SEMI-STRUCTURED INTERVIEW SCHEDULE

Research title: Exploring the meaning attached to seeking marital therapy among married African males in the Durban area

Biographical information

Age:

Level of education:

Occupation:

Religion:

Residential: 1. Rural 2. Urban 3. Township

1. What do you understand by marital therapy? Please explain in your own way of understanding.
2. In what circumstances would you consider seeking for marital therapy?
3. What does it mean for you to seek out marital therapy?
4. What are the possible barriers that might hinder you from seeking marital therapy?
5. How would you respond to a request by your partner to seek marital therapy?
6. How would you feel if significant others were to find out that you were seeking for marital therapy?
7. What do you think of other African men who seek for marital therapy?
8. General comment

Thank you for your participation

APPENDIX 3(B)

UHLELOMBUZO

Isihloko socwaningo: Ukuhlola kwencazelo ehambisana nokufuno kosizo lomshado kwabesilisa abashadile base Afrika endaweni yase Thekwini

Imininingwane ngawe

Iminyaka:

Izinga lakho lemfundo:

Inkolo yakho:

Indawo yokuhlala: 1) emakhaya 2) Edolobheni 3) Elokishini

1. Ikuphi okuqondayo mayelana ngosizo lomshado? Cela uchaze kabanzi ngokwakho
2. Iziphi izimo ezingakwenza ukuthi uyofuna usizo lomshado?
3. Kuchazani kuwe ukufuna usizo mayelananomshado?
4. Ungaphendula uthini kozwana naye uma ecela ukuthi niyofuna usizo mayelanaomshado?
5. Ungazizwa kanjani uma abaseduze nawe bethola ukuthi ubufuna usizo lomshado?
6. Luthini uvo lwakho ngabesilisa abansundu abafuna usizo mayelana nezemshado?
7. Iziphi izingqinamba ezingakuvimbela ukuba ufune usizo lomshado?
8. Kukhona ofisa ukukuthayisela?

Ngiyabonga ngokubamba iqhaza