

**PSYCHOSPIRITUAL INTERVENTIONS AND PERCEIVED PSYCHOLOGICAL
ADJUSTMENT AMONG CHILDLESS CATHOLIC COUPLES: BUGONGA
ENTEBBE, WAKISO-UGANDA**

BY

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DECLARATION

I VINCENT FERRER LUSEMBO, declare that this dissertation on psychospiritual interventions and perceived psychological adjustment among childless catholic couples is my original work and has never been submitted to any university or tertiary institution for any academic award.

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APPROVAL

This research report entitled “Psychospiritual interventions and perceived psychological adjustment of catholic childless couples” was done under our supervision as University supervisors and we here by approve this report for submission to the school of Graduate studies and Research of the University of Kisubi

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DEDICATION

I dedicate this work to all married couples that have never conceived in their life time and to those that have walked this strenuous journey and have finally realised at least one living birth.

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LIST OF ABBREVIATIONS

CBT: Cognitive Behavioural Therapy

FGD: Focus Group Discussion

FRUIT: Family Rituals Union Initiative Therapy

GAD: Generalised Anxiety Disorder

IVF: In Vitro Fertilisation

SBI: Spiritually Based Intervention

STI: Sexually Transmitted Infections

Std. D: Standard Deviation

Perc: Percentage

ABSTRACT

The study was carried out to establish the relationship between participation in perceived psychospiritual interventions and the psychological adjustment of catholic childless couples in Bugonga Parish Entebbe municipality. The objectives of the study aimed at assessing the effect of emotional interventions on the perceived psychological adjustment of childless couples, analysing the contribution of cognitive interventions on the perceived psychological adjustment of childless couples and evaluating the effect of religious interventions on the perceived psychological adjustment of childless couples in Bugonga Parish. The study adopted a case study design. Using simple random sampling, purposive and convenient sampling, a sample of 225 was selected to participate in the study. Data was collected using questionnaires, interview guide and focus group discussions. Quantitative data was analyzed using inferential statistics while qualitative data was analyzed using thematic analysis. Study findings revealed a correlation coefficient of ($R = .971, p < 0.01$) indicating a positive, very strong and statistically significant effect of emotional interventions on perceived psychological adjustment, another correlation coefficient of ($R = .961, p < 0.01$) reflecting a positive, very strong and statistically significant contribution of cognitive interventions on perceived psychological adjustment, and a correlation coefficient of ($R = .955, p < 0.01$) depicting a positive, very strong and statistically significant effect of religious interventions on perceived psychological adjustment. On emotional interventions the study concluded that attending counselling sessions is crucial for enhancing communication among childless couples. Even being part of a charity group can help childless couples to discover their purpose in life and to build self-esteem. Marriage counselling is instrumental for childless couples to plan together for the future, coupled with marriage seminars for the improvement of communication. On cognitive interventions similar interest groups are critical in bringing about society enhancement so as to avoid self-pity and raising hope. Support groups also help them to cope up with the situation of failure to have a child. On spiritual intervention healing prayers can also give hope to childless couples together with marriage retreats to deal with challenges in their intimacy. Even religious rituals could promote self-esteem among childless couples, along with common prayers to enable them to remain hopeful. On emotional interventions the study recommended that attending counselling sessions and being part of a charity group should be emphasized so that childless couples/ individuals may discover their purpose in life and build self-esteem. Charity groups should be formed so as to enable childless couples to be generous to under privileged children in society. Child adoption was encouraged to raise wellness among childless couples as this could lead to their positive attitude and promote intimacy. On cognitive interventions it recommended that marriage counselling be done to enable childless couples to plan together for the future and marriage seminars to improve communication among childless couples. Arrangements to promote similar interest groups that are instrumental in bringing about society enhancement be done so as to avoid self-pity and raise their hope in order to cope with the situation of failure to have a child. On spiritual interventions it recommended that healing prayers that give hope to childless couples be organised as well as marriage retreats to equip them with ways of dealing with the challenges in their intimacy, along with promoting of religious rituals so as to enhance self-esteem among these childless couples.

CHAPTER ONE

INTRODUCTION

Introduction

The primary focus of the study was to establish the relationship between participation in psychospiritual interventions and the perceived psychological adjustment of catholic childless couples, in Bugonga Parish Entebbe Municipality. In this chapter the research covers the general background of the study, the statement of the problem, the purpose of the study, the objectives of the study, the research questions, the scope of the study, and the significance of the study.

Background of the study

Childlessness is the state of a person, man and woman, not having biological children. It is categorised into two (2); involuntary (not willed), and voluntary (choosing to be child free). Involuntary childlessness can result from either primary infertility (inability to have a first birth) or secondary infertility (inability to have another birth after the first or second one)(Index Mundi, 2016). Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. It affects both men and women. The World Health Organization indicates that 50% of infertility is as a result of the male factor. Hence in 2010, 48.5 million couples worldwide were unable to have a child after 5 years (Index Mundi, 2016). According to the Population Reference Bureau worldwide fertility rate is at 2.4%, with the highest rate being in Niger at 7.2% and the lowest is in South Korea at 1.1% (Shannon, 2018). Previous studies had addressed childlessness using social, medical and culture approaches, however this study hypothesized that if psychospiritual interventions are applied to childless couples they can lead to psychological adjustment.

Historical Perspective

Globally infertility was estimated to affect as many as 186 million people. Although male infertility contributed to more than half of all cases of childlessness, infertility remains a woman's social burden (Inhorn & Patrizio, 2015). According to the World Health Organization, one in every four couples in the developing countries had been found to be affected by infertility. This prevalence is based upon patient numbers who came to the clinics requesting for assistance related to infertility (Knoema, 2018). 1 in 8 American couples, according to the Centre for Disease Control and Prevention (CDC), had trouble getting or sustaining a pregnancy to full term, asserted Anderson (2019). Infertility is more prevalent among those in urban areas, setting it at 16.6%. Slightly more women than men were affected by this condition at 50.3%, and the rate of people that were affected lied more between 15- 64 years of age is 50.1% (Knoema, 2018).

Infertility and the moral issues related to proposed reproductive therapies is the number one moral issue that challenges ordinary people and pastors in the church today. Sometimes it is artificial insemination, in vitro fertilization, surrogate motherhood or lesser known procedures with acronyms like Gamete intra-fallopian transfer (GIFT) (Sparks, 2018). Anderson (2019) in the TOT achieves, suggested other alternative reproductive remedies; lifestyle changes (cutting cigarettes, alcohol and illegal drugs, healthy diet, and maintaining a healthy weight), fertility drugs like Clomid or Clomiphene citrate and Gonadotropins, surgery like laparoscopy, intrauterine insemination (IUI), intracytoplasmic sperm injection (ICSI), zygote intra-fallopian transfer (ZIFT), third-party reproduction and natural fertility treatments (herbs, natural medicines, dietary changes and acupuncture). Infertility comes with a lot of distress. Consequently, majority of the 2.3 million couples who seek the help of fertility specialists each year around the globe find themselves

confused by the language, the technology, the cost, the often conflicting diagnoses and recommendations, or sometimes the inflated promises of a baby-to-come(Sparks, 2018).

Pope Paul VI's *Humanae Vitae* in addressing the issue of child bearing, emphasizes the value of human life and how couples are entrusted with the noble role of passing on life. This role goes along with a number of challenges of which childlessness is the greatest. This encyclical came out clearly against any unnatural form of birth regulation or contraception. It advocated for the natural means of using infertile periods or the natural fertility rhythms of the women so as to engage in marital intercourse, *Natural Family Planning (On Human Life, 2016)*. According to Duggan (2015), the Church does not condone any un-natural way of conceiving a child, because it interferes with God's creative role. Despite being pro-life, the church does not allow infertile Catholics to procreate through assisted fertility methods(Duggan (2015)).*Intra Vitro* fertilization, in particular, separates the "unitive" meaning of conjugal union between the man and woman from the procreative meaning. In other words, the couple lacks active participation in the role of procreation. Sparks (2018), further noted other reasons to include; the child to be conceived having moral rights and dignity to know its real parents, the inherent and abiding dignity of the person who will be conceived and the stability of the marriage and nuclear family in which she or he is to be nurtured.

According to a section of the Catechism of the Catholic Church entitled "The gift of a child" (# 2373-2379), the catechism teaches that a child is not something owed to one, but is a gift. The 'supreme gift of marriage' is a human person. For that reason, a child may not be considered a piece of property, an idea to which an alleged 'right to a child' would lead. In this area, only the child possesses genuine rights: the right 'to be the fruit of the specific act

of the conjugal love of his [her] parents,' and 'the right to be respected as a person from the moment of conception (# 2378).

This is the Catholic Church's official stance on homologous procedures of assisted reproductive treatment, those which use only the couple's own sperm, ova and uterus. Heterologous procedures are even less morally acceptable because the reproduction process involves a third party, a donor ovum, donor sperm or a surrogate mother (Catechism of the Catholic Church). Hence the Catholic Church asserts that all conception and procreation ought to occur through marital sexual intercourse and not otherwise (Sparks, 2018). Couples that have begotten one or two children but have not been able to get other children, secondary infertility, are also caught up in this dilemma.

According to Fatalla (2010), in a world that prescribes to vigorous control of population growth, concerns about infertility may seem odd. Furthermore, the adoption of a small family norm makes the state of involuntary childlessness even more difficult. If couples are medically urged to postpone or widely space pregnancies, it is imperative that they should be helped to achieve a pregnancy when they so decide, in the more limited time they will have available. Biological and physiological factors are at play here. It is therefore important to seek clinical, spiritual and social guidance and support during the process. Those couples that fail to get this support find themselves entangled in frustration, impatience, isolation, self-pity and marital discord.

In Africa by 2010, 1.8% of women aged between 20-44 years who wanted to have children were unable to have their first birth (primary fertility) and 10.1% of women with a previous live birth were unable to have another child (secondary fertility) over the past 5 years (Index mundi, 2016). According to the WHO infertility due to sexually Transmitted

Diseases or Reproductive tract infections is a particular problem in Africa (Index Mundi, 2016).

In sub-Saharan Africa women are not encouraged by their male partners to seek modern medical treatment. Coupled with a widespread lack of insurance coverage in Africa, seeking fertility care often means a lonely path for women wishing to conceive (Fatalla, 2010). My husband is not supportive at all, said one adult house wife, because he knows that he could have more children from other relationships if he wants. This lady had sold her inheritance, a plot of land, to pay for one cycle of IVF a cycle which cost her approximately US\$ 4900 but unfortunately turned out unsuccessful (Fatalla, 2010).

With Uganda's population at 41.5million in 2016, its population growth rate at 3.3%, and its total fertility rate being at 6 children per woman by 2015 (Index mundi, 2016), there would be no need to worry about infertility. Yet about 10% to 15% of couples cannot have a child due to infertility. About 75% of these are due to sexually transmitted infections (STIs) which cause blockage of the fallopian tubes in women and of the sperm ducts in men (The Independent, 27.2.2018). Uganda is one of the countries in the "African infertility belt" that stretches across Central Africa from the United Republic of Tanzania in the east to Gabon in the west. In this region a phenomenon described as 'barrenness amid plenty' refers to the fact that infertility is often most prevalent where birth-rates are also high (Fatalla, 2010).

Indeed, childlessness remains central to the stability and happiness of the couple's relationship. That is why if some couples are frustrated after trying out different remedies, they sometimes end up; in divorce, separation, adultery, homicides, child adoption, surrogacy, the use of herbal medicine, and in some cases resorting to witch craft. The church has not remained indifferent to these people's needs, but it has offered; spiritual counselling, marriage counselling, marriage seminars, support groups, special prayers, marriage retreats,

and religious rituals like sacraments and Adoration of the Blessed Sacrament(Uganda Episcopal Conference, 2017).

Theoretical Perspective

This study was grounded on the concept of *individuation* which is a fundamental component in the analytical psychology of Carl Jung (1875-1961). Analytical psychology is an elaborate explanation of human nature that combines ideas of anthropology, history, mythology, and religion (Corey, 2013). It is more attuned to the spiritual and supernatural than psychoanalysis which is based on sexual changes in a person's development. According to Jung, in midlife we have to give up many values and behaviours that guided our life in the first half of our life, and endeavour to confront our unconscious. Human nature is influenced by the future as well as the past. Consequently, for Jung to be human is to constantly develop, grow and move towards a balanced and complete level of development involving the past and the present. It is therefore expected that humans will tend to move towards the fulfilment or realisation of all their capabilities, which is *Individuation*(Corey, 2013). Individuation involves one's harmonious integration of the unconscious and conscious aspects of personality, which is innate and fundamental.

Jung was more detailed in his analytical study by describing the human mind / psyche to comprise of three parts; the conscious ego, the personal unconscious, and the collective unconscious (Friedman &Schustack, 2012). According to Jung, we all have both the constructive and the destructive ingredients of human life. Therefore, for one to become properly integrated/ individualised it is essential to accept one's dark side, or *shadow*, with its primitive side of selfishness and greed much as they celebrate their positive attributes (Corey, 2013). The word individuation comes from the Medieval Latin '*individuare*' meaning '*to make individual*'. Individuation means that a person is a *unique* and a *whole*

individual in the centre of a busy community. It is the *process of differentiation, of becoming unique and a whole 'individual'* (Jennifer, 2018).

Individuation means choosing to be conscious, or mindful of myself as a different entity from the bigger society. Becoming conscious of the person we are, makes us capable of discovering our fullness, our strengths, and our limitations. One of the limitations is infertility. According to Gibb (2014) the psyche meets with the spirit through individuation. The whole goal of human life is psychic development through individuation. This is the reason why childless couples seriously need to experience this process of individuation if they are to accept, understand, and adjust positively to not the failure to conceive a baby. For Jung, the Self is present before the ego. He uses the concept of the Self to describe the process of becoming and fulfilling all it is that we can be. Jung concluded that ultimate knowing or truth could only emerge as a consequence of the inner path. He defined individuation as becoming a single, homogenous being. In a nutshell individuation is coming to *Self-hood, or Self-realisation* (Gibb, 2014). Every childless person needs to attain this state so as to adjust well to his/ her state in order to realise wellness, hopefulness and above all fruitfulness. This quest for the Self is a lifelong process that human beings accomplish through; studying, training, relationships, child bearing, vocations, work, travel and other experiences (Gibb 2014).

Individuation is our journey towards understanding ourselves. It involves becoming the most integrated, whole version of our unique self as possible. Through it there is personal transformation and possibility of adjustment to any kind of situation especially a negative or difficult one like childlessness. Jacobson (2018) asserted that Individuation answers the question of who one is amidst all his/ her social roles and responsibilities. Hence, one can still be called a parent even though one does not have a biological child through child adoption or

care-taking. If you happen to take off the ‘masks’ or personas which hide you, you would actually be understood. If you faced up to all your hidden secrets and made peace with your darkest corners, and furthermore dared to be yourself no matter how different you are from others, then you could gradually attain individuation (Jacobson, 2018). A childless individual can only attain wellness through facing his / her hidden fears and come to terms with the challenges involved in the search for a child.

Jung described Individuation as taking the path towards the Self. He realised that all paths in our psyche lead to a centre point of our unique Self. But like a ‘*mandala*’, an ancient symbolic drawing that radiates from a centre point, the path is not often straight and it tends to leave us feeling that we are going in circles. The process of individuation involves: *bringing the unconscious to the conscious*. Jacobson (2018) holds that human beings have a personal unconscious where things are hidden, and a collective unconscious which exists in the world outside. Part of the journey of individuation is to bring the elements of the collective and personal unconscious to light, so that people can better understand themselves. Hence it is for this reason that the concept of facing repressed experiences and repressed emotions is still an important component of a person’s growth.

In this research, this theory enabled the researcher to address the fundamental issue of childlessness and how the affected couples can find meaning or purpose in life. It guided the researcher to identify ways of enabling them to grow closer to the higher source of their existence who is God so as to remain well and hopeful. Individuated couples tended to be spiritual became more intimate to each other as a couple. It enabled them to cope and adjust well to their childless situation, yet remain relevant and beneficial to their families and societies.

Conceptual Perspective

In this study, the two major variables are psychospiritual interventions and the perceived psychological adjustment. These variables were defined and operationalised as follows;

Psychospiritual interventions refer to those ways in which the counsellor uses psychological techniques (means) and spiritual techniques to address those challenges that the client is experiencing. The primary goal of the psychospiritual approach was to help the individual establish his or her identity as both human and spirit. This was done in such a way that the individual or client receives both spiritual direction and psychotherapy. Psychotherapy varies and depends on every particular case. On the other hand, spiritual direction is a directive approach, wherein the counsellor who also acts as a spiritual director must give inputs regarding the nourishment of the soul (prayer life), and direct the client in the light of the faith.

This research focussed on Christian spiritual interventions. It was different from pastoral counselling which does not involve a change in behaviour. Spiritual interventions should involve a certain level of behavioural change. In this process the client focuses on meeting his or her psychological needs, and understanding his or her situation from the spiritual point of view (Lee, 2018). In this research psychological and spiritual aspects included: emotional, cognitive and spiritual aspects.

Emotional interventions.

An emotion is a complex state of feelings that results in physical, psychological changes that influence thought and behaviour. It involves three distinct components: a subjective (conscious) experience, a physiological response (arousal), and a behavioural or expressive response. Emotions depend on temperament, personality, mood and motivation

(Kendra, 2018). Emotional distress may be attributed to some factors including inadequate or maladaptive coping resources, overuse of medication, disability, financial difficulties, litigation and disruption of usual activities, inadequate social support and sleep disturbances (Turk, 2014). In this research emotional interventions were defined as the assistance given to couples in order to alleviate or address their negative or painful feelings and emotional problems that came as a result of childlessness. Living with the stress of childlessness requires considerable emotional resilience, and taxes not only the sufferer, but also the capability of family members and significant others to provide the necessary social, emotional and economic support.

Counselling sessions are meetings between the counsellor and client in which the client talks about the challenges of life and discusses with the counsellor about the way forward in a free and objective manner. In this research it was anticipated that attending counselling sessions could enhance communication among childless couples. *Acharity group* entails some members of society who voluntarily come together and form a group for purposes of helping the under privileged members of society. In this research it was anticipated that being part of a charity group can help childless couples to discover their purpose in life and build self-esteem. Through them they can be generous to the under privileged children and members of society. *Child adoption* is the situation whereby a person takes up and looks after a child directly or indirectly because their parents are unable to do so. This research envisioned that child adoption is one way through which childless couples can be emotionally satisfied and find purpose for their life. *Positive attitude* this is a person's general outlook to life. If it is good the person tends to cope easily with life challenges, however, if it is bad life becomes difficult. In order to promote intimacy childless couples need a positive attitude.

Cognitive interventions

These are a variety of approaches designed to address psychological problems faced by couples at the level of the conscious mind. The couple is helped to come to terms with their thoughts, experiences, memories, and senses as far as the challenge of childlessness is concerned (Abad & Fenoy, 2015). The couple may hold negative cognitions about childlessness if they attribute it to their past mistakes or wrong decisions. If couples undergo psychospiritual assistance they can overcome cognitive challenges like: discrimination, social pressure, unfair judgement, and stigma, and attain better emotional and psychological wellbeing (Wright, 1971).

Marriage counselling is the meeting between a married person(s) or and counsellor through which they can talk about the challenges that they are experiencing in their marriage and find the way forward together. *Marriage seminars* are programmes organised by marriage leaders at the parish or by other people targeting married couples as a way of sensitising them about areas that require improvement such as communication. *Similar interest groups* are couples that are experiencing infertility as the major marital challenge. These groups keep these couples strengthened and encourage them to remain instrumental in society. They help these childless couples to avoid self-pity and raise their hope. *Support groups* these are groups of people, churches or organisations that take as their responsibility the role of supporting childless couples emotionally, financially, or socially.

Religious interventions.

These are a variety of approaches involving faith or existential aspects such as finding meaning and purpose in life that can be used to address the psychological difficulties faced by childless couples. They may include spiritual counselling, and meaning focussed meditation, healing prayers, special group retreats and voluntary work. Once these

interventions are organised for the childless couples at individual or group levels, they can greatly enhance their psychological wellbeing.

Healing prayers are special prayers conducted in various prayer centres, shrines of pilgrimage, among the catholic charismatic renewal retreats / seminars, and by individual prayer ministers (ordained and non-ordained). These prayers give hope and expectancy to childless couples. *Marriage retreats* are retreats organised by married people, churches, or married associations with the aim of guiding and supporting those couples that are undergoing marital challenges. They equip couples to deal with challenges of intimacy, finances, and parenting among others. *Religious rituals* include sacraments especially Penance, Eucharist and Matrimony plus adoration of the Blessed Sacrament, pilgrimages and Novenas. These rituals encourage the childless couples to remain focussed and reconciled in times of great adversity. They also promote self-esteem among childless couples. *Common prayers* are prayers conducted in homes privately and communally. They are useful in enabling childless couples to remain hopeful. *Spiritual counselling* is the types of psychological support given to couples and individuals who are experiencing challenges in their relationship. They are conducted by religious men or women at different levels.

Psychological Adjustment.

Adjustment means the reaction to the demands and pressures of the social environment imposed upon an individual. These demands may be external or internal. Psychological adjustment is viewed from two sides: as an achievement; emphasising the quality or efficiency of adjustment, or as a process; laying emphasis on the process by which an individual comes to terms with the external environment (Sharma, 2016). Psychological adjustment is a continuous process by which a person varies or changes his behaviour to produce a more harmonious relationship between himself or herself and environment. It can

also mean a condition of harmony arrived at by a person whom we call adjusted (Gates & Jersild, 1970). A person can be adjusted in a healthy or unhealthy way.

Psychological adjustment of childless couple entails different aspects. Adjustment was operationalised in the following pointers:

Wellness is the state of being in good life and in good relationship with other people. The childless individual is able to find warmth in his / her life through the various activities. In the context of the current investigation wellness was looked at in terms of self-esteem intimacy and communication. *Self-esteem* is the feeling of self-importance that a person attaches to his family. *Intimacy* is the close love relationship that exists between lovers, married or others. Couples adjust well to marital challenges if both the wife and the husband have the basic level of education because they can assess and understand the causes and solutions of the main problem (Ritu et al., 2006). This is also true for childless couples. *Communication* is the verbal and non-verbal exchange of information between a couple and their environment.

Hopefulness is the position whereby the childless couple keeps expecting a possibility of getting a breakthrough in their dilemma. For the purpose of the present study, hopefulness was reflected by planning together, child expectancy and failure to get child. *Planning together* here the couple are able to look beyond the present difficult moment and envision a better future. They focus on what they can do for themselves and for the community. *Child expectancy* is the position whereby a couple remains open to get a child and even goes on with trying various ways so as to succeed. *Failure to get child* is the situation whereby the couple must finally accept the fact that conceiving a biological child has failed, even after all medical interventions have been done.

Fruitfulness is the position whereby the childless couple embarks on programmes of becoming useful to their community whether they have eventually got or failed to get a biological child. This was looked at in terms of society enhancement, generosity and reciprocal love. *Society enhancement* is the effort of the childless couple or individuals towards ensuring that they improve their community by using their personal resources which they would have used in raising a biological child. This is done through similar interest groups. *Generosity* is the situation whereby childless couples give out resources to less privileged members of society like orphans, abandoned children, terminally ill and old people. This can be done through child adoption, support groups and similar interest groups. *Reciprocal love* is the position whereby a childless couple tries to show more love to each other in order to improve their intimacy. They put aside more time for their own growth.

Perceived Psychological Adjustment

This is the way how those people living with or working with childless individuals and couples assess their ability to cope with or handle their condition. These neighbours are able to know the emotional and behavioural state of these childless couple before, during and after they received psychological, spiritual, medical or social assistance from the people around them. Such assessment is done carefully and objectively, taking into account the dignity of each individual.

Contextual Background

Uganda has a high infertility rate. About 10% to 15% of couples cannot have a child due to infertility, and about 75% of these could be due to sexually transmitted infections (STIs) which cause blockage of the fallopian tubes in women and blockage of the sperm ducts in men (The Independent, 2018). Infertility is more prevalent among those living in urban areas rating it at 16.6%.

Total fertility rate was at 6 children per woman (Index Mundi, 2016). Bugonga Catholic parish has 58,812 Catholics (Bugonga Parish report, 2017). The estimated number of catholic couples is 878; with 310 officially married in church and 568 not officially married in church (Bugonga Parish report, 2017). There are also some catholic couples residing in the security barracks within Entebbe municipality.

Two out of ten couples in Bugonga parish are directly affected by childlessness and six out of ten couples are indirectly affected (Bugonga Parish report, 2017). Majority of these have tried medical and herbal interventions with minimal success. Some have sought spiritual interventions in terms of healing prayers and retreats, while some have undergone psychological interventions such as counselling and marriage seminars. Others have consulted witch-doctors for a solution to address the condition of childlessness. The study hypothesised that if these interventions are applied there will be wellness, hopefulness and fruitfulness among these couples.

Statement of the Problem

Involuntary childlessness is common among couples in Uganda today. This is the situation whereby some people who wish to have a child are unable due to cultural, psychological, spiritual and mainly biological factors. More women than men are affected by this condition at 50.3%, and the rate of people that are affected fall between 15- 64 years of age is 50.1% (Knoema, 2018). Christian couples that are affected by this challenge are also on the increase. Two out of ten couples in Bugonga parish are directly affected and four out of ten couples are indirectly affected by either primary or secondary infertility (Bugonga Parish report, 2017). The church has tried to put answers to this complex situation as it has always done for other pastoral difficulties that face its members. In Bugonga Parish, there are psychospiritual interventions like marriage counselling and retreats that help childless

couples to psychologically adjust. This in response to the fact that childless couples tend to suffer from internal conflicts which include: shame, guilt, unhappiness and anxiety. The parish organises group psychotherapy, in form of group counselling and married retreats, where the intra-psychic talks and social interaction are conducted. However, the childless couples continue to be very bitter and complain about their state. They went on to blame God and any other causes of childlessness despite the psychospiritual interventions. It was feared that the continuation of blame and shame among childless couples may lead to loss of meaning to life. It was not clear whether the psychospiritual interventions were enabling them to adjust and enhance their wellness, hopefulness and faithfulness. Other studies for instance Gibb(2014) used the concept of the Self to describe the process of becoming and fulfilling all it is that we can be but did not elaborate how this can be done especially if one is faced with marital challenges like childlessness. Spaulding (2014) asserted that Christian based accommodative therapy opens up pathways to hope, inspiration, relief and a holistic treatment of the body, mind and spirit of an individual, although he did not explain how this can result in adjustment of childless couples. In the Bible, Hurault (2004) looked at religious interventions in terms of bible reading and religious rituals, but did not establish the relationship between participation in psychospiritual interventions and the psychological adjustment of catholic childless couples. Consequently, this study was undertaken to address the above missing gaps.

Purpose of the Study

The purpose of the study was to establish the relationship between participation in psychospiritual interventions and the perceived psychological adjustment of catholic childless couples, taking Bugonga in Entebbe municipality as a case study; Wakiso District in Uganda

Objectives

To assess the effect of emotional interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe.

To analyse the contribution of cognitive interventions on the perceived Psychological adjustment of childless couples in Bugonga Parish, Entebbe.

To evaluate the effect of religious interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe.

Research questions

To what extent do emotional interventions affect the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe?

What is the contribution of cognitive interventions on the perceived Psychological adjustment of childless couples in Bugonga Parish, Entebbe?

What is the effect of religious interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe?

Hypothesis

There is a statistically significant relationship between participation in psychospiritual interventions and the perceived psychological adjustment of catholic childless couples

Scope of the study

Content Scope

This research focused on how psychospiritual interventions reflected by emotional interventions, cognitive interventions and religious interventions influences the perceived psychological adjustment which involves wellness, hopefulness and fruitfulness

Geographical Scope

This study was conducted in Bugonga parish which is located in Entebbe municipality. It is a cosmopolitan city 34 Kilometres south west of Kampala capital city in Wakiso District(Uganda Bureau of Statistics Report, 2012). Bugonga catholic parish is in Kampala Arch diocese and it borders with Mpala parish in the North West and Lake Victoria in the south, south west, and south east. Entebbe municipality sits on a peninsular of approximately 56.2 Square kilometres of which 20Square kilometres is located in Lake Victoria. Its altitude above Average sea level is 1600 Metres (Entebbe municipal council profile, 2015).

Bugonga was chosen because of the number of couples who had approached the religious leaders for spiritual and psychological support following primary and secondary infertility. Approximately two out of ten couples are affected by childlessness.

Time Scope

The study was conducted during a period 2018 to 2020. This was the time when psychological adjustment among childless couples was highly pronounced or visible.

Significance of the study

The rationale of this research was that there are many couples that are experiencing infertility but have not got religious assistance or support from the Catholic Church and from their religious affiliations.

Childlessness has been a challenge to couples since the beginning of time. However, only a few psychologists have come out boldly to address the challenge of involuntary childlessness hence this study seeks to break the silence about this ‘semi-traumatising’ experience.

Society is predominantly ignorant about the presence or magnitude of the dilemma and sickness of infertility and there are several misconceptions/ myths about it. Therefore, this research seeks to unveil this phenomenon and bring awareness to both the patients and the society, so as to ensure better psychological adjustment of those affected.

Medical treatment for childlessness is usually expensive and not easily accessible to the affected people hence this study advocated for support from the church and humanitarian organisations, to ensure timely and affordable assistance.

Childless couples often fail to discover their hidden capacity to be useful or relevant to society in other ways besides child bearing. This is what this research seeks to emphasise through encouraging them to get involved in programmes like; charity groups, community enhancement and child adoption.

The Catholic Church and other Christian churches can set up special church based groups under the marriage department to reach out and bring together childless couples.

The Diocesan health and pastoral offices can be inspired to open up desks to address the plight of childless couples which has for long been invisible, isolated and neglected.

This study impacts the policy making process in both the church and the state in line with the social and psychological support that childless couples can get so as to enable them to live well, hopeful and fruitful.

The study highlights the role that the Church has played so far and what it can still do to make the affected couples not only feel at home as members of the church but also discover their potential to bring about fundamental contributions to the church and society at large.

The research underpins the role of religion and psychology in supporting childless couples, so as to prevent them from the risks of infidelity, sickness, separation or even divorce.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter explores some of the available literature related to the study objectives and variables. The literature reviewed in relation to the specific research objectives taking into consideration the relevant theories applied in the study. The concepts and literature examined in this chapter provide a foundation for the research findings as hypothesised in the conceptual framework.

Literature survey

Experiencing infertility can be stigmatising to the couple, consequently it calls for society and church support plus understanding through employing psychospiritual interventions which are emotional, cognitive and religious. The family structure should not under look a childless individual because of being infertile but rather accommodate and empower her/ him for a higher purpose or value to wards the family. This perspective comes out clearly in the Family Rituals Union Initiative Therapy (FRUIT) or theory. It emphasises that the individual person is a key player in the dynamics of both family and society. He / she is part of the whole and even more to that, a unique and dignified entity of the whole.

In the Family Rituals Union Initiative Therapy (FRUIT) or model, Kiyingi (2015) held that the individual is in constant relationship with family and society. He noted that the family filters the self and society. Hence, the ritualised self and the therapeutic self in the family takes prior existence. The self or individual and the society naturally coexist in the family. For that matter, everything springs from and revolves around the family be it physical, emotional, social, spiritual or economical. The individual influences and is

influenced by the family, hence there is need for mutual respect (Kiyingi, 2015). Kiyingi was concerned with how the family rituals affect the individual and society in day today life.

This research put specific emphasis on the individual's capacity to avoid being over weighed by what society expects of him or her, which is child bearing, by encouraging him or her to live happily even if they don't have a child. The FRUIT model sought to address individualism which is on the increase in the contemporary families and is responsible for destroying the family system (Kiyingi, 2015). This was in consonance with the current study which discouraged 'individualism' which may lead to isolation of the childless person.

There are many ways in which childless persons can remain productive and relevant to the family and to society besides child bearing. These include; child adoption and doing charity. In these ways they can become fruitful and attain psychological wellness.

Benedict XVI went further to expound on the notion of Individuation in his famous Encyclical *Caritas in Veritas* (2009). He contended that as a spiritual being, man, is defined through interpersonal relations. The more authentically he or she lives within these relations, the more his or her own personal identity matures. It is not through isolation that a person establishes his worth, but through placing himself in relation others and with God (Benedict, 2009). Consequently, the community should not absorb the individual, annihilating his/ her autonomy as happens in the various forms of totalitarianism. Instead it should value him/ her because the relationship between the individual and the community is a relationship between one totality and another (Benedict, 2009).

With that background, this research found a very strong basis for advocating that society should value, support and promote its childless members instead of burdening them with unnecessary comments and demands. The family ought not to submerge the identities

and capacities of its individual members. Childless couples are a special group in the church, in the state and in the society which deserve consideration in various ways.

Consequently, the current study envisioned psychospiritual interventions like spiritual counselling and retreats as answers to the problem. In the same manner, the church does not submerge the identities of its peoples and cultures but links them more closely to their legitimate diversity. Benedict (2009) further holds that like in the relationship of the Holy Trinity, true openness should not mean loss of individual identity but profound interpenetration. In the same vein, these childless individuals and couples have a lot contribute to the adjustment and advancement of their infertile fellows and to society in the spiritual, economic, cultural and social spheres of life.

Theoretical review

Literature was reviewed basing on The Individuation Theory of Carl Jung (1875-1961) which is a key component of his Analytical psychology. The theory holds that one has the potential to become a single homogenous being because each person embraces that innermost, lasting, and incomparable uniqueness. It implies becoming one's own self or self-realisation. The Individuation theory provided a strong theoretical base for this research because it blended very well the spiritual and psychological aspects of life. This is what Friedman & Schustack (2012) asserted that, it was less sexually focussed but rather historically oriented and more attuned to the spiritual and supernatural than psychoanalysis.

It is central to Carl Jung's theory of psycho-spiritual growth. He spoke of it as the *process of differentiation, of becoming a unique and a whole 'individual'* (Jennifer, 2018). Individuation means choosing to be conscious, or mindful. It is a process of growth and development in which we make contact with our psychic life. It is essential for a healthy functioning personality. The work of individuation or self-realisation orients the mind

toward psychospiritual life. For some this inner movement includes a relation to the transpersonal dimension of psychic life, and within the unity and Oneness of Being (Jennifer, 2018). Individuation involves confronting contents of the unconscious to bring about a more harmonious balance between the different parts of the psyche and thus obtaining self-knowledge, a process which occurs spontaneously in life. Childless couples need to attain this balance in order to reach wellness, hopefulness and fruitfulness.

Becoming conscious of the person we are, makes us capable of being aware of our fullness, our strengths, and our limitations. In this context, individuation addresses the two main concepts of the study namely, psychospiritual interventions and psychological adjustment. For a childless individual or couple, after all remedies have been tried in vain, one still needs to still find their inner worth in their marital relationship, in their family of origin and in the society. This goes beyond bearing a biological child. This intrinsic value or potential enables the person to adjust to a normal productive and out-going life rather than being buried in anxiety, anger, shame and self-pity.

This is why Jung sought to understand the nature of the self, and spoke of self-realisation as the highest potential of human awareness. The goal of individuation is the development of the individual personality. In this case, the person grows gradually to realise that he or she can lead a life different from the forces affecting the world around him/ her, where happiness in life is mainly tied to having a biological child of one's own. Consequently, the individual discovers other equally life-fulfilling activities such as charity, child adoption and community enhancement. This is what Jung means when he holds that everything in the unconscious seeks outward manifestation. So if childless couples / individuals decide to reach out to the needy they begin to become individuated. If they form similar interest groups to support one another in their unpredictable search for children, then they become individuated. Individuation is not synonymous with isolation of self from the

day today running of society. Rather it means identifying oneself as a unique entity within a mass of people, whom he/ she is continually impacting or/and improving, while at the same time he/ she is being improved by them emotionally, cognitively and spiritually.

What guides people toward self-realisation is the aims and instincts of the soul, as well as by archetypes and symbols as they appear in spiritual teachings, dreams, myths, art, and imagination (Jennifer, 2018). According to Gibb (2014), the psyche or mind meets with the spirit through individuation. The whole goal of human life is psychic development through individuation. The outcome of that is a level psychic maturity. Unless an individual attains this level of growth, they are not ready to handle the major challenges of life such as infertility, sickness, suffering or death.

For Jung, the Self is present before the ego. He uses the concept of the Self to describe the process of becoming and fulfilling all it is that we can be (Gibb, 2014). Every human being has the capacity to work towards achieving this. Jung concluded that ultimate knowing or truth could only emerge as a consequence of the inner path. He defined individuation as becoming a single, homogenous being. In a nutshell individuation is coming to Self-hood, or Self-realisation (Gibb,2014).The researcher found Jung's assertion that every human being can work towards individuation too general. Given the differences that human beings have in exposure, education level, family experiences and level of spirituality, individuation is not so automatic. It can only be attained with focus or/ and purpose.

In this research the concept of individuation was used to guide all the psychospiritual interventions which were given to the childless couples and by so doing realise psychological improvement or adjustment. An assessment was done to find out how far these spiritual, cognitive and behavioural interventions or remedies involving; marriage

retreats, marriage seminars, marital counselling, similar interest groups, support groups, religious rituals and healing prayers, have helped these spouses in their physical and mental wellbeing. When each of the spouses discovers her / his uniqueness then she or he is able to understand themselves even if they are childless. They are not discouraged about life. More so they tried to discover how different charity programmes satisfied their psychological gap of having no biological children, and how they benefited from directing their energy and resources towards helping other people in their communities and beyond.

A related theory that supported this study was the 'The Human Validation model'. Virginia Satir believed that people strive toward growth and she encouraged the therapists' use of self as a means of modelling congruent behaviour and communication to their clients (Erker, 2017). Low self-esteem is a result of poor communication with the people we meet at home and in society. Human Validation is systemic in that it does not place the blame of failure in the family on the individual client, but sees the problem arising out of a complex family system. It is also experiential in that it assumes that change occurs in ways that incorporate the entire person's life, cognitively, emotionally, and somatically. Satir had a deep respect for each person, seeing each person as a unique and important part of a human family. This is what every childless couple needs if they are to achieve proper psychological adjustment. She held within her a radical hope that was infectious for her clients and she helped them to cultivate the same hope (Erker, 2017). Such is the hope that every childless relationship requires if they are to remain intimate and grow to their best.

Families and societies who provide childless individuals with such a healthy non-judgemental environment enable them to become hopeful, contented and fruitful.

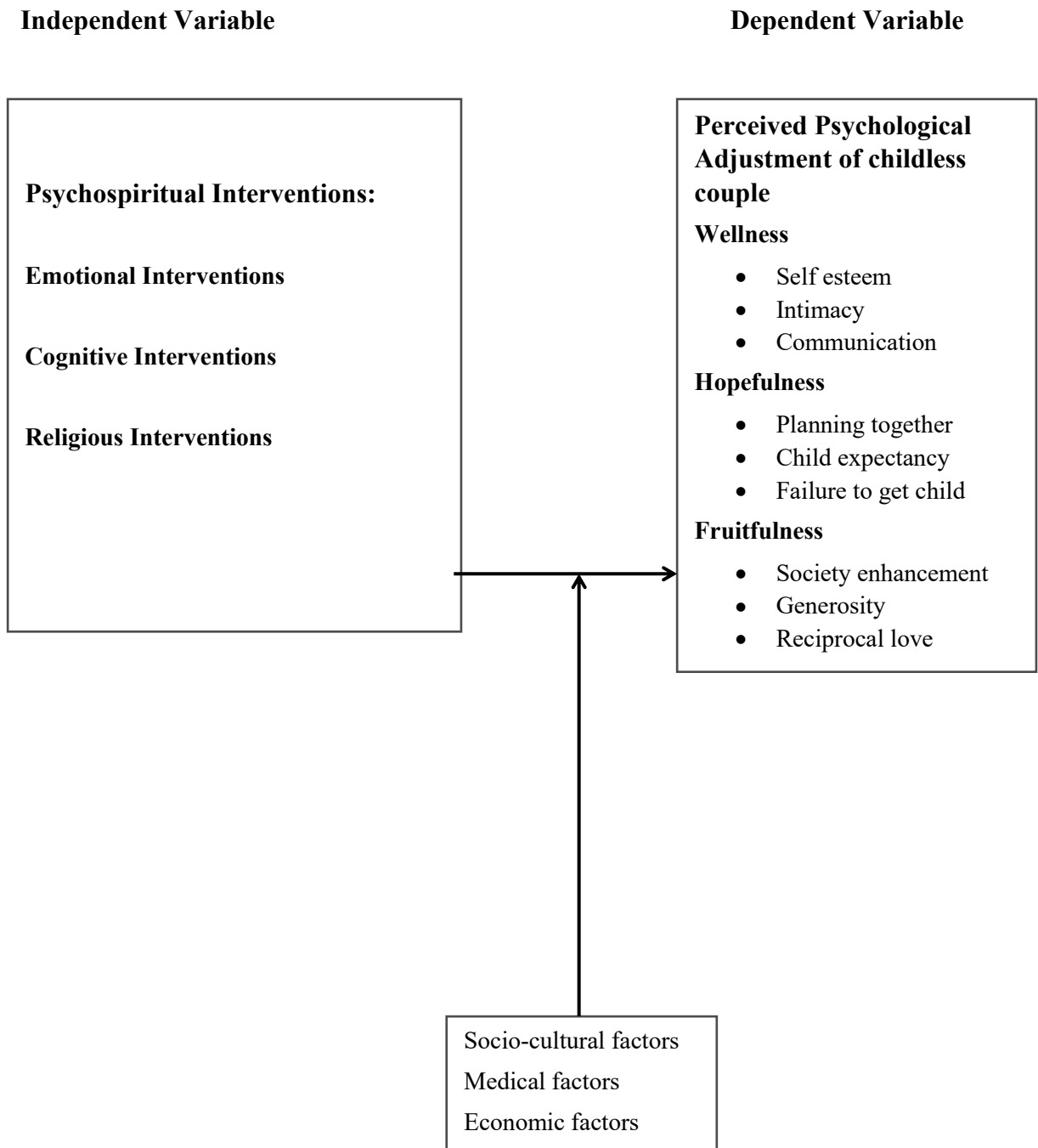
The major goals of this therapy were to increase self-esteem and to promote acceptance, appreciation, and healthy communication within and without the childless family. To

achieve the above goals Satir encouraged nurturance, respect, safety, and hope. Once the childless couples receive psychological and spiritual support through counselling, seminars and retreats they can attain the above aspects. She utilised touch, intuition, emotion, personal disclosure, collaboration, and spirituality to create that change. She engaged all aspects of the client's self towards change, which she later developed to move her clients and families to individual or systemic self-actualisation (Erker, 2017).

Congruent behaviour and communication are two basic factors that are necessary for bringing about the necessary psychological adjustment among childless couples. Psychospiritual interventions include emotional, cognitive and religious aspects which if applied well to couples without children can greatly improve their self-esteem, self-acceptance, congruence and communication in the family. The outcome of such interventions eventually will create psychological and physical wellbeing and enable them to cope with the accompanying stress and social pressure.

The importance of this theory is that it works with the individual client as the centre of focus. The individual is not just a part of the group, but a unique component of the whole family who can greatly influence and also be influenced by other members in the system. This is true in the case of the childless couple where by every individual may look at the other partner as being the cause of the problem, childlessness. However, the more the man or woman discovers his / her part in their relationship, the better their communication and their involvement in all affairs that promote mutual growth and advancement be it spiritual, social, economic or cultural in nature. Hence the therapy will seek to empower each spouse in order to enable him/ her to discover his /her contribution to the main challenge, instead of blaming or pointing fingers at each other.

Conceptual Framework:



Source: Constructed by the Researcher 2019

Fig. 2.1: Conceptual framework depicting the hypothesised relationship between Psychospiritual interventions and perceived psychological adjustment among childless couples.

Out of the various remedies proposed to address involuntary childlessness, this research hypothesised that best approach to address the matter is the spiritual and psychological combined. Once the affected partners rediscover their position in relation to the supreme power- God, and understand their purpose in life, then they can positively adjust to leaving without children or having only one. Psychological solutions can be advanced to help couples deal with childlessness. Interventions of an emotional type include: attending counselling sessions, charity groups, child adoption and positive attitude, whereas interventions of a cognitive type include: marriage counselling, marriage seminars, support groups and similar interest groups. Religious interventions include: marriage retreats, healing prayers, religious rituals and prayers.

The study hypothesised that those couples who undergo the above interventions may come to understand and cope better with not having biological children or have them after long treatment. Sometimes they may even discover that they can be more resourceful without children.

Among other factors that will directly determine the couples' psychological adjustment to childlessness are the socio-cultural factors. If their close family members, friends and colleagues are concerned, support and endeavour to offer advice to them, these couples tend to adjust well to this state. If that support is not given, the outcome may be negative adjustment. Medical interventions are usually the first approach to childlessness.

The couple may spend large sums of money in medical examinations to discover the possible biological factors underlying their situation. Once these factors are well articulated or understood the couple may cope or handle the matter more positively and maturely. Needless to mention, are the economic implications behind the desperate human search for an offspring. If the couple is able to finance the different remedies; medical, herbal,

psychological or spiritual which they are advised to undertake during the search for a child, then they can adjust positively to a more contented and fulfilling life. If that is not the case, they may become frustrated.

The study hypothesised that after these interventions, the childless couples may become psychologically adjusted in the following ways; they may attain wellness which involves; self-esteem, intimacy, and improved communication; they may become hopeful, consequently becoming able to plan together, still expect a child, and in case child bearing fails or delays they may still be hopeful; and they may become fruitful through society enhancement programmes, giving help to those in need, and supporting each other as spouses.

Emotional interventions

A large body of evidence demonstrates that psychological factors can interfere with or hinder a person's ability to cope with the pain experience. Psychological treatment can focus on the emotional distress that accompanies chronic pain and provide education and training in the use of cognitive and behavioural techniques, which may reduce perceptions of pain and related disability (Turk, 2014). None of the treatments are successful in eliminating pain completely; the same statement can be made in reference to the most commonly used pharmacologic, medical, and surgical interventions.

Consequently, most people have to adapt to the presence of chronic pain and learn self-management in the face of persistent pain and accompanying symptoms. The psychological interventions described in this subsection provide an in depth review of emotional interventions and its effect on psychological adjustment of childless couples.

Ramazanzadeh et al. (2009) commented on emotional adjustment of infertile couples and the psychological outcomes of infertility like, depression, anxiety, relationship and sexual

problems, and personality disorders, in different types of treatment. This means that their focus was on what kind of treatment had been given to these couples. However much their study was interested in adjustment, it did not put emphasis on how each individual member of the couple psychologically processed the state of infertility and how they managed to move on with life.

More so, their study used references from studies which had been conducted within the last two decades and also relied on data from media sites such as Pub med, Scholar, Google, and Amazon. These sources often receive information from non-scholarly sources and subjective views of people instead of coming from peer-reviews, which puts their final conclusions in great compromise. From a different perspective, this study relied on more recent references which made it more relevant to the contemporary challenge of infertility.

Infertility is usually associated with marital problems and disputes.

Mimoun in *Contracept Fertil Sex* as cited by Ramazanzadeh et al. (2009), asserted that many studies conducted on infertile couples show that most disappointment is towards themselves and their marriage. However, they did not go ahead to offer interventions that aid the individual patient in coping as the current study does. In the same direction, other studies by Nen et al (2005), and Ozkan and Baisal, (2006) focused on the relationship between sexual problems and infertility. From their point of view, the stress caused by infertility had direct effect on marital problems as it lowered sexual self-esteem, sexual satisfaction and frequency of intercourse. According to Ramezanzadeh et al. (1992), this stress worsens the relationship between couples in terms of self-efficiency, love and affection but affect women more than men. Even though the study addressed the core emotional problems, it did not address the interventions for the fore mentioned problems, which can consequently bring about psychological adjustment which was addressed by this study.

The results of studies conducted by Noorbala et al (2007) showed the effect of psychological intervention and psychotherapy on psychiatric disorders and the rate of success of pregnancy among infertile couples, among the intervention group as having lower anxiety and depression, higher pregnancy and higher marital satisfaction rates. However, their study did not capture one major component of adjustment which is fruitfulness. That means the extent to which an infertile couple is able to positively transform their society through human enhancement or empowerment programmes was lacking which was addressed by this study.

In their study Moura et al. (2016) examined the impact of infertility history that is to say the duration of infertility and number of previous assisted reproductive technology (ART) treatment cycles, on the emotional adjustment of couples undergoing an ART cycle and the mediating effect of importance of parenthood on that association. This was helpful for any medical treatment. In other studies, less attention has been devoted to specifically investigating the effect of the patients' infertility and treatment history (clinical factors) on their adjustment to infertility and assisted reproductive technology. However, it is not enough to do so unless one goes on to find out how this condition can be managed through various interventions, such emotional interventions, so as to bring about improvement in the couple's life.

Infertility is a chronic stressor, whose time-related variables affect the patient's emotional adjustment to it (Dunkel- Schetter& Lobel, 1991). According to Markestad *et al.* (1998) the distress was lower at the beginning of treatment, where as for Berg & Wilson (1991), psychological distress (namely anxiety, depression, and interpersonal sensitivity) was higher in the first stage of diagnosis and treatment progression. The researcher in agreement with Ramezanzadeh et al. (2009) was of the view that in cases where the couples undergoing treatment were expecting or registering higher success, the psychological distress should be normal range. Despite these observations about psychological stress, these studies did not

provide any interventions to arrest the stress. This study on the contrary filled this gap by suggesting the following emotional remedies; counselling sessions, charity groups and support groups.

In their study Joy & McCrystal (2015) emphasised the often private agony of infertility and the wide-ranging psychosocial implications. Their emphasis neglected the emotional impact of infertility and only reduced the issue to a biological or medical one. Infertility counselling is an amalgam of medicine and mental health, and therefore should be viewed along a continuum of the medical processes; where the medical and psychological aspects of infertility treatment are integrated. At present, the counselling role occupies a unique and diverse position within the infertility treatment. The current study rightly advocated for infertility counselling as an indispensable ingredient of treatment. This is what the current study actually about emotional intervention underpins. It also incorporates other interventions like child adoption, charity groups, similar interest groups and support groups.

Crawshaw et al. (2012) envisaged that support counselling should be conducted to childless couples. This is the area of counselling whereby the counsellor offers emotional support before, during or after treatment, particularly to those experiencing stress, ambivalence or distress. They further indicated that provision of emotional support should be part of any patient-centred care and treatment, but should focus specifically on the coping resources that patients already have. When developing new coping strategies, the clients should be helped to manage stressful situations. This position resonates well with this study because it does not only focus on immediate interventions or coping solutions, but stresses on-going empowerment of the childless couple or individual to manage life and family situations.

Brody (2014) equates the levels of depression in women with involuntary childlessness to that of individuals with chronic illnesses like HIV or cancer. This study on

the contrary affirmed that childlessness can be overcome through emotional support. That is, if people in today's life situations can live long with these chronic diseases, due to improved medical treatment, it is very possible that they can even live much longer and happier with infertility through such support. Most chronic sicknesses are physical yet infertility is more psychological and spiritual than physical. Therefore, if some childless couples look at their state as a dead end with no remedy is an exaggeration.

Cognitive interventions

Cognitive interventions include a variety of therapeutic approaches designed to address psychological problems at the cognitive conscious mind level, through the activation and analysis of thoughts, experiences, memories and senses (Quist, 2018). The therapist strives to find out what is going on in the mind of the client so as to establish effective and permanent solutions. Quist, (2018) contends that those conclusions act as absolute truths and tend to produce automatic thinking patterns that block one's healthy or normal functioning. Consequently, the way one behaves is controlled or influenced by the way one views the things that have happened or are happening around them. And so the best way to work on them is to change the way one thinks about them and to exercise the mind to act differently through Cognitive Behavioural Therapy.

It is with the same background that this study applied cognitive interventions like marriage counselling, marriage seminars and similar interest groups in order to adjust the way childless couples look at their condition. These avenues would enable them to learn from other people and to share their sentiments in a free, welcoming and non-judgemental atmosphere. At the same time, they would be challenged about looking at what they can do as a couple instead of what they have not be able to do that is child bearing.

Studies show that some childless couples suffer from chronic fatigue syndrome (CFS) due to assisted reproductive treatment (Kraaij, et al., 2019).

Patients also experience a number of other symptoms like self-reported impairments in concentration and short-term memory, sleep disturbances, muscle pain, and headaches. For this reason, this study suggested psychological and spiritual interventions which are action-based. Through professional psychologists and counsellors, the affected people were helped to cope. The most used treatment forms for people with CFS were cognitive behavioural therapy (CBT), and so was it for the psychological distress caused by infertility.

According to (Inhorn, 1994), a woman's infertility may lead to rejection by her partner, social ostracism, and loss of access to land or other productive resources. Even though the infertility problem may not be due to reproductive malfunctioning of the woman, she is typically the one who is blamed and who experiences the personal grief and frustration and thus need psychospiritual assistance (Borgerhoff, 1996). In order to handle these situations, women have to assert their position in the family through family support groups, marital seminars / workshops and counselling sessions.

Borgerhoff (1996) observed that cognitive interventions can be given to childless couples and can take various forms such as marriage counselling, marriage seminars /workshops, and support groups. In agreement with Borgerhoff, and in line with the researcher's thinking Brody (2014) noted that the counsellor can apply journaling, challenging beliefs, relaxation, guided discovery, home works, cognitive rehearsal, validity testing, mindfulness, social, physical and thinking exercises as aids of cognitive adjustment to assist the affected couples.

However, the effects of childlessness along of couples continued to manifest in Bugonga Parish casting a doubt on how effective the cognitive interventions led to wellness,

hopefulness and fruitfulness. Consequently, this research sought to establish the effect of cognitive interventions on psychological adjustment of childless couples.

Kraaij, Bik & Garnefski (2019) observed that cognitive coping strategies have been studied intensively. Other studies from the general population showed significant relations between cognitive coping strategies and depressive symptoms like; self-blame, rumination, positive reappraisal (inversely), positive refocusing (inversely), and catastrophizing (Garnefski and Kraaij, 2006, 2007, 2009). In the same vein, this study forecast that if childless couples with in the study area received psychospiritual interventions they would adjust well to their condition through hope, wellness and fruitfulness.

Joy&McCrystal (2015), quoting the British Infertility Counselling Association (BICA) state that infertility counselling offers childless couples an opportunity to explore their thoughts, feelings, beliefs and their relationships in order to reach a better understanding of the meaning and implications of any choice of action they may make. Joy &McCrystal (2015) further contend that counselling may also offer support to infertile couples as they undergo treatment and may help them to accommodate feelings about the outcome of any treatment whether positive or negative within a non-judgemental and empathic framework. Their study dealt with very important aspects of helping those patients but it wasn't in the African context. Some African countries even lack associations that can streamline the operation of fertility specialists. This study endeavoured to give the African setting.

However, in writing her study Brody (2014) relied mainly on online respondents leaving out interview guides and in-person questionnaires which tend to give the researcher the real picture of the topic under study, a methodological gap that this study addressed by relying on questionnaires and interviewing which brought the researcher closer to the

respondents in various ways to blend the information in triangulation manner allowing the study to get down to local people and gather first-hand and authentic information.

It was further limited by her feminist perspective, which may have influenced her study's results and conclusions. As a mother, Brody's plight of the woman was much implied in her study. She was interested in gender self-confidence and fertility-related distress. However, she did not put forward possible interventions to the challenge of involuntary childlessness as this study does while putting in consideration the challenges met by the childless couples without discrimination based on gender.

In their study Joy & McCrystal, (2015) noted that patients should be supported during the decision-making process and throughout, all stages of their treatment. In the same line, this study emphasised the cognitive empowerment of these patients through, marriage counselling, marriage seminars and similar interest groups. These psychological interventions and others helped patients to make adjustments to their lives and attend to those choices made. However, the authors did not connect the end results of these interventions on the wellness, hopefulness and fruitfulness of the couple. They referred to adjustment in general without being specific to whether it was psychological, physical, medical, and behavioural. This was addressed by the current study that was specifically inclined towards psychospiritual intervention on wellness, hopefulness and fruitfulness of the couple.

As earlier studies (Garnefski, Kraaij, Benoist, Bout, Karels & Smit, 2013; Garnefski, Kraaij, & Schroevers, 2011; Kraaij et al., 2010) had observed Kraaij & Garnefski, (2015) conducted a study that aimed at finding out the relevant coping factors for the development of psychological intervention programs for young people with Type 1 (T1) diabetes. A wide range of coping techniques was studied, including cognitive coping, behavioural coping and goal adjustment coping because they appeared to be related to depressive symptoms. Of

special importance were the cognitive coping strategies of self-blame, rumination, refocus positive, and other-blame, together with goal adjustment coping. Unlike the above study which considered ideological interventions, the current study employed practical interventions in dealing to aid childless couples in coping with the disease.

In their study Kraaij & Garnefski, (2015) had the following methodological shortcomings. The small sample size and the representativeness of the group studied who numbered to 78. Secondly, the sample was obtained through several Internet sites and through flyers which were spread at various places. The authenticity of the respondents was therefore questionable, unlike the couples in the current study who were randomly selected from a big group of parishioners. Another limitation was the research design whose variables were measured by self-report instruments, which may have caused some bias. No objective diabetes information, such as HbA1c values and objective information about glycemic control, was available, making it difficult to characterize the sample and to study the actual impact on objective health outcomes. Although, goal adjustment seemed to be a relevant coping strategy for young people with a chronic disease, it lacked a more comprehensive outlook of this concept.

The current study however, involved mature married people not young people whose responses were more reliable. Finally, several aspects that could also be related to symptoms of depression, such as socio economic status, social support and personality characteristics were not included in their study, whereas, the current study put into consideration more than the psychospiritual factors including the social, cultural, and economic sub variables.

Religious Interventions

Gibb (2014) defines spirituality as 'a search for the sacred. Earlier, Dowrick (1991) had observed that spirituality exists when we struggle to understand ourselves, our lives and,

how we fit into the greater scheme of things. He is quoted as follows the “*who I am question is basic to any spiritual or existential enquiry*” Likewise, Tacey (2000) stated that spirituality is especially difficult to define because it is largely what we don’t know about ourselves. He described the emergence of spirituality, particularly in the second half of life, as a ‘painful interruption’ and proposed that our entry and engagement with spirituality is frequently fraught with unpleasant, difficult emotional, and social problems. Following the same direction, the current study about infertility sought to find out how these couples struggle to cope with the big question concerning who they are and the purpose or meaning of their existence through religious interventions.

Religious /spiritual coping strategies can help childless couples to deal with loss, transition, change, and even absence or lack. Ward (2010) asserted that for any treatment to be successful the therapist must uncover hope, instil it or enable the client to express it. It is the precursor for change and possibilities in life. That is why Hannah in 1 Samuel 1: 9-28 prayed earnestly to God with hope and trust for a baby boy and God granted her prayer (Hurault, 2004). Childless couples can also draw confidence from the reading the Bible, for example in Genesis 11:30, Luke 1:7 and other narratives that point to the fact that childlessness can be overcome in God’s power (Hurault, 2004). Spirituality is a state where one is connected to a higher power –Deity beyond self and imminence and at the same time he or she is able to access that connection within self (Spaulding, 2014).

A growing body of research involving (Reynolds et al., 2014) has identified religious/ spiritual coping as a salient issue for adolescents experiencing a variety of chronic health conditions. It is further asserted by Fowler, (1981) & Piaget, (1964) that with normative developments in abstract thinking and moral reasoning issues of spirituality rise to the forefront for most adolescents but become particularly important for those with chronic

illness. With an emphasis on the sacred, spiritual beliefs can provide a unique framework for understanding and coping with illness (Pargament, 2011), particularly when other sources of support are not readily available (such as decreased social support during hospitalization) (Park, 2007). Although infertility may not be chronic it poses similar emotional and cognitive challenges like chronic sicknesses. Hence the value of positive religious/ spiritual coping mechanisms is greatly of importance. This study, therefore, is out to discover the effect of these religious interventions on the psychological adjustment of childless married people.

Religious interventions involve general formal prayers, healing prayers, bible reading, marriage retreats, and religious rituals. Hodge (2013) asserted that Cognitive Behavioural Therapy (CBT) techniques that incorporated spirituality enhanced psychological outcomes for individuals in alcohol treatment. This provided a clue to the study about a similar effect on psychological adjustment but this clue could only be verified through this current empirical study. According to Pew Research Centre survey (Spaulding, 2014) 85% of the Americans said that their spirituality is an essential part of their life. Hodge (2013) had earlier observed that assessing spirituality and religion as part of larger bio psychosocial-spiritual evaluation provides a more complete holistic understanding of the client's existential realities. This was building on the earlier 2007 meta-analysis on the efficacy of spiritually oriented psychotherapy which revealed the positive health outcomes for depression, anxiety, stress, and eating disorders.

Christian based accommodative therapy (Pargament & Saunders, 2007) entail several psychological and spiritual remedies such as: prayer, meditation, imagery, attention to relationships, music therapy, bibliography, life maps, topical discussions, and personalised spirituality-related activities and rituals. Such psychospiritual therapy leads to positive

psychological adjustment of both spouses that form a childless couple which can be seen in positive emotions, reduced depressive symptoms, higher rates of social support, higher level of optimism, and improved medical outcome. It opens up pathways to hope, inspiration, relief and a holistic treatment of the body, mind and spirit of an individual (Spaulding, 2014). Therefore, the continued existence of childless couples who continued to blame God and felt uncomfortable with their state of life amid these spiritual therapies mentioned above called for this current study to ascertain the effects of Religious Interventions on Psychological Adjustment of the childless couples.

In his study, Spaulding (2014), following the same direction argued that psychospiritual therapy leads to positive psychological adjustment of both spouses that form a childless couple. The current study did not greatly differ from the above studies when it stipulated that if spiritual interventions in form of marriage counselling and retreats plus religious rituals were applied to infertile couples they would possibly become more hopeful and fruitful.

Consistent with the theory and empirical research on spiritual coping in adults Reynolds et al., (2014) asserted that youth with chronic illness use spiritual coping strategies and these strategies are strongly related to their behavioural and emotional functioning. Specifically, positive spiritual coping involves cognitive strategies such as seeking comfort and strength from God or believing that God is strengthening the individual in that particular situation. Positive spiritual coping is associated with lower emotional distress in youth with asthma, cystic fibrosis, and diabetes (Reynolds, Guion, & Mrug, 2013; Shelton et al., 2005). However, not all spiritual cognitions are helpful (Pargament et al., 1998). Consequently, some individuals also experience negative spiritual coping, including spiritual doubts or thoughts of being abandoned or punished by God. And as confirmed by Benore, Pargament,

&Pendleton, 2008; Reynolds et al., 2013 negative spiritual coping predicts poorer quality of life and more emotional and behavioural problems in paediatric populations. Even after accounting for general coping, attribution style, disease severity, and other covariates, spiritual coping remains a significant predictor of mental health among children (Benore et al., 2008) and adults; and is more strongly linked to the emotional well-being of youth with chronic illness compared with healthy peers (Cotton & Kudel, et al., 2009). Unlike Reynolds et al (2015) who mainly researched on youths coping mechanisms, the current study focussed on the married couples with an intention of determining the effect of the religious interventions on psychological adjustment.

Spiritual coping as cited by Reynolds et al (2015) may be more salient and play a more important role in the adjustment of adolescents with more severe medical conditions (Cotton & Kudel, et al., 2009). The authors did not compare the chronically ill with the healthy youths for a balanced view. Further still, they concentrated on the youth rather the adults. The current study compared those couples that had undergone spiritual assistance with those that had not. Furthermore, the first study employed a longitudinal survey design whereas the current study used a case study design, which carried out a detailed contextual analysis of a limited number of childless married couples and their relationship to psychological adjustment. Its findings can therefore be generalised to represent other childless couples in other catholic parishes in Uganda.

“Is my illness a punishment from God?” “God, can you help me endure this pain?” Reynolds et al., (2013) these are kinds of questions asked by patients suffering chronic illnesses. This points salient normative developments in abstract thinking and faith-based reasoning. In the same vein Pargament et al, (1998) noted that negative spiritual coping reflects struggle, doubt, or abandonment by a God-figure. Such feelings of hopelessness and

sometimes frustration are also commonly shared by childless couples. However, through spiritual interventions like healing prayer and retreats coping is possible, though to arrive at this conclusion, an empirical study was necessary in Bugonga Parish.

Pinquart & Shen(2011) held that spiritual coping is an important predictor of mental health among paediatric patients, who generally experience more internalizing and externalizing problems. Shelton et al., (2005) also approved of that when they held that positive spiritual coping had been linked with lower emotional distress in youth with asthma or cystic fibrosis and fewer post-traumatic stress symptoms among youth with diabetes, cancer, or epilepsy, as affirmed by Zehnder et al., (2006). Cotton et al., (2009) observed that spiritual coping was also more strongly linked to emotional well-being in adolescents with inflammatory bowel disease compared to healthy peers. All these studies examined internalizing problems; they lacked clarity on whether spiritual coping also predicts externalizing problems in paediatric patients. The current study put much emphasis on externalising adjustment factors which in turn benefited not only the couple but also the extended family and above all the society. It hypothesised that if a childless couple channelled their stress burden through practical programmes like child adoption, charity group formation, healing prayers, and religious rituals, the patients would positively cope with the reality of infertility

As quoted by Gibb (2014) (Tickle, 2012) asserted that even a religion's very articulation of itself takes on the cadences, metaphors, and delivery systems of the culture that it is informing. One could argue that this is also true for spirituality: a private faith or personal belief is never entirely separated from its context or society. According to Gibb (2014) for one to claim that he or she is spiritual but not religious(SBNR) may be valid, but

it lacks the indicators of spiritual progress and wellbeing which can only be realised in a group not in isolation. Religion is a collective practice and so it asks that we look after more than just ourselves. In the current study much emphasis was put on the support of the other members of society through; support groups, similar interest groups, charity groups, marriage seminars and retreats. All these having their source as the parish church community.

Gibb (2014) contended of a spiritual bypass, a spirituality that has no substance in responsibility and transformation. One that has no grounded reality in the recognition of the nature of human suffering, where man can avoid the pain of doing the real work in life, or dealing with the nature of existence which involves; messy relationships, grief, loss, difficult emotions and all the other difficulties we would rather avoid. This study did not take the direction of avoiding encountering painful feelings that arise from the delay or failure to get a child, but rather proposed interventions that the couple can use to manage this condition such as healing prayers or marriage counselling. Masters (2010) even argued further by affirming that true spirituality is not a high, not a rush, not an altered state. Our times call for something more real, grounded, and responsible; something radically alive and naturally integral; something that shakes us to the very core until we stop treating spiritual deepening as something to dabble in here and there (Masters, 2010)

Spiritual bypassing as held by Gibb (2014) allows us to feel we are safely wrapped up in a cocoon of protection, believing we have achieved a state of transcendence when, in fact, we are in denial, shutting down and becoming numb. In this state of being man believes in only the positive aspects of reality, effectively removing himself or herself from the suffering of our own life and the life's of others. With the same perspective the current study did not try to cover-up the real pain and grief of childlessness but rather investigated the

extent to which the emotional, cognitive, spiritual interventions were useful in addressing the state of involuntary childlessness.

Perceived Psychological Adjustment

Society demands that for a woman to be socially acceptable, she should have at least one biological child. This is what Fatalla, (2010) meant when he asserted that marriage without children is considered as a failure of the two individuals. Almost all cultures across Africa put emphasis on women having children. Consequently, individuals with involuntary childlessness report higher levels of depression, anxiety, uncertainty about their future bond as a couple, and sometimes dissatisfaction with life due to social pressure. In contrast to this position, the current study noted that an infertile couple could be assisted to psychologically adjust if supported with appropriate interventions.

According to Ryff (1999) psychological wellness is not simply about feeling happy or good, but rather about living virtuously. It comprises six (6) factors: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships with others. It is not just a state that is present or absent but rather a continuum, something that goes on in the life of a person. Such a state cannot easily be attained by childless couples unless consistent emotional support is given to them. In case a couple is childless and they are supported by their close family members, and friends then they can attain a better psychological state.

Myers (2003) noted that one of the most prominent wellness interventions for individual and family counselling is the wellness wheel model. It was developed following cross-disciplinary research linking healthy behaviours to life satisfaction, longevity, and quality of life. It is grounded on Adlerian individual psychology as an approach of helping that emphasises the importance of holism in understanding the individual. Adler noted that,

it is necessary to look for reciprocal actions of the mind on the body, for both of them are parts of the whole with which we should be concerned. Jung also observed that the human psyche actively moves toward a state of integration, based on an instinctual drive toward health and wholeness. Maslow in studying characteristics of healthy persons concluded that a striving toward self-actualisation, growth and excellence is a universal human tendency and overreaching life purpose (Myers, 2003).

In psychology, adjustment is a behavioural process that involves balancing conflicting needs, or needs challenged by obstacles in the environment. Successful adjustment is crucial to having a high quality of life. There are two kinds of adjustment; adjustment as an achievement- is a specific moment in life, when and how a person adjusts to the problem that is being faced at a particular time; and adjustment as a process- is when a person is undergoing constant change as he or she grows. Inability to adjust well may lead to; clinical anxiety and/ or depression, as well as hopelessness, lack of concentration, sleeping problems, and reckless behaviour (Merryman, et al, 2015).

Therefore, adjustment is a continuum, since even after an achievement, a person continues to live. A well-adjusted person has the ability to adequately function, ability to perform adaptive tasks, has high positive affect and low negative affect, has general satisfaction in various domains, and does not have debilitating psychological disorders (Merryman, et al, 2015). Childless couples automatically experience both types of adjustment achievement and process. The process takes place at the moment of commencing their marital relationship and goes on throughout their life together. Through understanding each other's strengths and weaknesses, abilities and fears, they start to accommodate each other. It is a slow but interesting thing.

According to the researcher, every couple expects a child at least after one or two years in marriage. The absence of the child or getting only one or two and one fails to get more might definitely create anxiety among the couple, their relatives and friends. Consequently, the duo must continually adjust to this process of active expectance and trying out several remedies.

Achievement as a form of adjustment comes gradually after years of trying to get a child. Some couples after long and stressful procedures eventually conceive a child. This is one of the greatest achievements that a person can ever get. It comes with tremendous joy, satisfaction but also with many demands. If there is no success after different options have been tried, the couple has to slowly adjust through therapy to the reality of having failed to achieve. The couple may sometimes resort to child adoption or doing charitable programmes.

Proper adjustment of a Christian childless couple is greatly supported by the three Christian virtues of Faith, Hope and Love. Faith makes wellness possible, in that the spouses remain happy and contented throughout their search for a biological child. With hope the couple is able to remain expectant that they will possibly get a child in the future. Charity on the other hand facilitates fruitfulness (Abad, 2015). They are able to share their resources with each other and other people. Perceived psychological adjustment is the way how those people living with or working with the childless individuals and couples assess their ability to cope with or handle their condition. That judgement is done before, during and after the couple has received psychological or spiritual assistance. Psychological adjustment is manifested through the following;

Wellness

This study hypothesised that if a childless couple receives appropriate and timely psychospiritual support, it can manage the challenges that come along with this state.

Eventually they may be able to build *self-esteem*, confidence in one's worth or abilities; self-respect and self-regard. Their *intimacy*, their emotional and physical closeness, may become stronger depending on how they adjust to their state. That is to say, they feel free to express deep thoughts and feelings. And in the same way the couple may experience better *communication*, the process of meaningful interaction among humans, which can be verbal and nonverbal.

Emotional wellness largely goes along with or is a result of physical wellness. The saying that goes a healthy mind lives in a healthy body is applicable here. According to Kirby (2018), physical activity often changes during the course of treatment of chronic illness like cancer, and specifically among women undergoing the difficult treatment of surgery and adjuvant treatment for gynaecological cancer. Kirby concurs with Beesley when she says that during the first year following the diagnosis almost 40% of women with ovarian cancer decrease their level of physical activity (Kirby, 2018). Reduction in physical activity or exercises is equally dangerous to the childless individuals because it can bring along emotional sickness like anxiety, depression and physical problems like high blood pressure or diabetes. Kirby goes on to quote (Faul et al., 2011) when she says that this is bad for the patient, since physical activity has been shown to be related to better psychological outcomes and coping among individuals undergoing treatment for cancer (Kirby, 2018). Also Beesley confirms that decreased physical activity is often associated with more reports of depression and decreased quality of life. Physical activity like walking and sports assists childless couples as they cope and increases their overall quality of life.

Hopefulness

The study likewise hypothesised that if a childless couple receives appropriate and timely psychospiritual support, it can manage to adjust better to childlessness. Hope is an optimistic state of mind that is based on an expectation of positive outcomes in one's life or

their environment. When they are empowered to remain hopeful they may be able to *plan together* for their future. Furthermore, if they are well supported they can continue *to expect a child*. This may be seen in their positive way of living. More so in case there is a prolonged *delay in getting a child*, this couple's only strength is to be got through hopefulness.

Although involuntary childlessness is not chronic, its psychological effects tend to be similar to chronic illnesses. In order to manage the challenges that come along with it, community support is needed especially among the young couples. This is why Kraaij and Garnefski, (2015) assert that over 30% of U.S. adolescents experience chronic health conditions that limit their daily activities or result in disability. Illness symptoms and demands of treatment also complicate the youth's achievement of important developmental tasks such as increasing independence, establishing meaningful peer relationships, and transitioning into adult roles (Kraaij & Garnefski, 2015).

In turn, as Pinquart and Shen (2011) hold, these adolescents are at greater risk than their healthy counterparts for developing internalizing and externalizing problems that compromise their health over time, for example via treatment non adherence. (Kraaij & Garnefski, 2015). Worsened health outcomes are further compounded by the adverse effects of puberty on the course of some chronic diseases (Moran et al., 2002), highlighting the need to identify effective coping strategies for these adolescents.

Fruitfulness

This study further hypothesised that if childless couples receive appropriate and timely psychospiritual support, they can ably discover their purpose for life. Fruitfulness is a state of being extremely productive or prolific. As the couple continues its search for a child if they don't look at themselves as failures, they can profoundly positively influence each other and their society. This may be done through *society enhancement* programmes such sanitation improvement. Secondly, they can give back to their community *generously*

through child education. Besides reaching out to other people, the spouses may decide to improve their relationship through *reciprocal love*. That means that throughout their lives they sustain their desires to give themselves and to remain faithful to each other (Abad, 2015).

Childlessness needs to be further studied or researched in order to ease the adjustment process of couples. Treatment which is accessible and affordable makes it possible for these couples to be helped. Through support groups, churches and nongovernmental organisations where health camps are organised for childless people they can get treatment. This can in turn make these individuals more resourceful to society. Kirby, (2018) noted that despite growing advancements and understandings of gynaecological cancers, they still remain underfunded and under-researched, with disparities across demographics, such as race, socioeconomic status, and cancer type (Welch, 2017; Collins et al., 2014).

In the same line, Kirby quoting Pearman (2003) found that gynaecological cancer patients experienced lower quality of life during treatment, when compared to breast cancer patients undergoing treatment (Kirby, 2018). This appeared to be due to the differences in treatment intensity, age, and a lacking social support.

Summary of Literature Review and Research Gaps.

Content Gap

Most of the previous studies (Pin quart & Shen, 2011; Zehnder et al., 2006 & Cotton et al., 2009) seemed to examine internalizing problems; they lacked clarity on whether spiritual coping also predicts externalizing problems in paediatric patients. The current study put much emphasis on externalising adjustment factors which in turn benefited not only the couples but also the extended family and above all the society. It hypothesised that if a childless couple channelled their stress burden through practical programmes like child

adoption, charity group formation, healing prayers, and religious rituals, the patients would positively cope with the reality of childlessness. In addition, spiritual coping as cited by Reynolds et al (2015) may be more salient and play a more important role in the adjustment of adolescents with more severe medical conditions (Cotton & Kudel, et al., 2009). The authors did not compare the chronically ill with the healthy youths for a balanced view. Further still, they concentrated on the youth rather the adults. The current study compared those couples that had undergone spiritual assistance with those that had not.

Methodological Gap

Previous studies mainly employed a longitudinal survey design where as the current study used a case study design, which carried out a detailed contextual analysis of a limited number of childless married couples and their relationship to psychological adjustment. Its findings can therefore be generalised to represent other childless couples in other catholic parishes in Uganda. For instance scholars such as Brody (2014) relied mainly on online respondents leaving out interview guides and in-person questionnaires which tend to give the researcher the real picture of the topic under study, a methodological gap that this study addressed by relying on questionnaires and interviewing which brought the researcher closer to the respondents in various ways to blend the information in triangulation manner allowing the study to get down to local people and gather first-hand and authentic information.

Scholars like Kraaij & Garnefski, (2015) used a small sample size and the representativeness of the group studied who numbered to 78. Secondly, the sample was obtained through several Internet sites and through flyers which were spread at various places. The authenticity of the respondents was therefore questionable, unlike the couples in the current study who were randomly selected from a big group of parishioners. Another limitation was the research design whose variables were measured by self-report instruments, which may have caused some bias. No objective diabetes information, such as HbA1c values

and objective information about glycemic control, was available, making it difficult to characterize the sample and to study the actual impact on objective health outcomes. The current study however, involved mature married people not young people whose responses were more reliable.

Knowledge gap

In their study Joy & McCrystal (2015) emphasised the often private agony of infertility and the wide-ranging psychosocial implications. Their emphasis neglected the emotional impact of infertility and only reduced the issue to a biological or medical one. Infertility counselling is an amalgam of medicine and mental health, and therefore should be viewed along a continuum of the medical processes; where the medical and psychological aspects of infertility treatment are integrated. Finally, several aspects that could also be related to symptoms of depression, such as socio economic status, social support and personality characteristics were not included in their study, whereas, the current study put into consideration more than the psychospiritual factors including the social, cultural, and economic sub variables. Although, goal adjustment seemed to be a relevant coping strategy for young people with a chronic disease, it lacked a more comprehensive outlook of this concept.

Theoretical gap

Most by previous scholars do not directly focus on psychospiritual interventions. However, the theories adopted in the current study such as The Individuation Theory of Carl Jung provided a strong theoretical base for this research because it blended very well the spiritual and psychological aspects (Jennifer, 2018). Furthermore, in a related theory, 'Satir Family Theory' or 'The Human Validation model', Satir believed that people strive toward growth and she valued the therapists' use of self as a means to model congruent behaviour

and communication (Erker, 2017). Similarly, the Christian based accommodative therapy (Pargament & Saunders, 2007) entail several psychological and spiritual remedies It opens up pathways to hope, inspiration, relief and a holistic treatment of the body, mind and spirit of an individual (Spaulding, 2014). Although on the other hand Hodge (2013) used the Cognitive Behavioural Therapy (CBT) techniques that incorporated spirituality enhanced psychological outcomes for individuals in alcohol treatment, it does not provide adequate ground for effect on perceived psychological adjustment among childless couples.

Summary

The outstanding scholars for psychospiritual interventions were; Gibb (2014) who insisted that a person's religion can greatly determine his or her psychological adjustment. In their study Joy & McCrystal, (2015) noted that patients should be supported during the decision-making process and throughout all the stages of their treatment. Religion opens up pathways to hope, inspiration, relief and a holistic treatment of the body, mind and spirit of an individual (Spaulding, 2014). Brody (2014) was instrumental in putting forward components of cognitive interventions that can lead to psychological adjustment childless couples such as; journaling, challenging beliefs, relaxation, guided discovery and home works.

On the other hand, the most salient contributors for psychological adjustments included the following; Myers (2003) proposed the wellness wheel model as the most prominent wellness interventions for individual and family counselling. On the other hand, Reynolds et al (2015) held that spiritual coping is needed and plays an important role in the adjustment of adolescents with severe medical conditions. Ramazanzadeh et al. (2009) also observed that depression, anxiety, relationship and sexual problems, and personality

disorders, are some of the psychological outcomes of infertility over which infertile couples must gradually adjust emotionally.

The literature reviewed is relevant and quite informative with respect to the current study objectives. However, most of the studies do not necessarily focus on psychological adjustment of catholic childless couples. Furthermore, the review exposed the dearth of studies that establish the relationship between the psychological adjustments of catholic childless couples as engendered by the context influenced by psychospiritual interventions. More importantly, a few of the studies reviewed attempted to explore the direct connection between participation in psychospiritual interventions and the psychological adjustment of catholic childless couples as characterized by wellness, hopefulness and fruitfulness. The research gaps so highlighted render the current study original and ground breaking.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

Chapter three presents a description and justification of the methods that was used to collect and analyse data. This chapter consists of; the research design, the study population, the sample size and selection, the sampling techniques, the methods of data collection, data management, the ethical considerations and limitations.

Research design

This study employed a case study- exploratory design. The reason behind this choice was to unearth from its social setting the underlying facts about psychological interventions and psychological adjustments of childless couples. A case study is an empirical inquiry that investigates contemporary phenomenon within real life context (Stroke 1994). It is the intensive, descriptive and holistic analysis of a single entity. It uses smaller samples for in-depth analysis. It describes and explains rather than predicts a phenomenon (Yuko & Onen, 2011).

Case studies emphasise detailed contextual analysis of a limited number of events or conditions and their relationship. Its findings can be generalised to represent other cases in a population of interest (Gesa 2005).). A case study was the best method in this study because it was detailed and specific to Bugonga parish. Although the main design is the case study, the study also employed the correlation design as a sub design. It was used in analysing quantitative information.

A correlation design was also used to determine whether or not, and to what extent an association exists between two or more paired and quantifiable variables. This design was

used because it provides rigorous and replicable procedures for understanding relationships. It determines whether, and to what degree a relationship exists between the quantifiable variables. In this study it assessed the relationship between childless couples that had undergone Psychospiritual assistance and those that had not undergone it.

Qualitative and quantitative methods were used to collect data from primary respondents. The use of both methods was to assist in neutralising biases that would arise from the use of one method as noted by Amin (2005).Denzin& Lincoln (2000), claim that qualitative research involves an interpretive and a naturalistic approach. It means that qualitative researchers study things in their natural settings, for purposes of making sense, and to understand the phenomena of the meanings people bring to them. The researcher used this approach because it assessed well those couples that had undergone psychospiritual interventions and those that had not.

Quantitative approach involves controlled, objective testing and experimentation of data which ultimately supports or rejects the stated hypotheses (Dowd Mary, 2018). (Shank, 2002), defines qualitative research as “a form of systematic empirical inquiry into meaning”. It was used because its results were valid, reliable and generalizable to a larger population. It was adopted in this research about childless couples because it measured the gap between those couples that had undergone psychospiritual interventions and those that had never undergone the same.

Study Area

This research was conducted in Bugonga parish. It is located in Entebbe municipality, which is 37 Kilometres south of the capital city Kampala. It is situated in Wakiso District. It is one of the first missionary parishes founded in Kampala Arch Diocese and it comprises 8 sub parishes. The research was conducted in the 8 sub parishes that make up Bugonga parish,

Entebbe. Entebbe municipality sits on a peninsular of approximately 56.2 Square kilometres into Lake Victoria (Uganda Bureau of Statistics Report, 2012).

Study Population

The research focused on all the 878 couples in Bugonga catholic parish, married, with or without children. Bugonga parish has 58,812 parishioners (Bugonga Parish report, 2017). The estimated number of catholic couples is 878; with 310 legally married in church and 568 not legally married in church (Bugonga Parish report, 2017). Also included were some medical personnel who work in healthy facilities located in Bugonga parish. These were part of the married people. Religious men and women were also part of the study population because their key role in offering psychospiritual assistance to couples.

Sample size

The target population of this research included 485 married people, 35 Medical personnel and 30 Religious men and women. This represented a total of 550 people as the target population. From the above, the sample sizes of the married people were 176, the medical personnel were 29, and the religious men and women were 20. They included special individual interviews and other respondents who took part in the Focus Group Discussions.

The sample size of participants was determined based on the Krejcie and Morgan's sample size Calculation (Krejcie and Morgan, 1970). Krejcie and Morgan formula of calculating sample sizes was used as illustrated below. The Krejcie and Morgan Sample Size Calculation was based on $P=0.05$ where the probability of committing type 1 error is less than 5% or $P<0.05$. The formula below applies since the population is finite:

$$S = \frac{x^2 NP(1-P)}{d^2(N-1) + x^2 P(1-P)}$$

Where:

S= Required Sample Size

X= Z Value (1.96 for 95% Confidence Level)

N= Population Size (550)

P=Population proportion (expressed in decimal) assumed to be 0.5(50%)

d= Degree of Accuracy (5%), expressed as a proportion (.05); it is a margin of error

Therefore

$$S = \frac{x^2 NP(1-P)}{d^2(N-1) + x^2 P(1-P)}$$

$$\text{Sample size} = \frac{(1.96)^2 * 550 * 0.5 * 0.5}{(0.05)^2 * 549 + (1.96)^2 * 0.5 * 0.5}$$

$$\text{Sample size} = \frac{3.8416 * 137.6}{1.3725 + 0.9604}$$

$$\text{Sample size} = \frac{528.60416}{2.3329}$$

Sample size = 225

Therefore, the study considered a sample size of 225 respondents derived from a target population of 550. This implies that the study involved 176 married people, 29 Medical personnel and 20 Religious men and women.

Table 3.1: Sampling Frame

Category of respondents	Population	Sample	Sampling techniques	Instruments
Married people	485	176	Simple random sampling	Questionnaires
Medical personnel	35	29	Convenient sampling	Interview Guide
Religious men, women & Lay church leaders	30	20	Purposive sampling	Focus group discussions
Total	550	225		

Source: Primary Data (2019)

Sample size for each category of the respondents

Formula: $\frac{\text{Total population of each category}}{\text{Total population}} \times 100$

Total population of a sample all categories

Married people $485 / 225 \times 100 = 216$

Medical personnel $35 / 225 \times 100 = 16$

Religious men and women $30 / 225 \times 100 = 14$

Sampling Techniques

Simple random sampling. This is a probability sampling technique in which the researcher randomly selects the participants without bias. 205 married people from 8 sub parishes which form Bugonga parish were selected. These were asked to fill questionnaires

according to their knowledge about childless couples. It was used because every element of the accessible / target population had an equal chance of being selected (Yuko & Onen, 2011). And the information gathered was solely free and spontaneous (Amin, 2005). It was used for all married people including the medical workers.

Purposive Sampling. It is a type of non-probability sampling in which the researcher uses his own judgement or common sense to select the participants that are included in the study (Gesa, 2015). It was the best approach because the time available for the research was limited yet it requires limited time. It also reached the target sample quickly. It involved multiple phases which made it possible to achieve a wider range of data so as to draw conclusions (Yuko & Onen, 2011). The items involved were limited. This technique was used among religious men and women.

Convenient Sampling. Convenient sampling technique is a non-probability technique used to select participants/respondents basing on their availability at the time of the study (Amin, 2005). Convenient sampling technique was used because it solicited valuable information about the topic from those participants who were readily available (Yuko & Onen, 2011). These included medical experts and some childless couples. It was used because these expert soften encountered many people who suffered from primary or secondary infertility or childlessness. Also inclusive were those couples that were actually experiencing childlessness.

Data Sources

The study employed primary data sources. Primary data sources included data that was collected from the field.

Data Collection Methods

The research was conducted using the following methods of data collection: Questionnaires survey method, Interview method, Focus Group Discussion method.

Data collection instruments

The research instruments which were used in the study included: Questionnaires, Interview guides, and Focus Group Discussions (FGDs).

Questionnaires

Is a set of interrelated questions prepared by the researcher about the research problem and based on the objectives. The researcher used a questionnaire with 23 items for getting the findings of objectives 1, 2, and 3 which was; to assess the effect of psychospiritual interventions on the psychological adjustment of childless couples.

The questionnaire had 4 parts, but the first 3 major sections were designed to answer the 3 research objectives respectively, namely; emotional interventions, cognitive interventions and religious interventions. Section 4 was used to find out the extent of couple psychological adjustment. Due to the sensitivity of the information to be collected it was advantageous to use questionnaires because they allowed for a high degree of confidentiality, autonomy, and objectivity with minimum external interference. This instrument was mainly used on married people and some medical persons.

Unstructured Interview Guide

This involves a brief set of questions conducted in a discussion form, mainly for busy people and people who are well informed about the topic but have limited time. It collects more detailed information. The researcher used the interview guide with 12 items in a

battery of 4 questions per every specific research question for getting the findings of questions 1, 2, and 3 which were summed up as; what is the effect of psychospiritual interventions on the psychological adjustment of childless couples. This instrument was used for the medical personnel, and those couples that were directly experiencing involuntary childlessness. The reason for its use was to give a more detailed exposure of a childlessness / infertility which is highly scientific and highly personal.

Focus Group Discussions

These are selected topics that specific respondents with similar attributes or characteristics can deliberate on and come out with a common view concerning the area of research. FGDs were used because they are capable of providing wide and detailed information about the research problem. The researcher used the Focus Group Discussions comprising of 3 items for getting the findings about the hypothesised outcomes of the research which point to adjustment, positive or negative. Priests, religious men and women, parish council leaders and fertility experts and gynaecologists, members were opportunistic participants of this instrument.

Data Quality Control

The questionnaires are standard whose validity and reliability have been verified. The researcher verified the validity and reliability of the instruments, questionnaires and interview guides.

Validity of instruments.

Validity was established by computing the Content Validity Index CVI. Validity of an instrument is the extent to which it measures what it purports to measure (Amin, 2005). Validity of research instruments was ensured by the researcher giving some questionnaires

and interview guides to some lecturers for corrections and clarifications. This was enabled the researcher to adjust the research instruments in order to eliminate ambiguous questions and add those which were relevant to the study objectives.

Formula: Number of members giving a rating 3 or 4 to the relevance of each item, divided by the total number of items in the tool, multiplied by 100.

$$\text{CVI} = \frac{\text{Items rated as 3 or 4 by both experts}}{\text{Total number of items in the tool}} \times 100$$

CVI values were:

Assessing Emotional intervention $4/5 = 0.8$

Analysing Cognitive intervention $3/5 = 0.6$

Evaluating Religious intervention $4/5 = 0.8$

Psychological adjustment $6/8 = 0.75$

The computed CVI therefore, was $0.8+0.6 +0.8+0.75/4 = 0.73$

According to Amin (2005), the acceptable range of CVI is 0.7.

Reliability of instruments.

Reliability of a research instrument refers to the dependability or trustworthiness of the degree to which an instrument consistently measures whatever it is purported to measure. Reliability of the instruments was obtained by pre-test method. Here the instruments were administered to a small number of respondents from another parish two months before the actual study. After gathering data from this pre-test, the researcher then computed the reliability of the variables using SPSS computer software to find Cronbach's Alpha coefficient. Pretesting also helped to show the clarity of the instrument. Unclear instructions, wrong numberings, similar questions were corrected and modified before the instruments were administered to the actual sample. Most of the results of Cronbach's Alpha Coefficient

on each variable are above 0.90, with only psychological adjustment being at least 0.6 which implies that the instruments were reliable as shown in the table below:

Table 3.2: showing the reliability Statistics

Variable	Number of Items	Cronbach's Alpha
Emotional Intervention	5	.965
Cognitive interventions	5	.984
Religious Intervention	5	.975
Perceived Psychological Adjustment	8	.594

Source: Primary data (2019)

Research Procedure

First of all, the researcher sought permission from the School of Graduate and Research at the University of Kisubi after presenting an approved research proposal. After that the researcher got an introductory letter from the university, permitting him to go and collect data. With the formulated research questionnaires, interview guides, and items to be included in the focus group discussions. The he met the sub parish leaders and briefed them about how the research process was to be carried out since they were to assist in the research. Among the research assistants were also the heads of the marriage department at the parish and in every sub parish. Through these two groups of assistants, questionnaires were distributed to the members of the target population which comprised of married people and medical personnel. Permission was sought from the parish priest of Bugonga parish, the heads of health units, and the heads of religious houses. The researcher worked closely with different religious, medical and cultural experts to get the necessary information about this research. These included Entebbe Municipality, Kampala Archdiocesan pastoral office,

Directors of Hospitals, Gynaecologists and Obstetricians. Eventually, the information gathered from the field was organised, analysed and reported.

Data analysis

Quantitative data analysis: Collected quantitative data was edited and coded. Coded data was then entered in SPSS version 21 in order to generate both descriptive and inferential statistics. The quantitative data for the 3 objectives of the study was analyzed using descriptive statistics - frequencies, percentages, means, and standard deviations. The quantitative data for the three objectives was analyzed using inferential statistics; Pearson correlation coefficient, and multiple linear regressions in particular. According to Amin (2005), Pearson correlation coefficient is used to measure the strength and direction of the linear relationship between two variables. So Pearson correlation coefficient was used to measure the strength and direction of the relationship between childless couples that have undergone psychospiritual interventions and childless couples that have not. Regression analysis used several independent variables to predict the outcome of the dependent variable (Amin, 2005). Therefore, the study employed the regression analysis to measure the relationship between psychospiritual interventions and perceived psychological adjustment of childless couples.

Qualitative data analysis: Qualitative data was analyzed using thematic analysis. Thematic analysis was applied for qualitative data for objectives one, two and three. Thematic analysis involved arranging narratives or transcribed information in themes in line with the study variables. The researcher collected information about the childlessness faced by catholic couples from the 176 married people, from 29 medical personnel, and 20 religious men and women plus lay church leaders. He then went ahead to establish the relationship between participation in psychospiritual interventions and the psychological

adjustment of catholic childless couples, and finally he attempted to find out what role the church can play in supporting these couples.

Research Ethical Considerations

Referencing: the researcher endeavoured to quote the sources of work honestly.

Informed consent: Respondents were told the purpose of the study, and they made verbal consent.

Honesty: in setting up the data collection tools the researcher asked only for the information needed and he used it only for research purposes.

Openness: the researcher left room for discussion and critique from the respondents.

Confidentiality and anonymity: the information gathered through interviews was only used for the research and was not disclosed to any other party. Their names were not required in the reporting the questionnaires and interview guides.

Fairness: the researcher did not exploit any person, respondent or moderator, in carrying out this research.

Freedom of respondents: no person was coerced into participating in this research. It was totally out of their free will to do so.

Respect: the researcher respected the opinions and decisions of the respondents including the decision to refuse participating whenever they felt uncomfortable to continue.

Limitations and delimitations of the study

Accessing some of the respondents was difficult. The researcher worked hand in hand with the sub parish leaders to reach those respondents.

The number of human resource was limited. Consequently, the researcher employed other people besides parish leaders in order to gather the data effectively and in time.

Language barrier was a challenge for some respondents who could not read or understand English or Luganda since the study area had a culturally diverse population. Those members were assisted by fellow participants who could understand both languages in answering the questionnaires.

The process of data collection avoided biased sources of information. Hence data collection was done using 3 tools; instruments, questionnaires and interview guides. These tools were prepared well to be able to gather results objectively and reliably.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION

Introduction

This study attempted to establish the relationship between the psychospiritual interventions and perceived psychological adjustment among catholic childless couples, with Entebbe Municipality as a case study. The research results and data analysis are presented simultaneously with thematic analysis.

The three research objectives that guided the course of this research presentation and discussion include the following: to assess the effect of emotional interventions on the perceived psychological adjustment of childless couples; to analyse the contribution of cognitive interventions on the perceived psychological adjustment of childless couples; and to evaluate the effect of religious interventions on the perceived psychological adjustment of childless couples.

Demographic information

The analysis of demographic informants was based on gender, age, marital status, years of marriage and the child baring history. On the gender analysis the findings are indicated as in the table below.

Table 4.1 Gender of respondents

Respondents	Frequency	Percent
Female	117	52
Male	108	48
Total	225	100

Source: Field Data (2019)

The number of female respondents was 117 making 52%, while the male respondents were 108 making 48%, reason being that more women were willing to participate than men.

Age of respondents

As far as age is concerned, majority of the respondents were between 31-40 years of age as indicated by the table below.

Table 4.2 Age of respondents

Age of respondents	Frequency	Percent
18-30	48	21.3
31-40	74	32.8
41-50	52	23.1
51-60	39	17.4
61 Above	12	05.4
Total	225	100

Source: Field Data (2019)

Data from table 4.2 above reveals that 21.3% of the respondents were aged 18-30 years, 32.8% were in the age range 31-40. Those aged 41-50 made 23.1%, while those aged 51-60 were 17.4% and those aged 61 and above were 5.4%.

Marital status

Table 4.3 Marital status

Respondents	Frequency	Percent
Married in Church	87	42.4
Married not in Church	118	57.6
Total	205	100

Source: Field Data (2019)

Statistical data in table 4.3 above showed that 42.4% were married in Church, while 57.6% were married not in Church. The table above portrayed that more than half of the population of catholic married people in Bugonga parish, Entebbe municipality were married not in church.

Years of marriage

Table 4.4 Years of marriage

Respondents	Frequency	Percent
1-10	86.5	49.2
11-20	41.5	23.6
21-30	22.2	12.6
31-40	13.7	07.8
41-50	9.1	05.2
51 Above	2.8	01.6
Total	205	100

Source: Field Data (2019)

Regarding the years of marriage, 49.2% had spent 1-10 years in marriage, 23.6% had 11-20 years, 12.6% had 21-30 years, 7.8% had 31-40 years, 5.2% had 41-50 years and 1.6% had over 51 years in marriage.

Emotional Interventions and perceived psychological adjustment

Data depicting the study objectives and variables was done and table 4.5 below has a summary of statistics of Emotional Interventions and perceived psychological adjustment.

Table 4.5 Summary statistics of Emotional Interventions and perceived psychological adjustment

No	Statements	Resp.	Freq.	Perc.	Mean	Std.D
1.	Attending counselling sessions can enhance communication among childless couples	SA	149	66.2	4.58	.716
		A	65	28.9		
		N	6	2.7		
		D	2	.9		
		SD	3	1.3		
2.	Being part of a charity group can help us to discover our purpose in life and build self-esteem.	SA	110	48.9	4.33	.790
		A	86	38.2		
		N	24	10.7		
		D	3	1.3		
		SD	2	.9		
3.	The charity group can enable me to be generous to under privileged children in society.	SA	104	46.2	4.20	.959
		A	82	36.4		
		N	25	11.1		
		D	8	3.6		
		SD	6	2.7		
4.	Child adoption raises wellness among childless couples	SA	70	31.1	3.80	1.072
		A	77	34.2		
		N	47	20.9		
		D	26	11.6		
		SD	5	2.2		
5.	Positive attitude of childless couples promotes intimacy	SA	93	41.3	3.94	1.212
		A	74	32.9		
		N	25	11.1		
		D	17	7.6		
		SD	16	7.1		

Source: Primary data (2019)

From table 4.5 the study reveals that majority of the respondents, 95%, basically agreed (Mean= 4.58, Std. Dev =.716) that attending counselling sessions enhances communication among childless couples. This, therefore, implies that attending counselling sessions can enhance communication among childless couples. This was arrived at because of the

realisation that many couples had atleast once tried to meet a professional counsellor or a marriage counsellor at church .

From the 29 interviewesabout*counselling sessionsenhancing communication* the outstanding theme that came out above all was *talking*.Out of those, 19 accepted that talking was helpful for the proper adjustment of a childless couple, giving the percentage of 65.5.

This was echoed by an interviewee who said that

“.....Afterdifferent trials and several medical interventions of getting a child, but all in vain, I found consolation and strenght from talking to the leader of the married couples at my church. By the time I went back home I felt very relaxed and I was able to resume my work.....”

Another respondent also said that

“.....When I would go for fertility check ups, the first thing they would do was to give me an hour of counselling. We would talk about several things including the posibility that I may stillfail to conceive despite the all the treatment. They told me that I should be open to any eventualities.....”

These findings, therefore, imply that couesling sessions have helped couples to cope with the dilemma of childlessness not only to expect a child but also to adjust to marriage without a biological child. During the focuss group discussions counseling sessions were found to play a great rolein raising the hope of childless couples through improving their communication and providing courage to them when child bearing seems or becomes impossible.

From table 4.5 the study reveals that majority of the respondents, 87%, basically consented (Mean= 4.33, Std. Dev =.790) to the idea that being part of a charity group could help couples to discover their purpose in life and to build self-esteem. These results confirmed thatbeing part of a charity group can help childless couples/ individuals to discover their purpose in life and to build self-esteem. This concured with the fact that several couples pooled their resources together and helped those people whom society calls outcasts, such as street children and teenage single mothers.

The outstanding theme that came out from the 29 interviewees about *being part of a charity group enabling couples to discover their purpose in life and build self-esteem* was *inner satisfaction*. Out of those, 17 felt joy and deep satisfaction through doing charity or helping the needy. That gave a percentage of 59.

One respondent was eager to comment that

“...Instead of using all my money for my own happiness and that of my spouse, it gives me joy and satisfaction when I donate to orphanages and prisons especially at the end of the year. Whatever I would have given to my own children is shared by these people to have something to eat for at least one meal...”

Among those interviewed, one said that

“...even if I don't have a biological child it gives me great joy to help at least one or two children that I don't know to be able to go to school and to provide for their material needs. In my village I have so far supported three children...”

These comments, therefore, imply that childless couples were able to put aside their worries of not having a biological child and instead impacted their society positively. Consequently they discovered their purpose in life which was at the same time emotionally fulfilling for them. Concerning being part of a charity group, the focus group discussions revealed that many childless couples gained self-esteem out of doing charity. It was psychologically satisfying for them to be able to improve the lives of the other people in society.

From table 4.5 the study reveals that majority of the respondents, 78.6%, basically agreed (Mean= 4.20, Std. Dev =.959) that the charity group enables one to be generous to underprivileged children in society. This means that the charity group can enable childless couples to be generous to underprivileged children in society.

Out of the 29 interview respondents about *charity groups enabling a person to be generous to underprivileged children*, the outstanding theme that came out was *helping the needy*. 20 of those reported feeling energised by their acts of charity, giving the percentage of 69.

In the words of one childless couple,

“...We decided to establish a school in our village since we were earning a salary as teachers. Our plan was to help children from poor family to get affordable primary education. We begun with only 8 children, but after 5 years we have 400 pupils ranging from Nursery section to Primary Four....”

These findings therefore imply that childless couples can transform the lives of many unfortunate people through voluntary charitable activities. In doing such programmes the spouses will feel more intimate to each other and emotionally fulfilled. During the focus group discussions it was affirmed that being part of charity groups enabled childless couples to be generous to those in need especially children. Activities like feeding children, paying their school fees and providing medical treatment were signs of fruitfulness as a form of adjustment by the childless couples.

From table 4.5 the study revealed that a good number of respondents, 65.3%, agreed (Mean= 3.80, Std. Dev =1.072) that child adoption raises wellness among childless couples. This means that child adoption can raise wellness among childless couples. The outstanding theme that came out from the 29 interviews conducted on *child adoption as the best way to attain emotional stability* was to channel emotional energy for the good. Out of those, 15 members found child adoption beneficial to them since it gives them an opportunity to be generous to the children. This formed 51.7%.

This is what one interviewee said

“...If a couple has the capacity to take on a child and look after him or her they stop engaging in self pity and put in all their energy and resources for that child. However, this depends on both spouses. One of them may accept but the other may not like the idea. Consequently child adoption should come out of mutual consent of both the wife and husband if it is to improve the lives of both spouses...”

Similarly, one respondent had this to say

“...I requested my husband and he accepted that we care for the two children of my late brother. They belonged to different mothers who could not afford so I took them on. We have lived with them for eight years like our own children and I feel that I am fulfilled because I have someone to care for and to provide for...”

This, therefore, implies that when they care for a child who is not their own, it first and foremost helps them as a couple not to live in solitude with no one to love and care for. But eventually the child is also able to benefit in terms of education or /and feeding. Concerning child adoption, the focuss group discussions revealed that some childless couples were of the view that in the future they may get a child or children to look after. This was to enable them to remain focussed due to failure to get their own biological child. This was one way through which they become fruitful by being generous to those children.

From table 4.5 the study reveals that a bigger number of the respondents, 74.2%, basically agreed (Mean= 3.94, Std. Dev =1.212) that the positive attitude of childless couples promotes intimacy. This implies that the positive attitude of childless couples can promote intimacy.

The outstanding theme that came out from the 29 interviewees about *the positive attitude of the childless couples promoting intimacy* was *the joy that these children bring*. Out of those, 19 couples reported feeling happy because of the different activities that they did with these children and they reported that they used to be in conflict before they adopted a child, however these conflicts reduced when they got the child, which gave a percentage of 65.5%.

That was confirmed by an interviewee who said that

“...when we got Peter at 5 years his biological father was negligent. His mother confessed that we had relieved her of part of the big responsibility since she had to care for two other children with one being Peter’s 2 year old sister. We felt happy that we were able to do this and improve the life of this boy and consequently the life of his family....”

Another respondent asserted that

“...at first my husband had barred me from bringing my niece and nephew to live with us since their father had died. However, after I had convinced him the children started to stay with us. Since then our relationship became more peaceful and all the hardness of hearts and quarreling gradually disappeared....”

These findings therefore imply that most childless couples who decide to adopt children live a more close or intimate marital life. This does not mean a life without problems but with mutual tolerance. The focus group discussions also affirmed that a sense of wellness was realised among childless couples that had chosen to get a child whom to live with instead of living in self pity of being childless.

Correlation for Emotional interventions and perceived psychological adjustment

For purposes of assessing the emotional interventions on perceived psychological adjustment, Pearson correlation was conducted to determine the linear relationship between the two variables. The results of the test are shown in table 4.6

Table 4.6 Correlations for Emotional Interventions and perceived psychological adjustment

		Emotional Interventions	Perceived Psychological Adjustment
Emotional Interventions	Pearson Correlation	1	.971**
	Sig. (2-tailed)		.000
	N	225	225
Perceived Psychological Adjustment	Pearson Correlation	.971**	1
	Sig. (2-tailed)	.000	
	N	225	225

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data (2019)

From the table above, the correlation coefficient ($R = .971, p < 0.01$) shows that there is a positive, very strong and statistically significant effect of emotional interventions on perceived psychological adjustment implying that emotional interventions greatly affect psychological adjustment.

Regression Analysis

A regression analysis was conducted to determine the level of variability of perceived psychological adjustment (the dependent variable) which can be explained by the emotional interventions, holding other variables constant. The results are presented in Table 4.7

Table 4.7 Regression analysis for emotional interventions and perceived psychological adjustment

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.971 ^a	.943	.942	.127

a. Predictors: (Constant), Emotional Interventions

Source: Primary data (2019)

From the table of analysis above, *R Square (.943)* is the coefficient of determination telling us what is the proportion of the Y variability (psychological adjustment) is explained by the predictor variables (emotional interventions). Therefore, 94.3% of psychological adjustment is explained by emotional interventions.

Cognitive Interventions and perceived psychological adjustment

Data regarding analysing the contribution of cognitive interventions on perceived psychological adjustment was sought. Table 4.8 below has a summary of the findings.

Table 4.8 Summary statistics of Cognitive Interventions and perceived psychological adjustment

No	Statements	Res.	Freq.	Perc.	Mean	Std.D
1.	Marriage counselling enables childless couples to plan together	SA	131	58.2	4.41	.878
		A	72	32.0		
		N	11	4.9		
		D	6	2.7		
		SD	5	2.2		
2.	Marriage seminars improve communication among childless couples	SA	115	51.1	4.31	.921
		A	83	36.9		
		N	14	6.2		
		D	7	3.1		
		SD	6	2.7		
3.	Similar interest groups are instrumental in bringing about society enhancement	SA	96	42.7	4.11	.972
		A	76	33.8		
		N	38	16.9		
		D	11	4.9		
		SD	4	1.8		
4.	Similar interest groups can enable childless couples to avoid self-pity and raise their hope.	SA	104	46.2	4.18	1.011
		A	82	36.4		
		N	23	10.2		
		D	7	3.1		
		SD	9	4.0		
5.	Being part of a support group can helps childless couple to cope up with the situation of failure to have a child	SA	106	47.1	4.19	.988
		A	80	35.6		
		N	20	8.9		
		D	14	6.2		
		SD	5	2.2		

Source: Primary data (2019)

From table 4.8 the study reveals that majority of the respondents, 90.2%, basically agreed (Mean= 4.41, Std. Dev =.878) that marriage counselling enables childless couples to

plan together. This, therefore, implies that marriage counselling can enable childless couples to plan together for the future. This can be attributed to the realisation that individuals discovered new ways of positively looking in the future. They gained hope through these sessions that they could use their resources to do some activities to improve their society.

Out of the 29 interview respondents about *marriage counselling enabling childless couples to plan for the future* the outstanding theme that came out was *common understanding*. 22 of those respondents reported that their marriage life was more satisfying since they embarked on joint developmental programmes, forming the percentage of 76%.

One childless husband said,

“....in our first five years we got a lot of support through talking to different counsellors when we visited different fertility centres. Our hope was raised that we would achieve a pregnancy in future. We never lost hope since we were doing every thing together. This common outlook carried us through those many stressful years of searching for a child”

Such was the recount of another female interviewee,

“....if it was not for the counselling that we got about going for a joint medical check up as husband and wife, my husband would not have found out that he had low sperm count and low speed of sperms. However, since then we do most of our programmes together as a couple whether social, spiritual or economical ...”

These findings ,therefore, imply that childless couples who endeavour to do whatever they want to accomplish in their lives together, tend to live happier lives in the future. During the focuss group discussions marriage counseling sessions were found to play a significant role in redirecting the course of life for these couples. Those who undergo these sessions not only gain hope for child expectance but also adjust faster and positively in case they fail to achieve their goal of child bearing.

From table 4.8 the study reveals that majority of the respondents, 88%, basically consented (Mean= 4.31, Std. Dev =.921) to the idea that marriage seminars improve

communication among childless couples. This means that marriage seminars can improve communication among childless couples. It was observed that after these seminars each of the spouse was more tolerant to the other. By encountering other couples who are undergoing the same condition they could share notes and learn from one another.

The outstanding theme that came out from the 29 interviewees about *marriage seminars improving communication among childless couples* was *openness*. Out of those, 21 confirmed that the seminars taught them to share freely with their spouses, family members and friends concerning their feelings about childlessness. This enabled them to seek possible support, which formed a percentage of 72.4%.

In the words of one couple that was interviewed

“...we managed to discover the cause of our infertility after a marriage seminar. A colleague at the seminar connected us to a gynaecologist who took us through many medical check ups. For the first time in eight years each of us was able to open up about their past life. Since our communication has been better than before ...”

Another respondent also asserted that

“...during marriage seminars we formed small discussion groups. At first I was not able to share freely about being childless. Since my spouse had begotten a child during her youth days every one thought that this child was for both of us. As time went on and more seminars were organised I opened up to my colleagues...”

These findings, therefore, imply that marriage seminars are highly informative and can create new avenues through connections with different people, which people can bring about new rays of hope to the childless couple. Medical, herbal and cultural remedies can be discovered by the couple through the seminars. The focus group discussions affirmed that marriage seminars bring about better knowledge of self and better adjustment to the state of childlessness. They not only improve the couple's wellness through healthy communication between themselves, but also readiness to express themselves towards each other.

From table 4.8 the study reveals that a big number of the respondents, 76.5%, basically agreed (Mean= 4.11, Std. Dev =.972) that similar interest groups are instrumental in bringing about society enhancement. This means that similar interest groups can bring about society enhancement. This can be attributed to the observation that those childless couples that have come together with other similar couples have carried out some programmes that promote societal development unlike those couples that live in isolation. From the 29 interview respondents about *similar interest groups bringing about society enhancement* the outstanding theme that came out was *information sharing*. 21 of those respondents reported that every moment they spent together seemed like a family reunion. These groups gave opportunity for each member to learn from one another how to manage this state of involuntary childlessness. They formed 72.4%.

One participant had this to say

“.... i belong to a group of four men who have never got a biological child. All of them are older than me. Whenever we meet we talk at length about life issues and sometimes about childbearing. In fact I always find this encounter psychologically beneficial and very informative to me and i always look forward to our next meeting....”

Likewise a member of another group also related thus

“....as catholic ministers undergoing the same challenge, we formed an association of three couples. During our meetings we pray, share experiences and encourage one another. In fact no one can best understand this situation than one who has ever or is experiencing it in reality....”

These findings, therefore, imply that there is no need for one to hide and suffer alone due to childlessness when there are other people experiencing the same state. If it is jointly addressed in a free and loving environment childlessness ceases to be very stressful. The focus group discussions about similar interest groups bringing about society enhancement revealed that there is no better forum for sharing the agony of childlessness than in these groups. Most of those who have ever been part of them admitted that they acquired self esteem

so that they no longer considered themselves losers but rather as fully abled members of society. Through these groups they were able to enhance society through charitable activities like giving food and free education.

From table 4.8 the study reveals that a good number of respondents, 82.6%, agreed (Mean= 4.18, Std. Dev =1.011) that similar interest groups enable childless couples to avoid self-pity and raise their hope. This means that similar interest groups can enable childless couples to avoid self-pity and raise their hope. This can be attributed to the realisation that when a couple comes into contact with another couple with a similar condition they quickly become friends and share a lot together. Through learning from one another, their life becomes more positive and resourceful.

Out of the 29 interview respondents about *similar interest groups preventing self-pity and raising hope*, the outstanding theme that came out was *similar testimony*. 19 respondents said that whenever they share experiences there is something that improves in their relationship. This give the percentage of 65.5%.

“....no one can genuinely counsel a childless couple better than the one who has also undergone the same experience. Some counselors can even ask irrelevant questions which might only serve to make matters worse....” Said one female interviewee.

Also during another interview something similar was raised

“...the tesitmony of a person who was childless before but later got a child is indispensable. When he or she talks to a childless couple, his or her words are held with high regard unlike the words of a person who has had several children....”

These findings ,therefore, imply that no one can better appreciate the conditon of infertility than the one who is or who was once in the same condition. Consequently, more and more childless couples should work towardsbelonging in groups through which they can give social and support cognitive to each other.During the focuss group discussions similar interest groups were found to enhance hopefulness and fruitfulnessamong childless couples

In the first place they enable the individuals to be hopeful that they may get a child in the future and also help them to cope if the child is not forthcoming.

From table 4.8 the study reveals that majority of the respondents, 82.7%, basically consented (Mean= 4.19 Std. Dev =.988) to the position that being part of a support group helps childless couple to cope up with the situation of failure to have a child. This implies that being part of a support group can help childless couple to cope up with the situation of failure to have a child. This can be attributed to the realisation that volunteer organisations or groups have come up to support the childless members of society to discover other ways of living positively. Some have gone into commercial farming, community health promotion and other voluntary activities. They also meet periodically to share experiences. When they are helped by various bodies they in turn help the less privileged in our communities.

From the 29 interviews carried out on being part of a support group helping childless couple to cope up with the situation of failure to have a child, the outstanding theme that came out was getting and *giving support*. 20 of those respondents reported that these groups can mobilise funds from different stakeholders, and childless couples can be empowered to start small scale businesses. This formed 69%.

Some members confirmed this when they said that

“.....individuals, churches and non government organisations can fundraise or mobilise support for childless couples in form of free or subsidised medical check ups. Further more those childless individuals who don't have jobs or steady income can be assisted by the same bodies to acquire self sustaining projects such as poultry keeping, animal husbandry and economic agriculture. This can greatly minimise their level of self pity and feelings of worthlessness....”

Another respondent likewise asserted that

“....i joined a group of people who look after orphaned and /or abandoned children and I am paying fees and upkeep for two children. I find this equally fulfilling and psychologically beneficial given the fact that I have no biological child.....”

These findings ,therefore, imply that childless couples who have been empowered stand better chances of positive psychological adjustment. Consequently, they too can transform their communities through sharing the skills and resources that they acquired with the other under privileged or ignorant members of society, thus becoming fruitful. From the focus group discussions conducted these groups were found to promote wellness and subsequently improve self esteem because of the charitable activities done. Since these groups are not for personal gains they tended to enhance the good of society.

Contribution of cognitive interventions on perceived psychological adjustment

For purposes of analysing the contribution of cognitive interventions on perceived psychological adjustment, Pearson correlation was conducted to determine the linear relationship between the two variables. The results of the test are shown in table 4.

Table 4.9 Correlations for cognitive interventions and perceived psychological adjustment

		Cognitive Interventions	Perceived Psychological Adjustment
Cognitive Interventions	Pearson Correlation	1	.961**
	Sig. (2-tailed)		.000
	N	225	225
Perceived Psychological Adjustment	Pearson Correlation	.961**	1
	Sig. (2-tailed)	.000	
	N	225	225

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data (2019)

From the table above, the correlation coefficient ($R = .961, p < 0.01$) shows that there is a positive, very strong and statistically significant contribution of cognitive interventions on perceived psychological adjustment implying that cognitive interventions significantly contributes to psychological adjustment.

Regression Analysis

A regression analysis was conducted to determine the level of variability of perceived psychological adjustment (the dependent variable) which can be explained by the cognitive interventions, holding other variables constant. The results are presented in Table 4.10.

Table 4.10 Regression analysis for cognitive interventions and perceived psychological adjustment

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.961 ^a	.923	.922	.148

a. Predictors: (Constant), Cognitive Interventions

Source: Primary data (2019)

From the table of analysis above, *R Square (.923)* is the coefficient of determination telling us what is the proportion of the Y variability (perceived psychological adjustment) as explained by the predictor variables (cognitive interventions). Therefore, 92.3% of psychological adjustment is explained by cognitive interventions.

Religious Interventions and perceived psychological adjustment

Data highlighting evaluation of the effect of religious interventions and perceived psychological adjustment was presented and analysed. Table 4.11 has the details.

Table 4.11 Summary statistics of Religious Interventions and perceived psychological adjustment

No	Statements	Res.	Freq.	Perc.	Mean	Std.D
1.	Healing prayers can give hope to childless couples	SA	149	66.2	4.55	.737
		A	59	26.2		
		N	9	4.0		
		D	8	3.6		
		SD	149	66.2		
2.	Marriage retreats can equip couples to deal with challenges in their intimacy	SA	104	46.2	4.25	.873
		A	87	38.7		
		N	25	11.1		
		D	5	2.2		
		SD	4	1.8		
3.	Religious rituals promotes self-esteem among childless couples	SA	133	59.1	4.46	.779
		A	70	31.1		
		N	16	7.1		
		D	4	1.8		
		SD	2	.9		
4.	Common prayers can enable childless couples to remain hopeful	SA	120	53.3	4.38	.804
		A	79	35.1		
		N	19	8.4		
		D	5	2.2		
		SD	2	.9		
5.	Spiritual counselling can enable childless couples to live well	SA	113	50.2	4.32	.853
		A	83	36.9		
		N	21	9.3		
		D	4	1.8		
		SD	4	1.8		

Source: Primary data (2019)

From table 4.11 the study reveals that majority of the respondents, 92.4%, basically agreed (Mean= 4.55, Std. Dev =.737) that healing prayers give hope to childless couples. This, therefore, implies that healing prayers can give hope to childless couples. This can be attributed to the observation that a number of childless individuals, especially ladies, attend healing prayers atleast once every month.

Out of the 29 interview respondents on healing prayers giving hope to childless couples, the outstanding theme that came out was *thepower to heal*. 24 of those reported that

these prayer moments strengthened them to remain expectant about child bearing, giving the percentage of 82.7%.

One member had this to say

“...whenever I feel stressed by the social pressure of not having a biological child, I go to the Vincentian Retreat Centre for mass and sometimes I get special prayers from a priest. I don't think that I would still be in that marriage if it was not for these hope-giving sessions of prayer...”

A group of respondents asserted that

“...In our church we attend prayer services organised by the Catholic Charismatic Renewal once every month. During these prayers the leaders call forward all members who need of special prayers to go in front to be prayed over. Some of these are childless couples....”

These findings, therefore, imply that among all other solutions used to address childlessness, healing prayers enjoy a very central place. They are free and accessible for all people, thus bringing new life and hope. During the focus group discussions healing prayers were found to be useful and to raise hope among childless couples whose search for a biological child has delayed or proven difficult. These prayers were found to sustain a couple's search for a child, as they can remain expectant. More still they can give hope, calmness and direction to a couple when they fail to get a child.

From table 4.11 the study reveals that majority of the respondents, 84.9%, basically consented (Mean= 4.25, Std. Dev =.873) to the idea that marriage retreats equip couples to deal with challenges in their intimacy. This means that marriage retreats can equip couples to deal with challenges in their intimacy. This can be attributed to the realisation that most of those couples who attend marriage retreats become more intimate despite the different problems that they encounter in their marital life.

From the 29 interviewees on marriage retreats equipping couples to deal with challenges in their intimacy the outstanding theme that came out above all was *useful message*. Out of those, 20 accepted that retreats give direction for a couplebringing harmony, giving the percentage of 69%.

According to one couple

“...if it had not been for the retreat that we attended in Namugongo as a group of couples from Bugonga parish, my marriage would be have ended long time ago. The message that was tuaght to us was very practical and helpful...”

In the same line a childless woman said

“...twice when I attended marriage retreats with the Vicentian retreat centre, among the topics that were taught was how to live happily despite being childless or having less than the desired number of children. I felt strengthened and encouraged to find hope amidst a difficult situation...”

These findings imply that couples can find practical answers to their marital challengess through organising individual and communal retreats. It is an opportunity to pray and share life with other people some of whom are or were experiencing the same challenge like them. During the focuss group discussions marriage retreats were found to sustain marrital relationships especially in times of serious adversity. For the case of childless cuoples these retreats were thought to bring about wellness through intimacy building. Instead of blaming each other or criticising each other spouses may become more supportive to each other. At the same time these retreats increase hope in God’ omnipotence thereby increasing the coupl’s child expectancy.

From table 4.11 the study reveals that a good number of the respondents, 90.2%, basically agreed (Mean= 4.46, Std. Dev =.779) that religious rituals promote self-esteem among childless couples. This means thatreligious rituals can promote self-esteem among childless couples. This can be attributed to the observation that in seeking consolation to their condition, catholic childless couples often frequent; receiving of sacraments such as penance,

adoration of the Blessed Sacrament, and making of pilgrimages to prayer sites such as Kiwamirembe, Kabulamuliro and Namugongo Uganda Martyrs' shrine.

From the 29 interviewees on the use of religious rituals promoting self-esteem the outstanding theme that came out above all was *prayer centres*. Out of those, 19 accepted that irrespective of one's need, there are several places of recourse for special prayers in Kampala and Entebbe today. People go there for all kinds of needs especially child bearing. This gave the percentage of 65.5%.

During an interview with one member, it was confirmed that

"...more people flock to pilgrime centres within Kampala and beyond in order to spend hours or days in prayers of intercession before God. Devotions to the Blessed Virgin Mary, the Uganda Martyrs and the Divine Mercy are on the rise today, and some of those who go for these prayers are seeking child bearing, and marital stability among other reasons..."

Another man who had been married for more than 10 years, without getting a child, gave the following testimony

"...on the 9th March 2018, I went to Rubaga Cathedral with my friends for a night of prayer Adoration that had been officially pronounced by Pope Francis. It was led by Rev. Fr. Kato. Something different happened to me. Having spent many years in prayers without success my wife had given up with prayers, so I decided to pray alone. On that day whenever I would look at the exposed Blessed Sacrament, strong rays of light with Christ in the middle would strike my eyes and a lot of tears started flowing in my eyes. This is something that I had never experienced before in all my years of prayers at different places..... the intensity of the tears increased as Fr. Kato started moving around with Jesus in the Blessed Sacrament and passed by me.....All through this process I was kneeling and kept asking Jesus to set me free from the problem of 'infertility', and I believe He did it right then.... In that same month my wife conceived and later gave birth to a baby Boy after all that long time. Glory to God we have a baby boy."

The implication of these findings is that through participating in religious rituals the challenge of infertility can divinely be overcome. This can also bring about deeper faith in

divine ability and assurance to those couples that have never got a biological child, so that they continue to pray and hope for their miracle. During the focus group discussions it was affirmed that participating in religious rituals could offer answers to the challenge of involuntary childlessness. Testimonies of miraculous conceptions were shared among the members. These testimonies continued to give hope for child expectance to those couples that have taken long in the search for a biological child.

From table 4.11 the study reveals that a big number of respondents, 88.4%, basically agreed (Mean= 4.38, Std. Dev =.804) that common prayers enable childless couples to remain hopeful. This means that common prayers can enable childless couples to remain hopeful. This can be attributed to the observation that several people go to priests, religious men and women to ask for their intercession on different matters of need, among which is infertility. Many people have conducted Novenas and offered special mass intentions in order to conceive of a child.

Out of the 29 interview respondents about *the ability of common prayers to bring hope*, the outstanding theme that came out was *insistent prayer*. 23 of those, reported that through these prayers they felt very close to God and that they had that deep conviction that their prayers would be answered soon or later. This gave the percentage of 79.3%.

A member of one community confirmed this when she said

“...My niece who suffered from infertility for over 7 years used to come to our convent for special prayers. Most often she prayed through the Divine mercy devotion, and eventually she conceived a baby girl...”

For a period of 6 years one participant made the following prayer during every Eucharistic sacrifice that she attended during the time of ‘consecration’

“...Dear Lord let your Body and Blood cleanse my womb so that I can conceive boys and girls, twins and single children...”

Another interviewee also assured the researcher thus

“...For fourteen years I had failed to conceive due to tubal factors but I did not give up on prayer. First of all I made a pilgrimage to the Holy Land in 2011 and my major petition was to conceive a baby. After that I continued to pray and to do charity. However, on 15th August 2014 I made another pilgrimage to Kibeho (Rwanda) still with the same prayer request. God is great because I conceived in November of the same year 2014. Now I have twins”

These findings, therefore, imply that childless couples should remain persistent in prayer. God can heal infertility completely and bring about a new and more intimate experience in the life of a couple. This has been evidenced by many couples. The focus group discussions revealed that if childless persons or couples pray continually God answers prayers. These prayers were believed to create hope and expectancy for a child. It was also discovered that those couples that often petitioned God to get a child would become more intimate because of their common goal. While other childless couples would remain strong and focussed on God and on each other.

From table 4.11 the study reveals that majority of the respondents, 87.1%, basically consented (Mean= 4.32 Std. Dev =.853) to the position that spiritual counselling enables childless couples to live well. This implies that spiritual counselling can enable childless couples to live well. This can be attributed to the observation that several couples who after many years of searching for a child have not been successful, can still find hope and strength to live happily together through counselling. Once in a while they still go to religious leader for a word of encouragement and for prayers.

The outstanding theme that came out from the 29 interviewees about *the importance of spiritual counselling in enabling childless couples to live well* was *hope for tomorrow*. Out of those, 18 members reported finding hope again after talking to a spiritual counsellor, thereby forming 62%.

One childless participant who had been married for 13 years had this to say

“...if it had not been for Father who has been available to listen to my complaints to God about those different people whom I suspected to have caused this for so many years, I would not still be holding on to my marriage. Sometimes we have blamed each other as spouses for our condition, but when it is too much we seek help from our family priest”

Another respondent also commented about spiritual counselling thus

“.... Sometimes i feel like asking God the reason for our childlessness. Then I go for a retreat at Gogonya Divine Mercy Centre or to the Vincentian Retreat Centre where I get counseling from a reverend sister or brother. This is how I manage to push on...”

These findings ,therefore, imply that a word from a man or woman of God, spiritual leader, goes far to avert a hopeless situation of a childless person. Life is meaningful again, and one is able to go on striving for other aspirations in life besides child bearing such as further education and establishing a powerful business. Expectancy for a biological child of oneself also remains steadfast despite all the negative comments from the people around. During the focuss group discussions it was reechoed that spiritual counselling is important in assisting frustrated members of society that have delayed or failed to conceive a child. Spiritual counselling goes further to help them to regain self esteem despite their failure to get a child. They even rediscover their ability to change their society through various developmental programmes.

Evaluating the effect of religious interventions and perceived psychological adjustment

For purposes of evaluating the effect of religious interventions on perceived psychological adjustment, Pearson correlation was conducted to determine the linear relationship between the two variables. The results of the test are shown in table 4.12

Table 4.12 Correlations for religious interventions and perceived psychological adjustment

		Religious Interventions	Perceived Psychological Adjustment
Religious Interventions	Pearson Correlation	1	.955**
	Sig. (2-tailed)		.000
	N	225	225
Perceived Psychological Adjustment	Pearson Correlation	.955**	1
	Sig. (2-tailed)	.000	
	N	225	225

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data (2019)

From the table above, the correlation coefficient ($R = .955$, $p < 0.01$) shows that there is a positive, very strong and statistically significant effect of religious interventions and perceived psychological adjustment implying that religious interventions significantly affect psychological adjustment.

Regression Analysis

A regression analysis was conducted to determine the level of variability of perceived psychological adjustment (the dependent variable) which can be explained by the religious interventions, holding other variables constant. The results are presented in Table 4.13

Table 4.13 Regression analysis for religious interventions and perceived psychological adjustment

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.955 ^a	.911	.911	.158

- a. Predictors: (Constant), Religious
- b. Interventions

Source: Primary data (2019)

From the table of analysis above, *R Square (.911)* is the coefficient of determination telling us what is the proportion of the Y variability (perceived psychological adjustment) as explained by the predictor variables (religious interventions). Therefore, 91.1% of psychological adjustment is explained by religious interventions.

Hypothesis Testing

In order to find out whether the null hypothesis can be rejected or not which could lead to the acceptance of the alternative hypothesis, Pearson correlation was also run to determine the general relationship between the independent variable and the dependent variable. The results are shown in the table 4. 14 below

Table 4.14 Correlations for Participation in Psychospiritual interventions and perceived Psychological Adjustment

		Participation in Psychospiritual interventions	Perceived Psychological Adjustment
Participation in psychospiritual interventions	Pearson Correlation	1	.968**
	Sig. (2-tailed)		.000
	N	225	225
Perceived Psychological Adjustment	Pearson Correlation	.968**	1
	Sig. (2-tailed)	.000	
	N	225	225

** . Correlation is significant at the 0.01 level (2-tailed).

From the table above, the correlation coefficient ($R = .968$, $p < 0.01$) shows that there is a statistically very strong positive and significant effect of psychospiritual interventions on perceived psychological adjustment implying that participation in psychospiritual interventions highly relates to psychological adjustment.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The study was carried out to establish the relationship between participation in psychospiritual interventions and the perceived psychological adjustment of catholic childless couples, taking Bugonga in Entebbe municipality as a case study. This chapter presents the discussion of the results presented in chapter four. The discussion oscillates between the theoretical foundation of this study presented in chapter two and the empirical evidence presented in chapter four. The chapter also provides a summary of the study finding, conclusion and recommendation basing on the research objectives and the major theory of the study.

Summary of the study findings based on each objective.

Objective One

The study found out that attending counselling sessions can enhance communication among childless couples by 95%, that being part of a charity group can help childless couples/ individuals to discover their purpose in life and to build self-esteem (87%), that charity groups can enable childless couples to be generous to under privileged children in society (78.6%), that child adoption can raise wellness among childless couple (65.3%) and that the positive attitude of childless couples can promote intimacy (74.2%). The above statistical data directly underlined the importance of the individual as an identifiable part of the bigger group or society. The correlation coefficient ($R = .971, p < 0.01$) shows that there is a positive, very strong and statistically significant effect of emotional interventions on perceived psychological adjustment implying that emotional interventions greatly affect psychological adjustment.

Objective Two

The study found out that marriage counselling can enable childless couples to plan together for the future(90.2%), marriage seminars can improve communication among childless couples(88%),similar interest groups are instrumental in bringing about society enhancement(76.5%), similar interest groups can enable childless couples to avoid self-pity and raise their hope(82.6%), and that being part of a support group can helps childless couple to cope with the situation of failure to have a child(82.7%). The above statistics dierctly underlined the importance of the as an identifiable part of the bigger group or society. The correlation coefficient ($R= .961, p <0.01$) shows that there is a positive, very strong and statistically significant contribution of cognitive interventions on perceived psychological adjustment implying that cognitive interventions significantly contribute to psychological adjustment.

Objective Three

The study found out that healing prayers can give hope to childless couples(92.4%), that marriage retreats can equip couples to deal with challenges in their intimacy (84.9%),that religious rituals promote self-esteem among childless couples (90.2%), that common prayers can enable childless couples to remain hopeful(88.4%) and that spiritual counselling can enable childless couples to live well(87.1%). This statistical information dierctly underlined the importance of the individual as a separate part of the bigger group. The correlation coefficient ($R= .955, p <0.01$) shows that there is a positive, very strong and statistically significant effect of religious interventions on perceived psychological adjustment implying that religious interventions significantly affect psychological adjustment

Discussion of the study findings based on each objective.

Emotional interventions

The study found out that attending counselling sessions can enhance communication among childless couples by 95%. This was not in agreement with Ramazanzadeh et al. (2009) who asserted that infertility is usually associated with marital problems and disputes. Other studies performed on infertile couples showed that most disappointment is towards themselves and their marriage.

Study findings also revealed that being part of a charity group can help childless couples/ individuals to discover their purpose in life and to build self-esteem(87%). However, society demands that for a woman to be socially acceptable, she should have at least one biological child. This is what Fatalla, (2010) meant when he asserted that marriage without children is considered as a failure of the two individuals.

Almost all cultures across Africa put emphasis on women having children. Consequently, individuals with involuntary childlessness report higher levels of depression, anxiety, uncertainty about their future bond as a couple, and sometimes dissatisfaction with life due to social pressure.

Results of the study further indicated thatthe charity group can enable childless couples to be generous to under privileged children in society(78.6%). This was in agreement with Gibb (2014) who asserted that every religion takes on the cadences, metaphors, and delivery systems of the culture that it is informing. One could argue that this is also true for spirituality, in which private faith or personal belief is never entirely separated from its context or from society. According to Gibb (2014) for one to claim that he or she is spiritual but not religious (SBNR) may be valid, but it lacks the indicators of spiritual progress and wellbeing which can only be realised in a group not in isolation.

Religion is a collective practice which tasks us to care for others and not about just ourselves.

According to the study findings, child adoption can raise wellness among childless couple (65.3%). On the contrary, in their study Moura et al. (2016) examined the impact of infertility history that is to say the duration of infertility and the number of previously assisted reproductive technology (ART) treatment cycles, on the emotional adjustment of couples undergoing an ART cycle and the mediating effect of importance of parenthood on that association. This is helpful for any medical treatment. In other studies, less attention has been devoted to specifically investigating the effect of the patients' infertility and treatment history (clinical factors) on their adjustment to infertility and assisted reproductive technology. However, it is not enough to do so unless one goes on to find out how this condition can be managed through various interventions, psychological or spiritual, so as to bring about improvement in the couple's life.

In addition, findings of the study showed that the positive attitude of childless couples can promote intimacy(74. 2%). This was in agreement with Ramezanzadeh et al. (1992) who focused on the relationship between sexual problems and infertility. From their point of view, the stress caused by infertility had direct effect on marital problems as it lowered sexual self-esteem, sexual satisfaction and frequency of intercourse. According to Ramezanzadehet al. (1992), this stress worsens the relationship between couples in terms of self-efficiency, love and affection but affect women more than men. Even if it addresses the core emotional problems, it did not address the interventions for the fore mentioned problems, which can consequently bring about psychological adjustment.

Finally, the correlation coefficient ($R = .971, p < 0.01$) showed that there was a positive, very strong and statistically significant effect of emotional interventions on

perceived psychological adjustment implying that emotional interventions greatly affected psychological adjustment. Accordingly, the results of studies performed by Damer et al (2000), Noorbala et al (2007), as cited by Ramazanzadeh et al. (2009), showed the effect of psychological intervention and psychotherapy on psychiatric disorders and the rate of success of pregnancy among infertile couples, among the intervention group as having lower anxiety and depression, higher pregnancy and higher marital satisfaction rates. Although that was good but it missed one major component of adjustment which is fruitfulness. That means the extent to which an infertile couple is able to positively transform their society through human enhancement or empowerment programmes.

Cognitive interventions

The study found out that marriage counselling can enable childless couples to plan together for the future (90.2%). This was in agreement with Joy & McCrystal, (2015), quoting the British Infertility Counselling Association (BICA) state that infertility counselling offers childless couples an opportunity to explore their thoughts, feelings, beliefs and their relationships in order to reach a better understanding of the meaning and implications of any choice of action they may make. Joy & McCrystal, (2015) further contend that counselling may also offer support to infertile couples as they undergo treatment and may help them to accommodate feelings about the outcome of any treatment whether positive or negative within a non-judgemental and empathic framework. Their study dealt with very important aspects of helping those patients but it wasn't in the African context. Some African countries even lack associations that can streamline the operation of fertility specialists.

Study findings further revealed that marriage seminars can improve communication among childless couples (88%). Similarly, according to Covington & Burns (2006) as quoted by Joy & McCrystal, (2015), patients should be supported during the decision-making process

and throughout, all stages of their treatment. In the same line, this study emphasised the cognitive empowerment of these patients through, marriage counselling, marriage seminars and similar interest groups. These psychological interventions and others help patients to make adjustments in their lives, to keep hopeful and to be happy.

It was also revealed by the study findings that similar interest groups are instrumental in bringing about society enhancement (76.5%). On the contrary, Ulrich & Weatherall (2000) and Brody (2014) rightly preferred to use the term ‘involuntary childlessness’ rather than infertile, sterile or barren, because involuntary childlessness is more inclusive than the later three. Ulrich & Weather all went ahead to refute to these terms because they tend to convey feelings of emptiness, inadequacy and derogatory. The same understanding was shared by this research highlighting the fact that it is not by choice but rather by circumstances that childlessness happens. In fighting stigma Brody quoted Bell (2013) who argued that infertility tends to load it over the woman, yet child bearing is the responsibility of both the woman and the man. Likewise, in order to facilitate wellness as a form of psychological adjustment, this study maintained the same position.

Results of the study also indicated that similar interest groups can enable childless couples to avoid self-pity and raise their hope (82.6%). In the same vein, Kraaij, Bik & Garnefski (2019), observed that cognitive coping strategies have been studied intensively. Other studies reveal that people from the general population showed significant relations between cognitive coping strategies and depressive symptoms like; self-blame, rumination, positive reappraisal (inversely), positive refocusing (inversely), and catastrophizing (Garnefski and Kraaij, 2006, 2007, 2009). In the same vein, this study forecast that if childless couples with in the study area received psychospiritual interventions they would adjust well to their condition through hope, wellness and fruitfulness.

Furthermore, study findings showed that being part of a support group can help childless couples to cope with the situation of failure to have a child (82.7%). This was in agreement with Quist (2018) who noted that cognitive interventions include a variety of therapeutic approaches designed to address psychological problems at the cognitive conscious mind level, through the activation and analysis of thoughts, experiences, memories and senses. The therapist strives to find out what is going on in the mind of the client so as to establish effective and permanent solutions.

Quist (2018) contends that those conclusions act as absolute truths and tend to produce automatic thinking patterns that block one's healthy or normal functioning. Consequently, the way one behaves is controlled or influenced by the way one views the things that have happened or are happening around them. And so the best way to work on them is to change the way one thinks about them and to exercise the mind to act differently through Cognitive Behavioural Therapy.

The correlation coefficient ($R = .961, p < 0.01$) shows that there is a positive, very strong and statistically significant contribution of cognitive interventions on psychological adjustment implying that cognitive interventions significantly contributes to psychological adjustment. This concurs with earlier studies (Garnefski, Kraaij, Benoist, Bout, Karels & Smit, 2013; Garnefski, Kraaij, & Schroevers, 2011; Kraaij et al., 2010) had observed Kraaij & Garnefski, (2015) conducted a study that aimed at finding out the relevant coping factors for the development of psychological intervention programs for young people with Type 1 (T1) diabetes. A wide range of coping techniques was studied, including cognitive coping, behavioural coping and goal adjustment coping because they appeared to be related to depressive symptoms. Of special importance were the cognitive coping strategies of self-blame, rumination, refocus positive, and other-blame, together with goal adjustment coping. All the above brought about wellness and hopefulness.

Religious Interventions

The study found out that that healing prayers give hope to childless couples (92.4%). This was in agreement with Spaulding (2014) who asserted that many Americans acknowledge that their spirituality is a core component of their identities. She quotes a 2012 Pew Research Centre survey which states that 85% of the Americans said that their spirituality is an essential part of who they are. Likewise, Hodge (2013) on the same point asserts that assessing spirituality and religion as part of larger biopsychosocial-spiritual evaluation provides a more complete holistic understanding of the client's existential realities and challenges. The current study too in its conceptual framework underlined the importance of employing other variables such as social, economic, medical and cultural, so as to holistically deal with involuntary childlessness.

Findings of the study further revealed that marriage retreats can equip couples to deal with challenges in their intimacy (84.9%). This was in agreement with Pargament & Saunders (2007) who asserted that Christian based accommodative therapy applies directly to involuntary childlessness whose key dilemma is the finding of meaning and purpose of life. They went ahead to propose psychological and spiritual remedies such as: Prayer, meditation, imagery, attention to relationships, music therapy, bibliotherapy, life maps, topical discussions, and personalised spirituality-related activities and rituals. Spaulding (2014), following the same direction argued that psychospiritual therapy leads to positive psychological adjustment of both spouses that form a childless couple which can be seen in; positive emotions, reduced depressive symptoms, higher rates of social support, higher level of optimism, and improved medical outcome. It opens up pathways to hope, inspiration, relief and a holistic treatment of the body, mind and spirit of an individual.

Furthermore, study findings indicated that religious rituals promote self-esteem among childless couples (90.2%). On the contrary with Reynolds et al., (2014) identified religious/ spiritual coping as a salient issue for adolescents experiencing a variety of chronic health conditions. It is further asserted that with normative developments in abstract thinking and moral reasoning issues of spirituality rise to the forefront for most adolescents but become particularly important for those with chronic illness. With an emphasis on the sacred, spiritual beliefs can provide a unique framework for understanding and coping with illness (Pargament, 2011), particularly when other sources of support are not readily available such as decreased social support during hospitalization (Park, 2007).

In addition, study findings showed that common prayers can enable childless couples to remain hopeful (88.4%). On the contrary, Reynolds et al., (2014) asserted that youth with chronic illness use spiritual coping strategies (Cotton, Grosseohme, & McGrady, 2012; Pendleton, Cavalli, Pargament, & Nasr, 2002), and these strategies are strongly related to their behavioural and emotional functioning. Specifically, positive spiritual coping involves cognitive strategies such as seeking comfort and strength from God or believing that God is strengthening the individual in the situation. Positive spiritual coping is associated with lower emotional distress in youth with asthma, cystic fibrosis, and diabetes (Reynolds, Guion, & Mrug, 2013; Shelton et al., 2005).

It was further revealed from the study findings that spiritual counselling can enable childless couples to live well (87.1%). On the contrary, Reynolds et al., 2013 noted that negative spiritual coping predicts poorer quality of life and more emotional and behavioural problems in paediatric populations. Even after accounting for general coping, attribution style, disease severity, and other covariates, spiritual coping remains a significant predictor of mental health among children (Benore et al., 2009) and adults (Pargament et al., 1998; Tix & Frazier, 1998) and is more strongly linked to the emotional well-being of youth with

chronic illness compared with healthy peers (Cotton & Kudel, et al., 2009). Unlike Reynolds et al (2015) who mainly researched on youths coping mechanisms the current study focussed on the married couples by proposing several interventions. However, on a similar note the two realities of positive spiritual coping and negative spiritual coping remain real in both studies.

The correlation coefficient ($R = .955, p < 0.01$) shows that there is a positive, very strong and statistically significant effect of religious interventions on perceived psychological adjustment implying that religious interventions significantly affect psychological adjustment. However, not all spiritual cognitions are helpful (Pargament et al., 1998). Consequently, some individuals also experience negative spiritual coping, including spiritual doubts or thoughts of being abandoned or punished by God. Spiritual coping may be more salient and play a more important role in the adjustment of adolescents with more severe medical conditions, paralleling the differences between chronically ill and healthy youth (Cotton & Kudel, et al., 2009). The study of Reynolds and colleagues did not compare the chronically ill with the healthy youths for a balanced view.

Conclusions

Objective One:

Objective one of the study was to assess the effect of emotional interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. Accordingly, the following conclusions were made; Firstly, attending counselling sessions is crucial at enhancing communication among childless couples. Secondly, being part of a charity group can help childless couples/ individuals to discover their purpose in life and to build self-esteem. Thirdly, charity groups can enable childless couples to be generous to

under privileged children in society. Fourthly, child adoption can raise wellness among childless couple, and finally the positive attitude of Childless couples can promote intimacy.

Objective two:

The second study objective was to determine the contribution of cognitive interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. Therefore, the study concluded; first that marriage counselling is instrumental for childless couples to plan together for the future. Secondly those marriage seminars are vital for the improvement of communication. Thirdly similar interest groups are critical in bringing about society enhancement and can enable childless couples to avoid self-pity and raise their hope. And finally being part of a support group can help them to cope up with the situation of failure to have a child.

Objective three:

Objective three of the study was to establish the effect of religious interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. The study therefore concluded that; healing prayers could give hope to childless couples, marriage retreats could deal with challenges of couple intimacy. Likewise, religious rituals could promote self-esteem among childless couples, common prayers could enable them remain hopeful. Finally, spiritual counselling sessions could enable childless couples to live well.

Recommendations

The first study objective was to assess the effect of emotional interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. The study recommended that attending counselling sessions be emphasised so as to enhance communication among childless couples. Therefore, fixed days and schedules for

counselling should be given by the parish in order to give these couples an opportunity to be listened to. Similarly, specialised trained people should be used as referral points to where the church sends its members that need these counselling services.

The study also recommended that being part of a charity group should be put into considerations so as to enable childless couples to discover their purpose in life and to build self-esteem, and that forming of charity groups been encouraged to allow childless couples to be generous to under privileged children in society. This is a voluntary programme which should come out of the free consent of these individuals or couples, but should be supported by the religious and political structures. The study further recommended child adoption as a means of raising wellness among childless couples as this could lead to a more positive attitude of childless couples consequently promoting intimacy.

Objective two of the study was to determine the contribution of cognitive interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. The study recommended that since marriage counselling can enable childless couples to plan together for the future and that marriage seminars can improve communication among childless couples, they should be encouraged. The parish married couples' office is the key player in the above programmes. Hence it should put these programmes on their office calendar on a quarterly or annual basis.

It went on to recommend that there is need for appropriate interventions and mechanisms to promote similar interest groups that are instrumental in bringing about society enhancement. This will help childless couples to avoid self-pity. These groups should work closely with married office or department at the parish or the diocese to empower couples economically, medically and socially. It was also recommended that a priest in charge of married couples should be appointed at every parish to be a liaison between couples and society in order to raise their hope. It was further recommended that support groups been

couraged to help couples to cope up with the situation of failure to have a child. Non-governmental organisations, Churches and individual members of society should pioneer the formation of groups that support childless couples in terms of free or subsidised medical treatment, setting up of self-help developmental projects like animal husbandry and training in skills.

The third study objective was to establish the effect of religious interventions on the perceived psychological adjustment of childless couples in Bugonga Parish, Entebbe. In this effect, the study recommended that emphasis needs to be put on healing prayers since they give hope to childless couples as well as marriage retreats to equip them with awareness to deal with the challenges in their intimacy. Parishes and dioceses should organise special prayers and retreats at least once a year as support programmes for childless couples. In addition, there is need to promote religious rituals so as to enhance self-esteem among childless couples. Parishes should organise sacramental services such as penance, adoration of the Blessed Sacrament and pilgrimages to prayer shrines in and out of Uganda. These have yielded miracles in which some childless couples have eventually conceived. Even common prayers and spiritual counselling should be organised at parishes and sub-parishes as they could enable childless couples to remain hopeful and live well and contented. Some individuals should therefore be trained in doing spiritual counselling professionally putting special focus on child matters.

Suggested areas for further research

The present study was carried out to establish the relationship between participation in psychospiritual interventions and the perceived psychological adjustment of catholic childless couples in Bugonga Parish Entebbe municipality.

A similar study should be conducted to establish the relationship between participation in psychospiritual interventions and the psychological adjustment of childless couples with a phenomenological design so as to discover how couples in that group experience infertility.

Investigation should also be done to establish the relationship between participation in psychospiritual interventions and the psychological adjustment of childless couples among other Christians' denominations and non-Christians such as Muslims, Hindus, and Buddhism.

Another research should be conducted to assess the impact of psychospiritual interventions and the psychological adjustment of couples that give birth only to single sex children.

Further research should be done in the area of psycho-biological interventions and the psychological adjustment of childless couples.

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APPENDICES:

Appendix i: Consent Form.

Dear respondent,

My name is, a student of Kisubi University. I am conducting a study on **psychospiritual interventions and perceived psychological adjustment among catholic childless couples**. I am requesting you to participate in this research because you are a resourceful person as far as the subject matter is concerned. The results of the study are intended for only academic purposes but will also be useful to couples undergoing the same challenge, other married people and those who instruct couples for marriage.

Your answers will be kept confidential and giving your name is optional.

I therefore ask you to provide your responses based on your understanding and experience. This topic is crucial but challenging therefore I assure you of confidentiality.

Thank you.

Appendix ii: Questionnaire for married couples

SECTION A: Background Information

For questions in this section please kindly **Tick** (✓) the response that applies best.

1. Gender: Male Female
2. Age: 18-30 31-40 41-50 51-60
61 above
3. Marital status: Married in church Married not in church
4. Years in marriage: 1-10 11-20 21-30 31-40 41-50
51 above
5. Which of these applies to you as a couple?

Put a **Tick** on the best response for you.

preliminary information	YES	NO
We have given birth to one (1) child and failed to get another.		
We have never got a child (biological) since we got married.		
We have ever got spiritual support during marital difficulties.		
We have ever got psychological support during marital difficulties.		

Using the table below indicate the response that best represents your opinion in the space provided. Use a **Tick** (✓) Key: Strongly agree (SA) Agree (A) Neutral (N) Disagree (D), strongly disagree (SD).

SECTION B: The effect of emotional interventions on the perceived psychological adjustment of childless couples.

Statement	Responses				
	SA	A	N	D	SD
I attend counselling sessions to enhance communication amongst us					
Being part of a charity group can help me to discover my purpose in life and build self-esteem.					
The charity group can enable me to be generous towards privileged children in society.					
Child adoption raises wellness amongst us.					
My positive attitude promotes intimacy					

SECTION C: The contribution of Cognitive Interventions on the perceived psychological adjustment of childless couples

Statement	Responses				
	SA	A	N	D	SD
Marriage counselling enables meto plan together with my spouse					
Marriage seminars improve communication amongstus					
My involvement in similar interest groups is instrumental in bringing about society enhancement					
My participation in similar interest groupsenables us to avoid self-pity and raise their hope.					
Being part of a support group can helps us to cope up with the situation of failure to have a child					

SECTION D: Theeffect ofReligious interventions on the perceived Psychological adjustment of the childless couples.

Statement	Responses				
	SA	A	N	D	SD
Healing prayers can give me hope to childless couples.					
Marriage retreats can equip me to deal with challenges in their intimacy					
I am sure religious rituals promotes self-esteem among childless couples					
Common prayers can enable me to remain hopeful.					
Spiritual counselling can enable usto live well					

SECTION E: Perceived Psychological Adjustment of Childless Couples

Statement	Responses				
	SA	A	N	D	SD
I have developed self-esteem, and I live in harmony					
There is smooth communication between us.					
I enjoy an intimate /close relationship.					
I still hope to get a biological child in future.					
I have many great plans together for the future.					
I expect to take on and care for a child/ children in the future.					
I can improve their community through various activities.					
As a person experiencingchildlessness i can do a lot to strengthen other couples					

Appendix iii: Unstructured Interview

- 1) Childless couples and counselling sessions.
- 2) The role of support groups in helping childless couples to cope.
- 3) Charity groups made up of childless couples can be helpful to their community.
- 4) Child adoption as means of couple wellness.
- 5) Marriage counselling and the psychological wellbeing of childless couples
- 6) Marriage seminars promote psychological wellbeing of childless couples.
- 7) Similar interest groups enhance the coping capacity of childless couples.
- 8) Healing prayers enhance hope among childless couples.
- 9) Marriage retreats and spiritual wellbeing among childless couples.
- 10) Religious rituals encourage hope among childless couples.
- 11) The importance of common prayers in the life of childless couples.
- 12) Spiritual counselling and marital wellbeing of childless couples.

Appendix iv: Unstructured Focus Group Discussion

1. Comment on how childless couples achieve psychological adjustment through wellness in terms of; Self-esteem, Intimacy and Communication.
2. Comment on how childless couples achieve psychological adjustment through hopefulness which can be realised in; planning together, Child expectancy and Failure to get child.
3. Comment on how childless couples achieve psychological adjustment through fruitfulness which can be realised in; Society enhancement, Generosity and Reciprocal love.

Appendix v: Table for Determining Sample Size from a Given Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	355
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	373
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	225	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

NOTE “N” is the population size

“S” is sample size

Krejcie, Robert V., Morgan, Daryle W. “Determining Sample size for Research Activities”, Educational and Psychological measurement, 1970.

Appendix vi: Letter of introduction for data collection



UNIVERSITY OF KISUBI

(Formerly known as Kisubi Brothers University College)

In Virtue We Educate

9th July, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: INTRODUCING VINCENT FERRER LUSEMBO

I wish to introduce to you Vincent Ferrer Lusembo (17MCPC0120). He is our student on the **Master of Science in Clinical and Psychological Counseling (MCPC)** of the University of Kisubi.

He is carrying out a study on the topic: **“Psycho spiritual Interventions and Perceived Psychological Adjustment among Childless Catholic Couples: A Case Study of Bagonga Parish, Entebbe Municipality-Uganda”**

The purpose of this letter is to kindly request you to accord him such assistance as may be necessary to enable him access and obtain the data he might need for his study.

It is my hope that his findings will not only be useful for academic purposes but will also be of much benefit to the general public.

Thank you in advance.

Yours faithfully,




Dr. Ankwasitwe G. Evarist
Ag. Director, School of Graduate Studies and Research

