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Explaining the Formation Process and Examining the Causes and Consequences of Unhealthy Relationships in Iranian Families and Providing Guidelines for Their Reduction: A Constructivist Grounded Theory Study

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A B S T R A C T

Objective: This study aimed to explain the process through which unhealthy relationships develop in Iranian families, identify their underlying causes and consequences, and formulate context-sensitive guidelines for preventing and reducing such relationships.
Methods and Materials: This qualitative study employed Charmaz's constructivist grounded theory approach. Participants were 15 divorced Iranian women residing in Tehran in 2025 who had experienced unhealthy marital relationships. Participants were recruited through criterion-based purposive sampling, and data collection continued until theoretical saturation was achieved. Data were obtained through in-depth semi-structured interviews and analyzed concurrently with data collection using open, focused, and theoretical coding. Constant comparison, iterative category development, and theoretical integration were applied to construct an explanatory model of unhealthy family relationships.
Findings: Data analysis generated 105 open codes, 18 axial codes, and six focused categories. The emergent theoretical model, conceptualized as the "Vicious Cycle of Unhealthy Relationships in Iranian Families," demonstrated that unhealthy relationships develop through an interconnected process involving contextual conditions, relationship deterioration, multidimensional consequences, coping responses, and preventive or intervention strategies. Contextual conditions consisted primarily of uninformed marriage and dysfunctional family backgrounds. The developmental process progressed from the establishment of initial unhealthy patterns to their escalation and deepening, followed by relational crisis and breakdown. Consequences were manifested across psychological, economic, social, and familial domains. Participants adopted both constructive and maladaptive coping strategies. The findings further indicated that, without timely intervention, unhealthy relationship patterns may become self-perpetuating and potentially transmitted across generations.
Conclusion: Unhealthy relationships in Iranian families represent a multidimensional and dynamic phenomenon rooted simultaneously in individual, couple, family, and broader social processes. Effective reduction therefore requires multilevel, culturally sensitive interventions emphasizing premarital preparation, couple counseling, communication and emotion-regulation skills, early identification of dysfunctional patterns, and family-centered support programs.

Keywords: *Constructivist Grounded Theory; Dysfunctional Family Relationships; Iranian Family; Marital Problems; Unhealthy Relationships*

1. Introduction

Marriage and family relationships constitute one of the most influential interpersonal contexts in adult development, psychological adjustment, social functioning, and the organization of everyday life. A marital relationship is not merely a formal or legal bond but a dynamic interpersonal system in which emotional needs, communication patterns, expectations, values, role distributions, intimacy, sexuality, family-of-origin influences, and broader cultural norms continuously interact. From a systemic perspective, the quality of marital functioning emerges from reciprocal transactions among individual, relational, familial, and sociocultural processes, meaning that difficulties occurring in one part of the system may gradually affect other components and generate complex cycles of dysfunction (Smith-Acuña, 2026). Classical and contemporary approaches to marriage have similarly emphasized that intimate partnerships can function simultaneously as contexts for emotional security, identity development, conflict, adaptation, and psychological growth (Pincus, 2023). Although marriage may be associated with improvements in social integration and certain dimensions of mental and physical health, these benefits are not automatic and depend substantially on the quality, stability, and emotional climate of the marital relationship (Huntington et al., 2022). Therefore, distinguishing between merely maintaining a marital union and sustaining a psychologically healthy relationship is essential. A relationship characterized by mutual respect, emotional responsiveness, constructive communication, intimacy, responsibility, and adaptive conflict management can facilitate well-being, whereas persistent hostility, invalidation, coercive interaction, emotional neglect, betrayal, violence, or chronic relational instability may transform marriage into a significant source of psychological and social harm.

The concept of an unhealthy marital relationship is inherently multidimensional and cannot be reduced to the presence of overt conflict or dissatisfaction alone. Such relationships may involve recurring destructive communication patterns, emotional disengagement, manipulation, controlling behaviors, power imbalance, distrust, lack of empathy, chronic criticism, sexual dissatisfaction, infidelity, substance-related problems, or persistent interference from families of origin. Family systems theory provides an important framework for understanding these phenomena because relationship distress is rarely produced by a single isolated variable; rather, it develops through recursive feedback loops in which the behaviors and vulnerabilities of each partner influence the other and become embedded within the wider family structure (Smith-Acuña, 2026). Research on psychopathology and romantic relationships also suggests that enduring personality characteristics, maladaptive interpersonal tendencies, and psychological symptoms may shape the establishment and maintenance of dysfunctional romantic patterns, particularly when difficulties in self-regulation, empathy, intimacy, or interpersonal responsibility are present (South & Dashineau, 2025). Within divorce-seeking populations, psychological vulnerabilities such as early maladaptive schemas and low self-differentiation have likewise been associated with marital conflict, while frustration tolerance may partly explain how these personal characteristics become translated into relational distress (Hosseini et al., 2026). These findings reinforce the need to conceptualize unhealthy relationships not simply as episodes of disagreement but as evolving interpersonal processes rooted in interacting personal predispositions, dyadic patterns, and contextual conditions.

One of the central processes determining marital health is the manner in which couples communicate, regulate emotion, and resolve conflict. Communication is the medium through which expectations are negotiated, emotional experiences are disclosed, misunderstandings are clarified, and relational repair becomes possible. When these capacities are weak, ordinary disagreements may become repetitive cycles of criticism, defensiveness, withdrawal, retaliation, or escalating hostility. Experimental and clinical research on marital conflict has shown that even brief interventions that interrupt destructive exchanges may influence the trajectory of conflict, illustrating the importance of interactional processes in marital functioning (Gottman & Tabares, 2018). Dyadic evidence also demonstrates that partner communication is closely intertwined with marital satisfaction, particularly in couples coping with significant life stressors, indicating that communication quality functions not only as a relational outcome but also as a resource for adaptation (Krok et al., 2023). Emotion regulation represents another critical mechanism. Difficulties in identifying, tolerating, and

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regulating emotional experiences may intensify conflict, increase reactivity, and reduce the capacity for constructive negotiation. In research on couple burnout, mindfulness and emotion regulation have been identified as important mediating mechanisms connecting relationship processes to marital satisfaction and exhaustion (Koçyiğit & Uzun, 2024). Cross-national evidence has further indicated that conflict negotiation styles are meaningfully related to marital burnout, underscoring the relevance of the ways couples respond to interpersonal disagreement rather than merely the frequency of conflict itself (Obioma et al., 2025). Accordingly, persistent unhealthy relationships may emerge when maladaptive communication and poor emotional regulation become habitual, mutually reinforcing, and resistant to corrective experiences.

Marital adjustment during the early years of marriage is particularly important because patterns established during this period may become consolidated over time. Adjustment involves accommodating individual differences, developing shared routines, negotiating boundaries with families of origin, managing financial and domestic responsibilities, establishing satisfactory emotional and sexual intimacy, and building realistic expectations about the partner and married life. Iranian research has demonstrated the importance of adjustment during the early stages of marriage for the stabilization and continuity of the marital relationship (Aflatouni et al., 2022). Failure to achieve adequate adjustment may create conditions in which unresolved differences accumulate and become interpreted through increasingly negative relational schemas. Forgiveness is another relational process that may influence marital quality and stability, especially during the early years of marriage. Dyadic research has shown that forgiveness may contribute to marital quality and stability through both actor and partner effects, suggesting that the emotional responses of one spouse can have meaningful consequences for the other spouse and for the relationship as a whole (He et al., 2018). Conversely, persistent resentment, punitive interaction, and failure to repair relational injuries can deepen emotional distance. Marital burnout may subsequently develop when individuals experience prolonged emotional exhaustion, disappointment, or perceived failure of the relationship. Research among married women has shown that experiential avoidance and dysfunctional relationship beliefs may contribute to marital burnout, with forgiveness operating as an important mediating process (Masoumirad et al., 2026). These findings support a developmental interpretation in which unhealthy relationships evolve gradually as unsuccessful adaptation, maladaptive beliefs, unresolved injuries, and ineffective coping strategies accumulate.

Cultural and family contexts also profoundly influence how marital relationships are formed, interpreted, maintained, and dissolved. Marriage takes place within culturally defined expectations concerning gender roles, family obligations, sexuality, authority, emotional expression, religious commitment, and boundaries between the couple and their families of origin. Cross-cultural research demonstrates that marriage is embedded within broader cultural identities and that differences between family traditions and cultural expectations may create both opportunities for growth and sources of relational tension (Dewi et al., 2019). Comparative scholarship on multicultural and multiracial experiences similarly underscores that intimate and family relationships must be interpreted within intersecting social and cultural contexts rather than through assumptions derived from a single population (Albuja et al., 2022). Religious beliefs may also function as an important dimension of marital meaning, norms, commitment, and satisfaction, although the nature of this relationship depends on the ways religiosity is experienced and enacted by spouses (Ślusarczyk et al., 2024). Attitudes toward marriage themselves are shaped by wider cultural, demographic, and psychological factors; for example, research on attitudes toward same-sex marriage has demonstrated that mental health and sociodemographic characteristics can interact in shaping perceptions of marital institutions and relationships (Huang et al., 2020). Accordingly, any attempt to explain unhealthy marital relationships in Iran requires attention to the specific cultural, religious, familial, and social meanings through which marital experiences are interpreted.

Within Iranian society, the family continues to function as a highly significant social institution, and marital relationships are closely intertwined with extended-family structures, expectations, and forms of interdependence. Research examining dimensions of the Iranian family has identified a variety of psychological and relational problems that cannot be understood independently of ongoing transformations in values, expectations, gender roles, and patterns of family interaction (Isa Morad, 2023). One particularly salient issue is the relationship between the marital dyad and the spouses' families of origin. Qualitative evidence from Iran has identified several forms of harmful interaction between couples and the spouse's family, including inappropriate interference, boundary violations, coalition formation, conflict escalation, and consequences

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for marital satisfaction and stability (Ghasemi et al., 2016). These processes may be especially significant when one spouse remains highly emotionally, financially, or decisionally dependent on the family of origin, thereby weakening the boundaries of the marital subsystem. Broader family-systems research also indicates that interventions addressing interconnected family relationships may be valuable in improving health and psychosocial outcomes because individual and dyadic functioning are embedded within larger family networks (Schuler et al., 2025). Consequently, in the Iranian context, unhealthy relationships may not be adequately explained solely through characteristics of the husband or wife; they may also reflect family alliances, cultural expectations regarding loyalty and authority, and difficulties in establishing functional boundaries between the new couple and their families of origin.

Sexual and emotional intimacy represent additional domains in which relational deterioration may become particularly evident. Healthy intimacy requires trust, mutual responsiveness, emotional safety, communication of needs, and respect for both partners' physical and psychological boundaries. When emotional affection becomes one-sided, sexual needs remain unexpressed or unmet, or sexual interactions are disconnected from emotional closeness, dissatisfaction may intensify and contribute to alienation. These difficulties can interact with other relational vulnerabilities and increase susceptibility to extramarital involvement. Marital infidelity is among the most disruptive relational events because it may damage attachment security, trust, self-esteem, sexual confidence, and the perceived legitimacy of the relationship. Iranian qualitative and meta-synthesis research has identified multiple contexts contributing to the formation of extramarital relationships, including personal, relational, familial, and social factors (Sharifi Saei & Azad Armaki, 2021). A qualitative study of infidelity and its contexts in Iran similarly showed that infidelity emerges within complex interpersonal and contextual conditions rather than as an isolated behavior detached from the broader marital relationship (Kanaani & Alijani, 2021). The consequences of infidelity can also be extensive, encompassing psychological distress, family instability, damaged trust, disruption of social relationships, and harms affecting children and other family members (Sharifi Saei, 2023). Iranian research has further documented substantial damage associated with marital infidelity among couples, emphasizing that the consequences extend beyond the immediate act itself and may continue across emotional, interpersonal, and familial domains (Sarmadi & Ahmadi, 2021). Research outside the family field has even found associations between personal infidelity and patterns of professional misconduct across different settings, suggesting that unfaithful behavior may intersect with broader patterns of rule violation or ethical conduct in some individuals (Griffin et al., 2019). Nevertheless, infidelity should not be treated as a universal endpoint of marital dysfunction; rather, it represents one possible component in a broader developmental sequence of relational breakdown.

The psychological consequences of persistent unhealthy relationships may be profound. Chronic relational stress can compromise self-worth, emotional security, trust, and a person's sense of meaning, while also increasing vulnerability to anxiety, depressive symptoms, loneliness, and social withdrawal. The relationship between marital functioning and psychological distress is likely bidirectional. Poor relationship quality can increase stress and emotional symptoms, while psychological difficulties may in turn disrupt communication, emotion regulation, intimacy, and conflict resolution. Evidence indicates that marital satisfaction may moderate the association between stress and depression, suggesting that the quality of the intimate relationship can alter the psychological impact of stress exposure (Shi & Whisman, 2023). This reciprocal relationship is particularly important when attempting to understand the longer-term consequences of unhealthy marriages, because distress experienced within the marital system may become generalized to other domains of life, including work, social relationships, parenting, and future romantic involvement. Marital conflict may also be linked with individual psychological vulnerabilities, as demonstrated in individuals applying for divorce, where maladaptive schemas, self-differentiation, and frustration tolerance are related to conflict processes (Hosseini et al., 2026). Moreover, marital burnout can represent an advanced stage of relational exhaustion in which emotional investment decreases and negative expectations become increasingly dominant (Masoumirad et al., 2026). Such findings indicate that the consequences of unhealthy relationships should be examined not only in terms of marital dissatisfaction or divorce but also through their effects on psychological functioning and subsequent relational capacities.

Unhealthy relationships can additionally generate economic, social, and intergenerational consequences. A controlling or conflictual marital environment may constrain educational and occupational opportunities, create financial

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dependence, or generate sustained economic pressure. Socially, individuals experiencing marital breakdown may encounter stigma, reduced social support, or isolation, particularly in cultural contexts where divorce carries negative social meanings. At the family level, parental conflict and relationship instability may shape the emotional environment in which children develop, exposing them to maladaptive models of conflict, trust, intimacy, and emotional regulation. Systems theory is especially relevant here because it conceptualizes family distress as a network of reciprocal influences rather than a problem located exclusively within one member (Smith-Acuña, 2026). The transition into and out of marriage can also affect broader patterns of physical and mental health, illustrating that marital relationships are linked to developmental outcomes beyond the couple subsystem itself (Huntington et al., 2022). From this perspective, the effects of unhealthy relationships may persist even after marital dissolution, as individuals continue to cope with psychological injury, parenting responsibilities, financial strain, altered social roles, and fear or mistrust regarding future relationships. These processes highlight the possibility that unhealthy relationship patterns may be transmitted across generations when unresolved relational schemas and dysfunctional models of intimacy are reproduced within subsequent family relationships.

Prevention and intervention therefore require a multilevel approach. Premarital education can help individuals develop realistic expectations, assess compatibility, recognize risk factors, acquire communication and emotion-regulation skills, and make more informed decisions about marriage. Early marital interventions may support adjustment before destructive interaction patterns become entrenched, which is consistent with evidence emphasizing the stabilizing role of adjustment in the early stages of marriage (Aflatouni et al., 2022). Couple interventions may also target communication, conflict de-escalation, forgiveness, mindfulness, emotional regulation, and relational beliefs, all of which have been identified as meaningful mechanisms in marital functioning (Gottman & Tabares, 2018; He et al., 2018; Koçyiğit & Uzun, 2024). At the same time, a narrow emphasis on individual skills may be insufficient when difficulties arise from intrusive family relationships, structural dependence on families of origin, or wider social and cultural pressures. Family systems approaches suggest that change may require attention to relational boundaries, alliances, feedback loops, and patterns operating across the family network (Schuler et al., 2025). Theoretical accounts of marriage likewise emphasize that intimate partnerships involve not only emotional attachment but also shared responsibilities, normative expectations, and commitments that shape the functioning of the couple as a social unit (Girgis et al., 2020). Preventive and therapeutic efforts should therefore combine individual, dyadic, family, and sociocultural perspectives rather than assuming that marital dysfunction originates from a single cause.

Despite the expanding literature on marital satisfaction, burnout, infidelity, conflict, communication, and family interference, an important limitation remains in the fragmentation of existing knowledge. Many studies focus on a single variable or specific relational problem, such as burnout, forgiveness, infidelity, communication, emotion regulation, or conflict, whereas the lived experience of an unhealthy relationship may involve several of these processes simultaneously. Existing quantitative models are valuable for identifying associations and mediating mechanisms, but they may not fully reveal how unhealthy relationships begin, how one problem leads to another, how participants interpret turning points, or how consequences accumulate across psychological, economic, social, and family domains. Constructivist grounded theory is particularly suitable for addressing this gap because it allows theoretical categories to be developed through close engagement with participants' accounts while recognizing that meaning is co-constructed through the interaction between participant and researcher. This approach is also appropriate for culturally situated phenomena because it enables processes to be examined within the social conditions in which participants actually experience them. In the Iranian context, previous studies have provided valuable evidence concerning family problems, marital adjustment, family interference, infidelity, and its consequences (Ghasemi et al., 2016; Isa Morad, 2023; Sharifi Saei, 2023; Sharifi Saei & Azad Armaki, 2021), yet a process-oriented theoretical explanation integrating the antecedents, developmental stages, multilayered consequences, coping responses, and preventive strategies associated with unhealthy relationships remains comparatively underdeveloped.

Accordingly, the present study aimed to explain the process of formation of unhealthy relationships in Iranian families, identify their underlying causes and multidimensional consequences, and develop context-sensitive preventive and intervention guidelines through a constructivist grounded theory approach.

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2. Methods and Materials

2.1. Study Design and Participants

The present study was basic–applied in terms of purpose and qualitative in terms of methodology, employing Charmaz's constructivist grounded theory approach (Charmaz, 2006, 2014). Given that the aim of the study was to explain the process underlying the formation and consequences of unhealthy relationships in Iranian families and to provide context-sensitive guidelines, the constructivist approach enabled the emergence of categories directly from the data and the reconstruction of participants' lived experiences of marital relationships.

The study population consisted of divorced women residing in Tehran in 2025 who had experienced unhealthy marital relationships. Criterion-based purposive sampling was employed. The inclusion criteria were willingness to participate in the study, a minimum of three years of marital experience, having at least one child, no current use of psychiatric medications, and no participation in individual counseling or psychotherapy sessions during the three months preceding the interview. The exclusion criteria consisted of failure to respond to the research questions or failure to attend the interview session. In total, 15 main interviews were conducted with the participants. In addition, one pilot interview was conducted prior to the main interviews to assess the adequacy of the interview guide; this interview was not included in the final analysis. Sampling proceeded gradually and concurrently with data analysis. Specifically, the researcher initially selected and analyzed a preliminary sample and subsequently selected additional participants purposively on the basis of the emerging categories. This iterative cycle continued until data saturation was achieved, defined as the point at which expanding the sample generated no new ideas or substantive data.

2.2. Measures

The primary data collection instrument in this study was an in-depth semi-structured interview. The interview guide was developed on the basis of the theoretical foundations and relevant research literature and included open-ended and probing questions concerning the process through which unhealthy relationships developed, factors contributing to their escalation, emotional, relational, and family consequences, and strategies for reducing the associated harm. To enhance the credibility of the instrument, the interview guide was reviewed and revised by the academic supervisor and advisor. In addition, a pilot interview was conducted with one eligible participant to assess the comprehensibility of the questions and their adequacy for addressing the research questions. Field notes and the researcher's analytic notes were also used as supplementary sources of data to facilitate a more comprehensive understanding of the context and meaning of participants' experiences. Within constructivist grounded theory, the researcher constituted the primary research instrument and played an active role in the co-construction of meanings and categories.

The research procedure was designed in four main stages. In the first stage, the researcher reviewed the relevant literature and prior studies to develop theoretical sensitivity to the phenomenon of unhealthy marital relationships and prepared the semi-structured interview guide. In the second stage, in-depth semi-structured interviews were conducted with the participants. Each interview lasted approximately 60–90 minutes and was audio-recorded in a safe setting after obtaining the participant's informed consent. Interview questions focused on the process through which unhealthy relationships developed, contextual factors, individual, marital, and family consequences, and coping strategies. In the third stage, immediately following each interview, the interview was transcribed verbatim and coded so that emerging categories could be identified and explored in greater depth during subsequent interviews. In the fourth stage, coding was conducted at the open, focused, and theoretical levels. During open coding, conceptual labels were assigned to individual lines of the interview transcripts to identify important issues and experiences. During focused coding, the most frequent and analytically significant codes were selected and examined further in subsequent interviews. During theoretical coding, relationships among the emerging categories and their dimensions were explicated, and the emergent theoretical model was constructed. Analytic memoing was conducted concurrently with data analysis to facilitate abstraction and theory development. Ethical considerations were observed throughout the study, including obtaining informed consent, ensuring participants' right to withdraw at any stage, guaranteeing confidentiality of information, and obtaining permission to audio-record the interviews.

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2.3. *Data Analysis*

Data were analyzed according to Charmaz's constructivist grounded theory approach (Charmaz, 2006, 2014) through open, focused, and theoretical coding. During open coding, the interview transcripts were examined line by line, and conceptual labels were assigned to segments of data. During focused coding, frequently occurring codes and those most relevant to the research questions were selected and subsequently verified and elaborated in later interviews. During theoretical coding, relationships among categories, subcategories, and their dimensions were explicated, leading to the development of the emergent theoretical model. In contrast to the Strauss and Corbin version of grounded theory, Charmaz's approach avoids formal axial coding and rigid analytic frameworks; instead, informal reflection on categories and their interrelationships is used to interpret and construct meaning from the data.

To assess the quality of the data and analysis, Charmaz's (2006, 2014) criteria of credibility, originality, resonance, and usefulness were applied. Credibility was enhanced through triangulation of data derived from in-depth interviews, member checking, and expert supervision to ensure that the data and interpretations were sufficiently robust, grounded in participants' experiences, and supported by a transparent coding and theory-development process. Originality was ensured by preserving participants' voices and reflecting their lived experiences in the constructed categories. Resonance was assessed by examining the extent to which the emerging theory meaningfully corresponded with participants' lived experiences and was meaningful to relevant groups, including couples and professionals providing family-centered services. Usefulness was evaluated in terms of the theoretical and practical applicability of the findings and their potential utility in counseling services and family-centered interventions.

3. Findings and Results

Table 1 presents the demographic characteristics of the 15 participants who took part in the qualitative interviews. Age at marriage ranged from 13 to 29 years, indicating considerable variation in the age at which participants entered married life. The duration of marital life ranged from 9 to 17 years, while the duration of separation varied from one month to five years. Most participants had one child, and their educational attainment ranged from high school diploma to master's degree. In terms of employment status, some participants were homemakers, whereas others were employed or worked as salaried employees. This demographic diversity contributed to the richness of the qualitative data and enhanced the transferability of the findings.

Table 1

Demographic Characteristics of the Study Participants

No.	Age at Marriage	Age at Interview	Duration of Marriage	Duration of Separation	Number of Children	Education	Occupation
1	22	38	12 years	4 years	1	High school diploma	Homemaker
2	13	28	10 years	1 year	1	High school diploma	Homemaker
3	14	30	13 years	1 year	1	High school diploma	Homemaker
4	18	37	17 years	5 years	1	Associate degree	Homemaker
5	20	35	13 years	2 years	2	Bachelor's degree in Educational Sciences	Homemaker
6	18	40	15 years	3 years	1	Bachelor's degree	Employed
7	22	39	13 years	1.5 years	1	High school diploma	Employed
8	19	32	10 years	3 years	2	High school diploma	Homemaker
9	29	41	12 years	1 year	1	Bachelor's degree	Employee
10	23	33	9 years	1 month	1	High school diploma	Homemaker
11	20	34	12 years	2 years	1	High school diploma	Employed
12	24	36	11 years	1 year	1	Master's degree	Employed
13	17	35	14 years	4 years	2	High school diploma	University employee
14	17	30	10 years	1.5 years	1	High school diploma	Homemaker
15	18	32	9 years	5 years	1	High school diploma	Homemaker

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The findings were derived from a constructivist grounded theory analysis of 15 in-depth interviews with divorced women who had experienced unhealthy marital relationships. The coding process involved open, axial/relational, focused, and theoretical levels. At the open coding level, 105 conceptual codes were extracted from the interview transcripts and documented together with direct participant quotations. At the axial coding level, these 105 codes were organized into 18 axial codes on the basis of conceptual similarity and semantic relationships, as presented in Table 2. The distribution of codes indicated that the highest frequencies were associated, respectively, with unhealthy interaction patterns, psychological consequences, and individual characteristics of the spouse. This organization provided the basis for focused coding (Table 3) and theoretical coding (Table 4).

Table 2 presents the axial coding stage, in which similar and related open codes were organized into axial codes. At this stage, the 105 open codes were integrated into 18 axial codes on the basis of conceptual similarity and semantic relationships. Each axial code incorporates a set of open codes that refer to a central concept. This organization enabled the researcher to explicate relationships among the codes and move toward a higher level of abstraction.

Table 2

Axial Coding: Relationships Among Open Codes

Axial Code	Related Open Codes	Description of Relationship
Uninformed marriage	Early-age marriage; forced/traditional marriage; insufficient premarital knowledge; belief that the spouse would change; being compelled to marry because of a criminal record	These codes all refer to a central concept: entering marriage without sufficient knowledge and awareness.
Dysfunctional family background	Parental divorce; problems with a stepfather; running away from the family; cultural differences between families; family opposition to the marriage	These codes describe family circumstances that predispose an individual to entering an unhealthy relationship.
Spouse's personality and behavioral problems	Selfishness; narcissism; lack of responsibility; psychological immaturity; authoritarianism; mood instability	These codes describe relatively enduring personality and behavioral characteristics of the spouse.
Emotion-regulation problems	Poor anger control; suspiciousness; irritability; failure to accept responsibility for mistakes	These codes indicate the spouse's inability to regulate emotions effectively.
Substance-use problems	Substance addiction; alcohol use	These codes indicate substance use as a destructive factor within the relationship.
Deficits in communication skills	Lack of communication skills; low self-expression; lack of mutual understanding; projection; retaliation	These codes describe an inability to establish and maintain healthy communication.
Destructive communication patterns	Failure to consult the spouse; prolonged withdrawal/silent treatment; lack of honesty; lying	These codes represent unhealthy communication patterns.
Power and control patterns	Humiliation and insults; public disrespect; comparison with others; exploitation of vulnerabilities; verbal violence; physical violence	These codes describe unequal and controlling power dynamics within the relationship.
Unhealthy emotional patterns	Lack of verbal expressions of affection; one-sided affection; failure to acknowledge important occasions; lack of quality time as a couple	These codes indicate emotional deprivation within the relationship.
Unhealthy sexual patterns	Sexual incompatibility; emotionally detached sexual intercourse; sexual dissatisfaction; low frequency of sexual activity; sexual coldness; spouse's failure to initiate sexual activity; inability to express sexual needs; pornography use; premature ejaculation; disregard for the woman's sexual pleasure; sexual relationships with others; lack of sexual knowledge	These codes identify sexual difficulties as an important factor contributing to relationship deterioration and breakdown.
Intrusive family	Interference by the spouse's family; interference by the husband's sister; interference by the mother-in-law; violation of privacy; exploitation by the spouse's family	These codes describe destructive interference by families of origin.
Dependent spouse	Unhealthy family support of the spouse; financial dependence on the spouse's family; lack of independence from the family of origin; prioritizing the family of origin in decision-making; prioritizing family of origin over the spouse; restricting contact with one's own family	These codes indicate excessive dependence of the spouse on the family of origin.
Psychological consequences	Reduced self-esteem; depression; anxiety; loss of trust in others; reduced sexual self-confidence; negative body image; social withdrawal; fear of entering another relationship; loneliness; loss of meaning in life	These codes describe the psychological consequences of unhealthy relationships.

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Economic consequences	Financial pressure; loss of employment opportunities; restrictions on personal advancement	These codes indicate the economic consequences of unhealthy relationships.
Social consequences	Negative societal attitudes; social isolation	These codes describe the social consequences of unhealthy relationships.
Family consequences	Harm to children	This code reflects the intergenerational consequences of unhealthy relationships.
Characteristics of a healthy relationship	Mutual respect; consulting with one's spouse; comprehensive support; mutual responsibility; verbal expression of affection; mutual understanding; understanding each other's needs; dialogue and communication skills; accepting mistakes; avoiding repetition of mistakes; fidelity; supportive family environment; marrying for love; emotional maturity; respect for each other's families; religious beliefs and faith; satisfactory sexual relationship	These codes describe the characteristics of a healthy intimate relationship.
Preventive strategies	Seeking counseling; allowing sufficient time for premarital acquaintance; ensuring personality compatibility	These codes represent strategies for preventing the development of unhealthy relationships.

Table 2 demonstrates that the open codes were organized into 18 axial codes, each representing a central concept in participants' experiences. On the one hand, these axial codes encompass the contextual foundations of unhealthy relationships, including uninformed marriage and a dysfunctional family background; on the other hand, they encompass individual characteristics of the spouse, including personality and behavioral problems, emotion-regulation difficulties, substance-use problems, and deficits in communication skills. A third group consists of unhealthy interaction patterns, including destructive communication, power and control dynamics, unhealthy emotional patterns, and unhealthy sexual patterns. In addition, interference from families of origin, multidimensional consequences, and preventive and harm-reduction strategies were represented among the axial codes. The term "axial coding" as used in this table does not refer to the rigid Strauss and Corbin framework; rather, consistent with Charmaz's (2014) approach, it refers to an organizational stage designed to explicate relationships among codes. This organization enabled the researcher to proceed toward focused and theoretical coding and to construct the emergent theoretical model. The axial codes indicate that unhealthy relationships constitute a multifaceted phenomenon rooted simultaneously at individual, couple, family, and social levels.

Table 3 presents the focused coding stage, in which the axial codes were organized into six focused codes. At this stage, the researcher selected the most frequent and analytically significant codes and verified them in subsequent interviews. Focused codes represent a higher level of abstraction and enable the identification of the major categories within the data. These codes provided the foundation for theoretical coding and construction of the final model.

Table 3

Focused Coding

Focused Code	Related Axial Codes	Description
Foundations of unhealthy relationship formation	Uninformed marriage; dysfunctional family background	Contextual conditions that predispose an individual to entering an unhealthy relationship.
Individual characteristics of the spouse (predisposing factors)	Personality and behavioral problems; emotion-regulation difficulties; substance-use problems; communication-skill deficits	Relatively enduring characteristics of the spouse that contribute to the formation of unhealthy relationships.
Unhealthy interaction patterns	Destructive communication patterns; power and control patterns; unhealthy emotional patterns; unhealthy sexual patterns	Interaction patterns between partners that gradually render the relationship unhealthy.
Interference from families of origin	Intrusive family; dependent spouse	Destructive interference by families of origin and the spouse's excessive dependence on them.
Multidimensional consequences of unhealthy relationships	Psychological; economic; social; and family consequences	Multilevel consequences of unhealthy relationships for the individual, couple, family, and society.
Reduction and prevention strategies	Characteristics of healthy relationships; preventive strategies	Coping, preventive, and intervention strategies aimed at reducing unhealthy relationships.

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Table 3 shows that the axial codes were organized into six focused codes, each representing a major category within participants' experiences. These focused codes included the foundations of unhealthy relationship formation, individual characteristics of the spouse as predisposing factors, unhealthy interaction patterns, interference from families of origin, multidimensional consequences of unhealthy relationships, and reduction and prevention strategies. This organization demonstrates that unhealthy relationships constitute a multifaceted and multilayered phenomenon that emerges from specific contextual conditions, is accelerated by individual characteristics of the spouse, becomes manifested through unhealthy interaction patterns, is intensified by interference from families of origin, produces multidimensional consequences, and ultimately necessitates reduction and prevention strategies. As Charmaz (2006) emphasized, focused coding is the stage at which the researcher determines which codes possess the greatest analytic significance and potential to contribute to theory construction. In the subsequent stage, these codes informed theoretical coding and construction of the final model.

Table 4 presents theoretical coding, in which relationships among the focused codes were explicated within a process model. At this stage, the researcher identified causal, processual, and consequential relationships among the categories and constructed the emergent theoretical model. The final model demonstrates that unhealthy relationships in Iranian families represent a gradual and cumulative process that develops from particular contextual conditions and, in the absence of intervention, leads to destructive consequences.

Table 4

Theoretical Coding: Process Model

Stage	Component	Related Focused Codes	Causal/Process Relationship
1. Contextual Conditions	Foundations of relationship formation	Foundations of unhealthy relationship formation + individual characteristics of the spouse	These conditions establish the context in which unhealthy relationships can develop.
2. Formation Process	Stage 1: Emergence of initial unhealthy patterns	Unhealthy interaction patterns, Part 1 + interference from families of origin	Uninformed marriage and dysfunctional context → emergence of initial unhealthy patterns
	Stage 2: Escalation and deepening	Unhealthy interaction patterns, Part 2	Initial unhealthy patterns → escalation and deepening
	Stage 3: Crisis and breakdown	Unhealthy interaction patterns, Part 3: infidelity and substance use	Escalation and deepening → crisis and breakdown
3. Consequences	Multidimensional consequences	Psychological + economic + social + family consequences	Relationship breakdown → multidimensional consequences
4. Coping Strategies	Constructive and maladaptive strategies	Characteristics of healthy relationships + preventive strategies	Consequences → coping strategies → reduction or exacerbation of harm
5. Preventive and Intervention Strategies	Prevention and intervention	Preventive strategies + characteristics of healthy relationships	Preventive and intervention strategies → reduction in the formation and consequences of unhealthy relationships

Table 4 demonstrates that theoretical coding resulted in the construction of a process model in which unhealthy relationships in Iranian families are conceptualized as a vicious cycle. The model comprises five major stages: (1) contextual conditions, including the foundations of unhealthy relationship formation and individual characteristics of the spouse; (2) the formation process, which itself consists of three substages—the emergence of initial unhealthy patterns, escalation and deepening, and crisis and breakdown; (3) multidimensional consequences, including psychological, economic, social, and family consequences; (4) coping strategies, including both constructive and maladaptive responses; and (5) preventive and intervention strategies aimed at reducing both the emergence and consequences of unhealthy relationships. This model is consistent with Charmaz's (2014) constructivist perspective, which emphasizes that grounded theory should locate processes within their specific sociocultural contexts. The final model indicates that unhealthy relationships in Iranian families do not emerge as sudden events; rather, they represent a gradual and cumulative process that develops from specific contextual conditions and, if left unaddressed, may lead to destructive and multidimensional consequences.

4. Discussion

The present study sought to explain the formation process, underlying causes, consequences, and reduction strategies of unhealthy relationships in Iranian families

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through a constructivist grounded theory approach. The findings led to the development of a process-oriented model composed of five major stages: contextual conditions, the formation and escalation of unhealthy relational patterns, multidimensional consequences, coping strategies, and preventive and intervention strategies. More specifically, the findings showed that unhealthy relationships did not emerge suddenly or as the result of a single cause. Rather, they developed through the interaction of uninformed marriage, dysfunctional family backgrounds, problematic individual characteristics of the spouse, deficits in emotion regulation and communication, interference from families of origin, destructive power dynamics, emotional deprivation, sexual problems, and maladaptive coping patterns. The findings therefore support a systemic and process-based interpretation of marital dysfunction in which individual, dyadic, familial, and sociocultural factors mutually reinforce one another over time. This interpretation is strongly consistent with systems theory, which views family and couple difficulties as products of reciprocal interactions among interconnected components rather than isolated deficits located within one person (Smith-Acuña, 2026). It is also compatible with conceptualizations of marriage as a dynamic context of emotional conflict, adaptation, and growth in which unresolved tensions may either become opportunities for development or accumulate into persistent dysfunction (Pincus, 2023).

One of the major findings concerned the role of contextual conditions, particularly uninformed marriage and dysfunctional family backgrounds, in preparing the ground for later relational problems. Participants frequently described entering marriage at a young age, with inadequate premarital knowledge, under family pressure, or with unrealistic expectations regarding the possibility of changing the spouse. Such experiences indicate that marital vulnerability may begin before the formal establishment of the couple relationship. This finding is consistent with research emphasizing the central importance of adjustment in the early years of marriage. Aflatouni et al. showed that successful adjustment during the early stages of marriage can contribute significantly to marital stabilization, implying that inadequate preparation and poor early adaptation may increase the likelihood of subsequent instability (Aflatouni et al., 2022). The current findings also resonate with the broader view that transitions into marriage can influence psychological and relational functioning in both beneficial and adverse ways, depending on the quality of the emerging relationship and the resources available to the couple (Huntington et al., 2022). From a systemic perspective, entering marriage without sufficient self-knowledge, partner knowledge, realistic expectations, or clear interpersonal boundaries may make the couple more vulnerable to external family pressures and internal conflict. The role of family background observed in this study is likewise consistent with the idea that early family experiences shape relational expectations, schemas, and capacities that are later carried into intimate partnerships (Smith-Acuña, 2026).

A second major finding was the importance of the spouse's individual psychological and behavioral characteristics, including selfishness, narcissistic tendencies, lack of responsibility, emotional immaturity, mood instability, suspiciousness, poor anger control, substance use, and deficits in communication skills. These characteristics appeared to function as predisposing factors that accelerated the deterioration of the relationship. This pattern is consistent with contemporary research linking personality pathology and maladaptive interpersonal characteristics with dysfunction in romantic relationships. South and Dashineau emphasized that personality-related difficulties can influence intimacy, empathy, self-regulation, conflict, and reciprocity in romantic relationships, thereby increasing the risk of chronic relational problems (South & Dashineau, 2025). The present findings also align with Hosseini et al., who reported that early maladaptive schemas, self-differentiation, and frustration tolerance are significantly related to marital conflict among individuals seeking divorce (Hosseini et al., 2026). These findings suggest that individual vulnerabilities become especially problematic when they are enacted repeatedly within intimate interactions. In other words, traits such as rigidity, impulsivity, suspiciousness, or poor responsibility do not remain purely intrapersonal characteristics; they shape communication, decision-making, trust, and conflict management and can therefore become embedded in the relational system.

Emotion-regulation difficulties and communication deficits were particularly prominent in the accounts of participants. Poor anger control, retaliation, projection, prolonged withdrawal, dishonesty, and the inability to express needs constructively were repeatedly identified as mechanisms through which conflict intensified. This finding is highly consistent with research showing that the way couples manage conflict is central to marital quality. Gottman and Tabares demonstrated that even brief interruptions of marital conflict can alter the trajectory of destructive interaction, highlighting the importance of de-

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escalation and conflict regulation (Gottman & Tabares, 2018). Similarly, Krok et al. found that partner communication is closely associated with marital satisfaction, indicating that effective communication can function as an important relational resource even under stressful conditions (Krok et al., 2023). Koçyiğit and Uzun further showed that emotion regulation and mindfulness are relevant mechanisms linking couple burnout with marital satisfaction (Koçyiğit & Uzun, 2024). The current study extends these findings by showing how communication failures and emotional dysregulation are not merely correlates of dissatisfaction but may operate sequentially within a broader process of relational deterioration. When destructive exchanges become repetitive, the couple may begin to interpret each interaction through an increasingly negative framework, reducing opportunities for repair and increasing emotional exhaustion.

The findings also revealed the central role of destructive power and control patterns, including humiliation, public disrespect, comparison with others, verbal violence, physical violence, and exploitation of personal vulnerabilities. These patterns point to a relational structure characterized by inequality and control rather than reciprocity. From a systems perspective, such interactions may become self-reinforcing because each episode of domination or withdrawal changes the responses of the other partner and stabilizes a dysfunctional interaction cycle (Smith-Acuña, 2026). The association between conflict negotiation styles and marital burnout reported by Obioma et al. also supports the present findings, because destructive approaches to disagreement may progressively erode emotional investment and relationship satisfaction (Obioma et al., 2025). The role of maladaptive relationship beliefs identified in models of marital burnout is also relevant. When one partner holds rigid assumptions about authority, obedience, entitlement, or the legitimacy of controlling behavior, such beliefs may reinforce patterns of disrespect and domination (Masoumirad et al., 2026). Therefore, the current findings suggest that unhealthy marital relationships should be examined not only in terms of conflict frequency but also in terms of how power is distributed and exercised within the relationship.

Another important finding concerned emotional and sexual disconnection. Participants described one-sided affection, lack of verbal expressions of love, failure to spend meaningful time together, sexual incompatibility, low sexual satisfaction, sexual coldness, lack of sexual knowledge, disregard for the woman's pleasure, pornography use, and extramarital sexual relationships. These findings indicate that emotional and sexual intimacy are interdependent dimensions of marital quality and that deterioration in one domain can intensify difficulties in the other. Research on marital adjustment and early marriage supports the importance of emotional closeness and mutual responsiveness in stabilizing relationships (Aflatouni et al., 2022). Likewise, studies on forgiveness, marital quality, and stability suggest that emotional responsiveness and relational repair are crucial to maintaining connection after conflict or injury (He et al., 2018). The present study further showed that sexual difficulties often occurred within a broader climate of emotional neglect, poor communication, and unequal power, suggesting that sexual problems cannot always be understood as isolated dysfunctions. Rather, they may represent manifestations of a larger pattern of relational disconnection.

Marital infidelity emerged as one of the most severe points of crisis in the developmental trajectory of unhealthy relationships. The model developed in this study positioned infidelity among the factors associated with crisis and relationship breakdown. This finding is strongly consistent with previous Iranian research. Sharifi Saei and Azad Armaki found that marital infidelity in Iran is shaped by multiple individual, relational, familial, and social contexts rather than a single determinant (Sharifi Saei & Azad Armaki, 2021). Kanaani and Alijani similarly showed that infidelity develops within complex contextual and relational conditions (Kanaani & Alijani, 2021). The present findings support this multifactorial interpretation by showing that infidelity often appears after prolonged emotional disconnection, destructive interaction, dissatisfaction, and accumulated unresolved conflict. The consequences identified in the present study are also consistent with findings reported by Sarmadi and Ahmadi, who documented extensive harms associated with marital infidelity (Sarmadi & Ahmadi, 2021), and with Sharifi Saei's meta-synthesis showing that infidelity can produce serious psychological, relational, social, and family consequences (Sharifi Saei, 2023). Griffin et al. also found associations between personal infidelity and broader patterns of misconduct in other domains, suggesting that infidelity may, in some individuals, co-occur with wider patterns of rule violation or ethical inconsistency (Griffin et al., 2019). However, the current findings suggest that within marital relationships, infidelity is best interpreted in relation to the broader relational process rather than as an isolated event.

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Interference from families of origin was another major category identified in the model. Participants described intrusive in-laws, breaches of privacy, financial dependence on the spouse's family, prioritization of the family of origin over the marital relationship, and restrictions on contact with one's own family. These experiences suggest that unclear boundaries between the marital subsystem and families of origin can substantially intensify couple conflict. This finding closely aligns with Ghasemi et al., who identified damaging interactions between couples and the spouse's family, including interference, boundary problems, and their negative consequences for marital functioning (Ghasemi et al., 2016). The current findings also support broader family-systems perspectives that emphasize the interdependence of marital and extended-family relationships (Schuler et al., 2025). In the Iranian cultural context, where intergenerational ties and extended-family involvement may remain strong after marriage, establishing functional boundaries is particularly important. The issue is therefore not family closeness itself but the absence of boundaries that allow the couple to develop autonomy while maintaining supportive intergenerational relationships.

The study further demonstrated that unhealthy relationships produce multidimensional consequences encompassing psychological, economic, social, and family domains. Psychologically, participants reported reduced self-esteem, depression, anxiety, distrust, reduced sexual self-confidence, negative body image, social withdrawal, loneliness, fear of future relationships, and loss of meaning in life. These findings are consistent with evidence indicating a close relationship between marital quality and mental health. Shi and Whisman showed that marital satisfaction may alter the association between stress and depression, suggesting that the intimate relationship can function either as a psychological resource or as an additional source of stress (Shi & Whisman, 2023). Huntington et al. likewise demonstrated that the transition to marriage can influence both mental and physical health, emphasizing that relationship quality is relevant to broader well-being (Huntington et al., 2022). The psychological consequences identified in the present study can also be understood in relation to prolonged exposure to criticism, humiliation, emotional neglect, instability, and betrayal. Over time, these experiences may alter an individual's beliefs about self-worth, safety, trust, and future relationships.

The economic and social consequences reported by participants further demonstrate that the effects of unhealthy relationships extend beyond psychological distress. Financial pressure, lost employment opportunities, restrictions on personal development, social stigma, and isolation were recurrent experiences. These outcomes highlight the embeddedness of marital relationships within larger social structures. Isa Morad's analysis of problems in the Iranian family similarly emphasizes that family difficulties must be understood within a broader social and cultural framework (Isa Morad, 2023). Cultural expectations may influence how individuals experience divorce, social judgment, remarriage, economic dependence, and family responsibility. Cross-cultural scholarship also emphasizes that intimate relationships cannot be interpreted independently of cultural identity, norms, and social context (Albuja et al., 2022; Dewi et al., 2019). The findings therefore support a culturally situated understanding of unhealthy marital relationships in Iran, in which psychological distress interacts with social expectations, family structures, and economic constraints.

The family consequences identified in the present study, particularly harm to children, point to the intergenerational dimension of unhealthy relationships. Exposure to chronic conflict, emotional insecurity, violence, or family instability can affect children's understanding of intimacy, trust, conflict resolution, and emotional expression. Systems theory is particularly useful in interpreting this finding because it conceptualizes family members as interdependent, such that distress in the marital subsystem can influence the functioning of the parent-child subsystem and vice versa (Smith-Acuña, 2026). Family-centered care approaches also emphasize the value of addressing interconnected relationships rather than focusing exclusively on individuals (Schuler et al., 2025). The present findings therefore suggest that intervention in unhealthy marital relationships may have broader preventive value by reducing the transmission of dysfunctional interaction patterns across generations.

The final part of the model concerned coping, prevention, and intervention. Participants identified mutual respect, consultation, emotional support, responsibility, affection, communication, acknowledgment of mistakes, fidelity, emotional maturity, respect for families of origin, shared beliefs, and satisfactory sexual relationships as features of a healthy relationship. They also emphasized counseling, sufficient premarital acquaintance, and evaluation of personality compatibility as preventive strategies. These findings are consistent with evidence showing that marital stability depends heavily on communication, emotional

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regulation, forgiveness, and adaptive negotiation (He et al., 2018; Koçyiğit & Uzun, 2024; Krok et al., 2023). Religious and value systems may also contribute to marital satisfaction when they are shared and function as sources of meaning and commitment (Ślusarczyk et al., 2024). At the same time, Huang et al. demonstrated that attitudes toward marriage are shaped by psychological and sociodemographic factors, underscoring that marital beliefs and expectations are culturally and individually variable (Huang et al., 2020). The broader theoretical literature also conceptualizes marriage as a social, emotional, and normative institution involving mutual obligations and shared commitments (Girgis et al., 2020). Taken together, the findings indicate that prevention should not be limited to identifying risk factors but should also aim to strengthen relational competencies and establish realistic expectations before and during marriage.

5. Conclusion

Overall, the emergent model suggests that unhealthy relationships in Iranian families are best understood as a cumulative and cyclical process. Contextual vulnerabilities increase the likelihood of entering a fragile relationship, individual psychological and behavioral characteristics contribute to maladaptive interactions, destructive communication and power patterns become entrenched, family interference and emotional or sexual disconnection intensify distress, and the relationship may eventually reach a crisis characterized by infidelity, addiction, or breakdown. The resulting psychological, economic, social, and family consequences may then shape coping strategies and future relational functioning. This interpretation extends previous studies by integrating multiple relational problems into a single process-oriented model rather than treating them as separate outcomes. It also supports the constructivist grounded theory assumption that relationship dysfunction must be understood through participants' lived experiences and within the sociocultural context in which those experiences acquire meaning.

6. Limitations & Suggestions

This study has several limitations that should be considered when interpreting the findings. First, the participants were limited to 15 divorced women residing in Tehran, and therefore the findings reflect the experiences of a specific group and may not fully represent married women, divorced men, couples who remained together despite severe conflict, or individuals living in other regions of Iran. Second, the retrospective nature of the interviews may have introduced recall bias, particularly because participants were asked to reconstruct complex relational experiences that had developed over several years. Third, the study relied primarily on self-reported accounts from one partner, and the perspectives of former spouses, children, or other family members were not included. Fourth, although theoretical saturation was achieved within the sample, qualitative saturation does not imply statistical representativeness. Finally, the sensitive nature of topics such as violence, sexual dissatisfaction, infidelity, substance use, and family conflict may have affected participants' willingness to disclose some experiences fully.

Future studies should examine the proposed model in more diverse populations, including divorced men, currently married couples experiencing chronic conflict, couples who have successfully recovered from severe relationship distress, and participants from different socioeconomic, ethnic, and geographic backgrounds. Comparative qualitative studies could clarify whether the developmental trajectory identified in the present research differs according to gender, length of marriage, number of children, type of marriage, socioeconomic status, or level of family involvement. Mixed-method and quantitative studies are also recommended to operationalize the categories identified in the present model and test the strength and direction of relationships among contextual vulnerabilities, spouse characteristics, interaction patterns, family interference, consequences, and coping strategies. Longitudinal research would be particularly valuable for determining how unhealthy patterns develop over time and identifying critical transition points at which intervention is most effective. Future research could also incorporate dyadic interviews and reports from children or other family members to provide a more comprehensive understanding of the family system.

The findings suggest that prevention and intervention programs should be designed at multiple levels. Premarital counseling should move beyond general education and include systematic assessment of personality compatibility, communication style, emotion regulation, expectations about gender and family roles, sexual knowledge, financial attitudes, and boundaries with families of origin. Couple counseling should prioritize the early identification of destructive interaction cycles, coercive power dynamics, emotional neglect, sexual dissatisfaction, and unresolved family interference before these patterns become entrenched. Training in constructive communication, anger management, emotional awareness, conflict negotiation,

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mutual responsibility, and repair after relational injury should be incorporated into family counseling services. In cases involving violence, addiction, or severe control, specialized and safety-oriented interventions are necessary. Family-centered programs should also help couples establish functional boundaries with families of origin while preserving supportive intergenerational ties. Finally, policymakers and service providers should consider expanding accessible, culturally sensitive counseling and psychoeducational services for couples at different stages of marriage, with particular emphasis on early intervention and prevention.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

References

Aflatouni, M., Khodadadi Sangdeh, J., & Farahbakhsh, K. (2022). The Role of Adjustment in the Early Stages of Marriage in Its Stabilization. *Cultural Psychology*, *6*(1), 235-257.

Albuja, A. F., West, A., & Gaither, S. E. (2022). *Two or More: A Comparative Analysis of Multiracial and Multicultural Research*. Cambridge University Press. https://dukespace.lib.duke.edu/server/api/core/bitstreams/1bb48b0b-41a9-4983-bdf0-1d7db3d2dc49/content

Dewi, S. F., Montessori, M., Saputra, R. A., Farsalena, S., Fatmariza, F., Febriani, R., & Yulika, F. (2019). The Role of Culture in Cross-Cultural Marriage among Minangkabau Women. *Journal of International Women's Studies*, *20*(9), 68-82. https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2199&context=jiws

Ghasemi, S., Etemadi, O., & Ahmadi, S. A. (2016). Identifying Interactive Harms between Couples and the Spouse's Family and Their Consequences: A Qualitative Study. *Journal of Qualitative Research in Health Sciences*, *5*(3), 250-262.

Girgis, S., Anderson, R. T., & George, R. (2020). *What Is Marriage?: Man and Woman: A Defense*. Encounter Books. https://books.google.com/books/about/What_Is_Marriage.html?id=TpfxW4tOVAQC

Gottman, J. M., & Tabares, A. (2018). The Effects of Briefly Interrupting Marital Conflict. *Journal of marital and family therapy*, *44*(1), 61-72. https://doi.org/10.1111/jmft.12243

Griffin, J. M., Kruger, S., & Maturana, G. (2019). Personal Infidelity and Professional Conduct in 4 Settings. *Proceedings of the National Academy of Sciences of the United States of America*, *116*(33), 16268-16273. https://doi.org/10.1073/pnas.1905329116

He, Q., Zhong, M., Tong, W., Lan, J., Li, X., Ju, X., & Fang, X. (2018). Forgiveness, Marital Quality, and Marital Stability in the Early Years of Chinese Marriage: An Actor-Partner Interdependence Mediation Model. *Frontiers in psychology*, *9*, 1520. https://doi.org/10.3389/fpsyg.2018.01520

Hosseini, S., Mousavi, S. A. M., & Shomalyoskoei, A. (2026). The Mediating Role of Frustration Tolerance in the Relationship Between Early Maladaptive Schemas, Self-Differentiation, and Marital Conflict in Individuals Applying for Divorce. *Applied Family Therapy Journal*, *7*(4), 1-12. https://doi.org/10.61838/kman.aftj.6332

Huang, Y. T., Chen, M. H., Hu, H. F., Ko, N. Y., & Yen, C. F. (2020). Role of Mental Health in the Attitude toward Same-Sex Marriage among People in Taiwan: Moderating Effects of Gender, Age, and Sexual Orientation. *Journal of the Formosan Medical Association*, *119*(1 Pt 1), 150-156. https://doi.org/10.1016/j.jfma.2019.03.011

Huntington, C., Stanley, S. M., Doss, B. D., & Rhoades, G. K. (2022). Happy, Healthy, and Wedded? How the Transition to Marriage Affects Mental and Physical Health. *Journal of Family Psychology*, *36*(4), 608-617. https://doi.org/10.1037/fam0000913

Isa Morad, A. (2023). Problem Identification of Dimensions in the Iranian Family: A Psychological Analysis. *Cultural Psychology*, *7*(2), 268-287.

Kanaani, M. A., & Alijani, M. (2021). Infidelity Relationships and Their Contexts: A Qualitative Study in Rasht. *Sociology of Social Institutions*, *8*(18), 273-296.

Koçyiğit, M., & Uzun, M. (2024). Couple Burnout and Marital Satisfaction: Serial Mediation by Mindfulness and Emotion Regulation. *The American Journal of Family Therapy*, *52*(5), 575-593. https://psycnet.apa.org/record/2024-73511-001

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Krok, D., Telka, E., & Moroń, M. (2023). Marital Satisfaction, Partner Communication, and Illness Acceptance among Couples Coping with Breast Cancer: A Dyadic Approach. *Psycho-Oncology*, *32*(8), 1240-1247. https://doi.org/10.1002/pon.6174

Masoumirad, H., Jahangir, P., & Rezakhani, S. (2026). Presenting a Model for Predicting Marital Burnout Based on Experiential Avoidance and Relationship Beliefs with the Mediation of Forgiveness in Married Women Referring to Counseling Centers in Tehran. *Applied Family Therapy Journal*, *7*(1), 1-12. https://doi.org/10.61838/kman.aftj.6332

Obioma, I. F., Raina, M., Jaga, A., Asekun, W. A., Misurya, P., & Hernandez Bark, A. S. (2025). Gender and Marital Burnout within Four Countries: Examining the Effects of Conflict Negotiation Styles. *Journal of Social and Personal Relationships*, *42*(12), 3509-3533. https://doi.org/10.1177/02654075251371383

Pincus, L. (2023). *Marriage: Studies in Emotional Conflict and Growth*. Taylor & Francis. https://www.taylorfrancis.com/books/edit/10.4324/9781003395355/marriage-lily-pincus

Sarmadi, Y., & Ahmadi, K. (2021). The Extent of Damages Caused by Marital Infidelity among Couples. *Family Research*, *17*(1), 81-98.

Schuler, C., Ntow, G. E., Berner, R., Thet Naing Oo, S., & Pfister, R. E. (2025). Family Systems Care Approaches and Methodologies for Maternal, Newborn and Child Health in Low- and Middle-Income Countries: A Scoping Review. *Global Health Action*, *18*(1), 2567714.

Sharifi Saei, M. H. (2023). Consequences of Marital Infidelity in Iran: A Meta-Synthesis Study. *Contemporary Sociological Research*, *12*(22), 165-204.

Sharifi Saei, M. H., & Azad Armaki, T. (2021). Factors in the Formation of Marital Infidelity in Iran: A Meta-Synthesis Study. *Iranian Social Problems*, *12*(3), 33-74.

Shi, Y., & Whisman, M. A. (2023). Marital Satisfaction as a Potential Moderator of the Association between Stress and Depression. *Journal of affective disorders*, *327*, 155-158. https://doi.org/10.1016/j.jad.2023.01.093

Ślusarczyk, W., Kwiatkowska, K., & Czyżkowska, A. (2024). Satisfaction with the Marital Relationship and the Religiosity of the Spouses. *Kwartalnik Naukowy Fides et Ratio*, *57*(1), 9-24.

Smith-Acuña, S. (2026). *Systems Theory in Action: Applications for Individual, Couple, and Family Therapy*. John Wiley & Sons.

South, S. C., & Dashineau, S. (2025). Psychopathology and Romantic Relationships: An AMPD Perspective. In *Clinical Applications of the DSM-5 Alternative Model for Personality Disorders* (pp. 207-224). https://psycnet.apa.org/record/2027-12677-013

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798