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Social Withdrawal and Depressive Symptoms as Outcomes of Prolonged Marital Power Imbalance

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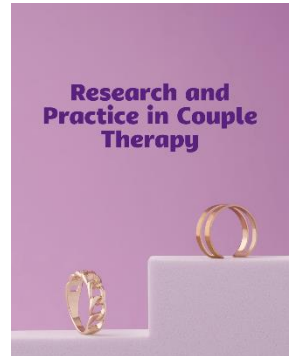
ABSTRACT

This study aimed to explore how prolonged marital power imbalance contributes to the development of social withdrawal and depressive symptoms among individuals in long-term intimate relationships. A qualitative research design was employed using semi-structured interviews with 22 participants (12 women and 10 men) from various regions of South Africa. Participants were purposively selected based on their self-identified experiences of enduring relational power asymmetry within marriage. Data were collected until theoretical saturation was achieved and analyzed using thematic analysis supported by NVivo software. Interviews were transcribed verbatim, coded inductively, and reviewed iteratively to develop major themes and subthemes reflecting the lived emotional and behavioral outcomes of chronic relational inequity. Four overarching themes emerged from the data: (1) Emotional Consequences of Power Imbalance, including feelings of helplessness, chronic sadness, anxiety, and emotional exhaustion; (2) Behavioral Manifestations of Withdrawal, such as avoidance of communication, social isolation, and disengagement from pleasurable activities; (3) Dynamics of Marital Power Asymmetry, encompassing dominance, lack of mutual respect, unequal responsibilities, and economic dependency; and (4) Coping and Meaning-Making Strategies, including protective silence, religious coping, and reframing. Participants described how prolonged disempowerment led to internalized distress and the erosion of social and psychological well-being. Findings were aligned with prior research on marital communication patterns, emotional suppression, and relational aggression. Prolonged marital power imbalance can have serious psychological consequences, leading to persistent emotional distress, social withdrawal, and depressive symptoms. These outcomes are often underrecognized due to the subtle and chronic nature of relational inequity. Clinical and community interventions must address the structural and emotional dimensions of marital power to promote relational health and psychological resilience.

Keywords: Marital power imbalance; social withdrawal; depressive symptoms; qualitative study; relational dynamics; emotional suppression; coping strategies.

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Introduction

Marital relationships are dynamic systems in which power, communication, and emotional regulation intertwine to shape both partners' psychological well-being. While fluctuations in marital power are natural across the life course, persistent and asymmetrical imbalances—where one partner chronically dominates decisions, emotional labor, or social control—can gradually erode the health and autonomy of the subordinate spouse. These imbalances may not always manifest as overt conflict but can subtly lead to long-term emotional suppression, unmet needs, and psychological symptoms, most notably social withdrawal and depression. Increasingly, research suggests that the cumulative impact of being in a low-power position in marriage can leave individuals vulnerable to internalizing distress, self-silencing, and disengagement from both social networks and self-agency (Kim & Heecheon, 2011; Nana & Mamat, 2023).



Power in marital relationships is not merely a matter of explicit control or aggression; it includes decision-making authority, emotional influence, and resource allocation (Coyne et al., 2017; Scheeren et al., 2014). Over time, when power asymmetries persist unchallenged, they can distort the emotional climate of the relationship and disrupt core processes such as mutual validation, responsiveness, and shared meaning-making (Shebib & Cupach, 2018; Villa & Zilda Aparecida Pereira Del, 2013). Partners experiencing diminished power often report a loss of voice and agency, which is closely linked to depressive symptoms, particularly when efforts to negotiate or resist are met with invalidation or hostility (Brockman et al., 2016; Holley et al., 2010). These conditions create a psychological context conducive to social withdrawal—a behavioral pattern that not only isolates the individual but also undermines opportunities for emotional support and resilience (Dollberg & Keren, 2013).

Social withdrawal, defined as an active or passive reduction in social interaction and communication, is not simply a by-product of depression but may also function as an early adaptive strategy in response to relational powerlessness (Dollberg & Keren, 2013; Sears et al., 2016). Withdrawal behaviors, including avoidance of communication, reduction of social contact, and emotional disengagement, often reflect a protective stance aimed at reducing further emotional injury in oppressive marital climates (Vogel et al., 2007). However, while such strategies may offer short-term relief, they frequently exacerbate psychological isolation and intensify internalized symptoms, such as worthlessness, hopelessness, and anhedonia (Durat et al., 2018; Zaki et al., 2022). These outcomes are especially likely when the power disparity is sustained and accompanied by patterns of coercion, criticism, or emotional neglect.

Empirical studies have documented the links between power imbalance and psychological distress through various mechanisms, including maladaptive conflict patterns such as demand–withdraw cycles (Holley et al., 2010; Papp et al., 2009). These interactions, where one partner demands change and the other withdraws, tend to be both a cause and a consequence of relational dissatisfaction and power asymmetry (Carroll et al., 2010; Kim & Heecheon, 2011). Over time, this cycle reinforces emotional distance and further silences the lower-power partner. Indeed, research shows that women in such positions frequently experience depressive symptoms linked to emotional labor overload and a chronic sense of being unheard or dismissed (Barton et al., 2015; Cunha et al., 2016).

Cultural norms and gender expectations also shape the manifestation and interpretation of marital power dynamics. In patriarchal societies or households with rigid gender roles, the likelihood of power asymmetry becomes higher, and the normalization of inequality further complicates recognition and resistance (Adhikari, 2016; Khaidarulloh, 2020). Women, in particular, are socialized to prioritize relational harmony and familial duty, which often results in self-silencing and internalizing coping mechanisms in the face of inequity (Keels & Powers, 2013; Zaki et al., 2022). Consequently, many choose withdrawal over confrontation—not from a position of emotional indifference, but from fatigue, fear, or perceived futility.

Moreover, the psychological cost of marital power imbalance is not limited to the affected spouse; it has cascading effects on parenting, family functioning, and child well-being. Studies have shown that when one parent is emotionally depleted or socially withdrawn due to marital distress, the quality of parenting and emotional availability to children is compromised (Diniz et al., 2021; Zhu et al., 2022). Children exposed to such relational environments often mirror withdrawal patterns or exhibit socio-emotional problems, reinforcing the intergenerational transmission of relational dysfunction (Nana & Mamat, 2023; Zhu et al., 2022).

Interpersonal factors such as verbal inhibition, experiential avoidance, and poor communication satisfaction are among the key mediators between power imbalance and psychological symptoms (Brockman et al., 2016; Shebib & Cupach, 2018). When individuals feel unable to express needs, assert boundaries, or participate equally in decision-making, their sense of self-efficacy and relational worth diminishes. This process is frequently invisible to outsiders, particularly in couples who maintain outward

appearances of cohesion. However, internal narratives collected through qualitative inquiry reveal a consistent thread of internal conflict, loss of autonomy, and emotional disorientation (Carroll et al., 2010; Ghavibazou et al., 2020).

From a systemic perspective, relational aggression—such as manipulation, silent treatment, or demeaning comments—often substitutes for physical aggression in imbalanced marriages (Carroll et al., 2010; Coyne et al., 2017). These behaviors, though less overt, create a hostile emotional atmosphere that fosters withdrawal and undermines mental health. In many cases, partners experiencing these dynamics report feeling “trapped” or “invisible,” contributing further to social disengagement and emotional deterioration (Sears et al., 2016; Shamai et al., 2007).

Furthermore, the intersection of psychological withdrawal and depressive symptoms should be understood not only as outcomes but also as expressions of an overwhelmed nervous system responding to chronic relational stress. The loss of social vitality, including reduced interaction with friends and family, is both a cause and consequence of emotional burnout (Sears et al., 2016; Villa & Zilda Aparecida Pereira Del, 2013). While some individuals may adopt spiritual or meaning-based coping to endure this distress, others remain locked in cycles of silence and self-neglect (Cunha et al., 2016; Durat et al., 2018).

Despite the mounting evidence on the destructive effects of marital power asymmetry, much of the literature has prioritized quantitative studies and focused on conflict behaviors rather than lived experiences. There remains a critical need for in-depth, context-sensitive explorations that uncover how individuals interpret, navigate, and internalize prolonged relational inequities. Qualitative approaches, particularly narrative or phenomenological designs, offer an opportunity to amplify the voices of those who endure such silent suffering, revealing psychological patterns that are otherwise masked by surface-level assessments (Ghavibazou et al., 2020; Nana & Mamat, 2023).

In this context, the present study aims to explore how individuals subjected to prolonged marital power imbalances experience and construct their social withdrawal and depressive symptoms.

Methods and Materials

Study Design and Participants

This study employed a qualitative research design using a constructivist-interpretivist paradigm to explore the psychosocial outcomes of prolonged marital power imbalance, with a specific focus on social withdrawal and depressive symptoms. A purposive sampling strategy was used to recruit participants who had experienced or were currently experiencing power asymmetries in their marital relationships. The final sample comprised 22 participants (12 women and 10 men), all of whom were residents of urban and semi-urban regions in South Africa. Participants ranged in age from 28 to 54 years, with varying lengths of marital experience (between 3 and 25 years). Inclusion criteria required that participants be legally married or in long-term cohabiting partnerships and self-identify as having encountered sustained marital power inequity. Efforts were made to ensure diversity in socioeconomic background, ethnicity, and educational level to reflect a broad spectrum of marital dynamics within the South African context.

Measures

Data were collected through in-depth semi-structured interviews conducted in-person and, in some cases, via secure video conferencing platforms due to logistical constraints. Interviews lasted between 60 and 90 minutes and were guided by an interview protocol that included open-ended questions aimed at eliciting participants’ experiences of marital power dynamics, perceived loss of agency, psychological responses, and manifestations of withdrawal or depressive symptoms. The interview schedule was pilot-tested with two participants (excluded from the final analysis) and refined for clarity and cultural

appropriateness. All interviews were conducted in English or isiZulu, depending on the participant's preference, and were audio-recorded with informed consent. Verbatim transcription and, where necessary, translation into English were undertaken to preserve the integrity of participants' narratives.

Data analysis

Data analysis followed a thematic analysis approach as outlined by Braun and Clarke (2006). The analysis was conducted iteratively and inductively, allowing for the emergence of codes and patterns directly from the data. Nvivo qualitative data analysis software (Version 12) was used to facilitate the systematic coding and organization of data. The analytical process involved multiple stages, including initial open coding, axial coding to explore interconnections between categories, and selective coding to identify overarching themes. Themes were developed and refined through constant comparison across interviews, and memo-writing was employed to track analytical insights and evolving interpretations.

To ensure rigor and trustworthiness, the study adhered to the criteria of credibility, dependability, confirmability, and transferability. Credibility was enhanced through prolonged engagement with the data and member checking with a subset of participants. An audit trail was maintained, and peer debriefing with two qualitative research experts helped minimize researcher bias. Theoretical saturation was achieved after 22 interviews, as no new themes emerged and existing categories were well-defined and consistently supported by the data.

Findings and Results

A total of 22 participants (12 women and 10 men) from various regions in South Africa took part in this study. The participants ranged in age from 28 to 54 years, with a mean age of 39.6 years. In terms of marital duration, 6 participants had been married for less than 5 years, 9 had been married between 6 and 15 years, and 7 participants had been in marital relationships for over 15 years. Regarding educational attainment, 5 participants had completed secondary education, 12 held undergraduate degrees, and 5 had postgraduate qualifications. In terms of employment status, 13 participants were employed full-time, 4 were self-employed, and 5 were unemployed or homemakers. Ethnic representation included 9 Black African participants, 6 Coloured participants, 5 Indian participants, and 2 White participants. Religiously, the sample comprised 11 Christians, 7 Muslims, and 4 participants identifying with traditional or spiritual belief systems. All participants self-identified as having experienced a prolonged imbalance of power in their marital relationship, qualifying them for inclusion in the study.

Table 1. Categories, Subcategories, and Concepts Derived from Thematic Analysis

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Consequences of Power Imbalance	Feelings of Helplessness	Trapped in the relationship, lack of control, emotional paralysis, suppressed identity
	Chronic Sadness	Daily tearfulness, persistent low mood, emotional numbness, sense of despair
	Anxiety and Hypervigilance	Constant worry, overthinking, fear of conflict, walking on eggshells
	Emotional Numbness	Detachment, emotional shutdown, lack of affect, denial of pain
	Internalized Guilt and Shame	Self-blame, feeling inadequate, internalized failure, guilt for children
	Emotional Exhaustion	Tired of arguing, mental fatigue, emotional depletion, "nothing left to give"
	Loss of Self-worth	Feeling insignificant, being ignored, not being valued, self-deprecating thoughts
2. Behavioral Manifestations of Withdrawal	Avoidance of Communication	Silent treatment, minimal verbal exchange, evading conversation, ignoring conflict
	Social Isolation	Reduced contact with friends, cutting off family, avoiding social events, hiding problems

3. Dynamics of Marital Power Asymmetry	Loss of Interest in Activities	Stopped hobbies, no motivation, boredom, emotional disengagement
	Reluctance to Seek Help	Fear of judgment, privacy concerns, belief nothing will change, stigma
	Passive Compliance	Saying "yes" to avoid fights, suppressing opinions, being agreeable to keep peace
	Sleep and Appetite Changes	Insomnia, oversleeping, emotional eating, loss of appetite
	Dominance and Control by One Partner	Decision-making monopoly, monitoring behaviors, controlling finances, limiting movement
	Lack of Mutual Respect	One-sided criticism, devaluation, no space for opinions, disregard for boundaries
	Unequal Responsibility Distribution	One-sided parenting, housework imbalance, emotional labor burden
	Economic Dependence and Vulnerability	No personal income, controlled spending, financial coercion, restricted access to money
4. Coping and Meaning-Making Strategies	Fear of Retaliation	Threats, emotional blackmail, retaliation after expressing needs, being punished
	Spiritual and Religious Coping	Prayer, faith-based acceptance, seeking meaning in suffering, religious surrender
	Seeking Emotional Support	Talking to siblings, close friends' support, online communities, support groups
	Reframing the Experience	Seeing imbalance as temporary, finding inner strength, redefining happiness
	Protective Silence	Choosing not to disclose, "it's not worth it", shielding children, emotional self-protect
	Hope for Change	Waiting for partner to change, holding onto memories, optimistic fantasies, denial

Category 1: Emotional Consequences of Power Imbalance

Participants frequently described **feelings of helplessness**, stemming from a persistent lack of control in their relationships. Many used metaphors such as "I felt like a puppet in my own home" (P12) and "no matter what I said, it was never enough" (P6), highlighting a profound sense of disempowerment. This subcategory included experiences of emotional paralysis, suppression of personal identity, and resignation to the dominant partner's authority.

The theme of **chronic sadness** emerged strongly across accounts. Participants reported enduring low mood, tearfulness, and emotional disengagement. One woman shared, "I cried silently almost every night for two years. He never noticed" (P17). Others described their sadness as "a shadow that never left," emphasizing the unrelenting nature of their emotional pain.

Anxiety and hypervigilance were common among both men and women. Many described being constantly on guard to avoid triggering conflict. One participant explained, "I would rehearse every word in my head before speaking. It was exhausting" (P9). Such anticipatory fear often contributed to severe psychological distress and decision paralysis.

Some individuals reported **emotional numbness**, an adaptive response to chronic emotional invalidation. Participants spoke of "shutting down to survive" (P3) and "forgetting how to feel" (P11), reflecting a psychological defense mechanism against ongoing relational trauma.

Internalized guilt and shame were especially prevalent among participants who had children. A recurring sentiment was self-blame for remaining in the relationship. As one mother noted, "I felt like I was ruining my children's lives by staying, but I had nowhere else to go" (P4). Feelings of inadequacy and worthlessness were deeply ingrained in their narratives.

Several interviewees spoke of **emotional exhaustion** as a culmination of persistent imbalance. Descriptions such as "I just didn't have the strength to argue anymore" (P13) and "I felt drained to my core" (P8) reflected the toll taken by constant emotional labor without reciprocity.

Lastly, **loss of self-worth** was one of the most devastating outcomes. Participants described feeling "invisible," "worthless," or "like a servant, not a spouse" (P19). The prolonged experience of being devalued in the marital dynamic contributed to severe erosion of personal identity and esteem.

Category 2: Behavioral Manifestations of Withdrawal

Participants described an **avoidance of communication**, marked by silence, indirect expression, and strategic disengagement. One woman noted, "I stopped talking because my words were used against me" (P10). Others described a pattern of keeping conversations superficial to prevent escalation.

Social isolation was a prominent behavioral outcome. Many participants had withdrawn from friends, family, and community activities. As P5 stated, "He didn't stop me from going out, but he made me feel guilty every time I did." Several others avoided socializing due to embarrassment, fear of judgment, or emotional fatigue.

Loss of motivation and **interest in activities** that previously brought joy was commonly reported. "I stopped painting. It used to be my escape, but now nothing excites me" (P20), said one participant. This loss extended to self-care, hobbies, and leisure, reflecting a broader disengagement from life.

The **reluctance to seek help** was rooted in fear of stigma, disbelief, or further conflict. Many interviewees internalized the belief that "no one would understand" (P2) or that "it was shameful to expose private matters" (P16). This silence contributed to prolonged suffering and isolation.

Passive compliance was another coping strategy used to minimize conflict. Participants often surrendered their opinions, choices, or desires to maintain peace. "I just nodded along, even when I disagreed. It was easier that way" (P18), explained one male participant. This pattern reinforced the imbalance and further suppressed agency.

Changes in **sleep and appetite** were noted as behavioral indicators of psychological distress. Participants mentioned "sleepless nights filled with worry" (P7), overeating, and loss of appetite. These changes were often overlooked by others but represented significant markers of emotional turmoil.

Category 3: Dynamics of Marital Power Asymmetry

One of the most consistently described issues was **dominance and control by one partner**. This included unilateral decision-making, surveillance of activities, and financial control. "He controlled every cent I spent. Even groceries had to be approved" (P21), reported one woman. The imbalance extended beyond finances to include movement, friendships, and freedom.

Lack of mutual respect was experienced as devaluation, condescension, and disregard for personal boundaries. One participant noted, "My opinion didn't matter; it was always his way or no way" (P14). This dynamic fostered resentment and emotional distance.

Participants described **unequal distribution of responsibilities**, particularly in parenting and household labor. "I worked full-time and still had to handle everything at home. He never lifted a finger" (P22), said one frustrated spouse. This imbalance created a sense of being overburdened and underappreciated.

The issue of **economic dependence and vulnerability** was a recurring theme. Particularly among women, financial control exacerbated feelings of entrapment. As one participant explained, "Without my own income, I couldn't even pay for a taxi to leave" (P1). This economic imbalance served as a structural reinforcer of emotional subjugation.

Lastly, **fear of retaliation** prevented many participants from asserting themselves. "If I spoke up, he'd make me pay for it later—emotionally or financially" (P15). This fear cultivated a climate of silence and compliance, often at the expense of psychological well-being.

Category 4: Coping and Meaning-Making Strategies

Some participants used **spiritual and religious coping** to make sense of their suffering. They relied on prayer, religious texts, and faith communities. "God gives me strength. I believe there's a reason for all this" (P3) was a common sentiment that provided comfort and structure amid chaos.

Others turned to **emotional support networks**, such as trusted friends or online groups. "My sister was my rock. I could cry to her when I had no one else" (P6). Though some feared stigma, these confidential spaces provided emotional release and perspective.

A number of participants engaged in **reframing the experience**, choosing to reinterpret their pain as growth or temporary hardship. "Maybe this is teaching me patience," (P12) said one participant. This cognitive reframing helped some individuals maintain hope and emotional regulation.

Protective silence was another strategy, where participants deliberately chose to remain quiet to protect themselves or their children. "If I opened up, the fallout wasn't worth it. So I kept quiet for their sake" (P9), explained one mother. This silence, while self-protective, often contributed to further isolation.

Finally, **hope for change** anchored many individuals in their relationships despite ongoing distress. They held onto memories of better times or imagined potential improvement. "I kept thinking, maybe one day he'll go back to the man I married" (P8). While this hope offered emotional continuity, it also delayed separation or intervention.

Discussion and Conclusion

The present study explored how prolonged marital power imbalance contributes to social withdrawal and depressive symptoms in intimate relationships. Through a thematic analysis of 22 South African participants' narratives, four major categories emerged: emotional consequences of power imbalance, behavioral manifestations of withdrawal, dynamics of marital power asymmetry, and coping and meaning-making strategies. The results underscore the cumulative psychological toll that persistent power asymmetry exerts on individuals and illuminate the often-invisible processes that underlie emotional retreat and mental health deterioration.

One of the most salient findings was the range of emotional consequences reported by participants who had long been in subordinate positions in their marriages. Emotional states such as helplessness, chronic sadness, anxiety, and loss of self-worth were widespread. These emotional responses align with earlier studies indicating that low marital power is strongly associated with internalizing symptoms and psychological withdrawal (Kim & Heecheon, 2011; Zaki et al., 2022). Participants' repeated expressions of being "unheard," "trapped," or "emotionally invisible" reinforce what previous literature has conceptualized as the "silencing of the self" in asymmetrical relationships, which contributes directly to depressive experiences (Keels & Powers, 2013; Villa & Zilda Aparecida Pereira Del, 2013). Moreover, the emotional exhaustion described in this study echoes findings by Sears et al. (Sears et al., 2016), who noted that relational overload and imbalance are significant predictors of emotional burnout within marriages.

The behavioral manifestations of withdrawal—including avoidance of communication, reduction of social contact, and loss of interest in previously enjoyable activities—functioned as both symptoms of and responses to marital inequity. Participants' tendency to disengage from both their partners and broader social networks is consistent with Dollberg and Keren's (Dollberg & Keren, 2013) assertion that prolonged exposure to relational adversity leads to sustained social withdrawal, especially when individuals perceive no viable means of asserting themselves. These behaviors mirror the social avoidance patterns observed among emotionally neglected individuals and serve as psychological self-protective mechanisms (Zhu et al., 2022). Yet, as this study shows, these behaviors also compound isolation, intensify depressive symptoms, and further diminish one's sense of relational efficacy.

The theme of power asymmetry in marital relationships appeared not only as a structural dynamic but also as a daily experience of control, suppression, and unequal responsibility. Participants frequently referenced dominance by one partner, financial dependency, and fear of retaliation, supporting literature that conceptualizes power as a function of control over

resources, decision-making, and emotional expression (Coyne et al., 2017; Holley et al., 2010). Carroll et al. (Carroll et al., 2010) and Papp et al. (Papp et al., 2009) have previously identified the demand–withdraw pattern as both a product and reinforcer of power imbalance; this was also reflected in our data, where participants in the weaker position resorted to silence to avoid conflict, while their partners increased their emotional or financial control. The gendered dimension of this pattern was particularly evident, echoing findings by Vogel et al. (Vogel et al., 2007) who observed that women are more likely to adopt withdrawal behaviors in response to perceived dominance or coercion from male partners.

Interestingly, even participants who did not report overt verbal or physical abuse described a deep sense of invalidation and inequality, supporting the argument by Cunha et al. (Cunha et al., 2016) that emotional suppression and relational dissatisfaction can occur in structurally intact but psychologically imbalanced marriages. These experiences highlight the necessity of considering power not only through external behaviors but through internal experiences of fairness, autonomy, and respect.

The final theme—coping and meaning-making strategies—provided a complex picture of how individuals adapt to ongoing relational disempowerment. Many turned to spiritual or religious frameworks to make sense of their suffering, a pattern consistent with findings by Durat et al. (Durat et al., 2018), who documented increased religious coping in emotionally strained marriages. Others reframed their experiences cognitively or sought emotional support through selective disclosures, reflecting what Diniz et al. (Diniz et al., 2021) identified as protective parenting and self-efficacy mechanisms in the face of marital strain. However, several participants opted for “protective silence,” suppressing their distress to shield their children or maintain relational peace. This echoes the work of Shamai et al. (Shamai et al., 2007), who emphasized how individuals under chronic psychological threat may adopt silence as a survival mechanism.

The tension between survival-based coping and emotional authenticity emerged repeatedly. Participants’ accounts suggest that meaning-making can be double-edged: while reframing and hope for change may temporarily buffer emotional pain, they may also delay help-seeking and reinforce self-blame. Brockman et al. (Brockman et al., 2016) argue that experiential avoidance—avoiding emotional confrontation in high-stress relational contexts—often leads to long-term disengagement and decreased reengagement capacity. This was evident in the way several participants described their withdrawal as irreversible or as “a wall too high to climb back over.”

Importantly, this study contributes to understanding the invisible consequences of relational power asymmetry that may not be apparent through standardized marital conflict scales. Unlike conflict-based distress, the experiences reported here were more subtle, chronic, and internalized. This aligns with findings by Shebib and Cupach (Shebib & Cupach, 2018), who found that couples experiencing financial communication dissatisfaction often misidentified the root of their discontent as individual weakness rather than systemic imbalance. Likewise, participants in the current study often blamed themselves for the deterioration of emotional intimacy and social connection, despite clear power inequities.

In addition to psychological outcomes, the broader social implications of marital power imbalance deserve attention. As Nana and Mamat (Nana & Mamat, 2023) emphasize, marital stress impacts not only dyadic quality but also family system functioning, particularly in families with vulnerable dependents. Social withdrawal in this context cannot be viewed merely as a personal failure or symptom of depression; it is often a relational strategy born of years of subjugation, invalidation, and fear.

Furthermore, participants’ emotional narratives suggest that withdrawal and depression should be interpreted as relational injuries, not solely intrapsychic disorders. The relational aggression and coercive dynamics reported by many participants affirm Carroll et al.’s (Carroll et al., 2010) distinction between overt and covert marital violence—both of which undermine well-being. Moreover, in line with Barton et al. (Barton et al., 2015), this study found that spousal gratitude and emotional validation were almost entirely absent in high-imbalance marriages, further fueling the cycle of withdrawal and emotional detachment.

Together, these findings reinforce the interdisciplinary relevance of power imbalance in marital contexts. The sociocultural underpinnings of marital hierarchy, particularly in traditional gendered systems, magnify the risk of withdrawal and depression among individuals in subordinate roles. As Khaidarulloh (Khaidarulloh, 2020) noted, marital regulation and norms in many cultural systems still reinforce gender asymmetry, which institutionalizes imbalance and renders resistance costly. This perspective is crucial for designing culturally responsive interventions and policies aimed at promoting relational equity and mental health resilience.

While this study provides rich qualitative insight, it is not without limitations. First, the sample was limited to individuals residing in South Africa, which may influence the generalizability of the findings to other sociocultural contexts. Power dynamics in marriage are deeply embedded in cultural, religious, and legal frameworks, and these influences may differ significantly across regions. Second, all data were self-reported, which may be subject to memory bias or emotional filtering. Participants' willingness to disclose sensitive experiences may have also been shaped by interviewer characteristics. Third, although efforts were made to ensure diversity, the sample was not balanced in terms of socioeconomic status, which may affect how power is experienced and negotiated in marriage. Finally, this study did not include partner perspectives, which could provide additional nuance in understanding how power imbalance is perceived and perpetuated.

Future research should examine power imbalance and psychological withdrawal using longitudinal and dyadic methodologies to track the evolution of these dynamics over time. Including the perspectives of both partners may offer a more holistic understanding of the patterns and justifications surrounding control and withdrawal. Cross-cultural comparative studies are also essential to identify how norms and legal structures influence power asymmetry and its outcomes. Furthermore, exploring the intersectionality of marital power with variables such as gender identity, sexual orientation, or economic precarity could offer deeper insights into vulnerability and resilience. Finally, integrating physiological or behavioral indicators (e.g., cortisol levels, sleep patterns) could enrich self-report data and validate emotional and behavioral withdrawal markers.

Practitioners working in couples therapy, trauma-informed counseling, and community mental health should be trained to recognize subtle indicators of power imbalance and social withdrawal, even in the absence of overt conflict. Interventions should promote equitable communication, autonomy-supportive strategies, and emotional validation within marital systems. Culturally adapted psychoeducation around relational equity and psychological safety is essential, especially in settings where hierarchical gender roles are normalized. In cases where emotional withdrawal masks underlying depressive symptoms, individual therapy should be combined with systemic interventions to disrupt the cycle of silence and self-blame. Community-based support networks and safe disclosure platforms can also empower individuals in disempowered positions to rebuild social connection and self-agency.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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Authors' Contributions

All authors equally contributed to this study.

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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