



Research Paper

Investigating psychological and interpersonal problems in traumatic marriages among women: A phenomenological analysis of unwanted marriages

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ABSTRACT

Introduction: The consequences of traumatic marriages for women represent a significant area of concern that has garnered attention from researchers across various studies. Despite the critical nature of this issue, there exists a considerable gap in the foundational classification of problems associated with such marriages, which hinders effective therapeutic interventions. This study aims to address this gap by exploring the lived experiences of women who have undergone unwanted marriages. Specifically, this research seeks to identify and categorize intrapersonal issues, with a focus on psychological harm, as well as interpersonal challenges stemming from unwanted marriages in women.

Methods: This study employed a qualitative methodology utilizing a phenomenological approach. The sample comprised 16 women who had experienced unwanted marriages, selected through purposive sampling. Data collection was performed via semi-structured interviews, with subsequent coding and analysis conducted using thematic analysis.

Results: The findings indicate that psychological issues such as anxiety, depression, obsessive thoughts, feelings of inadequacy, pessimism, distrust, internal shame, emotional void, and sexual dysfunction, alongside interpersonal issues including violence, dependence, isolation, and lack of solidarity, are significant consequences of unwanted marriages among women.

Conclusion: By identifying both psychological and interpersonal problems and facilitating timely interventions by therapists, it is possible to encourage women to seek therapeutic support, thereby taking a crucial step toward preventing or alleviating these challenges.

1. Introduction

Marriage and the formation of a family represent the first emotional commitment and legal bond between a man and a woman. These milestones are considered among the most sensitive stages of life and serve as the cornerstone of any significant human society (Aman et al., 2021; Cohen & Strong, 2020). Throughout history, marriage has been one of the most important and cherished social traditions, deeply rooted in the nature and unique creation of humanity (Bastaitis et al., 2018; Roper et al., 2020). Since marriage is a legal relationship based on the interests of the parties involved, the freedom to choose a spouse is crucial for fostering mental and psychological well-being. When this

essential aspect is coerced or imposed, it often leads to the formation of ineffective and incompatible families, resulting in traumatic marital experiences (Cohen & Strong, 2020).

Among the causes of traumatic marriages, we can identify experiences such as unwanted, early, or child marriages, which exemplify unwanted unions. An unwanted marriage occurs when one or both parties do not consent to the union (Congdon et al., 2022). This lack of consent may arise from several factors, including a) insufficient full and free consent from one or both individuals, b) coercion, threats, or deception, and c) the victim's inability to comprehend the nature and implications of the marriage (Tan & Vidal, 2023). In the context of marriage discussions, "early marriage" is generally defined in global

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health frameworks as a situation where at least one partner is under the age of 18. However, apart from these global health interventions, marriages involving individuals under 18 are often influenced by the same customs and restrictions that govern marriages among older individuals (Baraka et al., 2022). In societies where early marriage is common, individuals who do not marry before the age of 18 often still enter into marriages at a young age. Consequently, the term "early marriage" is favored over "child marriage" (Baraka et al., 2022). The term "child marriage" can be misleading, as it often conjures images of marriages occurring before puberty. In reality, most girls globally marry during late adolescence, typically at the age of 15 or older (Lawson et al., 2020). Research indicates that approximately 35 % of women marry before the age of 18, with only 2 % marrying before the age of 15 (Schaffnit et al., 2021). Despite these distinctions, the terms "early marriage" and "child marriage" are often used interchangeably and are considered legally equivalent (Al Akash & Chalmiers, 2021).

An unwanted marriage, particularly at an early age, is a significant global issue affecting millions of individuals annually, predominantly women and girls (Sibanyoni et al., 2022). Research indicates that approximately 650 million girls and women worldwide are forcibly married before reaching the age of 18 (Das et al., 2022). Many of these young girls are coerced into marriage by their parents or guardians (Jejeebhoy & Raushan, 2022). Scholars concur that the incidence of early marriage among girls in numerous countries is significantly higher than that of their male counterparts (Congdon et al., 2022). It is essential to emphasize the young age at which these girls are entering into marriage. This situation may indicate a lack of autonomy in making decisions about their life partners. It appears that they are not sufficiently prepared to select a spouse and establish a married life at such a young age. Instead, they are frequently compelled to marry due to family pressures (Jejeebhoy & Raushan, 2022).

Literature review

The experience of forced marriage can profoundly affect women's psychological and interpersonal well-being, especially when examined through the framework of attachment theory. Attachment theory suggests that individuals develop varying attachment styles- secure, anxious, or avoidant- based on their early experiences. These styles can significantly influence their responses to trauma and their capacity to establish healthy relationships in the future (Bowlby and Bowlby, 2012; Popov, 2024). Women in unwanted and forced marriages often endure significant psychological trauma, which their attachment styles can exacerbate. Research indicates that women who experience interpersonal trauma, such as an unwanted marriage, are more likely to exhibit higher levels of psychological symptoms, including those related to post-traumatic stress disorder (McFarlane et al., 2016). The interplay between traumatic experiences and insecure attachment styles can increase vulnerability to mental health issues (Elwood & Williams, 2007). Additionally, elevated levels of attachment anxiety are correlated with a greater prevalence of symptoms in women who have undergone trauma. This anxiety may arise from insecure attachments formed in childhood, which can be intensified by the trauma of an unwanted marriage (Sandberg, 2010). Furthermore, women's attachment styles can significantly influence their capacity to seek support and sustain relationships following a traumatic marriage. Those with insecure attachments may face greater challenges in emotional regulation and communication, complicating their recovery process (Becker et al., 2024; Ginalska & Cichopek, 2024). Trauma resulting from unwanted and forced marriage can be analyzed through psychological and neurobiological frameworks. Research in neurobiology indicates that the accumulation of traumatic experiences can have significant psychological and biological repercussions (Thomaes et al., 2016). The neurobiological framework highlights the relationship between emotional experiences and physiological responses. The stress and trauma associated with unwanted marriage can lead to alterations in brain function and structure, impacting emotional regulation and interpersonal relationships (Bailey, 2022).

Numerous studies indicate a significant correlation between trauma related to unwanted marriages and psychological, physical, sexual, and interpersonal harm. Women in unwanted marriages often report experiencing psychological trauma due to the emotional and physical abuse endured during and after the marriage. Symptoms may include anxiety, depression, and post-traumatic stress disorder (Setyawan, 2023; Seifi Ghozlu et al., 2023; Yadav et al., 2025). Physical and sexual harm resulting from unwanted marriages may encompass sexual abuse (McCabe & Eglen, 2022), sexually transmitted infections, premature birth, stillbirth, and infant mortality (Sharma & Gettleman, 2021). Interpersonal consequences are also significant; Kamaledini and Azkia (2018) observed a correlation between unwanted marriages and domestic violence, marital infidelity, and heightened feelings of anger. Additionally, Seifi Ghozlu et al. (2023) emphasized social isolation and an increase in domestic violence (Sugitanata et al., 2023) as further repercussions. Furthermore, Zareei Mahmoudabadi and Zarei (2021) identified social-moral immaturity and interpersonal challenges as critical adverse effects and destructive outcomes associated with unwanted marriages.

A review of the research literature indicates that, despite numerous studies conducted across various societies examining the consequences of traumatic marriages, including unwanted unions, there remains a significant gap in the role of therapists in implementing effective therapeutic interventions for women affected by these situations. The findings consistently demonstrate that such marriages contribute to psychological and interpersonal challenges for women; however, the therapeutic response to these challenges is still perceived as inadequate. To enhance effectiveness in this area, we propose the development of a comprehensive classification system that delineates the harms associated with these types of marriages, thereby providing a clear framework for planning psychological interventions. This aspect has been insufficiently addressed in prior research, highlighting a notable research gap. In this study, we aim to bridge this gap by focusing on the lived experiences of women impacted by unwanted marriages. We will identify and classify the specific problems these women face, which are often linked to unwanted and forced marriages. We believe that a comprehensive classification of intrapersonal and interpersonal problems serves as a foundational element for developing targeted interventions. Therapists can tailor their therapeutic approaches based on the specific types of issues identified. By employing a classification system, therapists can efficiently recognize distinct issues, facilitating timely and accurate diagnoses. Furthermore, a deeper understanding of the specific challenges faced by each individual enables therapeutic interventions to concentrate on particular aspects, thereby enhancing treatment effectiveness. This system also allows therapists to conduct ongoing evaluations of each individual's progress, providing essential feedback to refine therapeutic interventions.

It is essential to emphasize that the classification system employed in this study diverges from conventional trauma psychology methodologies in several critical aspects, thereby enhancing the depth of its analysis. While traditional trauma psychology primarily focuses on the direct effects of traumatic experiences on mental health, this study examines a broader spectrum of harms. As a result, it not only investigates psychological symptoms but also seeks a deeper understanding of the interpersonal contexts that may exert influence. Many approaches in trauma psychology regarding interpersonal relationships primarily emphasize the processing of individual experiences. However, this study examines the impact of harms resulting from unwanted marriages on interpersonal relationships, investigating how these relationships are shaped by the trauma experienced. The primary objective of this research is to identify and classify the intrapersonal (psychological) and interpersonal problems associated with traumatic marriages, given their impact on the mental and social well-being of women who have undergone unwanted marriages. The research question guiding this study is: What are the psychological (intrapersonal) and interpersonal problems faced by women in traumatic marriages resulting from unwanted

marriages?

2. Materials and methods

2.1. Study design, participants, and inclusion and exclusion criteria

The present study utilized a qualitative approach grounded in the lived experience paradigm and employed the phenomenological method. The research sample consisted of 16 women residing in Khuzestan province (Iran), all of whom had experienced unwanted marriages. A non-probability purposive sampling method was applied, continuing until data saturation was achieved. Participants' ages ranged from 19 to 33 years, with a minimum of two years having elapsed since their marriage. The average age at marriage for these individuals was 17.25 years. The youngest age at which participants became pregnant was 15, while the oldest was 22. Regarding educational attainment, four participants had completed primary education, nine had completed secondary education, and three possessed higher education degrees. In terms of economic status, 43.75 % of the participants were classified as poor, while 37.5 % had average economic standing. Concerning the number of children, four participants reported having no children, nine were only children, two participants had more than one child, and there were two reported cases of abortion (see Table 1).

The following criteria were established for entry and exit from the current study: Inclusion Criteria: 1. Experience of Unwanted Marriage: Participants must have experienced at least one instance of an unwanted marriage, defined as a marriage entered into under family or social pressure, without genuine consent. 2. Age and Psychological Maturity: Participants must be 18 years of age or older, allowing them to participate independently and consciously. 3. Duration of Marriage: Participants must have been married for a minimum of two years to provide a more comprehensive understanding of the associated problems and consequences. 4. Evidence of Psychological Impact: Participants must report signs of psychological distress resulting from forced marriage. 5. Cultural and Social Diversity: Participants should represent both urban and rural areas to ensure a diverse range of responses. Exclusion Criteria: 1. Inability to Continue Participation: Participants who express a desire to discontinue sharing their experiences or who feel uncomfortable during the study will be excluded. 2. Insufficient Data: Participants whose responses are inadequate due to misunderstandings or incomplete answers will be excluded. 3. Changes in Mental Health: Participants exhibiting acute psychological symptoms that affect their ability to participate, particularly those needing immediate counseling or treatment, will be excluded. 4. Ethical or Legal Concerns: Participants for whom legal or ethical issues arise that impede their continued involvement in the study will be excluded.

2.2. Procedure

The interviews for this study were conducted individually and in person using a semi-structured format. Each session lasted between 1.5 and 2 h, depending on the complexity of the participants' experiences. Participants were informed that the researcher sought to understand their perspectives on unwanted marriage. To uphold ethical standards, several considerations were implemented: 1. The information gathered was treated anonymously. 2. Confidentiality was emphasized at the start of each interview. 3. To enhance the accuracy and reliability of the data and to reduce the risk of miscommunication, the interview questions were presented in various formulations and accompanied by additional clarifications. The interview began with questions such as: How do you feel about yourself, your spouse, your paternal family, and your in-laws' family after marriage? How is your relationship with your paternal family, your in-laws' family, friends, and acquaintances after marriage? What are your perceptions and thoughts about yourself, your spouse, and other men? What impact has marriage had on your social, academic, and religious life? In order to further explore the participants' experiences, the interviewer asked them to give examples or provide further explanations for the items they raised in their responses, if necessary. The thematic analysis method (Braun & Clarke, 2006) was used to analyze the interview text. The interviews were transcribed one by one and submitted in written form to other researchers for coding. In this way, the smallest meaningful unit of a sentence was assigned a conceptual code, and similar concepts were placed in a larger group called a category. To ensure a diversity of perspectives, we employed purposive sampling to select representatives from the study population. We specifically identified and invited women from various urban and rural areas, as well as from different socio-economic backgrounds. Additionally, we assessed the social, cultural, and economic barriers that may have influenced their willingness to participate in the research. To facilitate participant recruitment, we engaged non-governmental organizations, women's empowerment centers, and social counselors. To ensure saturation of the findings, interviews were conducted with three other women who had experienced unwanted marriages, and after reviewing, no new concepts or patterns were identified. In addition to interviews, observation was also used to collect data to understand the multidimensionality of the subject. After coding and identifying concepts, the researchers were unable to find any new codes in the existing data. The researchers felt that they had gained sufficient knowledge of the subject and that there was no possibility of continuing the study.

To ensure the internal validity of the data, we applied the Credibility Criterion following the completion of interviews and the preparation of interview transcripts. Credibility entails returning the data to participants for their confirmation. In this study, we shared the data, transcripts, and analyses with all research participants and received their

Table 1
Frequency and demographic characteristics of research participants.

Code	Age	Educational stages	Job	Economic class	Residence	Marriage age	Number of children	Age of first pregnancy
1	20	primary	Housewife	Poor	Village	16	1 girl	17
2	28	Secondary	Housewife	Middle	City	15	1 girl	16
3	28	Secondary	Housewife Teacher	Middle	Village	18	no children	-
4	25	Higher	Housewife	Poor	Village	19	no children	-
5	27	Secondary	Housewife	Rich	City	18	1 boy	21
6	29	Secondary	Housewife	Middle	Town	15	1 abortion	16
7	30	Secondary	Housewife	Rich	City	20	1 girl	21
8	26	Secondary	Housewife	Middle	City	17	1 boy	19
9	29	Primary	Painter	Poor	Village	13	1 boy and 2 girls	15
10	20	higher	Housewife	Middle	City	18	no children	-
11	28	primary	Accountant	Poor	Town	16	no children	-
12	30	Higher	Housewife	Rich	City	19	1 girl	22
13	27	Secondary	Housewife	Poor	Town	18	1 boy	20
14	19	primary	Housewife	Middle	City	15	1 abortion	16
15	25	Secondary	Housewife	Poor	Town	19	1 girl	20
16	22	Secondary		Poor	Town	18	1 girl	20

confirmation in return. Additionally, we employed the criterion of agreement to assess the internal validity of the data. We shared interview transcripts with three expert professors for coding, facilitating an examination of the similarities between the concepts and categories identified by the researchers and those extracted by the experts. The high level of similarity between these concepts and categories provides evidence for the accuracy of the data. To support transferability (external validity), we detailed the demographic characteristics of the participants, the questions posed, the interview context, and the data analysis procedures. Furthermore, we thoroughly explained the research steps to facilitate replication by future researchers.

3. Results

Data from interviews with 16 women who experienced unwanted marriages were analyzed to explore and identify psychological and interpersonal issues. The data were coded sentence by sentence, resulting in 107 initial concepts (codes). It is important to note that during the coding process, instances of lexical similarity between different concepts may arise. Consequently, a single concept may be assigned to two or more categories, a common occurrence in qualitative data analysis. Within the thematic analysis framework, the presence of lexical similarity among certain concepts and categories is not problematic. A concept can be categorized based on its strongest relationship to the main themes (Tayebi Abolhasani, 2019). In the subsequent step, we merged similar items and eliminated duplicates, resulting in 24 subcategories. We then removed items unrelated to psychological and interpersonal issues, such as those concerning physical, family, and socio-cultural problems. This process yielded 81 primary concepts (codes) and 12 subcategories, all categorized under the two main category of psychological and interpersonal problems. Table 2 presents the psychological and interpersonal traumas categorized into subcategories, along with extracted codes and representative verbatim statements from participants (To maintain ethical standards, a numerical code was assigned instead of using the participants' names).

3.1. Psychological (Intrapersonal) problems

Girls coerced into unwanted marriages experience considerable psychological distress as a result of their circumstances. The psychological challenges identified in these individuals are linked to intrapersonal difficulties stemming from these experiences. According to data collected from participant interviews, the manifestations of psychological harm include anxiety, depression, obsessive thoughts, feelings of inadequacy, pessimism and distrust, internalized shame, emotional void, and sexual dysfunction.

3.1.1. Anxiety

This concept refers to a mental health condition characterized by persistent and excessive worry, fear, and apprehension regarding various aspects of life (Craske et al., 2011). The analysis of the interview results revealed that women who experienced unwanted marriages suffered psychological trauma due to the specific circumstances they encountered during and after the marriage, as well as their inability to exit the situation. These experiences were coded according to the signs and symptoms of anxiety, including elevated heart rate, panic attacks, excessive worry and fear regarding unexpected events, unexplained nervousness, fear and apprehension, and impatience.

3.1.2. Depression

This concept pertains to a mental health condition characterized by persistent feelings of sadness, hopelessness, and a diminished interest in activities that were previously enjoyable. The primary symptoms of depression include a depressed mood and anhedonia (Paykel, 2008). Following the analysis and interpretation of interviews conducted with women, the following sub-concepts emerged as initial codes: lack of

Table 2
Subcategories, concepts and Verbatim statements of research participants.

Subcategory	Concepts (code)	Verbatim statements of participants
Anxiety	High heart rate, panic attacks,	Code 5: "There have been times when I felt as if my entire body was freezing from fear, and I couldn't breathe anymore. This used to happen to me frequently, especially in the early days of our life together. It reached a point where I genuinely believed I was going to die."
Depression	worry and fear of an unexpected event, getting nervous for no particular reason, fear and apprehension, and impatience	Code 9: "I was once a happy girl, but since I got married, I've been in a constant state of unhappiness. I no longer find joy in life; it feels like all I experience is misery. I haven't had a single happy day since then. What can I do to make myself happy?"
Obsessive thoughts	lack of happiness, unstable mood, reluctance to engage in pleasurable activities, hopelessness, regret and remorse, feelings of guilt, sadness, psychological insecurity, and decreased appetite	Code 1: "I always fear that I might accidentally harm my child. Even though I don't want to, this thought frequently crosses my mind. I can imagine leaving him and never looking back, and this recurring thought frustrates me greatly."
Inadequacy	Excessive focus on negative aspects of life, preoccupation with past mistakes, heightened concern for children's well-being, and anxiety regarding a child's future	Code 8: "The world has no value to me. I feel trapped in this life, which is like a prison. I have no way out. I have to deal with this situation for the sake of my child. I am unable to do even the simplest things on my own, and I need help from others. I wish my mother were by my side, I wish!"
Pessimism and distrust	self-blame, intrusive thoughts, lack of planning, inability to express emotions, sleep disturbances, problem-solving difficulties, resignation to circumstances, reduced tolerance thresholds, and feelings of emptiness and worthlessness	Code 12: "Men just want to show that they have power. I don't trust any men. I think no one in life can be trusted completely. How I must miss the good old days. I wish I could go back to the past."
Internal shame	pessimism towards the opposite sex, lack of honesty in others, decreased trust in men, negative attitude towards men, lack of trust in others, and regret	Code 13: "I feel ashamed of the situation I've created for myself. I forced myself into this marriage and ended up feeling deceived and misled. I was heavily influenced by the opinions of others. What was I really afraid of that made me go through with this marriage? I don't even love him."
Emotional void	feeling victimized, helpless, lonely, rejected, and frustrated	Code 10: "he doesn't ask about what I have, what I eat, or what I wear. I haven't bought anything for months. He doesn't pay attention to me at all and seems indifferent to my wishes. It seems my concerns do not matter to him at all."
Sexual dysfunction	lack of support from the spouse, lack of understanding and comprehension, spouse's inattention, neglect of needs, and lack of cooperation	Code 14: "How could I possibly have a relationship with someone I have no interest in? I have no desire to have sex with my wife. It may sound strange to say this, but I have never really experienced sexual arousal or orgasm"
Dependence	Sexual reluctance, lack of sexual arousal, fear of sex, severe pain during sex, lack of sufficient knowledge about sex, and sexual exploitation	
Isolationism	Self-harm, physical punishment, verbal abuse, and negative attitudes toward a partner	
Lack of solidarity	Lack of decision-making power, not having the right to choose, inability to defend oneself, and tendency to be dominated	
	lack of decision-making power, absence of choice, and inability to advocate for oneself were identified	
	lack of cooperation, feelings of isolation, dislike and hatred of others, and rejection	
	Difficulties in expressing feelings, an inability to voice opinions, a lack of collaboration with others, an absence of affection, and a lack of selflessness	

(continued on next page)

Table 2 (continued)

Subcategory	Concepts (code)	Verbatim statements of participants
		when I have sex with my wife. I have no idea what sexual pleasure is.” Code 16: “Our house is no different from a battlefield. We don’t have even a moment of peace. Even my child is no exception to this. Recently, he has also been in all the conflicts. My child has been beaten by my wife many times.” Code 9: “I haven’t made any specific decisions because I’m afraid to. I have to handle these circumstances; I don’t have a choice but to confront them. What can I do about these executioners? On one side is my husband, and on the other are my father and brothers!” Code 6: “In society, among relatives and neighbors, everyone views me differently. I got married at my insistence despite my family’s opposition, and this made me considered a white-eyed girl in the eyes of others. The judgments of others have caused me to go out less.” Code 13: “I can’t talk to anyone about my life’s problems. Even when I’m sad, I still don’t talk to my family about my problems. Although my mother constantly asks me about my life, I never talk to her about the smallest things. Why should I involve them in my problems?”

happiness, unstable mood, reluctance to engage in pleasurable activities, hopelessness, regret and remorse, feelings of guilt, sadness, psychological insecurity, decreased appetite, and abrupt changes in body weight. These codes were categorized under depression due to their strong correlation with the signs and symptoms of this condition.

3.1.3. Obsessive thoughts

This concept pertains to thoughts that intrusively and persistently enter an individual’s conscious mind, often against their will. These involuntary thoughts, impulses, or mental images occur with significant frequency, leading to considerable distress and anxiety (Mancebo et al., 2005). In this study, the concept of obsessive thoughts was derived from a synthesis of codes extracted from the interviews, which included an excessive focus on negative aspects of life, preoccupation with past mistakes, heightened concern for children’s well-being, anxiety regarding a child’s future, and an intensified focus on self-harming and other-harming thoughts. This classification is grounded in the definition of obsessive thoughts and the semantic similarities shared by these codes with the signs and symptoms of obsessive thinking.

3.1.4. Inadequacy

This belief in the individual suggests a perception of inadequacy or incompetence, fostering a sense of helplessness and an increased reliance on assistance from others. As a result, the individual is likely to experience failure (McKay et al., 2012). Upon reviewing the initial codes generated from the interviews, we identified several interrelated

concepts, including self-blame, intrusive thoughts, lack of planning, inability to express emotions, sleep disturbances, problem-solving difficulties, resignation to circumstances, reduced tolerance thresholds, feelings of emptiness and worthlessness, and perceptions of failure in life. These concepts exhibit significant semantic proximity and align closely with the definition of incompetence. Therefore, we have decided to categorize these extracted concepts and codes under a single classification termed ‘Inadequacy.’

3.1.5. Pessimism and distrust

This concept refers to the expectation that a person will be harmed through mistreatment or neglect (Dixon et al., 2010). Because the identified codes- “pessimism towards the opposite sex, lack of honesty in others, decreased trust in men, negative attitude towards men, lack of trust in others (family, friends, etc.), and regret”- were closely related to the concepts of pessimism and distrust, we grouped them into a single category with the same name. This approach facilitated the discovery of the category.

3.1.6. Internal shame

This concept relates to the cognitive belief in personal deficiency, causing individuals to view themselves as inferior and unlovable in the eyes of others. Such beliefs can lead to feelings of loneliness and frustration, which may further contribute to a sense of inferiority and internalized shame (Wong & Cook, 1992). After identifying the initial codes and concepts - feeling victimized, helpless, lonely, rejected, and frustrated- we grouped them based on their semantic similarities. Due to their close association with the signs and symptoms of internal shame, these concepts were classified under the category of internal shame.

3.1.7. Emotional void

Emotional void, or emotional deprivation, refers to the inability to receive adequate emotional support and meet expectations from others. This condition may arise from strained relationships or adverse life circumstances (Sabbah et al., 2023). Emotional void in women who have experienced unwanted marriages is associated with a range of negative outcomes, including reduced psychological well-being, emotional instability, and challenges in forming healthy relationships. Following a comprehensive analysis of the interviews, a new category termed “emotional emptiness” was identified. This category encompasses concepts such as “lack of support from the spouse, lack of understanding and comprehension, spouse’s inattention, neglect of needs, and lack of cooperation,” which share significant semantic similarities. Given that this category and its associated sub-concepts reflect the emotional dissatisfaction experienced by women in unwanted marriages, it has been designated as emotional void.

3.1.8. Sexual dysfunction

Women who have undergone unwanted marriages often experience significant stress in their marital lives, with some facing sexual dysfunction as a result of marrying at a young age without adequate preparation or knowledge to engage in sexual intercourse. Sexual dysfunction refers to challenges experienced at any stage of sexual activity that prevent individuals or couples from fully enjoying their sexual experiences (Koole et al., 2007). In this context, any issue that prevents an individual from deriving pleasure from sexual activity is classified as sexual dysfunction. Concepts such as sexual reluctance, lack of sexual arousal, fear of sex, severe pain during intercourse, insufficient knowledge about sex, and sexual exploitation, identified during the initial coding, fall under the category of sexual dysfunction, as they accurately reflect impairments in sexual function.

3.2. Interpersonal problems

Interpersonal problems are issues experienced in relationships with others that cause psychological distress or are associated with it. The

concept of interpersonal problems refers to recurrent issues that individuals face due to specific maladaptive responses and coping behaviors in relationships, leading to a dysfunctional interaction style (McKay et al., 2012). In the present study, the coding process led to the extraction of concepts such as violence, dependency, isolationism, and lack of solidarity. Due to their significant semantic proximity to interpersonal problems, all these concepts were categorized under the overarching theme of interpersonal problems.

3.2.1. Violence

This concept pertains to a behavioral state in which an individual exerts their will over others through physical or non-physical (verbal) force. Violence is typically defined as the intentional use of physical force, power, or threats against oneself, another individual, or a group, resulting in harm or deprivation (Krause, 2009). Based on this definition, the key concepts derived from the interviews- namely self-harm, physical punishment, verbal abuse, and negative attitudes toward a partner- are categorized under the broader term "violence," as they effectively encapsulate the dynamics of violence in couples and interpersonal relationships.

3.2.2. Dependency

This concept refers to a behavioral state in which an individual relies on others for emotional, physical, or social support, thus relinquishing personal authority and choice (Bornstein et al., 2002). In this study, interviews were coded, and initial concepts such as a lack of decision-making power, absence of choice, and inability to advocate for oneself were identified. These concepts were then categorized into a subcategory called "dependence," which was aligned with the conceptual definition of dependence and the semantic similarities observed among the initial sub-concepts.

3.2.3. Isolationism

The term refers to a condition in which an individual experiences a lack of social connections and interactions, resulting in feelings of loneliness and disconnection. This state is marked by a significant decrease in social participation, which can have profound effects on mental health (Almeida et al., 2021). In this study, isolationism is defined as a behavioral state in which women who have undergone forced marriage choose to distance themselves from others and society for various reasons, including rejection by their close people and family, as well as a fear of confronting their challenges. Following an analysis of the themes related to sociability, lack of cooperation, feelings of isolation, and rejection, and upon recognizing the semantic connections between these themes and the concept of isolationism, it was determined that these themes would be classified into a subcategory termed "isolationism." This subcategory emphasizes the quantity and quality of social interactions.

3.2.4. Lack of solidarity

When women experiencing unwanted marriages do not receive mutual support, they tend to focus on diminishing emotional connections with others, leading to feelings of loneliness and disconnection. The term "lack of solidarity" refers to the absence of mutual support, connection, or shared objectives between individuals or groups. Unlike isolation, this phenomenon can occur even in the presence of others, indicating a breakdown in meaningful interaction or communication (Lederman et al., 2025). The codes and themes derived from the interviews- including difficulties in expressing feelings, an inability to voice opinions, a lack of collaboration with others, an absence of affection, and a lack of selflessness- were categorized under the theme of lack of solidarity, as they underscore the importance of relationship quality and emotional support.

3. Discussion

The present study conducted a phenomenological investigation into the psychological and interpersonal trauma associated with unwanted marriages in women. The findings resulted in the identification of eight psychological concepts: anxiety, depression, obsessive thoughts, feelings of inadequacy, pessimism and distrust, internal shame, emotional void, and sexual dysfunction. Additionally, four interpersonal concepts were identified: violence, dependence, isolationism, and lack of solidarity. These concepts were organized into two primary categories: psychological problems and interpersonal problems.

The initial findings of this study identified several concepts related to intrapersonal issues, including anxiety, depression, obsessive thoughts, feelings of inadequacy, pessimism and distrust, internal shame, emotional void, and sexual dysfunction. These concepts were derived through coding and analyzing interviews and were categorized under the heading of psychological problems. These findings align with the results of studies conducted by ; McFarlane et al. (2016); Seifi Ghozlu et al. (2023); Setyawan (2023); Thomaes et al. (2016); Yadav et al. (2025), and Zareei Mahmoudabadi and Zarei, 2021 concerning the prevalence of anxiety, depression, pessimism, distrust, and PTSD among women who experience unwanted and early marriages. Research indicates that psychological health is a fundamental requirement for a successful marriage. The psychological well-being of each partner significantly influences the marriage, while a robust marital relationship also contributes to the psychological health of both individuals. This interconnection underscores the importance of maintaining psychological health for the benefit of the marriage and highlights how a healthy marriage can enhance each partner's mental well-being (Javanmard et al., 2016). Women need to have ideal and suitable psychological conditions as a factor in creating love and peace in the family circle. However, unwanted marriage, at any age, reduces women to the level of a sexual commodity, and this lack of power in choice and freedom in decision-making provides the necessary grounds for the emergence of anxiety symptoms, including fear of future events. Girls who are forced into marriage, especially at a young age, often develop a negative and hopeless outlook on life. This situation contributes to the onset of depression, as they feel that their chances for a fulfilling life have been significantly diminished. Their perspective on the future is frequently marked by feelings of inadequacy and failure, leading to distorted and incompatible thoughts. In such situations, these women are often emotionally vulnerable and are not only deprived of affection and love, but they also cannot love and be loved; in a way, they face emotional deprivation (Bailey, 2022; Seifi Ghozlu et al., 2023; Zareei Mahmoudabadi and Zarei, 2021).

Regarding the concepts of inadequacy and internal shame, while no specific research has been conducted, it appears that women who have experienced unwanted marriages struggle to cope with the injustices they have faced. Following such traumatic experiences, many find themselves ensnared in a detrimental cycle of feelings of inadequacy, having largely accepted the prevailing circumstances. They often perceive that their lives have not unfolded as they had hoped and that their needs and desires have been neglected. This pervasive sense of incompetence frequently manifests as anger and resentment. Women in unwanted marriages may feel that their inadequacy and unworthiness become apparent during interactions with others, particularly when confronted with criticism or comments about their lives. This creates an environment that intensifies feelings of imperfection and shame. Additionally, in discussing the issue of sexual dysfunction, it is important to note that girls who enter into unwanted and early marriages often suffer adverse effects in this area due to their young age at the onset of married life and a lack of essential knowledge regarding sexual relations. This finding aligns closely with the results of studies conducted by Sharma and Gettleman (2021), and McCabe and Eglen (2022). Young women in unwanted marriages often struggle with sexual intercourse due to a lack of interest and emotional connection with their partners, frequently

leading to an absence of sexual pleasure or orgasm. Additionally, these women may experience significant physical pain due to their age and may feel a sense of violation during sexual encounters with their partners. The phenomenon can be interpreted as a form of sexual slavery, highlighting the severe consequences associated with such marriages (McCabe & Eglén, 2022).

The present study identified the concepts of violence, dependency, isolationism, and lack of solidarity as trauma resulting from unwanted marriages, which were classified under the main category of interpersonal problems. These findings align with the results of previous studies conducted by Javadian et al. (2019); Kamaledini and Azkia (2018), Seifi Ghozlu et al. (2023); Sugitanata et al. (2023); and Zareei Mahmoudabadi and Zarei (2021) regarding the prevalence of interpersonal problems among women who have experienced unwanted marriages. In discussing the concept of violence, it is noted that some women perceive their families as the primary contributors to their current predicaments, leading to frequent conflicts and arguments. In certain instances, these women may sever all ties with their families of origin. Additionally, these women often struggle with child-rearing and managing their responsibilities due to their lack of necessary preparation and parenting skills. They may also encounter significant challenges in communicating with their children, exacerbated by ongoing domestic violence and feelings of rejection from their children (Kamaledini and Azkia, 2018; Zareei Mahmoudabadi and Zarei, 2021). In discussing the identified concepts of interpersonal problems- dependency, isolationism, and lack of solidarity-it is evident that women who have experienced unwanted early marriages often come to believe they require assistance from others and cannot endure their circumstances without the support of a significant individual. This sense of dependency is exacerbated when young girls who have undergone traumatic marriages do not receive love and affection from family members or spouses. In a nurturing environment, individuals are encouraged to articulate their needs and desires; conversely, when such encouragement is absent, they may feel that their needs are overlooked. Women in unwanted marriages are more likely to isolate themselves and distance themselves from others, feeling they lack the right to express themselves and receive adequate support, particularly from those closest to them. Additionally, they may withdraw from friendships out of fear of being judged. Fig. 1, 2

4.1. Limitations and suggestions

The research has several limitations: 1. Limited Sample Diversity: The issues related to unwanted marriage are multidimensional, influenced by culture and race, and have specific ethnic affiliations. This study was conducted among women in a limited geographical area to save time and resources. Consequently, due to the racial, linguistic, and cultural variations within Iran and globally, the generalizability of the results is constrained. 2. Potential Biases in Data Collection: Although semi-structured interviews were utilized, this method may have introduced certain biases. For instance, women might underreport their problems or downplay them due to the taboo nature of the topic and social pressures, such as fear of judgment. 3. Neglect of Men's Experiences: This study concentrates solely on women's experiences and neglects men's perspectives and their impact on interpersonal issues, including violence and dependency. 4. Limitations in Data Analysis: The researcher's subjectivity is an inherent aspect of interpreting the findings in this approach.

We propose the following recommendations as a strategic roadmap for future research aimed at supporting researchers, therapists, and mental health professionals: 1. Conduct Longitudinal Studies: Investigate the long-term psychological and interpersonal harms associated with unwanted marriages in women. This study may include the following steps: Baseline Data Collection: Initially, interview participants regarding their experiences and assess their psychological and social status. Periodic Follow-Up: Conduct follow-up interviews at regular intervals (e.g., every six months) to measure changes in their psychological, social, and interpersonal well-being. Data Analysis: Review and analyze the collected data to identify prevalent patterns and their correlation with existing theories. 2. Cross-Cultural Comparative Study: Explore the differences and similarities in the psychological and interpersonal harms experienced by women in unwanted marriages across countries with diverse cultural contexts (e.g., Islamic and non-Islamic countries). 3. Training for Mental Health Professionals: Organize training courses and specialized workshops for counselors and psychologists that focus on recognizing and raising awareness of the harms associated with unwanted marriages, as well as effective supportive techniques to assist affected women.

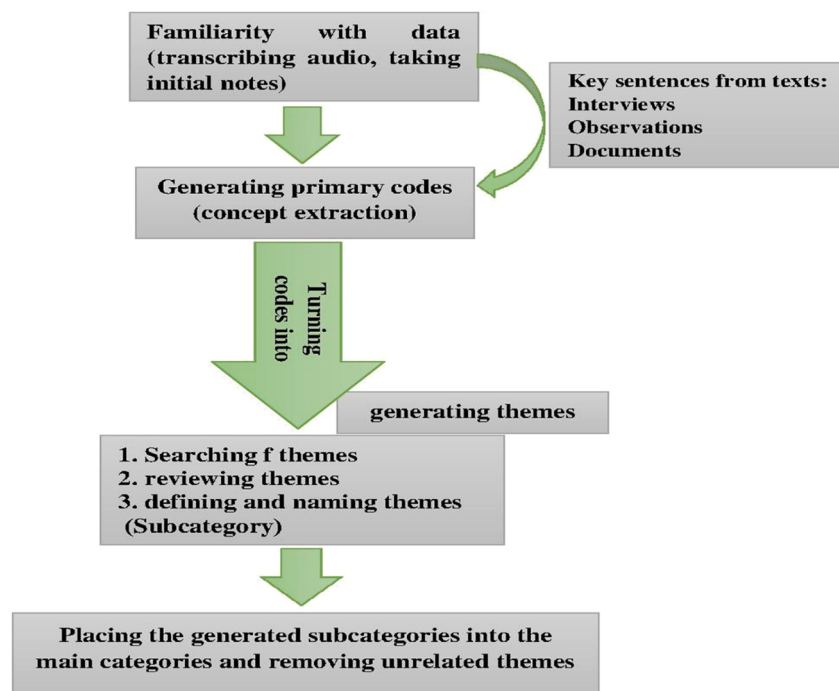


Fig. 1. The path of thematic analysis in the present study.

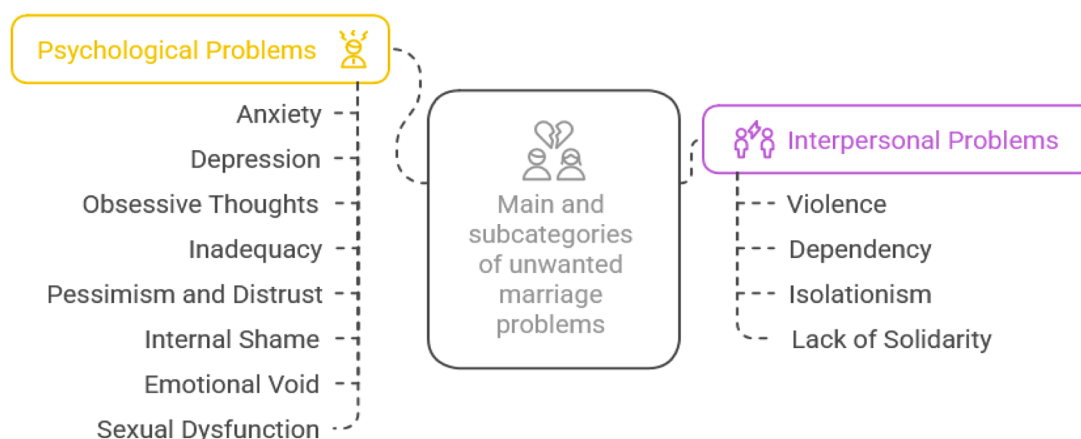


Fig. 2. Classification of psychological and interpersonal problems.

5. Conclusions

In light of the findings from the current study and the recognition of the severe consequences and trauma associated with unwanted marriage, there is an increasing need for social workers, psychologists, and therapists to prioritize this segment of society. By identifying the issues stemming from such traumatic marriages, therapists can make informed preparations for implementing timely interventions. The application of appropriate and effective strategies will enable therapists to make significant progress in addressing the intrapersonal and interpersonal trauma resulting from the experience of unwanted marriage.

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Ethical considerations

This study is an extract from a doctoral dissertation whose ethics code is IR.UMA.REC.1402.092 was approved by the Research Ethics Committee of the University of Mohaghegh Ardabili on 23/02/2024.

CRediT authorship contribution statement

Iman Mesbah: Writing – review & editing, Writing – original draft, Methodology, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Esmail Sadri Damirchi:** Supervision, Project administration. **Ali Sheikholeslami:** Validation, Supervision, Software. **Ali Rezaei Sharif:** Supervision, Software, Methodology.

Declaration of competing interest

The authors report no conflict of interest.

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