

Psychosocial Issues Influencing Marital Conflicts Among Married Couples in Mwea, Embu County, Kenya- Focus on Emotional Issues.

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Abstract

Psychosocial issues relating to marital conflict among married couples have been prevalent and have been escalating among individuals within society. The local situation is that the problem has been partially addressed due to a deficiency in intervention measures and informative research that has provided insignificant relevant data and statistics. The study's goals were to ascertain how much emotion influences marital conflict in married couples, Systems theory was used in the study. Mixed method approach was also used for the study, which involved collecting, processing, and presenting both quantitative and qualitative data. The study employed a descriptive study design and a purposive sampling technique. For married couples, open-ended and closed-ended questionnaires as well as focus groups using a focus group discussion guide was used to collect data. Descriptive statistics including frequencies and percentages were also used to assess the quantitative data using Microsoft excel and Statistical Program for Social Science (SPSS) version 21.0. the results showed that the respondents understood the influences of emotions on marital conflicts. Qualitative data was also analyzed using content analysis. A number of themes emerged from this including those similar to the same findings from the quantitative data that emotions cause marital conflicts. The results will contribute to a greater understanding of the key role that marital conflict plays in Kenya.

Key words: Emotions, marital conflicts, married couples

1. INTRODUCTION

Psycho-social issues influencing marital conflict among married couples encompass both psychological and social issues. The psychological issues include emotional and sexual abuse. These relate to thinking, coping style mechanisms and personality. Hence, certain traits like introversion, extroversion, being reserved, and being a socialite, which describe personality come up. The social issues include substance abuse, communication breakdown, and financial issues. As a result, these psycho-social issues have greatly contributed to myriad discrepancies in the society we live in and have influenced many people's lives, married couples inclusive. For instance, human beings are social by nature hence through their symbolic interactions they are liable to experience grief and sadness that alter their emotions; thus creating emotional imbalances among individuals. Most of these emotions subside while some are retained hence psychologically affecting an individual.

Researchers found that rapid character variations, poor communication, money issues, abuse, and adultery are all linked to divorce amid young couples in a study of young couples in Lebowekgomo, Pretoria, South Africa. The likelihood of divorce among spouses can be lowered by mastering the earlier stages of family life cycle. This will be accomplished by requiring premarital counseling for all couples entering the institution of marriage. Additionally, after being married, they ought to participate in enrichment activities. During marriage counseling, therapists will take the family life cycle theory into account. In order to effectively manage the cycle of the family loop they are in and, as a consequence, be able to navigate difficulties related to each phase, young couples must precisely recognize their place in the life span (Nkuke, Sello, & Modjadji, 2018).

Marriage discord and separation rates in U.S are disproportionately high when compared to other industrialized economies. This is brought on by the roles played by theologically conservative churches, which encourage early marriage and motherhood as well as low levels of female education, as well as the high rates of income inequality and teen pregnancy in the United States. The divorce rate in U.S. is still pretty high by American historical standards and in contrast to the rate in other industrialized countries, even if it is presently lower than the highest levels it reached in the 1970s. The largest percentage of teen births among developed nations, doctrinally orthodox religions that encourage early marriage and motherhood, low levels of female academic achievement, unusually high levels of wealth gap, and low levels of female empowerment are major causes of this (Yeon, 2017).

According to a 2015 research study, 89.3% of married people in Ethiopia reported conflict, which was greater than the 80% reported in a related survey from Spain at the time. According to his research, 83.9% of married couples experienced marital conflict over a 12-month period. Conflict-related occurrences happened infrequently and infrequently (30.2%), frequently (once or twice a month), and usually (every week) in 59.1%. This showed that the likelihood of marital conflict was rising with time. This study revealed that psychological, gender-related, sexual, economic, and sociocultural factors contribute to friction in relationships in Ethiopia. (Prueksaritanond, 2015).

There are numerous social, economic, and societal variables that contribute to continued collapse of traditional institution of marriage (Wilcox, Wolfinger, & Stokes, 2016). Numerous societal calamities including divorce, separation, and single parenting have been brought about as a result of this (Treas, Scott, & Richards, 2013). These incidents are rising quickly. Due to divorce becoming such a common solution to marital issues, many young marriages in South Africa amid 18 and 35 years old last longer than 5 years. A major cause of divorce, according to 45.1% of people and at least one partner in 61.1% of young couples, is getting married "too young." (Scott, *et al.*, 2013).

Marriage and family life in Kenya have undergone exponentially over the past few decades. As a result, during the past 20 years, the family's structure has changed and become more dynamic. Fatal marital conflict appears to be rising in Kenya, according to data from the Federation of Women Lawyers (FIDA), Maendeleo ya Wanaume, Faith-Based Organizations (FBO), Non-Governmental Organizations (NGOs), and media sources. (FIDA-Kenya, 2019). According to Odhiambo (2020), marital discord is a problem that Kenyan spouses must deal with. It is quite obvious that spouses have neglected to consider their rights and concerns in the interest of the marriage as a whole. To address issues, they have used both physical and psychological kinds of violence. Wives mostly engaged in psychological abuse whereas men employed physical violence as a sign of their manhood and control. Their social cognition is profoundly ingrained with traditional assumptions of males as providers and women as primary caregivers. Therefore, wives have utilized the notion that husbands will be the only financial support for the family as a yardstick to assess their husbands' performance. (Odhiambo, 2020).

In Kenya, marital strife has developed as a result of spouses' differing socializations. In addition, the fact that wives now anticipate their husbands to assist with childcare and housekeeping because they are now in paid job creates concerns about who is ultimately responsible for the family and the home. In order to cause friction and strife in marriage, gender interactions instill attitudes of superiority and inferiority. As a result, husbands make decisions for their families alone and violently retaliate against their spouses if they grumble. It is possible to view gender beliefs and relationships as the cornerstone upon which societal relationships, and consequently marriage relationships, are built. (FIDA-Kenya, 2019).

Thus, it is evident that from what relevant data is readily available and based on what data was provided by previous research studies, more research is needed about psychosocial issues that influence marital conflicts among married couples. Most of the data related to this study targeted the general main causes of marital conflict, their direct effects, and how to subsequently manage them and we are however not specific on the discrete psychosocial issues. Because of this, this study aims to close the knowledge gap and offer pertinent information on the genuine psychosocial issues that have been revolving around married couples' lives for centuries on a local, regional, and worldwide scale and continue to cause marital conflicts virtually every day.

2. STATEMENT OF THE PROBLEM

Marriage has been a respected institution by God and society (Holy Bible, 1982). The original idea of marriage was to have a happy life which has not been the case. Psychosocial issues are among many factors that influence married couples by creating marital conflicts. Negative stances present themselves in myriad ways such as suicides, homicides, withdrawals, rejection, and mood swings which are however concisely covered by previous studies.

In Kenya, psychosocial issues have a prevalence that escalates among individuals within the society, married couples inclusive. The Kenyan situation is that the problem has been partially addressed due to deficiencies in intervention measures and informative research that has provided insignificant relevant data and statistics. More research was therefore needed as an avenue of incorporating psychological and social awareness among married couples before, during, and after. The researcher sought to provide relevant up-to-date information and statistics that would enable marital conflict therapists to provide precise intervention measures. Therefore, the research emphasized the need to investigate these phenomena further adding to the existing body of knowledge.

3. OBJECTIVE OF THE STUDY

The study objective was to ascertain the level to which emotions influence marital conflict among couples within Mwea Ward in Embu County.

4. LITERATURE REVIEW

4.1 Emotions and Marital Conflicts

Emotions play a role in marital conflicts among many couples because they determine how one reacts to a situation. Emotions usually have a part to play in marital conflicts and adjustment. One of the facets of emotions in marital conflicts is emotional reactivity. Researchers in China investigated the mediating role of emotional responsiveness in the relationship between emotional reactivity and marital quality. The study included 550 couples with ages ranging from 39-64 for the men and 32-62 for the women. The study found that emotional reactivity on its own led to poor marital quality among the couples.

Emotional reactivity also had a negative correlation with perceived emotional responsiveness. Perceived emotional responsiveness however had a positive correlation with marital quality. Emotional responsiveness was also found to be a mediator in the relationship between emotional reactivity and marital quality indicating that when there was responsiveness in the relationship, there was more chance for conflict resolution and improved marital quality (Yuan, Fan, & Leng, 2022).

Emotional Intelligence which is the ability to control and regulate one's own emotions is also an important part of marital conflicts and dissatisfaction. A study in South Africa studied the role of emotional intelligence in marital satisfaction. The Schutte self-report inventory that measures emotional intelligence was administered to 61 couples who had been married for more than a year. The study found that emotional intelligence was significant to communication and the ability to resolve communication between couples. Findings also showed that emotional intelligence led to sexual satisfaction among women and higher ability to deal with familial distress. Higher emotional intelligence in women was also linked to lower male aggression. Higher emotional intelligence in men was found to lead to greater marital satisfaction. However, a great gap in emotional intelligence between a couple led to greater marital dissatisfaction. From the study it was concluded that emotional intelligence is important for mitigation of distress and conflict within marriages with higher levels of emotional intelligence leading to higher marital satisfaction and less conflict and lower levels of emotional intelligence leading to lower levels of marital satisfaction and more conflict among couples (Bricker, 2008).

The role of self-healing and taking responsibility for one's emotions is also an important part of mitigation of conflict in any type of relationship. To that end, a study in Iran sought to determine the role of self-healing in marital conflicts in women visiting counseling centers. The study was an experimental study that recruited 60 women from the counselling center who were all undergoing marital conflicts. Using simple random sampling the women were divided into experimental and control groups with 30 women in each group. The study had a pre-test, post-test and a follow-up and the Marital Conflict Questionnaire was used. The experimental group participants were given 12, 90 minute self-healing training sessions but the control group did not receive any such training. After the intervention, the two groups were compared in the post-test and it was found that the self-healing training improved various aspects of marital conflicts such as sexual relations, emotional reactions, cooperation, separation and financial matters. During the follow up, the experimental group participants still exhibited improvements in their marital conflicts compared to the participants in the control group. Thus, it was concluded that conducting self-healing work helped reduce marital conflicts (Zarean, Sheykholeslami, & Sadri-Damirchi, 2022).

Emotions are at times influenced by belief systems which can make the difference between rationality and irrationality. A study investigated how irrational beliefs and dysfunctional emotions affect marital adjustment. The study hypothesis was that dysfunctional emotions in one partner affected the marital adjustment of the other often leading to conflict. The study tested this hypothesis on 100 couples. The findings showed that irrational beliefs led to emotional dysregulation and dysfunctional emotions. This in turn led to conflicts and affected the marital adjustment of partners. However, the study found that only the dysfunctional emotions of men led to changes in perceived marital adjustment in women but this was not the case vice versa (Filipovic, Gvozden, & Opacic, 2016). Apart from having difficulties with handling emotions in marriages including reactivity and lack of proper adjustment, there is another perhaps more sinister form of emotional problems in marriage. This is emotional abuse. Emotional abuse is a form of abuse that seeks to exert control and power over the victim. Usually it is rooted in emotional turmoil and fear where the abusive partner is afraid of being left and thus either strips their partner of power to keep them from leaving or uses other forms of control and manipulation to ensure that the partner does not leave. This is often done through withholding affection and resources until the weaker partner does what the other more powerful partner wants (Stark, 2015). Emotional abuse can often include dominance, control, manipulation, ridicule, verbal abuse and degradation using intimate knowledge. In a study involving 250 men and women who were intimate relationships, it was discovered that emotional abuse is rampant in relationships and it can be perpetrated by either men or women. Women actually seemed to be the offenders more often than not. The study findings showed that young men reported the most emotional abuse from their partners while older men did not have as many incidences of emotional abuse. Further, older women reported less emotional abuse than older men indicating that women- both young and old- were the perpetrators of emotional abuse (Karakurt & Silver, 2013).

In Jordan a study was carried out investigating the experience of Jordanian men with emotional abuse. The study was conducted online with 1,003 Jordanian men. They had an average age of 42.51 years and were married ranging from 1-53 years. The study findings showed that younger men experienced emotional abuse from their wives more often than older men. The length of marriage also seemed to be significant because the men who were married longer reported less emotional abuse from their wives than the younger men. The study further showed that the most prevalent form of emotional abuse was isolation followed by degradation, property damage and finally sexual coercion (Alsawalqa, Rahman, & Rawashedh, 2021).

4.2 Systems Theory

Since the first half of the 1950s, the system theory has been in use. It is based on the works of Ross Ashby, a psychologist, and Ludwig vonBertalanffy's hypothesis. It is a hypothesis of how various processes interact with one another over time and how they combine to form of a bigger whole. According to systems theory, roles are organized ways of making sure that a crucial task is carried out. They are comparable to the organs in the physical/person system which work together to keep the body healthy and functional. System theory is thus a multifaceted field of study that connects to one another inside a vast, complicated system. The idea is applied to each unique effect and cause in a system across all disciplines. One component cannot function by itself (Sinnott & Rabin, 2012).

System theory view to examine human behavior experiences within a system. It looks at how complex systems affect one another for instance as Paul in the bible compares parts of the body. Each part has its specific functions but is necessary to the body but none can function without the other therefore they must work together (Holy Bible, 1982). Systems alter because their equilibrium is not ideal or because other systems have an impact on them. Thus, to understand the system, one has to look at how it works and all the parts that are involved. This is important to social work and psychology because it can be applied by social workers and psychologists to enable them to look holistically at the clients' conditions and environmental factors to understand why there are conflicts in married couples.

5. METHODOLOGY

5.1 Research Design

The study used a descriptive survey design which sought to describe the situations as they were perceived by the respondents. A mixed-method research design was also used allowing for the utilization of both quantitative and qualitative data. While the quantitative part of the study used descriptive design, the qualitative part used narrative design telling the stories of the respondents from their perspectives (Tenny, Brannan, & Brannan, 2022).

5.2 Location of the Study

The study was conducted in Embu County's Mwea Ward in the Mbeere South Sub-County. East Kenya is where Embu County is situated. It shares boundaries with Kitui County to the east, Muran'ga County to the south-west, Tharaka-Nithi County to the north, Machakos County to the south, Kirinyaga County to the west, and Meru County to the north-west. Twenty electoral wards make up the four Sub-Counties and/or Constituencies that make up Embu County. These sub-counties are Mbeere South, Mbeere North, Runyenjes, and Manyatta. Mbeere South has five wards namely Mwea (the studies target), Amakim, Mbeki South, Mavuria, and Kiambere. There were a total of 19,865 adult population citizens in Mwea Ward; according to the 2019 Kenyan Population and Housing Census (KNBS, 2020).

5.3 Target Population and sample size

Residents of Mwea Ward in Embu County were the study's target demographic. The groups involved were married persons from all walks of life. These included civil servants, teachers in the private sector, the clergy, students in tertiary institutions and universities, and peasant farmers. According to the 2019 Housing Band population census, there were 19,865 adults in Mwea Ward in Embu County (KNBS, 2020). This number thus made up the population for the study. From this population, a sample size of 377 was derived using the Krejcie-Morgan table below (*refer to Appendix 4*). Thus, 377 married couples were the respondents in this study.

The study used both types of mixed sampling. Both random and nonrandom sampling techniques were used. The researcher also employed a purposive sampling technique by collecting data from a selected cohort of people rather than from a statistically representative sample of the larger population (Kothari, 2011). Krejcie& Morgan's (1970) sampling table was used to determine the sample size for this study along with the sample for each cohort of people used in the study (*refer to Appendix four*). The following table shows the sample size for all respondents based on (Krejcie& Morgan, 1970):

Table 1: Sample Size Determination

Target population	Sample size	Approximate percentage of sample size
Civil servants	57	15%
Teachers	75	20 %
CLERGY		
A.C.K	15	4 %
C.C.I	20	5 %

A.I.C	10	3 %
Full Gospel	8	2 %
OTHERS		
Students	30	8 %
Farmers	70	19 %
Private sector	28	7 %
GROUPS		
Focus groups	64	17 %
Total	377	100%

5.4 Research Instruments

Both closed-ended and open-ended questions were asked on the surveys. The sample size of 377 respondents was divided into three groups. 281 respondents were targeted to fill out the questionnaire while 64 were targeted to be part of the focus group discussion and interviews. The remaining 32 (half of those in the focus groups) respondents were targeted as part of the pilot study which was not going to be a part of the main study. These respondents resided in the Mwea region in Embu County. Each respondent was required to read and sign a consent form before filling out a questionnaire. The respondents include selected samples of married persons who were civil servants, those in the private sector, teachers, and the clergy, students in tertiary institutions and universities, and peasant farmers.

Each questionnaire contained thirty-four questions; among them six closed-ended questions targeting demographic data and twenty-eight open-ended and closed-ended questions relating to the five objectives. These were the five variables obtained from the objectives which are emotions, sexual abuse, financial issues, communication breakdown, and intervention measures.

There were eight focus groups with eight participants each to collect enough qualitative data. Three key factors were crucial to the selection of focus group participants which included age, rank, and gender. Thus, the categorization of groups was according to gender, age (*above 45 and below 45 – refer to Appendix three*), and hierarchy (occupation).

Married couples' focus group discussion guide (*MCFDGD*) consisting of twelve questions (*refer to appendix two*) was used during the discussions in the focus groups. The twelve questions sought to attain qualitative data relevant to the topic of the study. All the discussions were recorded on a smartphone (*one of the data storage devices*) and each focus group discussion took approximately 60-90 minutes.

5.5 Data Collection Procedure and Data Analysis

The researcher acquired all the relevant paperwork before starting the data collection procedure, including an introduction letter from the institution and the local authorities (a government official). The study's objectives were explained during a briefing for the local sampled respondents. The researcher then gave the questionnaires to the sampled respondents once they had received clearance. To prevent fear and mistrust among the respondents, the goal of the research was properly communicated when the research instruments were provided.

For data collection, both quantitative and qualitative methodologies were employed. Thus, both qualitative and quantitative techniques were used to obtain primary data. Focus group talks and questionnaires (for both quantitative and qualitative data) were used in this study. Both open-ended and closed-ended questionnaire questions were used. Additional qualitative data was obtained from the eight focus groups that consisted of eight respondents each. Each focus group consisted of four males and four females to ensure gender balance.

Following the completion of the data collection, the data was scrutinized for prejudices, puffery, errors in omissions, and replies. Both qualitative and quantitative data analysis techniques were used by the researcher. Content analysis technique was employed to analyze qualitative data collected both in narrative form from the focus groups along with qualitative data from the open-ended questions in the questionnaires. Data was sorted and coded into emerging themes.

Quantitative data was analyzed using Statistical Packages for Social Sciences (SPSS) version 21. The data was then presented in tabulated form showing frequencies, percentages, mean and Standard deviation. Correlation analysis was also carried out to determine if there were existing correlations between the variables. One-way ANOVA was also carried out to determine if the data taken as a whole was relevant to the study and the construct of the study.

5.6 Ethical Considerations

When focusing on ethical considerations, we identify entities like basic ethical issues, confidentiality, and informed consent. Research is governed by ethics. Respondents may be exposed to stressful or unpleasant experiences. To avoid this, the researcher introduced the respondents to the research and also explained to them that the study was

plainly for academic purposes only. Respondents were assured that there would be protection information given and that the data collected would be treated with total confidentiality.

The researcher also employed number codes rather than names to assure the respondents that the data they gave would be kept confidential. Informed consent was also required and the decision to engage in the study or not was up to the respondents. Everyone who participated in the study was free to discontinue their involvement in the study at any time. This was done to give the respondents confidence to take part in the research data collection process freely.

6. RESULTS

6.1 Response Rate

The overall response rate for this study was 142 participants. There were 81 respondents in the quantitative section and 61 in the qualitative section. This was a response rate of 41% from the targeted 345 respondents. There are different views on response rates. In online surveys, a response rate of 44% is considered to be adequate (Wu, Zhao, & Fils-Aime, 2022) while in other cases especially in medical studies, 60% is considered to be a good enough response rate (Finchman, 2008). A meta-analysis of surveys from various countries found a range of acceptable response rates ranging from 25% to 75% while others cited response rates of 10%, 54% and 65% as acceptable. In the American Psychological Association website there are response rates of 38.9%, 40% and 42% listed as acceptable as well (Biersdoff, 2009). Thus a response rate of 41% can be considered adequate because it falls within the acceptable range from 10%-75% based on the aforementioned studies. The response rate is shown in table 2.

Table 2: Response rate

Group	Number of Respondents	Percentage of total respondents
Quantitative	81	57%
Qualitative	61	43%
Total	142	100%
Targeted respondents	345	
Response rate (total respondents as a percentage of the targeted)		41%

6.2 Quantitative Results

6.2.1 Demographics

There were a few demographic information questions asked in this study including gender, age, education levels, years of marriage, occupation and the type of house that the respondents lived in. The results are presented in table 3 and 4.

Table 3: Gender, Age and Education

Demographic Characteristics	Frequency	Percentage
Gender		
Male	41	50.6%
Female	40	49.4%
Total	81	100%
Age		
Less than 18 years	1	1.2%
18-30 years	8	9.9%
31-40 years	17	21%
41-50 years	23	28.4%
51-60 years	21	25.9%
Above 60 years	11	13.6%
Total	81	100%
Education		
Did not go to school	2	2.5%
Primary Level	14	17.3%
Secondary Level	28	34.6%
Vocational Training	8	9.9%
Undergraduate Level	23	28.4%
Postgraduate Level	6	7.4%
Total	81	100%

Most of the respondents were male (50.6%) and women were 49.4% of the respondents. The balance of gender in the study was almost equal. Most of the respondents were aged between 41-50 years (28.4%) followed by 25.9% of respondents who were between 51-60 years and 21% of respondents between 31-40 years. Only 1.2% of the respondents were below the age of 18. Most of the respondents (34.6%) indicated that they had secondary level education followed by 28.4% of respondents who had undergraduate level of education. Only 7.4% of respondents had postgraduate level of education and 2.5% did not go to school.

Table 4: Occupation, Years of marriage and Housing

Demographics	Frequency	Percentage
Years Married		
Less than 5 years	10	12.3%
6-10 years	13	16%
11-15 years	6	7.4%
16-20 years	8	9.9%
21-25 years	20	24.7%
26 years and more	24	29.6%
Total	81	100%
Occupation		
Volunteer	5	6.2%
Self employed	32	39.5%
Employed	34	42%
Forced labor	1	1.2%
Others (clergy)	6	7.4%
None of the above	3	3.7%
Total	81	100%
Type of House		
Grass thatched	-	-
Mud walled	14	17.3%
Iron sheets	13	16%
Stone walled	47	58%
Massionette	7	8.6%
Bungalow	-	-
Total	81	100%

Most of the respondents (29.6%) indicated that they had been married for 26 or more years followed by 24.7% who indicated that they had been married between 21-25 years. Those who married 6-10 years were 16% while those who married for less than five years were 12.3%. Only 7.4% had been married 11-15 years. Most of the respondents (42%) also indicated that they were employed followed by 39.5% who were self –employed. 7.4% indicated they were clergy and 6.2% were volunteers. Only 1.2% indicated they were in forced labor and 3.7% who did not belong to any of the aforementioned occupations. Majority of the respondents (58%) indicated that they lived in stone walled houses followed by 17.3% who lived in mud walled houses and 16% who lived in iron sheets walled houses. Only 8.6% indicated that they lived in massionettes.

6.3 Emotions and Marital Status

This section presented statements regarding emotions and how people dealt with them in their marriages. The questions were asked on a likert scale of 1-5 with 1 being strongly disagree and 5 being strongly agree. The results are presented in table 5.

Table 5: Emotions and marital status

Variable	1	2	3	4	5	Mean	SD
I can control my emotions	5 (6.2%)	10 (12.3%)	14 (17.3%)	44 (54.3%)	8 (9.9%)	3.49	1.05
Emotions influence conflict among married couples	6 (7.4%)	8 (9.9%)	9 (11.1%)	30 (37%)	28 (34.6%)	3.81	1.02
Married couples can control their emotions	8 (9.9%)	10 (12.3%)	7 (8.6%)	41 (50.6%)	15 (18.6%)	3.55	1.05
I can comfortably handle marital conflicts among married couples	3 (3.7%)	14 (17.3%)	17 (21%)	39 (48.1%)	8 (9.9%)	3.43	1.04
It is important to visit a marital therapist	7 (8.6%)	7 (8.6%)	7 (8.6%)	38 (46.9%)	22 (27.3%)	3.75	1.09
Overall mean and SD						3.61	1.05

In the first statement on ability to control emotions, majority (54.3%) of the respondents indicated that they agreed that they could control their emotions followed by 17.3% who were neutral on the matter and 12.3% who disagreed that they could control their emotions. This was also presented by the mean for this question which was 3.49 indicating that while many of the respondents agreed with the statement, there was a significant percentage who were neutral on the matter. The standard deviation of 1.05 also showed there was deviation in the question.

In the second statement on emotions influencing the conflict among married couples, most (37%) of the respondents agreed with the statement followed by 34.6% who strongly agreed with the statement and 11.1% who were neutral. This was also presented in the mean which was 3.81 indicating that while majority of the responses were in the agreed and strongly agree categories, there was still some deviation in responses. The SD of 1.02 also indicated this deviation in responses.

In the third statement on married couples, ability to control their emotions, majority (50.6%) of the responses were in the agree category followed by 18.6% in the strongly agree category and 12.3% in the disagree category. This shows that the responses were varied which was represented in the mean of 3.55 which shows that there were deviations in the responses and the SD of 1.05 which shows that there was a lot of deviation in the responses.

In the fourth statement on the comfort levels in handling marital conflicts, most of the respondents (48.1%) indicated that they agreed with the statement followed by 21% who were neutral and 17.3% who disagreed with the statement. There were a lot of deviated responses in the question which is indicated by the mean of 3.43 even though most of the responses were in the agreed category. The mean indicates that there were other responses that were away from the agree category and the SD of 1.04 indicates that there was a lot of deviation in the responses.

In the last statement on the importance of visiting a marital therapist, most (46.9%) of the responses were in the agree category followed by 27.3% in the strongly agree category. The other three categories each had 8.6% of respondents. The mean was 3.75 indicating that most of the responses were in the agree category but that there was still deviation in the responses. The SD was 1.09 indicating that there was a lot of deviation in the responses.

The overall mean was 3.61 indicating that most of the responses in the whole section were in the neutral and agree categories with more responses. The overall SD was 1.05 indicating that there was a lot of deviation in the responses given by the study participants.

6.3.1 Association Between Emotions and Demographics

Chi-Square was carried out between each of the five variables and the demographic factors gender, age, education level, years married and occupation. Significant associations were highlighted in bold. The tables are in table 6.

Table 6: Associations between Emotion and Demographics

Variable	Chi-square	sig
Gender		
I can control my emotions	6.207	0.184
Emotions influence conflict among married couples	6.253	0.153
Married couples can control their emotions	8.805	0.066
I can comfortably handle conflicts among married couples	4.456	0.334
It is important to visit a marital therapist	3.102	0.541
Age		
I can control my emotions	22.708	0.303
Emotions influence conflict among married couples	19.269	0.504
Married couples can control their emotions	43.301	0.002
I can comfortably handle conflicts among married couples	34.877	0.021
It is important to visit a marital therapist	10.957	0.956
Education Level		
I can control my emotions	27.862	0.113
Emotions influence conflict among married couples	31.261	0.052
Married couples can control their emotions	23.054	0.286
I can comfortably handle conflicts among married couples	14.076	0.827
It is important to visit a marital therapist	26.186	0.160
Years Married		
I can control my emotions	14.229	0.819

Emotions influence conflict among married couples	27.188	0.130
Married couples can control their emotions	14.329	0.813
I can comfortably handle conflicts among married couples	15.474	0.749
It is important to visit a marital therapist	16.047	0.714
Occupation		
I can control my emotions	14.478	0.705
Emotions influence conflict among married couples	17.922	0.593
Married couples can control their emotions	16.279	0.699
I can comfortably handle conflicts among married couples	19.298	0.504
It is important to visit a marital therapist	18.456	0.557

Age was found to have significant association with two of the variables namely married couples can control their emotions (p=0.002) and I can comfortably handle conflicts among married couples (p=0.021). Further analysis was carried out to determine how age associated with the aforementioned variables as shown in tables 7 and 8.

Table 7: Age and married couples’ ability to control emotions

Married couples can control their emotions						
Age	Strongly disagree	disagree	neutral	agree	Strongly agree	Total
Below 18 years	1	-	-	-	-	1
18-30	-	2	-	3	3	8
31-40	1	-	2	12	2	17
41-50	-	3	2	12	6	23
51-60	1	1	2	13	4	21
Above 60 years	-	4	1	6	-	11
Total						81

Among married couples between 31-40 years, 82.4% of the respondents agreed and strongly agreed that married couples can control their emotions while 78.2% of respondents between 41-50 years also agreed and strongly agreed with the same. 81% of people between 51-60 years also agreed and strongly agreed with the statement. 75% of those between the ages of 18-30 also agreed and strongly agreed with the statement whereas only 55% of those aged above 60 years agreed and strongly agreed with the statement. From this it was evident that those aged between 31-60 years had the most belief that it was possible for married people to control their emotions. Those above 60 and those below 18 did not have the same views.

Table 8: Age and comfort in handling marital conflicts

I can comfortably handle conflicts with my spouse						
Age	Strongly disagree	disagree	neutral	agree	Strongly agree	Total
Below 18 years	1	-	-	-	-	1
18-30	-	3	2	2	1	8
31-40	1	3	3	8	2	17
41-50	1	3	3	12	4	23
51-60	-	3	3	15	-	21
Above 60 years	-	2	1	7	1	11
Total						81

Among those between 18-30 years, only 37.5% agreed and strongly agreed that they could comfortably handle conflicts with their spouse. Among those between the ages of 31-40 years, 58.8% agreed and strongly agreed with the statement while 69.6% of those aged between 41-50 agreed or strongly agreed with the statement. 71.4% of those between 51-60 years agreed with the statement and 72.7% of those aged above 60 years also agreed and strongly agreed with the statement. From this it was evident that these from 41 years and above had more confidence with their ability to handle conflicts with their spouses compared to those 40 years and below.

6.4 Qualitative Analysis

Qualitative data was also collected on various issues on marital conflicts. There were a total of 62 respondents for this section on qualitative data. The data was coded and sorted into themes. The emerging themes were mental illness, emotional abuse and emotional issues. These are presented in the following sections.

6.4.1 Mental Illness

Mental illness was cited by many of the respondents as one of the psychosocial issues that face couples as well as one of the causes and effects of marital conflicts amongst couples. When asked what psychosocial issues they were aware of, respondents cited various forms of mental problems. Respondent 4 cited “*mental illness*” as a psychosocial issue they were aware of while respondent 17 said “*seeing nothing good in life*” and respondent 30 said “*struggling with anxiety*”. Respondent 8 said “*withdrawal and lack of interest*” and respondent 10 said “*lack of joy*”. Respondent 45 indicated “*anxiety*” as a psychosocial issue and respondent 25 said “*fear of the unknown and anxiety*”.

These are all different forms of mental health issues that the respondents identified that were psychosocial issues affecting couples. The DSM 5 identifies anxiety and depression as mental illnesses. Seeing nothing good in life is a form of hopelessness that is identified as a symptom of major depression in the DSM-5 (American Psychiatric Association, 2013).

When asked to identify psychosocial issues, some respondents identified depression and suicidal ideation as psychosocial issues. Respondent 9 indicated “*depression*” as a psychosocial issue while respondent 42 indicated “*suicidal feelings*” as a psychosocial issue. Suicidal ideation is a symptom of major depression according to the DSM-5 (American Psychiatric Association, 2013).

On the question of marital conflicts that the respondents were aware of, respondent 47 identified “*desire to die*” as a potential marital conflict. Desire to die is the same as suicidal ideation which is a symptom of major depression (American Psychiatric Association, 2013).

Some of the respondents also indicated what was the cause of their depression such as respondent 19 who said of his wife:

“she asks me what kind of a man I am. She compares me with other men which has lowered my self-esteem. I am left at home and she goes for outings with her friends.”

Low self-esteem is a recognized cause of depression in many people. In this case the wife was comparing her husband to other men implying that he was not good enough as a man for her which lowered his self-esteem. Comparison to other people and feelings of inadequacy that come from such comparisons are known to cause feelings of psychological distress leading to low self-esteem and consequently depression (Hari, 2018).

Respondent 12 also captioned this by saying “*inferiority which leads to denial*” and respondent 37 identified “*low self-esteem*” as a psychosocial issue. Respondent 36 further stated “*overthinking and comparison*” as psychosocial issues. Respondent 38 identified “*feelings of failure and ‘kujichukia’ (hating oneself)*” as psychosocial issues and respondent 40 identified “*kujidharau*” which translates to low self-esteem as a psychosocial issue. All these are known causes of depression (Radell, Hamza, Daghistani, Perveen, & Moustafa, 2021).

This was also evidenced in the case by respondent 60 who said:

“my wife kept on blaming me in everything I did. I felt like a failure. My self-esteem is now very low. She shouts at me even in front of our children. my children ask me why we don’t have a vehicle like other friends. They tell me ‘wee baba ndwiciragia’ which means ‘dad you don’t use your brains’.”

In this case, being blamed for everything wrong in the marriage made the respondent feel like a failure and one who was unable to do anything right. Feelings of inadequacy and feeling like one does not have a real purpose is a known stressor and leads to depression. Further, this case was also evidence of emotional abuse which has been known in many cases to lead to feelings of self-doubt and consequent low self-esteem. Survivors of emotional abuse usually claim that the damage the barrage of criticisms from the people close to them lead to feelings of self-doubt and unworthiness leading to depression. Respondent 60 indicated that he was experiencing self-doubt and low self-esteem from the things that his wife and children said to him.

Respondent 2 also said:

“I feel I hate myself for whatever happens to me. I don’t like interacting with people because I feel rejection and my self-esteem is low”.

And what was happening to respondent according to him was;

“I married my wife immediately after her o-level more than 20 years ago. I was a clerk at the time. the first 15 years we had a very good life. when our children joined secondary school, conflict began. My wife is a business lady. She spent most of her time on the phone. She comes to bed past midnight and she insists she wants to sleep. I find myself forcing her which makes her break the communication between us. we don’t share anything. I am thinking of looking for a substitute”.

From the statement, it is evident that his wife was not paying him any attention and this made him feel unseen resulting in low self-esteem and feelings of self-loathing which are linked to depression (WHO, 2023).

Withdrawal, lack of interest in activities that one once enjoyed are also symptoms of major depression (American Psychiatric Association, 2013). Withdrawal from other people came up in quite a number of responses. Respondent 14 said *“hating people”* while respondent 20 indicated *“living alone always”* as a psychosocial issue and respondent 21 indicated *“no interaction”* as a psychosocial issue. These are all forms of withdrawal from society and other people and indicative of depression.

Further, people who have depression are usually known to suffer from other mood and personality changes such as not being able to take care of one’s responsibilities anymore. Some people are known to become disorganized and no longer attend to their cleanliness. Some of these symptoms were identified by the respondents such as by respondent 15 who indicated a *“don’t care attitude”* as part of psychosocial issue and respondent 23 who indicated *“being dirty and untidiness”* as psychosocial issues. Respondent 24 indicated *“not attending to the expected responsibility”* as a psychosocial issue and respondent 5 indicated *“absent mindedness”*. Poor concentration and low energy are both symptoms of major depression that is known to cause other issues such as inability to focus at work, letting responsibilities slide and being disorganized (WHO, 2023). Further respondent 26 indicated *“having disorganized things”* as a psychosocial issue while respondent 40 indicated having *“unplanned work and absconding responsibility”* as psychosocial issues. Respondent 41 simply indicated *“negligence”* as a psychosocial issue. These are all symptoms associated with depressive disorder and major depression.

One of the major symptoms of depression is having a low mood that persists for at least six months. Patients with clinical depression have described in the past having sadness a general low mood that does not end (American Psychiatric Association, 2013). This was cited by some of the responds such as respondents 32 who said *“feeling bitter all the time”* and respondent 33 who indicated *“lack of peace”*. Respondent 3 indicated *“sadness”* while respondent 11 indicated *“crying throughout”* as psychosocial issues.

Other symptoms of clinical depression also include the loss of sleep and appetite. These symptoms were also observed by some of the respondents such as respondent 22 who indicated *“lack of sleep and appetite”* and respondent 4 who indicated *“loss of appetite”* as psychosocial issues they were aware of. Both are indicative of depressive disorder (WHO, 2023).

Besides this, major depression is also characterized by having psychical symptoms that are unexplainable and which usually do not have any physical cause that can be found or which can account for the physical discomfort (American Psychiatric Association, 2013). A few respondents identified that these were some of the psychosocial issues they were aware of. Respondent 25 said *“having headaches most of the time”* while respondent 26 said *“kuumwanamwiliwote”* which translates to ‘having pain all over the body’ and respondent 46 indicated *“physical problems which one cannot explain”*. These are physical complaints that sometimes have no explanation and which can be signs of depression.

Besides anxiety and depression, some of the psychosocial issues identified by the respondents seem to have been symptoms of psychosis. Psychosis is a serious disorder that is marked by disturbances in a person’s thoughts and actions as well as speech. It can present as delusions, hallucination, illusions, depersonalization and de-realization among other symptoms. The causes for psychosis are numerous and can range from imbalances in the body brought on by sugar or salt to more serious mental health issues such as schizoaffective disorder, being post-partum and schizophrenia among others (Arciniegas, 2015); (American Psychiatric Association, 2013).

In the DSM 5 psychosis is identified on a spectrum and seen as one of the many forms of delusional disorders that have on one end psychosis symptoms and on the other end schizophrenia (Arciniegas, 2015). Without actual diagnosis, it is not possible to say that these symptoms presented as psychotic disorder or any other more serious disorder such as schizophrenia. It is impossible to know if the people and symptoms described by the respondents were part of much more serious problems but nevertheless, psychotic presenting symptoms were recognized. Respondent 34 for instance stated *“doing things that are not normal”* as a psychosocial issue. Doing things that are not normal may be indicative of a delusion or hallucination as well as some form of depersonalization but without more information it can only be speculated what the respondent meant. Respondent 35 said *“speaking to oneself and insanity”* which are both signs of delusions and respondent 42 indicated *“being confused”* which sometimes is a result of de-realization or hallucinations. Respondent 37 indicated *“kukutananamtulakinihumuoni”* which translates to ‘meeting with someone but not being able to see them’ which is a clear indication of a hallucination or a disconnect between thoughts and actions. Both are symptoms of serious psychotic disorder and may actually be on the more extreme end of the psychosis spectrum (American Psychiatric Association, 2013). While these are not complete psychotic diagnosis, they are symptoms of psychotic disorders and may indicate much more serious underlying problems.

The responses given by the different study participants indicated that many of them identified that mental illness is a contributor to marital conflict.

6.4.2 Emotional Abuse

Emotional abuse and verbal abuse were evident in the responses. Even though they are different forms of abuse, verbal abuse tends to accompany emotional abuse in many cases. Respondent 8 stated *“emotional neglect and rejection”* were causes of marital conflict while respondent 44 cited *“abusive language”*.

In the case studies, it was apparent how verbal and emotional abuse sometimes intertwined such as in the case of respondent 29 who stated that:

“my wife beats me and abuses me every time somebody angers her. She beats me and refuses to support me financially. She is a civil servant. I am left at home with the children. she calls me her house girl. I really love my wife but she doesn't realize. Her mother beats me every time she visits us. my wife says I don't have a brain. I am forced to wake up at three in the morning. The worst of it is she brings a man in my bedroom and I am sent to the market. It is very painful but I have to obey in case she withdraws the support”.

His wife was using him as an emotional punching bag because it seemed that he was not well off and he loved her dearly. She used her superior power in the relationship to manipulate and control the man while abusing him and cheating on him. All these are hallmarks of emotional abuse. Emotional abusers exert their power over their victims and withhold affection and resources to teach them lessons or until they do what the abuser wants (Stark, 2015). In this scenario, the wife had more power in the relationship because she had the financial muscle. This was also evident in the case of respondent 52 who said:

“I have been married for ten years. my husband beats me almost daily. I am a housewife”.

While the respondent may not have said it outright like in the previous case, the fact that she mentioned that she is a housewife shows that she was aware of the fact that her husband was abusing her because she did not have the financial muscle necessary to leave the situation which unfortunately is a common tactic of abusers. It is a form of financial or economic abuse where abusers control the access to funds or limit the ability of their partners to access funds so that they have control and power of their spouses (Postmus, et al., 2018). This is evident in both cases.

In a different case, the husband was subjected to emotional abuse by the wife through cheating and also berating him. Respondent 46 said:

“my wife comes to the bedroom after midnight. She chats with people I don't know and deletes the messages. My wife is a business lady and I came to learn that she has a relationship outside marriage. When I asked her she told me ‘wiciragia we wimundumurume’ meaning ‘do you think you are a man?’”

This was verbal and emotional abuse because not only was the wife using demeaning word with her husband but also cheating on him which is known to cause emotional distress in the person being cheated on. Emotional abusers use control and manipulation to keep their spouses afraid and dependent on them not just for financial support but also for emotional support and their self-esteem. This is why in many cases they tear down the personality of their spouses using verbal threats like marrying another wife or demanding their spouses do not speak to them or anyone else about their troubles. They do this partly to destroy the support systems of their abuse victims and partly so that their abuse can never be found out. It is their own way of controlling the narrative of what happens in their homes by controlling their victims to keep them from being able to leave them. The bottom line of emotional abusers and abusers in general is fear that their spouses will leave so they control the situation to make it impossible for their spouses to leave them (Stark, 2015).

In a different case, the control is readily evident in the form of manipulation, the destruction of the spouse's self-esteem and financial control. Respondent 17 said of her husband:

“I am the only child of mom. At the age of five years, I was raped. My mother took me to the hospital. I got married to a man from my neighborhood who keeps on reminding me that he is not the only man in my life and I was married at the age of five years. I keep on crying day and night. He calls me a prostitute and I don't want to share with anybody. At times he doesn't give me money to buy food. He is a teacher but he doesn't want his colleagues to know me. I have only one child who really fears the dad. My dad tries to talk to him but my husband is very rude to him”.

In this case not only does the husband emotionally torture her with one of the worst things that have ever happened to her, he also hides her from his colleagues so that she cannot develop new friendships and cannot have a support system. He even insults her father thus effectively destroying her support system and making her dependent on him. If she is dependent on him for even the basics like money for food, then she cannot leave him and he has complete control over her (Postmus, et al., 2018).

6.4.3 Emotional issues

There were various emotional issues identified by the respondents. Respondents 15, 19, 40 and 44 each indicated “*lack of trust*” as a psychosocial issue or a cause for marital conflict. This is evidenced in other studies where a lack of trust in one’s partner leads to problems such as communication breakdown and hatred for each other. Another emotional issue that was identified by the respondents was the lack of respect for each other. Respondent 10 said “*lack of respect and understanding*” was a source of marital conflict while respondent 36 noted that “*lack of respect*” was a marital conflict. Respect in a relationship is important because it allows there to be actual communication and understanding. Lack of respect oftentimes leads to a communication breakdown that can lead to the complete breakdown of the relationship (Shujja, 2013).

Regretting the choice of a marriage partner or living in regret was also identified by the respondents as a source and consequence of marital conflicts. Respondent 29 said “*living a life of regret*” was a consequence of marital conflict while respondent 27 indicated a “*hopeless marriage*” as a source of marital conflict. Respondent 30 also said “*living a life of regret*” was a consequence of marital conflicts and respondent 28 indicated “*wishing I never got married*” as a consequence of marital conflict as well.

Regretting one’s choice of marriage partner can cause untold misery to the other partner because it is usually accompanied by a lack of acceptance of the other spouse and can lead to feelings of inadequacy and low self-esteem in the unwanted partner (Neff & Karney, 2017). Respondent 22 noted that “*lack of acceptance*” was a source of distress in marriage while respondent 43 indicated “*hatred*” as an issue in their marriage. Respondent 39 also said:

“my wife is very complicated. She doesn’t want me to introduce her to my friends. She claims that I am old. She tells me to kill her. She doesn’t want me to touch her even when we go to bed. She wonders who she gave birth with”.

Clearly the husband was frustrated with a wife who did not want to be with him and who was suffering from regret from marrying and having children with him. The fact that the wife did not introduce the man to her friends made the husband feel distressed and from the words he used to describe the situation, it was clear that he was feeling the pain of rejection from his wife.

Other issues that were identified as sources and effects of marital conflicts by the respondents included “*lack of humility*” as indicated by respondent 39 and a “*lack of joy*” as identified by respondent 43. Respondent 22 also indicated “*looking for a perfect person*” as a source of marital conflict and respondent 20 indicated “*looking for a perfect person while defending ourselves*” as a reason for conflict. Looking for perfection in people leads to a lack of understanding of others and no room for forgiveness of mistakes (Martin, Rodrigo-Gonzalez, & Genova, 2011). This would lead to conflict.

Respondent 25 indicated “*feeling like you are not a good father*” as a source of distress while respondent 29 said “*fearing about what society will say*” as a source of distress. Respondent 23 also noted “*in laws not respecting spouse*” was a source of marital conflict. Relatives and in laws interfering with marriages is a common phenomenon around the world with many marriages on the rocks or destroyed by this (Neff & Karney, 2017). In some of the case this was readily evident where relatives broke up a marriage by being part of extramarital affairs. Respondent 55 said:

“I caught my husband cheating with my cousin. She claims that she loves me and can’t leave me. my cousin was my best friend. I provided everything she needed. It was very painful. I plan to leave her with her children. I have tried to forgive her but in vain. Unfortunately, my parents and hers blamed me fully. I told him to join the friend. I lost sexual desire because of her. I try to talk to her but then I remember what she did. It has been tough on my side. My cousin no longer respects me”.

Here it is evident that the cousin and the husband were on the wrong because they were engaged in an extramarital affair but the problem is compounded by the parents blaming the wife. This is one of the ways in which relatives interfere with marriages by always heaping the blame on one person and letting the other one get scot free. The husband and the cousin should have been held accountable by the parents but because they were not, there is no likelihood of them stopping the affair or for the original marriage healing and getting restored. A similar situation was reported by respondent 57 who was also blamed for the problem in her marriage by her family.

“my mother rejects me. my sister took my husband. I have one child. We started very well and our business grew very fast. he has very many ladies who are his friends. He takes them to my house and even into the bathroom. He beats me every day. My sister comes to my home when I am at work. my father tries to intervene but my mother and my sister blamed me. my sister is now three months pregnant but I cannot leave my husband for what he has done due to the fear of the community. he no longer supports me financially and we don’t communicate. I did not talk about it and I decided to keep quiet. Their relationship did not last long. He has started frustrating my sister but I took the baby”.

7. Conclusion

Emotional issues and abuse were found to be problems that are prevalent in many marriages in Embu County. There were emotional issues ranging from lack of understanding and inability to solve disputes among married couples to more severe cases of emotional abuse and the damage caused by such actions in couples.

The resultant problems from emotional abuse included but were not limited to separation, divorce, low self-esteem, depression and anxiety.

The age of the respondents was also a determinant of the emotional issues in marital conflicts. Older respondents showed more confidence in handling conflicts with their spouses and more emotional stability that allowed them to believe that they could handle marital conflicts better.

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