Re-Authoring Inferiority: A Systemic Family Therapy Analysis of Marital Distress in a Zimbabwean Couple

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Abstract

This study examines how feelings of inferiority operate as a systemic organising principle in marital distress within a Zimbabwean couple. Drawing on Adlerian psychology rooted in the work of Alfred Adler alongside attachment theory and systemic family therapy, the research aimed to explore how identity vulnerabilities intersect with cultural expectations and relational interactional patterns. A qualitative single case study design was employed. The target population comprised married couples experiencing marital distress in Zimbabwe, particularly those presenting with relational conflict linked to identity, gender expectations, and family dynamics. The sample consisted of one purposively selected married Zimbabwean couple who participated in twelve in-depth therapy sessions. Data were collected through semi-structured therapeutic interviews, session observations, therapist field notes, and audio-recorded therapy transcripts. These were analysed using narrative and systemic analysis. Findings revealed that inferiority was deeply embedded in cultural scripts surrounding masculinity, economic provision, and social evaluation, organising cycles of withdrawal, pursuit, emotional distance, and power imbalance. Extended family involvement further amplified identity wounds and relational tension. The study concludes that inferiority is not merely an intrapersonal deficit, but a relationally and culturally situated phenomenon that sustains marital distress. It recommends the integration of narrative, systemic, and attachment-informed interventions, alongside culturally responsive therapeutic practices, to effectively address identity-based relational vulnerabilities in Zimbabwean couples.

Keywords: inferiority complex, marital distress, systemic family therapy, cultural scripts, narrative analysis, Zimbabwe

Introduction

Inferiority within marital relationships is increasingly recognised as a significant factor influencing communication, emotional intimacy, conflict, and relational stability. Persistent feelings of inadequacy often shape how partners perceive themselves and interact with one another, contributing to emotional withdrawal, defensiveness, criticism, and relational disconnection. Although inferiority has traditionally been understood as an individual psychological experience, contemporary relational and systemic perspectives recognise that it is also socially and relationally constructed. Within marriage, inferiority may therefore function

as an organising principle shaping interactional patterns, emotional responsiveness, and power dynamics between partners.

Definition of inferiority complex

Inferiority complex refers to persistent feelings of inadequacy, diminished self-worth, incompetence, or perceived failure that influence how individuals think, behave, and relate to others. Contemporary scholarship explains that inferiority develops when individuals perceive themselves as unable to meet personal, relational, or societal expectations, resulting in chronic self-doubt and relational insecurity. In marital relationships, inferiority may manifest through emotional withdrawal, jealousy, hypersensitivity to criticism, defensiveness, overcompensation, or controlling behaviour. These behaviours frequently undermine communication, emotional intimacy, trust, and conflict resolution in intimate relationships (Elliott & Frew, 2018). Research further indicates that unresolved feelings of inadequacy negatively affect relationship satisfaction and psychological functioning within couples (Knobloch-Fedders & Wilson, 2020).

Inferiority and systemic family therapy

From a systemic family therapy perspective, inferiority is not viewed solely as an intrapsychic problem located within one individual, but as a relational and interactional process maintained through circular patterns of behaviour and communication. Systemic theory argues that one partner's responses continuously influence and reinforce the reactions of the other, creating repetitive relational cycles. For example, a partner experiencing feelings of inadequacy may emotionally withdraw, while the other partner responds with criticism, frustration, or pursuit, further reinforcing emotional distance and relational dissatisfaction. Systemic family therapy therefore conceptualises marital distress as emerging from recursive interactional patterns rather than individual pathology (Wu et al., 2020). Contemporary systemic scholarship also emphasises that issues of power, identity, and emotional regulation are relationally organised within family systems and couple interactions.

Inferiority and marital distress in Western literature

Western scholarship has extensively explored the relationship between inferiority, self-worth, and marital functioning. Research consistently demonstrates that persistent feelings of inadequacy negatively affect emotional intimacy, communication, and conflict management in intimate relationships. Studies show that individuals with negative self-perceptions often struggle with emotional openness, mutual affirmation, and adaptive conflict resolution, increasing relational dissatisfaction and emotional disconnection (Doss et al., 2022).

Attachment-based research in Western contexts further demonstrates that early experiences of criticism, rejection, neglect, or inconsistent caregiving contribute to chronic feelings of inadequacy that later emerge in adult intimate relationships. Individuals with insecure attachment patterns are more likely to experience emotional dysregulation, hypersensitivity to rejection, and relational insecurity during conflict situations (Cepukiene, 2021).

Contemporary systemic and couple therapy literature additionally highlights that maladaptive interactional cycles such as demand-withdraw patterns, hostility, emotional disengagement, and relational power struggles often sustain marital distress (Knobloch-Fedders & Wilson, 2020). Although Western literature provides important theoretical and clinical insights into inferiority and marital distress, much of it emerges from individualistic sociocultural settings that differ significantly from African relational systems and communal family structures.

Inferiority and marital distress in African contexts

In African contexts, inferiority within marriage is often closely connected to cultural expectations, communal identity, economic realities, and extended family systems. African marriages are commonly embedded within collective social structures where identity is shaped through kinship networks, gender roles, and communal evaluation. Research in Zimbabwe and other African societies demonstrates that masculinity is frequently associated with economic provision, authority, and social recognition, while women are expected to maintain relational harmony and caregiving roles (Chitando, 2018).

Economic instability and unemployment across many African countries have intensified feelings of inadequacy among men who are unable to fulfil culturally valued provider roles. Mavhunga and Sibanda (2021) argue that financial hardship in Zimbabwe often threatens masculine identity, contributing to shame, withdrawal, anger, and marital conflict. Women may similarly internalise inferiority when emotional needs remain unmet or when sociocultural norms discourage open expression of marital dissatisfaction. Extended family involvement and communal comparison may further intensify feelings of inadequacy, making marital distress both a personal and collective experience.

African scholarship increasingly recognises that marital distress cannot be separated from sociocultural systems, economic precarity, and intergenerational expectations. However, limited African research has directly examined inferiority complex as a systemic organising principle in marital relationships. Existing studies often focus broadly on gender roles,

economic hardship, marital dissatisfaction, or family conflict without integrating inferiority, attachment processes, and systemic family therapy perspectives.

Knowledge gap

Despite growing international and African scholarship on marital distress, several important gaps remain. First, much of the existing literature conceptualises inferiority primarily as an individual psychological issue rather than a relational and systemic process shaping marital interactional patterns. Second, dominant research on inferiority and marital distress originates largely from Western societies, limiting understanding of how inferiority operates within African sociocultural and kinship systems. Third, there remains limited Zimbabwean research specifically examining how inferiority shapes communication, emotional intimacy, power dynamics, and relational functioning within marriage.

Furthermore, few studies have integrated inferiority, attachment theory, and systemic family therapy perspectives in understanding marital distress within African contexts. Existing African literature also rarely explores how identity wounds, cultural expectations, attachment insecurities, and systemic interactional patterns intersect to sustain marital distress. There is therefore limited qualitative and systemic research examining the lived experiences of couples navigating inferiority-driven marital distress in Zimbabwe.

Purpose of the study

This study therefore explored how inferiority complex functions as an organising principle in marital distress within a Zimbabwean couple using a systemic family therapy framework. The study examined how identity vulnerabilities interact with cultural expectations, attachment experiences, kinship systems, and relational interactional patterns to shape communication, emotional intimacy, and power dynamics. By situating inferiority within a Zimbabwean sociocultural and systemic context, the study contributes culturally grounded knowledge integrating inferiority theory, attachment perspectives, and systemic family therapy in understanding relational distress within African marriages.

Background and theoretical framework

Conceptualising inferiority complex (Adlerian and contemporary views)

The concept of inferiority has long been central to understanding human motivation and relational behaviour. Alfred Adler (1931) described inferiority as a universal experience, emerging from perceived weaknesses or limitations that drive compensatory efforts to achieve significance and mastery. In marital relationships, these feelings often translate into maladaptive interactional patterns such as defensiveness, control, or withdrawal.

Contemporary psychological perspectives expand on Adler's foundational ideas, emphasising relational and contextual dimensions. Inferiority is no longer seen solely as an individual trait, but as a dynamic experience shaped by social comparison, family of origin influences, and cultural expectations (Elliott & Frew, 2018). In this light, inferiority operates not merely as a personal struggle, but as a relational force that can organise marital dynamics, influencing how partners communicate, resolve conflict, and express intimacy.

Attachment theory and the development of inferiority

Attachment theory provides a complementary lens for understanding the origins and manifestations of inferiority within intimate relationships. Early experiences of inconsistent caregiving, criticism, or neglect can foster insecure attachment patterns, which predispose individuals to heightened sensitivity to rejection, fear of inadequacy, and chronic self-doubt (Bowlby, 1988). In adulthood, these attachment vulnerabilities often surface in marital interactions, creating cycles of hypervigilance, withdrawal, and attempts to assert control. For instance, a partner who internalises a sense of inadequacy may respond defensively to perceived criticism, inadvertently reinforcing relational tension. By connecting early attachment experiences with adult marital functioning, therapists can better understand the underlying emotional drivers of inferiority and target interventions at both the individual and systemic levels.

Systemic family therapy lens: Circular causality and interactional patterns

From a systemic family therapy perspective, marital distress is rarely linear hence it emerges from reciprocal interactions in which each partner's behaviours and responses continuously influence the other. Inferiority can become an organising principle within these circular patterns, shaping both partners' emotional responses and communication strategies (Minuchin, 1974). For instance, a husband's withdrawal due to feelings of inadequacy may elicit frustration or pursuit from his wife, creating a demand withdraw cycle that reinforces both partners' sense of failure and relational dissatisfaction. By conceptualising inferiority in this systemic framework, therapists can move beyond individualised blame and address the relational and interactional loops that perpetuate marital distress.

Sociocultural scripts: Masculinity, provision, and power in Zimbabwean marriages

Cultural expectations in Zimbabwe add another layer of complexity to inferiority-driven marital distress. Masculinity is often equated with economic provision, authority, and social recognition, while women are socially tasked with relational maintenance and nurturing. When men perceive themselves as failing to fulfil these roles, shame and self-doubt are intensified,

affecting both their identity and their relational functioning (Chitando, 2018; Mavhunga & Sibanda, 2021).

Women too may experience relational inferiority when communication and emotional needs are unmet, particularly in contexts where open dialogue about marital dissatisfaction is culturally discouraged. These sociocultural scripts act as amplifiers, embedding personal vulnerabilities within broader social and familial expectations, and making the consequences of inferiority deeply consequential for marital stability and intimacy (Ratele, 2016).

Literature review

Inferiority complex in intimate relationships manifests in multiple, interconnected ways that profoundly affect marital functioning. Individuals experiencing persistent feelings of inadequacy often display heightened self-criticism, defensiveness, jealousy, and hypersensitivity to perceived slights (Ansell, Pacheco, & Pinto, 2015). Within marriages, these traits often translate into maladaptive interactional patterns such as excessive control, withdrawal, or overcompensation, which disrupt trust and mutual understanding. Partners may unconsciously reinforce each other's vulnerabilities, creating cyclical patterns of blame, pursuit-withdrawal, or emotional disengagement. These manifestations are particularly salient in contexts where social comparison and societal expectations exacerbate the experience of inadequacy, reinforcing the individual's sense of inferiority and shaping relational dynamics (Halford, Markman, & Stanley, 2010).

The effects of inferiority on communication, emotional intimacy, and power dynamics are well documented. Research indicates that individuals with pronounced feelings of inadequacy often struggle to assert their needs constructively, leading to conflict avoidance, passive aggression, or confrontational interactions (Elliott & Frew, 2018). Emotional intimacy suffers as partners withdraw or mask vulnerabilities, creating relational distance that erodes trust and mutual empathy. Power imbalances may emerge, particularly when one partner attempts to compensate for inferiority by exerting control or asserting dominance, inadvertently perpetuating cycles of relational tension (Neff & Karney, 2005). These dynamics highlight that inferiority is not an isolated trait, but a systemic force, organising marital interactions in ways that can maintain or exacerbate distress.

Intergenerational transmission and family of origin influences are central to understanding the roots of marital inferiority. Attachment theory and family systems research demonstrate that early experiences of criticism, neglect, or inconsistent caregiving can instil chronic self-doubt

and hypersensitivity to judgment (Bowlby, 1988). These patterns often re-emerge in adult intimate relationships, where unresolved identity wounds and internalised familial expectations shape communication, emotional expression, and conflict management. Studies indicate that partners frequently replicate or mirror unresolved family-of-origin dynamics, creating compounded relational challenges and perpetuating cycles of relational insecurity and emotional dysregulation (Neff & Karney, 2005; Snyder & Halford, 2012).

Narrative and systemic interventions have shown promise in addressing inferiority-driven marital distress. Narrative therapy emphasises externalisation of problems, enabling couples to separate personal identity from the deficits or inadequacies that drive relational conflict (White & Epston, 1990). By re-authoring shared stories, couples can reconstruct relational meaning, identify strengths, and negotiate new patterns of interaction. Systemic family therapy complements this by mapping interactional patterns, exploring circular causality, and understanding how cultural, economic, and familial systems maintain distress (Minuchin, 1974). The integration of narrative and systemic approaches allows therapists to address both the relational and contextual mechanisms through which inferiority shapes marital dynamics, fostering sustainable relational change and enhancing emotional intimacy.

Despite the growing body of global research, there is a notable gap in African and Zimbabwean literature on inferiority-driven marital distress. Most studies have been conducted in Western contexts, where cultural scripts, gender expectations, and economic realities differ significantly from those in African societies. In Zimbabwe, for instance, masculinity is closely tied to provision, social recognition, and authority, while women are expected to manage relational and household responsibilities (Chitando, 2018; Mavhunga & Sibanda, 2021). These cultural scripts amplify the relational consequences of inferiority and shape how marital distress is expressed, yet they are rarely examined in empirical research. Furthermore, extended family involvement and community scrutiny in Zimbabwe can exacerbate feelings of inadequacy, creating complex, multilevel systemic pressures that are largely overlooked in existing literature. Addressing these gaps is crucial for developing culturally sensitive, effective interventions that reflect the lived realities of Zimbabwean couples.

In summary, the literature establishes inferiority as a multidimensional phenomenon with profound implications for communication, emotional intimacy, and power dynamics in intimate relationships. It underscores the role of intergenerational transmission and systemic feedback loops, while highlighting the potential of narrative and systemic interventions to

disrupt maladaptive patterns. Crucially, the paucity of research in African and Zimbabwean contexts emphasises the need for culturally grounded studies that explore how societal expectations, kinship systems, and economic pressures interact with relational vulnerabilities to shape marital distress. This study sought to respond to these gaps by providing an in-depth, contextually informed exploration of inferiority as an organising principle in a Zimbabwean couple's marital dynamics.

Research Objectives

1. To explore expressions of inferiority in a marital relationship.
2. To identify interactional patterns that maintain inferiority in a couple system.
3. To examine contextual factors shaping inferiority in a marriage.

Research Questions

1. How is inferiority expressed within a marital relationship?
2. What patterns maintain inferiority between partners?
3. What contextual factors shape inferiority in a marriage?

Methodology

Research design and systemic orientation

The study used a qualitative single-case design. This means the focus was on one Zimbabwean couple in-depth rather than trying to generalise to all couples. A case study was ideal for this type of research because it allows the researcher to explore complex relational dynamics in their real-life context (Yin, 2018). Marital distress, especially when tied to feelings of inferiority, is multifaceted as it involves individual emotions, couple interactions, family-of-origin influences, and broader cultural pressures. A single-case approach captures this complexity, allowing us to see how patterns emerge, escalate, and influence the couple's relationship over time.

The study is grounded in an interpretivist paradigm. This approach values the subjective experiences of the participants it assumes there is no single "objective" truth about their marital problems. Instead, meaning is co-created between the participants and the therapist-researcher. For instance, the husband's sense of failure in providing for the family is deeply personal, but also shaped by societal and family expectations. Interpretivism allows us to explore this personal meaning-making within a social and cultural framework.

A systemic lens frames the couple's distress, not as a problem within one partner, but as a pattern of interaction. The focus is on circular causality and how one partner's behaviour triggers a response in the other, which in turn reinforces the first partner's behaviour (Minuchin, 1974). For example, the husband may withdraw when feeling inadequate, which frustrates the wife and leads her to pursue or criticise, reinforcing his withdrawal. Systemic thinking helps therapists and researchers see inferiority not just as a personality flaw, but as a relational phenomenon that shapes the whole system, including extended family and societal pressures.

Participants and context

The study involved a heterosexual Zimbabwean couple in their early 30s, living in an urban environment (Harare). They had been experiencing recurrent marital conflict, including communication breakdown, emotional distance, and tensions around economic provision a culturally salient stressor in Zimbabwe. Their case was selected because it illustrates how inferiority can operate as an organising principle in marital distress, affecting not only emotions, but also relational patterns, family involvement, and interactions with society.

Therapy sessions were conducted in a private counselling setting to ensure confidentiality and psychological safety. Both participants gave informed consent, understanding the research's purpose, the procedures, and their right to withdraw at any time. This step was essential because discussing feelings of inadequacy and marital difficulties is emotionally sensitive, and participants needed to feel secure to disclose openly.

Data collection procedures

Data were gathered through 12 therapy sessions, each 60 to 90 minutes long. Sessions were video-recorded and transcribed word-for-word to capture both the content and the nuances of conversation. Additionally, the therapist kept observational notes on nonverbal communication, tone, and relational patterns. These combined methods allowed for triangulation, meaning multiple sources of data were compared to strengthen credibility and ensure a thorough understanding of the couple's dynamics.

Narrative analysis approach

Analysis focused on the stories the couple told themselves and their relationship. Narrative analysis treats these stories as windows into identity, power, and relational patterns (Riessman, 2008). In this study, the researcher examined how inferiority was expressed, reinforced, and maintained through communication, behaviour, and cultural expectations. For example, the husband's repeated narratives about "not being enough as a provider" reflected a broader social

and familial script, while the wife's stories about feeling neglected reflected relational consequences. Themes were identified iteratively, with repeated review of transcripts and notes, ensuring a rich, nuanced understanding.

Ethical considerations and reflexivity

Ethics were a priority given the personal and potentially distressing content of therapy. Informed consent, confidentiality, and voluntary participation were strictly maintained. Participants were reassured that their identities would be anonymised, and sensitive information would not leave the therapy context.

Reflexivity played a central role as the therapist-researcher constantly reflected on their own cultural background, beliefs, and professional training, acknowledging how these might influence interpretation. For instance, being Zimbabwean and familiar with Shona cultural scripts provided insight into societal expectations, but also required vigilance to avoid imposing assumptions on the couple's experience. Reflexivity ensured that findings were both culturally sensitive and analytically rigorous, capturing the couple's lived experience without bias.

Results

Theme 1: Economic provision as a site of identity threat

Economic provision emerged as a critical site where feelings of inadequacy were both experienced and enacted. The husband frequently expressed anxiety over his ability to meet financial expectations, expressing it thus, *"I feel like I am failing her and even my family… I am not enough."* This sense of failure affected his confidence and decision-making, often leading to withdrawal. Financial challenges were not merely practical, but were identity threats. They were seen as threatening his role as a provider and his social standing and; therefore, consistent with Zimbabwean cultural scripts linking masculinity to economic provision (Chitando, 2018).

***Analysis*:**

The data suggests that economic stress functions less as a contextual stressor and more as a symbolic marker of self-worth. In systemic terms, financial strain becomes fused with identity; so, inability to provide is experienced as a personal deficiency rather than situational limitation. This fusion intensifies withdrawal behaviours, which then reduces relational engagement and reinforces the sense of failure within the marital system.

Theme 2: Masculinity and the fragile self

Cultural expectations of masculinity amplified the husband's feelings of inferiority. He reflected, *"I am supposed to be strong… but sometimes I just feel weak, like I am less of a man."* This fragility manifested in defensiveness and emotional withdrawal, demonstrating how societal pressures interact with personal insecurities to shape marital dynamics. His wife, in response, voiced concern over his mood changes: *"When he feels small, he shuts me out… I don't know how to reach him."*

Analysis

Here masculinity operated as a rigid identity script that left little room for vulnerability. The contradiction between expected strength and experienced inadequacy produced internal dissonance, which was managed through emotional disengagement. Systemically, the wife's attempts to connect unintentionally intensified his withdrawal, reinforcing a cycle where masculinity was both defended and destabilised within interaction.

Theme 3: Withdrawal and the demand–withdraw cycle

The couple exhibited a demand–withdraw pattern, a classic systemic interaction. The husband explained, *"When she pressures me, I just leave… it's easier than arguing."* In contrast, the wife described her pursuit: *"I chase because I feel ignored… I feel invisible if he doesn't respond."* This cyclical pattern reinforced emotional distance and relational tension, illustrating that inferiority organises not only feelings, but also interactional loops (Halford et al., 2010).

Analysis

This pattern reflects a stabilised systemic loop rather than individual behaviour. Withdrawal is not simply avoidance, but a regulatory strategy for managing perceived inadequacy. Conversely, pursuit is an attempt to restore emotional security. The paradox is that both responses are protective yet mutually intensifying, producing a self-perpetuating cycle of disconnection.

Theme 4: Sensitivity to Comparison and Social Evaluation

Both partners reported constant comparison with peers and community expectations, which heightened feelings of inadequacy. The husband remarked, *"When I see my friends providing more, I feel small, like I am failing."* Similarly, the wife shared, *"Even if he does something right, I sometimes can't celebrate it fully… I keep thinking others expect more from him."* These comparisons acted as external amplifiers of inferiority, intensifying relational strain.

Analysis

Social comparison operated in the relationship as an externalised evaluative system that infiltrates the couple's internal dynamics. Rather than remaining outside the relationship, community standards became internalised benchmarks that distort perception of adequacy. This created a chronic state of relational insufficiency where satisfaction was continuously deferred.

Theme 5: Emotional distance and erosion of intimacy

Repeated cycles of withdrawal, defensiveness, and social comparison led to emotional distancing. The husband admitted, *"I don't talk about how I feel… it feels safer to just keep quiet."* The wife reflected, *"I miss the closeness we had… it's like he is here but not really present."* This erosion of intimacy was both a symptom and a mechanism of the inferiority-driven cycle.

Analysis

Emotional distance functioned as both outcome and maintenance factor within the system. As inferiority increased, emotional expression decreased, which further reduced relational attunement. This created a feedback loop where reduced intimacy validated the belief that emotional exposure was unsafe, reinforcing avoidance and deepening relational disconnection.

Theme 6: The identity wound as organising principle

At the core of the couple's distress was the identity wound the persistent internalised sense of inadequacy. The husband said, *"No matter what I do, I feel like it's never enough."* The wife echoed this relational impact: *"I feel like I am always reminding him, but it's like nothing sticks… he doubts himself too much."* These narratives illustrate how the identity wound shaped behaviours, communication, and emotional responses, creating a system in which inferiority guided marital patterns.

Analysis

The identity wound operated as the central organising schema through which all relational information was filtered. It distorted interpretation of both effort and feedback, making reassurance ineffective because it conflicted with a pre-existing self-narrative of inadequacy. Systemically, this stabilised the couple in a rigid meaning system where change was resisted, not behaviourally, but cognitively and emotionally.

Theme 7: Triangulation and kinship interference

Extended family involvement often amplified the couple's stress. The husband noted, *"My mother keeps asking why I don't provide more… it makes me feel judged."* The wife described, *"Sometimes my sister gives advice without knowing the whole story… it just adds tension."*

Triangulation with kin reinforced feelings of inadequacy and sometimes created conflicting loyalties, complicating the couple's ability to manage relational patterns independently.

Analysis

Kinship systems functioned in this relationship as an external regulatory layer that intensified internal couple dynamics. Instead of buffering stress, family input introduced evaluative pressure that reinforced inferiority narratives. This weakened boundary clarity within the marital subsystem and sustained triangulated tension that prevented direct couple-level resolution.

Theme 8: The search for recognition and respect

Both partners expressed a deep desire for acknowledgment and respect. The husband reflected, *"I just want her to see me, to know I am trying."* The wife added, *"I want him to recognise what I do too… it matters to me."* These statements highlight the relational cost of unaddressed inferiority and point to mutual recognition as a critical therapeutic leverage point for rebuilding intimacy and reshaping interactional patterns.

Analysis

Recognition emerged as the primary relational need beneath conflict behaviours. However, because both partners were operating from insecurity, recognition became difficult to receive even when offered. This created a paradox where both sought validation, but lacked the internal capacity to stabilise it, resulting in persistent unmet emotional needs within the system.

Summary of findings

Together, these themes show that inferiority in this Zimbabwean couple was multidimensional, systemic, and culturally situated. It affected not only individual emotions and behaviours, but also relational patterns, interactional loops, and responses to social and kinship pressures. The verbatim quotes illustrate the lived experience behind the systemic dynamics, making it clear that therapeutic work must address identity wounds, cultural expectations, and relational patterns simultaneously.

Analysis

The findings converge on inferiority as a systemic organising principle rather than a peripheral psychological trait. It operates across levels identity, interaction, and culture creating a self-reinforcing relational structure. Any therapeutic intervention would therefore need to target

meaning systems and interactional cycles concurrently, rather than focusing on individual cognition or behaviour alone.

Discussion of findings

The findings of this study demonstrate that inferiority functions as a central organising principle in marital relationships, shaping interactional patterns, emotional responses, and identity narratives. This supports Adlerian theory, which conceptualises inferiority as a motivating force that drives compensatory relational behaviours (Ansbacher & Ansbacher, 1956). However, the current study extends this understanding by showing that inferiority is not merely intrapsychic, but is actively produced and sustained within relational and sociocultural systems. In the Zimbabwean context, masculinity, economic provision, and social recognition operate as key cultural amplifiers that intensify inferiority-based marital distress (Chitando, 2018; Mavhunga & Sibanda, 2021).

How inferiority complex organises marital interactional patterns

The findings underscore that inferiority is not an isolated emotional experience, but a systemic organising force shaping marital interaction. The husband's withdrawal, defensiveness, and emotional distancing were consistently linked to perceived inadequacy, while the wife's pursuit behaviours reflected attempts to restore emotional connection and relational security.

This aligns with systemic family theory, which posits that relational problems are maintained through circular interactional patterns rather than individual pathology (Minuchin, 1974). The demand–withdraw cycle observed in the couple illustrates this clearly. Withdrawal reduces emotional engagement, which increases pursuit, which in turn intensifies withdrawal. Inferiority is therefore not only expressed within these patterns, but actively maintains them, creating a self-reinforcing relational loop. This concurs with Halford et al. (2010), who emphasise that maladaptive marital cycles are sustained through reciprocal emotional regulation failures.

Systemic interpretation of shame, withdrawal, and power imbalance

From a systemic perspective, inferiority generated circular causality within the marital system. The husband's withdrawal functioned as a protective response to shame and perceived inadequacy, while the wife's pursuit reflected attempts to re-establish emotional proximity and relational stability.

These opposing responses produced a stabilised interactional loop characterised by emotional distance and increasing relational tension. This finding supports the structural perspective of Minuchin (1974), which highlights that symptoms within relationships serve to maintain

system equilibrium, even when maladaptive. Importantly, inferiority emerged as the underlying emotional driver of this cycle, shaping both perception and response.

The identity wound identified in the findings functions as a central organising mechanism through which emotional experiences are interpreted. Rather than responding to present interactions alone, partners reacted through pre-existing narratives of inadequacy, reinforcing power asymmetries and emotional withdrawal.

Cultural scripts as amplifiers of inferiority

The findings demonstrate that inferiority is deeply embedded within sociocultural expectations. In the Zimbabwean context, masculinity is strongly associated with economic provision, authority, and social respect, while femininity is linked to emotional labour and relational maintenance (Chitando, 2018). The husband's sense of inadequacy was intensified by unemployment pressures, peer comparison, and perceived failure to meet provider expectations. These pressures transformed economic strain into identity threat. Similarly, the wife's emotional dissatisfaction was shaped by cultural expectations of relational harmony and emotional availability.

This supports systemic ecological perspectives, which emphasise that marital distress cannot be understood without considering broader cultural and kinship systems. In this case, cultural scripts did not merely influence the couple, they actively structured how inferiority was experienced, interpreted, and enacted within the relationship.

Implications for systemic family therapy practice

The findings reinforce the value of integrating systemic, narrative, and attachment-based approaches in couple therapy. From a narrative perspective, the couple's difficulties were maintained by dominant identity stories of inadequacy. Externalising these narratives allows partners to separate identity from problem saturation and open space for alternative meanings (White & Epston, 1990).

From a systemic perspective, mapping interactional cycles such as demand–withdraw patterns enables therapists to identify how inferiority is maintained within relational feedback loops (Minuchin, 1974). Intervention at this level focuses not on individuals but on disrupting repetitive interactional sequences.

Attachment theory further clarifies how early relational experiences of insecurity shape sensitivity to rejection, withdrawal, and emotional threat (Bowlby, 1988). Together, these

frameworks suggest that effective intervention must simultaneously address meaning-making, interactional structure, and emotional regulation within the couple system.

Theoretical contributions of the study

This study contributes to Adlerian theory by extending the concept of inferiority from an individual motivational construct to a relationally embedded systemic process. While Adler emphasised compensation as an internal drive (Ansbacher & Ansbacher, 1956), the findings show that compensation behaviours are co-constructed within relational systems and reinforced by cultural expectations. The study advances systemic family therapy literature by demonstrating that identity wounds can function as organising principles within marital systems. These wounds structure perception, maintain interactional patterns, and stabilise relational distress.

The study also contributes to African family therapy scholarship by foregrounding the role of kinship systems, economic pressures, and cultural scripts in shaping marital dynamics, highlighting the necessity of culturally responsive systemic frameworks.

Integration with extant literature

The findings are consistent with existing research linking economic stress, social comparison, attachment insecurity, and intergenerational influence to marital distress (Neff & Karney, 2005; Halford et al., 2010). They also align with evidence supporting systemic and narrative interventions in improving communication patterns and relational satisfaction (White & Epston, 1990; Snyder & Halford, 2012).

However, this study extends the literature by situating these dynamics within a Zimbabwean sociocultural context, demonstrating how inferiority is not only psychologically experienced, but structurally produced and maintained. The integration of cultural, systemic, and attachment perspectives provides a more comprehensive understanding of marital inferiority in African contexts.

Summary of the discussion

Overall, the findings demonstrate that inferiority operates as a systemic organising principle that shapes marital interaction, emotional regulation, and identity construction. It is sustained through circular interactional patterns, reinforced by cultural expectations, and embedded within kinship systems.

This study highlights the need for therapeutic approaches that move beyond individual-focused interventions and instead address meaning systems, relational cycles, and sociocultural

influences simultaneously. In doing so, it contributes a culturally grounded systemic understanding of marital distress within Zimbabwean couples.

Implications for practice

Clinical implications for couple and family therapists

The findings of this study have several practical implications for therapists working with Zimbabwean couples and other culturally similar contexts. Therapists should recognise that inferiority is often systemically and culturally embedded, rather than an individual deficit. In practice, this means focusing on relational patterns, circular causality, and the interplay of cultural expectations in therapy. For example, the husband's withdrawal and the wife's pursuit behaviours were not isolated problems, but part of a dynamic cycle reinforced by identity vulnerabilities and social norms. Addressing these patterns requires interventions that target both partners simultaneously, rather than focusing exclusively on one individual.

Integrating narrative, systemic, and attachment-based interventions

Narrative techniques, such as externalisation, help couples separate self-worth from perceived inadequacies, enabling them to co-construct new relational stories (White & Epston, 1990). Systemic approaches, including mapping feedback loops and exploring circular causality, clarify how inferiority organises interactional patterns (Minuchin, 1974). Attachment-informed interventions can further illuminate the roots of relational sensitivity, enhancing empathy and reducing conflict escalation (Bowlby, 1988). The integration of these approaches allows therapists to address identity wounds while reshaping interactional patterns, fostering emotional intimacy and mutual recognition.

Cultural competence in working with Zimbabwean couples

Therapists must be attuned to sociocultural scripts around masculinity, provision, and family expectations, which can amplify inferiority-driven distress. For example, the husband's sense of inadequacy was heightened by social comparison and extended family scrutiny. Awareness of these cultural pressures enables therapists to contextualise behaviours and guide interventions that respect both cultural norms and individual agency. Engaging extended family cautiously and strategically can prevent triangulation while supporting the couple's autonomy.

Implications for community, religious, and kinship systems

Given the influence of kinship and community in Zimbabwean marital life, therapists may consider community-oriented interventions, psychoeducation, or support groups to reduce undue social pressure. Faith leaders and religious systems, which often play a central role in marital guidance, can be engaged to support positive relational narratives while discouraging

harmful comparison or judgment. Such interventions broaden the systemic lens, addressing inferiority not only within the couple but across the wider relational and cultural environment.

Conclusion

This study concludes that inferiority complex operates as a multidimensional, systemic, and culturally embedded phenomenon that shapes marital functioning at emotional, interactional, and identity levels. The findings from the Zimbabwean couple demonstrate that inferiority is not an isolated psychological experience, but a relational process maintained through interactional cycles, cultural expectations, and identity narratives.

Theme-based conclusions

Inferiority as a systemic organising principle

Inferiority functions as the central organising force within the marital system, shaping communication, emotional responses, and relational meaning-making.

Economic provision and identity construction

Economic stress is experienced as identity failure, particularly for the husband, reinforcing withdrawal and reduced relational engagement.

Masculinity and emotional vulnerability

Cultural constructions of masculinity intensify emotional fragility, where failure to meet provider expectations translates into perceived loss of self-worth.

Interactional cycles maintain distress

The demand–withdraw pattern demonstrates that marital distress is sustained through circular interactional processes rather than individual behaviour alone.

Social comparison intensifies inferiority

Peer comparison and community evaluation act as external pressures that reinforce feelings of inadequacy within the relationship.

Emotional distance as a relational outcome

Chronic withdrawal and defensiveness contribute to erosion of intimacy, which further stabilises the inferiority cycle.

Identity wound as core mechanism

A persistent sense of "not being enough" operates as an underlying identity structure shaping interpretation, behaviour, and emotional response.

Kinship Systems Reinforce Relational Pressure

Extended family involvement contributes to triangulation and external judgment, intensifying marital strain.

Recognition as a central relational need
Both partners consistently seek validation, indicating that unmet recognition needs sustain relational tension.

Implications of the research

Theoretical implications

The study extends Adlerian theory by demonstrating that inferiority operates as a systemic and relationally embedded phenomenon rather than an individual psychological trait. It shifts the focus from intrapsychic deficiency to interactionally sustained identity processes within marital systems.

It strengthens systemic family therapy theory by positioning identity wounds as central organising mechanisms that structure interactional patterns, emotional responses, and relational meaning-making.

It also supports attachment theory by illustrating how early relational insecurity becomes re-enacted in adult marital interactions through withdrawal, pursuit, and sensitivity to perceived rejection.

Clinical implications

Therapeutic work with inferiority-driven marital distress should prioritise interactional processes rather than individual pathology.

Interventions are strengthened through the integration of narrative externalisation, systemic mapping of circular interactional patterns, and attachment-informed approaches that address emotional safety and vulnerability.

A central therapeutic task is the identification and restructuring of identity narratives such as "not being enough," which sustain maladaptive relational cycles.

Clinicians should also remain attentive to cultural scripts around masculinity, provision, emotional expression, and relational roles, as these significantly shape how inferiority is experienced and enacted.

Practice implications in African contexts

Marital therapy in African contexts must account for the influence of extended family systems and broader kinship networks, which actively shape relational expectations and evaluations.

Economic challenges should be conceptualised not only as financial stressors, but also as identity-linked relational pressures that affect self-worth and marital functioning.

Cultural expectations should be explicitly explored within therapy, rather than treated as contextual background, as they play a direct role in shaping interactional patterns and emotional responses.

Limitations of the study

The study is based on a single-case design, which limits the generalisability of findings to broader populations.

The urban Zimbabwean context of the participants may not fully represent rural relational dynamics, where cultural and economic conditions may differ.

Data generated through therapeutic engagement may be influenced by self-reflection processes or participant response bias.

The study does not include longitudinal follow-up to assess how inferiority-driven patterns evolve over time or respond to intervention.

Recommendations for future research

Future studies should adopt multi-case qualitative designs to allow for comparative analysis across different relational contexts.

Research should explore inferiority within diverse socioeconomic settings, including rural and urban populations, to strengthen contextual validity.

Further inquiry should examine the influence of religion, masculinity constructions, and extended family systems on inferiority within marital relationships.

Longitudinal research is recommended to assess the impact of systemic and narrative interventions on identity reconstruction and relational stability over time.

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