

MARITAL SKEW

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MARITAL SKEW

Primary Disciplinary Field(s): Clinical Psychology, Family Therapy, Social Work

1. Core Definition

Marital skew is a specialized concept within the field of family systems theory, describing a form of pathological marital relationship defined by an extreme and rigid imbalance of power and psychological health. The structure is characterized by one spouse assuming a highly **dominant** and often psychologically compromised role, while the other spouse adopts a distinctly **submissive** or dependent position, thereby validating the dominant partner's distorted view of both the relationship and external reality. This asymmetry is not merely a temporary division of labor but represents a fundamental, often unconscious, agreement between the partners to maintain a dysfunctional equilibrium. The skew ensures that the family unit operates under the premise that the dominant partner's pathology--be it excessive control, paranoia, or unrealistic expectations--is functional or necessary for the stability of the marriage, a reality accepted by the submissive partner who adapts by accommodating the skewed structure.

The perpetuation of marital skew relies heavily on the transactional pattern established between the spouses. The submissive partner actively facilitates the dominance by failing to challenge, and often internalizing, the subordinate role. For example, if the dominant spouse is financially irresponsible but dictates all monetary decisions, the submissive spouse may avoid learning about finances, thus confirming the dominant spouse's self-proclaimed necessity for total control. This dynamic protects the marriage from external confrontation regarding the dysfunction; the energy of the system is dedicated to masking the underlying imbalance. This rigid complementarity ensures that the entire family structure orbits the distortions of the dominant individual, making therapeutic intervention challenging as any attempt to shift the power structure is often perceived by the family as a direct threat to its existence and stability.

Historically, the concept of marital skew, alongside Marital Schism, was introduced by Theodore Lidz and colleagues in their seminal mid-20th-century research on parental patterns observed in families with schizophrenic children. Although modern clinical practice uses the term less frequently than the broader terminology of structural boundaries or power dynamics, the relational pattern remains a crucial diagnostic feature in family therapy. The skew is essentially a defense mechanism for the marital bond itself; the acceptance of the imbalance, despite the psychological cost to one or both partners, serves to prevent the feared collapse or dissolution of the relationship, reinforcing an unhealthy status quo that often results in symptomatic behavior in the children or the submissive spouse.

2. Theoretical Context: Structural Family Therapy

The application and treatment of marital skew are best understood through the lens of Structural Family Therapy (SFT), a model developed by Salvador Minuchin. SFT analyzes the family as a system governed by boundaries, hierarchies, and subsystems. Within this framework, marital skew is identified as a severe hierarchical pathology within the marital subsystem, where the boundary between spouses is grossly asymmetrical. This imbalance results in a highly rigid structure where power is fixed disproportionately in the hands of one partner. The SFT goal is fundamentally to restructure these rigid boundaries, challenging the established hierarchy to facilitate a more equitable and reciprocal relationship where both partners can contribute equally and autonomously.

In the SFT perspective, the skew functions to maintain the family's homeostasis--its habitual, though pathological, equilibrium. The stability achieved through the dominance/submission pattern prevents necessary conflict or adaptation that would otherwise promote individual and collective growth. The dominant partner may exert control over emotional expression, social life, or career choices, often utilizing their control to mask their own deep-seated anxieties or insecurities. The submissive partner, conversely, maintains the relationship by appearing helpless, thereby justifying the dominant partner's controlling behavior. The therapist must recognize that changing this dynamic involves dismantling the core behavioral contract the couple relies upon for their definition of the marriage, necessitating strategic, often direct, intervention to unbalance the system temporarily.

The rigid power dynamic inherent in marital skew frequently leads to pathological structural issues in other family subsystems, most notably through parental triangulation. The dominant spouse may create an overly close boundary (enmeshment) with a child, using them as an ally against the submissive spouse, or the submissive spouse may rely excessively on a child for emotional support, placing the child in a parentalized role. Such structural corruption burdens the child with responsibilities inappropriate for their developmental stage and ensures that the marital dysfunction is transmitted across generations. Therefore, addressing marital skew requires systemic attention to these peripheral boundaries, recognizing that the symptoms displayed by other family members are reflections of the core imbalance in the marital structure.

3. Key Characteristics: Dominance and Submission

Asymmetric Power Distribution: The defining characteristic is the stark and consistent inequality in influence and decision-making authority. One partner consistently assumes the role of authority, control, and competence, while the other consistently defaults to a position of compliance and dependence, even when their own judgment or desires might contradict the dominant partner.

Validation of Pathology: The submissive partner actively supports the dominant partner's often

irrational or self-serving view of reality. The submissive spouse may rationalize or minimize the dominant partner's destructive behaviors, believing that this compliance is essential for maintaining peace or the functional integrity of the marriage, thereby stabilizing the underlying pathology.

Rigid Role Fixation: The roles of the "strong" and "weak" partner are deeply entrenched and resistant to change. Any attempts by either spouse to deviate from the established, asymmetric roles--whether the submissive spouse tries to assert autonomy or the dominant spouse tries to relinquish control--are met with high anxiety or symptomatic responses that quickly restore the original, skewed homeostasis.

Avoidance of Overt Conflict: Unlike marital schism, where conflict is open and pervasive, marital skew is characterized by a lack of overt hostility. Harmony is achieved through capitulation, leading to an external presentation of stability. The conflict is internalized by the submissive partner or expressed indirectly through external symptoms (e.g., depression, anxiety, or physical illness) rather than through direct confrontation.

Dependence Justifying Control: The control exerted by the dominant partner is frequently framed internally as superior capability, responsibility, or necessity, while the submissive partner's deference is rationalized as inability or need for protection. This self-justifying narrative reinforces the structural imbalance, making it seem necessary rather than pathological to those within the system.

4. Differentiation from Marital Schism

The differentiation between marital skew and marital schism is vital for proper diagnosis and effective treatment in family therapy. Both concepts describe severely dysfunctional marital relationships identified by Lidz, but they represent fundamentally opposing mechanisms of breakdown. Marital schism is defined by chronic, overt antagonism, mutual devaluation, and competitive undermining between spouses. Schismatic couples are locked in a cycle of visible hostility, actively competing for the affection and loyalty of their children, and displaying a pronounced lack of respect or shared purpose.

Marital skew, conversely, is characterized by the absence of overt conflict because one partner has forfeited their autonomy entirely to the other. Instead of mutual attack, there is rigid, unequal alignment. The energy of the skewed marriage is dedicated to maintaining the illusion of unity and functionality by conforming to the dominant partner's unilateral terms. While a schismatic marriage is visibly disintegrating through warfare, a skewed marriage achieves a distorted, fragile stability through the systematic psychological subordination of one partner to the other, making its toxicity less obvious but equally destructive.

This distinction dictates therapeutic strategy. A schismatic couple requires intervention aimed at

neutralizing open hostility, establishing fair negotiation skills, and introducing mutual respect. A skewed couple, however, requires interventions designed to expose the hidden pathology, challenge the rigid power structure, and empower the submissive partner to reclaim agency. The therapist treating skew must be prepared to destabilize the "peace" that the couple has worked diligently to maintain, often leading to a temporary increase in conflict as the couple struggles to integrate parity into their relationship.

5. Therapeutic Interventions

Effective intervention for marital skew generally relies on structural and strategic approaches designed to disrupt the pathological homeostasis. The primary therapeutic task is to map the rigid boundaries and power imbalances that define the skew and strategically avoid validating the family's narrative of the dominant partner's necessary competence or the submissive partner's natural inadequacy. Techniques are employed to highlight the transactional nature of the imbalance, reframing the submissive partner's compliance as an active contribution to the system's dysfunction rather than a passive personality trait.

A key technique involves challenging the dominant partner's control while simultaneously increasing the responsibility and self-efficacy of the submissive partner. Structural interventions often "unbalance" the system--the therapist might temporarily ally with the submissive spouse, assign them tasks previously monopolized by the dominant spouse (e.g., managing a budget or making household rules), or block the dominant spouse's typical maneuvers of control. Strategic interventions might utilize paradoxical assignments, asking the couple to exaggerate the aspects of the skew in a controlled way, making the rigidity of their roles so visible and absurd that it becomes unsustainable. The overriding goal is to introduce manageable disequilibrium that forces the couple to negotiate new, symmetrical roles based on mutual competence rather than rigid dependence.

Treating marital skew is often met with significant resistance and a high risk of premature termination because dismantling the skew threatens the dominant partner's identity and the submissive partner's security. As the submissive spouse begins to assert autonomy, the dominant spouse often escalates controlling behaviors or displays symptomatic distress (e.g., anxiety attacks or physical illness). Conversely, the newly empowered submissive spouse may experience significant guilt or anxiety regarding their newfound responsibility, sometimes retreating to the comfort of the familiar dependent role. Success in therapy requires managing this period of crisis, supporting both partners through the intense anxiety of relational reorganization toward genuine, equitable interdependence.

6. Significance and Impact

The theoretical significance of marital skew lies in its precise articulation of how structural power

imbalances--even those maintained through apparent harmony and avoidance of conflict--can breed profound relational pathology. This concept was instrumental in shifting clinical focus from individual psychopathology to systemic dysfunction, demonstrating that symptoms displayed by any single family member (such as a child's externalizing behavior or a spouse's depression) often serve as expressions of the fundamental, core imbalance in the marital subsystem. Identifying the skew compels clinicians to address the relational structure as the primary patient, rather than focusing solely on the symptomatic individual.

The impact of growing up in a skewed family environment is substantial for children. They are taught, implicitly, that relationships are fundamentally unequal, demanding the sacrifice of personal truth or autonomy for the sake of relational stability. Children may internalize the skewed pattern, modeling either the controlling behavior of the dominant partner or the self-sacrificing compliance of the submissive partner in their future relationships. Furthermore, children are often structurally recruited into the skew, becoming either an emotional confidante for the submissive parent or a loyal, controlling ally for the dominant parent, thereby internalizing dysfunctional relational templates and facing significant risks for psychological distress during adolescence and adulthood.

Despite the term itself being rooted in mid-20th-century family theory, the dynamic described by marital skew remains highly relevant in contemporary couples and family counseling. It provides a powerful analytical tool for understanding relationships marked by covert control and manipulation, complementing modern concepts of emotional abuse and relational trauma. The legacy of marital skew underscores the essential requirement for structural parity, mutual respect, and functional boundaries as necessary foundations for healthy family life, reinforcing the idea that stability achieved at the expense of one partner's identity is ultimately detrimental to the entire system.

7. Further Reading

[Salvador Minuchin, Wikipedia Entry on Structural Family Therapy](#)

[Theodore Lidz, Researcher associated with Marital Schism and Skew](#)

[Family Systems Theory Overview and Core Concepts](#)