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A Structural model of marital attachment needs: The mediating role of couples' lifestyle in the association between family-of-origin dimensions and attachment needs

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Abstract

Family-of-origin experiences play an important role in shaping adult relational functioning, yet the mechanisms linking family process and content to marital attachment needs remain insufficiently understood. Lifestyle may represent one potential behavioral pathway in this association. This descriptive-correlational study used path analysis to examine the relationships among family process-content, lifestyle dimensions, and marital attachment needs in 400 married adults (200 couples), aged 35–50 years, who attended the counseling center of the Zarrin Ghazal factories in Shiraz, Iran, in 2023. Participants completed the Family Process Scale, Family Content Scale, Health-Promoting Lifestyle Profile, and Marital Attachment Needs Scale. Data were analyzed using descriptive statistics, Pearson correlation coefficients, and structural equation modeling. Family process showed significant positive associations with all lifestyle dimensions, including nutrition, exercise, health responsibility, stress management, interpersonal support, and flourishing/self-actualization. Family content was also significantly associated with all lifestyle dimensions in the structural model. Marital attachment needs were significantly associated with nutrition, exercise, health responsibility, and stress management, but not with interpersonal support or flourishing. These findings suggest that lifestyle dimensions are differentially related to marital attachment needs and may help explain how family-of-origin experiences are associated with adult relational functioning. The findings highlight the potential importance of lifestyle as a behavioral pathway linking family-of-origin characteristics to marital attachment needs among Iranian couples. However, given the cross-sectional design and self-report nature of the data, the results should be interpreted cautiously. Future longitudinal and model-based studies are needed to examine indirect pathways and additional explanatory factors more rigorously.

Keywords: Attachment needs, Family dimensions, Couples' lifestyle, Systemic family theory, Mediation analysis

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Introduction

The family is widely recognized as the primary social environment in which individuals develop emotional regulation, identity, and interpersonal competencies. Early interactions within the family provide the first context in which individuals learn relational patterns, emotional expression, and social values. These experiences shape expectations and behaviors in later intimate relationships (1–3). Recent research indicates that effective family functioning is associated with better psychological well-being, stronger interpersonal adjustment, and higher relationship satisfaction among family members (4–6). Families characterized by supportive communication, emotional responsiveness, and collaborative problem-solving tend to create a secure relational climate for their members (7, 8). In contrast, dysfunctional interaction patterns within families such as chronic conflict, emotional disengagement, or ineffective communication have been linked to psychological distress and poorer marital outcomes in adulthood (9–11). To explain these dynamics, the contextual process–content model conceptualizes family functioning as the interaction between relational processes and contextual conditions (12). Within this framework, process variables refer to interactional mechanisms such as communication patterns, emotional responsiveness, and problem-solving strategies within the family (13). Content variables, in contrast, represent contextual and structural aspects of family life, including socioeconomic conditions, psychological resources, and family roles (14). Empirical studies suggest that families characterized by adaptive processes and supportive contextual conditions demonstrate greater cohesion, resilience, and more effective conflict management (15- 17).

Although family functioning plays a critical role in relational development, it may not fully explain variations in marital relationship quality. Researchers increasingly emphasize that everyday behavioral patterns and shared habits between partners—often conceptualized as couples' lifestyle—may influence how relational experiences are translated into marital outcomes (18, 19). Lifestyle refers to relatively stable patterns of behaviors, attitudes, and daily practices shaped through continuous interaction with sociocultural environments (20). Within marital relationships, couples' lifestyle includes shared routines, communication habits, leisure activities, and health-related behaviors that structure daily interactions between partners (21, 22). Several studies have shown that adaptive lifestyle patterns, such as cooperative decision-making, shared leisure activities, and supportive communication behaviors, are positively associated with marital satisfaction and relationship stability (23,24). Conversely, maladaptive lifestyle patterns—including poor communication habits, unhealthy behavioral routines, and conflicting daily priorities—may increase relational stress and dissatisfaction (25). Importantly, lifestyle patterns may function as mechanisms through which earlier family experiences influence later relational functioning. In this regard, couples' lifestyle may act as a mediating pathway linking family-of-origin experiences to adult relational outcomes (26, 27). Attachment needs represent another essential component of marital relationships. According to attachment theory, adults seek emotional security, responsiveness, and closeness within intimate relationships (28). Secure attachment is characterized by trust, emotional availability, and comfort with intimacy, whereas insecure attachment orientations—such as anxious or avoidant patterns—are associated with fear of rejection, emotional distance, and relational instability (29). Empirical evidence consistently shows that attachment insecurity is associated with lower marital satisfaction, reduced intimacy, and greater conflict between partners (30–32). Family-of-origin experiences play a crucial role in shaping individuals' internal working models of relationships. Interaction patterns, emotional climate, and caregiving experiences within the family influence how individuals perceive closeness, trust, and emotional support in adulthood (33). Consequently, family-of-origin

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dynamics may influence the development and expression of attachment needs in marital relationships (34). However, the mechanisms through which early family experiences influence adult attachment needs remain insufficiently understood.

Previous research has examined the association between family-of-origin experiences and adult attachment patterns, as well as the relationship between lifestyle factors and marital outcomes. Nevertheless, these variables have rarely been integrated within a comprehensive explanatory model. Most existing studies have either focused on the direct association between family-of-origin experiences and adult attachment (35) or examined lifestyle factors in relation to marital satisfaction and relationship quality (36). Few empirical studies have investigated whether couples' lifestyle mediates the relationship between family-of-origin dimensions and the fulfillment of attachment needs within marital relationships (37). This limitation highlights the need for integrative models that consider both early relational experiences and current lifestyle patterns, this issue is particularly relevant in sociocultural contexts undergoing rapid social and economic change. In Iran, shifts in cultural values, economic pressures, and transformations in family structures have influenced patterns of marital interaction and family life in recent years [38, 39]. Although previous studies have extensively examined the independent associations between attachment styles and marital satisfaction (22, 27, 36), the underlying mechanisms explaining this relationship remain under-researched. Recent literature (38, 39) has highlighted the critical role of dyadic coping and stress regulation in marital outcomes; however, there is a notable scarcity of research integrating the Family Process-Content model with the mediating role of lifestyle patterns within this dynamic. While some studies have explored family pathology (9, 17), they have largely overlooked how lifestyle factors act as a conduit through which parental bonding and family functioning influence long-term marital stability, Consequently, existing literature fails to adequately explain how shifts in lifestyle may buffer or exacerbate the impact of insecure attachment on marital distress. To address this limitation, the current study seeks to bridge the research gap by proposing an integrated model. This model elucidates the mediating role of lifestyle in the relationship between family process-content and marital quality. By doing so, this research not only clarifies these complex relational mechanisms but also advances the application of systemic family theories to contemporary relational health.

Materials and Methods

This descriptive-correlational study employed a path analysis approach to examine the structural relationships between family process/content, couples' lifestyle, and marital attachment needs. The target population comprised married couples (aged 35–50 years) visiting the counseling center of Zarrin Ghazal factories in Shiraz in 2023. A convenience sample of 400 participants (200 couples) was recruited for this study. All participants provided informed consent, and the study was conducted following ethical guidelines regarding voluntary participation.

Data were collected using four standardized self-report instruments:

1. Family Content Scale: This 38-item scale, scored on a 5-point Likert scale, evaluates the content aspects of the family (e.g., resources, physical/mental health, and living environment). Previous research has supported its reliability (Cronbach's alpha = 0.79) (26).
2. Family Process Scale: This 43-item scale, using a 5-point Likert format, assesses family process dimensions such as coping skills, problem-solving, and communication skills (Cronbach's alpha = 0.85) (26).
3. Lifestyle Questionnaire (Health-Promoting Lifestyle Profile): Developed by Walker et al. (1997), this 54-item instrument measures six dimensions: nutrition, exercise, health responsibility, stress management, interpersonal support, and self-actualization.

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Responses are recorded on a 4-point Likert scale, with higher scores indicating a healthier lifestyle (Cronbach's alpha = 0.89) (40).

4. Marital Attachment Needs Scale: This 12-item scale, developed by Samani and Sohrabi (2023) based on Emotionally Focused Therapy (EFT) principles, was used to assess marital attachment needs (41).

Descriptive statistics (mean, standard deviation, skewness, and kurtosis) were calculated for all variables. Normality of distributions was evaluated using skewness and kurtosis indices (acceptable range ±2). Pearson correlation coefficients were computed to examine bivariate associations among study variables. To test the hypothesized relationships among family process, family content, lifestyle dimensions, and marital attachment needs, structural equation modeling (SEM) with path analysis was performed. The proposed model examined the direct effects of family process and family content on the dimensions of lifestyle, as well as the mediating role of lifestyle in the relationship between process-content and marital attachment. Path coefficients were estimated using unstandardized regression weights (B), standard errors (SE), critical ratios (CR), and corresponding *p* values. Statistical significance was determined at $p < .05$. Model estimation was conducted using maximum likelihood estimation. Prior to analysis, assumptions related to normality and sample adequacy were examined. Given the sample size of 400 participants, the study had adequate power for path analysis. All statistical analyses were performed using SPSS version 26.

Results

Descriptive statistics for all study variables, including mean, standard deviation, minimum, maximum, skewness, and kurtosis, are presented in Table 1. All variables were measured in the same sample (n = 400). Skewness and kurtosis values were compared against the acceptable range of ±2, indicating approximate univariate normality for all variables. Among lifestyle dimensions, exercise showed the highest mean (M = 35.02, SD = 6.09), whereas stress management had the lowest mean (M = 15.79, SD = 3.34). The mean score for family process (M = 126.72, SD = 8.54) was higher than that for family content (M = 104.23, SD = 11.86).

Table 1. Descriptive Statistics of the Study Variables (n=400)

Variable	Dimensions	Mean	SD	Skewness	Kurtosis
Process and Content	Process	126.72	8.54	0.787	0.567
	Content	104.23	11.86	0.244	−0.147
Lifestyle	Nutrition	29.11	5.22	−0.361	−0.326
	Exercise	35.02	6.09	0.102	−0.697
	Health Responsibility	22.09	3.76	0.035	−0.064
	Stress Management	15.79	3.34	0.208	−0.078
	Interpersonal Support	16.26	6.29	0.578	−0.457
	Flourishing	20.95	4.40	−0.153	1.02
	Marital Attachment Needs	38.50	4.83	0.817	0.778

Based on the Pearson correlation analysis (Table 2), the following significant relationships were observed among the study variables: Family process showed significant positive correlations with all lifestyle dimensions, including nutrition ($r=0.26$, $p<0.01$), exercise ($r=0.19$, $p<0.01$), health responsibility ($r=0.29$, $p<0.01$), stress management ($r=0.21$,$p<0.01$), interpersonal support ($r=0.16$,$p<0.01$), and flourishing ($r=0.22$,$p<0.01$). However, its correlation with marital attachment needs was not statistically significant ($r=0.02$, $p>0.05$). Family content was significantly negatively associated with nutrition ($r=-0.23$, $p<0.01$), health responsibility ($r=-0.15$,

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p<0.01), stress management (r=−0.29, p<0.01), interpersonal support (r=−0.16, p<0.01), and flourishing (r=−0.20, p<0.01). Furthermore, family content showed a significant positive correlation with marital attachment needs (r=0.26, p<0.01). Marital attachment needs demonstrated several significant negative correlations with the study's lifestyle variables. Specifically, it was negatively correlated with nutrition (r=−0.19, p<0.01), exercise (r=−0.12, p<0.05), health responsibility (r=−0.21, p<0.01), and stress management (r=−0.16, p<0.01). No significant relationships were observed between marital attachment needs and interpersonal support or flourishing (p>0.05).

Table 2. Pearson correlation coefficients between Study Variables

Variable	1	2	3	4	5	6	7	8	9
1. Family Process	1.0								
2. Family Content	0.11	1.0							
3. Nutrition	0.26**	-0.23**	1.0						
4. Exercise	0.19**	-0.11	0.47**	1.0					
5. Health Responsibility	0.29**	-0.15**	0.53**	0.48**	1.0				
6. Stress Management	0.21**	-0.29**	0.54**	0.51**	0.57**	1.0			
7. Interpersonal Support	0.16**	-0.16**	0.28**	0.48**	0.24**	0.50**	1.0		
8. Flourishing	0.22**	-0.20**	0.23**	0.42**	0.17**	0.35**	0.60**	1.0	
9. Marital Attachment Needs	0.02	0.26**	-0.19**	-0.12*	-0.21**	-0.16**	-0.094	-0.011	1.0
*p < .05, **p < .01									

Structural equation modeling showed that both process and content had significant direct effects on all lifestyle dimensions. Specifically, process was positively associated with nutrition (B = 0.428, SE = 0.050, CR = 8.58, p < .001), exercise (B = 0.291, SE = 0.061, CR = 4.80, p < .001), health responsibility (B = 0.231, SE = 0.037, CR = 6.21, p < .001), stress management (B = 0.220, SE = 0.032, CR = 6.87, p < .001), interpersonal support (B = 0.218, SE = 0.064, CR = 3.41, p < .001), and self-actualization (B = 0.171, SE = 0.045, CR = 3.77, p < .001). Likewise, content had significant positive effects on nutrition (B = 6.83, SE = 2.06, CR = 3.30, p < .001), exercise (B = 11.21, SE = 3.25, CR = 3.44, p < .001), health responsibility (B = 5.52, SE = 1.65, CR = 3.34, p < .001), stress management (B = 6.35, SE = 1.82, CR = 3.48, p < .001), interpersonal support (B = 10.73, SE = 3.16, CR = 3.39, p < .001), and self-actualization (B = 5.91, SE = 1.82, CR = 3.23, p < .001) (Table 3).

Table 3. Structural equation modeling results for the mediating role of lifestyle in the relationship between process-content and marital attachment

Path	B	SE	CR	p
Process → Nutrition	0.428	0.050	8.58	< 0.001
Process → Exercise	0.291	0.061	4.80	< 0.001
Process → Health responsibility	0.231	0.037	6.21	< 0.001
Process → Stress management	0.220	0.032	6.87	< 0.001
Process → Interpersonal support	0.218	0.064	3.41	< 0.001
Process → Self-actualization	0.171	0.045	3.77	< 0.001
Content → Nutrition	6.83	2.06	3.30	< 0.001
Content → Exercise	11.21	3.25	3.44	< 0.001
Content → Health responsibility	5.52	1.65	3.34	< 0.001
Content → Stress management	6.35	1.82	3.48	< 0.001
Content → Interpersonal support	10.73	3.16	3.39	< 0.001
Content → Self-actualization	5.91	1.82	3.23	< 0.001
Values are unstandardized path coefficients. B = unstandardized estimate; SE = standard error; CR = critical ratio.				

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Discussion and Conclusion

The present findings indicate that family process and family content were significantly associated with all examined dimensions of lifestyle. Among the process-related associations, the strongest coefficient was observed for nutrition (B = 0.428), followed by exercise (B = 0.291), whereas the weakest association was found for self-actualization (B = 0.171). Similarly, family content showed positive associations with all lifestyle dimensions, with the largest coefficients observed for exercise (B = 11.21) and interpersonal support (B = 10.73). These findings suggest that more favorable family-of-origin experiences may be linked to healthier lifestyle patterns in adulthood. This interpretation is consistent with the findings of Samani (2008) and Veldan et al. (2021), who suggested that functional family dynamics are associated with more favorable psychological and behavioral outcomes in later life (26, 8). Conceptually, if family content represents the structural "hardware" of early interactions, then family process may be viewed as the "software" through which these interactions are experienced and expressed. Our findings suggest that both dimensions were associated with marital attachment needs in adulthood through lifestyle-related pathways. Specifically, family process was positively associated with all lifestyle dimensions, whereas family content also showed significant associations with all lifestyle dimensions in the structural model. In addition, marital attachment needs were significantly associated with several lifestyle dimensions, including nutrition, exercise, health responsibility, and stress management, while no significant associations were observed for interpersonal support and flourishing. These findings are broadly consistent with previous research emphasizing lifestyle as an important pathway linking family-related experiences to later psychosocial and relational outcomes (19, 27). At the same time, the non-significant associations for interpersonal support and flourishing suggest that not all dimensions of lifestyle are equally relevant to marital attachment needs, and that this relationship may be more strongly linked to health-regulating and self-management behaviors. We argue that individuals raised in more positive family environments may be more likely to adopt proactive, health-oriented lifestyles. In turn, these behaviors may provide a plausible pathway linking family-of-origin experiences to marital attachment needs in adulthood. At the same time, because not all lifestyle dimensions were significantly related to marital attachment needs in the present study, these associations should be interpreted selectively rather than uniformly. In addition, some previous studies have emphasized the role of other moderating or explanatory factors, such as differentiation of self [31]. The omission of this construct from the present model may partly explain differences in the predictive pattern observed across studies.

Strengths and Limitations

Despite its contributions, this study is not without limitations. First, the cross-sectional design does not allow causal inferences about the relationships among family-of-origin experiences, lifestyle dimensions, and marital attachment needs. Accordingly, the findings should be interpreted as associative rather than directional. Second, the use of self-report measures may have introduced response-related biases, including social desirability and subjective over- or under-reporting. Third, the sample was drawn from a specific geographic context, which may limit the generalizability of the findings to other regions and to the broader Iranian population. In addition, the possibility of unmeasured confounding variables should be acknowledged, as factors not included in the present model may have influenced the observed associations.

At the same time, the study has several strengths. It addresses an underexplored area by examining the associations among family-of-origin characteristics, lifestyle, and marital attachment needs within a single conceptual framework. It also provides a more nuanced

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perspective by considering both family process and family content, rather than focusing on family history in a general or undifferentiated way. In addition, examining multiple dimensions of lifestyle helps clarify that these associations are not uniform across all behavioral domains. Taken together, these features enhance the conceptual value of the study and provide a useful foundation for future longitudinal and model-based research.

Conclusion and Implications

In conclusion, the present study suggests that marital attachment needs among Iranian couples are associated not only with family-of-origin experiences but also with specific dimensions of lifestyle. The findings highlight lifestyle as a potentially meaningful behavioral pathway linking early family experiences to adult relational functioning. At the same time, because this study was cross-sectional, these associations should be interpreted with caution and not as evidence of causality.

From an applied perspective, the results suggest that clinicians and counselors may benefit from considering everyday health-related behaviors alongside relational and family histories when working with couples. However, firm clinical recommendations require stronger evidence from longitudinal and interventional research. Future studies are therefore recommended to examine these associations over time, test indirect pathways more directly, and incorporate additional explanatory variables, such as differentiation of self and other potential contextual factors.

Ethical Considerations

Written informed consent was obtained from all participants prior to their enrollment in the study. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time without any consequences. All data were treated confidentially and anonymously throughout the study. The study was approved by the Institutional Review Board, with the ethics code IR.IAU.M.REC.1402.154.

Author contribution

Author Contributions: F.S. contributed to the study conception, data collection, and drafting of the manuscript; A.R. contributed to the research methodology and performed the statistical analyses; N.S.S. (corresponding author) contributed to the study design, supervision, and critical review and editing of the manuscript. All authors read and approved the final version of the manuscript.

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