



Original Article

The ABC process of gradual erosion of intimacy among Filipino women: A qualitative study

Michelle Acal Calda

Faculty of Nursing, Visayas State University, Baybay, Philippines

ARTICLE INFO

Received 03 November 2025
Accepted 22 February 2026

Available online at:
<http://npt.tums.ac.ir>

Keywords:
mental health;
nursing;
public health;
violence;
women

Corresponding Author:
Michelle Acal Calda, Faculty of Nursing,
Visayas State University, Pangasugan,
Baybay, Philippines.
E-mail: michelle.calda@vsu.edu.ph

DOI: 10.18502/npt.v13i2.21471

ABSTRACT

Background & Aim: Intimate partner relationships are often idealized as sources of love and security; however, for many women, they become contexts of coercion, betrayal, and harm. In the Philippines, intimate partner violence and relational instability remain prevalent, yet the gradual and symbolic processes through which intimacy erodes remain underexplored in nursing and public health. This study explored how Filipino women experience and interpret the gradual erosion of intimacy in their intimate partner relationships.

Materials & Methods: Using a constructivist grounded theory-inspired design, this study involved thirteen Filipino women aged 22-54 who had experienced the dissolution of a significant romantic relationship. In-depth semi-structured interviews were conducted across two analytic phases. Data were analyzed through iterative coding, constant comparison, and memo writing until thematic saturation was reached.

Results: Intimacy erosion was identified as a cumulative, nonlinear process rather than a single rupture. Six interconnected subcategories described this process: (1) abuse and coercive control, (2) behavioral shifts and emotional distancing, (3) cheating and betrayal of trust, (4) disregard and alienation, (5) extended family interference, and (6) frightening and threats to safety. These experiences progressively undermined trust, emotional safety, and commitment, often shifting relationships from endurance to survival-driven separation.

Conclusion: Intimacy erosion among Filipino women reflects a layered process of symbolic loss and relational disempowerment. Early recognition of these patterns is essential. Nurses play a critical role in assessing relational health, validating experiences, and advocating for trauma-informed, culturally responsive interventions that address relational well-being as a public health priority.

Introduction

Intimate relationships are often viewed as spaces of love, companionship, and emotional security. Yet, for many women, these relationships become sites of coercion, betrayal, and harm. Recent data emphasize the growing concern regarding relational instability and violence in the Philippines. The 2022 National Demographic and Health Survey (NDHS) reported that 17.5% of women aged 15–49 had experienced physical, emotional, or sexual intimate partner violence (IPV), with emotional IPV being the most common, followed by controlling behaviors and physical abuse (1). Furthermore, 9% of women indicated that physical abuse by a spouse is justifiable under certain conditions, suggesting a troubling internalization of violence as normal within

intimate settings (2). Globally, IPV affects approximately one in three women during their lifetime and contributes significantly to mental health disorders, psychosomatic conditions, and social isolation (3).

Beyond physical injuries, IPV often involves psychological manipulation, coercive control, and emotional degradation that erode a woman's autonomy, self-esteem, and sense of safety (4, 5). Such experiences, though often normalized, dismantle the core elements of intimacy identified in Sternberg's triangular theory of love: intimacy, passion, and commitment, resulting in relational fragility and emotional exhaustion (6, 7).

The erosion of intimacy rarely stems from a single incident. Rather, it evolves



through recurring experiences of coercion, neglect, betrayal, and emotional withdrawal. In the Philippine context, this erosion is intensified by cultural expectations of endurance, filial piety, and relational sacrifice. Filipino family structures, which are collectivist and often patriarchal, encourage women to prioritize family harmony and loyalty even at the expense of personal well-being (8, 9). This cultural orientation can silence women in distressing relationships, reinforcing endurance over confrontation. This pattern of silence is consistent with findings from previous work, which demonstrate that women often endure domestic violence due to socio-cultural expectations, fear of stigma, and the need to preserve family honor, reinforcing a “culture of silence” that perpetuates relational harm (10).

Infidelity carries particularly heavy consequences in Filipino culture, where fidelity is intertwined with moral integrity and social respectability (11). Neglect, especially during culturally significant events, can symbolize exclusion and further weaken commitment (12). These relational dynamics highlight that breakdowns in intimacy are not merely interpersonal but are also shaped by systemic and cultural forces. The psychosocial aftermath, such as anxiety, depression, and isolation, remains under-addressed in public health frameworks.

Within nursing and public health, relational health is an emerging yet underexamined determinant of well-being. Emotional neglect, coercion, and disconnection can manifest as chronic stress, sleep disturbances, and depressive symptoms (13). Nurses are strategically positioned to recognize early signs of relational distress; however, existing nursing frameworks often lack relational assessment indicators that capture the gradual and symbolic nature of intimacy erosion. Addressing relational erosion as a public health concern, therefore, broadens the scope of care beyond physical safety to encompass emotional sustainability and relational well-being.

Anchored in this context, the present study is guided by the following research question: How do Filipino women experience

and interpret the gradual erosion of intimacy in their intimate partner relationships?

By examining women’s narratives of relational change, this study seeks to illuminate the multifaceted processes through which intimacy deteriorates and to identify implications for culturally grounded nursing practice and policy interventions.

Methods

Study design

This paper is drawn from a broader qualitative study exploring the experiences of Filipino women in disconnection and coping, with a focus on one emergent theme: the erosion of intimate relationships. It utilized a qualitative research design inspired by Kathy Charmaz’s constructivist grounded theory (14). Charmaz’s approach was selected because the study sought to interpret how women construct meanings about the erosion of intimacy within specific cultural, relational, and gendered contexts. Constructivist Grounded Theory (CGT) is particularly suited for examining processes that unfold gradually, are relationally embedded, and are shaped by power asymmetries and social norms, which are central to women’s experiences of relational disconnection.

Consistent with CGT principles, knowledge was understood as co-constructed through interaction between researcher and participants, allowing women’s narratives to remain foregrounded while still enabling analytic abstraction.

Setting, recruitment, and samples

Purposive sampling was initially used, followed by theoretical sampling, consistent with constructivist grounded theory, to recruit Filipino women aged 20-60 who had experienced dissolution of a significant romantic relationship with a male or female partner. In Phase II of the study, sampling was expanded to intentionally include women who had experienced relationship dissolution in same-sex partnerships, allowing for theoretical comparison and refinement of emerging categories. As early interviews highlighted

neglect, coercive control, and infidelity as central processes, later recruitment intentionally sought women whose experiences emphasized family intrusion, threats, or non-physical forms of harm. For example, after early narratives centered on physical violence, subsequent participants were recruited specifically to explore non-violent yet destabilizing relational dynamics, such as symbolic exclusion and emotional withdrawal. Sampling continued until thematic saturation was achieved, which is defined as the point at which no new conceptual properties or categories emerged, and subsequent interviews reiterated existing analytic patterns.

The study was conducted in the Philippines using a combination of face-to-face and online interviews via Facebook Messenger for participants residing abroad or unable to meet in person. Participants were recruited through community-based social networks, including informal referrals from acquaintances, community contacts, and prior participants. Recruitment continued until data saturation was achieved, as no new insights emerged from additional interviews (15).

Initial recruitment “seeds” consisted of Filipino women aged 20-60 who were known to the researcher or identified through community contacts and who met the inclusion criteria. Eligible participants were those who had previously been involved in an intimate romantic relationship (e., married, cohabiting, long-term partnership, or boyfriend/girlfriend relationship) and who self-identified as having experienced significant relational difficulty, including emotional distancing, conflict, betrayal, coercion, or violence. Individuals were excluded if they were unwilling to discuss their relational experiences or if their relationships were purely casual or non-intimate. These initial participants subsequently referred other women with diverse relationship histories. To minimize homogeneity, referrals were intentionally capped, and additional participants were purposively recruited across varying age groups, relationship statuses, and geographic locations, including urban and semi-urban settings.

Ethical considerations

Data collection was conducted following Saint Paul University Philippines IRB approval using Protocol Code 2018-01-PhDNS, dated January 21, 2019. Written informed consent was obtained from all participants. Pseudonyms were used to maintain anonymity, and all data were securely stored in encrypted files. Given the sensitivity of the topic, participants were provided with referrals to psychosocial support services as needed. Ethical principles of autonomy, beneficence, and nonmaleficence were strictly observed (16).

Data collection

Data were collected in two analytic phases. Phase I focused on heterosexual relationships, while Phase II included participants who had experienced same-sex intimate partnerships. While the majority of participants described heterosexual relationships, same-sex relational experiences were included to broaden conceptual sensitivity regarding intimacy erosion rather than to conduct subgroup comparisons. Each interview lasted 30 minutes to 3 hours and was conducted in the participant’s preferred language (English, Filipino, Cebuano, or a combination of these). With consent, interviews were audio-recorded and transcribed verbatim. Open-ended questions encouraged participants to recount personal experiences, reflections, and meanings associated with relational changes.

Reflexivity was maintained through memo writing and journaling, acknowledging the researcher’s position as a Filipino nurse-researcher. Field notes captured emotional tones and contextual observations, enriching the data.

Saturation was assessed through ongoing analytic comparison. By the twelfth interview, no new categories emerged, and by the thirteenth interview, all incoming data reinforced existing categories without adding conceptual depth, confirming saturation at the category level.

Data analysis

Data were analyzed following Charmaz’s (14) constructivist grounded theory procedures. Initial coding was conducted line-by-line to identify actions, processes, and meanings. Focused coding synthesized significant categories across interviews. Through memo writing, conceptual linkages between codes were elaborated, leading to the development of six core subcategories that explained the gradual erosion of intimacy. Table 1 presents the constructivist grounded theory

analytic process employed in this study, detailing the progression from line-by-line initial coding of interview data to focused coding and theoretical integration. The table demonstrates how participants’ narratives were systematically organized into six analytic subcategories that explain the gradual erosion of intimacy. Theoretical coding (Table 1) then integrated these categories into a coherent explanatory framework that illustrated the cumulative and layered nature of relational disintegration.

Table 1. Analytic progression from initial to theoretical coding

Raw data	Initial coding	Focused coding	Sub-categories	Core categories
“I was physically hurt and considered a battered wife.”	-Being physically hurt	-Experiencing physical violence	Abuse and coercive control	
“He stopped talking to me.” “He did not say: I love you anymore.” “I noticed something different from him.”	-Being ignored -Losing verbal affection -Noticing a change in the partner	-Emotional distancing -Physical distancing -Perceiving behavioral change	Behavioral shifts and emotional distancing	
“I found out he had someone else.” “The message was not meant for me.” “He had affairs with other people.”	-Discovering infidelity -Realizing being deceived -Being cheated on	-Betrayal of trust -Uncovering betrayal -Repeated infidelity	Cheating and betrayal of trust	A- Antecedent Contextual Condition
“He chose his friends over us.” “He left us during a blackout.” “He was not there on important days.”	-Being deprioritized -Being left in need -Being absent in significant moments	-Symbolic exclusion -Experiencing disregard -Neglecting relational obligations	Disregard as symbolic exclusion	B- Breaches and Breakdown of Trust
“He chose his family’s decision over mine.” “He chose his family’s decision over mine.” “His mother decided everything.”	-Losing voice in the decision -Being replaced -Being overridden by in-laws	-Constraint Autonomy -Family intrusion into the relationship -Erosion of couple boundaries	Extended Family Interference (Family Intrusion) and Constrained Autonomy	C- Crises, Coercion, and Consequences
“He said he would kill us.” while he was high on drugs.” “Sometimes I was afraid to ask questions.” “I feared for my children’s lives.”	-Living with danger -Withdrawing emotionally -Fearing for survival	-Threatened safety -Coercive influence -Existential fear	Frightening and threatening safety.	

Methodological rigors

The study adhered to Lincoln and Guba’s (17) criteria for trustworthiness. Credibility was ensured through member checking, which allowed participants to review and confirm the narrative summaries. Dependability was established by maintaining a transparent, systematic audit trail that documented analytic decisions, iterative coding processes, category development, and revisions across phases of analysis, thereby enabling the study process to be logically traceable and

methodologically consistent. Confirmability was supported by peer debriefing and reflexive journaling, while transferability was strengthened by rich contextual descriptions that enabled readers to assess its relevance to other contexts. These strategies ensured methodological integrity and adherence to SRQR standards (18).

Results

As shown in Table 2, their demographic profile shows that their ages ranged from 22 to

Intimacy erosion among Filipino women

54 years old, with a mean age of 36, with various relationship statuses: married (4), cohabitation (6), and boyfriend-girlfriend status (3). At the time of the interview, all participants

had already left the relationship. Among participants with children from previous relationships, the majority have no children residing with them.

Table 2. Characteristics of the participants who experienced symbolic loss

Participants	Age	No. of children from the previous relationships	Status of the relationship before separation	No. of children from the previous relationships living with them	No. of children with the partner	Length of relationship (in years)
1	54	5	Cohabiting	0	1	9
2	44	3	Cohabiting	3	0	8
3	26	0	BF/GF	0	1	1
4	39	0	Married	0	1	13
5	31	0	BF/GF	0	0	7
6	44	0	Married	0	0	2
7	22	0	Cohabiting	0	1	2
8	40	2	Married	0	0	11
9	23	2	BF/GF	0	0	2
10	38	1	Married	0	1	6
11	33	0	Cohabiting	0	0	8
12	51	5	Cohabiting	5	0	9
13	30	0	Cohabiting	0	0	2

The narratives of the thirteen participants who experienced symbolic loss revealed that the erosion of intimacy was not a sudden rupture but a gradual process characterized by accumulating emotional, psychological, and social stressors. As shown in Figure 1, presents the six subcategories as interconnected relational factors and processes that, individually or in combination,

contributed to the gradual erosion of intimacy among the participants. These findings describe how intimacy erosion unfolded within this specific group of Filipino women. The erosion emerged as a progressive process, beginning with subtle emotional shifts, intensifying through betrayal and exclusion, and, in some cases, escalating into coercion and existential threat.

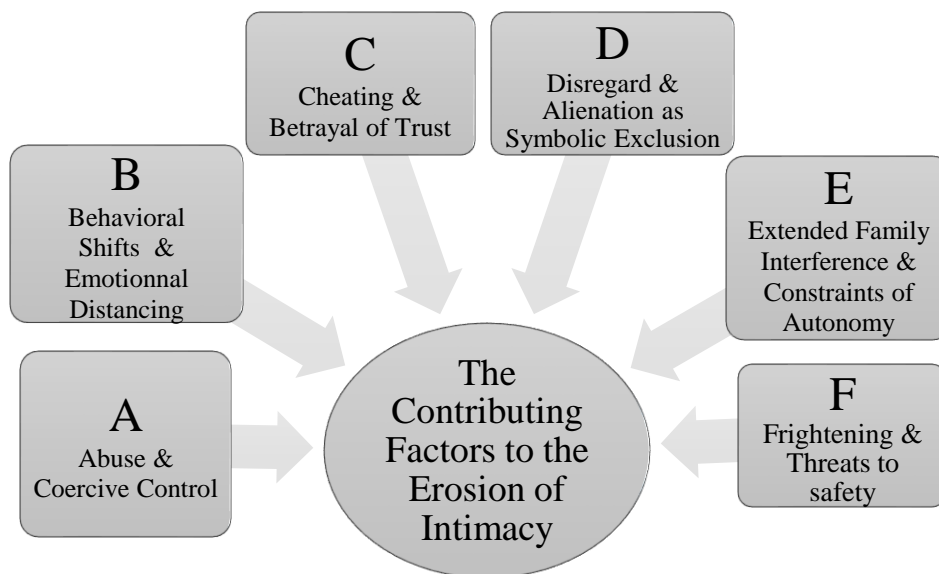


Figure 1. The contributing factors to the erosion of intimacy among Filipino women

Abuse and coercive control

Several participants described experiences of physical violence and coercive control as defining features of their relationships. Physical aggression, such as being hit, threatened, or restrained, was often coupled with emotional manipulation. Participants' narratives illustrated how fear became paradoxical: it immobilized them yet also catalyzed their eventual departure when safety became untenable.

"I had been struggling while I was with him. I was physically hurt and considered a battered wife. I sustained a hematoma at times. One time, he suddenly put scissors to my neck because he wanted me to cook his food. I was pregnant at that time. Whenever he went home, and I asked him where he had been, or when I refused to have sex with him, he would really hit me." (Participant 4, 39 yo, married)

The expectation of sexual availability, obedience, and submission reflects deeply gendered expectations embedded within intimate relationships.

"One time, he broke a monobloc chair and pushed it into my back. The broken plastic sliced my back. In another incident, he pushed my head into the bed, and it caused injury to my eardrum" (Participant 8, 40 yo, married)

In this context, fear paradoxically emerged as both paralyzing and liberating. While initially trapping women in toxic unions, the escalation of violence often propelled them toward separation in pursuit of safety.

Behavioral shift and emotional distancing

This subcategory represents the substantive yet gradual shifts in behavior and the insidious emotional distancing that begins subtly, marked by late arrivals, financial secrecy, and temperamental changes. Some participants recounted the subtle erosion of affection. Also, some women described the subtle onset of behavioral changes in their partners, such as reduced affection, withdrawal, and increased irritability.

On one account, what began as gestures of tenderness had gradually disappeared, leaving an emotional vacuum.

"I noticed something different about him. I asked him whether he had anything to say to me. Then he told me what had happened to him and to the woman he had been with for a one-night stand. It complicated the situation, and I could not take it anymore." (Participant 2, 44 yo, cohabiting)

"My partner changed a lot. At the beginning of the relationship, we engage in activities together. After a year, we did not stay in one bed, and he did not say, "I love you" anymore." (Participant 13, 30 yo, cohabiting)

Such emotional withdrawal was often endured quietly, illustrating systemic silences surrounding women's emotional neglect, which may have changed some participants' feelings toward their romantic partners.

Cheating and the betrayal of trust

Cheating or infidelity emerged as one of the most searing sources of disconnection. The narratives illustrate how cheating inflicted wounds not only to pride and trust but also to bodily integrity, as some participants associated their partners' infidelity with sexually transmitted infections. The women's stories highlight that in contexts where fidelity is deeply tied to honor, respectability, and moral integrity, betrayal destabilizes not only intimate relationships but also social identities.

"He had an affair with a woman. I knew it because he told his mom that the reason he had other women was that he had a problem with his marriage. But the most painful incident happened when I learned that he had a relationship with PJ, a gay man. That may have been the reason he went to Cebu for a week so he could spend time with him." (Participant 4, 39 yo, married)

Infidelity violated culturally prescribed expectations of loyalty, intensifying shame and discouraging disclosure, which is another manifestation of systemic silence.

"I came home for almost 2 weeks after giving birth to my daughter. Two months after, I went back to my workplace for him. It was

then that I learned that he had someone else." (Participant 3, 26 yo, BF/GF relationship).

"He cheated on me with my friend. I did not notice it until one of my friends told me that she had noticed their closeness as well. I thought that their closeness was because we were friends. But there was something between them. Now they are living together." (Participant 12, 51 yo, cohabiting)

"I received a text message from him, but I knew it was not for me. The message was not related to me. Then I confronted her. It was then that I found out that he was cheating on me" (Participant 13, 30 yo, cohabiting)

"When he was in another country, I kept receiving text messages from her woman; she messaged me that they were together abroad." (Participant 10, 38 yo, married)

Cheating may have offered the most acute violation of relational norms. The evidence of infidelity carried an infectious sting, metaphorical and literal, contaminating pride, trust, and bodily integrity.

Disregard and alienation as symbolic exclusion

Disregard and alienation emerged as another form of relational erosion. Participants recounted instances in which their partners prioritized friends over them, during significant moments, at social gatherings, or during personal leisure over family obligations. These instances of disregard, especially during meaningful occasions, were experienced as symbolic exclusion.

"During Valentine's Day, he told me that he could not be with us because he would be with his friends. Yes, I did not mind because I was overwhelmed when my baby came and all. I said to myself, "We will be able to fix this not-so-cleared relationship in the future." (Participant 3, 26 yo, BF/GF relationship)

These moments symbolized exclusion and reinforced gendered expectations that women should understand, wait, and endure.

"He usually leaves me and our daughter to be with his friends. One time, he left us to drink with them while it was a blackout. That's how the big fight begins, and I

left and stayed at my parents' without turning back" (Participant 7, 22 yo, cohabiting)

Extended family interference (Family Intrusion) and constraints of autonomy

This subcategory captures how extended family interference eroded intimacy by undermining women's autonomy, decision-making, and relational boundaries. Rather than functioning as support, family involvement often intensified conflict and reinforced gendered expectations of compliance.

Family interference, particularly from in-laws, constituted a recurring source of conflict and destabilization. Participants described scenarios in which mothers-in-law intervened in decision-making, often overriding the woman's voice within her own household. This subcategory generates emotional turbulence, particularly when it compromises decision-making, personal activity, and marital boundaries. Unilateral decisions and family intrusion can disrupt autonomy and parental boundaries, often resulting in a sense of betrayal that prompts separation. These intrusions highlighted how extended kinship structures constrain women.

"It started when his mom called him to send his child to us. I could read her mother's thoughts; she tried to compete with me. His mom wanted my husband to decide the situation. However, he chose her decision. That was really bad, wasn't it? So, in June of the following year, I decided to go home to my dad's house." (Participant 6, 44 yo, married)

These narratives reflect patriarchal family structures, where women are expected to defer to elders and remain silent to preserve family harmony.

"Actually, during the first two years of being together, we were truly happy. However, when my partner's family intervened, the relationship was ruined, and they did not stop until we were separated." (Participant 1, 54 yo, cohabiting)

Interference from in-laws often destabilized marital boundaries. In extreme cases, participants faced threats to their safety.

Frightening and threats to safety

This subcategory encompasses explicit threats that transformed fear into action. Several women reported verbalized threats to kill them or their children, which were often uttered without intervention, reinforcing systemic failures of protection.

"Whenever I asked him, he was angry. Ill-tempered... Sometimes he dared and said:

It is better for us to separate. Those kinds of things..." (Participant 1, 54 yo, cohabiting)

"Since we were afraid for our lives because he wanted to kill us, he said it verbally. When I was pregnant with my second child, he told me in front of his mom that he would kill the baby when she came out. He said it while he was high on drugs." (Participant 4, 39 yo, married)

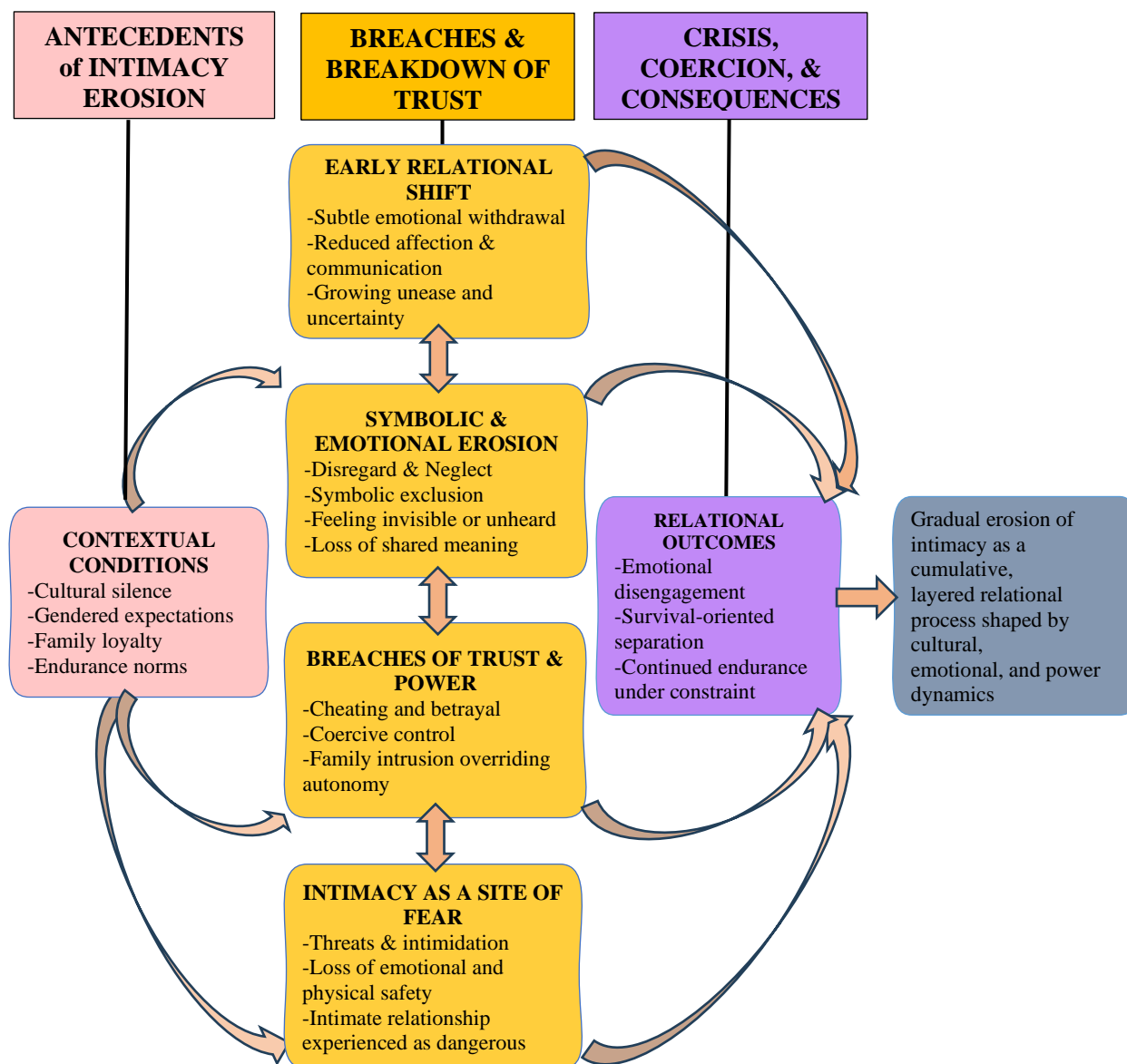


Figure 2. The process model of Intimacy Erosion (IE)

Threats escalated relational harm into existential danger, revealing how systemic silences, gendered power, and normalized violence intersect to endanger women’s lives.

These women's experiences with their intimate partners may have led to dissatisfaction with relationships that had previously developed. They also fostered a

distrustful, unsatisfying, and unpleasant environment, as well as a loss of interest in the people they once loved.

To integrate these findings, a conceptual process model was developed through theoretical coding. As shown in Figure 2, the model illustrates how intimacy erosion unfolds as a gradual, cumulative process shaped by relational harm, cultural expectations, and power dynamics. Figure 2 conceptualizes intimacy erosion as an interconnected, cumulative process rather than a fixed sequence or universal trajectory. The model illustrates how multiple relational factors, present in varying combinations and intensities, contributed to the gradual weakening of intimacy among the Filipino women in this study. Not all participants experienced all components, underscoring that intimacy erosion is contextually situated and non-linear.

Intimacy erosion occurred within antecedent contextual conditions shaped by cultural silence, gendered expectations, family loyalty, and endurance norms. These conditions influenced how women interpreted and tolerated relational strain, often normalizing suffering and delaying disclosure. Within this context, some women experienced early relational shifts, such as emotional withdrawal, reduced communication, and growing unease, which were often subtle and easily minimized.

For others, erosion was characterized by symbolic and emotional processes, including neglect, symbolic exclusion, a sense of invisibility or unhearing, and loss of shared meaning. Intimacy was further compromised by breaches of trust and power, such as infidelity, coercive control, and family intrusion, which overrode autonomy and reflected relational power imbalances that undermined trust and agency. In a subset of narratives, intimacy became a site of fear, characterized by threats, intimidation, and loss of emotional or physical safety.

These interacting factors resulted in varied relational outcomes, including emotional disengagement, survival-oriented separation, or continued endurance under

constraint. Overall, the model highlights intimacy erosion as a layered set of relational conditions that can converge over time, emphasizing the importance of recognizing early, less visible forms of relational harm in nursing and community health practice.

Discussion

This study demonstrates that Filipino women experience and interpret the gradual erosion of intimacy as a cumulative, culturally mediated process rather than a single relational rupture. Across diverse ages and relationship types, participants described intimacy as slowly unraveling as love gave way to fear, emotional distance, and symbolic loss. Women interpreted this erosion as a progressive dismantling of relational safety, trust, and dignity, shaped by intersecting experiences of abuse and coercive control, emotional withdrawal, infidelity, neglect, family intrusion, and threats. These findings align with Sternberg's (6) triangular theory of love, wherein the erosion of intimacy, passion, and commitment destabilizes relationships.

Abuse and coercive control emerged as the most visible yet normalized pathways of intimacy erosion. Participants interpreted violence as both physical and psychological domination that undermined autonomy and self-worth, consistent with IPV literature (4; 13; 19). Fear functioned paradoxically: while initially immobilizing, escalating threats reframed separation as an act of survival, echoing findings that women weigh the dangers of staying against the risks of leaving (20).

Behavioral shifts and emotional distancing were interpreted as early symbolic indicators of rejection. Subtle changes such as reduced affection, withdrawal, and diminished shared routines, punctured emotional intimacy, and fostered mistrust. In Filipino culture, where everyday demonstrations of care signify commitment (8), these absences were experienced as meaningful neglect rather than trivial lapses, foreshadowing relational breakdown (7; 21).

Infidelity constituted a decisive rupture in trust and identity. Discovering extramarital

affairs, including relationships with both women and men, was interpreted as both private betrayal and public humiliation. Infidelity destabilized emotional security and reinforced gendered power imbalances (22; 23), triggering psychosocial distress consistent with relational trauma literature (24). In collectivist contexts, where fidelity is linked to honor and respectability, its impact extended beyond the couple to family and social identity (24).

Neglect and disregard functioned as a symbolic exclusion that eroded women's sense of belonging. Being deprioritized during significant moments communicated rejection without words, weakening commitment and self-worth (12; 25). Over time, accumulated neglect was interpreted as emotional violence, producing loneliness and relational dissatisfaction (26; 27) and often co-occurring with other forms of abuse (28).

Family intrusion further eroded intimacy by destabilizing the couple's autonomy. While extended kin can offer support, in-law interference intensified conflict and constrained women's agency (9). Within cultural norms emphasizing family loyalty (25), women interpreted endurance as an obligation, whereas separation was framed as a means of empowerment and survival (29).

Finally, threats and frightening intimacies marked the transformation of relational harm into existential danger. Explicit threats intensified fear and functioned as turning points that compelled women to leave. Consistent with research on coercive control, threats became catalysts for survival-oriented action (11; 30; 13).

Overall, Filipino women experienced and interpreted intimacy erosion as *a layered process of symbolic loss, relational disempowerment, and escalating threat*. Intimacy was not lost abruptly but was progressively dismantled, prompting women to reframe separation as a form of protection and self-preservation. These findings highlight the need for nurses to recognize early indicators of relational erosion, validate women's interpretations of harm, and implement culturally grounded, trauma-

informed interventions that address relational health as a public health concern.

Conclusion

This study highlights that the erosion of intimacy among Filipino women is not a sudden relational failure but a gradual, multidimensional process shaped by cultural norms, gendered expectations, and systemic silences. Intimacy was progressively dismantled through interconnected experiences of abuse and coercive control, emotional withdrawal, infidelity, disregard as symbolic exclusion, family intrusion, and existential threats. These processes eroded trust, emotional safety, and relational commitment, often compelling women to reinterpret separation not as abandonment but as an act of survival and self-preservation.

Women's narratives revealed that cultural expectations of sacrifice, silence, and family harmony frequently sustained endurance. However, when relational harm escalated into psychological terror or physical danger, fear became transformative, prompting women to reclaim agency and prioritize safety. Embedded within these experiences of loss and suffering were stories of resilience, meaning-making, and resistance against normalized harm.

The findings underscore the importance of recognizing relational health as a critical determinant of women's well-being. For nursing practice, this calls for expanded relational assessment frameworks that attend not only to physical injury but also to emotional neglect, symbolic loss, and gradual disconnection. Nurses, particularly in community and mental health settings, are strategically positioned to detect early indicators of intimacy erosion, provide trauma-informed care, and advocate for culturally responsive interventions.

At the policy level, addressing intimacy erosion as a public health concern requires strengthening intersectoral responses that integrate healthcare, legal protection, and community education. By making visible the often-silenced processes through which intimacy deteriorates, this study contributes to

a deeper understanding of women's relational experiences and supports the development of nursing practices and policies that promote dignity, safety, and relational well-being.

Acknowledgment

The researcher expresses heartfelt gratitude to all participants and to Dr. Cyrus P. Tuppal.

Conflict of Interest

There are no potential conflicts of interest concerning this study.

References

1. Philippine Statistics Authority, ICF. 2022 Philippine National Demographic and Health Survey (NDHS): Final report. Quezon City (PH) and Rockville (MD): Philippine Statistics Authority; and ICF, 2023.
2. Myint WW, Aggad R, Fan Q, Osuji C, Clark HR, McKyer EL. Society's attitude toward spousal physical abuse: findings from the Philippines National Demographic and Health Survey, 2022. *Women's Health Reports*. 2024 Oct 4;5(1):whr-2024. <https://doi.org/10.1089/whr.2024.0052>
3. World Health Organization. Mental Health[*internet*]. Geneva: World Health Organization; 2025 Oct 8.[cited 2025 Sept 8] Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
4. García-Moreno C, Hegarty K, d'Oliveira AF, Koziol-McLain J, Colombini M, Feder G. The health-systems response to violence against women. *The Lancet*. 2015 Apr 18;385(9977):1567-79. [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)
5. Keyser L, Maroyi R, Mukwege D. Violence against women: a global perspective. *Obstetrics and Gynecology Clinics*. 2022 Dec;49(4):809–21. doi:10.1016/j.ogc.2022.08.002.
6. Sternberg RJ. A triangular theory of love. *Psychological Review*. 1986;93(2):119–135. <https://doi.org/10.1037/0033-295X.93.2.119>
7. Gottman J, Silver N. *The Seven Principles for Making Marriage Work*. New York (NY): Harmony Books; 2015.
8. Medina BTG. *The Filipino Family*. 2nd ed. Quezon City: University of the Philippines Press; 2001.

9. Bryant CM, Wickrama KAS, Bolland J, Bryant BM, Cutrona CE, Stanik CE. Race matters, even in marriage: Identifying factors linked to marital outcomes for African Americans. *Journal of Family Theory & Review*. 2010 Aug 2;2(3):157–174. <https://doi.org/10.1111/j.1756-2589.2010.00051.x>
10. Farooq S, Ali TS, Parpio Y, Lalani N, Marjorie M. Why women suffer domestic violence in silence: Web-based responses to a blog. *Nursing Practice Today*. 2017;4(4):203-211.
11. Karakurt G, Keiley M, Posada G. Intimate relationship aggression in college couples: Family-of-origin violence, egalitarian attitude, attachment security. *Journal of Family Violence*. 2013 Aug;28(6):561-75. <https://doi.org/10.1007/s10896-013-9526-9>
12. Rauer A, Volling B. More than one way to be happy: A typology of marital happiness. *Family Process*. 2013 Apr 2;52(3):519-34. <https://doi.org/10.1111/famp.12028>
13. World Health Organization. Gender and Health[*internet*]. Geneva: World Health Organization; 2021 May 24 [cited 2025 Sept 10]. Available from: <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>
14. Charmaz K. Grounded theory in global perspective: Reviews by international researchers. *Qualitative Inquiry*. 2014 Nov;20(9):1074-84. <https://doi.org/10.1177/1077800414545235>
15. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *Plos One*. 2020 May 5;15(5):e0232076. <https://doi.org/10.1371/journal.pone.0232076>
16. World Medical Association. World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *Jama*. 2013 Nov 27;310(20):2191-4. <https://doi.org/10.1001/jama.2013.281053>
17. Lincoln Y, Guba E, Pillota, J. *Naturalistic Inquiry*: Beverly Hills, CA: SAGE Publications; 1985. [http://dx.doi.org/10.1016/0147-1767\(85\)90062-8](http://dx.doi.org/10.1016/0147-1767(85)90062-8)
18. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*. 2014 Sep;89(9):1245-51. <https://doi.org/10.1097/ACM.0000000000000388>

19. Stark E. Coercive control: How men entrap women in personal life. Oxford University Press; 2007 Apr 16.
20. García-Moreno C, Zimmerman C, Morris-Gehring A, Heise L, Amin A, Abrahams N, Montoya O, Bhate-Deosthali P, Kilonzo N, Watts C. Addressing violence against women: a call to action. *The Lancet*. 2015 Apr 25;385(9978):1685-95. [https://doi.org/10.1016/S0140-6736\(14\)61830-4](https://doi.org/10.1016/S0140-6736(14)61830-4)
21. Lantagne A, Furman W, Novak J. “Stay or Leave” Predictors of Relationship Dissolution in Emerging Adulthood. *Emerging Adulthood*. 2017 Aug;5(4):241-50. <https://doi.org/10.1177/2167696817699750>
22. Mark KP, Janssen E, Milhausen RR. Infidelity in heterosexual couples: Demographic, interpersonal, and personality-related predictors of extradyadic sex. *Archives of Sexual Behavior*. 2011 Oct;40(5):971-82. <https://doi.org/10.1007/s10508-011-9771-z>
23. Hall JH, Fincham FD. Relationship dissolution following infidelity: The roles of attributions and forgiveness. *Journal of Social and Clinical Psychology*. 2006 May 1;25(5):508-22. <https://doi.org/10.1521/jscp.2006.25.5.508>
24. Karakurt G, Silver KE. Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims*. 2013;28(5):804. <https://doi.org/10.1891/0886-6708.VV-D-12-00041>
25. Medina BTG. *The Filipino Family*. 3rd ed. Quezon City: University of the Philippines Press; 2015.
26. Watiti JM. *Intimate Partner Violence: Effects of Emotional Abuse in Women* [dissertation]. Minneapolis (MN): Walden University; 2022.
27. Bell V, Robinson B, Katona C, Fett AK, Shergill S. When trust is lost: The impact of interpersonal trauma on social interactions. *Psychological Medicine*. 2019 Apr;49(6):1041-6. <https://doi.org/10.1017/S0033291718001800>
28. Walker LE. *The battered woman syndrome*. Springer Publishing Company; 2009 Mar 23. <https://doi.org/10.1891/9780826170996>
29. Hill RC. Review of *From Colonial to Liberation Psychology: The Philippine Experience*, by Enriquez VG. *Crossroads (DeKalb)*. 1994;8(2):263–266.
30. Campbell JC. Health consequences of intimate partner violence. *The Lancet*. 2002 Apr 13;359(9314):1331-6. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)