

The Role of Emotional Disclosure and Vulnerability in the Reconstruction of Marital Intimacy: A Qualitative Perspective

Karina. Batthyany¹, Thandiwe. Mokoena^{2*}

¹ Department of Psychology, Queen's University, Kingston, Canada

² School of Human and Community Development, University of the Witwatersrand, Johannesburg, South Africa

* Corresponding author email address: thandiwe.mokoena@wits.ac.za

Article Info

Article type:

Original Article

How to cite this article:

Batthyany, K., & Mokoena, T. (2025). The Role of Emotional Disclosure and Vulnerability in the Reconstruction of Marital Intimacy: A Qualitative Perspective. *Applied Family Therapy Journal*, 6(5), 1-10.
<http://dx.doi.org/10.61838/kman.aftj.4508>



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to explore how emotional disclosure and vulnerability contribute to the reconstruction of marital intimacy among couples, focusing on the relational processes that foster closeness, resilience, and authentic connection.

Methods and Materials: A qualitative design was employed, using semi-structured, in-depth interviews with 21 married individuals from South Africa. Participants were selected purposively to ensure diverse representation of cultural and socioeconomic backgrounds. Interviews, lasting 60–90 minutes, explored themes of disclosure, vulnerability, and intimacy. Data collection continued until theoretical saturation was achieved. All interviews were transcribed verbatim and analyzed through thematic analysis using NVivo 19 software. The analytic process involved open coding, development of subthemes, and constant comparison across cases, ensuring credibility and trustworthiness through memo writing and peer debriefing.

Findings: Four major themes emerged: (1) emotional openness in marital relationships, characterized by trust-building, reciprocity, and coping through disclosure; (2) vulnerability as a pathway to intimacy, where acceptance of weakness and risk-taking enabled deeper connection; (3) barriers to disclosure, including fear of conflict, cultural norms, past negative experiences, and power imbalances; and (4) reconstruction of intimacy, facilitated through healing dialogue, rituals of closeness, emotional support, and growth through adversity.

Conclusion: The study demonstrates that emotional disclosure and vulnerability are central to rebuilding intimacy in marital relationships. By creating safe spaces for openness and re-framing vulnerability as strength, couples can repair relational ruptures and cultivate long-term closeness. These insights provide valuable guidance for therapists and practitioners working with couples seeking to restore intimacy.

Keywords: Emotional disclosure; Vulnerability; Marital intimacy; Qualitative research; Emotion-Focused Couple Therapy; South Africa

1. Introduction

The reconstruction of marital intimacy has long been recognized as a central concern in both clinical practice and relationship research. Intimacy, defined as the capacity of partners to experience closeness, openness, and connectedness, is often tested and reshaped in the face of life stressors, unresolved conflicts, and unmet needs. Within this process, emotional disclosure and vulnerability have emerged as essential relational mechanisms that both challenge and sustain intimacy in couples. Scholars have increasingly emphasized that intimacy is not merely the absence of conflict but a dynamic and ongoing process of negotiation, where partners disclose inner experiences and take interpersonal risks that invite deeper connection and growth (Bradbury & Bodenmann, 2020). Understanding how couples navigate disclosure and vulnerability is particularly relevant in therapeutic contexts, where interventions often seek to foster environments that encourage openness, empathy, and relational resilience (Talmor et al., 2025).

Emotional disclosure refers to the willingness of individuals to share their private feelings, insecurities, and personal experiences with their partners. The act of revealing such material has been consistently linked with improvements in marital functioning and therapeutic outcomes (McKinnon & Greenberg, 2013). Research on vulnerable emotional expression suggests that disclosure deepens emotional attunement and helps partners move beyond defensive positions to re-establish trust and closeness (McKinnon & Greenberg, 2017). By uncovering underlying emotions, couples create opportunities for empathy, understanding, and repair, thereby strengthening intimacy (Meneses & Greenberg, 2019). This process is not without difficulty, as disclosure inherently involves risk—the possibility of rejection, criticism, or misinterpretation. Yet it is precisely this risk that can make disclosure transformative, enabling couples to face their vulnerabilities together and reconfigure their relational patterns (Knudson-Martin et al., 2021).

The therapeutic literature highlights that structured interventions can facilitate the process of disclosure and enhance intimacy. For instance, the development of process measures in Emotion-Focused Couple Therapy (EFCT) provides clinicians with tools to monitor and encourage session-level disclosure and vulnerability, ensuring that such moments translate into sustained relational change (Talmor et al., 2025). Studies indicate that when partners are able to

articulate emotional injuries and disclose unmet attachment needs, they can move toward forgiveness and reconciliation (Meneses & McKinnon, 2019). This suggests that disclosure is not only a communication strategy but also a reparative practice essential for long-term intimacy reconstruction.

Vulnerability, closely tied to emotional disclosure, represents the interpersonal willingness to expose weaknesses, insecurities, or hidden aspects of the self in front of a partner. From a clinical perspective, vulnerability is a fulcrum for power shifts and relational transformation (Knudson-Martin et al., 2021). In therapy, encouraging vulnerability often helps couples break rigid interactional patterns and establish new relational equilibriums characterized by empathy and shared responsibility. Vulnerability perceptions during EFCT, for example, have been shown to influence how accurately partners interpret each other's emotions, affecting the trajectory of intimacy repair (Wiesel et al., 2020).

The politics of vulnerable masculinity further complicates this dynamic. In some cultural contexts, men may resist vulnerability due to societal norms of stoicism and strength, which can create barriers to authentic disclosure (Smoliak et al., 2021). This resistance has implications for both partners, often leaving women in relationships bearing a disproportionate emotional load. However, therapeutic interventions that normalize vulnerability as a strength rather than a weakness can help partners reframe their understanding of gender roles in relationships (Smoliak et al., 2025). Moreover, research shows that when therapists guide couples toward vulnerability-based dialogues, they facilitate the conditions for emotional injury resolution and renewed intimacy (Kula et al., 2021).

Several models of couple therapy underscore the importance of vulnerability and disclosure as central therapeutic mechanisms. Emotion-Focused Couple Therapy, in particular, places emphasis on accessing and sharing vulnerable emotions as a pathway toward intimacy reconstruction (Timulák et al., 2024). The therapeutic process often involves guiding partners from secondary emotions such as anger or withdrawal into more primary, vulnerable emotions like fear of abandonment or shame. This shift in emotional expression has been linked to positive outcomes across multiple studies (McKinnon & Greenberg, 2017).

Couple therapy research also points to a variety of strategies for promoting disclosure. Heightening interventions, for example, amplify clients' emotional

experiences to create impactful moments of connection (Owen & Quirk, 2014). Likewise, co-therapy models highlight the relational gift of shared vulnerability between therapists, which serves as a model for clients (Canna & Partinico, 2014). Such approaches underscore the relational reciprocity inherent in disclosure: partners are more likely to take interpersonal risks when they witness the other's willingness to do the same (Livingston, 2009).

In addition, integrative frameworks that consider sexual intimacy and aging emphasize that disclosure and vulnerability are lifelong needs in relationships, not confined to early stages of marriage or crisis resolution (Scheinkman et al., 2022). The challenge for therapists is to contextualize disclosure within the couple's developmental stage, cultural background, and relational history, ensuring that interventions remain relevant and effective (Schgal, 2020).

Despite its potential benefits, disclosure is not always easy to achieve. Couples often face barriers rooted in past relational injuries, cultural scripts, or personal fears. High-risk couples, for instance, may respond differently to relationship education programs compared to low-risk couples, with vulnerability amplifying both positive and negative outcomes (Conradi et al., 2022). When partners have experienced betrayal or unresolved trauma, the act of disclosure can evoke defensiveness rather than intimacy (McKinnon & Greenberg, 2013). In such cases, therapeutic work must focus on creating a safe relational environment where gradual disclosure is possible.

The barriers are not only psychological but can also be structural. Power imbalances within relationships may silence one partner's disclosures, while societal norms can stigmatize emotional openness, particularly for men (Smoliak et al., 2021). Furthermore, therapeutic settings themselves can inadvertently reinforce these dynamics if clinicians are not attuned to sociocultural factors (Knudson-Martin et al., 2021). Effective therapy therefore requires sensitivity to systemic influences that shape couples' willingness and ability to disclose.

Beyond clinical practice, the study of vulnerability and disclosure in couples contributes to broader understandings of human relationships. The concept of empathic focus, for example, emphasizes the sustained attention required to truly understand a partner's inner world (Livingston, 2009). Similarly, Internal Family Systems approaches highlight how conflicts between internal parts of the self manifest in relational interactions, making vulnerability not only an interpersonal issue but also an intrapersonal negotiation (Green, 2008).

Recent research has also extended the study of intimacy into specific contexts. For instance, interventions for couples dealing with addiction highlight the importance of vulnerability in addressing shame and rebuilding trust (Lee et al., 2023). Music therapy with couples living with dementia has demonstrated that shared vulnerability through creative expression can enhance relationship quality even in the face of cognitive decline (Stedje et al., 2023). These studies highlight the universality of vulnerability across diverse relational and cultural contexts, reinforcing its centrality to intimacy reconstruction.

Another critical strand of research emphasizes the intersection of vulnerability with forgiveness and resilience. Models of forgiving in couples therapy suggest that the willingness to acknowledge hurt and disclose associated emotions is fundamental to moving beyond injury (Meneses & McKinnon, 2019). Therapists play a key role in helping partners access vulnerable emotions that pave the way for forgiveness, thereby transforming relational wounds into opportunities for growth. Similarly, interventions designed to build resilience in couples frequently hinge on fostering mutual vulnerability, encouraging partners to face stressors collaboratively rather than individually (O'Brien et al., 2009).

The therapeutic resolution of jealousy also reflects this dynamic. By helping couples disclose underlying fears of abandonment or inadequacy, therapists can transform jealousy from a destructive emotion into a doorway for dialogue and greater intimacy (Scheinkman & Werneck, 2010). These findings align with broader perspectives on intimacy resilience, which stress that vulnerability is not a weakness to be eliminated but a resource to be cultivated (Scheinkman et al., 2022).

It is equally important to recognize that disclosure is not limited to negative emotions. Positive disclosures—sharing successes, joys, and hopes—also contribute to marital intimacy. Research on capitalization in distressed couples shows that the ability to disclose positive experiences enhances relational satisfaction and buffers against conflict (Hershenberg et al., 2016). Therapists can therefore encourage couples not only to reveal vulnerabilities but also to share affirmations and moments of pride, broadening the emotional repertoire of intimacy (Owen & Quirk, 2014).

Taken together, these findings reveal that emotional disclosure and vulnerability are multidimensional processes central to the reconstruction of marital intimacy. They are influenced by cultural, psychological, and relational factors, and they play critical roles in therapeutic change. Disclosure

serves as both a risk and a reward: while it may expose partners to potential rejection, it also opens the possibility of deeper connection and repair. Vulnerability, when embraced, becomes a transformative force that redefines power dynamics, strengthens resilience, and fosters authentic intimacy (Smoliak et al., 2025; Timulák et al., 2024).

This study therefore aims to qualitatively explore how emotional disclosure and vulnerability contribute to the reconstruction of marital intimacy.

2. Methods

2.1. Study Design and Participants

This study employed a qualitative research design aimed at exploring the role of emotional disclosure and vulnerability in the reconstruction of marital intimacy. Given the exploratory nature of the research questions, a qualitative approach was considered appropriate to capture the depth, complexity, and lived experiences of participants. A total of 21 married individuals from South Africa participated in the study. Participants were selected using purposive sampling to ensure that they had direct experience with marital intimacy processes, particularly in contexts where emotional openness and vulnerability played a significant role. The sample included both men and women from diverse cultural and socioeconomic backgrounds in order to obtain a wide range of perspectives. Recruitment continued until theoretical saturation was reached, ensuring that no new themes emerged from additional interviews.

2.2. Measures

Data were collected through in-depth, semi-structured interviews that allowed participants to share their personal experiences in their own words while also providing sufficient structure to maintain focus on the central themes of emotional disclosure, vulnerability, and intimacy. An interview guide was developed based on existing literature and expert consultation, covering areas such as the role of emotional openness in marital relationships, perceived barriers to disclosure, and the impact of vulnerability on relational closeness. Each interview lasted between 60 to 90

minutes and was conducted in a setting convenient and comfortable for the participant, either face-to-face or via secure online platforms. All interviews were audio-recorded with consent and subsequently transcribed verbatim to preserve the richness of participants' narratives.

2.3. Data Analysis

The transcribed data were analyzed using thematic analysis, which allowed for the identification of recurring patterns, categories, and themes related to emotional disclosure and vulnerability in marital intimacy. NVivo 19 qualitative data analysis software was employed to facilitate the systematic organization and coding of the data. The analysis process began with open coding, followed by the development of categories and themes through constant comparison of the data across participants. Emerging patterns were continuously refined until coherent thematic structures were achieved. Throughout the analysis, credibility and trustworthiness were enhanced through peer debriefing, careful memo writing, and an audit trail documenting analytic decisions. The use of theoretical saturation ensured that the data collection and analysis reached a point where no new information or themes were identified, thereby strengthening the validity of the findings.

3. Findings and Results

A total of 21 participants from South Africa took part in this study. The sample consisted of 12 women (57.1%) and 9 men (42.9%), ranging in age from 28 to 54 years ($M = 39.6$, $SD = 6.8$). In terms of marital duration, 6 participants (28.6%) had been married for less than 5 years, 8 participants (38.1%) between 6 and 15 years, and 7 participants (33.3%) for more than 15 years. Educational backgrounds varied, with 5 participants (23.8%) holding secondary school qualifications, 9 participants (42.9%) with undergraduate degrees, and 7 participants (33.3%) with postgraduate qualifications. Regarding employment, 13 participants (61.9%) were employed full-time, 4 participants (19.0%) were employed part-time, and 4 participants (19.0%) were unemployed or homemakers. The sample represented a range of cultural and socioeconomic backgrounds, reflecting the diversity of the South African context.

Table 1

Thematic Framework of Emotional Disclosure and Vulnerability in Marital Intimacy

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Openness in Marital Relationships	Expressing inner feelings	Sharing fears, verbalizing emotions, disclosing stress, honesty in communication
	Emotional availability	Attentive listening, showing empathy, non-judgmental responses, validation
	Trust building through openness	Transparency, mutual reassurance, creating safe space, reliability
	Self-disclosure boundaries	Selective sharing, protecting sensitive topics, fear of rejection
	Reciprocity of sharing	Balanced disclosure, mutual effort, equal vulnerability
	Coping through disclosure	Emotional release, stress reduction, feeling understood, improved communication
2. Vulnerability as a Pathway to Intimacy	Acceptance of weakness	Admitting flaws, acknowledging mistakes, imperfection as human, openness about fears
	Risk-taking in relationships	Sharing insecurities, fear of judgment, exposing hidden struggles, courage in disclosure
	Building closeness through vulnerability	Deep connection, emotional bonding, sense of belonging, authenticity
	Gendered expressions of vulnerability	Cultural expectations, masculinity and disclosure, femininity and nurturing, shifting gender roles
	Managing rejection	Coping with negative reactions, resilience, protective strategies, reframing criticism
3. Barriers to Emotional Disclosure	Fear of conflict	Avoidance of sensitive topics, fear of escalation, silence as protection
	Cultural and social norms	Stigma, traditional expectations, family privacy, religious values
	Past negative experiences	Betrayal, past criticism, unresolved trauma, fear of abandonment
	Communication difficulties	Lack of skills, poor timing, emotional suppression, misunderstanding
	Power imbalances	Dominance of one partner, lack of voice, inequality in dialogue
	Emotional fatigue	Burnout from repeated conflict, indifference, emotional distancing
	Privacy and independence needs	Desire for autonomy, personal space, protecting individuality
4. Reconstruction of Marital Intimacy	Healing through dialogue	Forgiveness, reconciliation, rebuilding trust, conflict resolution
	Rituals of intimacy	Shared routines, symbolic gestures, couple traditions, celebrating milestones
	Emotional support systems	Spousal encouragement, shared coping, reliance in crises, practical help
	Physical and emotional synergy	Affection, sexual closeness, shared presence, emotional-physical connection
	Growth through adversity	Learning from conflict, resilience building, strengthened bond, post-crisis growth

Category 1: Emotional Openness in Marital Relationships

Expressing inner feelings. Participants highlighted the importance of openly sharing personal emotions, such as fears, stress, and hopes, as a foundation for intimacy. Emotional disclosure was often linked to a sense of relief and being understood. One participant reflected: *“When I finally told my husband about how anxious I was at work, it felt like a weight lifted. He didn’t judge me—he just listened.”* This transparency fostered a climate of honesty in communication.

Emotional availability. The data revealed that intimacy was enhanced when partners showed attentiveness, empathy, and validation during moments of disclosure. For many, simply being listened to without judgment created a sense of emotional safety. As one participant noted: *“She doesn’t always give me advice, but the way she listens makes me feel like my feelings matter.”*

Trust building through openness. Trust emerged as both a prerequisite and an outcome of disclosure. Participants emphasized that creating a safe space for dialogue and being reliable in handling shared information strengthened relational bonds. A husband remarked: *“When I told her about my financial mistakes and she didn’t criticize me, I felt I could trust her with anything.”*

Self-disclosure boundaries. Not all feelings were shared; participants described drawing boundaries to protect themselves from potential rejection. Fear of overexposure sometimes limited openness. A participant explained: *“There are things I keep to myself, not because I want secrets, but because I’m scared it will hurt him if I share everything.”*

Reciprocity of sharing. Balanced disclosure was viewed as crucial. When one partner consistently shared more than the other, participants felt intimacy was hindered. As one

woman observed: *"It's not just me opening up; when he shares too, I feel like we're meeting each other halfway."*

Coping through disclosure. Many participants described disclosure as a coping strategy that reduced stress and enhanced communication. By expressing their inner struggles, they experienced emotional release and closeness. *"Talking about my stress with him is better than bottling it up. It calms me down,"* shared one participant.

Category 2: Vulnerability as a Pathway to Intimacy

Acceptance of weakness. A recurring theme was the role of vulnerability in enabling acceptance of imperfection. Participants felt intimacy grew when they could acknowledge mistakes or fears without fear of judgment. *"Admitting that I'm not always strong actually brought us closer,"* a wife recounted.

Risk-taking in relationships. Disclosure was frequently framed as a risk, especially when revealing insecurities or hidden struggles. Yet this risk-taking was seen as courageous and transformative. *"Telling her about my childhood trauma was terrifying, but it made us connect on a deeper level,"* one participant said.

Building closeness through vulnerability. Participants consistently described vulnerability as a gateway to deeper bonding and authenticity. One husband expressed: *"When she shared her fear of losing me, I felt an intimacy that words cannot explain."* This openness created a strong sense of belonging.

Gendered expressions of vulnerability. The findings indicated that cultural expectations shaped how men and women disclosed emotions. Men often struggled against norms discouraging openness, while women felt pressure to remain nurturing. As one man explained: *"I was raised to never cry, but when I finally broke down in front of her, she held me—and that changed our relationship."*

Managing rejection. Some participants encountered negative reactions to disclosure, leading them to develop coping strategies such as reframing criticism or becoming more resilient. *"At first, when he dismissed my feelings, I wanted to shut down. But over time, I learned to explain myself better,"* one woman shared.

Category 3: Barriers to Emotional Disclosure

Fear of conflict. Several participants withheld disclosure to avoid arguments or escalation. Silence was sometimes used as a protective strategy. One participant admitted: *"I don't tell her everything because I know it might start a fight, and sometimes peace is better than honesty."*

Cultural and social norms. Participants identified social and cultural expectations as barriers to openness. In

particular, traditions emphasizing privacy and family honor limited sharing. *"In my community, talking about personal struggles is seen as weakness, so I often keep quiet even when I want to talk,"* a participant explained.

Past negative experiences. For many, past experiences of betrayal or harsh criticism created fear of abandonment and reluctance to share again. *"I once opened up and she used it against me in a fight. Since then, I think twice before I speak,"* recounted one husband.

Communication difficulties. Practical challenges such as lack of emotional vocabulary, poor timing, or misunderstandings also blocked disclosure. As one wife observed: *"I don't always have the words to explain what I feel, so he thinks I'm shutting him out when I'm really just struggling."*

Power imbalances. Intimacy was undermined when one partner dominated conversations or dismissed the other's voice. One participant explained: *"He always has the final say, so why would I bother sharing my feelings?"* This inequality restricted genuine dialogue.

Emotional fatigue. Some participants described feeling emotionally drained after repeated conflicts, leading to distancing. *"I've tried telling him many times, but it feels like talking to a wall. After a while, I just stopped,"* one woman shared.

Privacy and independence needs. Interestingly, several participants framed limited disclosure as necessary to maintain autonomy and individuality. *"I need some thoughts to be just mine; it doesn't mean I don't love him,"* said one participant.

Category 4: Reconstruction of Marital Intimacy

Healing through dialogue. Couples described rebuilding intimacy through forgiveness, reconciliation, and constructive conflict resolution. *"We fought hard, but sitting down and talking honestly is what helped us heal,"* one participant shared.

Rituals of intimacy. Daily or symbolic practices, such as shared meals, couple traditions, and celebrating milestones, were emphasized as important to reestablish closeness. A participant noted: *"Every Friday we cook together. It's a small thing, but it keeps us connected."*

Emotional support systems. Spousal encouragement and practical support during crises strengthened intimacy. *"When I lost my job, she stood by me. That support rebuilt my trust and love,"* explained one man.

Physical and emotional synergy. Participants reported that physical affection and sexual closeness were closely tied to emotional connection. *"When we hug or hold hands, it*

feels like the emotional walls disappear,” a woman explained.

Growth through adversity. Many participants framed challenges as opportunities for resilience and deeper bonding. One participant stated: *“Going through hardship together has made us stronger. We came out of it not just surviving, but closer.”*

4. Discussion and Conclusion

The findings of this qualitative study highlight the central role of emotional disclosure and vulnerability in the reconstruction of marital intimacy. Through in-depth accounts from participants, it became evident that openness to sharing inner feelings, the willingness to take interpersonal risks, and the capacity to respond empathically to a partner’s disclosures serve as essential building blocks of renewed closeness. Four major themes emerged: emotional openness in marital relationships, vulnerability as a pathway to intimacy, barriers to disclosure, and strategies for reconstructing intimacy. Each of these themes, while distinct, demonstrated interconnectedness in shaping how couples negotiate closeness, heal relational injuries, and foster resilience in their partnerships.

The first theme, emotional openness in marital relationships, underscored the transformative power of honest expression in strengthening trust and closeness. Participants consistently reported that when partners openly verbalized fears, insecurities, or sources of stress, they felt emotionally understood and supported. This aligns with prior research that has identified disclosure as a mechanism for enhancing therapeutic outcomes in couples therapy (McKinnon & Greenberg, 2013). Vulnerable emotional expression during therapy has been shown to deepen engagement in the therapeutic process and improve final outcomes (McKinnon & Greenberg, 2017). Similarly, studies in Emotion-Focused Couple Therapy (EFCT) demonstrate that facilitating disclosure of underlying vulnerable emotions leads to greater intimacy and relational repair (Meneses & Greenberg, 2019).

The present findings further confirm that disclosure functions as a coping strategy, consistent with models of couples coping with stress which emphasize the importance of sharing emotional burdens for relational resilience (O’Brien et al., 2009). This suggests that disclosure is not merely cathartic but actively restructures relational dynamics by promoting trust, reciprocity, and understanding. Such conclusions echo empirical evidence

that session-level process measures in EFCT can help therapists track and encourage disclosure, ultimately translating into sustained improvements in intimacy (Talmor et al., 2025).

The second theme identified vulnerability as a core relational fulcrum through which couples reconstructed intimacy. Participants described vulnerability as both a challenge and an opportunity: while it exposed them to risks of rejection or criticism, it also created conditions for authenticity and deeper connection. This dual nature of vulnerability has been extensively discussed in therapeutic literature. Knudson-Martin and colleagues emphasize that sociocultural attunement to vulnerability allows therapists to disrupt power imbalances and foster new relational equilibriums (Knudson-Martin et al., 2021). The accounts of participants in this study reinforce this view, highlighting that vulnerability is not simply a personal act but a relational process shaped by cultural expectations and gender roles.

Indeed, the findings resonate with the politics of vulnerable masculinity, where men often resist vulnerability due to cultural narratives of strength and stoicism (Smoliak et al., 2021). The resistance observed among some participants confirms earlier findings that reluctance to disclose can hinder intimacy and leave women shouldering disproportionate emotional responsibilities. At the same time, when men did embrace vulnerability, participants reported profound shifts in relational closeness, supporting recent work on partner empathy in therapy (Smoliak et al., 2025). The therapeutic literature underscores that vulnerability-based dialogues are critical in facilitating the resolution of emotional injuries and rebuilding intimacy (Kula et al., 2021).

The third theme highlighted barriers to disclosure, such as fear of conflict, cultural norms, past negative experiences, and power imbalances. These findings corroborate research showing that couples at higher risk, particularly those with histories of betrayal or unresolved trauma, may experience disclosure as threatening rather than reparative (Conradi et al., 2022). McKinnon and Greenberg’s studies on vulnerable emotional expression suggest that for disclosure to be effective, therapists must first establish a safe relational climate where partners feel secure enough to take emotional risks (McKinnon & Greenberg, 2013). Without such conditions, disclosure can reinforce defensive patterns rather than intimacy.

Cultural and social scripts also emerged as significant barriers. This is consistent with prior findings that societal norms can shape how partners perceive and enact

vulnerability (Knudson-Martin et al., 2021). In particular, cultural contexts that discourage emotional openness among men can stifle disclosure, limiting opportunities for empathy and growth. Such findings echo broader discussions about how therapy must address systemic influences on vulnerability (Smoliak et al., 2021). Power imbalances, another identified barrier, also reinforce previous observations that without deliberate intervention, inequality within relationships can silence disclosure and perpetuate cycles of disconnection (Scheinkman & Werneck, 2010).

Finally, the fourth theme illuminated strategies for reconstructing intimacy, including healing through dialogue, rituals of closeness, and growth through adversity. The emphasis participants placed on dialogue and forgiveness is strongly supported by existing models of forgiving in couples therapy, which highlight the disclosure of hurt emotions as essential to moving beyond injury (Meneses & McKinnon, 2019). Similarly, rituals of intimacy described by participants resemble capitalization processes in distressed couples, where sharing positive experiences enhances relational satisfaction (Hershenberg et al., 2016).

The role of resilience emerged prominently, with participants framing adversity as an opportunity to grow closer. This echoes research on intimacy resilience frameworks, which emphasize that couples can maintain closeness across developmental transitions and challenges by engaging in ongoing disclosure and vulnerability (Scheinkman et al., 2022). Furthermore, the accounts of physical and emotional synergy confirm long-standing arguments that intimacy is multidimensional, encompassing both emotional and physical dimensions (McCarthy & Ross, 2017).

The findings of this study are in strong alignment with broader therapeutic literature emphasizing the centrality of disclosure and vulnerability. EFCT studies demonstrate that accurately perceiving a partner's vulnerability is associated with better therapeutic outcomes (Wiesel et al., 2020). Similarly, interventions that heighten emotional experiences create opportunities for couples to connect at deeper levels (Owen & Quirk, 2014). Co-therapy approaches highlight how therapists' own collaborative vulnerability can serve as a model for clients (Canna & Partinico, 2014).

The broader implications extend beyond therapy for distressed couples. Interventions with couples facing addiction underscore the role of disclosure in addressing shame and rebuilding trust (Lee et al., 2023). Likewise, innovative methods such as music therapy for couples living with dementia highlight that vulnerability and disclosure

foster intimacy across diverse contexts (Sehgal, 2020; Stedje et al., 2023). These varied studies confirm the universality of disclosure and vulnerability as relational processes central to sustaining intimacy throughout the lifespan.

The present findings also resonate with perspectives on empathic focus in therapy, where sustained attention to a partner's inner world is essential for relational transformation (Livingston, 2009). Internal Family Systems approaches similarly demonstrate that acknowledging intrapersonal vulnerability facilitates interpersonal disclosure (Green, 2008). Together, these perspectives confirm that the processes identified in this study are deeply embedded in both individual and systemic dimensions of couple functioning.

By exploring the lived experiences of couples, this study contributes to the growing evidence that emotional disclosure and vulnerability are fundamental to intimacy reconstruction. The findings support therapeutic models emphasizing the need for structured interventions to create safe environments where disclosure can occur (Talmor et al., 2025; Timulák et al., 2024). They also highlight that vulnerability should be framed as a strength rather than a weakness, consistent with emerging clinical perspectives (Smoliak et al., 2025). Ultimately, the study underscores the universality of vulnerability across cultural and relational contexts, while also acknowledging the systemic barriers that must be addressed to fully harness its transformative potential.

5. Suggestions and Limitations

Despite its contributions, this study has limitations that should be acknowledged. First, the qualitative design, while valuable for exploring lived experiences, limits generalizability to broader populations. The sample was drawn exclusively from South Africa, which, although diverse, represents a specific cultural context that may not reflect the experiences of couples in other regions. Additionally, the reliance on self-reported accounts introduces potential biases such as selective memory, social desirability, or reluctance to disclose particularly painful experiences even within the safe space of research interviews. Finally, while theoretical saturation was achieved with 21 participants, the depth and variety of experiences could have been enriched by including couples in different stages of marital development, such as newlyweds, remarried couples, or long-term partners in later life.

Future studies should consider expanding the demographic and cultural diversity of participants to explore how disclosure and vulnerability are enacted across different cultural, socioeconomic, and religious contexts. Comparative studies between high-risk and low-risk couples could provide deeper insight into how vulnerability functions differently depending on relational stability. Longitudinal designs would be particularly valuable for examining how disclosure and intimacy reconstruction evolve over time, especially in response to significant life events such as illness, parenthood, or migration. Furthermore, integrating mixed-methods approaches could allow researchers to capture both the subjective richness of qualitative accounts and the measurable impacts of disclosure on relationship outcomes.

For practitioners, the findings highlight the importance of fostering therapeutic environments where vulnerability is normalized and supported. Therapists should actively attend to power dynamics and cultural norms that may inhibit disclosure, ensuring that both partners feel safe to share. Encouraging rituals of intimacy, promoting positive as well as vulnerable disclosures, and integrating forgiveness processes can be practical strategies for helping couples rebuild closeness. Finally, therapists should frame vulnerability not as a sign of weakness but as a relational strength, helping couples reimagine openness as a pathway toward resilience and authentic connection.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Bradbury, T. N., & Bodenmann, G. (2020). Interventions for Couples. *Annual Review of Clinical Psychology*, 16(1), 99-123. <https://doi.org/10.1146/annurev-clinpsy-071519-020546>
- Canna, P., & Partinico, M. (2014). The Experience the Gift in a Model of Co-Therapy. *Journal for Perspectives of Economic Political and Social Integration*, 19(1-2), 47-54. <https://doi.org/10.2478/v10241-012-0003-9>
- Conradi, H. J., Noordhof, A., Dingemanse, P., & Kamphuis, J. H. (2022). Do High-risk Couples Profit More or Less From Couple Relationship Education Programs Than Low-risk Couples? Room for Improvement and Vulnerability Effects. *Family Process*, 62(2), 591-608. <https://doi.org/10.1111/famp.12801>
- Green, E. J. (2008). Individuals in Conflict: An Internal Family Systems Approach. *The Family Journal*, 16(2), 125-131. <https://doi.org/10.1177/1066480707313789>
- Hershenberg, R., Mavandadi, S., Baddeley, J. L., & Libet, J. (2016). Capitalization in Distressed Couples: A Pilot Study and Outline for Future Research. *Personal Relationships*, 23(4), 684-697. <https://doi.org/10.1111/per.12154>
- Knudson-Martin, C., Kim, L., Gibbs, E., & Harmon, R. (2021). Sociocultural Attunement to Vulnerability in Couple Therapy: Fulcrum for Changing Power Processes in Heterosexual Relationships. *Family Process*, 60(4), 1152-1169. <https://doi.org/10.1111/famp.12635>
- Kula, O., Machluf, R., Bar-Kalifa, E., & Shahar, B. (2021). The Relationship Between Therapist Interventions and Couples' Emotional Injury Resolution in Emotion Focused Couples Therapy. *Journal of marital and family therapy*, 48(3), 726-737. <https://doi.org/10.1111/jmft.12560>
- Lee, B. K., Shi, Y., Ofori-Dei, S., & Miftari, N. (2023). Characteristics of Seekers of Couple Therapy for Alcohol Use or Gambling Disorder. *The Canadian Journal of Addiction*, 14(2), 32-39. <https://doi.org/10.1097/cxa.0000000000000174>
- Livingston, M. S. (2009). Sustained Empathic Focus and Its Application in the Treatment of Couples. *Clinical Social Work Journal*, 37(3), 183-189. <https://doi.org/10.1007/s10615-009-0206-4>
- McCarthy, B., & Ross, L. W. (2017). Expanding the Types of Clients Receiving Sex Therapy and Sexual Health Services. *Journal of sex & marital therapy*, 44(1), 96-101. <https://doi.org/10.1080/0092623x.2017.1321599>
- McKinnon, J. M., & Greenberg, L. S. (2013). Revealing Underlying Vulnerable Emotion in Couple Therapy: Impact on Session and Final Outcome. *Journal of Family Therapy*, 35(3), 303-319. <https://doi.org/10.1111/1467-6427.12015>

- McKinnon, J. M., & Greenberg, L. S. (2017). Vulnerable Emotional Expression in Emotion Focused Couples Therapy: Relating Interactional Processes to Outcome. *Journal of marital and family therapy*, 43(2), 198-212. <https://doi.org/10.1111/jmft.12229>
- Meneses, C. W., & Greenberg, L. S. (2019). A Model of the Process of Forgiving in Couples Therapy. 145-166. <https://doi.org/10.1037/0000144-008>
- Meneses, C. W., & McKinnon, J. M. (2019). Emotion-Focused Therapy for Couples. 447-469. <https://doi.org/10.1037/0000112-020>
- O'Brien, T., DeLongis, A., Pomaki, G., Puterman, E., & Zwicker, A. (2009). Couples Coping With Stress. *European Psychologist*, 14(1), 18-28. <https://doi.org/10.1027/1016-9040.14.1.18>
- Owen, J., & Quirk, K. (2014). Heightening in Couple Therapy. *Psychotherapy*, 51(1), 7-10. <https://doi.org/10.1037/a0032160>
- Scheinkman, M., Iasenza, S., Ludwig, K., Cronin, T. M., Lemor, S., & Papp, P. (2022). Sexual Intimacy and Aging: An Integrative Framework to Promote Intimacy Resilience in Couple Therapy. *Family Process*, 61(2), 456-475. <https://doi.org/10.1111/famp.12767>
- Scheinkman, M., & Werneck, D. (2010). Disarming Jealousy in Couples Relationships: A Multidimensional Approach. *Family Process*, 49(4), 486-502. <https://doi.org/10.1111/j.1545-5300.2010.01335.x>
- Sehgal, A. (2020). Music Therapy With Couples and Families in the United Kingdom: A Review. *Couple and Family Psychoanalysis*, 10(1), 99-107. <https://doi.org/10.33212/cfp.v10n1.2020.99>
- Smoliak, O., Dechamplain, B., Elliott, R., Rice, C., LeCouteur, A., Tseliou, E., & Davies, A. W. J. (2025). Partner Empathy in Couple Therapy: A Discovery-Phase Task Analytic Study. *Couple and Family Psychology Research and Practice*, 14(2), 107-121. <https://doi.org/10.1037/cfp0000244>
- Smoliak, O., LaMarre, A., Rice, C., Tseliou, E., LeCouteur, A., Myers, M., Vesely, L. M., Briscoe, C., Addison, M., & Velikonja, L. (2021). The Politics of Vulnerable Masculinity in Couple Therapy. *Journal of marital and family therapy*, 48(2), 427-446. <https://doi.org/10.1111/jmft.12530>
- Stedje, K., Kvamme, T. S., Johansson, K., Sousa, T. V., Odell-Miller, H., Stensæth, K., Bukowska, A., Tamplin, J., Wosch, T., & Baker, F. A. (2023). The Influence of Home-Based Music Therapy Interventions on Relationship Quality in Couples Living With Dementia—An Adapted Convergent Mixed Methods Study. *International journal of environmental research and public health*, 20(4), 2863. <https://doi.org/10.3390/ijerph20042863>
- Talmor, S. B., Shahar, B., Sbarra, D. A., & Bar-Kalifa, E. (2025). The Development of a Brief Session-Level Process Measure for Emotion-Focused Couple Therapy. *Family Process*, 64(1). <https://doi.org/10.1111/famp.70000>
- Timulák, L., Dailey, J., Lunn, J., & McKnight, J. (2024). Transdiagnostic Emotion-Focused Therapy for Couples With Co-Morbid Relational and Mood, Anxiety and Related Difficulties. *Journal of Contemporary Psychotherapy*, 55(1), 1-10. <https://doi.org/10.1007/s10879-024-09645-7>
- Wiesel, I., Shahar, B., Goldman, R. N., & Bar-Kalifa, E. (2020). Accuracy and Bias in Vulnerability Perceptions of Partners Undergoing Emotion-Focused Therapy for Couples. *Family Process*, 60(2), 377-392. <https://doi.org/10.1111/famp.12587>