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# Gender, Power, and Trust Issues in Couple Therapy with Adult-Survivor Couples

Melissa A. Wells

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LOMA LINDA UNIVERSITY  
School of Behavioral Health  
in conjunction with the  
Faculty of Graduate Studies

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Gender, Power, and Trust Issues in Couple Therapy  
with Adult-Survivor Couples

by

Melissa A. Wells

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A Dissertation submitted in partial satisfaction of  
the requirements for the degree  
Doctor of Philosophy in Marital and Family Therapy

---

June 2015

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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## DEDICATION

This dissertation is dedicated to my son, Gabriel. I wish you were here.

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## ABBREVIATIONS

|       |                                      |
|-------|--------------------------------------|
| ASPRs | Adult-Survivor Power Responses       |
| CEA   | Child Emotional Abuse                |
| CFT   | Couple and Family Therapy            |
| CSA   | Child Sexual Abuse                   |
| EFT   | Emotionally Focused Therapy          |
| IRB   | Institutional Review Board           |
| RTT   | Relational Trust Theory              |
| PTSD  | Posttraumatic Stress Disorder        |
| SERT  | Socio-Emotional Relationship Therapy |

## ABSTRACT OF THE DISSERTATION

Gender, Power, and Trust Issues in Couple Therapy with Adult-Survivor Couples

by

Melissa A. Wells

Doctor of Philosophy, Graduate Program in Marital and Family Therapy  
Loma Linda University, June 2015

Dr. Carmen Knudson-Martin, Chairperson

Although one-third of partners in couple therapy have experienced childhood abuse, our field has developed few specific interventions that address the lingering effects of child abuse on current couple dynamics. A common impact on adult survivors is the struggle to trust their intimate partner. Furthermore, asymmetrical gendered power processes often erode trust. Given the propensity for adult-survivor couples to experience a distrusting emotional culture, this dissertation studied the effect of gendered power dynamics on trust in partner interactions, as well as identified clinical processes of Socio-Emotional Relationship Therapy (SERT) that helped adult-survivor couples change power disparities to a mutually supportive and trusting emotional culture.

This dissertation includes two publishable papers. The first article articulates relational trust theory, which integrates feminist, social constructionist views with relational ethics. This theoretical conceptualization describes how the intermingling of gendered power interactions and adult-survivor power responses negatively impact emotional connection. The second article presents the results of a longitudinal grounded theory study of video and transcripts of 40 SERT sessions with four heterosexual adult-survivor couples. The findings from the research were applied to an additional four

couples to refine the final grounded theory on how to work with the intersection of trust, gender, and power issues of adult-survivor couples. Three key themes on gendered power processes emerged: 1) gendered fear of being vulnerable, 2) unique gendered power approaches, and 3) distrustful reactions. The analysis identifies five key clinical processes to enhance trust: 1) recognize gendered power's effects on relational safety, 2) comprehend the socio-emotional experience of partners, 3) accentuate relational needs, 4) initiate partners sharing power, and 5) identify trustworthiness of partners. The study also delineates components of relational vulnerability that augment trust.

The final dissertation chapter compares the findings from the grounded theory analysis to current CFT models with adult-survivor couples and discusses clinical implications for addressing the complex interplay of gender, power, and trust in partner interactions. A significant contribution of this dissertation is a better understanding of the link of trust with gender and power dynamics in adult-survivor intimate relationships and how to sensitively address relational processes interfering with trust.



# CHAPTER ONE

## INTRODUCTION

### Purpose

At least one-third of partners who come to couple therapy have a history of childhood abuse. Yet, the effects of childhood trauma on current interactions between adult intimate partners have received attention in only a few of the theories and clinical approaches in the couple and family therapy (CFT) field (Anderson & Miller, 2006). Furthermore, clients may not disclose a history of child abuse (Little & Hamby, 1999), and couple therapists can often fail to recognize that childhood maltreatment may be contributing to their clients' presenting issues (Cobia, Sobansky, & Ingram, 2004; Mennen & Pearlmutter, 1993). This is problematic, as research indicates that the experience of relational betrayal during childhood, which occurs when a parent or caregiver fails to fulfill role expectations to care for and protect the child (Brown, 2004), can adversely affect that person's adult intimate relationships (Busby, Walker, & Holman, 2011; Henry, Smith, Archuleta, Sanders-Hahs, Nelson Goff, et al., 2011; Pearlman & Courtois, 2005). Though for some adult survivors the effects of childhood abuse can appear to be negligible, for others it can have a significant impact on their ways of relating with their intimate partner (Millwood, 2011).

Researchers have found that an adverse interpersonal effect of childhood abuse on intimate relationships is that adult survivors can often have difficulty trusting their intimate partner (Johnson, 1989; Liang, Williams, & Siegel, 2006; MacIntosh & Johnson, 2008). Other relational challenges include fear of intimacy, anger issues and emotional dysregulation, a tendency to withdraw and isolate, reluctance to confide in the partner,

lack of confidence in receiving support from the partner, and sexual problems, all of which can negatively impact current relationship processes (Cobia, et al., 2004; Liang, et al., 2006; MacIntosh & Johnson, 2008). Chauncey (1994) found that partners of female child sexual abuse (CSA) survivors often contend with feeling inadequate at balancing their own needs with those of their partner, self-doubt that they are treating their partner appropriately, and rage at the perpetrator whose selfish actions have negatively affected their partner. Indeed, Wiersma (2003) noted that CSA is best viewed as a shared trauma.

What is needed is a relational framework on the effects of childhood trauma on adult-survivor couples developed from an empirical analysis of how change occurs when working with these partners in couple therapy. The relational theory of childhood trauma for this proposed dissertation research draws upon feminist views of treatment for victims of interpersonal violence, which takes into consideration the effects of gendered power on intimate relationships (Brown, 2004; Herman, 1992; Knudson-Martin, 2013), combined with relational ethics (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2011), which provides the underpinnings for trust in intimate relationships. Furthermore, research on clinical approaches that apply these relationally oriented principles is needed in order to better understand how couple therapy can help adult-survivor couples interact in ways that support a sense of trust between partners.

In general, trauma treatment for the problem of childhood abuse focuses on individually oriented approaches, while overlooking treatment for the interpersonal effects on intimate partnerships of adult survivors. In addition, these clinical approaches generally do not explicitly consider the impact of cultural and societal norms on a person's experience of childhood maltreatment, thereby marginalizing the links between

the larger social context, power issues, and emotions tied to the person's lived experience (Knudson-Martin & Huenergardt, 2010). Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010), a feminist approach of attending to gendered power dynamics of partners, has been applied to couples with a history of childhood abuse. Knudson-Martin (2013) noted the importance of attending to gendered power processes in couple therapy, especially when power differences are gender-based and covert.

The ability of couples to withstand stress, respond to change, and enhance each partner's health and well-being depends on their having a relatively equal power balance; that other clinical change is hard to sustain unless therapists assess for and attend to the power processes underlying their relational dynamics. (Knudson-Martin, 2013, p. 5-6)

This proposed dissertation research is designed to create an empirical framework to guide clinical processes to address the deleterious interpersonal effects of childhood trauma, particularly difficulty trusting one's partner, while helping couples develop a more mutually supportive relationship by attending to gendered power dynamics in couple therapy.

### ***Relationship Power and Its Effect on Trust***

Power in adult intimate relationships can be understood in a number of ways. Blanton and Vandergriff-Avery (2001) noted that the positional power of each partner, based on that person's control of financial and other culturally supported resources, determines one's ability to influence the relationship. This influence affects decision-making processes of partners for the relationship, such as allocation of financial resources and division of household labor and childcare. Positional power of the male is upheld by the larger societal context and impacts roles and personal entitlement in couple

relationships (Knudson-Martin, 2013). Thus, understanding patriarchy's influence on couples is tantamount, for "as long as patriarchy prevails, love will be tainted by domination" (Goldner, 1989, p. 60).

Gottman (2011) identified a gendered aspect of emotional power between intimate partners. He suggested that a relationship struggles when a man fails to accept influence from his female partner, and that "to be powerful in a relationship (he) must be capable of accepting influence" (p. 21). Gottman (2011) studied emotional power from the perspective of the amount of positive or negative emotion each partner brings to interactions, defining this power as "one person's affect having an influence over the other person's immediately following affect" (p. 428). He noted that difficulties in relationships are marked by more negativity and less emotional regulation of partners. When a partner tends to remain in a negative emotional state, that person typically is less willing to be influenced by the other partner. Partners draw upon destructive entitlement (Boszormenyi-Nagy & Krasner, 1986) in a relationship when they respond to couple interactions through "the extremes of rage and control (that) are primarily power responses" (Hargrave & Pfitzer, 2003, p. 39). Use of control is a means to attempt to minimize exploitation in relationships. These power responses of rage and control occur in reaction to that person's perceived violation of trust by the other partner (Hargrave & Pfitzer, 2003).

Fishbane (2011) viewed the power between intimate partners as "power over" when disparities of power exist, e.g., gender, financial resources, level of education, etc.; "power to" when each partner is able to make choices for the relationship consistent with his or her values; and "power with" when both partners are able to cooperate and share

(p. 338). Feminists have regarded power as bad when used over another and good when used to achieve one's goals, also seen as empowerment to draw upon one's inner strengths. Lips (1991) described these forms of power as "different faces of the same thing kept in a tenuous balance by the relationships in which they are embedded" (p. 10). Relational power encompasses emotional resources, such as attention, love, and trust, which each partner brings to the relationship (Blanton & Vandergriff-Avery, 2001). Partners who demonstrate relational power utilize empathy, generosity, and respect to support the well-being of one another and the relationship (Fishbane, 2011).

The definition of power for this proposed research draws upon Knudson-Martin's view of power as relational and reflecting "how the needs, interests, and goals of partners influence the other" (2013, p. 6). Unequal power between partners tends to undermine connection by placing excess burden on one partner to maintain the relationship. This power imbalance erodes trust between partners (Gottman, 2011; Knudson-Martin, 2013). When distrust prevails, "spouses may love each other very much, but the lack of trust can easily destroy the relationship" (Hargrave & Pfitzer, 2003, p. 33).

### ***Intersection of Child Abuse and Gendered Power Processes***

Sensitivity to power, often found in survivors of childhood relational betrayal (Hill & Alexander, 1993; Liem, O'Toole, & James, 1996), fuels current intimate relationship problems. Nelson, Yorgason, Wangsgaard, Higgins Kessler, and Carter-Vassol (2002) noted the intensity of power issues in adult-survivor couples, with one partner appearing to control most of the important aspects of the relationship and the other partner having little or no power in the relationship. Power processes of adult-survivor couples can be linked to the experience of child abuse. For instance, Cohen

(2008) described the powerlessness a child experiences when maltreated, particularly feeling unable to control one's personal space and body. This sense of powerlessness is also an underlying feature of the fear, anxiety, helplessness, and hopelessness that accompany such abuse (Lacelle, Hébert, Lavoie, Vitaro, & Tremblay, 2012). For both male and female adult survivors the lack of empowerment in childhood often drives motivation for power in adulthood, and can adversely impact adult intimate relationships when the survivor attempts to maintain power and control over the partner (Henry, et al., 2011; Liem, et al., 1996). Conversely, other research indicates that the survivor may tend to relinquish power and control to the partner due to fear of abandonment (Reyome, 2010). The impact of these experiences in childhood that undergird a distrustful attitude can be challenging, since lack of trust can lead to suspicion and hostility in interactions with one's adult intimate partner (O'Dougherty Wright, Crawford, & Sebastian, 2007).

Any understanding of these aspects of power, however, must also consider the social contexts in which the person has lived that support such distress (Brown, 2004). For instance, meeting the demands of masculinity conflicts sharply with the male adult survivor's feelings of powerlessness and vulnerability experienced in childhood abuse (Lisak, 1995). Mejia (2005) viewed this clash of male gender socialization and the vulnerability of victimhood as providing male adult survivors with "limited and contradictory coping mechanisms" (p. 29).

### ***Relational Perspective on Gendered Power***

Viewing power from a relational perspective, gender becomes a key feature of its interplay between heterosexual partners. In couples organized by traditional gender socialization, in particular, invisible power processes may negatively impact their

interactions, as “gender imbalances in the giving and receiving of support in heterosexual relationships tend to be masked” (Knudson-Martin & Huenergardt, 2010, p. 370). Any understanding of power in intimate relationships must take into consideration the impact of societal messages that inform how partners should enact gender with one another (Knudson-Martin, 2013).

When examining the intersection of the experience of childhood maltreatment and current gendered processes in adult intimate relationships, couples may find it difficult to recognize these deleterious influences on their interactions, especially when “contemporary societal discourses ... communicate expectations of relational equality on the one hand, and reinforce gender stereotypes and patriarchy on the other” (Knudson-Martin, 2013, p. 7). Addressing issues such as these with couples affected by childhood relational betrayal calls for an approach to couple therapy that transforms gendered power processes and promotes trust between partners (Knudson-Martin & Huenergardt, 2010; Gottman, 2011). For the purposes of this proposed research, interpersonal trust is defined as “the expectation that a partner can be relied upon to be responsive to one’s needs, both in the present and in the future” (Weiselquist, 2009, p. 534.)

CFT modalities have yet to specifically focus on the interplay of gendered power and trust in current couple dynamics in which one or both partners have experienced childhood abuse. Research is needed on how to clinically address the complex recursiveness of gendered power processes and levels of trust in adult-survivor couples. Accordingly, in this proposed dissertation project I will first articulate a theory based upon feminist views on interpersonal violence, gendered power processes, and the experience of trust. This theory will also include clinical implications for engaging in

couple therapy with adult-survivor couples. Then utilizing a grounded theory design, I will examine the effects of gendered power dynamics on trust in heterosexual adult-survivor couples and identify how SERT's clinical processes impact the experience of trust between these partners. I will then compare this empirical clinical framework to other CFT models with adult-survivor couples and discuss the clinical implications.

### **Background**

The World Health Organization (2010) defines child maltreatment as the neglect and abuse of children who are under the age of 18, which results in potential or actual harm to the child's survival, health, development, and dignity in a relational context involving trust, responsibility, or power. While child maltreatment occurs at an individual level, societal and cultural factors are implicated in this problem. Contexts that increase the risk of child abuse are gender and social inequality; high levels of poverty or unemployment; and sociocultural norms that glorify violence towards others, demand rigid gender roles, or diminish a child's status in the family (World Health Organization, 2010). In 2010 nearly 700,000 children in the U.S. were victims of maltreatment, with 78% experiencing neglect and emotional abuse, 18% physical abuse, and 9% sexual abuse (National Child Abuse and Neglect Data System, 2010). These childhood relational betrayals have been linked to stress in adult intimate relationships of the survivor. Among the most pervasive and persistent of problems is the adult survivor's difficulty with trusting his or her intimate partner (Johnson, 1989; Kochka & Carolan, 2002; Nelson & Wampler, 2002).



### *Long-Term Relational Effects of Childhood Abuse*

Lindauer (2012) posited that the trauma associated with child abuse is underestimated and its effects persist well into adulthood, thereby affecting the adult survivor's intimate relationships. Interestingly, it is not unusual for an adult survivor to have an intimate partner who has also experienced a history of violence in the family of origin. Alexander (2008), who referred to this as assortative mating, found in a study of 293 military couples that both partners were likely to have experienced multiple forms of childhood maltreatment. These couples were more likely to adhere to rigidly traditional gender relations and experienced greater levels of marital distress and intimate partner violence than couples in the control group (Alexander, 2008). Other researchers have also found that adult-survivor couples may be more likely to experience increased levels of marital dissatisfaction, separation, or divorce (Sugaya, Hasin, Olfson, Lin, Grant, et al., 2012), and intimate partner violence (Johnson, 2006).

Gender can impact the long-term effects of childhood abuse (Brown, Banford, Mansfield, Smith, Whiting, et al., 2012). Female adult survivors who experienced CSA, for example, expressed need for more influence, control, or power over situations and their intimate partner (Liem, et al., 1996). Lisak (1995) noted that the vulnerability and dependence involved in intimate relationships are particularly challenging for male adult survivors who tend to suppress emotions such as shame and fear in order to maintain the "facade of masculinity" (p. 259). Overall, these gendered responses to childhood abuse by adult-survivor partners can contribute to a restricted range of emotional expression that detracts from a sense of intimacy, security, and safety, thereby affecting trust between partners (Brown, et al., 2012). A feminist, relational approach to working with adult-survivor couples would focus on "helping couples to maintain their connection to

emotional support and to develop mutually nurturing roles (that) help them to renegotiate power within their relationship” (Prouty Lyness & Lyness, 2007, p. 187).

### ***Lack of Trauma-Focused Couple Treatment***

Anderson and Miller (2006) pointed out that our field has not made it a priority to address how a history of child abuse affects the processes and outcomes of couple therapy. Erbes (2004) suggested that trauma has been systematically ignored by most disciplines of psychotherapy, and this may be due to the fact that trauma is typically associated with oppressed groups (namely, women and children, ethnic minorities, and those who are physically, intellectually, or economically disadvantaged). While the feminist critique of the CFT field has done much to raise awareness of the androcentric context that has informed our theories and practices (Knudson-Martin, 1997; Leslie & Southard, 2009; McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988), more progress is needed in applying feminist principles of gender and power to this field’s theories, practices, and training (Haddock, Zimmerman, & MacPhee, 2000). This may be another explanation for why CFT scholarship regarding the effects of childhood relational betrayal on couple clinical processes is limited.

There are a few notable exceptions. One is emotionally focused therapy (Johnson, 2002; MacIntosh & Johnson, 2008), which draws upon attachment theory (Bowlby, 1988) and systems theory to understand the interpersonal dynamics of couples affected by a history of childhood trauma. Nelson and Wampler (2002) studied the systemic effects of child abuse on couples and found support for secondary trauma in partners of survivors. Trepper and Barrett (1989) wrote about systemically based

treatment for CSA. Beyond these contributions, however, the CFT literature provides scant evidence to guide clinical processes for treating the influence of childhood trauma's systemic and relational effects on the adult-survivor couple's gendered-power processes (Henry, et al., 2011). Given these factors, the purpose of this dissertation is to articulate a relational framework for couple therapy that provides guidelines for attending to the gender- and power-based processes of current interpersonal dynamics (Knudson-Martin & Huenergardt, 2010), while also attending to issues of difficulty with trust related to the experience of childhood abuse.

### **Objectives**

Hargrave and Pfitzer (2011) noted that the twin pillars supporting intimate relationships are love, from which individuals develop identity, and trustworthiness, which provides a context for intimacy. Interpersonal trust is concerned with the sense of safety in the couple relationship. Factors contributing to this relational safety are: stability, a sense of reliability between partners; relational give and take, a sense of balance and justice in fair reciprocity over time; hopefulness, a sense of security in each partner attending to the other's needs; and openness, a sense of sincerity and truthfulness between partners. "Vulnerability of any kind in relationships serves as an invitation for intimacy in that it is an act of giving" (Hargrave & Pfitzer, 2011, p. 27).

Couples with a history of child abuse may be at a disadvantage, however, whenever adult-survivor partners view their significant other as not being trustworthy. For instance, the results of MacIntosh and Johnson's (2008) process research on change in emotionally focused therapy indicated improvements in CSA survivors' affect regulation and ability to express affiliative emotions, but they were still unable to trust

their partner. The researchers postulated the need for another strategy to address this common, yet persistent, challenge in adult survivors' relational approaches. Such a strategy might address the way that partner behaviors enhance or diminish the sense of safety in their interactions. Brown, et al. (2012) found that "when perceptions of safety have been skewed by past trauma, they may prevent individuals from experiencing trusting and secure relationships" (p. 360).

Given the propensity of some adult survivors to withhold emotional trust from their partners (Cobia, et al., 2004), this study will focus on clinical processes in couple therapy that promote trust between adult survivors and their intimate partner. This proposed dissertation research will study clinical sessions of adult-survivor couples engaged in Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010). SERT is a feminist, social constructionist approach to couple therapy that examines the effects of gendered power dynamics in current couple interactions and the influence of societal contexts on each partner's ways of relating that interfere with trust and intimacy in the relationship (Knudson-Martin, 2013). In attending to these issues, SERT therapists work with couples to:

- examine taken-for-granted sociocultural messages that support power imbalances in the relationship;
- increase awareness of how these power-differential processes are linked to the partners' emotional reactions to one another; and
- create in-session experiences of increased ability to engage in a mutually supportive relationship through shared attunement, vulnerability, influence, and relational responsibility.

The clinical outcomes of SERT also attend to the elements of trustworthiness in couple relationships as defined by Hargrave and Pfitzer (2011); namely, a sense of safety through reliability between partners (shared relational responsibility), fair give and take between partners (mutual influence), hopefulness and security resulting from each partner's attentiveness to the other's needs (mutual attunement), and openness (shared vulnerability).

### *Research Questions*

Addressing power imbalances in couple processes may be especially indicated for those who have experienced relational betrayal in childhood (Liem, et al., 1996), particularly with regard to how this affects the levels of trust between partners. I am interested in studying the ways that SERT addresses the intersection of gendered power processes and the experience of trust in adult-survivor couple relationships. Specifically, these questions are:

1. How does the intersection of trust and gendered power processes in current interactions between partners in a heterosexual adult-survivor couple affect how the problem presents in therapy?
2. How does the therapist attend to gendered power processes with these couples?
3. As gendered power processes are addressed in couple therapy, in what ways do the couples respond concerning the issue of trust?
4. What are the clinical processes that create change with regard to the partners' ability to share power and trust each other?

The relational framework resulting from researching these questions could offer a guide to clinical approaches that address the complex interplay of gender, power, and

trust in adult-survivor couples. These clinical processes could help adult-survivor couples transform gendered power imbalances and engage in ways that are fair and just (Hargrave & Pfitzer, 2011), thereby fostering the sense of safety and security that supports trust between partners. Establishing a mutually supportive relationship marked by more equal distribution of power could result in both partners being able to attune to each other's needs, engage more openly and vulnerably in processes of give and take, jointly determine the needs and priorities of the relationship, and share responsibility for maintaining the well-being of the relationship (Knudson-Martin & Huenergardt, 2010). These mutuality processes could work together overall to provide a sense of trustworthiness between partners.

### *Researching Clinical Process*

This proposed dissertation will address the research questions by using grounded theory to study moment-by-moment interactions of SERT couple sessions in which attending to gendered power processes is a key aspect of the therapeutic approach. Process research is a method that studies what actually occurs in therapy (Greenberg, 1986) and attempts to identify, describe, and explain the effects of processes that bring about change in therapy (Beutler & Hill, 1992). It is useful for building theory and clarifying successful change interventions (Bradley & Johnson, 2005).

The qualitative method that I propose is well suited to exploratory research questions that seek to discover how social processes work, to understand the meanings that people attach to their lived experience and the subjective co-construction of meaning between persons, and how these meanings are formed through culture (Corbin & Strauss, 2008; Guba & Lincoln, 2008). The research questions that I have articulated involve an

effort to understand the meaning attributed to the intersection of the interpersonal effects of childhood abuse, particularly with regard to trust, and the impact of gendered-power processes on current couple interactions from the perspectives of the survivor, the partner, and the couple therapist. The level of inquiry for these research questions is exploratory and discovery oriented. Little is known at this time about the link between gendered power processes and the level of trust in adult-survivor couples and how to address these issues in couple therapy.

## **Method**

### ***Proposed Dissertation Format***

The proposed research will result in two publishable papers on the clinical dynamics of trust, childhood abuse, and gendered-power couple processes. A final chapter will compare the grounded theory analysis with current CFT approaches for adult-survivor couples. Specifically, the dissertation will include the following:

- The first paper will present a relational theory of trauma for adult-survivor couples that integrates feminist views on trauma resulting from interpersonal violence; the principles of SERT couple therapy (Knudson-Martin & Huenergardt, 2010), which guide therapists in attending to gendered power processes between partners; and the relational ethics of restoration therapy (Hargrave & Pfitzer, 2011), which focuses on fairness, justice, and trustworthiness in adult intimate relationships.
- The second paper will present results of the grounded theory analysis that describe how gendered power dynamics affect trust between adult survivors and their intimate partner, as well as identify SERT clinical approaches that address these gendered

- power processes so that partners become mutually supportive, which may increase the opportunity for trust.
- The final dissertation chapter will compare our field’s current couple therapy models for adult-survivor couples with findings from the grounded theory analysis.

### ***Grounded Theory Design***

Grounded theory is well suited as a method to engage in the study of clinical processes. The researcher studies the actions embedded in interactions, taking into consideration contingencies, temporality, shared perspectives, emotions, and the membership of persons in complex social worlds. A grounded theory approach captures much of the complexity of lived experience by considering multiple perspectives and building variation into analysis. In seeking to understand experience, this method considers sociocultural contexts as an essential aspect of analysis (Corbin & Strauss, 2008). Grounded theory is a systematic approach to gathering and analyzing data in order to generate theory as an explanation of social phenomena. Daly (2007) noted that grounded theory is a good fit for researching clinical practice “because the emergent theory can highlight ... possible intervention strategies that are rooted in the lived experience of the participants” (p. 102).

### **Philosophical Assumptions of Grounded Theory**

This research method incorporates a view of the world as socially constructed and as a symbolic representation in which interactions create and recreate new meanings for persons (Corbin & Strauss, 2008; Daly, 2007). Actions are embedded within



interactions, which are temporal with meanings brought forth from the past, made in the present, or projected from an imagined future. Shared perspectives can affect the course of interactions. Notably, interpreting human actions, which carry emotional aspects, requires analysis beyond a means-ends approach. Understanding the intersection of actions involves consideration of the social worlds of those studied. These philosophical assumptions help the researcher capture the complexity of lived experience to include multiple perspectives on the subject studied and to build upon variation of processes that are observed. An essential aspect of grounded theory analysis is awareness that experience “must be located within and can’t be divorced from the larger events in a social, political, cultural, racial, gender-related, informational, and technological framework” (Corbin & Strauss, 2008, p. 8).

For this proposed dissertation the primary researcher will first articulate a theoretical conceptualization that integrates feminist views on gender, power, and trust in adult-survivor couple processes. But the researchers will bracket this theory while engaging in the grounded theory study of clinical sessions of SERT with adult-survivor couples in order to be open to the key concepts that emerge from this analysis (Charmaz, 2006).

### **Research Questions**

Questions are considered a helpful tool at all stages of research when using the grounded theory method. Questions assist the researcher in probing, assuming provisional answers, becoming acquainted with data, and thinking outside the box. They can be exploratory and can generate ideas of what to look for in the data. Questions

engage the researcher with the data in different ways. Sensitizing questions analyze the data from a perspective of what is going on, who is involved, and what meaning is involved in the actions studied. Theoretical questions examine process, variation, and connections between concepts. Practical questions give direction for engaging in theoretical sampling and developing the grounded theory's structure. Guiding questions structure the research process "based on the evolving analysis, and are specific to the particular research" (Corbin & Strauss, 2008, p. 72).

The research questions for this proposed dissertation project involve the study of how attending to gendered power processes with adult-survivor partners in couple therapy impacts the expression of trust in the relationship. These questions will guide observation of how the couple's presenting problem is linked to gendered power processes and lack of trust in the partners' relational dynamics. The questions will also guide exploration of how SERT interventions that attend to gendered power processes impact the partners' experiences of mutuality in therapy, and what steps are involved in generating changes for safety and enhanced trust between partners as evidenced by mutual attunement, shared vulnerability, mutual influence, and shared relational responsibility. For instance, to recognize mutual attunement questions could be: Are the partners listening to one another? Does each partner notice the other's needs? Are the partners affected by one another's feelings? To recognize shared vulnerability questions could be: Does each partner feel safe to express his or her feelings? Can each partner admit mistakes and uncertainty? Can each partner be open to the other's negative emotions? To recognize mutual influence questions could be: Is each partner free to express opinions? Does each partner adjust in response to the other? Does each partner

consider the other's issues as important? To recognize shared relational responsibility questions could be: Does each partner put the needs of the relationship before his or her own needs? Does each partner feel responsible for his or her impact on the other partner? Does each partner try to understand the other partner?

## **Sampling**

The grounded theory method employs theoretical sampling in which participants are purposely chosen because their experiences are relevant to the topic of study.

Collecting data occurs as part of the analytical process. As concepts emerge during data analysis, the researchers will collect more data in order to better understand these new concepts. Theoretical sampling is a circular process until saturation, which occurs when all concepts have been explained (Corbin & Strauss, 2008).

For this proposed dissertation research the inclusion criteria are that one or both partners in the couple had a history of childhood abuse and engaged in SERT couple therapy for a minimum of ten sessions. The sample will include from three to five adult-survivor couples. The researchers will analyze videotaped sessions and de-identified transcripts to answer guiding questions related to gendered power processes and the kinds of problems that occur between adult survivors and their partner, how the therapist works to address these problems, and the couple's responses in terms of achieving safety and mutuality to experience trust.

## **Data Collection**

The clinical data for this proposed research has already been collected by the

SERT clinical research group and has received institutional review board (IRB) approval from the sponsoring university. Three to five adult-survivor couples have been selected for this proposed research; the primary researcher is obtaining consents from these couples to participate in this study. Couple A is composed of an African American male who experienced CSA and a Euro-American female who had been abused in her previous marriage. Their presenting problem was related to a sexual obsession of the husband. Couple B is composed of a Euro-American male who is a Vietnam War veteran diagnosed with PTSD and his Euro-American wife who experienced child emotional abuse and an abusive first marriage. Their presenting problem involved reconciling their relationship after a trial separation that followed an incident of intimate partner violence. Couple C is composed of a Euro-American male who experienced CSA and a Euro-American female who was physically abused in her previous intimate relationship. Their presenting problem involved the suspicion of sexual infidelity. Couple D is composed of a Euro-American male who was emotionally abused as a child and his African American wife who experienced CSA. Their presenting problem encompassed issues of the husband abnegating responsibilities for the care of the four-child family and the wife's overload. Couple E is composed of an African American male who experienced child emotional abuse (CEA) and a Latina who experienced CSA. They attended couple therapy to resolve issues of past childhood abuse. It is noteworthy that this sample is composed of dual-trauma couples. For the purposes of this proposed research, however, the focus is on the experience of childhood abuse of one or both partners.

## **Data Analysis**

Working with the data involves a twofold approach in which the researcher analyzes participant actions by identifying their component parts and then interprets these actions to make meaning of the various components (Daly, 2007). Analytic categories are developed through open coding of the data, a process of line-by-line analysis that labels each action embedded in the data. Using a constant comparison process, similar actions are assigned the same code or a new code is used when an action has not previously been labeled. The initial codes separate the data into categories and help the researcher see processes (Charmaz, 2006). Following open coding, axial coding groups the open coding labels into categories. The coding process, however, is circular rather than linear. An intrinsic aspect of this research approach is the ongoing collection of data or another round of analysis as new meanings appear (Knudson-Martin, 2009). Analytic memos are useful to understand and define categories emerging from the data, identify relationships among categories, and to identify gaps (Charmaz, 2006).

As the analysis proceeds, categories are linked through selective coding, which compares and sorts the various components in categories and leads to the core category, the highest level of conceptualization that integrates the theory for the phenomenon being studied (Corbin & Strauss, 2008). While inductive reasoning is the foundation of the analytic process of observing actions grounded in the participants' experience and conceptualizing abstract categories from these observations, abductive reasoning involves linking together the observations and interpretations that identify patterns, themes, similar elements and processes in the data, as well as variations. This analysis generates substantive theory to explain "who, what, where, when, how, why, and with what

consequences a specific phenomenon occurs” (Daly, 2007, p. 229). Essential elements in this data analysis and interpretation is memo writing to capture the researcher’s ideas and hypotheses that emerge as the data are analyzed and the drawing of diagrams that provide concrete images of the researcher’s ideas (Charmaz, 2006).

The process that will be followed for this proposed research involves:

1. The primary researcher and a research assistant will review all of the videotaped sessions for each case and select sessions from early, mid, and latter stages of couple therapy to create de-identified transcripts. The primary researcher will prepare a summary analysis of each session and write analytic memos that detail what happened in the context of addressing the research questions.
2. The researchers will conduct a grounded theory analysis of at least 25 transcripts, or a minimum of five transcripts per couple. This will provide an analysis of how gender, power, and trust issues are at work with these couples and the processes involved in making progress in couple therapy. The researchers will engage in line-by-line open coding of the data using constant comparison analysis, axial coding to determine categories, identify variations between the categories, and selective coding to integrate these findings into the theory that emerges through this analytical process (Corbin & Strauss, 2008; Daly, 2007).
3. As a result of the grounded theory analysis, the researchers will describe a relational framework that explains what occurs in adult-survivor couples in terms of gendered power and trust, what is different in various stages of therapy, if certain components of mutuality and/or safety must happen before other components, and what is involved in clinical change processes that lead to enhanced safety and mutuality

between the partners. A critical aspect of this analysis is identifying what is missing in therapeutic interventions or couple responses when there is a failure to resolve the problem.

4. As the grounded theory develops, the researchers will apply these findings with current cases to confirm credibility of the theory.
5. The primary researcher will then compare this grounded theory framework to existing couple therapy approaches with adult-survivor partners.

### **Grounded Theory Studies on Clinical Processes**

A grounded theory approach has been utilized in other CFT studies on change in couple therapy. Helmeke and Sprenkle (2000) studied the perception of pivotal moments by clients in couple therapy, which the researchers found to be “highly personal and private experiences” (p. 479). Ward and Wampler (2010) combined grounded theory with process research in their study of tasks engendering hope in common factors literature (e.g., Sprenkle & Blow, 2004) that suggested that 15% of client change can be attributed to hope, expectations, and placebo effects.

### **Positioning the Researcher**

The primary researcher is a middle-aged Euro-American woman who has been involved in the SERT clinical research group since its inception in 2008. She knows the cases in the sample very well, and was involved as a therapist in three cases. The research assistants for the process research project have also been involved in the SERT

clinical research group. The analysis of the grounded theory data will be informed by the theoretical values of SERT. These values include certain assumptions:

- A model of relationship equality is at the center of therapy;
- Transforming gendered power is important for supporting other clinical change;
- Emotional engagement is critical to clinical change;
- Power disparities limit the possibility of mutuality in relationships;
- Gendered power processes are influenced by larger societal discourses rather than by the person's inner self;
- Each sociocultural discourse carries different life consequences;
- Emotions are the interface between the person and the larger society;
- Power processes impact relational interactions that create emotional bonds;
- The therapist is not neutral, is sensitive to power patterns in the dominant culture, and works to create a context that validates the worth of each partner;
- When affirmation and validation are mutual, the relationship supports each partner's well-being;
- By helping the more powerful partner orient to the other partner's perspective, the couple can experience new ways of relating;
- Mutual influence equates to each partner providing supportive validation of the other's worth and needs as demonstrated by attentiveness and willingness to accommodate; and
- Each couple will define the particulars of mutuality for their relationship (Knudson-Martin & Huenergardt, 2010).



## **Trustworthiness and Credibility**

While validity and reliability are the benchmarks of scientific rigor in quantitative analysis, qualitative approaches utilize different criteria as evidence of rigor in the research process. These alternative criteria include, for example, credibility, fittingness, and confirmability (Ryan-Nicholls & Will, 2009). Credibility is conveyed by the adequacy and appropriateness of the theory so that it reflects the participants' experience in the written results. Fittingness of the emergent theory is judged by it being firmly grounded in the experiences of the participants. Confirmability is achieved through making available to those who may inquire the components of the grounded theory analysis, such as theoretical memos, diagrams, categorical assignments of data, and component linkages of the data. A stepwise approach to confirmability includes, for example, articulating the purpose of the study and the researcher's interest in the topic; explaining the rationale for the selection of participants; describing how data were collected; justifying the analysis and interpretation of the data; and identifying ways in which data components were sorted into categorical and selective codes to determine the core category of the theory (Ryan-Nicholls & Will, 2009).

Corbin and Strauss (2008) noted that credibility of the grounded theory process can be evaluated by the use of sufficient description and detail so that readers are able to judge the value of the findings. Also, sufficient evidence on the various aspects of the research process should be included in order for readers to assess how the researcher arrived at his or her conclusions. Applicability of the emergent theory is another criterion that judges if it fits the context of its source data and the area in which the theory will be used so as to be readily understandable. Langley (1999) suggested that a grounded

theory approach for theorizing from process data is useful in that this design stays close to original data and is high in accuracy. In other words, credibility of grounded theory “indicates that findings are trustworthy and believable in that they reflect participants’, researchers’, and readers’ experiences with a phenomenon but at the same time the explanation is only one of many possible ‘plausible’ interpretations possible from the data” (Corbin & Strauss, 2008, p. 302).

Charmaz (2006) noted that ways to evaluate a grounded theory study’s credibility include determining if the research has achieved “intimate familiarity” with the topic, that the data have covered the range and depth of observations to be sufficient to support the theory’s claims, that categories cover a variety of empirical observations, that systematic comparisons have been made between observations and categories, that links between the data and analysis are logical, and that the theory’s explanation of the phenomenon provides enough evidence for readers to form independent assessments (p. 182). Taking the quality of grounded research results one step further, Charmaz (2006) also suggested that the emergent theory is original, resonates with lived experience, and is useful. Credibility of the findings of the emerging theory from this proposed dissertation will be tested with members of the SERT clinical research group, couples in the sample, and additional current cases in which a history of childhood abuse is a factor.

The refutability principle can be applied to grounded theory to determine if the results of the analysis hold truth. Factors involved in refuting assumptions about the data during the research process are use of the constant comparison method, testing hypotheses from one case against another case, including all cases in the analysis results, and drawing upon deviant cases to discuss aspects of what has not fit the overall pattern

found in the data (Corbin & Strauss, 2008). For this proposed research, one of the cases in the sample had a poor relational outcome compared to the other four couples, which will be useful for refuting assumptions inherent in the analysis.

Triangulation is another tool to build credibility into findings of grounded theory. This involves the use of multiple data sources or incorporating multiple procedures and perspectives in order to enhance understanding of the topic of study. For instance, using more than one researcher in the analytical and interpretive process adds different perspectives and a greater variety of questions and interpretations to the study (Daly, 2007). For the purposes of using triangulation in this proposed research, the primary researcher and research assistants will work together to code the de-identified transcripts, develop categories, and use selective coding to identify the emerging theory arising from the data. In addition, the researchers will seek the feedback of the SERT clinical research group, composed of two supervisors who are the heads of two CFT doctoral programs and eight CFT doctoral students, throughout the analytical and interpretive process as to the fittingness of findings.

### **Limitations**

One limitation of this proposed research is that the sample is composed solely of heterosexual couples. While the participants include an ample degree of diversity in that three of the five couples are biracial, the relational framework will need to be tested for its suitability with same-sex couples. The five couples selected for this sample pose a limitation in that not all adult-survivor couples are relationally challenged. Valentine and Feinauer (1993) noted that about 40% of adult survivors require therapy as adults, yet millions of survivors enjoy successful lives without therapy.

Another limitation is the possible confound of dual-trauma couples that involves other forms of interpersonal violence beyond childhood maltreatment. While this proposed research has been intentionally designed to focus on a history of child abuse in adult-survivor couples, it is important to also learn about how the experience of other forms of interpersonal violence impact gendered power processes in current couple functioning. A third limitation is the focus on trust as the clinical outcome of attending to gendered power processes. Future research could focus on gendered power processes of partners as the clinical outcome when couple therapy interventions target building trust between adult-survivor partners. This has been a small sample in order to do process research, but there will be a need to research this topic across a wider population. In addition, outcome research could test the effectiveness of the grounded theory proposed for this dissertation.

### **Rationale and Contributions**

As a member of the SERT clinical research group I observed, both behind the mirror and in front of it, the intense emotional reactivity that fuels conflict in adult-survivor couples who participated in our program of study. I questioned if our field's prevailing theories and clinical approaches were addressing the unique needs of partners with a history of child abuse. Standard practices in CFT have relied on systems theory to make sense of the triangles, anxiety, rules, roles, circular causality, patterns, and emotions at work between intimate partners (Bowen, 1993; Johnson, 2004; Minuchin, 1974). While this lens has provided a helpful map for couple therapists, it has not focused on the sociocultural context of gender, power, and privilege, all of which are important aspects of interpersonal relations that produce a dramatic impact on the lived

experience of couples. The feminist critique of our field in the 1980s pointed to this omission of attending to the effects of traditional gender expectations and power processes of couples (Leslie & Southard, 2009). Grunebaum (1987) noted that systems theory's abstract and reductionistic account of family life excludes historical, social, and economic factors that affect families, while paying scant attention to structural power relations between the family and societal institutions that organize the daily lives of couples.

I also questioned to what extent our field has applied the feminist critique to couple therapy practices. At the start of this century two conflicting views were published regarding our field's response to the feminist critique and the progress made toward addressing the gendered power dynamics of couples. On the one hand, Haddock, et al. (2000) noted that these feminist principles have not been privileged, despite research indicating the benefits of egalitarian relationships (e.g., Blanton & Vandergriff-Avery, 2001). Indeed, they contended that the absence of this focus on sociocultural context in the field's training, practice, and theories has resulted in many couple therapists remaining reluctant to address gender and power issues with their clients. On the other hand, Johnson and Lebow (2000) reported that awareness of gender and power issues is building, thanks to the feminist scholarship (e.g., Hare-Mustin, 1994; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; McGoldrick, 1998). This feminist literature has provided broad guidelines for exposing gendered power imbalances so that adult intimate partners can become more relational in their orientation to one another and able to collaborate on how to rebalance control and power in their relationships (Knudson-Martin, 1997). This proposed dissertation research attempts to build on this feminist

scholarship in order to provide a framework for providing relational therapy to heterosexual couples struggling with the intricacies of gendered power dynamics and issues of trust stemming from a history of child abuse.

With only rare exception (Johnson, 2002; MacIntosh & Johnson, 2008; Nelson & Wampler, 2002; Trepper & Barrett, 1989) has the relational impact of childhood trauma on couple dynamics been researched in the CFT field. While these authors address trauma's effects on couples from a systems perspective, they do not do so from the feminist perspective of the confounding influence of gendered power processes upon levels of trust in these relationships. The sociocultural context lens upon which this proposed dissertation research draws could possibly prove to be helpful in understanding how to develop clinical approaches that address the complexities of gender, power, and trust entangled in the lived experience of adult-survivor couples in order to improve their relational processes.

Oka and Whiting (2013) posited that one of the significant challenges in the CFT field is the need to make our research more relevant to clinical work and applicable to the issues that clients present in couple therapy. Grounded theory study of clinical sessions can help to bridge what is currently considered a significant gap between researchers and clinicians (Pinsof & Wynne, 2000) by contributing to the creation and modification of therapies that address couple processes and interactions and building theory or connecting existing theory to practice. This proposed dissertation research attempts to address this notable gap to provide couple therapists with relevant theory to inform their assessments and clinical approaches with the one-third of their clients who have a history of childhood abuse that confound their presenting problem (Anderson & Miller, 2006).

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**CHAPTER TWO**  
**GENDER, POWER, AND TRUST IN COUPLE THERAPY**  
**WITH SURVIVORS OF CHILDHOOD ABUSE**

## **Abstract**

Couples in which a partner experienced child abuse often have exceptional relational stresses, most notably, the difficulty of adult survivors trusting their partners. Power imbalances between partners can accentuate distrust, thereby posing even greater challenges in the relationship. Clinical processes centered in theory guided by relational feminism can be helpful. This paper introduces relational trust theory, which articulates how the intermingling of gendered power interactions and adult-survivor power responses negatively impact relational connection. This theory draws upon relational ethics and Socio-Emotional Relationship Therapy, which addresses gendered power processes, to help clinicians cultivate mutuality and trust between partners. Case composites show how this theory has been applied in couple therapy.

*Key words:* adult survivors, child abuse, couple therapy, gender, power, trust, mutuality, relational ethics

## **Introduction**

Gender and power dynamics structure most intimate relationships. When power disparities occur between partners, the result is often relational distress (Keeling, 2007). This can be a confounding aspect of couple therapy, and there are few guidelines to help therapists address these issues (Knudson-Martin et al., 2014; Parker, 2009; Ward & Knudson-Martin, 2012). Yet, mutually supportive relationships promote well-being for both partners and may be foundational to other clinical change (Knudson-Martin & Huenergardt, 2010).

Another perplexing issue in couple therapy arises when either or both partners experienced childhood abuse. At least one third of partners coming to couple therapy can have a history of child abuse (Anderson & Miller, 2006). The experience of childhood maltreatment can significantly impact adult intimate relationships, with the deleterious interpersonal effects of such a history noted as pervasive and enduring (Fergusson, McLeod, & Horwood, 2013; Savla et al., 2013). One consistent finding is that adult survivors often have difficulty trusting their intimate partners (e.g., Johnson, 1989; Liang, Williams, & Siegel, 2006; MacIntosh & Johnson, 2008). Other relational challenges for adult-survivor couples include fear of intimacy, a tendency to withdraw and isolate, lack of confidence to receive support from the partner, reluctance to confide in the partner, and sexual problems (Cobia, Sobansky, & Ingram, 2004; Liang et al., 2006; MacIntosh & Johnson, 2008). Adult survivors also can have a greater need for reassurance and comfort (Dalton, Greenman, Classen, & Johnson, 2013). Hecker (2007) considered the trauma resulting from childhood abuse among the most insidious of issues impacting couples. Notably, “when perceptions of safety have been skewed by past trauma, they

may prevent individuals from experiencing trusting and secure relationships” (Brown et al., 2012, p. 360).

Given their childhood experiences of abuse and neglect, adult survivors can approach their intimate relationships with great caution and self-protective reactivity when they perceive their partner as untrustworthy. Furthermore, an imbalance of power between partners erodes trust (Gottman, 2011; Knudson-Martin, 2013). The paradox for adult survivors is that a distrustful emotional context and heightened sensitivity to the requirement of safety and security make it all the more difficult to achieve trust in their intimate relationships when they follow society’s norms of traditional gender socialization. The cumulative effects of the impact of child abuse earlier in life and imbalances of gendered power in current couple interactions pose unique trust challenges for adult-survivor couples. Indeed, as gendered power dynamics occur in couple interactions, adult survivors can engage in emotional power responses that negatively affect relational processes between partners. These power responses can be viewed as an expression of the adult survivor’s distrust for the other partner. Accordingly, when gendered power interactions clash with the adult survivor’s needs for relational safety, this can result in tidal waves of distress between partners. Ironically, while the trauma accruing from child abuse augments the need for protective attachment, it also often constrains adult intimacy (Johnson & Lebow, 2000). Transforming gendered power disparities, however, can help build relational connection (Knudson-Martin & Huenergardt, 2010; Lyness & Lyness, 2007).

The purpose of this article is to articulate the relational trust theory for adult-survivor couples, which delineates the various ways in which gendered power imbalances



in the relationship affect the adult survivor's perception of the trustworthiness of the other partner and identifies clinical processes that focus on transforming these power dynamics in order to support trustworthiness between partners. For the purposes of this article, childhood maltreatment is defined as the neglect and abuse of children under the age of 18 that results in potential or actual harm to their survival, development, health, and dignity in relationships involving trust, responsibility, or power. Contexts that increase risks for child abuse are high levels of poverty or unemployment, gender and social inequality, and sociocultural norms that reinforce rigid gender roles or diminish a child's status in the family (World Health Organization, 2010).

Relational trust theory can be pertinent for heterosexual and same-sex adult-survivor couples. For same-sex couples in which the context of a two-gender binary does not apply, power imbalances related to differences between partners in socioeconomic status, abilities, class, ethnicity, age, etc., can nonetheless result in relationship distress (Richards, Jonathon, & Kim, in press). In this article clinical composites of both heterosexual and same-sex couples illustrate safety and trust issues linked to gendered power interactions of adult survivors and their partners, as well as clinical processes geared to shifting power dynamics in the relationship. These case composites, in which all client names have been changed, are drawn from a diverse population of couples in a metropolitan area on the western coast of the United States.

### **Relational Trust Theory for Adult-Survivor Couples**

A guiding concept of relational trust theory is recognition that a history of child abuse can be transcended (Skogrand et al., 2007), and couple interactions can shift from gendered power imbalances toward mutuality and fairness (Knudson-Martin &

Huenergardt, 2010). Relational trust is shaped as each partner reliably notices and responds to the other partner's needs (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2011; Wieselquist, 2009). Central to this theory are feminist approaches that view gendered power dynamics as often underlying couple problems and that promote egalitarian goals to minimize power inequities between intimate partners (Leslie & Southard, 2009). It can be difficult to discern the relationship between gender and power, because oftentimes gender differences are actually power differences (Lips, 1991). For the purposes of this theory power is defined as relational; it becomes mutual when each partner is able to influence the other to respond to his or her interests, priorities, and needs (Knudson-Martin, 2013). As adult survivors and their partners understand the impact of gender and power on their relationship dynamics, they can become empowered to engage in processes of mutuality that support intimacy and trust (Fishbane, 2011; Knudson-Martin & Huenergardt, 2010; Lyness & Lyness, 2007).

The principles and clinical practices of relational trust theory build upon the important work of applying emotionally focused therapy (Dalton et al., 2013; Johnson, 2002; MacIntosh & Johnson, 2008) and other systemic approaches (Blumer, Papaj, & Erolin, 2013; Hecker, 2007) for adult-survivor couples. Furthermore, the theory's focus on relational trust extends our field's research by offering guidelines for addressing the intersection of gender, power, and trust, which has not been explicitly highlighted in previous clinical literature.

Notwithstanding the prevalence of child abuse (e.g., Felitti et al., 1998), not all adult survivors experience interpersonal distress. Maintaining a sense of personal control, positive coping strategies, and emotional support from family or friends are

factors for resilience (Himelein & McElrath, 1996). Assessing for the impact of child abuse, however, is warranted in order to guide clinical choices (Godbout & Sabourin, 2009). Millwood (2011) noted that the effects of childhood abuse range from “a remote, almost irrelevant event for some survivors and a central, continually potent experience for others” (p. 342).

### ***Linking Power with Trustworthiness***

Altering power imbalances between adult survivors and their partners may be a necessary precedent for helping these couples experience relational trust (MacIntosh & Johnson, 2008). By facilitating relational safety and examining gender, power, and trust issues in a nonpathologizing context, the therapist can help the couple experience more egalitarian relational dynamics that better fit both partners’ needs in the relationship. Bringing about mutuality between partners can be informed by Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010), a recent clinical model that provides concrete approaches for transforming power processes of couples. The components of SERT’s Circle of Care are mutual influence, shared attunement, mutual vulnerability, and shared relational responsibility between partners. These clinical outcomes of SERT also link to the elements of trustworthiness in relational ethics. When couples draw upon the values of mutuality and justice, their interactions promote safety through reliability between partners (shared relational responsibility), fair give and take between partners (mutual influence), hopefulness and security resulting from each partner’s attention to the other’s needs (shared attunement), and authenticity and openness between partners (mutual vulnerability; Hargrave & Pfitzer, 2011). By working to enhance relational skills for emotional safety and shared power in couple

therapy, adult survivors and their partners can more likely experience greater levels of trust that support intimacy (Weingarten, 1991).

### ***Dual Influences of Power***

A significant aspect of relational trust theory is consideration of how adult survivors can often approach their intimate relationships. Research shows that an adult survivor's sense of self-worth and current interactions with an intimate partner are linked to the ways in which he or she had been valued and treated by trusted caretakers in early life (Liem, O'Toole, & James, 1992). A tendency to isolate, outbursts of anger, sexual anxiety, and shame accruing from child abuse experiences have been found to contribute to interpersonal conflict in their adult intimate relationships (Hecker, 2007; Kim, Talbot, & Cicchetti, 2009; Liem et al., 1992; Nelson & Wampler, 2002). A particularly egregious effect for those who experienced childhood maltreatment can be a view of interpersonal relationships as "threatening, destructive, and overwhelmingly painful" (Ornduff, 2000, p. 998). Chauncey (1994) found that male partners of female survivors of child sexual abuse reported challenges of feeling inadequate to balance their own needs with those of their partner, self-doubt regarding their own appropriate treatment of the partner, and rage at the perpetrator whose actions so negatively affected their partner. Indeed, Wiersma (2003) suggested that childhood sexual abuse can best be viewed as a shared trauma for adult-survivor couples.

Liem et al. (1992) noted that adult survivors tend to be sensitive to issues of power in adult intimate relationships, with a need for personal influence and control over the partner, as well as fear of the partner's power. Conversely, some adult survivors relinquish power and control to their partners due to fear of abandonment (Blumer et al.,

2013; Reyome, 2010). These power sensitivities can be further complicated when an adult-survivor couple engages in gender-stereotypical approaches in the relationship. As the couple strives to adhere to societal discourses for how men and women should perform in an intimate relationship, the implicit power imbalances in partner interactions can evoke an “allergic” response of distrust from the adult survivor. This distrust is expressed through enactments of greater power or powerlessness, which can deleteriously exacerbate already compromised relational processes. These intertwining influences of power can generate significant adversity for both partners.

For instance, a heterosexual physician couple came to therapy for help with conflict. The wife, Kimberly, who identified as Asian, had experienced emotional abuse from her father as a child. While she was quite powerful in the context of her career, her husband, Garrett, who identified as European American, seemed to display more power in their marital interactions. His gendered power became evident as Garrett described his perception of Kimberly’s reactions of anger toward him as “just her way of being overly emotional.” The therapist, who was inexperienced at working with adult-survivor couples, engaged Kimberly in processing her vulnerable emotions tied to the effects of her early life experiences of abuse before addressing the gendered power dynamics in the marriage. Kimberly did not respond well to exposing these painful memories in the presence of Garrett, who was not yet attuned to respond sensitively to Kimberly’s pain. Instead, he tried to convince the therapist that his wife’s emotional response to being abused was another indication of how “out of control” she could become emotionally. Kimberly became even more outraged as Garrett attempted to direct the agenda for therapy on what was “wrong” with her.

### *Adult-Survivor Experiences of Distrust*

With regard to the perception of vulnerability in an intimate relationship, the adult survivor can react through the use of emotional power responses when unfairness or lack of mutuality occurs in couple interactions. In these situations the adult survivor takes a “me first” approach in reaction to viewing the partner as untrustworthy. This individualistic orientation is based on the awareness of being one-up or one-down in the couple relationship (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2009). The adult survivor becomes focused on changing the one-down position or maintaining the one-up power position, which often contributes to power struggles and limited empathy between partners. Other contexts supporting the distrust that evokes a power response from an adult survivor are the social environment in which interactions take place, gender socialization of both partners, neurobiological processes, and, invariably, fear for safety in the relationship at some level by the adult survivor.

### **Freeze, Fight, and Flight Power Responses**

Drawing upon neurobiological research, the amygdala in the limbic system of the human brain continually evaluates the trustworthiness of others. Whenever the adult survivor perceives the other partner as violating trust, the amygdala instantly overrides the higher cognitive function of the prefrontal cortex with an emotional response of freeze, fight, or flight (Fishbane, 2013). Using the metaphor of the “freeze-fight-flight” response, the brain’s micro processes can be regarded as stimulating the adult survivor’s reaction to the lack of safety and perception of distrust in several ways: 1) self-abnegation, a “freeze” response that positions the adult survivor as powerless; 2) self-protection, a “fight” response that evokes strong negative emotions directed at the other

partner; and 3) marginalizing the needs of the other partner, a “flight-from-the-relationship” response that can lead to behaviors by the adult survivor that can be quite damaging to the couple relationship. While adult survivors tend to prefer using one type of power response, they can also vary their choice of coping mechanism depending upon circumstances.

For instance, a couple came to therapy because Amy, who identified as European American, was ready to leave her partner, Bianca, a Latina woman, for someone else. Bianca held more power in the relationship because she was well established in her career and her income supported the couple, since Amy was still completing her graduate studies on a full-time basis. Amy had experienced much neglect from her mother and several incidents of sexual abuse from a member of her extended family during childhood. While Bianca had been supportive of Amy in her efforts to adjust to this history, the partners seemed unable to resolve conflict related to Amy’s desire for Bianca to come out to her parents about their relationship. Bianca steadfastly refused despite Amy’s impression that the family would benignly accept their status as a couple. When Amy first asked Bianca to reconsider her decision and Bianca rejected the idea, Amy utilized a self-abnegation power response of internalized helplessness. Since Amy had been accustomed to her mother ignoring her requests throughout childhood, she initially feared expressing her concerns to Bianca and felt unsure how to influence her on this issue. As a result, Amy deferred her own need. When Amy next inquired as to the possibility of Bianca’s coming out to her family and again Bianca denied that possibility, however, Amy used a self-protective power response of suspicion by accusing Bianca of not loving her enough to take a risk on their behalf. By this time, Bianca decided that this

topic was no longer an option for discussion and Amy responded by marginalizing Bianca's needs through having an affair with someone else who was already out to her family as a lesbian.

Use of these power responses by the adult survivor can contribute significantly to relational distress for the couple. Viewing the emotional power or powerlessness operating in these responses as a learned process tied to the effects of a history of child abuse supports greater awareness of the adult survivor's challenges with trust. Although emotional power responses can occur with all couples, the difference from persons who have not experienced childhood maltreatment is that adult survivors tend to more automatically rely upon and rigidly adhere to a freeze, fight, or flight approach because of the inherent challenges with trusting their intimate partner, who can treat them well or badly. Adult survivors are already too familiar with bad treatment from a trusted person in power.

Noticing and unpacking these intertwining influences of power can help adult-survivor couples alter their relational processes. As gendered power dynamics of the couple appear to trigger the "allergic" power response of adult survivors, it is critical to focus initially on the partners' gendered power interactions in therapy. In order to generate increased likelihood for trust between partners, it is often necessary to first transform gendered power imbalances of the couple. Although gendered power processes can be difficult to recognize in couple interactions because of the taken-for-granted nature of the larger social context on each partner's identity and ways of relating (Knudson-Martin, 2013), power responses by the adult survivor can easily be perceived as a pathological problem of that person. For instance, Garrett considered Kimberly's



anger and reactivity toward him as something being wrong with her, a perspective that he hoped would influence the therapist's view of the couple's problems. Importantly, the emotional power responses stemming from the experience of child abuse are regarded as systemically linked to challenges in the couple relationship, rather than as a deficit of the adult survivor (Brown, 2004).

Adult-survivor power responses originate from the "external physical experience of abuse" combined with the "internal emotional states" evoked by childhood maltreatment (Lisak, 1995, p. 261). These power responses can be considered as a coping strategy learned in childhood and expressed in the following ways:

### ***Self-Abnegation Power Responses***

Self-abnegation (freeze) approaches are indirect and introvert. Indicators for self-abnegation are narratives by adult survivors expressing that they have no voice in the relationship or that they feel hopeless and helpless to influence the other partner. While such impressions are most certainly tied to the experience of being the less powerful partner, as often occurs with women in gender-traditional heterosexual relationships, this self-abnegation response is intensified by the experience of powerlessness in unfair abusive situations in childhood. Not having a voice in an adult intimate relationship can be reminiscent of the survivor's experience of having no voice as a child about the injustices that occurred because of self-blame, shame, and fear of disbelief by others regarding the abuse (Griffith & Griffith, 1994; McGregor, Glover, Gautam, & Jülich, 2010).

Furthermore, in the context of two genders, self-abnegation responses can occur with both males and females. Male survivors can experience the confounding influences of wanting to maintain the power position in their intimate relationships, while relying on self-abnegation strategies developed in childhood. The dissonance between the expectations of societally defined masculinity and the experience of vulnerability, powerlessness, and helplessness that are part of child abuse can negatively impact male survivors (Banyard, Williams, & Siegel, 2004; Mejia, 2005). The result can be vitriolic anger at their partner and intense self-loathing. Indeed, a great price paid in the development of masculinity is “men’s socialized separation from their emotional experience, and from the capacity for intimate connection” (Lisak, 1995 p. 260), making all the more remote for the male adult survivor the connection with positive self-regard and empathy for his intimate partner.

A heterosexual couple came to therapy because of problems related to the wife’s focus on her career at the neglect of their marriage. The Latino husband, Luis, who had experienced emotional abuse as a child from his stepfather, expressed concern that Emily, his European American wife, made him feel as though he had no voice in the relationship. Emily confirmed that she did use body language and dismissive remarks to Luis, such as “don’t be such a grump,” to deflect his requests when he asked for her help at home. Luis commented that her dismissals made him feel as though he had no control in his own home. The therapist explored with Luis the discourses that set the norms for Latino males as husbands and fathers. Luis disclosed from a perspective of self-abnegation that he felt as though he was failing as a man, a husband, and a father, and the situation seemed hopeless. This sense of hopelessness and futility fueled prolonged

periods of moodiness for Luis. Emily acknowledged that the family “walked on eggshells” at those times.

### ***Self-Protective Power Responses***

Self-protection (fight) strategies of adult survivors involve anger and reactivity, suspicion, and control. They can be a strong influence in therapeutic conversations, with anger and reactivity commonly occurring. This was the approach that Kimberly used in response to Garrett’s gendered power approach of dismissing her voice in the relationship. The self-protective strategies of control and suspicion can also be problematic. Distrust expressed in these ways can contribute to an atmosphere of isolation and feeling devalued, which in turn can diminish emotional intimacy between adult survivors and their partners (Cole & Putnam, 1992; Millwood, 2011).

For example, a heterosexual couple who identified as European American came to therapy for help with emotional duress arising from conflict. Richard, who had experienced severe child abuse, found it difficult to engage in therapeutic conversations without unilaterally blaming his girlfriend, Lisa, for their problems. He seemed unable to tolerate Lisa’s different perspective. While Richard repeatedly said that he loved Lisa, his emotionally charged monologues made it clear that he did not trust her. His self-protective power response of suspicion dominated therapeutic conversations. Before examining the effects of gendered power processes underlying the couple’s trust issues, the therapist first worked with Richard by empathizing with him and validating his efforts to cope in the context of a problematic family history. By making a concerted effort to

join with Richard, the therapist worked to empower him to risk trusting the therapeutic process.

### ***Marginalizing the Needs of the Other Partner***

In the context of two genders, this power response (flight from the relationship) can appear gendered when males use this emotional coping strategy, but women also utilize such an approach. This seems incongruent, given that the larger social context places the responsibility on women to make relationships work (Hare-Mustin, 1998). Beyond gender, however, this approach does make sense when considering that the needs of the adult survivor were marginalized during childhood. This became Amy's way of dealing with Bianca's power position of not attuning to Amy's need for an open, honest relationship with their families. Yet Amy's disregard for the effects of her affair on Bianca played a significant role in placing the relationship on the brink of dissolution. When the adult survivor views the other partner as untrustworthy and ignores the effects of her or his own actions on the partner, the relationship can quickly enter a relational "red zone" due to incurring tremendous hurt between partners.

### ***Generating Relational Trust***

Several clinical approaches can be useful to disentangle power disparities between adult survivors and their partners in order to foster processes of mutuality and relational trust. These primarily involve establishing relational safety, assessing the relational ledger, and transforming gendered power disparities of the couple.

## **Establish Relational Safety**

Relational safety is foundational to the experience of trust in an intimate relationship (Gottman, 2011). This involves helping partners build safe relational processes based on shared emotional vulnerability and mutual accountability (Knudson-Martin et al., 2014). While the couple relationship can possibly serve as a primary resource for healthy resolution of unresolved emotions linked to the experience of child abuse (Johnson, 2002; Schwerdtfeger, Osby-Williams, Hoheisel, Nue, Nelson Goff, et al., 2008), the therapist should first be aware of how gender and power structure the couple's experience and then overtly address power imbalances that adversely impact their interactions (Knudson-Martin & Huenergardt, 2010). The therapist should not assume that partners treat each other as equals. Power imbalances between partners become evident when one partner expects the other to carry more responsibility for maintaining the relationship. Other ways to understand power processes include questioning how the couple makes decisions, who prioritizes topics of conversation, and whose needs and interests are more important (Mahoney & Knudson-Martin, 2009).

Managing relational safety can be a tricky process, especially with regard to the processing of vulnerable emotions tied to the historical experience of childhood abuse. It is important that relational safety first be established between partners, typically by helping the more powerful partner in the relationship attune and respond to the needs of the other partner. The vulnerability of processing painful childhood experiences is best deferred until power dynamics have become more balanced, particularly when the adult survivor is the less powerful partner. The therapist in the case of Kimberly and Garrett

made the mistake of not initially attending to power dynamics of the couple, which further exacerbated their issues of conflict.

### **Examine the Relational Ledger**

This clinical process involves assessing strengths of the relationship and identifying the link between gendered power dynamics of the couple and emotional power responses of the adult survivor in order to foreground the emotional climate between partners. A dual-survivor couple who identified as European American came to therapy for problems of emotional intimacy. In the course of examining the relational ledger, the partners became aware of how the husband, James, engaged with Catherine through a self-protective power response of anger and reactivity when she expressed her needs for his attention, and she reciprocated with a self-abnegation power response of internalized helplessness. They agreed that these distrustful reactions hindered their relationship. In order to help the couple alter their relational dynamics, the therapist first used a process of sociocultural attunement to focus on the ways in which gender and power structured their interactions and catalyzed each partner's coping strategy of distrust.

Sociocultural attunement helps couples examine the social and cultural discourses that influence each partner's sense of identity and patterns of relating (Pandit, ChenFeng, & Kang, in press). Exploring the impact of marginalization, oppression, and privilege on each partner provides an understanding of how gendered power operates in the relationship and links societal influences to problems in the couple's relationship, as

opposed to viewing either or both partners as being the source of the problem (Knudson-Martin et al., 2014).

Through sociocultural attunement, the therapist is better able to recognize and resonate with how each partner engages in an intimate relationship. Couples are influenced by multiple discourses and can decide which discourses suit their needs (Dickerson, 2013; Sinclair & Monk, 2004). For example, as James felt that the therapist “got” his experience of how challenging it was for him as a man to respond to Catherine’s bids for his attention when he had other important matters to handle, a sense of safety helped James become more open to engaging with the therapist through processes of vulnerability and mutual accountability. The therapist also socioculturally attuned with Catherine on how it affected her as a woman to feel she was not as important to James as she would like to be. Making space for the voice of the one-down partner can counteract power imbalances in the relationship (Ward & Knudson-Martin, 2012).

### **Shift Power Imbalances**

Attending to gendered power issues in current couple interactions is a key aspect of creating a mutually supportive context for adult-survivor couples. By interrupting gendered power processes and helping partners identify relational ways of being that better fit the needs of their relationship, the therapist can assist couples in generating new experiences of mutuality through SERT’s Circle of Care: shared relational responsibility, mutual vulnerability, shared attunement, and mutual influence (Knudson-Martin & Huenergardt, 2010). In the course of addressing socio-emotional power processes

involved in trust challenges of adult-survivor couples, it is often necessary to facilitate the more powerful partner in attuning to the needs of the other partner. As the therapist helped James notice and respond to Catherine's pain of not feeling special and unique to him, this was a new experience for Catherine. When the more powerful partner takes the initiative to engage more vulnerably, it is not unusual for the less powerful partner to be confused about how to support these new dynamics. Some persons respond by wanting to protect the more powerful partner; others indicate that it feels awkward and they are not sure what to do. "It often takes time before the person in the one-down position—usually the female in heterosexual relationships—feels safe to risk the reciprocal vulnerability inherent in increased connection" (Knudson-Martin & Huenergardt, 2010, p. 377).

### **The Circle of Care and Survivor Power Responses**

The mutuality processes involved in the Circle of Care can provide guidance on how to disentangle gendered power imbalances and adult-survivor power responses. For self-abnegation processes of the adult survivor, shared attunement and mutual vulnerability can be helpful. The therapist can facilitate the more powerful partner to attune to and become sensitive to the vulnerability of the adult survivor. This is the work the therapist did with James and Catherine. Self-protective coping strategies of anger and reactivity, control, or suspicion call for facilitating mutual influence between the adult survivor and the other partner. The therapist can assist both partners in becoming able to engage in dialogical processes of give and take on the issues that challenge their



relationship. When the adult survivor marginalizes the needs of the other partner, focusing on relational responsibility is necessary.

For instance, in working with a dual-survivor couple, the wife, Michelle, who identified as African American and who had experienced child sexual abuse, expressed feeling overwhelmed because her European American husband, Darren, who had experienced child emotional abuse, would not help at home with their three children. Michelle's overload was not surprising since she drew upon a self-abnegation coping mechanism of overly accommodating in her intimate relationship. In order to help Darren see the survivor power response of marginalizing Michelle's needs that he used to neglect his duties in the family, the therapist asked Michelle about the effects of carrying the load for Darren. The therapist then asked Darren to notice Michelle's pain, and to reflect on how he might possibly support her. The therapist named the issue of relational responsibility, and empathetically elicited a story from Darren on how he had given up on his familial responsibilities as a result of chronic disability that prevented him from working. The therapist explored how discourses of the "man as the provider" contributed to Darren's male identity and conclusions about his involvement at home, as well as how this affected his tendency to isolate when he was in a depressed mood. The therapist then worked with Darren to identify ways in which he could become more involved and contribute to the needs of the family and his wife, in particular.

### **Supporting Mutuality and Fairness**

As the couple learns how to engage through processes of mutuality that support shared power, these relational skills are evident by both partners feeling safe to express their needs to one another and by both of them accommodating each other's needs

(Mahoney & Knudson-Martin, 2009). As Darren responded to Michelle's need for help in meeting the parental demands of their children, his bouts of depression and isolation occurred less frequently. Michelle noticed that she was better able to trust Darren because he was becoming more reliable. The "me first" distrustful power responses of each adult-survivor partner receded as the couple experienced more safety in their relational processes.

### **Conclusion**

Although research on clinical interventions for those with a history of childhood abuse abounds for individually oriented treatment and group therapy, attending to the impact of such a history in clinical approaches with adult-survivor couples is only beginning to emerge. Systems theory, attachment theory (Bowlby, 1988), and feminist trauma theories (Brown, 2004; Burstow, 2003; Herman, 1992; Webster & Dunn, 2005) are most frequently cited in research on how couples are impacted by the experience of child abuse. Instead of viewing the adult survivor's interactional style as pathological, systems theory is useful for understanding the interpersonal effects of trauma on couples by taking into consideration circular causality, or the influence of one partner's behavior on the other (Nelson & Wampler, 2002). Attachment theory, which views individuals as having an innate need for closeness to and comfort from an intimate other, is helpful in understanding the relationship between a person's experience of child abuse and the ability to attach to a significant other (Greenman & Johnson, 2012). While childhood maltreatment can lead to an insecure attachment style in survivors, developing a secure attachment with an intimate partner in couple therapy can set a context for alternative ways of relating (Bacon & Richardson, 2001; Johnson, 2002). Trepper and Barrett

(1989) integrated systems and feminist theories in their work with adult survivors at the individual, family, and group level.

Relational trust theory builds upon the work of systems, attachment, and feminist approaches by focusing on how gendered power issues confound the experience of trust for adult survivors in their intimate relationships. Specifically working at the couple level, a focus on gender, power, and trust provides clinicians a lens for guiding adult survivors and their partners in progressing toward more relational practices. This is achieved by attending to the gendered power disparities in couple interactions that trigger a “me first” power response of distrust from adult survivors. The therapist can help the couple engage in relationally safe interactions by:

- Identifying the ways in which gender and power structure the relationship and how gendered power disparities evoke emotional power responses of the adult survivor.
- Exploring the impact of survivor power responses on the partners and the relationship.
- Transforming gendered power imbalances through sociocultural attunement with partners and focusing on aspects of the Circle of Care to facilitate mutuality. The therapist can draw upon processes of shared attunement and mutual vulnerability when the adult survivor engages in self-abnegation power responses. Processes of give and take for facilitating mutual influence are beneficial when the adult survivor draws upon self-protective power responses. Supporting the partners in shared relational responsibility can be the focus of therapy when the adult survivor marginalizes the needs of the other partner.

As partners experience shared power and the burden of distrust lifts, the adult-survivor couple can enjoy the benefits of engaging in mutually supportive approaches of caring connection.

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## **CHAPTER THREE**

### **FOSTERING TRUST THROUGH RELATIONAL SAFETY: APPLYING SERT'S**

#### **FOCUS ON GENDER AND POWER WITH ADULT-SURVIVOR COUPLES**

## **Abstract**

Adult-survivor couples can struggle with trust issues due to relational injuries in early life and gendered power disparities that erode trust. Socio-Emotional Relationship Therapy (SERT) is an approach that addresses gender and power issues. This longitudinal grounded theory study analyzed video and transcripts of 40 SERT sessions with four heterosexual adult-survivor couples and applied those findings to another four couples to develop grounded theory regarding how to work with the intersection of trust, gender, and power issues among adult-survivor couples. We identified three key themes: 1) gendered fear of being vulnerable, 2) unique gendered power approaches, and 3) distrustful reactions. We noted five key clinical processes that enhance relational safety and trust: 1) recognize gendered power's effects on relational safety, 2) comprehend the socio-emotional experience of partners, 3) accentuate relational needs, 4) initiate partners sharing power, and 5) identify trustworthiness of partners. The study also ascertained components of relational vulnerability that enhance trust.

*Key words:* trust, gender, power, adult-survivor couples, Socio-Emotional Relationship Therapy, grounded theory

## **Introduction**

Mutual trust is a central feature of emotional connection in intimate relationships, for this is how partners know that each is focused on the other's best interest (Gottman, 2011; Hargrave & Pfitzer, 2011). However, adult survivors can often struggle to trust their intimate partner (e.g., Cobia, Sobansky, & Ingram, 2004; Johnson, 1989; Kochka & Carolan, 2002; Lisak, 1995). Asymmetrical gendered power interactions between heterosexual partners also erode trust (Gottman, 2011; Knudson-Martin, 2013). Though attention to gender and power dynamics of intimate partners is not central to most couple therapy models (Ward & Knudson-Martin, 2012), Socio-Emotional Relationship Therapy (SERT) specifically works with gender and power disparities to help partners mutually support each other (Knudson-Martin & Huenergardt, 2010, 2015). In this grounded theory study we set out to discover how gendered power imbalances among heterosexual adult-survivor couples may be tied to their experiences of distrust and how SERT's gender-and-power-oriented clinical practices affected trust.

## **Relational Trust and Trauma**

### ***Theoretical Conceptualization***

Relational trust theory (RTT) is a theoretical conceptualization that articulates how gendered power dynamics of adult-survivor couples can evoke adult-survivor power responses (ASPRs) of distrust that negatively impact partners' emotional connection by engaging through self-protection, self-abnegation, or marginalizing the needs of the other partner (Wells, in press; Wells & Kuhn, 2015). RTT's suggested clinical processes to sensitively address these partner dynamics are drawn from SERT (Knudson-Martin & Huenergardt, 2010, 2015), and provide concrete strategies for establishing relational

safety between partners, attuning to each partner's gendered identity and relational approaches, shifting gendered power disparities, and empowering mutuality to support trust between partners (Wells, in press; Wells & Kuhn, 2015).

### ***Gender Relations and Power***

Gender and power are at the forefront of our thinking (Knudson-Martin, 1997; McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988) about the relational injury of powerlessness and vulnerability from childhood abuse. Anderson and Miller (2006) noted that one-third of partners in couple therapy may have a history of child abuse. While some adult survivors may not suffer from long-term negative consequences on their interpersonal relationships, for others these effects can be a “central, continually potent experience” (Millwood, 2011, p. 342). Adult survivors can be vigilant and guarded in their intimate relationships (Pistorello & Follette, 1998), and can also be sensitive to power dynamics between partners (Liem, O’Toole, & James, 1992). Indeed, they may fear their intimate partner’s power and have a greater need for power in their relationship. The adult survivor’s sensitivity to power can quite possibly be linked to the experience of being betrayed by more powerful persons during childhood (Liem, O’Toole, & James, 1996).

We define power as relational; that is, power is indicated by being able to influence the other partner to attend to one’s interests and needs in the relationship (Knudson-Martin, 2013, 2015). We view gender relations between intimate partners as entwined in processes of inequality linked to social location, such as race, socioeconomic status, age, ability/disability, etc. (Ferree, 2010). Gender socialization also impacts how

heterosexual couples engage in power dynamics (Lips, 1991), and can lead to problems that bring couples to therapy (Aronson & Buccholz, 2001).

From childhood, as males focus on gaining competence to succeed in the world, they can also experience a “parallel sense of incompetence in the process of relationship” (Bergman, 1995, p. 75). Conversely, societal influences on women inculcate a sense of sacrificing their own needs for the benefit of their intimate relationships, as this is the way in which many women measure their own success (Aronson & Buccholz, 2001). These societal influences play out in the arena of intimate relationships (Knudson-Martin & Huenergardt, 2010, 2015). As one partner dominates the other, this can lead to one or both feeling vulnerable. In response to asymmetrical gendered power processes, a sense of safety and control becomes important to both partners (Scheinkman & Fishbane, 2004).

The fear of being vulnerable (open, authentic, and emotionally transparent) occurs at times in most intimate heterosexual relationships, usually with adverse effects on couple connection (Knudson-Martin, Huenergardt, Lafontant, Bishop, Schaepper, & Wells, 2014). This fear can be especially insidious for couples in which one or both partners experienced childhood abuse (Busby, Walker, & Holman, 2011), making the need to protect oneself more pronounced and limiting disclosure of one’s feelings, needs, and interests. Instead, partners will likely engage with a goal to ascertain their own position. This position-oriented approach restrains relational processes in which shared vulnerability of expressing each partner’s feelings and needs supports emotional connection, trust, and intimacy (Hargrave & Pfitzer, 2011; Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2009).

As a result of the patriarchal legacy of the bifurcation of gender into male and female, or dominant and subordinate person (Miller, 1976), much of the totality of human experience is overlooked for each partner (Hare-Mustin & Maracek, 1988). In particular, emotional openness, which includes the expression of vulnerability and weakness, is inherent in human experience and fundamental to healthy relationships (Knudson-Martin & Huenergardt, 2010, 2015). Yet, it can be a different experience for men and women.

In Western society men are encouraged to dread, abhor, or deny feeling weak or helpless, whereas women are encouraged to cultivate this .... these feelings are common and inevitable to all, even though our cultural tradition unrealistically expects men to discard rather than to acknowledge them. (Miller, 1976, p. 29)

Since issues related to power and control have been found to impact adult-survivor couple interactions (Goff, Peterson, Berg, Williams, & Clark, 2006), study of couple therapy focused on gender and power can help determine clinical processes that address these influences that weaken trust. For instance, MacIntosh and Johnson (2008) found in their study of ten adult-survivor couples that use of emotionally focused therapy (EFT) was effective in building affiliative emotions, but noted that additional research is needed on how to help these partners experience more trust. In response to this need in the CFT field, the purpose of this study is to better understand the complex relationship of gender, power, and trust in adult-survivor couple interactions and to identify how SERT clinical strategies may promote mutuality, fairness, and shared trust (Knudson-Martin, et al., 2014).

## **Method**

We selected a grounded theory approach (Corbin & Strauss, 2008) to conduct a longitudinal study with a twofold purpose: first, to observe how asymmetrical gender and



power dynamics intersected with the experience of distrust in heterosexual adult-survivor couples, and, second, to identify key clinical processes of Socio-Emotional Relationship Therapy involved in the development of more trustworthiness between these partners. This qualitative method was suitable as a systematic, but flexible way to collect and analyze the processes involved in couples' interactions and the therapists' approaches in order to construct a theory grounded in the data (Charmaz, 2006). This grounded theory study is part of a larger action research project focused on how to improve attention to gender, power, and societal context in our practice of couple therapy (Knudson-Martin, et al., 2014). The sponsoring university's institutional review board (IRB) approved this project.

### *Participants*

The sample consisted of therapy sessions with four heterosexual couples in which one or both partners had experienced childhood abuse. For three of the couples, therapy involved as many as 60 sessions each over the course of two years. Ten sessions representing early, mid, and later stages of therapy were transcribed and de-identified for each of these couples. The fourth couple attended ten sessions, all of which were transcribed. In total we analyzed 40 transcripts. The first author also conducted and transcribed post-therapy interviews with two of the couples to verify that the emerging grounded theory fit with the partners' perception of couple therapy processes and outcomes. These transcripts were included in the final analysis.

Two doctoral-student therapists conducted couple therapy with each of the four couples as part of the Socio-Emotional Relationship Therapy (SERT) clinical research group, which included two faculty supervisors and another eight doctoral students

observing sessions behind the one-way mirror. All participants (clients and therapists) in this grounded theory study signed informed consents giving permission to the researchers to transcribe sessions from videotape and to study couple dynamics and clinical processes as part of our overarching goal to improve couple therapy approaches.

### **Clients**

The four couples were of diverse ethnic origin, with partners identifying as Euro-American, African American, and Latin American. Males' ages ranged from 28 to 58; females' ages ranged from 29 to 56. Three couples were married from two to 20 years; one couple had been cohabitating three years. Three couples came to therapy to address distressed relations between the partners; the fourth couple came to therapy to address issues related to both partners' experience of childhood abuse. Of the four couples, four partners claimed Christian religious affiliations, one couple identified as Buddhist, and the two remaining partners had no religious affiliation. All of the partners had experienced various forms of childhood abuse and neglect. In order to ensure confidentiality, the clients' names have been changed.

### **Therapists**

The SERT clinical research group consisted of three males and nine females, including two faculty supervisors and ten doctoral-student therapists who were pre-licensed. They ranged in age from 28 to 63, and had various ethnic backgrounds including Euro-American, African American, Mexican American, Canadian American, Swiss American, Asian American, and Middle Eastern American.

### **Additional Case Review**

During the course of this study, the researchers tested the fit of emerging findings in their work with current cases. Four additional adult-survivor couples signed informed consents as part of this process of enhancing the credibility of the grounded theory. One of these couples identified as African American and the other three as Euro-American, with partners ranging in age from 26 to 60. All of these partners, except the African American female, also experienced childhood abuse.

### **Socio-Emotional Relationship Therapy**

SERT (Knudson-Martin & Huenergardt, 2010, 2015) is a therapeutic approach that has emerged from the larger action research study. The primary focus of this couple therapy model is to address the influence of the larger social context on gendered power dynamics as they impact partners' interactions. SERT provides a model for relationship equality by transforming gendered power dynamics through emotional engagement to help the more powerful partner orient to the other partner's perspective so that the couple can experience more mutual ways of relating. The co-therapists drew upon SERT's framework to provide services to the four couples as part of the clinical research group. The two faculty supervisors occasionally joined sessions to engage with the co-therapists and couples on issues related to sociocultural context and socio-emotional processing. In pre- and post-session debriefings, the observing doctoral students contributed their perspectives on the couples' gendered power dynamics and clinical processes.

All of the researchers have been members of the SERT clinical research group; four since the group's inception in 2008. This enabled us to code guided by a clear

theoretical framework. According to Greenberg (2007), this is important because it informs researchers of which clinical processes to follow. Since this study is part of action research in which participants seek to improve their work by systematically studying themselves while also making contributions to the field (Coghlan & Brannick, 2005), the authors were engaged in some of the therapy conducted as part of this study. The analysis is thus interactive between the researchers and the data (Charmaz, 2006).

### *Data Analysis*

We randomly selected sessions from early, mid, and later stages of therapy for the first two couples and then used theoretical sampling with the other long-term couple in response to our ongoing analysis and questions about concepts emerging from the data (Corbin & Strauss, 2008). In addition to transcribing videos of these sessions and all ten from the fourth couple, the first author conducted a summary analysis of each of the 40 sessions identifying session themes, discourse of partners, partner emotions, relational context of partners during the session, therapist approaches, responses by each partner to therapeutic approaches, partner patterns of relating, and indicators for change. Studying partner discourses helped us understand the power and emotional dynamics occurring in session. For instance, each of the men in our sample used narratives that helped us identify a nuanced form of male power that we have designated as disempowered power: “I’m worthless,” “I know my attitude sucks,” “I go against the grain,” “it’s like I’m a jerk.”

The first, second, and third authors then individually conducted line-by-line coding of each transcript, using the constant comparison method to “compare data with data to find similarities and differences” (Charmaz, 2006, p. 54). Codes included, for

instance, “linking larger social context to wife’s understanding of sacrifice,” “examining the effects of husband not attuning to wife,” “examining ways to express need to feel heard by partner.” After reviewing the summary analysis and line-by-line coding of each session, the authors wrote analytic memos to capture observations of the dimensions of gender, power, and trust at work between partners in session and the effect of clinical approaches with the partners, and met regularly to discuss their emerging codes and raise new questions. Although the first author had previously articulated relational trust theory as a way of working with gender and power dynamics affecting trust in adult-survivor couples (Wells, in press; Wells & Kuhn, 2015), we worked to bracket these understandings in order to be open to whatever emerged from the data (Charmaz, 2006).

As our analysis revealed the importance of relational safety to both partners, we then engaged in more focused coding (Charmaz, 2006) on how therapists attended to gender and power performances of the couples to help create relational safety, which we observed could occur as each partner felt that the other would not take unfair advantage of them in their relationship processes. The authors then used axial coding to identify categories and themes of relational processes between partners, as well as key clinical processes for working with gender and power dynamics of the couple to create relational safety. In the final stage of theory development, we wrote analytic memos on how these concepts were related to each other or to explain variations in the data. We created diagrams of emerging concepts that led to identifying the grounded theory’s major components (Charmaz, 2006) and arrived at a consensus on how these key components linked together in the grounded theory.

### *Credibility and Trustworthiness*

We used triangulation to build credibility and trustworthiness into the findings of our grounded theory in numerous ways. During this study we drew upon the expertise of members of the SERT clinical research group to provide feedback on our observations. Using more than one researcher in the analysis of data added different perspectives and a greater variety of interpretations to the study (Daly, 2007). For instance, the first author coded all transcripts, while the second and third authors coded transcripts for two couples each. We then all debated and challenged each other in order to come to agreement on key processes observed throughout the sessions and engaged in checks with members of the SERT group over the course of the research to ascertain that the emerging theory fit their clinical experience. Their feedback helped to further refine the grounded theory. Finally, we drew on post-therapy interviews with two couples from the sample and tested the relevance of our findings to four current cases in order to confirm the applicability of the grounded theory beyond the original sample.

### **Results**

As we analyzed the transcripts of the four adult-survivor couples, it became apparent that trust is tied to the experience of relational safety between partners, yet gendered power interactions interfered with this process. We identified three key themes for understanding the operations of gendered power: 1) gendered fear of being vulnerable, 2) unique gendered power approaches, and 3) distrustful reactions. In addition, we noted five key clinical processes to transform gendered power operations so that the partners could engage in relationally safe ways that support trust: 1) recognize gendered power's effects on relational safety, 2) comprehend socio-emotional experience

of partners, 3) accentuate relational needs, 4) initiate partners sharing power, and 5) identify trustworthiness of partners (see Figure 1).

### ***Gendered Fear of Being Vulnerable***

We observed that the fear of being vulnerable uniquely shaped how power performances occurred between partners in our sample. For men, the fear of being vulnerable seemed to be tied to masculinity discourses influencing them to consider their own needs at the expense of their partner's needs as a way to maintain their power position. With women, this fear presented in ways that often conflicted with femininity discourses of doing what is needed to make the relationship work, such as attending to and accommodating their male partner.





| <b>Couple Experience of<br/>DISTRUST ~<br/>NO RELATIONAL SAFETY</b>   | <b>Therapeutic Goals for<br/>TRUST ~<br/>RELATIONAL SAFETY</b>  | <b>KEY CLINICAL PROCESSES<br/>FOR RELATIONAL SAFETY</b>   |
|---|---|---|
| Gendered fear of being vulnerable: <ul style="list-style-type: none"> <li>• Male aspire to meet societal expectations for masculinity.</li> <li>• Female sense of defending against further relational injury.</li> </ul>  | Feel safe to be vulnerable: <ul style="list-style-type: none"> <li>• In touch with own emotions and their effect</li> <li>• Capacity for self-reflection</li> <li>• Recognize positive relational intent</li> <li>• Accept partner's feedback</li> <li>• Desire to tend to partner's needs and interests</li> </ul>  | Five therapeutic approaches to equalize gendered power processes: <ol style="list-style-type: none"> <li>1) Recognize gender power's effects on relational safety.               <ul style="list-style-type: none"> <li>• Make visible and validate need for relational safety.</li> <li>• <i>Safety to be open and reflective</i></li> </ul> </li> </ol> |
| Engage through gendered power: <ul style="list-style-type: none"> <li>• Male use of disempowered power (partner focus on my needs)</li> <li>• Female use of reactive power (focus on my own needs)</li> </ul>              | Engage through relational power: <ul style="list-style-type: none"> <li>• Interdependent approach</li> <li>• Focus on our needs</li> </ul>   | <ol style="list-style-type: none"> <li>2) Comprehend socio-emotional experience of partners.               <ul style="list-style-type: none"> <li>• Work with identity conclusions and sociocultural contexts fueling position-oriented approach.</li> <li>• <i>Safety to feel emotions</i></li> </ul> </li> </ol>  |
| Distrustful reactions displayed through Adult-Survivor Power Responses: <ul style="list-style-type: none"> <li>• Self-protection</li> <li>• Self-abnegation</li> <li>• Marginalizing needs of partner</li> </ul>  | Trustful reactions displayed by mutuality processes of Socio-Emotional Relationship Therapy's Circle of Care: <ul style="list-style-type: none"> <li>• Shared attunement</li> <li>• Mutual vulnerability</li> <li>• Mutual influence</li> <li>• Shared relational responsibility</li> </ul>   | <ol style="list-style-type: none"> <li>3) Accentuate relational needs.               <ul style="list-style-type: none"> <li>• Identify partners' ideas of a safe intimate relationship and the meaning of this for each.</li> <li>• <i>Safety to want emotional connection</i></li> </ul> </li> </ol>   |
|   |   | <ol style="list-style-type: none"> <li>4) Initiate partners sharing power through socio-emotional processing.               <ul style="list-style-type: none"> <li>• Engage partners in processes of attunement, dialogical give and take, assuming responsibilities for relationship.</li> <li>• <i>Safety to be vulnerable</i></li> </ul> </li> </ol>   |
|   |   | <ol style="list-style-type: none"> <li>5) Identify partners' trustworthiness.               <ul style="list-style-type: none"> <li>• Assess impact on relationship when partners engage through mutuality.</li> <li>• <i>Safety to connect</i></li> </ul> </li> </ol>   |

Figure 1. Adult-Survivor Couples' Experience of Distrust and Key Clinical Goals and Processes for Relational Safety and Trust



The fear of being vulnerable manifested in several ways: neither partner seemed willing to reflectively take in the other partner's concerns; each tended to assume that their partner would dismiss their concerns; and both viewed problems in the relationship as the other partner's fault. The processes linked to this fear constrained any sense of give and take between partners. Instead, they seemed to need to protect their own emotional safety and identity. For instance, in a session with Burt and Cassie, who both identified as Euro-American, the fear of being vulnerable appeared to influence Burt as he held to his view of Cassie's wrongness and his rightness.

**Burt:** If you're going to make allegations, bring them forth ... give me the decency and the dignity if you state these things about me to protect my rights.

**Therapist:** What does it look like when you're protecting?

**Burt:** I'm protecting who I am.

**Therapist:** So, it feels really important to you.

**Burt:** I'm being violated.

### *Unique Gendered Power Approaches*

The partners' use of power departed from prevalent views on gender relations. Though both the men and women responded in ways not typical to gender discourses, their power performances still had the effect of maintaining unequal power.

#### **Male Use of Disentitled Power**

A male shaped by masculinity discourses expects to hold "entitled power" by virtue of the taken-for-granted societally endorsed privileges bestowed upon him that determine his status as "one up" with his intimate partner. This entitled power influences the male to assume that his needs and interests are more important, that he sets the agenda for what the couple does, that his decisions for the relationship are a priority, etc.

(Mahoney & Knudson-Martin, 2009). With this sample of males who experienced childhood abuse, however, it seemed as if their experience of male power had imploded to a sense of having no power. Instead, each male engaged through disempowered power, which seemed to shelter him from a sense of accountability to the female for looking at his part in meeting the challenges of their problems and, instead, led to his disengaging from her. The ways in which the men did this were nuanced, but the power effect was similar in that they appeared to be shunning their responsibilities in the relationship.

The use of disempowered power by the men in our sample seemed to be supported by beliefs about themselves and the world that ranged from self-abasement to extreme nihilism. We interpreted this distinctive form of male power as linked to the intersection of male gender socialization that privileged a focus on their own needs and autonomy rather than the relationship (Jordan & Carlson, 2013) and the relational injuries of childhood abuse (Lisak, 1995). The men's nihilistic views buttressing disempowered power might additionally be attributed to their experiences in adulthood as a result of feeling powerless due to racism, classism, military experience, etc. (Mejia, 2005). Nevertheless, we noticed that the effects of disempowered power on the female partner were similar to that seen in gender-traditional couples in that it required her to attend to the man's needs.

While entitled power similarly informs the male that he is not responsible for maintaining the relationship (Miller, 1976), disempowered power is a completely different emotional experience of the man who has suffered the trauma of childhood abuse (see Figure 2).

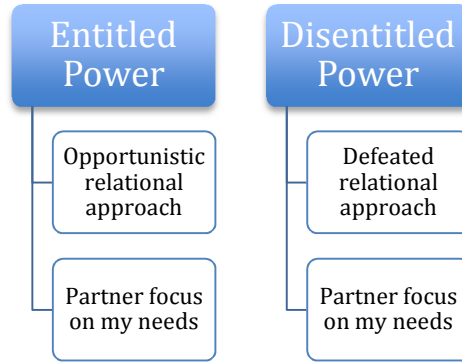


Figure 2. Relational Effects of Male Power

Each man in the sample seemed to not feel, see, or believe that he had any power and tended to hold a dark view of himself and others that we viewed as his having internalized an attitude of “I can’t win even if I try, so why bother?” The following conversation with Nathan, who identified as Euro-American, and Cha’relle, his African American wife, demonstrates the one-sided nature of the disentitled power perspective.

**Cha’relle:** You’re supposed to be my husband, the father of our kids, and you don’t even want to provide for us ... he’s always just looking out for himself.

**Therapist:** I guess I would trust that Nathan isn’t only self-absorbed, but also has lots of concerns and interests about the family.

**Nathan:** I’m so tired. I’m just wore out ... all’s I hear from her is how much she hates me, you know? ... I don’t help? Then, I’m worthless, you know?

We recognized disentitled power when the males in our sample made self-deprecating remarks or narratives that ignored their partners’ concerns, used dismissive body language, and relied solely on their judgments on the issue biased in their favor. Hence, disentitled power appeared to let the males “off the hook” with the problem. Cha’relle was clear about the impact of Nathan’s use of disentitled power.

**Therapist:** I'm wondering how that is for you now when you hear Nathan say, "I really wanted to be there ...but sometimes I can't." How does that sit for you?

**Cha'relle:** It doesn't sit well ... there are times when I want to check out and I can't. But when he wants to check out, he can ... there's a sense of it being unfair.

### Female Use of Reactive Power

Each female responded to the male's use of disempowered power with reactive power that kept her focused on her own needs instead of tending to the male, which was a departure from femininity discourses. The women demonstrated reactive power in many ways, including emotional distancing, anticipating the worst from their partner, becoming hypercritical, use of sarcasm, and arguing (see Figure 3).

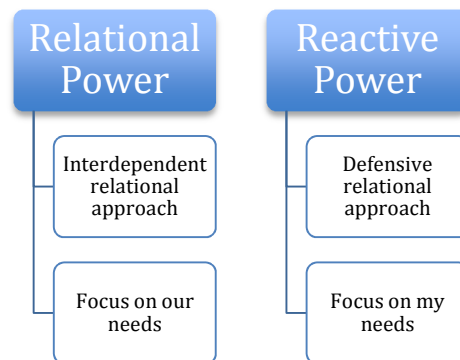


Figure 3. Relational Effects of Female Power

Reactive power performances place the woman in the conflicted position of not living up to society's standards of being vulnerable as the relationally oriented partner (Knudson-Martin, 2013, 2015; Miller, 1976). For instance, Cassie, Burt's girlfriend, disclosed the emotional impact of reactive power on herself.

**Cassie:** I'm not accustomed to yelling.  
**Therapist:** I wonder how that is sometimes because I think for women ... we're really not supposed to be aggressive or yelling.  
**Cassie:** It's uncomfortable for me ... I started getting ... I call it "ugly" ... it's distasteful.

We considered reactive power as possibly linked to the female's experience of childhood abuse in that at the time of that experience her needs did not matter and she was powerless. This, then, is the woman's defense against her fear of being vulnerable when she feels powerless and unsafe with her intimate partner. In the case of a Euro-American couple, Tony and Allison, she described the difficulty of coping with Tony's disentitled power approach.

**Tony:** I'll never be able to please her ... it will never happen.  
**Therapist 1:** (to Allison) How is it for you to hear that ... how does it impact you?  
**Allison:** (sighs) It's very hard to live with.  
**Therapist 2:** And how does that make you feel?  
**Allison:** In my soul this is very stressful ... The only things we can talk about are what he wants to talk about. Um, when I talk about something that is important to me (*chops her hand*) it gets cut off.

While engaging from relational power is expected of females (Jordan & Carlson, 2013), the use of reactive power instead seemed to not permit the women in our sample to be in touch with the vulnerability—openness, authenticity, and transparency of emotions—that would support a sense of connection, trust, and intimacy with their male partners. As a result, the clash of male disentitled power with female reactive power evoked distrustful behaviors that locked the couples in a polarization that led to conflict, power struggles, and impasses (see Figure 4).

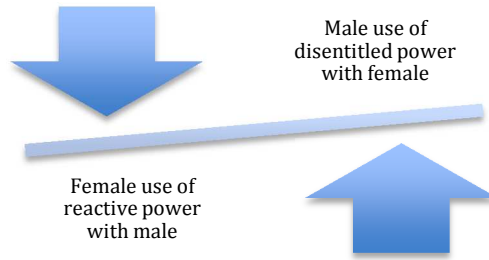


Figure 4. Power Clashes of Adult-Survivor Couples

### ***Engaging through Distrustful Reactions***

Adult-survivor power responses (ASPRs) came into play between partners as a reaction to gendered power dynamics. ASPRs are an expression of the distrust between partners in the form of self-abnegation, self-protection, and marginalizing the needs of the partner (Wells, in press; Wells & Kuhn, 2015). With these couples, we observed ASPRs in partner interactions in three basic patterns: 1) self-protection by both partners; 2) male marginalizing needs of female and female use of self-abnegation; and 3) female self-protection and male self-abnegation.

### **Use of Self-Protection by Both Partners**

Both partners in two couples frequently used self-protection, a fight response that involves the display of anger, suspicion, jealousy, etc., that generated emotional distance and conflict in the relationship. Their gendered power dynamics perpetuated the problem. We observed that escalations between partners tended to be initiated by the male not responding to female bids for relationship. For instance, Allison wanted to be heard by Tony on important matters. However, their gendered power dynamics involved Tony not attuning to Allison's concerns. His disinclination to tune into her concerns

triggered Allison's anger to such an extent that her responses then came across as accusations, which hampered the dialogue she yearned for with Tony. Instead, both partners became locked in self-protective exchanges that then escalated into conflict. Allison described these exchanges as "we're fire and fire." Tony often referred to these dynamics as "tit for tat."

### **Male Marginalizing Female and Female Use of Self-Abnegation**

When an adult survivor marginalizes the needs of the other partner, this is a form of fleeing one's relational responsibilities (Wells, in press; Wells & Kuhn, 2015). This appeared to be the case with Nathan. His wife, Cha'relle, typically approached Nathan through self-abnegation in the form of overly accommodating his needs. We observed that while partners using self-protection actively expressed their distrust, those using self-abnegation tended to withhold their voice in response to a sense of distrust. Cha'relle described how she silently tolerated racist treatment from Nathan's family: "I had to endure things that I shouldn't endure if Nathan would have been steppin' up to the plate and had dealt with it." Nathan replied: "(Racism) doesn't bother me ... I'm not as sensitive to her feelings about it as I probably need to be." While Nathan's usual response was indirect and non-confrontational, the effects of its dismissiveness nonetheless created emotional distance and distrust with Cha'relle: "It hurts .... I would love to be, like, whatever happens, we're in this together ... but I know he doesn't feel that way." We noticed throughout the course of therapy that when Cha'relle felt exhausted with being overly accommodating, she then engaged through a self-protective mode of anger.

## **Female Self-Protection and Male Self-Abnegation**

Nicole, who identified as a Latina, and her husband Derrick, an African American, engaged through her use of self-protection and his use of self-abnegation when gendered power issues flared distrustful reactions. Derrick responded to Nicole's self-protective approaches through silent disengagement (no eye contact, no visible emotional reactions). Not being attuned to Derrick's sense of internalized helplessness, Nicole acknowledged that she interpreted his lack of engagement as ignoring her, and she then became even angrier and more frustrated. In this conversation regarding Nicole's issue with disordered eating, we observed how ASPRs fueled more conflict between the partners.

**Nicole:** *(to Derrick)* When you ask me what I'm eating, your tone is implying that you're expecting me to say I binged even though I had a good day.

*(Derrick is looking down at the floor.)*

**Therapist:** Derrick, what's going on with you?

**Derrick:** I'm listening and internalizing it, but I started to get aggravated ... (it's) like I'm being dismissed.

**Therapist:** You're not intentionally being negative or critical?

**Derrick:** At the end of the day if our conversation is dismissed ... wow, that hour-long conversation was basically wasted.

### ***Fostering Relational Safety for Mutuality and Trust***

SERT's clinical goals for transforming gendered power dynamics to mutuality processes between partners are identified as the Circle of Care, which has four components: shared relational responsibility, mutual influence, shared attunement, and mutual vulnerability (Knudson-Martin & Huenergardt, 2010, 2015). One of SERT's clinical competencies is establishing relational safety to support the experience of mutual vulnerability (Knudson-Martin, et al., 2014). We identified five key clinical processes



used by the therapists to help partners achieve a sense of relational safety: 1) recognize gendered power's effects on relational safety, 2) understand socio-emotional experience of partners, 3) accentuate relational needs, 4) initiate partners sharing power, and 5) identify partners' trustworthiness. Overall, we found that focusing on equalizing gendered power processes helped the couples shift from a position-oriented stance to a relational orientation of mutuality. In particular, both partners appeared to benefit as it became safer to be more vulnerable with each other. The males eventually moved away from the automatic use of disempowered power; likewise, the females reciprocally engaged more frequently through the use of relational power. As the couples progressed toward being mutually supportive, the partners demonstrated more trusting responses.

### **Clinical Outcomes**

Three couples appeared to favorably respond to SERT's clinical approaches geared to establishing relational safety between partners. The fourth couple did not make progress toward relational safety. In this section we will follow the case example of one couple who transformed their gendered power dynamics to demonstrate the clinical processes that helped with establishing relational safety. Then we will examine what happened with the fourth couple and our understanding of what hampered their progress. With Tony and his wife Allison, who did have a positive outcome, we viewed their relationship as demonstrating stereotypical gendered power with Tony functioning as the one-up partner. However, Allison had not only experienced childhood abuse but also had been physically and emotionally harmed by a former husband. As a result, her use of

reactive power and self-protection easily surfaced whenever she sensed that Tony was not engaging fairly with her.

### **Recognize Gendered Power's Effects on Relational Safety**

Attending to gender and power throughout therapy created a foundation of trust for the rest of the work that would follow. This involved the therapists learning how the partners interacted as a result of the fear of being vulnerable and ways in which the male used disempowered power and the female engaged through reactive power. We observed that the therapists were working to help both partners realize that they were caught in a form of socio-emotional bondage for which no one person was more to blame than the other. In making this awareness explicit, the therapists helped both partners begin to feel enough safety so that they could become reflective and more open to understanding their relationship dynamics without blaming the other partner for their distress. In an early session the therapists worked to help the couple reframe their defensiveness.

**Allison:** (*to Tony*) You're making accusations toward me.

**Tony:** I'm defending myself, Allison. I'm trying to get the truth out.

**Therapist:** Allison, there's something very important that you're saying ... that you don't feel comfortable.

**Allison:** I don't.

**Therapist:** That is what's important ... that the reason isn't because of Tony; the reason is because you don't feel comfortable with the way things are.

It was apparent that Allison was sensitive to feeling controlled by Tony and afraid of her voice being shut down by him. Both partners seemed to have an intense fear of being vulnerable. But the therapists kept bringing their focus back to the relationship and

engaged with Tony so as to not blame him for gendered power dynamics, but also to keep him res

possible for recognizing his part in the couple's distress. The therapists worked to help the couple acknowledge each partner's need for safety.

**Therapist 1:** When you both start to move toward connection, things kind of stop you ... almost immediately it starts to go away. There's something that's said or something that happens that kind of pulls you in opposite directions.

**Tony:** We had a confrontation ... that's the reason I brought it up.

**Therapist 1:** Yes, but over and over again, every time there's moments of connection it's very quickly pulled apart ... (we're) going to have to really help you start to practice staying connected despite the fear.

**Therapist 2:** Our main focus is how can you be safe with each other? And that's the work that you're doing.

### **Comprehend Socio-Emotional Experience of Partners**

In order to help the couple build mutuality, they first had to experience safety. The therapists facilitated this by socio-emotionally attuning to the gendered context of each partner's protective responses. Sociocultural attunement (Pandit, ChenFeng, & Kang, 2015; Pandit, Chen-Feng, Kang, Knudson-Martin, & Huenergardt, 2014) helped to identify the influence of societal contexts on the partners' unique power approaches. In addition, the therapists worked to help the partners identify how their emotions were linked to disempowered and reactive power exchanges. With Allison, for instance, the therapists affirmed how important it was to hear her concerns and validated what they heard from her, pointed out her strengths, and asked more about her experience. In socioculturally attuning to Tony, the therapists drew on his identity conclusions as a religious man to examine his emotions in the relationship.

**Therapist:** (What) really struck me in what you said is about how God can forgive you, but people don't forgive. And yet in intimate

relationships we have to accept each other, but on the other hand ... be able to say, "There's something I don't like." How can you hear her concerns and still be a good person?

**Tony:** As a man ... men, and I do this ... by my doing things I'm trying to show Allison that I love her, but it doesn't matter ... (*looks at Allison*) when I hear you talk I hear just the opposite .... I feel hopeless.

**Therapist:** You know you're trying.

**Tony:** God knows that. (*looks at Allison, speaking softly*) I don't know if you know that.

These conversations focusing on each person's socio-emotional experience in the relationship helped both partners slow down, take in the therapists' perspectives, and become self-reflective. Recognizing the impact of societal contexts on his ways of relating helped Tony become more willing to attune to Allison. This seemed to enable the partners to keep from automatically moving back into their habitual gendered coping patterns of self-protection.

### **Accentuate Relational Needs**

We noticed that couples responded positively when therapists underscored the strengths they had observed in their relational approaches. For the men, these therapeutic conversations tended to offset negative internalized messages about not measuring up in the relationship. For the women, this provided an opportunity to articulate what they would like to experience in the relationship. For both partners, it seemed to set a new trajectory for relational connection beyond fear of gendered vulnerability. It appeared to help both partners feel safe enough to be in touch with their need for emotional connection and the positive intentions they held for the relationship. About midway through their work in couple therapy Tony and Allison had attended a Christian marital retreat that helped the couple make what they called "a breakthrough into uncharted

territory.” They seemed to benefit from the retreat experience of confronting one’s own fears of vulnerability and trying to connect authentically. We observed a significant shift in their relational dynamics from that point onward in therapy. They described the challenge of becoming mutually vulnerable.

**Tony:** We were voicing up our thoughts in our heart to each other ... and it’s scary because you’re exposing ... you’re being vulnerable, you know? But I think this is the only way we’re going to make it.

**Therapist:** What’s it like to share that moment of ...

**Tony:** (*leans toward Allison and smiles*) Scary. (*to Allison*) What’s it like?

**Allison:** (*looks at Tony*) It’s hard.

In the course of that session Allison became critical of Tony, but the therapists helped her shift focus to maintain the sense of vulnerability the partners were beginning to share. Since Tony had become intentional about engaging through vulnerability, it was becoming safer for Allison to reciprocally respond (Wells, in press; Wells & Kuhn, 2015).

**Therapist:** I see tears? Can you look at Tony and share some of those?

**Allison:** I want to feel good. I want to feel, smile, and feel good more often.

**Therapist:** But what are you ... what’s happening inside with this?

**Allison:** (*teary*) I don’t know why I was saying all these terrible things.

**Tony:** I didn’t think you were saying terrible things.

**Therapist:** Instead of connecting and building relationship, because remember that’s always our goal ... I saw it as something that was creating distance.

**Allison:** I don’t want to do that. (*leans toward Tony*) We’re in this together.

Although subsequent sessions could become filled with turmoil as the couple’s power approaches triggered distrusting emotions, the therapists continued to help the partners examine the socio-emotions tied to use of disempowered and reactive power and to

maintain awareness of their relational needs in order to help the partners stay on their new trajectory of building trust through connection.

### **Initiate Partners Sharing Power through Socio-Emotional Processing**

With all of the couples the therapists intentionally facilitated the male, as the one-up partner, in enactments of attunement to his female partner in order to help him engage through vulnerability and to respond authentically to her needs. Multiple enactments throughout the course of therapy were often necessary with each man to help him integrate this new relational approach. We observed that as the male took the lead in engaging through attunement and vulnerability, the female tended to reciprocate. However, in some cases in which trust had been damaged by egregious behaviors, it took repeated experiences geared toward solidifying these new relational processes before the women felt safe to relax their vigilance.

The therapists worked with Tony to move beyond use of disempowered power by helping him practice attuning to Allison's needs and encouraging him to respond to her concerns. Validating his pain and need for love and acceptance seemed to help Tony engage and take more responsibility for the tone of his interactions with Allison (Samman & Knudson-Martin, 2015).

**Therapist:** Tony, you said you would like to be more sensitive to see Allison's side of the story. Is that something that you could be intentional about?

**Tony:** I've made mistakes, and I think I did my way rather than the way I probably should have. I should have sought more counsel, asked God's advice.

**Therapist:** What about Allison's advice?

**Tony:** (*shakes his head*) I didn't, uh, respect it. I heard it with my ears, but I didn't hear it with my heart.

**Therapist:** And did your ears tell you that you were being criticized?

**Tony:** (*nods*) Yeah, so, I shut down.

**Therapist:** I wonder if you're letting Allison's perspective help ... Could you practice telling Allison what you see each other doing right? (*Allison nods.*)

**Tony:** (*looks at Allison*) Yeah, I could do that.

While this session was filled with emotion, there was a different tone to the couple's discussions. They were more willing to be vulnerable and expressed their pains rather than turn to power responses to manage their emotions. Relational responsibility, mutual attunement and influence, and shared vulnerability were all emphasized with questions by the therapist, and the partners seemed able to respond in a more open and trusting fashion that supported connection.

### **Identify Partners' Trustworthiness**

As partners made progress in establishing relational safety and equalizing their gendered power processes, they articulated ways in which each had become more fair, reliable, responsible, willing to listen and respond authentically, in other words, to have a sense of shared vulnerability. In the final session Tony and Allison disclosed their fears and hopes for their life together.

**Therapist:** Tony, the way you were able to devote yourself to your mother who was dying ... is that something that you can give your marriage?

**Tony:** Up to a point it is ... as long as I don't get ... put down. Yeah.

**Therapist:** What would that be like for you, Allison?

**Allison:** It would be unbelievable! Well, I'd just be overwhelmed.

**Therapist:** In what kind of way?

**Allison:** (*smiles*) This is what I want. It would be so sweet; life would be so sweet.

Tony attended a debriefing session two years after this final couple session. In the interim, Allison had passed away. He spoke of how in their final year together the couple had taken a long road trip together and celebrated a memorable Christmas in which it became apparent that he had intentionally connected with Allison in a way that made life sweet. He reflected on the value of becoming aware of sociocultural discourses and their influence on power dynamics between the partners: “All this stuff helped us have that relationship at the end. It brought more trust to our relationship.”

### *A Contrasting Example of No Relational Safety*

In the case of Burt and Cassie, we noticed that over the course of ten sessions they remained entangled in the fear of being vulnerable and gendered power approaches. Distrust between the partners was continually evident in therapeutic conversations. We identified Burt’s constant use of disempowered power and Cassie’s reciprocating reactive power as making it particularly difficult to help the couple let down their guard in order to begin to experience relational safety. Our analysis of their challenges in therapy revealed five dimensions of becoming vulnerable: being in touch with one’s own emotions and their effect on the other partner, the capacity for self-reflection, recognizing one’s positive relational intentions, accepting the partner’s feedback, and desiring to tend to the partner’s needs and interests. These aspects of vulnerability are gendered in that SERT therapists initially work with the male as the one-up partner to take the lead in establishing an equitable foundation (Knudson-Martin, et al., 2014).

#### **In Touch with Own Emotions**

While Cassie demonstrated a willingness to engage in emotional processing, Burt



did not respond reciprocally. When therapists attempted to understand Burt's emotional experience in the relationship, he usually answered with narratives that prevented this type of disclosure.

**Therapist:** You have a very low tolerance of being hurt because you've been hurt so much.

**Burt:** Show me where I have stumbled and lied to this woman because if you can't and she can't, then I don't want to continue here.

In the few instances when he did let down his guard in response to therapists socioculturally attuning to his experience as a male, we noticed that he quickly returned to a defensive posture. Although tuning into their own emotions was also a struggle for other males in the sample, they seemed more willing to follow the therapists' efforts at sociocultural attunement. We observed that as the males became attuned to their emotions this provided an opening for therapists to help partners work through impasses.

### **Capacity for Self-Reflection**

In the cases with positive relational outcomes, we noticed that each partner eventually became able to reflect on their ways of relating that were helpful or hurtful to connection. With Cassie and Burt, however, he seemed to deflect therapist queries in order to avoid becoming reflective. For instance, he would respond with lengthy monologues disclosing his personal values as a long-time member of a 12-step program or expounding on maltreatment Cassie had suffered in previous relationships. He seemed uncomfortable examining his interactions with Cassie beyond identifying himself as "codependent." Cassie was more willing to be self-reflective, but, as the one-down partner, it was not safe for the therapists to encourage her additional vulnerability with

Burt in this way. In keeping with SERT's clinical competencies, this type of engagement can occur after the more powerful partner has taken the lead in becoming accountable and vulnerable (Knudson-Martin, et al., 2014).

### **Recognize Positive Relational Intent**

In our analysis of how disempowered power affected the males in our sample, we noticed a significant change when the therapists attributed positive intention to their actions, somehow freeing them to try to be more relational. Feeling valued, loveable, and like a good person may have been a counter narrative to the sense of worthlessness tied to disempowered power. Burt seemed unable to accept therapist attributions of his positive relational intent.

**Therapist:** Something happened when Cassie was talking that had you feeling connected to her, listening to her ... what happened as you listened to Cassie?

**Burt:** If you're talking to me and there are questionable things about you that I'm concerned about, it's time to come clean ... this relationship's going totally bad. We've got to stop the nonsense and figure out what's not working.

### **Accept Other Partner's Feedback**

We noticed that males in our sample with a positive relational outcome became able to listen to their female partners about what worked or did not work in the relationship. But Burt seemed so sensitive to appearing at fault with Cassie that any comments from her typically led to his use of disempowered power to deflect her concerns.

**Therapist:** When Cassie comes to you, it triggers something in you about issues she has. What happens inside of you? How do you feel?

**Burt:** I'm very distraught and tired ... I can't deal with these things ... these things have to stop.

**Therapist:** She says something and it flips you, and you get really irritated.

**Burt:** I'm not part of the dynamics of whatever her issues are ... I can't have a relationship with this lady until she deals with her issues.

### **Desire to Tend to Partner's Needs**

This aspect of vulnerability opens possibilities for intimacy because it is an “act of giving” (Hargrave & Pfitzer, 2011, p. 27). When couples are in conflict the desire to tend to the other partner's needs is not a high priority. Over time in therapy we observed that the partners with positive relational outcomes became able to do this. Since Burt and Cassie attended only ten sessions, it is likely that they had not yet had enough of an opportunity to experience an alternative to their high-stress, high-conflict relationship. At times Cassie indicated an interest in attending to Burt's needs, but he did not reciprocate. In their final session as a couple, Burt disclosed his lack of hope for the relationship.

**Therapist:** You can't imagine trusting Cassie any longer. An issue for you is, “Do I trust this or not?” Can you have good days together?

**Burt:** That's not living in reality ... she has to make me look worse than her and make herself feel better.

It turned out that the safest decision for the couple was to end their relationship, but that process was also riddled with conflict and power struggles.

### ***The Flow of Equalizing Gendered Power***

The key clinical processes emerging from this grounded theory study were used recursively by the therapists throughout sessions. Recognizing gendered power's impact on the relationship was an ongoing endeavor. We observed that acknowledging the partners' emotions and clarifying their relational needs seemed to support the therapists'

intentional efforts with the more powerful partner to take the lead in becoming vulnerable and attuning to the other partner for engaging in new relational processes of equality. Identifying partners' trustworthiness occurred in later sessions as the couple shifted to mutually supportive practices. The partners were becoming able to engage through shared vulnerability and fair processes of give and take in their experience of mutuality and trust.

### **Discussion**

We set out to understand how asymmetrical gendered power relations affect the sense of trust between adult survivors and their intimate partner. We also were curious about the impact on trust of SERT's clinical processes focused on equalizing gendered power dynamics. In our analysis of four adult-survivor couples, we found that gendered power approaches contributed to a culture of avoiding the open, respectfully sensitive expression of emotions tied to the perception of being treated unfairly. We saw this as due to lack of relational safety between partners, which made it difficult to be vulnerable in the relationship (Knudson-Martin & Huenergardt, 2010, 2015). Male use of disempowered power and female reactive power instead triggered self-protective approaches of anger and control, internalized helplessness, or other forms of distrust that cut off partner connection. However, we also found that relational safety could occur as the one-up partner was supported in becoming accountable for his ways of relating. This enabled the emotional openness of the other partner to disclose the effects of the more powerful partner's relational approaches so they could work through an issue to build a sense of trust and connection (Knudson-Martin, et al., 2014).

As the grounded theory emerged, we applied these findings to our work with current couples. We found this grounded theory useful to help partners be in touch with gendered power processes linked to their fear of being vulnerable and to engage in alternative ways that promote relational safety and shared vulnerability supporting trust. Unlike the four target couples in which the therapy was conducted by co-therapy teams, in these cases the same principles applied even though single female therapists conducted these sessions.

### ***Fit with Other CFT Models***

This study's findings are similar to current CFT approaches for working with adult-survivor couples in that it shares a systemic view of couple relationships and the importance of processing emotions to improve partner connection (Johnson, 2002; MacIntosh & Johnson, 2008; Nelson & Wampler, 2002; Trepper & Barrett, 1989). A unique finding of our study is the identification of how gender and power play a significant role in adult-survivor couple dynamics that undermine trust. An emphasis on gender and power is particularly noteworthy since power sensitivities shape the emotional environment of adult-survivor relationships (Goff, et al., 2006; Gottman, 2011; Knudson-Martin, 2015, 2013; Liem, et al., 1992, 1996). This grounded theory study elaborates the unique gendered power dynamics of adult-survivor couples that result in the male use of disempowered power and female reactive power that stir up distrusting behaviors. It also provides concrete clinical strategies to shift gendered power disparities by supporting the one-up partner, typically the male, to take the lead in becoming relationally vulnerable in order to establish the emotional safety that supports shared vulnerability and mutual trust.

### ***Extending SERT Research***

Members of the SERT clinical research group have published articles on a variety of topics related to gender and power: couples dealing with infidelity (Williams, Galick, Knudson-Martin, & Huenergardt, 2013; Williams & Kim, 2015), same-sex couples (Richards, Jonathon, & Kim, 2015), the effect of gender discourses on couple therapy (ChenFeng & Galick, 2015), how to practice sociocultural attunement (Pandit, et al., 2014, 2015), spirituality and gendered power in couples (Wilson, 2015), and engaging the more powerful partner in couple therapy (Samman & Knudson-Martin, 2015). This study extends this knowledge by underscoring the importance of trust in a mutually supportive couple relationship, SERT's main clinical goal. The clinical competencies of SERT guide therapists to establish an equitable foundation between partners, interrupt the flow of power, and facilitate alternative relational experiences (Knudson-Martin & Huenergardt, 2010, 2015; Knudson-Martin, et al., 2014). The five clinical processes identified in this study replicate these competencies, highlight the value of relational safety for adult-survivor couples, and provide distinct approaches on how to help partners become mutually vulnerable.

### ***Clinical Implications***

Transforming gendered power relations of adult-survivor couples can change an ambiance of distrust to one of shared relational power. We view relational power as a primary desire for connection with one's intimate partner as demonstrated through inclusion, cooperation, and drawing upon emotional resources such as openness, fairness, and nurturance (Bergman, 1995; Blanton & Vandergriff-Avery, 2001; Hargrave & Pfitzer, 2011) with a goal for the relationship to be mutually supportive for the well-being

of both partners (Knudson-Martin & Huenergardt, 2010, 2015). Several fundamentals are involved in facilitating these shifts in gendered power dynamics.

### **Transforming Gendered Power Disparities**

It is important to interrupt gendered power processes by relationally engaging the more powerful partner to become vulnerable, attune to the other partner, and accept that partner's influence (Knudson-Martin, et al., 2014). As this occurs the ensuing relational safety enables the couple to engage through relational power.

### **Attending to the Gendered Fear of Being Vulnerable**

The dread of being vulnerable can be especially problematic for abused males working to uphold masculinity discourses that suppress emotion and the expression of vulnerability, as this contradicts their experiences of powerlessness in childhood (Kia-Keating, Grossman, Sorsoli, & Epstein 2005; Lisak, 1995; Mejia, 2005). For abused women the fear of being vulnerable can be equally difficult (Liem, et al., 1992). Helping partners recognize the impact of relational injuries in early life on their current interactions tends to externalize their gendered fear of vulnerability and unpack its effects on the relationship.

### **Sociocultural Attunement Is Crucial**

By identifying and resonating with the historical experience of childhood abuse along with socio-contextual factors that influence each partner's identity and ways of relating, the therapist helps both partners reframe the source of their distress from being

caused solely by the other partner to recognizing the impact of societal context on their lives (Knudson-Martin, et al., 2014). Examining how sociocultural context affects partners' emotions linked to gendered power interactions begins the process of shifting power imbalances by making space for the voice of the one-down partner (Ward & Knudson-Martin, 2012) and helping the one-up partner become accountable for his contribution to distress in the relationship (Knudson-Martin, et al, 2014).

### **Committing to Process of Change**

It seemed that more than ten SERT sessions were needed with adult-survivor couples in order to successfully transform gendered power processes to a new relational experience of mutuality and trust. However, another adult-survivor couple not included in this study experienced a positive relational outcome with fewer than 20 SERT sessions. In our three cases with positive relational outcomes, the couples regularly attended sessions for two or more years. While initial sessions focused on understanding the socio-emotional processes of partners, at times entire sessions were devoted to highlighting the relational competencies of the male. This validation of his relational worth seemed to encourage him to engage more readily in the socio-emotional processing geared toward changing gendered power dynamics that were creating distance between partners.

### **Mitigating Disentitled Power**

Noticing and affirming the male's positive relational intent is crucial for creating a counter narrative to his sense of disentitled power. A male in our sample demonstrated



one way to mitigate disempowered power. While he and his wife enjoyed a sense of mutuality in many aspects of their relationship, he had used a disempowered power approach whenever circumstances challenged his sense of competency. Yet, he also was able to break through his fear of being vulnerable and became accountable by letting down his defensive posture and asking his wife what she needed from him. This created an opening for the couple to face that challenge together in a process of give and take.

### **Making Sense of Reactive Power**

The intensity of reactive power used by the females in our sample often made it appear as though they were the one-up partner. However, careful analysis of the males' use of disempowered power revealed that the men held more power by dismissing the female's concerns or withdrawing from her efforts to engage. Therapists helped the males become open to a different approach by examining the meaning of relational responsibility and assisting them in taking in the female's perspective and responding in some sort of validating fashion (Samman & Knudson-Martin, 2015). This was not so much relinquishing power as a way of sharing it so that the female felt that her needs and interests also mattered. Applying this finding with current cases, we have observed that these new relational experiences in session help the partners, in general, become more open in their communications, which helps offset the gendered fear of being vulnerable.

### **Limitations and Future Research**

While our sample was diverse in terms of race and age, a limitation of this study is that the sample consisted solely of heterosexual couples. Future research could focus on the experiences of same-sex adult survivor couples. Although this grounded theory

study was an in-depth analysis of four couples, larger outcome studies are needed to determine the effectiveness of this grounded theory study. While this study has contributed to awareness of the unique gendered power approaches of the abused men and women in this sample, it also raises questions for future research regarding the most effective clinical approaches for working with disempowered and reactive power. Also, this study only examined the contribution of gender and power within the SERT model. There is a need to study these issues in other models to discover to what extent the findings here apply when seeking to address the gendered context while working from other clinical models. Another limitation is that some of the partners experienced trauma beyond childhood abuse, such as trauma incurred during wartime military service and intimate partner violence in previous relationships. While this study was designed to learn about the impact of the experience of childhood abuse, it would be beneficial to learn about how other forms of interpersonal violence also affect gendered power processes of couples.

### **Conclusion**

These findings suggest that sensitivity to the unique need for relational safety of adult-survivor couples will enhance clinical outcomes designed to help these intimate partners experience more trust by attending to their gendered power interactions. Recognizing how the gendered fear of being vulnerable affects each partner's power performances in the relationship begins to help establish the accountability needed for partners to feel that neither will take unfair advantage of the other. The ensuing relational safety opens the possibility for both partners to share the vulnerability of disclosing how

each affects the other so that moments of disconnection can be transformed to emotional connection and trust.

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## CHAPTER FOUR

### DISCUSSION

I proposed this dissertation in order to investigate the intersection of gender, power, and trust with the relational injury of childhood abuse in heterosexual intimate relationships and to determine how couple therapists can sensitively address unique relational needs of adult-survivor couples (Basham & Miehls, 2004; MacIntosh & Johnson, 2008; Trepper & Barrett, 1989). While the study of treatment for trauma has proliferated over the past two decades, the couple and family therapy (CFT) field can benefit from research focused on the trauma resulting from childhood abuse (Basham & Miehls, 2004). In this dissertation I have addressed this topic at a level of theoretical conceptualization, entitled relational trust theory (Wells, in press; Wells & Kuhn, 2015), and with process research by utilizing a grounded theory approach to study adult-survivor couples in Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010, 2015) sessions in order to address my research questions on what clinical processes create change for partners to become able to share relational give-and-take and trust (Hargrave & Pfitzer, 2011). A significant contribution of this dissertation is a better understanding of the link of trust with gender and power dynamics in adult-survivor intimate relationships and how to clinically address relational processes that interfere with trust.

Trust is a vital aspect of emotional connection (Gottman, 2011; Hargrave & Pfitzer, 2011) and is considered the most important resource for functioning between intimate partners (Hargrave & Pfitzer, 2003), yet gendered power dynamics hinder trust

(Knudson-Martin, 2013, 2015) because they disrupt “a sense of justice or balance in the relational give-and-take” (Hargrave & Pfitzer, 2011, p. 17). Although love between partners can be strong, the lack of trust can nonetheless destroy relationships (Hargrave & Pfitzer, 2011). Concentrating on trust as a clinical outcome is essential, not only as a result of distrust arising from gendered power imbalances in the relationship (Gottman, 2011; Knudson-Martin, 2013, 2015), but also because adult-survivor couples can be at a particular disadvantage due to difficulty of some adult survivors to trust their intimate partner (Follette & Pistorello, 1995; Johnson, 1989; MacIntosh & Johnson, 2008). Liem, O’Toole, and James (1992) found that the feelings of powerlessness and betrayal experienced during childhood are linked to the struggle of abused women to trust significant others and to be predisposed toward a preoccupation with dominance and influence in their intimate relationships. Given the propensity for adult-survivor couples to experience a distrusting emotional culture, this dissertation research studied the link between gendered power dynamics and distrust in partner interactions as well as identified clinical goals and processes of SERT that helped adult-survivor couples shift power disparities to a trusting emotional culture.

### **Contributions to Literature**

This dissertation project has produced two publishable papers. First, the relational trust theory (RTT) article has been accepted for publication in a peer-reviewed journal (Wells, in press) and has been published as a chapter in a peer-reviewed book sponsored by the American Family Therapy Academy (Wells & Kuhn, 2015). Second, an article presenting the results of the longitudinal grounded theory research with adult-

survivor couples in SERT (Knudson-Martin & Huenergardt, 2010, 2015) will be submitted for publication in a peer-reviewed journal.

### ***Relational Trust Theory***

RTT contributes to our field by identifying how externalized or internalized emotions, as well as symbolic actions, indicating distrustful reactions of the adult survivor impact relational approaches of these couples. The theory explains how the intermingling of gendered power interactions and distrustful reactions, designated as adult-survivor power responses (ASPRs), negatively affect emotional connection and promote distress in the relationship. It also provides guidance for recognizing and working with the gendered power context of couple interactions so that clinicians can help partners shift power disparities to processes of mutuality that enhance a sense of emotional safety and the perception of trustworthiness between partners.

### **Gendered Power's Effects**

Perceiving the partner as unfair and untrustworthy results in the adult survivor becoming concerned with his or her power position in the relationship (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2009) and, hence, to engage through ASPRs of self-protection, self-abnegation, or marginalizing the needs of the partner. I developed the theoretical concept of ASPRs by drawing upon Hargrave & Pfitzer's (2003) views on the ties of neurobiology to emotions when partners feel unsafe in the relationship. At such times the brain's amygdala, which constantly scans for trouble, generates bodily responses of fight-fright-flee that affect interpersonal exchanges (Fishbane, 2007, 2013; Fishbane & Wells, 2015). While these approaches to the partner can be considered as

coping mechanisms developed in reaction to the powerlessness of being abused as a child, they typically contribute to emotional distancing and isolation, conflict, or power struggles between intimate partners.

Self-protection is an externalizing expression of distrust in the form of anger and reactivity, suspicion, jealousy, or control, and is often used by both male and female survivors. Conversely, self-abnegation is an inner experience of distrust that is observable as a sense of internalized helplessness, mostly with males, or overly accommodating the needs and interests of the other partner, typically used by females when they feel distrust. The third category, marginalizing the other partner's needs, occurs when distrust instigates the male or female adult survivor to focus solely on his or her own interests or needs without concern for the effects of these actions on the relationship (Wells, in press; Wells & Kuhn, 2015).

### **RTT Clinical Guidelines**

As a member of the SERT clinical research team from its beginning, I saw the applicability of this couple therapy model's feminist approaches to the gendered power relations of adult-survivor couples. Accordingly, I drew upon Socio-Emotional Relationship Therapy (Knudson-Martin & Huenergardt, 2010, 2015) for suggested clinical processes in RTT to sensitively address adult-survivor couple dynamics. SERT, which works to transform gendered power disparities so that both partners are mutually supported in the relationship, examines the link between partner emotions and the influence of societal discourses that inform each partner's identity and ways of relating. These clinical approaches help partners shift power imbalances and identify alternative

ways of relating that are based on shared attunement and relational responsibility, mutual influence, and shared vulnerability (Knudson-Martin, Huenergardt, Lafontant, Bishop, Schaepper, & Wells, 2014). Clinical processes suggested in RTT are establishing relational safety between partners, sociocultural attunement to each partner's gendered identity and relational approaches, shifting gendered power disparities, and empowering mutuality and fairness to support trust between partners. A key point of RTT is the need for clinicians to establish a foundation of mutuality between partners in order to create the relational safety necessary for processing vulnerable emotions tied to partner interactions or a history of childhood abuse (Wells, in press; Wells & Kuhn, 2015).

### ***Grounded Theory Study***

Findings from the grounded theory study offer clinical strategies for helping adult-survivor couples integrate relational approaches that support a trusting emotional culture, which has been articulated as a need in the CFT field (MacIntosh & Johnson, 2008). This dissertation's longitudinal grounded theory study examined 40 de-identified transcripts of SERT sessions to better understand the impact of gendered power interactions on four adult-survivor couples, the ways in which SERT's clinical approaches worked to shift gendered power disparities to establish relational safety, and the partners' sense of trusting each other after approximately two years of couple therapy. The findings were applied to an additional four adult-survivor couples to confirm the credibility of the grounded theory.

Although I had articulated the importance of relational safety to adult-survivor couples in RTT, this was not the initial focus of line-by-line coding at the start of the grounded theory study because we had bracketed our theoretical views in order to be

sensitive to whatever emerged from the data (Charmaz, 2006). We later used focused coding to better understand relational safety as this concept became central to the action occurring in the transcripts.

The theoretical conceptualization of RTT occurred concurrently with transcribing videotape sessions of adult-survivor couples in the grounded theory study. Partner dynamics observed in these sessions and other pertinent cases informed my ideas on adult-survivor power responses (ASPRs). While the grounded theory research confirmed these views on ASPRs, a surprising finding that emerged was a nuanced approach to power by the males and females in the grounded theory study not envisioned in RTT. The analysis revealed a distinctive approach to power used by male adult survivors that departs from traditional views of male power and privilege and the correspondingly unique power operation this evokes in their female partners. The analysis also pinpointed SERT clinical processes that promoted establishing relational safety between partners, which was instrumental in shifting power imbalances in three cases with a positive relational outcome of increased trust. The grounded theory also explained variations on relational processes with one couple that did not have a positive relational outcome.

### **Gendered Power Dynamics**

The grounded theory identified three themes related to gendered power dynamics of adult-survivor couples: 1) gendered fear of being vulnerable; 2) unique gendered power approaches; and 3) distrustful reactions. These dynamics were interlocked and appeared to contribute to significant distress in the couple relationships. The fear of being vulnerable was gendered in that the males in the sample appeared to work to

uphold masculinity discourses that prescribe independence and self-reliance, alienate men from their emotions, and influence men to deny admissions of weakness or vulnerability (Bergman, 1995; Levant, 1997; Lisak, 1995). Conversely, for the females the fear of being vulnerable seemed to place them in conflict with femininity discourses as the accommodating partner bearing the responsibility to make the relationship work (Hare-Mustin & Maracek, 1988; Miller, 1976). The fear of appearing vulnerable in the relationship then generated power approaches between the partners that were different from traditional views of gender relations. For instance, the men in the sample operated from a sense of disempowered power in contradistinction to the entitled power and privilege that Western societal values uphold for males (Levant & Pollack, 1995).

All of the men in the eight couples, four in the sample and another four for case review, used disempowered power to insulate themselves from meeting the needs of the relationship. Demonstrations of disempowered power included an almost overpowering attitude of self-condemnation, being unresponsive to the other partner, and working to justify their own position. The display of disempowered power by the men then evoked from the women a reactive power by which they positioned themselves against the males in efforts to somehow influence them. This reactive power also appeared to be in contradistinction to the femininity discourses that inform women of the importance of sacrificing their own needs for the sake of maintaining their relationship (Goldner, 1989). As these power approaches operated between the partners, emotional reactions of distrust, variously demonstrated as ASPRs of self-protection, self-abnegation, or marginalizing the other partner, further contributed to emotional distancing, conflict, or impasses (Wells, in press; Wells & Kuhn, 2015).

## **Clinical Processes Fostering Relational Safety**

While many CFT models addressing childhood abuse suggest the need to create safety in conjoint therapy with adult survivors and their intimate partner (e.g., Basham & Miehl, 2004; Follette & Pistorello, 1995), their approaches to doing so are not very well defined or illustrated. The relational safety framework outlined in this dissertation offers concrete clinical processes for establishing a relationally safe environment to help adult-survivor couples address the link between gendered power and distrust. The grounded theory analysis assists in the articulation of goals for establishing relational safety by helping partners become vulnerable and open to processes of give and take instead of approaching one another through disempowered power or reactive power.

The research also identified five key clinical processes employed by the therapists in this study that seemed to increase trust and facilitate the mutuality processes of shared attunement and relational responsibility, mutual influence, and shared vulnerability, referred to as the Circle of Care in Socio-Emotional Relationship Therapy: 1) recognize effects of gendered power dynamics on partners' perceptions of relational safety; 2) work with the socio-emotional experience of partners through sociocultural attunement; 3) accentuate partners' relational needs; 4) initiate partners sharing power; and 5) identify partners' trustworthiness. These processes appeared to work together to help partners experience five aspects of becoming relationally vulnerable—open, authentic, and emotionally transparent—with one's intimate partner: 1) being in touch with one's own emotions and their effects on the partner; 2) attaining capacity for self-reflection; 3) recognizing positive relational intent of self and partner; 4) accepting partner's feedback; and 5) desiring to tend to partner's needs and interests.



### ***Key Contributions***

This dissertation contributes to the CFT literature for sensitively working with adult-survivor couples in a number of ways:

#### **Advancing Trauma Literature for Couple Therapy**

With its feminist perspective of linking gender and power to distrusting reactions of adult survivors, this dissertation extends the trauma literature for couple therapy (Brown, 2004; Hecker, 2007; Johnson, 2002; Webster & Dunn, 2005). In relational trust theory I described how the intermingling of gendered power approaches with distrusting reactions of adult-survivor power responses (ASPRs) in couple interactions contribute to disconnection. A critical aspect of RTT is the need to establish relational safety by helping adult-survivor couples transform gendered power disparities before processing vulnerable emotions related to a history of childhood abuse (Wells, in press; Wells & Kuhn, 2015). Findings from the grounded theory analysis can help clinicians working with adult-survivor couples recognize the operations of disempowered and reactive power that evoke distrustful responses in partner interactions and sever emotional connection. Furthermore, the grounded theory study identified how Socio-Emotional Relationship Therapy's approaches transformed gendered power disparities (Knudson-Martin, et al., 2014) and facilitated alternative ways of relating that support trust.

#### **Adding to Gender and Power Relations Literature**

The findings from the grounded theory study extend the couple literature on gender relations and current views on male and female approaches to power (Bergman, 1995; Fishbane, 2011; Hare-Mustin & Maracek, 1988; Knudson-Martin, 1997; Lips,

1991; McGoldrick, Anderson, & Walsh, 1989; Miller, 1976). The uniquely different power operations of adult survivors in the form of male use of disempowered power and reactive power of the female are highlighted in this study. Recognizing these variations makes it possible to more sensitively address the complex intricacies of power operating in adult-survivor couple relationships.

### **Confirming Trust Literature**

This dissertation's RTT and grounded theory analysis also extend the couple literature on the importance of relational ethics (Boszormenyi-Nagy & Krasner, 1986) to shared trust that supports the healthy function and well-being of adult-survivor couples (Hargrave & Pfitzer, 2003, 2011). The elaboration of adult-survivor power responses in RTT (Wells, in press; Wells & Kuhn, 2015) and the confirming of these coping mechanisms in the grounded theory study attend to a need articulated by Hargrave and Pfitzer (2003) for more research on this aspect of partner interactions. Findings from the grounded theory study, in particular, identify the ways in which gendered power dynamics of adult-survivor couples lead to distrustful reactions and provide concrete therapeutic approaches for helping partners address these issues.

### **Extending SERT Literature**

Building connection is SERT's main clinical goal for helping partners achieve a mutually supportive intimate relationship (Knudson-Martin, et al., 2014). Findings from the grounded theory identified trust as an essential aspect of emotional connection and elaborated upon SERT clinical processes that establish relational safety for helping adult-

survivor couples achieve a sense of mutual vulnerability that fosters trust. The key clinical processes identified for fostering relational safety replicate SERT's clinical competencies designed to address gendered power dynamics of couples; namely, establishing an equitable foundation, interrupting the flow of power, and facilitating an alternative relational experience (Knudson-Martin, et al., 2014; Knudson-Martin & Huenergardt, 2015). The grounded theory analysis also explained the client processes found for becoming vulnerable, namely, being aware of one's own emotions and their impact on the partner, becoming able to engage through self-reflection, being in touch with one's positive relational intentions, accepting feedback from the partner, and embracing the desire to tend to the partner's needs. These had not been previously identified in SERT process research.

### **Comparison to Other CFT Models**

Determining effective clinical processes for adult-survivor couples has been considered an "underdeveloped field" (Basham & Miehl, 2004, p. 24). Several CFT models that have laid groundwork for conjoint therapy include emotionally focused therapy (Johnson, 2002; MacIntosh & Johnson, 2008), acceptance and commitment therapy (Follette & Pistorello, 1995), a blending of object relations with feminist-based trauma work (Basham & Miehl, 2004), and structural approaches (Trepper & Barrett, 1989), among others using a systems theory perspective (Chen & Carolan, 2010; Hunt-Amos, Bischoff, & Pretorius, 2004; Nelson & Wampler, 2002). Some assumptions and clinical approaches identified in RTT and the grounded theory analysis are shared with these CFT models; yet, this dissertation distinguishes itself in that it integrates feminist trauma theories with feminist perspectives on couple therapy by articulating clinical

processes for attending to the partners' gendered fear of being vulnerable, unique gendered power approaches of adult-survivor couples, and distrustful reactions that create disconnection between partners.

### ***Key Couple Therapy Approaches***

#### **Therapist Alliance**

The need to create safety with couples through therapist alliance is shared by all CFT models (e.g., Johnson, 2002), particularly in light of adult survivors' sensitivity to issues of power and trust (Liem, et al., 1992; MacIntosh & Johnson, 2008). One of the benefits of sociocultural attunement used in SERT (Pandit, ChenFeng, & Kang, 2015; Pandit, Chen-Feng, Kang, Knudson-Martin, & Huenergardt, 2014), also a key clinical process of the relational safety framework, is that each partner can feel heard and validated as the therapist resonates with the impact of the influence of larger societal discourses on her or his identity and relational approaches. Sociocultural attunement by the therapist tends to externalize gendered power interactions that contribute to distress in the relationship by not blaming either partner for problems while also making evident the legacy of patriarchy, the influence of masculinity and femininity discourses on partners' ways of relating, and the effect of these on intimate relationships (Knudson-Martin, 2013, 2015).

#### **Partner Safety Issues**

While many CFT models attend to safety issues of adult-survivor couples, they primarily focus on concerns of interpersonal violence (Basham & Miehl, 2004; Follette & Pistorello, 1995). The clinical processes identified in the grounded theory analysis

underscore the need to continually work to establish and maintain emotional safety between partners in order to create an equitable foundation for couple therapy (Knudson-Martin, et al., 2014). Therapists do this by helping the more powerful partner, typically the male, take the lead in becoming accountable for his contributions to distress in the relationship. As this occurs, a more equitable environment of relational safety sets the base for processing vulnerable emotions linked to relationship problems or a history of childhood abuse (Knudson-Martin, et al., 2014; Wells, in press; Wells & Kuhn, 2014).

### **Attention to Power**

Most CFT models discuss that the therapist should be aware of power dynamics between partners, but typically do not advance this awareness by elaborating how to clinically address power disparities (Ward & Knudson-Martin, 2012). While emotionally focused therapy, a systemically oriented approach, positions each partner as responsible for their part in interactions (Johnson, 2002), a feminist perspective on gendered power dynamics is missing from its clinical processes (Cohen, 2008). This dissertation's feminist perspective places gender and power at the center of therapeutic approaches and explains key clinical processes that address gendered power dynamics between partners for creating relational safety, thereby making it possible for partners to identify mutuality processes that work for their relationship (Knudson-Martin & Huenergardt, 2010, 2015).

### **Highlighting Emotional Nuances of Adult-Survivor Couple Interactions**

Millwood (2011) indicated the need to better understand interactions of adult-survivor couples, particularly with regard to the expression of emotions between partners:

“Some survivors may tend toward a more externally focused, hypervigilant, emotionally labile set of responses, others a more internally focused, depressive, ‘shut down’ range of responses, and many others in between” (p. 342). Confirming Millwood’s view of the unique emotional dynamics contributing to relational stressors of adult-survivor couples, this dissertation’s relational trust theory includes clinical guidelines for addressing distrusting reactions embedded in adult-survivor power responses of externalizing self-protection behaviors, internalizing self-abnegation approaches, and marginalizing the needs of the other partner (Wells, in press; Wells & Kuhn, 2015). The grounded theory’s focus on the complex interplay of gender, power, and trust identifies the impact of power operations on the partners’ sense of relational safety and need for self-protection. The grounded theory analysis highlights clinical processes that attend to gendered power imbalances to help partners become more open, vulnerable, and trusting, while also elaborating the components of being vulnerable that are needed from each partner to establish relational safety in couple interactions.

### **Trust Concerns**

Most CFT models acknowledge trust challenges that affect adult-survivor couples, but focus predominately on facilitating improved communications (Follette & Pistorello, 1995; Hunt-Amos, et al., 2005; Trute, Docking, & Hiebert-Murphy, 201), emotions processing (Johnson, 2002; MacIntosh & Johnson, 2008), creating shared meaning of the trauma of childhood abuse (Hecker, 2007), or reframing cognitive schema (Cohen, 2008). Along with gender and power, trust recedes to the background in many of these CFT models. One exception is restoration therapy (Hargrave & Pfitzer, 2011),

which emphasizes trust as a clinical outcome for couples. The complex interplay of gender, power, and trust as a way of understanding and addressing adult-survivor couple dynamics that contribute to distrustful behaviors has been foregrounded in RTT (Wells, in press; Wells & Kuhn, 2015). Furthermore, the grounded theory analysis identified that clinical processes focused on transforming gendered power interactions established a relationally safe environment, which permitted shared vulnerability and relational responsibility, mutual influence, and shared attunement for a trusting emotional connection in three of the four adult-survivor couples in which we analyzed video and de-identified transcripts of their sessions and in each of the additional four case reviews.

### **Emotions and Change**

Another shared approach is viewing emotion as the source of change between partners (Greenman & Johnson, 2012; Johnson, 2002; MacIntosh & Johnson, 2008). Yet, a gender-and-power approach to couple therapy does not assume that both partners are equal and, hence, it is safe for the couple to immediately engage in processing vulnerable emotions (Knudson-Martin & Huenergardt, 2010, 2015). The importance of clinically addressing power disparities before processing vulnerable emotions so that the other partner is able to engage more supportively has been described in RTT (Wells, in press; Wells & Kuhn, 2015). In the grounded theory study, socio-emotional processing began with acknowledging the emotions tied to the impact of larger societal contexts on each partner's identity (Knudson-Martin & Huenergardt, 2010, 2015). This socioculturally aware lens helped both partners recognize how their ideas about themselves, their partner,

and their approach to an intimate relationship are influenced by societal discourses on masculinity and femininity (Goldner, 1989; Miller, 1976).

Each person's sense of measuring up to these gender discourses was the source of a great deal of emotion that impacted how he or she chose to approach or respond to their partner. Socio-emotional processing helped partners unpack these sociocultural influences and choose alternative relational approaches that equally support the well-being of both partners in the relationship. As the more powerful partner became attentive to and accommodating of the other partner, the ensuing safety permitted both to become more open, authentic, and emotionally transparent—vulnerable (Knudson-Martin, et al., 2014). It was at this point in couple therapy that partners were better able to process vulnerable emotions tied to the significant issues confronting their relationship.

### **Clinical Implications**

By placing gender, power, and trust at the forefront of couple therapy approaches, as is done with SERT, this dissertation addresses distrust between partners at its source (Gottman, 2011; Knudson-Martin, 2013). In order to attend to the unique relational processes of adult-survivor couples, CFT clinicians may benefit by focusing on the effects of sociocultural contexts on partner dynamics as follows:

#### ***Linking Gendered Power with Trust***

During the grounded theory analysis the critical role that gendered power dynamics played in experiencing one's intimate partner as untrustworthy became evident. For instance, when the couples in the sample engaged through the male's use of disempowered power and the female's reactive power, their interactions were marked by each



person's need to protect him- or herself, which invariably resulted in distrust between partners and distress in the relationship. Although the CFT literature acknowledges the need to help adult-survivor partners become more trusting (Follette & Pistorello, 1995; MacIntosh & Johnson, 2008), more focus on how to accomplish this is needed. Restoration therapy focuses on building trust between partners (Hargrave & Pfitzer, 2011), and this dissertation builds upon these clinical approaches.

Recognizing invisible gendered power processes is critical to helping partners relate more equitably. Gendered power processes tend to be invisible in heterosexual relationships because they are embedded in masculinity and femininity discourses and taken for granted (Knudson-Martin, 2013, 2015). Yet, these influences can be identified by noticing relational processes between partners, such as who attends to whom, whose needs and interests are more important, how decisions are made, whose opinion matters more, etc. (Mahoney & Knudson-Martin, 2009). The grounded theory's analysis of SERT's clinical processes addressing gendered power disparities showed that the partners gradually became able to experience the capacity for becoming vulnerable with one another in an emotional ambiance of relational safety. This shared vulnerability increased each partner's perception of the other as trustworthy because the partners were more open and emotionally transparent with one another so that each felt heard and validated by the other.

### ***Establishing Relational Safety***

The five key clinical processes identified in the grounded theory analysis worked together to facilitate the relational safety that is requisite to a sense of shared vulnerability between partners. Examining the effects of disempowered and reactive power

performances on the relationship began to shift power disparities by making space for the voice of the one-down partner (Ward & Knudson-Martin, 2012) and facilitating self-reflectivity of the more powerful partner, usually the male, to become accountable for his part in the couple's problems (Knudson-Martin, et al., 2014). Linking partner emotions to the effects of societal influences on identity conclusions and position-oriented approaches that support conflict and power struggles facilitated a move away from blame and thereby generated in-session safety to become more transparent about one's emotions. Identifying each partner's perspectives on what they need in their intimate relationship helped both recognize the other's positive relational intentions and made it safer to become open to emotional connection.

Upon this foundation the therapist was able to help the more powerful partner shift from gendered power performances of disconnection and engage in new relational experiences of attuning to the other partner and becoming responsive to the partner's needs. This fostered a sense of shared responsibility for making the relationship work. As power differentials receded, mutuality processes of shared attunement and accepting influence of the partner made it safe to be vulnerable. Assessing the impact of new relational processes of mutuality between partners helped both to perceive one another's trustworthiness in being responsible for maintaining emotional connection or recovering more immediately when disconnection did occur (Knudson-Martin, et al., 2014). In other words, partners felt safe to connect as they worked together to meet each other's needs and interests in the relationship.

### ***Addressing Effects of Male Gender Socialization***

Trauma researchers have noted the need to unpack with male adult survivors the effects of gender socialization on their own experience of the vulnerability and powerlessness that resulted from childhood victimization in order to help them become more open to the processing of vulnerable emotions (Lisak, 1995; Mejia, 2005). Findings from the grounded theory analysis suggest a way to attend to this need. By describing the operations of disempowered power in adult-survivor couple interactions and the key characteristics for helping males to operate from relational vulnerability, these findings provide guidelines to clinicians for sensitively working with abused males to facilitate alternate relational experiences beyond the coping mechanisms they have habitually resorted to when using disempowered power to ward off their female partner's concerns.

### ***Tying Sociocultural Context to Partner Power Operations***

While many CFT approaches recognize the effects of sociocultural context on couple dynamics, few articulate how to apply this awareness to clinical processes (Esmiol, Knudson-Martin, & Delgado, 2012). Responding to the need to attend to the influence of societal contexts on partners' ways of relating, SERT provides specific clinical guidelines that focus on changing the gendered power operations of couples (Knudson-Martin & Huenergardt, 2010, 2015). This grounded theory analysis of SERT therapeutic approaches led to identifying a tie between the males' use of disempowered power and sociocultural context. Triggers for this distinctive form of gendered power appeared to be linked to the male feeling incompetent or otherwise unable to take in the challenges confronting him. In particular, the analysis indicated that socio-contextual factors likely contribute to the male's use of disempowered power. For example, the couples

in our sample were dealing with a plethora of stressors on their relationship beyond surviving an abusive childhood, such as low socioeconomic status and lack of financial resources, racism, disability, alcohol dependence, substance abuse, disordered eating, and limited family support. These contexts might also be implicated in the male's views of himself and others that justified (to himself) this disempowered power stance.

With those couples in our sample most inundated by such stressors, the males demonstrated a somewhat consistent practice of disempowered power. Conversely, fewer socio-contextual stressors impacted one dual-childhood trauma couple in which the male's use of disempowered power occurred only on those occasions when he seemed to feel unable to "measure up" to his wife's needs. Just as with the other men in the sample, this male struggled to listen to his wife's perspective and become self-reflective, however, he seemed able to do this more fluidly and to get back in touch with his positive relational intent more quickly. Linking these socio-contextual factors to the men's emotions and their impact on the relationship may be useful to help them explore alternative relational approaches beyond disempowered power.

### ***Differentiating Disempowered Power***

An important distinction that emerged from the grounded theory analysis is the concept of disempowered power used by males in gendered power dynamics with their female partner. While the male may have internalized emotions tied to his experience of powerlessness and weakness as an abused child, he still holds power associated with his male social location (Knudson-Martin, 2013, 2015). As previously noted, this power operation is similar to the traditional view of the male as entitled and privileged in that it has the effect of placing the man in a hierarchical position in the relationship. Although

disentitled power is a quite different emotional experience for the male adult survivor from entitled power, it is nonetheless his use of power to control his partner in some fashion.

### **Feeling Disempowered**

The male's use of disentitled power is different from feeling disempowered, which occurs with both men and women (Fishbane, 2011; Scheinkman & Fishbane, 2004). While the emotion tied to disentitled power may present as the male feeling disempowered, the use of disentitled power by the man is a far different experience in that being disempowered is situational. As factors that lead to disempowerment recede, the male becomes empowered (Scheinkman & Fishbane, 2004). Disentitled power, however, involves negative identity conclusions developed as a result of the powerlessness and vulnerability experienced in childhood abuse colliding with the man's sense of how he measures himself against masculinity discourses.

### **Destructive Entitlement**

Drawing from contextual therapy (Boszormenyi-Nagy & Krasner, 1986), the concept of destructive entitlement is defined as damaging emotions or actions resulting from a person's claim to self-justified compensation for an unbalanced or unjust relational ledger (Hargrave & Pfitzer, 2003). This differs from disentitled power in that it is not gendered. That is, both men and women can engage through destructive entitlement in their closest relationships. Disentitled power is a male experience that may

involve a sense of destructive entitlement, however, it is also tied to masculinity discourses by which the male measures his own sense of competence.

When attending to disempowered power it is crucial to unpack the internalized oppressive views that the male adult survivor may rigidly hold of himself, his partner, and the world as a result of the intersection of his early-life relational injuries and male socialization by examining societal discourses that inform his identity and ways of relating (Knudson-Martin, et al., 2014).

### ***Cultivating Male Relational Vulnerability***

Findings from the grounded theory analysis provide a map for facilitating relational processes that help partners deal with the gendered fear of being vulnerable, particularly the abused male. Focusing on the male is crucial because, while women's femininity discourses influence female partners to relate vulnerably, masculinity discourses influence men not to be vulnerable from an early age (Bergman, 1995; Miller, 1976). Deviating from masculinity discourses has been another source of trauma for boys who have been punished for this by male peers, their parents, or others in their social network (Mejia, 2005).

The use of disempowered power is a power performance by the abused male that results in the female partner solely carrying the burden for making the relationship work. While addressing these gendered power operations and facilitating with the male adult survivor new experiences of alternate ways of engaging with his female partner, it is essential to help him manage the emotions generated by the fear of being vulnerable. SERT works with the male as the more powerful partner to take the lead in lowering his defenses, identifying his emotions, and becoming self-reflective on his part in

relationship problems, all of which begins to establish relational safety between partners. Becoming aware of how his emotions and use of disempowered power affect his partner creates an opening for the male to try different relational approaches of attuning to and accepting influence from his female partner. Oftentimes, the therapist engages with the male by reflecting on how his actions and narratives indicate his positive relational intent. At other times, the therapist assists the male in recognizing his need to assume more responsibility for attending to the female's concerns. These new relational experiences can help the male dispel the fear of appearing weak. Instead the therapist highlights relational vulnerability as a strength when the male engages through open and authentic disclosures of his emotions (Samman & Knudson-Martin, 2015).

As the male shifts from use of disempowered power, the female reciprocally (sooner or later) moves away from use of reactive power. When couples start to engage through processes of shared vulnerability, they describe it as "scary" and "weird," as it is such a different relational experience. Yet, they also recognize that it is essential to their emotional connection and that with practice it becomes easier to do.

### *Attending to Female Reactive Power*

According to femininity discourses, the female's social location is to be the subordinate, vulnerable partner (Miller, 1976), but the grounded theory study analysis identified this as quite challenging for each female in the sample when she encountered the male's use of disempowered power. Even though the woman's use of reactive power at times made it appear that she was the one-up partner, the male's use of disempowered power to dismiss her concerns or disengage maintained his hierarchical position in the relationship. Therefore, it became essential to make space for her voice on important

matters, affirm her needs in the relationship, and help the male partner take in her concerns and respond authentically (Knudson-Martin, et al., 2014; Ward & Knudson-Martin, 2012).

### **A Positive Relational Outcome Case**

This section will explicate key clinical processes identified in the grounded theory analysis as it follows another adult-survivor couple not part of the grounded theory analysis that experienced a positive relational outcome of mutuality and shared vulnerability. The names and identifying characteristics of the partners have been changed to ensure confidentiality.

#### ***Case History***

The partners, both in their mid 30s, had been married less than a year and came to couple therapy because of the wife's distress over the husband's tendency to ogle other women. While this was the first marriage for Michael, who identified as Asian American, Lexi, his Euro-American wife, had been previously married. Michael had been sexually abused as an adolescent, and Lexi had suffered physical and emotional abuse by her previous husband. Working as business executives, they had a moderately high socioeconomic status. Lexi was ready to end the marriage if Michael did not change his behavior around other women, which she interpreted as his disrespect for her.

#### ***SERT Clinical Research Group***

The couple engaged in 18 SERT sessions over the course of nine months to address their relationship issues. Two doctoral-student therapists conducted the couple



therapy sessions while two faculty supervisors and another eight doctoral students observed behind the one-way mirror. Pre- and post-session debriefings with the SERT team guided the development of clinical approaches session by session (Estrella, Kuhn, Freitas, & Wells, 2015). The summary provided here is based on these discussions.

### ***Gendered Power Assessment***

In the first few SERT sessions it became apparent that both partners, but particularly Michael, had a fear of being vulnerable in their couple interactions. This fear on Michael's part was noticeable in that any comments from Lexi expressing her disapproval of his ogling behavior seemed to move him to a disentitled power approach of not wanting to be accountable to her for his behavior. His nuanced approach to disentitled power was demonstrated as an abstract form of intellectualizing instead of acknowledging his feelings in response to her emotionally laden comments. Initially, Lexi responded to Michael's narratives designed to deflect emotions by withdrawing and putting up her walls, a form of self-abnegation. But when her frustration became too overwhelming, she engaged through arguing, a form of self-protection. Michael acknowledged that the anxiety generated in these exchanges tended to fuel more ogling behavior on his part, which could be viewed as Michael marginalizing Lexi's needs in the relationship (Wells, in press; Wells & Kuhn, 2015).

### ***Key Clinical Processes for Relational Safety***

The co-therapists engaged with the partners in accordance with SERT's clinical competencies for establishing an equitable foundation for therapy, interrupting the flow

of gendered power, and then facilitating alternative relationship experiences of mutuality processes (Knudson-Martin, et al., 2014).

### **Recognize Gendered Power's Effects**

The therapists began by understanding the effects of Michael's use of disempowered power to avoid dealing with Lexi's distress. Lexi indicated early on in SERT sessions that her emotions arising from Michael's offensive behavior made her feel unsafe in the relationship and unable to trust him. She acknowledged that she deserved better treatment and would leave the relationship unless he changed this behavior, which he acknowledged he had engaged in since adolescence. Lexi was using her reactive power to draw the line with Michael about changing for the sake of the relationship. By making space for Lexi's perspective on the problem and validating her needs for safety and trust in the relationship, the therapists were beginning to equalize gendered power processes between the partners (Ward & Knudson-Martin, 2012).

While many clinicians would be inclined to view Michael's problem from an individualistic perspective of addiction or some other form of psychopathology, the SERT team continually shared with the partners their perspective of the problem as relational and the need to address the relational effects. This systemic perspective of the therapists led them to consider the problem as a symptom that could be addressed by attending to the power dynamics between the partners, more particularly, by Michael becoming attuned to Lexi's needs in the relationship and responding to them. From the earliest sessions the therapists worked to link each partner's emotions arising from the problem to the effects of gender socialization and the influence of the larger social

context that tends to valorize the sexual objectification of women. They named the issue for Michael as one of relational responsibility. The clinical guidelines in relational trust theory suggest that when an adult survivor marginalizes the needs of the other partner the focus of therapeutic approaches should be to help that partner, in this case Michael, recognize the effects of his behavior on the other partner, Lexi, and become accountable, which is part of upholding one's responsibilities in the relationship (Knudson-Martin, et al., 2014; Wells, in press; Wells & Kuhn, 2015).

The therapists also worked with Michael to help him become open to taking in Lexi's perspective and to reflect on his own emotions tied to the behaviors that were so distressing for Lexi. While Michael initially responded with intellectual monologues that fueled disengagement from Lexi in session, the therapists continued to work with Michael to identify his emotions. Findings from the grounded theory analysis describe the importance of helping the male to be in touch with his emotions and to notice their effects on his partner as an essential aspect of becoming relationally vulnerable.

The goal at this point was to determine therapeutic approaches to help Lexi feel safer in session and to assist Michael in assuming more responsibility for the distress in the relationship. The SERT team was aware that Lexi was carrying the relational burden and wanted to address this. Importantly, they worked to understand how the larger social context fueled Michael's understanding of the problem and his own masculine identity supporting his hierarchical position with Lexi.

### **Comprehend Socio-Emotional Experience of Partners**

SERT therapists are concerned with understanding how partners have internalized

the influence of societal discourses on masculinity and femininity and how this then affects the couple's relationship (Knudson-Martin & Huenergardt, 2010, 2015). In the case of this couple, while the therapists continued to examine how socio-contextual factors influenced Michael's use of disempowered power with Lexi, they worked to help him connect to his own emotions and become self-reflective in disclosing his feelings rather than resort to his habit of engaging through intellectualizing narratives that deflected his focus from Lexi. Facilitating Michael in enactments of attuning to Lexi in session, he acknowledged how difficult this was for him especially since the fear of being vulnerable loomed large for him. The therapists drew on the larger social context to help Michael accept his challenges at emotionally attuning to Lexi, while continuing to make space for Lexi's perspective and validating her needs. Several sessions were devoted to supporting Michael in recognizing his tendency to avoid emotions, acknowledging how this avoidance led to his distressing behavior of ogling other women, and then becoming accountable for the effects of this on his wife. As Michael worked to be in touch with his emotions and become accountable to Lexi, it became progressively safer for her to disclose her vulnerable emotions in session.

### **Accentuate Relational Needs**

In the course of Michael attuning to his own feelings and Lexi's emotions, he appeared to be getting in touch with his relational needs. The therapists also worked to help him recognize his difficulty accepting Lexi's influence and to examine the source of his emotional disconnection from Lexi. They helped Michael realize that by focusing on Lexi, instead of becoming self-absorbed with not appearing vulnerable, he was better able

to hold her emotions instead of defending against them. They validated his efforts to stay with Lexi's emotions as the place in which connection can occur. As Michael began to attune more to Lexi's emotions, the therapists explored with her the effects of his efforts and what she noticed was working in the relationship. This supported Michael's move away from the masculinity discourses of setting a goal and achieving it toward engaging more in a process of being present with his wife in the moment and responding to her without operating from a set agenda. At the mid stage of therapy both partners seemed to recognize the other's positive relational intent and began to move toward shared vulnerability as Lexi noticed the difference in Michael's efforts to connect with her. The newness of this was somewhat disconcerting for her because she could not be sure if she could trust him to remain intentional about doing this in the future.

### **Initiate Partners Sharing Power**

The SERT team discussed their views of change as experiential and relational; that is, change needed to occur in the relationship not at an individual level with Michael but in relation to Lexi. They discussed how emotions that generate change are contextually driven. In other words, emotions take on their meaning from what it is like to be a man or a woman, and what makes each man or woman feel angry, guilty, happy, etc., as a result of internalized societal messages. From these socio-contextual perspectives the therapists worked with Michael to restructure his power approaches through becoming vulnerable with Lexi and unpacking his fear related to this. Enactments of his attunement to Lexi helped him better accept her feedback. While Michael still struggled to express his feelings to Lexi, he was becoming intentional about

dialoguing with her as a way to become emotionally connected. As he started trusting Lexi's positive relational intent, Michael began to recognize his ability to stay with feeling vulnerable. By this time Michael no longer engaged in the emotion-avoidance behaviors of ogling other women that brought the couple to therapy, but Lexi still feared that another incident would occur. The therapists recognized that Michael was changing his view of the problem from an individualistic perspective of a behavior he did not want to a relational perspective of noticing the consequences of his behavior on the relationship. The effect on Lexi was noticeable as she shifted from being detached and distant in sessions to becoming supportive and connected with Michael.

At this point sessions focused on processing Michael's experiences of childhood abuse and exposure to racism that impacted his sense of masculinity as an Asian male. Other sessions involved a reflecting team approach of members of the SERT team sharing with the couple their understanding of what it means to be vulnerable as a man in an intimate relationship and what it is like for a woman to carry the load for making the relationship work. The partners appeared to benefit tremendously from this sharing of perspectives on the dynamics of relational trust and intimacy.

### **Identify Partners' Trustworthiness**

The final two sessions focused on highlighting processes of mutuality shared by the partners and efforts by Michael to maintain his shift from an "I" perspective to one of "we" (Hargrave, 2000; Samman & Knudson-Martin, 2015). Lexi described feeling safer in the relationship since Michael had become more open with her and attempted to handle issues as they arose. Both partners noticed that their interactions permitted more

openness rather than the need to hide their feelings. They observed that the challenge with relational openness and honesty, or shared vulnerability, is that the disclosing partner becomes exposed to the judgment or reaction of the listening partner. Yet, they were discovering that their efforts at shared vulnerability resulted in less tension and emotional turmoil, the ability to handle conflict, and a feeling of safety that occurs from collaborating rather than judging. They acknowledged that their new, relationally safe approaches with one another permitted self-disclosure and connection. Both partners were becoming in touch with the shared desire to tend to the other partner's needs and interests.

### **Future Research**

While this dissertation research has identified the complex interplay of gender, power, and trust in adult-survivor couple interactions, it has also generated more questions designed to better understand the nuances of emotion and gendered power performances that affect partner dynamics, particularly trust. For instance, more needs to be understood about the circumstances in which males use disempowered power, how males make sense of their use of disempowered power and its effects on their partner, how men in marginalized societal contexts use disempowered power, the link of socio-contextual stressors to disempowered power performances, and clinical processes to help males manage emotions that are being triggered when they engage through disempowered power. For those cases in which the male has significant difficulty lowering his defenses in order to become self-reflective on his power performances, what are therapeutic approaches to help him feel safe enough to expose the perception of his own weakness that masculinity

discourses have informed him to suppress? This is a particular relational need of abused males (Lisak, 1995; Mejia, 2005).

More research is also needed on how females make sense of their use of reactive power and the deviation of that from femininity discourses, how they recognize and respond to emotional safety in the relationship, and their process of moving away from use of reactive power as males begin to engage through vulnerability processes. Do the females likewise become vulnerable in response to the males' attunement or are clinical processes needed to help them lower their defenses in order to also become vulnerable? (Liem, et al., 1992; MacIntosh & Johnson, 2008).

The grounded theory study in this dissertation project focused on process research, but outcome research is also needed with adult-survivor couples. Also, the sample in the grounded theory study was small. There is a need to continue this research across a wider population and with same-sex couples.

### **Conclusion**

This dissertation project has elaborated upon the relationship of gender and power to the experience of trust in partner dynamics of adult-survivor couples. Relational trust theory provides useful conceptualizations of the impact of adult-survivor power responses resulting from gendered power dynamics of the couple and provides clinical guidelines for attending to these (Wells, in press; Well & Kuhn, 2015). In recognizing the unique challenges adult survivors have about appearing vulnerable to their intimate partner, the grounded theory analysis identified clinical processes from Socio-Emotional Relationship Therapy (SERT, Knudson-Martin & Huenergardt, 2010, 2015) that help the couple experience relational safety as they transform gendered power disparities to



mutuality processes. In addition to identifying therapeutic strategies that help adult-survivor couples meet their challenges to engage in ways that promote relational safety, the grounded theory study also articulated key characteristics comprising shared vulnerability and how this supports trust as a positive relational outcome.

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