



LOMA LINDA UNIVERSITY

Loma Linda University
**TheScholarsRepository@LLU: Digital
Archive of Research, Scholarship &
Creative Works**

Loma Linda University Electronic Theses, Dissertations & Projects

9-2016

Relational Engagement and Empowerment: Establishing a Foundation to Address Gender and Power

Sarah K. Samman

Follow this and additional works at: <https://scholarsrepository.llu.edu/etd>



Part of the [Counseling Commons](#), and the [Marriage and Family Therapy and Counseling Commons](#)

Recommended Citation

Samman, Sarah K., "Relational Engagement and Empowerment: Establishing a Foundation to Address Gender and Power" (2016). *Loma Linda University Electronic Theses, Dissertations & Projects*. 415.
<https://scholarsrepository.llu.edu/etd/415>

This Dissertation is brought to you for free and open access by TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. It has been accepted for inclusion in Loma Linda University Electronic Theses, Dissertations & Projects by an authorized administrator of TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. For more information, please contact scholarsrepository@llu.edu.

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

Relational Engagement and Empowerment:
Establishing a Foundation to Address Gender and Power

by

Sarah K. Samman

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

September 2016

© 2016

Sarah K. Samman
All Rights Reserved

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.

_____, Chairperson
Douglas Huenergardt, Professor of Counseling and Family Science

Brian Distelberg, Associate Professor of Counseling and Family Science

Elisabeth Esmiol Wilson, Assistant Professor, Marriage and Family Therapy, Pacific Lutheran University, Tacoma, WA

Carmen Knudson-Martin, Professor of Marriage, Couple, and Family Therapy, Lewis & Clark College, Portland, OR

ACKNOWLEDGEMENTS

First and foremost, all praise is due to Allah, the Almighty Creator, for his blessings in creating a magnificent universe in which to live. I praise Him for making me a curious being who loves to explore His creations and for giving me the opportunity to grow through this period of intense learning toward the successful completion of this dissertation.

I would also like to reflect on the people who have supported and helped me immensely through this journey. First, to my professors and Dissertation Committee Members who supported me during this transformative experience. I thank Dr. Teresa McDowell for encouraging me to follow my dreams and pursue my passion in marriage and family therapy. I thank my Dissertation Chair, Dr. Douglas Huenergardt, for his guidance, confidence in my abilities to overcome every setback, and gentle yet firm support. I am forever indebted to Dr. Carmen Knudson-Martin for her invaluable mentorship, unyielding encouragement, and desire to reach my potential in research and practice. Dr. Brian Distelberg, for his valuable critiques, pushing me past what I thought were my limits, and thorough attention to detail. And Dr. Elisabeth Esmiol Wilson, for her constant enthusiasm, compassionate support, and the uncanny ability to initiate contact exactly when I needed it most.

Secondly, I would like to take this opportunity to express my deepest gratitude and individually acknowledge my colleagues and friends who took the first few steps of this journey with me; Lina, Brittney, and Goli. Thank you for collaborating and planting the seed. I am also indebted to my Research Assistant, Gregory Davis, for his excitement, dedication, and tireless efforts as we overcame obstacles toward the end and successfully

moved from ideas to a completed study. I also thank my dear friend and editor, Jacob, who has always been a source of inspiration, motivation, and provided a glimmer of hope for post-dissertation normalcy. I would also like to thank my colleagues who took part in this study for generously sharing their time and ideas. Elsie, Jessica, Julie, and Moosgar, I have learned much through our lengthy conversations. To everyone, I look forward to our continued collaboration as friends and professionals in the field.

And lastly, I would like to express my deepest gratitude to my support network. To my husband, Shagy, and our son, Danny, who have both made this arduous journey much more tolerable and pleasant. Their love and spirit have motivated me to achievements beyond my own expectations. To my parents, thank you for giving me the opportunities and freedom to pursue my dreams. To my dearest friends, Deema, Noreen, Fatima, and Jacob for their unconditional support and for giving me the courage, strength, and patience to continue forward. Your love and support as well as humor was invaluable when I felt I had lost mine. God has truly blessed me with the gift of your unconditional support and friendship.

CONTENT

| | |
|---|------|
| Approval Page..... | iii |
| Acknowledgements..... | iv |
| List of Figures | xii |
| List of Abbreviations | xiii |
| Abstract..... | xiv |
| Chapter | |
| 1. Introduction..... | 1 |
| Background..... | 2 |
| Brief Conceptual Framework..... | 4 |
| Study Purpose | 5 |
| Objectives | 6 |
| Rationale..... | 6 |
| Summary..... | 7 |
| 2. Conceptualizing Engagement and Empowerment Through a Feminist Lens..... | 9 |
| Grand Theories Conceptualizing Couple Relationships: General Systems Theory and Structural Functionalism | 10 |
| General Systems Theory..... | 10 |
| Structural Functionalism..... | 13 |
| Mid-range Theory Conceptualizing Couple Relationships: Symbolic Interactionism | 17 |
| Feminist Theory in Conjunction with Symbolic Interactionism..... | 21 |
| Socio-Emotional Relationship Therapy | 22 |
| 3. Literature Review..... | 24 |
| Equality in Heterosexual Couple Relationships | 25 |
| Gendered Differences in the Literature..... | 26 |

| | |
|--|----|
| Disempowering Sociocultural Discourses | 27 |
| Disempowerment in Intimate Couple Relationships | 27 |
| Limited Equality: Help-Seeking Behaviors | 29 |
| Gendered Power in Intimate Couple Relationships | 31 |
| Impact of Relational Orientation on Couples | 32 |
| Therapists' Contributions to Couple Therapy..... | 33 |
| Feminist Approaches to Gender and Power..... | 34 |
| Therapists' Struggles with Gender and Power Issues..... | 35 |
| Socio-Emotional Relationship Therapy | 36 |
| The SERT Model, Engagement, and Empowerment..... | 38 |
| Conclusion | 40 |
| 4. Method | 41 |
| Proposed Research Methodology | 41 |
| Operationalizing Male Relational Engagement and Empowerment..... | 42 |
| Self of the Researchers and Assumptions..... | 43 |
| Sarah | 43 |
| Gregory | 44 |
| Participants..... | 44 |
| Internal Review Board | 45 |
| Grounded Theory Analysis..... | 46 |
| Ensuring Qualitative Trustworthiness..... | 48 |
| Credibility | 48 |
| Transferability | 49 |
| Dependability | 49 |
| Confirmability..... | 50 |
| Ethical and Social Justice Considerations..... | 50 |
| Limitations | 51 |

| | |
|---|----|
| 5. Implications..... | 53 |
| Practice Implications..... | 53 |
| Clinical Outcomes..... | 54 |
| Conclusions..... | 54 |
| 6. Relational Engagement in Heterosexual Couple Therapy: Helping Men Move from “I” to “We” | 56 |
| Abstract..... | 56 |
| Our Interests in Relational Processes..... | 57 |
| Sarah | 57 |
| Carmen..... | 58 |
| Male Engagement in Therapy..... | 59 |
| Power Impacts Relationships..... | 59 |
| Male Engagement Cultivates Relationships | 60 |
| Gender and Power in Couple Therapy..... | 61 |
| Method: Our Grounded Theory Process | 61 |
| Participants and Sample Selection..... | 61 |
| Grounded Theory Analysis..... | 62 |
| Results: How Therapists Influence Male Relational Engagement | 63 |
| Attend to Male’s Sociocultural Context | 64 |
| Validate Male’s Relational Intent and Highlight Impact of Behavior on Female | 65 |
| Punctuate Alternative Relational Interactions | 67 |
| Demonstrate Persistent Therapist Leadership..... | 69 |
| Summary..... | 70 |
| Conceptualizing Male Relational Engagement..... | 70 |
| What Therapists Do Matters | 71 |
| 1. Attend to Men’s Sociocultural Context | 72 |
| 2. and 3. Validate Men’s Relational Intent and Highlight Impact on Partner..... | 72 |
| 4. Punctuate Alternative Relational Interactions | 72 |
| 5. Demonstrate Persistent Leadership..... | 72 |
| Future Research and Clinical Practice | 73 |

| | |
|--|-----|
| References..... | 74 |
| 7. Individual and Relational Empowerment in Heterosexual Couple Therapy: Guiding Feminist Therapists' Interventions | 77 |
| Abstract..... | 77 |
| What is Power? | 79 |
| Power is Relational | 79 |
| Gendered Power..... | 80 |
| Gendered Power and Couple Therapy | 81 |
| Do Therapists Attend to Gendered Power? | 81 |
| Feminist Therapy and Gendered Power..... | 82 |
| Empowerment: Challenging Gendered Power in Couple Relationships | 83 |
| Feminist Therapists' Responsibilities and Leadership | 84 |
| Study Purpose | 85 |
| Method: Our Grounded Theory Process | 86 |
| Participants and Sample Selection | 86 |
| Grounded Theory Analysis..... | 87 |
| Results: The Construction of Empowerment..... | 89 |
| Individual Empowerment..... | 89 |
| Male Individual Empowerment and Female Silence | 91 |
| Male Individual Empowerment and Female Protest followed by Silence..... | 92 |
| Male Individual Empowerment and Female Protest..... | 94 |
| Mutual Male and Female Individual Empowerment | 96 |
| Relational Empowerment..... | 98 |
| Incidents of Individual and Relational Empowerment in Couple Therapy | 99 |
| Therapist Interventions that Influence Empowerment in Couple Therapy | 100 |
| Devaluing Female Partner's Contributions..... | 101 |
| Allowing Male Partner to Hijack Couple Therapy | 103 |

| | |
|--|-----|
| Accepting Male Partner’s Negative Descriptions of Female Partner | 104 |
| Discouraging Female Partner’s Elaboration of Experience..... | 105 |
| Assuming Equal Contribution and Influence in Couple Interactions..... | 107 |
| Discussion..... | 108 |
| Feminism without Formal Training? | 108 |
| Feminist Therapists and Gendered Power | 109 |
| Strengths and Limitations | 111 |
| Strengths | 111 |
| Limitations | 111 |
| Future Research | 112 |
| References..... | 113 |
| 8. Discussion and Future Research | 117 |
| Contributions to the Literature..... | 117 |
| Power and Gender Equality | 118 |
| Engagement, Empowerment, and the Evolution of the Grounded Theories..... | 119 |
| What Therapists Do Matters: A Neurobiological Position | 124 |
| Recommendations for Therapists: From the First Phone Call to Termination..... | 125 |
| Honoring the Voice of the Couple | 127 |
| Strengths and Limitations | 128 |
| Strengths | 128 |
| Limitations | 130 |
| Summary | 131 |
| Conclusions..... | 132 |
| Future Research | 132 |
| References | 134 |

Appendices

| | |
|--|-----|
| A. Informed Consent | 143 |
| B. Authorization for Use of Protected Health Information | 145 |
| C. Video Consent | 149 |
| D. Ethical Treatment of Private Health Information | 152 |

FIGURES

| Figures | Page |
|------------------------------------|------|
| 1. Relationally Engaging Men | 64 |

ABBREVIATIONS

SERT Socio-Emotional Relationship Therapy

ABSTRACT OF THE DISSERTATION

Relational Engagement and Empowerment:
Establishing a Foundation to Address Gender and Power

by

Sarah K. Samman

Doctor of Philosophy, Graduate Program in Marital and Family Therapy
Loma Linda University, September 2016
Dr. Douglas Huenergardt, Chairperson

Feminist informed therapists view relational distress as a complex reflection of the influences of larger disempowering discourses resulting in gendered power inequalities in heterosexual couple relationships. These disempowering discourses often manifest in males' socialization to maintain autonomy compared to females' socialization to orient toward the needs of others (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). The general purpose of this study was to bridge the gap between feminist informed theory and practice using the Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010) Model to relieve relational distress in heterosexual intimate partners often caused by these competing discourses toward a relational orientation that promotes a mutual sense of empowerment and support. The first five chapters serve as the dissertation proposal followed by the results and discussion of the research study. Using a qualitative methodology, this study focused on exploring the construct of male engagement and its influences on experiences of empowerment. The aim was to perform two grounded theory analyses; (1) identify therapist interventions that invite and maintain male relational engagement, and (2) operationalize empowerment. Results of the analysis of a total of 28 sessions of 11 heterosexual couples

operationalized male relational engagement as the ability to demonstrate commitment to one's relationships and actively participate in the therapeutic process through exploring, acknowledging, and intentionally attending to the female partner's experiences. Results also identified five therapeutic interventions that invited male relational engagement. They include: (1) attending to male's sociocultural context, (2) validating male's relational intent, followed immediately with, (3) highlighting the impact of male's behavior on the female partner, (4) punctuating alternative relational interactions, and (5) demonstrating persistent therapist leadership (Samman & Knudson-Martin, 2015). Results of the analysis of a total of 21 sessions of 7 heterosexual couples operationalized gendered individual and relational empowerment. Additional results mirrored the work of Ward and Knudson-Martin (2012) and identified five therapist interventions that directly impacted both genders' experiences of empowerment through: (a) devaluing female partner's contributions, (b) allowing male partner to hijack therapy (see ChenFeng & Galick, 2015), (c) accepting male partner's negative thoughts about female partner, (d) discouraging female partner's elaboration of experience, and (e) assuming equal contribution and influence in couple interactions. Results from this study help therapists develop gendered power competencies that help identify, interrupt, and invite (Knudson-Martin, Wells, & Samman, 2015a) alternative ways of relating leading to empowering relational outcomes.

Keywords: couple therapy, distress, female, feminist theory, gender, heterosexual couples, inequality, interventions, male engagement, male, men, patriarchy, power, relational empowerment, relational responsibility, women

CHAPTER ONE

INTRODUCTION

Couples attending therapy generally present with experiences of relational distress. Many feminist informed therapists view relational distress as a complex reflection of the influences of larger social discourses that promote male autonomy and female community (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006) resulting in power inequalities in intimate couple relationships (Almeida, Dolan-Del Vecchio, & Parker, 2008; Hare-Mustin & Marecek, 1981; Knudson-Martin, 2013; Wells & Kuhn, 2015; Williams, 2012). However, not all therapists are trained nor skilled at identifying and interrupting gender and power discourses in their clinical work (Knudson-Martin, Wells, & Samman, 2015a, see also Goodrich & Silverstein, 2005). This could potentially exacerbate experiences of disempowerment and distress (Goodrich & Silverstein). In an effort to garner immediate and positive relational outcomes while working on couples' presenting clinical concerns, therapists could benefit from identifying specific interventions that invite male partners to relationally engage to their female partners in session. Therapists can then focus on identifying gendered markers of empowerment in session that guide their moment-by-moment interventions to ensure they successfully challenge larger social discourses that negatively influence the relational and therapeutic experience.

The general purpose of this study is to help therapists maintain a feminist lens by first identifying then interrupting (Knudson-Martin et al., 2015a) larger social and disempowering discourses as a step toward empowering mutually supportive ways of relating (Knudson-Martin & Huenergardt, 2010). By focusing on male engagement as the

primary construct of interest, therapists can assist the more powerful partner to attend to the less powerful partner in an effort to block disempowering discourses. Therapists can then utilize in session markers of empowerment as well as modify therapeutic interventions in an effort to strengthen each gender's experiences of empowerment within their relationship toward mutual support. The first five chapters -the introduction, conceptual framework, literature review, method, and implications- serve the purpose of the dissertation proposal followed by the results and discussion chapters.

Background

Larger dominant discourses influence the social construction of gendered power and often contribute to couples' experiences of relational distress (Knudson-Martin, 2013; Knudson-Martin & Huenergardt, 2010). This often presents as challenges with communication, parenting, physical intimacy, finances, and household labors. These dominant discourses commonly influence the way both genders in intimate heterosexual couples relate to each other (Knudson-Martin & Huenergardt) and lead to gender and power differences (McGoldrick, 2011; McKelley, 2007). Examples include Western ideals that promote male privilege (Rothenberg, 2008) through gendered individualism (Loscocco & Walzer, 2013), autonomy (Knudson-Martin & Mahoney, 2009a; Silverstein et al., 2006), as well as instrumentalism (Knudson-Martin, 2012; Parsons, 1964). As a result, male socialization encourages men to attend to their individual experiences and unintentionally behave in ways that often marginalize, disempower, and silence others including their female partners (Freeman & Couchonnal, 2006; Spelman, 1989). This impedes couples' abilities to equally express their emotions and experiences (Spelman)

as well as inhibits their ability to develop mutual support through a shared sense of power and influence in their relationships (Knudson-Martin & Huenergardt).

Viewed systemically, these learned inequalities commonly result in women accommodating and orienting towards the needs of their male partners (Knudson-Martin & Mahoney, 2009a). Women therefore tend to automatically carry the emotional responsibility for their relationships (Dickerson, 2013; Doss, Atkins, & Christensen, 2003, Knudson-Martin & Mahoney).

Since power discourses generally influence genders differently (Dickerson, 2013), e.g., empowering men and disempowering women in their relationships, feminist informed therapists' tasks focus on elevating the status of women (Knudson-Martin & Huenergardt, 2010; Walters, Carter, Papp, & Silverstein, 1988) while also focusing on the issues of masculinity thereby rebalancing the status of men (Dowd, 2011; Johnson et al., 1997; Jordan, 2011) in their relationships with women. However, these gendered disparities that socialize men to attend to their own needs and women to attend to others' needs, are difficult to challenge. They are less visible because they are taken for granted by society, couples, as well as therapists (Knudson-Martin & Mahoney, 2009a; Rothenberg, 2008; see also ChenFeng & Galick, 2015). Additionally, a majority of couple therapy models and approaches fail to identify and address gender and power as foundational contributing factors to relational inequalities (Almeida et al., 2008; Knudson-Martin & Huenergardt) and presenting concerns. Thus, therapists will often approach couples' clinical issues as though the couple equally contributes to the issue thereby maintaining less visible relational power imbalances (Knudson-Martin, 2013).

In an effort to counteract these tendencies and rebalance power in intimate couple relationships, Knudson-Martin and Huenergardt (2010) developed the Socio-Emotional Relationship Therapy (SERT) Model with specific competencies (Knudson-Martin et al., 2014) toward mutual support and positive relational outcomes (Knudson-Martin & Huenergardt). This includes particular attention to the four conditions of mutual support: (a) Mutual influence, (b) Shared vulnerability, (c) Shared relational responsibility, and (d) Mutual attunement (Knudson-Martin & Huenergardt).

Nevertheless, the Couple and Family Therapy field could benefit from expanding theory into practice (Johnson et al., 1997, see also Almeida et al, 2008) and utilizing interventions that assist more powerful partners to orient towards the other (McGoldrick, Anderson, & Walsh, 1989; see also Knudson-Martin et al., 2014). Additionally, clinicians could benefit from recognizing empowerment in session and to identify moment-by-moment markers that help consistently and competently (Prouty, 1997) inform therapist interventions in the moment to ensure the rebalancing of gendered power in couple sessions.

Brief Conceptual Framework

The conceptual framework for this study begins by viewing society's influence on couple relationships at a macro level and ends with a focus on individual and relational empowerment at a micro level. Specifically, it is based primarily on General Systems Theory and Structural Functionalism followed by Symbolic Interactionism within a feminist lens (Almeida et al., 2008; Dickerson, 2013; Haddock, Zimmerman, & MacPhee, 2000; Knudson-Martin & Huenergardt, 2010; Ward & Knudson-Martin, 2012). Grounding the research question through a social-constructionist model (SERT;

Knudson-Martin & Huenergardt), this modified framework provides an overview of the influences that operate on couples in session, how the couples interact, how the individual actors in the couple system prescribe to roles, rules, values, and norms, as well as which actors decide the value of symbols and interactional experiences influencing individual and relational empowerment (see chapter 2).

Study Purpose

The general purpose of this study is to help readers and clinicians maintain a feminist informed approach and build therapeutic skills by focusing on rebalancing power in intimate heterosexual couple relationships. This is possible by intentionally, skillfully, and competently (Prouty, 1997) identifying and interrupting (Knudson-Martin et al., 2015a) disempowering discourses with each intervention and throughout the therapeutic experience. This process begins by blocking individual orientations in session and inviting the more powerful partner, most commonly men, to orient toward the needs of the less powerful intimate partner, most commonly women (McGoldrick et al., 1989; see also Knudson-Martin et al., 2014). Second, clinicians can benefit from operationalizing in session markers of empowerment as well as modifying moment-by-moment therapeutic interventions to promote a relational orientation that is empowering for each individual in the couple system. Hence, we preliminarily label this experience as relational empowerment. The overall goal is to ensure that this systemic approach to couple therapy will assist therapists to actively counteract larger societal discourses that automatically polarize couples (Fishbane, 2011), as well as negatively influence therapists, in an effort to decrease relational distress and develop more mutually

empowering and supportive couple and therapeutic relationships (Knudson-Martin, 2013; Knudson-Martin & Huenergardt, 2010; Knudson-Martin et al., 2014).

Objectives

In order to achieve the general aim of the study, I will use a qualitative approach via an inductive grounded theory (Charmaz, 2006) as a methodological tool to generate a grounded theory that identifies how therapist interventions invite and maintain male relational engagement within the therapeutic session. The second aim is to operationalize the construct of empowerment. This may result in a single definition of empowerment or may include up to four definitions based on gendered experiences of individual as well as relational empowerment as follows: (a) Male individual empowerment, (b) Female individual empowerment, (c) Male relational empowerment, and (d) Female relational empowerment.

Rationale

Knudson-Martin et al. (2015a) found that therapists are more successful at addressing patriarchal legacies in session when identifying and interrupting societal influences and inviting couples to discuss their concerns using alternative relational discourses. This includes focusing on the ways discourses acculturate and indoctrinate both men and women to behave in certain ways and fulfill certain roles all the while empowering one partner at the expense of the other (Dickerson, 2013).

However, societal discourses influence and socialize couples, as well as therapists (Goodrich & Silverstein, 2005), to overlook and automatically align with gender and power inequalities in clinical settings as well as everyday lives (Knudson-Martin, 1997;

see also Goodrich & Silverstein). Furthermore, feminist informed therapists may find it difficult to translate theory into practice (Goodrich & Silverstein) because of the considerable lack of feminist informed programs, courses, supervision, and internships in the field of family therapy (Goodrich & Silverstein). Silverstein and Goodrich (2003) also shared concerns that the intensity of experiences and emotions surrounding gender and power issues may result in therapists overlooking opportunities to elicit change.

As such, the results from this analysis will contribute to current literature in family and couple therapy because it is grounded in the assumption that the sense of disempowerment in one's intimate relationship is a symptom of larger disempowering discourses that polarizes the couple's experiences (Fishbane, 2011). Identifying the construct(s) of empowerment in session may provide educational as well as practical knowledge. Therapists can quickly and competently analyze their moment-by-moment interventions to ensure they continually assess client responses and modify subsequent interventions with the purpose of rebalancing power in the couple relationship toward mutual empowerment and support (Knudson-Martin & Huenergardt, 2010).

Summary

Dominant societal discourses commonly disempower couples in intimate relationships (Knudson-Martin, 2013; Knudson-Martin & Huenergardt, 2010) and lead to relational distress. It is important that therapists intentionally counteract taken for granted social norms that perpetuate patriarchal legacies and lead to relational inequalities. Therapists attentive to these norms play a pivotal role in combatting them through therapeutic action. The goal is not to rearrange roles but to flatten the relational hierarchy and establish greater flexibility for better relational outcomes (Schulman, 1990). The

general aim of the study is to use an inductive exploratory approach via a qualitative grounded theory design (Charmaz, 2006) and placing sociocultural contexts at the center of the study to rebalance power in heterosexual couple relationships.

This research study is significant because it will enable therapists to enhance their skills by identifying and learning therapist interventions that invite and maintain male relational engagement in intimate heterosexual couple relationships. An additional purpose is to operationalize construct(s) of empowerment, possibly identifying gendered individual and relational empowerment, as specific markers that inform moment-by-moment therapeutic experiences and interventions. Therapists could utilize the construct(s) to identify when the therapeutic process affirms or deviates from each individuals' experiences of empowerment in their relationship in an effort to promote relationally empowering discourses as well as avoid aligning with larger disempowering discourses. This approach merits attention as both novice and seasoned clinicians often struggle to effectively and successfully balance power in the therapeutic process.

CHAPTER TWO
CONCEPTUALIZING ENGAGEMENT AND EMPOWERMENT
THROUGH A FEMINIST LENS

The conceptual framework for this study will explore the ways a few grand and mid-range theories view relational distress, specifically due to the negative influences of larger disempowering discourses of gender and power, in intimate couples. Some therapists viewed these couples as caught in complimentary roles and interactional sequences and cycles (General Systems Theory; Watzlawick, Beavin, & Jackson, 1967) requiring second order change. Others, such as Levi Strauss, believed couple systems experience distress when failing to prescribe to roles, rules, values, and norms that maintain the system's accepted social structure (Structural Functionalism; Tuner, 1991; White & Klein, 2008). Still others relied on how actors within a system make meaning and symbolism of their environment and interactional experiences (Symbolic Interactionism; Blumer, 2004; White & Klein) and how those individual meanings may lead to relational challenges. Feminist theorists (Almeida, Dolan-Del Vecchio, & Parker, 2008; Dickerson 2013; Haddock, Zimmerman, & MacPhee, 2000; Knudson-Martin & Huenergardt, 2010) postulated that couples facing relational challenges experience pervasive power differentials in their relationships. These are influenced by larger social discourses that impact how interactional patterns come to pass, how actors prescribe to roles, rules, values, and norms, as well as who decides the value of symbols and interactional experiences.

Researchers (Grove & Burnaugh, 2002; Ward & Knudson-Martin, 2012) also found that therapists often struggle with maintaining a truly systemic lens and

successfully and simultaneously relationally engaging both intimate partners in couple therapy. The purpose of this section is to ground the clinical process of contextualizing mutual support, specifically male relational engagement as well as relational empowerment, in heterosexual couple relationships within General Systems Theory and Structural Functionalism. The theoretical approach is grounded through Symbolic Interaction Theory with consideration to larger influences of gender and power demonstrated in Feminist Theory and a social-constructionist model in Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010).

Grand Theories Conceptualizing Couple Relationships:

General Systems Theory and Structural Functionalism

Whitchurch and Constantine (1993) observed that “systems thinking is a way of looking at the world in which objects are interrelated” (p. 325). The following is a brief discussion of the origins and major concepts within General Systems Theory as well as Structural Functionalism.

General Systems Theory

Ludwig von Bertalanffy, the European born biologist, is often credited with the development of General Systems Theory based on his observation that all systems share characteristics that could help explain and predict interactions between and within other systems (Watzlawick, Beavin, & Jackson, 1967; Whitchurch & Constantine, 1993).

Through his work, he created the foundation for the development of Gregory Bateson’s cybernetic theory, i.e., the process in which an open system is self-monitoring and -correcting as well as self-evaluative and -reflexive (Whitchurch & Constantine). Bateson

and his colleagues observed that families function as organized units in which the whole is greater than the sum of its parts (Watzlawick et al.; see also White & Klein, 2008). Through this concept, theorists were able to develop assumptions and apply cybernetic thinking to family patterns which brought about the principle of feedback loops, both negative and positive (Watzlawick et al.). Negative feedback is the system's ability to redirect away from change to maintain patterned homeostasis while positive feedback is the system's ability to change interactional patterns and develop new sustained ways of being (Watzlawick et al.).

Additionally, General Systems theorists believed a system comprising of several partners is greater than the sum of its individual parts due to mutual or bidirectional influences ("Mutual Causality," Pinsof & Lebow, 2005; see also Laszlo, 1996; Watzlawick et al., 1967; White & Klein, 2008). However, many feminist informed theorists challenged these bidirectional assumptions because the language implicitly denotes equality and places equal responsibility on the individuals within the system, e.g., 'abusive couple' or 'dysfunctional family' as well as placing equal blame on perpetrators and victims of domestic violence (Kimmel, 2002).

Contrary to what is mostly understood about General Systems Theory, Watzlawick et al. (1967) believed that individuals in each system do not influence the whole equally. This indicated that change in or for one actor may not result in mutual or equal change in the other ("Differential Causality", Pinsof, 1995). An inability of the actor to influence the other (Pinsof & Lebow, 2005) also involves an inability of the other to experience responsibility toward the actor. This would also indicate that the decision to

change (positive feedback loop) or not (negative feedback loop) in response to the environment may not be based on mutual influence of the actors.

In addition, couple systems comprising of intimate partners experience a degree of permeable *boundaries* in relation to their environment (White & Klein, 2008). When the couple system experiences relational challenges, General Systems theorists may view them as stuck or caught in a *feedback loop* or repetitive pattern without consideration to permeating and influential societal factors that disempower one actor in relation to the other. Whatever the specifics of the feedback loop, the system's *rules of interactions* (White & Klein), often seen in gendered rules and roles, dictate how the individuals within the couple system are to respond to each other. These are often governed by societal expectations resulting in repeating similar and learned patterns of interaction such as who relates to or influences the other in the couple relationship. In such cases, General Systems theorists addressed these conflicts by exploring individuals' objective understandings of their constructed realities (Pinsof & Lebow, 2005; Watzlawick et al., 1967). However, this approach reinforced male privilege as it lacks the ability to fully reflect the gendered experiences and emotions of both women and men, fails to contextually analyze women and men in heterosexual relationships, and therefore, the couple systems as a whole (Hanson, 1995; see also Almeida et al., 2008).

General Systems Theory has important foundational theoretical and clinical applications to the field of couple and family therapy. However, the framework does not adequately capture the depth of a system's responses to its environment and the significant impact of larger social influences nor does it provide a sufficient conceptual framework to understand how and why partners interact with each other in the ways that

they do. Therefore, this theoretical focus does not provide opportunities for a *variety* or diverse approaches to change as would other systemically oriented theories (White & Klein, 2008). As such, Pinsof and Lebow (2005) as well as feminist theorists (Almeida et al., 2008; Goodrich & Silverstein, 2005; Knudson-Martin & Huenergardt, 2010; McGoldrick, 2011; McKelley, 2007), believed it was necessary to move beyond a focus on interactions -such as in a particular system, subsystem, homeostatic status, feedback loop, and interactional rules- and to consider larger systems of power and influence that may impact a couple's ability to experience mutual support and empowerment in their relationship.

As presented above, General Systems Theory forged new territory in the couple and family therapy field. However, it presents several shortcomings related to the inability to address unequal power and influence in systems. As such, the research questions may be better served by considering key assumptions and concepts in Structural Functionalism as the theory pertains to relational processes such as distress, engagement, and disempowerment/empowerment in intimate relationships.

Structural Functionalism

The basic premise of Structural Functionalism is the assumption that society *functions* most effectively when relationships within *systems* depend on roles and rules that meet the system's basic needs and ensures the maintenance of the system's social structure (Parsons, 2007; Turner, 1991; see also White & Klein, 2008). Though Greeks such as Aristotle and Plato discussed the ways systems serve functions, Parsons, the strongest modern proponent of Structural Functionalism, believed that a successful social system requires three organizational levels: cultural, social structural, and personality-

biology (Parsons, 1964, 2007). He believed that these three systems stabilized institutional roles and worked best when adhering to a strict hierarchical organization such as clear and rigid male versus female roles in couple relationships. For example, he asserted that male roles require instrumental support, i.e., addressed external affairs of the system (Parsons, 1964) such as providing for the family, while female roles require expressive support, i.e., address internal affairs of the system (Parsons, 1964) such as carrying the emotional burden of the family.

In addition to the gendered discourses above, there are basic assumptions Functionalists believed in unanimously. They included the belief that there are *actors* within a system that when combined and organized, result in a self-maintaining system that reaches a natural and unchanging equilibrium. This is possible by controlling its boundaries in relation to the larger environment as well as regulating potential changes from the actors within (Parsons, 1964). Many neofunctionalists believed this concept is vague as it does not provide a specific understanding of what equilibrium looks like for each actor or system and, instead, believed systems experience dynamic change (Pittman, 1993; see also White & Klein, 2008). They also asserted Structural Functionalism is limiting since it does not factor in actors' higher goals, context, and meaning beyond a need for constant equilibrium (Pittman; see also White & Klein) such as through social change or when working through relational distress, disengagement, and experiences of disempowerment. Additionally, theorists assumed these actors act intentionally in order to maintain the system's function. However, many theorists objected to this concept as they believed some behaviors may actually occur automatically (Almeida et al., 2008; see also White & Klein) or haphazardly (White & Klein) as it would when inherently

prescribing or reacting to larger social discourses and norms. This might then indicate that the system may not be able to meet its basic relational needs if it does not meet individual needs or maintain the motivational levels required from each of the actors that make up the system. This can become evident when working with couples with different levels of engagement as well as experiences of empowerment.

In addition to the above, other important concepts Functionalists prescribed to within this theory include the concept of *values* and *norms*. Functionalists viewed values as a way for the system to socialize its actors to develop motives that ensure they maintain norms (Parsons, 2007). Norms are the basic instruments for social control and are thought to provide stability for each actor within the system (White & Klein, 2008; see also Parsons). In other words, norms generally function as instruments of control in order for individual actors to remain within a specific level of acceptable variability in an effort to continue to meet the system's needs. Excessive or unexpected deviance from the norm is seen as leading to structural dissolution and overall social breakdown (Parsons).

Though this theoretical framework has important clinical assumptions, such a focus on fulfilling individual roles and system functions does not adequately capture the depth of a system's experience. Systems respond to their environments and experience bidirectional influences that can result in individual and social changes and adaptations that are beneficial and increase resiliency (Dewey, 1910). Therefore, there are gross concerns with Structural Functionalism as it pertains to societal influences on intimate couple relationships such as how each gender engages with, takes responsibility for, relationally influences, or empowers the other partner. While there are benefits to the

impact of socialization and value development in any system, who ultimately decides which values are fostered and which are cast out? This would indicate that there are privileges granted to some at the expense of others. For example, women in heterosexual relationships often report feeling compelled to give up on their professional goals or dreams once they start a family (Knudson-Martin & Mahoney, 2009a) and at least one person in the couple system does not consider an equally feasible option such as the husband decreasing hours or quitting his job to become a part- or full-time stay at home father.

Additionally, it appears that the theory focuses on *how* the system functions without consideration as to *why* it would need to exist in a particular order in the first place (Turner, 1991). The theory explains how the system ensures that each actor remains motivated to maintain its needs. With only that ultimate goal in mind, how does the system ensure certain behaviors aren't coerced and mutually beneficial for all? This act of normative conformity appears to minimize the needs of each actor within the system, such as for the least powerful partner, and assumes that any deviation results in an incomplete representation of the system within its environment. This could potentially result in implicit contributions to excess burden, injustice, oppression, and disempowerment of the actors within the system. When this occurs, who then is responsible for the needs of the oppressed and the restoration of individual and systemic justice? As such, Structural Functionalism inherently lacks a social justice lens that would ensure all actors' needs are met.

In summary, grand theories are generally useful and have theoretical value; however, some theories, such as General Systems Theory and Structural Functionalism,

require major modifications in order to fully address clinical concerns such as when addressing relational distress, engagement, and disempowerment in intimate partner relationships. Both appear to lack that ability to take into account the nuanced influences of larger societal factors impacting intimate couple relationships. Following is a brief discussion of the major assumptions and concepts of Symbolic Interactionism followed by recommendations for the integration of feminist and social-constructionist theories to address important interactional processes in couple relationships.

Mid-range Theory Conceptualizing Couple Relationships:

Symbolic Interactionism

People relate to each other using symbols through verbal and non-verbal communication (Mead, 1934). These symbols and modes of interaction are the bases of the many diverse theories that led to the development of Symbolic Interactionism (Blumer, 2004). Similarly, there are many theorists credited with the development of the theory such as George Herbert Mead who laid out the theoretical role societal influences had on behavior (Mead), Charles S. Peirce who identified the construct of signs and symbols (Peirce & Hoopes, 1991), Williams James who proposed a detailed notion of self in relation to the environment (“man is in, but not of, the environment”; as cited in Gale, 1999, p. 249), and John Dewey who developed a personal concept of the mind being dependent on the environment (Dewey, 1910). Though Dewey appears to gain credit in general, all three appeared to lead to George Herbert Mead’s conception of self and an actor’s ability to communicate with common symbols in order to survive within the environment (Blumer, 2004).

Based on the similar yet varied approaches mentioned above, Symbolic Interactionism as it is viewed now primarily depends on how actors within any interaction make meaning of their environment, and subsequently, their experiences using complex and shared symbols (Blumer, 2004). These may be agreed upon on a personal level through their interactional experiences or through social convention (Blumer) such as when an individual of a specific gender orients to and empowers the other in intimate heterosexual relationships. More specifically, theorists postulated that there is a balanced relationship between how an actor perceives the environment and acts upon it based on changes in the rules of the system.

Symbolic Interaction Theorists provided several basic assumptions to the theory. These include the belief that symbols are most meaningful when understanding the meaning held by the actor as well as recognizing that actors act upon and also receive symbolic gestures (Blumer, 2004). With regards to intimate partner relationships, Symbolic Interactionism would explain how the couple communicates with each other by exchanging symbolic meaning. Questions arise such as who decides what symbols to use and how often? What is the degree of the exchange and who is most privileged through the exchange? Another assumption of Symbolic Interactionism is that the meaning ascribed to an event reflects how one views the problem as well as conceptualizes how to behave in response to the problem (Blumer). In intimate relationships, how does the couple negotiate whose version of the problem is most legitimate or closer to any specific reality based on the symbolism, and therefore, how is the couple to behave in response to the event? Lastly, an assumption attributed to Mead includes the belief that an actor's ability to survive in the environment often coincides with society's use of symbolism and

communication through language which often results in the generation of *rules* and *roles* through the intentional *socialization* of actors within the system (Blumer). Yet who ultimately generates the rules and roles? Who within society and how does society evolve the meanings of said symbols? In order to benefit the most from rules and roles, they must be clearly articulated, intentionally agreed upon, mutually beneficial, and minimize potential role strain (White & Klein, 2008). However, most individuals in couple relationships are automatically influenced by societal factors and expectations that are not clear, intentional, or ensure both mutually benefit from or feel empowered when establishing the meanings of symbols.

It thus comes as no surprise that it is common for at least one individual in an intimate couple relationship to experience role strain as a result of social expectations (Das & Gupta, 1995). Symbolic Interactionists viewed such strain as the incompatibility between available resources within the system in comparison to the role and rule expectations of the actor (Das & Gupta). The actor should be able to negotiate a different identity and role that is more in line with the resources available to them through a process within the whole system that is mutually shared, consensual (Das & Gupta), and empowering. In situations such as these, the system as a whole is fluid and dynamic and must accommodate and negotiate changes in assigned rules and roles. This is in contrast to other theories such as Structural Functionalism that would blame the actor for not matching the individual behavior to societal roles and expectations.

As such, the quality of interactionism thus reinforced the concept that societies are dynamic and changing in response to the individuals within its system. Thus, Symbolic Interactionism provided the most comprehensive approach to couples

struggling with the impact of larger societal factors that impede mutually supportive and empowering relational interactions with each other. Thus, Symbolic Interactionism requires minimal enhancements and modifications. For the purpose of this study, the theory is useful at examining the social construction of reality in contrast to grand theories discussed in previous sections.

For example, interactionist theorists clearly recognized the importance of addressing concerns with role strain resulting from assigning multiple roles and expectations with minimal resources and support. Examples include balancing daughter of ill parents, wife, mother, and career woman. Theorists also recognize the importance of meaning making in couple relationships and acknowledge the impact of moderating variables such as personal perceptions of a given role (i.e., vague and overwhelming versus clear and fulfilling), capacity to carry the load (i.e., minimal versus abundant access to resources), and partner support (White & Klein, 2008).

Additionally, emotion is a critical form of expression that adds depth and meaning to relational interactions (Reynolds & Herman-Kinney, 2003). However, not all theorists utilized or valued emotions, a construct that is socially constructed (Almeida et al., 2008; Spelman, 1989) and generally assigned to females. And without the vulnerable expression of emotion, actors in a system may not be able to successfully express the depth of their meaning as well as gain clarity about their roles when attempting to overcome relational challenges through mutual understanding as suggested by White and Klein (2008). Since relational distress and challenges are prevalent experience for couples, there must be consideration for larger influences of gender and power demonstrated in Feminist and Social-constructionist Frameworks as an ideal

enhancement to the mid-range theoretical framework presented in Symbolic Interactionism.

Feminist Theory in Conjunction with Symbolic Interactionism

Hanson (1995) believed that any theoretical model must fit the phenomenon. She particularly believed that feminist theories must be multiversal and honor the reality of all actors within and between all systems. As with most theoretical frameworks, there are distinctions and different approaches within feminist theories (Hanson). Similarities unify feminists in the central advocacy for the inclusion and equality of all (Hanson), particularly to empower women who are disadvantaged in society (Luepnitz, 2002).

Louise Silverstein (2005) believed that feminist theory was at its peak in the 1980s when Marianne Walters, Olga Silverstein, Betty Carter, and Peggy Papp formed The Women's Project in Family Therapy. Though feminism has spanned the last three decades, there is still a tendency for family therapists to look at interactions within the family and how they all contribute to maintaining dysfunction without consideration to larger systemic factors (Almeida et al., 2008; see also Nichols & Schwartz, 2008).

Integrating Feminist Theory will help attend to issues of gender and power inherent in the process of socialization impacting all actors within any system. In this clinical process of resocialization, clinical interventions could bring to light the many subtle and direct ways patriarchy favors men over women when granting resources, trivializing women's experiences, or assuming equal contribution, and therefore responsibility, in the relationship (Whitchurch & Constantine, 1993) particularly with heterosexual couples. Following is a call for the inclusion of a gender and power lens

when working with couples impacted by societal factors influencing their experiences of distress and disempowerment in their intimate relationships.

Socio-Emotional Relationship Therapy

Knudson-Martin and Huenergardt (2010) developed the SERT Model to specifically address issues of gender and power from a feminist and social constructionist perspective. This is based in the belief in the continuous evolving and constructing of self in relation to other (Gergen, 2009). To understand the individual, one must understand the larger systems in which the individual lives and address the impact of these systems that perpetuate gender and power imbalances in intimate relationships.

Through the literature review presented in chapter 3, SERT therapists believe gender and power are fluid experiences, and therefore, it is important that therapists avoid neutrality and intentionally counteract taken for granted and ever evolving social discourses that maintain power imbalances (Knudson-Martin, 2010; Knudson-Martin et al., 2014) and invisible privileges (Rothenberg, 2008). Specifically, SERT clinicians focused on the gendered power systems that give rise to higher incidences of relational distress that impeded mutual support (Knudson-Martin, 2013) including mutual engagement and empowerment.

Furthermore, Symbolic Interactionism postulates that a deeper understanding of the partner's experience also increases the emotional safety within the relationship, emotions commonly attributed to women (Almeida et al., 2008; see also Spelman, 1989). Knudson-Martin and Mahoney (2009a) observed that attending to emotions and increasing relational safety shifted relational responsibility away from and led to better health outcomes for less powerful partners (see also Williams & Knudson-Martin, 2012).

Therefore, encouraging reciprocal power processes and cultivating mutual support as described in the Circle of Care detailed in chapter 3, literature review, requires a consistent relational orientation and active intervention in the processes that align with larger social discourses (Knudson-Martin & Huenergardt, 2010) such as which gender is able to express which emotions and how (Almeida et al., 2008; Spelman, 1989).

For this research study, it is important that therapists identify the ways they can invite and maintain the more powerful partners' relational engagement to their less powerful partner. Therapists can also benefit from identifying the moment-by-moment therapeutic interventions that appear to positively impact individuals in the couple system in ways that lead to mutual support and empowerment. Intentional interventions such as these could interrupt the flow of power away from one actor to the other leading to a shared experience of power and influence. Following is a detailed review of the literature (chapter 3) related to identifying relational processes such as engagement and empowerment in an attempt to generate a model for male relational engagement as well as empowerment that intentionally intervene in disempowering relational processes in an effort to explore alternative relational possibilities.

CHAPTER THREE

LITERATURE REVIEW

The following literature review centers on couples' desire for shared power and mutual support in their intimate couple relationships. It highlights the ways larger disempowering sociocultural and emotional discourses influence genders in heterosexual relationships differently. Men are commonly indoctrinated to value Western centric independence in contrast to women who are commonly indoctrinated to value relationships and attending to the needs of others. The review also pays specific attention to the ways these gendered differences negatively impact couple relationships and contribute to relational distress when men are commonly seen as holding more power in their relationships.

There is an abundance of literature providing insight into the potential impact of attending to gendered power processes influencing experiences of relational distress. However, there are gaps in the literature specifically addressing how therapists can help couples resolve their presenting clinical issues by attending to gendered power in the therapeutic setting. Specifically, there is a paucity of research on outcome studies that demonstrate the direct influence of therapist interventions on the individuals in the couple system. To fill the gap, this specific study highlights the importance of focusing on the shared experiences of engagement as well as empowerment for couples in distress using the Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010) Model and provides support for the development of a feminist approach to rebalance the status of women and men. The study will provide specific clinical constructs of engagement and empowerment as well as guidelines for therapists to

facilitate relationally empowering experiences for intimate heterosexual couples experiencing relational distress.

Equality in Heterosexual Couple Relationships

Couples experiencing relational distress commonly present to therapy with issues such as those stemming from difficulties adjusting to the family life cycle (McGoldrick, 2011), infidelity (Williams, Galick, Knudson-Martin, & Huenergardt, 2012; Williams & Knudson-Martin, 2012), substance abuse (Sprenkle, 2012), adverse life events (Peters, Jackson, & Rudge, 2008), and biopsychosocial based illnesses (McDaniel, Hepworth, & Doherty, 2013; Rolland, 1994). Knudson-Martin and Mahoney (2009b) reported that many couples from various social contexts and backgrounds wished for equality and mutual support in their relationships (see also Knudson-Martin, 2013). Jonathan and Knudson-Martin (2012) also found that all couples in their study “spontaneously spoke of a desire for emotional connection as a relationship goal, regardless of their cultural and religious backgrounds or whether they intentionally organized around gender” (p. 99).

However, a large number of couples reported that it was difficult to attain equality (Coontz, 2005; Deutsch, 2007) since there are limited examples in intimate relationships (Gerson, 2010). Therapists also commonly found it difficult to identify and address the processes that inhibit relational equality. In addition, women and men did not equally seek services to alleviate relationship distress (Berger, Addis, Green, Mackowiak, & Goldberg, 2013; Evans, 2013), nor presented as equally involved in session (Grove & Burnaugh, 2002). Viewed systemically, the actions of each gender are significant and reciprocally tied to each other. The following sections provide a brief review of the

existing literature demonstrating gendered differences within couple relationships and a review of the influences that contribute to the phenomenon.

Gendered Differences in the Literature

McGoldrick, Anderson, and Walsh (1989) observed a dichotomy between how men and women orient themselves in relation to others. They asserted that gendered differences are endemic to almost all societies, are hard wired into sociocultural practices and, therefore, permeate all relational interactions. For example, stereotypical views of men included individuality and autonomy (Maciel & Van Putten, 2009; see also Schulman, 1990; Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006; Walters, Carter, Papp, & Silverstein, 1988), being rational or action oriented (Schulman), instrumental (Parsons, 1964; Walters et al.; see also Gerson, 2010) such as providing financially for the family, and focused on hierarchy with the goal of establishing a position of power (Maciel & Van Putten). On the other hand, stereotypical views of women included the expectation that they are naturally expressive and emotional (Walters et al.; see also Gerson), nurturing or caregiving (McGoldrick et al.), are relational or have high interpersonal skills (Maciel & Van Putten; Miller, 1987; Walters et al.), and are supportive and other centered (Maciel & Putten; Walters et al.) by flattening hierarchy and focusing on similarities instead of differences (Maciel & Putten). Some go so far as to describe men as not only having limited interpersonal skills compared to women, but also denying and discounting their own and others' feelings (Schulman).

Disempowering Sociocultural Discourses

Social values appear to influence how genders should behave through prescribed gender roles and rules such as those mentioned above as well as placing values on which characteristics are coveted or rewarded (Almeida, Dolan-Del Vecchio, & Parker, 2008). For example, it is not difficult to recognize that Western sociocultural messages appear to prefer male related characteristics such as autonomy and individuation compared to interpersonal skills and enmeshment which are commonly associated with women (McGoldrick et al., 1989; Schulman, 1990). Many of these coveted roles are in favor of the preferred image or needs of men and are deficient when describing as well as addressing the needs of minority populations such as women (Hanson, 1995).

This reductionist approach of preferring the image of one population over another fails to acknowledge individual needs as well as view the complexity of systems in their entirety (Hanson, 1995) and overlooks the influences of gender, culture, ethnicity, socioeconomic status, sexual orientation, and ability, among others (Almeida et al., 2008). Although many attempt to adhere to sociocultural values and expectations, there are individuals who struggle to fulfill prescribed gender roles. This is especially difficult when populations carry responsibility without power such as in the case of many women (Schulman, 1990; see also Knudson-Martin et al., 2014; Williams, 2012).

Disempowerment in Intimate Couple Relationships

Gendered differences are dichotomies that appear to greatly inhibit couples' ability to relate and feel confident in their relationships (Walters et al., 1988). Not only are male qualities prized and rewarded by society, qualities commonly associated with females are less valued, often viewed as disadvantageous as well as belittled

(McGoldrick et al., 1989; Spelman, 1989). This is problematic and presents additional burdens on women as they strive to fulfill their gendered roles as well as feel forced to take on additional responsibilities related to valued norms such as a profession outside of the home. For example, women have succeeded for decades in the workforce. However, they tend to remain responsible for home-related tasks, otherwise known as second shifts (Almeida et al., 2008; see also Schulman, 1990). This includes work within the home, child rearing, nurturing, and caregiving, as well as functioning as the emotional caregivers in families and in their intimate relationships with their partners (Doss, Atkins, & Christensen, 2003; Knudson-Martin & Mahoney, 2009a; McGoldrick et al., 1989). And society expects women to fulfill these roles without much recognition, appreciation, or reward (Almeida et al.; Schulman). In comparison, when men help with second shifts, society dictates that they should receive special thanks for their assistance (Knudson-Martin & Mahoney; Schulman).

These expectations of appreciation appear to directly relate to men's socialization to assert and prioritize their needs as contrasted with women who are commonly socialized to relationally accommodate and orient towards the needs of others (Knudson-Martin & Mahoney, 2009a; Maciel & Van Putten, 2009; Walters et al., 1988). When powerful partners, generally men, unconsciously assume the one-up position and unintentionally view their experiences as primary in their relationships, less powerful partners are left to carry the responsibility for their relationships (Dickerson, 2013; Doss et al., 2003; Knudson-Martin & Mahoney, 2009a).

Doss et al. (2003) provided an example in which wives were more likely to recognize relational distress in their marriages. Specifically, they were significantly more

likely to complete all three steps related to “problem recognition, treatment consideration, and treatment seeking” prior to their husbands (p. 165). This demonstrates their capacity to relate to their husbands thereby carrying more of the burden of their relationship (Doss et al.) while their husbands attend to their own individual needs. This often further exacerbates the wives’ experience of relational distress as disempowerment and a sense of inequality in the relationship is felt (Knudson-Martin, 2013).

And since women have traditionally been held responsible for the emotional state of their relationships (ChenFeng & Galick, 2015; Doss et al., 2003; Levenson, Carstensen, & Gottman, 1993; Walters et al., 1988), they are also socialized to alleviate men’s internal discomfort (Walters et al.) reinforcing men’s tendency to discount their and others' feelings (Schulman, 1990) as well as not learn the value of dealing with vulnerable emotions on their own (Almeida et al., 2008). In addition to discounting emotions, this tendency also creates the circumstances that allow men to withdraw from their relationships as deeper and vulnerable emotions other than anger surface (Almeida et al., 2008; Levenson et al.). Grove and Burnaugh (2002) agreed and noted that female partners viewed men as hard to reach as well as experienced them as invisible in their relationships. It thus posits that there would be gendered differences in health-seeking behaviors aimed at alleviating emotional and relational distress. The following section provides a brief review of the existing literature demonstrating gendered differences in help-seeking services such as counseling and therapy.

Limited Equality: Help-seeking Behaviors

In a comprehensive study in 2013, Evans evaluated the Journals of Counseling & Development and Counselor Education and Supervision from 1981 through 2011 and

found that roughly three-quarters (74%) of members of the American Counseling Association were women. The authors also reported that women self-reported as more likely to demonstrate help-seeking behaviors. In contrast, McKelley (2007) and Oliver, Pearson, Coe, and Gunnell (2005) found that men self-reported fewer help-seeking behaviors and were less likely to seek help from their general practitioners compared to women for mental health concerns. This was supported by Berger et al. (2013) as men were more likely to score lower than women on a self-assessment inventory/scale when assessing for help-seeking behaviors. The authors noted men were even less likely to engage in these behaviors when recommended by their female partners compared to a physician or psychotherapist.

McKelley (2007) surmised that men in the literature presented as commonly resistant to engaging in therapy. Evans (2013) postulated that stigma, education, socioeconomic level, and power dynamics, appear to influence men's involvement in therapeutic services. Similar to Evans, Berger et al. (2013) hypothesized that contextual factors such as masculine norms may play a role in males' resistance to services from mental health professionals. Such behaviors are often expected by society as women and men both suffer from patriarchal oppression. However, many asserted that patriarchy operates on both genders in fundamentally different ways and with different effects (Dickerson, 2013; see also McGoldrick et al., 1989; Peters et al., 2008). The subsequent sections expand on common gendered differences and the impact they have on intimate couple relationships.

Gendered Power in Intimate Couple Relationships

It is thus not surprising that Murstein and Williams (1983) interpreted male patterns of withdrawal, disengagement, and resistance to relational responsibility as inherently reflecting males' power in their relationships. This suggests that masculine norms not only play a role in men's resistance to mental health services, but also limit men's openness to influence from their female partners (Gottman, 2011) and commonly led to divorce (Gottman, Coan, Carrere, & Swanson, 1998). Although male partners generally lack awareness of their own power, their inattentiveness to the needs and concerns of their partners effectively maintains power imbalances in relationships and perpetuates gendered disparities (Parker, 2009; see also Dickerson, 2013). Such inherent inequality leads women to feel disempowered and lack influence in their relationships (Dickerson; Knudson-Martin & Huenergardt, 2010; Schulman, 1990). This effectively impedes couples' ability to cultivate their relationships based on equal power and influence (Knudson-Martin & Huenergardt). Schulman (p. 80) called this "the undernourished marriage" since each partner in the couple system is unable to nourish the relationship due to the negative influences of prescribed gender roles from larger dominant discourses and which affect each gender differently.

Unfortunately, power disparities tend to remain invisible and taken for granted by society (Rothenberg, 2008), couples, and therapists alike (Knudson-Martin & Mahoney, 2009a). For example, couples struggling with relational challenges often present with concerns about communication, parenting styles, physical and emotional intimacy, finances and spending, and shared household labors. Each concern is relevant in and of itself. However, feminist theorists (Almeida et al., 2008; Dickerson 2013; Haddock,

Zimmerman, & MacPhee, 2000; Knudson-Martin & Huenergardt, 2010; Knudson-Martin et al., 2014; Ward & Knudson-Martin, 2012) realized that couples experience invisible power disparities that exacerbate these challenges and lead to a blocking of mutual engagement and support and the ability to cultivate their relationships based on equal power and influence (Knudson-Martin & Huenergardt). Because intimate relationships should equally serve the well-being of each partner (Wilkie, Ferree, & Ratcliff, 1998), it is crucial for couples to maintain a mutually empowering relational orientation. This orientation should attend to the needs, emotions, and goals of both partners in the couple system (Knudson-Martin & Huenergardt; Knudson-Martin et al.; Wilkie et al.; see also Levenson et al., 1993).

Impact of Relational Orientation on Couples

Researchers have described a relational orientation in many ways. Some view it as engagement (Dienhart, 2001), spousal social support, maturity, awareness, or reciprocity (Acitelli & Antonucci, 1994) while others view it as mutual support (Knudson-Martin & Huenergardt, 2010), intimacy (Acitelli & Antonucci; Real, 2003), attunement (Jonathan, 2009), relational competence (Fishbane, 2011; Jordan, 2011), relational empowerment (Fishbane, 2011), or responsivity (Matta & Knudson-Martin, 2006). Regardless, there is an abundance of research attesting to its positive impact on couple relationships (Acitelli, 1992; Acitelli & Antonucci; Jonathan & Knudson-Martin, 2012; Williams et al., 2012). Grove and Burnaugh (2002) reported that men's involvement with their partners served as a catalyst for marked improvement in couple satisfaction. Wives experienced increased marital satisfaction with reciprocity and the

perception of social support from their husbands (Acitelli & Antonucci; Fishman, 1978) in addition to reporting increased happiness when their partners attended to them.

This is mirrored by Matta and Knudson-Martin (2006) who found positive relational outcomes when men were more responsive to their spouse and children's needs. Knudson-Martin (2013) reported similar results when couples shared relational responsibility, i.e., when both partners were "sensitive and accountable for the effect of their actions on others and taking an active interest in doing what is necessary to maintain their relationship" (p. 6). Furthermore, Fishman (1978) found that attention to and nurturing of the wife had better health outcomes for wives (Knudson-Martin & Mahoney, 2009a; Levenson et al., 1993; Williams & Knudson-Martin, 2012). It thus comes as no surprise that wives reported higher satisfaction in their marriage when their husbands demonstrated interpersonal skills (Murstein & Williams, 1985).

These studies suggested that changing more powerful male partners' orientations towards their female partners was more likely to eventually and successfully lead to shared empowerment and long-term relational change (Knudson-Martin & Mahoney, 2009a; Williams & Knudson-Martin, 2012). Subsequently, helping powerful men relationally orient is a critical approach toward decreased couple distress and increased relational empowerment (Knudson-Martin & Mahoney, 2009a; Williams et al., 2012).

Therapists' Contributions to Couple Therapy

According to Sprenkle (2012), professionals serving couples often received poor reviews in satisfaction surveys which may be due to their lack of training in the field of couple therapy. It may also be due to the tendency for therapists to approach couples as

though they are equal (Knudson-Martin, 2013), thereby maintaining power imbalances in the relationship. Therapists play a pivotal role in expanding their lens and including gender and power in their work with couples struggling with relational distress. They also play a significant role in recognizing the importance of translating awareness of gender and power imbalances into actions in session thereby inviting the more powerful partners to adopt a relational orientation toward their disempowered partners. Thus, it is important that feminist informed therapists intentionally counteract taken for granted social norms that maintain gendered power imbalances and invisible privileges (Rothenberg, 2008).

Feminist Approaches to Gender and Power

Many feminist researchers such as Almeida et al. (2008), Haddock et al. (2000), and Knudson-Martin and Huenergardt (2010) focused on developing models and metaframeworks that address the impact of larger social discourses of gender and power on couple relationships. Haddock et al. developed the power equity guide as a training tool to help clinicians translate their awareness of feminist ideas into therapeutic interventions. Though the authors present critical theories and approaches within feminist therapy, they do not appear to address issues related specifically to enhancing a relational form of empowerment nor is there outcome research to support its use with couples.

Knudson-Martin and Huenergardt (2010) developed an approach they called the Socio-Emotional Relationship Therapy (SERT) Model to specifically address the concept of gender and power from a social constructionist perspective. The developers moved away from normative notions of structure and function inherent in larger sociocultural discourses toward a focus on examining relational dynamics and processes as well as search for greater personal and relational awareness and meaning (Knudson-Martin, &

Huenergardt; Knudson-Martin et al., 2014). This includes special attention to the meanings associated with culture, gender-identity, emotion, ability, as well as systemic relational patterns (see also Williams et al., 2012).

Therapists' Struggles with Gender and Power Issues

Since therapists are also part of their clients' systems and are influenced by larger dominant discourses (Sutherland, Turner, & Dienhart, 2013; Walters et al., 1988), it is common for therapists of both genders to isomorphically collude with these discourses and overlook gender and power dynamics in couple therapy (Haddock & Lyness, 2002; Ward & Knudson-Martin, 2012). This may be especially true for female therapists who may not feel able to challenge the processes as easily as their male colleagues (Knudson-Martin, Wells, & Samman, 2015a). Additionally, without rigorous training, therapists may not fully comprehend the nuanced ways in which couples organize around gender (Johnson et al. 1997). They must also learn how to ensure they include everyone's reality as couples work toward change (Hanson, 1995). In this way, therapists can unconsciously or unintentionally avoid interventions that may inadvertently collude with more powerful partners' experiences (ChenFeng & Galick, 2015; Ward & Knudson-Martin) and pathologize women's behaviors and concerns thereby further marginalizing their experiences. It is also important that therapists learn how they may unintentionally sympathize with the less powerful partners thereby overlooking opportunities to challenge women's individual orientation directly and missing opportunities for relational exploration and repair.

As such, there are significant burdens on therapists who integrate gendered power processes in session and who struggle with the tension of awareness and action. The goal is not to rearrange gendered roles but to flatten relational hierarchy based on inherent power and establish greater relational flexibility for better relational outcomes (Schulman, 1990). Despite these developments, both seasoned clinicians and therapists in training often do not actively address gendered power with couples in the therapeutic process (Chen-Feng & Galick, 2015; Haddock et al., 2000; Johnson et al., 1997; Knudson-Martin & Huenergardt, 2010). By missing gendered power cues and subsequent interventions, therapists miss out on eliciting individual and relational change that can become meaningful to individuals and evoke change in the system as a whole (McGoldrick et al., 1989).

Fortunately, Knudson-Martin et al. (2014; see also Knudson-Martin & Huenergardt, 2010) have established competencies to specifically and directly address gendered power influences in couple therapy using the Socio-Emotional Relationship Therapy (SERT) Model. Following is a detailed discussion of the Model as a guiding lens for this study to address couples' relational concerns as a result of gendered power inequities, specifically, when contextualizing male relational engagement and addressing empowerment from a relational orientation in intimate heterosexual couple relationships.

Socio-Emotional Relationship Therapy

The basis of the SERT Model is built on social constructionist ideas regarding culture, gender identity, and relational interactions. Its premise is that healthy couple relationships are mutually supportive and create a foundation for therapists to intervene in sociocultural and emotional processes that impede the couple's ability to cultivate their

relationship toward mutual support (Knudson-Martin & Huenergardt, 2010). They also intervene in the larger cultural as well as individual biological and emotional processes that influence how couples individually interact with each other (Knudson-Martin & Huenergardt). They recognize that ideal models of relationships are based on shared power, equality, reciprocity, and mutuality that are often limited in heterosexual relationships (Knudson-Martin, 2013; Knudson-Martin & Mahoney, 2005; Ward & Knudson-Martin, 2012; see also Gottman et al., 1998).

Clinical practice is never neutral (Knudson-Martin & Huenergardt, 2010, see also Almeida et al., 2008; Schulman, 1990). SERT therapists assess invisible power inequalities by identifying four conditions of mutual support which is also known as the Circle of Care: (a) mutual attunement, (b) shared vulnerability, (c) shared relational responsibility, and (d) mutual influence (Williams et al., 2012, see Knudson-Martin & Huenergardt, 2010). Within the SERT Model, mutual attunement is the ability of each partner to empathize with the other's experience in a way that the other feels felt. Disconnect often occurs between partners' intentions to comfort their partners and their ability to reach an understanding of the other's experience in order to do so. When a couple develops mutual attunement, they begin to understand their experiences through both a social and cultural lens that lends to a deeper understanding of personal experience and meaning making. Shared vulnerability is based on partners' willingness to expose themselves to the emotional risks of the relationship. Shared relational responsibility occurs when both partners assume responsibility for the other as well as the relationship as a whole. Lastly, mutual influence refers to the ability of each partner to influence the

other. It requires that partners are attentive to the needs of the other and are willing to accommodate those needs (Knudson-Martin & Huenergardt).

The SERT Model, Engagement, and Empowerment

The findings from the literature review demonstrated a need for the authentic implementation of the SERT Model. The purpose of SERT is to help couples reconstruct gendered power processes to combat taken for granted sociocultural and emotional expectations and move towards a more balanced power dynamic reflected in mutual support. Specifically, SERT Therapists engage with each partner differently based on their power position within the relationship in order to successfully rebalance power inequities towards a relationally oriented and mutually supportive intimate relationship.

However, there is limited literature on clinical interventions specifically aimed at engaging more powerful partners within their relationship as well as identifying experiences of empowerment and subsequent interventions based on these constructs. In addition, there is limited research on how each gender experiences empowerment and the possibility that therapeutic interventions may require a different approach for each partner for effective relational change. This may directly influence therapists' ability to successfully work with couples struggling with power inequalities permeating their relationship.

As such, therapists may need to operationalize relational engagement for the more powerful partner who is more likely less attuned or responsive to the intimate partner's needs. Therapists may also need to operationalize empowerment on an individual and relational level for each gender since they experience sociocultural and emotional influences differently (Dickerson, 2003, see also Almeida et al., 2009). They may also

benefit greatly from identifying clinical strategies and interventions that maximize experiences of relational empowerment for intimate heterosexual couples struggling with power disparities.

Since men appear to appreciate invitations that request them to develop a relational orientation with their partners (Knudson-Martin et al., 2015a), therapists could benefit from developing interventions for more powerful partners first in an effort to challenge hierarchical inequality toward circular reciprocity (McGoldrick et al., 1989; see also Knudson-Martin et al., 2014). As men relationally engage and develop interpersonal skills thereby feeling more competent in the relational arena (Knudson-Martin, Wells, & Samman, 2015b), they set the stage for therapists to more efficiently and successfully challenge less visible power inequities and empower women to voice their concerns, protest, and share emotions with their male partners who are now relationally positioned and prepared for a deeper sense of connection and understanding (Schulman, 1990), shared empowerment, equality, and mutual support (Knudson-Martin & Huenergardt, 2010). Therapists can then focus on tailoring interventions for the least powerful partners to ensure they maintain a balanced approach to combatting power inequalities within the relationship and in therapy.

Maintaining a systemic lens and demonstrating sensitivity to the complexity of power in relationships can enhance reciprocal understanding and meaning for both genders thereby avoiding the dangers of relational polarization (Walters et al., 1988). Ultimately, both genders could move from role complementarity to role symmetry in an effort for each gender to feel valued, empowered, and equally choose alternative ways of relating (Knudson-Martin et al., 2015a; Walters et al.).

Conclusion

Systems researchers may not always view human behavior through a contextual lens such as through gendered power. Many feminist theorists believe it is important that therapists prevent abuse of the status quo by addressing power imbalances and invisible privileges in intimate couple relationships. There is an abundance of literature on the influence of men's behaviors with studies suggesting that shifts in the more powerful male partners' relational orientations towards their female partners commonly and successfully led to relational change (Knudson-Martin & Mahoney, 2009a; Williams & Knudson-Martin, 2012).

The current process research does not appear to address successful interventions that invite male relational engagement nor gendered experiences of empowerment, specifically with consideration to the influence of gendered power on their individual and relational experiences. This study demonstrates the importance of using a feminist informed lens placing sociocultural and emotional contexts at the center to identify specific gendered behaviors that allow clinicians to explore the experiences of empowerment for each partner in an attempt to garner positive clinical and relational outcomes. Using data from the SERT Model, the goal is to focus first on inviting the more powerful partner, commonly the male, to engage and relationally orient toward the needs of the less powerful partner. The study will then identify gendered experiences of empowerment, whether they are similar or different, individually or relationally oriented. This study merits attention as both novice and seasoned clinicians often struggle to successfully balance gendered power in the therapeutic process and competently execute a model of empowerment leading to mutual support.

CHAPTER FOUR

METHOD

Researchers choose a methodology most appropriate for the research question with special attention to the purpose, operationalization of the research construct of interest, and sufficiency of resources to begin and complete the research study (Field, 2009). Per the literature review in chapter 3, there are limited therapeutic models for how therapists can work with each gender in heterosexual couple therapy to combat larger social discourses limiting mutual empowerment in intimate couple relationships. Feminist researchers have generally asserted that both genders in intimate relationships benefit greatly when therapist interventions combat larger disempowering discourses that impede mutual support (Knudson-Martin & Huenergardt, 2010; Knudson-Martin et al., 2014, Knudson-Martin & Mahoney, 2009a). Following is a detailed proposal isolating male engagement as well as empowerment as the constructs of interest in this qualitative research study.

Proposed Research Methodology

The research method for this study is an inductive exploratory design that is based on the observation of specific phenomena of male engagement as well as empowerment in an effort to rebalance power in intimate heterosexual couple relationships. An inductive grounded theory approach is most appropriate for multiple reasons. First, the focus is on expanding on the *how* as well as honoring the *why* (Daly, 2007). Second, the goal is to remain open to new experiences and to be creative with interpretations in an attempt to honor participants' experiences and behavioral processes (Daly). Third, to

minimize one's experience of power as the researcher by positioning the self within a not knowing stance to allow the data to inform the construction of the theory (see also Charmaz, 2006). It is also important to consider the impact of the self of the researcher as it extends and influences research design as well as interpretation of data (Charmaz). As such, data are transactional, transformative, and co-created (Daly; Lincoln & Guba, 2006) as well as reflexive and authentic (Daly; Lincoln & Guba). These foci are all hallmarks of an inductive grounded theory approach.

Operationalizing Male Relational Engagement and Empowerment

Gender is a socially constructed phenomenon (Almeida, Dolan Del-Vecchio, & Parker, 2008). Since power discourses often influence genders differently, feminist therapists' tasks focus on rebalancing disempowering interactions for both women and men through an understanding each of their experiences toward mutual support (Knudson-Martin & Huenergardt, 2010). Thus therapists could benefit greatly from identifying male relational engagement as well as the ways each gender demonstrates relational empowerment, i.e., within a relational orientation, in their intimate couple relationship.

This research study uses a retrospective design (Charmaz, 2008; see also Corbin & Strauss, 2008) with pre-existing clinical data of couple experiences of SERT therapists. The first aim is to analyze transcripts and video sessions of couple therapy to identify how therapists can invite and maintain male relational engagement. The second aim is to operationalize how males and females in couple relationships demonstrate empowerment within their relationship. Researchers will operationalize constructs of empowerment and will consult with colleagues through peer debriefs (Lincoln & Guba, 1985) and member

checks (Lincoln & Guba; see also Kisley & Kendal, 2011) in order to obtain as much participant feedback to promote further understanding and growth of the theories.

Self of the Researchers and Assumptions

Sarah

As the Primary Researcher on this study, I feel passionately about challenging the influences of larger disempowering discourses that lead to gendered power enactments in couple therapy. I am a Muslim Arab and European American able-bodied heterosexual married woman raised in in the Middle East and pursuing formal education in the United States. I am also learning to identify the nuanced ways in which larger social contexts such as gender and power discourses work against both genders in relationships. As I struggle to challenge gender and power inequalities as an individual within many systems I have also become keenly aware of how difficult it can be to recognize and resist the influences of gender and power in clinical work (Samman & Knudson-Martin; see also ChenFeng & Galick, 2015). Nevertheless, as a SERT therapist as well as primary researcher in this study, I am learning to use the knowledge gained from this study to identify the ways therapists can block the flow of power in an effort to rebalance equality in the relationship. I am also learning to be transparent about the importance of self-awareness as I embark on this exploratory research study and recognize the tendency for individuals to understand others' experiences by fitting them into their own expectations, predictions, and typifications (Gergen, 2009; see also Charmaz, 2006; Daly, 2007). This self-awareness is essential to a not knowing approach (Charmaz).

Gregory

I am the Research Assistance for the second part of this study. I recognize that I am considered at the epicenter of power and privilege as a white male, Christian, able-bodied, 28-year-old, and middle class United States citizen. Learning about pervasive messages about power within gendered culture, and subsequently intimate relationships, has opened my eyes to the subtleties of these forces. It has also increased awareness of the invisible privilege of their influences on my own actions over the years. However, I grew up as the only male and youngest of five siblings and, contrary to patriarchal socialization, took on many of the female cultural expectations of relational responsibility and attunement. Additionally, due to childhood experiences with divorce, I was raised with negative messages about male power. Though these messages have some level of personal credence, it has often translated into negative messages I hold within me against males as a gender. I wish to unpack the subtlety of these sociocultural messages to give men a broadened option for intimacy and relational dynamics and to hopefully give light to other gendered messages that individuals in society tend to swallow whole. With these biases in mind, I wish to attempt to hold true to my researcher ideals by embarking on intentional reflexivity, searching for clear demonstrations of interactions and responses, and honoring clients' by developing authentic models reflective of their personal subjective experiences using objective methods.

Participants

This study will use convenience and theoretical samples consisting of approximately 20 couple sessions and transcripts of a minimum of 7 heterosexual couples conducted by nine therapists. Since the first five chapters of this publication serves as the

dissertation proposal, the final sample will depend on saturation of data (Charmaz, 2006). Therapists were licensed and pre-licensed Marriage and Family Therapy (MFT) doctoral students as well as two supervisors participating in the SERT Clinical Research Group. All but one couple were cohabitating and two of the couples were parents of minor and adult children. In order to remain intentionally culturally conscious (McDowell & Fang, 2007), sessions of couples and therapists were selected specifically to represent various ages, ethnicities, educational levels, in addition to other mental or physical conditions.

Participants took part in the study at a behavioral health training clinic in Southern California. Couples self-recruited into the research study or were referred to the clinical research group based on self-reports of high levels of relational distress.

Therapists were self-recruited into the study as part of the SERT Research Group and trained to attend to gendered power dynamics within the couple relationship (e.g., Knudson-Martin et al., 2014; Knudson-Martin & Huenergardt, 2010; Ward & Knudson-Martin, 2012). Clinicians in session consisted of co-therapists with the remaining group members comprising of the reflection team and observing from a one-way mirror. Group members sometimes briefly joined sessions to share observations and reflections to help move the session forward with a focus on gender and power issues (Knudson-Martin et al.).

Internal Review Board

This study received initial approval by the Loma Linda Internal Review Board (IRB, #57327) in December 2007 and was renewed annually. The study is currently approved for retrospective analysis through December 2016. Therapists provided couples with a detailed Informed Consent form (Appendix A) as well an Authorization for Use of

Protected Health Information form (Appendix B). SERT therapists trained to verbally explain the consent process including assuring participants that they can choose to withdraw their participation from the research study or analysis at any time without negatively impacting their therapeutic experiences. Therapists maintain confidentiality by ensuring all video sessions were saved on a protected server or placed in a locked and password protected external hard drive in a locked cabinet. Therapists also maintain confidentiality by removing protected or identifying information during the transcription process. All couples provided consent to videotape and transcribe couple sessions and to utilize data for research and presentations (Appendix C; Patient Consent to Participate in Professional or Academic Presentation) that advance clinical practice. In addition, all researchers utilizing data from this study signed an affidavit for the Ethical Treatment of Private Health Information (Appendix D).

Grounded Theory Analysis

As a grounded theorist, I will approach the analysis process without preconceived theoretical ideas or expectations (Charmaz, 2006) remaining open to all possibilities that may emerge from the data. I will begin working with small samples (Wooley, Butler, & Wampler, 2000) and line-by-line (open) coding to identify relevant constructs and components related to the issue at hand (Charmaz). Next, I will develop axial codes and repeatedly modify the organization of concepts based on continuous exposure to reviewed as well as new information (Charmaz) taking note that categories may change as they interact with each other (Charmaz). I will also use selective coding strategies to focus solely on data related to the topic of interest and which appear to reflect the theory under development. To ensure rigorous processes with consideration to all data (Wooley

et al.), I will use a constant comparative analysis until saturation when no new themes emerge (Charmaz).

Throughout the process, I will consider my own experiences when coding and analyzing data as well as ensure intentional reflection on findings (Wooley et al., 2000) such as writing journals and analytic memos (Charmaz, 2006). This serves the purpose of considering possible and significant categories as well as raising new conceptual questions. An overarching approach is to provide opportunities to consider emerging thoughts, feelings, and theories of the multiple researchers in response to couple sessions. In addition, the research process will include working with multiple voices with intentional and explicit discussions of personal biases and assumptions by performing peer debriefs (Lincoln & Guba, 1985) and member checks (Lincoln & Guba; see also Kisley & Kendal, 2011) with SERT therapists in order to receive feedback to promote further understanding and to finalize the grounded theory report.

The end result is a report that specifically identifies a diagram of a working model illustrating how therapists invite and maintain male relational engagement. The second result is to operationalize experiences of empowerment, potentially gendered as well as individual or relational, as well as potentially identifying therapeutic interventions that impact these constructs. Researchers will use a concept map (Kinchin, Streatfield, & Hay, 2010) to support the grounded theory process to explain how the themes describe the process of relational empowerment as well as assisting with visually describing the grounded theory.

Ensuring Qualitative Trustworthiness

Researchers aim to gain trustworthiness in a qualitative inquiry to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985, p. 290). This is quite different from the conventional experimental precedent of attempting to demonstrate validity, soundness, and significance. In any qualitative research project, four issues of trustworthiness demand attention: "credibility" (in place of internal validity), "transferability" (in place of external validity), "dependability" (in place of reliability), and "confirmability" (in place of objectivity) (Lincoln & Guba, p. 219).

Credibility

To address credibility, the researcher will enlist the help of peer debriefers (Lincoln & Guba, 1985) as well as perform member checks (Lincoln & Guba; see also Kisley & Kendal, 2011) with therapists who were formally a part of the SERT group and identified as therapists in session. This includes supervisors as well as fellow doctoral students. Peer debriefers serve the purpose of keeping the researcher honest through self-reflection and awareness, refining the theory based on thorough conceptualizations of data, as well as proposing alternative possibilities (Lincoln & Guba). Member checks with therapists who were in session serve the purpose of providing formal and informal testing of data, analytic categories and themes, subjective interpretations based on objective data, hypotheses, and conclusions (Lincoln & Guba; see also Kisley & Kendal). Additionally, the research project supervisor will receive regular progress reports with observations and feedback regarding the research question, methodology, ethics,

trustworthiness, and any other research issues of concern. The roles are generally consistent with that defined in the literature (Lincoln & Guba).

Transferability

To address transferability, the researcher will provide a detailed description of the research context and assumptions in order to ensure generalizability to similar contexts or settings (Lincoln & Guba, 1985; see also Kisley & Kendal, 2011). In addition to generalizability, transferability includes reflexivity which is the ability to be self-aware and explicit about assumptions, values, and biases (Lincoln & Guba; see also Kisley & Kendal) that will directly influence the construction of the data (see also Charmaz, 2008). An additional strength to this process is the researcher's ability to consider these positions within the context of the influences of larger disempowering social discourses.

Dependability

To address the issues of dependability in qualitative research, the researcher will focus on taking into account the constant evolution of context and data of the research study, e.g., changes in peer debriefers, members checks, and/or auditor, in addition to continued modifications to the recursive analytic process, implementation of feedback, changes in coding location which may affect coding processes, and researchers. In addition, the researcher will recruit an independent auditor who will examine the audit trails that may consist of the original transcripts, data analysis documents, field journals, analytic memos, and comments within the constraints of the IRB rules and regulations for the Protection of Health Information. Peers also evaluate the degree and significance of

researcher influence and projection as the researcher is the instrument through which the data is analyzed (Charmaz, 2008).

Another possible avenue to support dependability is the triangulation of the research setting (Kisley & Kendal, 2011). The authors describe triangulation as the thorough understanding of the phenomena under study by obtaining multiple types of data from multiple sources using multiple methods. This can involve “triangulation of data collection methods, theories, observers, raters or analysts, and sources such as different times or settings” (p. 365). For this study, the researcher will use transcripts as well as videos, review data in multiple locations with consideration to the ethical protection of health information of participants, utilize peer debriefers, member checks, and review data by several researchers, among other approaches.

Confirmability

In an effort to support transferability, a final report will include research context, assumptions, and data analysis documents used to generate the evolution of the research study as well as final theory in response to the research question. The complete set of data analysis documents will remain on file and are available upon request. Access to the detailed paper trail provides the opportunity for other researchers to decide to transfer the conclusions of this research inquiry to other contexts, settings, and cases, or to repeat, as closely as possible, the procedures of this research study.

Ethical and Social Justice Considerations

A feminist informed therapist and social constructionist researcher must adhere to strict social justice tenants that ensure the maintenance of ethical guidelines that prevent

the misuse and abuse of the research data including maintaining taken for granted ideals based on invisible privileges (Rothenberg, 2008). Because of this, it is imperative that the research approach and process does not passively overlook key data points nor isolate processes that may align with personal preferences while ignoring others that do not. Per Charmaz (2006), social constructionist researchers must adopt a not knowing stance to allow the data to inform the construction of the theory in its most authentic form. The topic at hand is significant and the goal is to counteract gendered power imbalances towards relational empowerment which is the foundation to mutually supportive relationships.

Limitations

The proposed research study is limited because it is based on a convenience and theoretical sample that cannot be generalizable to the larger population. Heterosexual couples in these sessions were self-recruited or referred to the SERT clinical research group at a behavioral health training clinic in Southern California and were facing high levels of relational distress due to a variety of individual and relational issues such as identifying as living on low income, struggling with chronic illnesses such as chronic pain, mental health concerns, and addiction, experiencing discrimination based on gender and/or ethnicity, in addition to self-described male disengagement. The intersection of these often-marginalized social locations often exacerbates the challenges faced by the couple system. Therefore, it is unclear to what extent these findings apply to other populations. In addition to the specific aims of this research study, further research is needed to examine the role of gender, age, ability, chronic illness, sexual orientation,

social location, and level of relational distress on gendered power dynamics within the couple system.

Additionally, the sample represents data from a particular feminist and social-constructionist research group comprising of both licensed and pre-licensed therapists. This may impact the themes generated and recommend applying the model on different therapist and client samples. It would be interesting to see to what extent these same issues are present in a sample of more experienced therapists or applied to other settings such as private practice. Furthermore, team members often joined a session to offer reflections on the therapeutic process or the relational interactions between the couple based on their observations, reflections, and encouragement of a multi-voice process. Future studies are needed to understand if this theory is applicable utilizing different therapeutic models and in other therapeutic settings.

Nevertheless, the findings should be useful to couple therapists as well as others who are interested in establishing mutual relational empowerment in session. If successful, this study could provide guidance for couple therapist to assess for and establish relational empowerment as a foundational starting point to help attend to issues of gender and power underlying the presenting clinical issues in intimate heterosexual couple relationships.

CHAPTER FIVE

IMPLICATIONS

Many couples share a desire for mutual support in their intimate partner relationships (Knudson-Martin, 2013). Feminist researchers have highlighted the benefits of focusing on gender and power in therapy (Almeida, Dolan-Del Vecchio, and Parker, 2008; ChenFeng & Galick, 2015; Haddock, Zimmerman, & MacPhee, 2000; Knudson-Martin & Huenergardt, 2010; Williams, Galick, Knudson-Martin, & Huenergardt, 2012). Over the last few decades the field has slowly begun to develop practice models that specifically interrupt subtle power imbalances between intimate couples in heterosexual couple therapy (Almeida et al., 2008, Knudson-Martin & Huenergardt; Knudson-Martin et al., 2014).

The grounded theories proposed in this study have the potential to expand upon those in the existing literature by translating into practice the ways therapists can minimize the polarization of power processes between genders as well as the individuals and couple in relation to the therapists. It may also have the potential to support outcome-based research on heightened relational or couple distress by increasing mutual support through a focus on male relational engagement and experiences of empowerment in couple relationships. The following section highlights the ways in which the study results may contribute to therapist practice implications and outcomes research.

Practice Implications

This study will apply to one specific client population, couples and therapists who are self-referred to the SERT research group. The demographics of these couples

discussed in chapter 4, method, may impact the themes generated and recommend applying the model to different therapist and client samples. Additionally, the process research will provide a general model of how therapists could work with couples to invite and maintain male relational engagement as well as empowerment toward greater mutual support.

Clinical Outcomes

The results of this grounded research will generate several clinical models that will increase therapist sensitivity to disempowering processes influencing the couple system as well as between clients and therapists. The models will provide opportunities for therapists to build skills and competencies (Prouty, 1997) as feminist informed therapists as well as assist with ameliorating gendered power differences. This recursive process may also provide greater support for using a feminist informed practice with couples experiencing heightened relational distress regardless of the presenting clinical concern. Additionally, it is critical to develop and disseminate this theoretical approach as well as potentially fill the theoretical gap into practice by using deductive reasoning and hypothesis testing in future studies.

Conclusions

This study will demonstrate the importance of using a feminist informed lens that translates theory into practice by developing a diagram of the specific therapeutic interventions that invite and maintain male relational engagement as well as operationalize experiences of empowerment. Utilizing these constructs will inform therapists' moment-by-moment therapeutic interventions in session. Short-term

implications may include rebalancing power by intentionally relationally engaging the more powerful partner to take on a relational orientation as well as identifying how each partner may experience empowerment, whether it is gendered or individual or relational. This could potentially minimize disempowering influences from larger social discourses on couple relationships in session, decrease experiences of relational distress, and increase mutual empowerment and support. Long-term implications may include establishing the necessary processes leading to successful outcomes of established feminist models (e.g., Almeida et al., 2008; Knudson-Martin et al., 2014).

CHAPTER SIX

**RELATIONAL ENGAGEMENT IN HETEROSEXUAL COUPLE THERAPY:
HELPING MEN MOVE FROM “I” TO “WE”**

A PUBLISHABLE PAPER

Abstract

Therapists working with heterosexual couples often struggle with successfully and equally engaging both partners in couple therapy. This disconnect often evolves from larger social discourses of gender and power disadvantaging both partners and implicitly leading to inequality in couple relationships. Using a grounded theory approach, we define male relational engagement as the ability to demonstrate commitment to one’s relationships and actively participate in the therapeutic process through exploring, acknowledging, and intentionally attending to the female partner’s experiences. We also explore the therapeutic interventions that invite male relational engagement while using a gendered power lens informed by Socio-Emotional Relationship Therapy (SERT). Therapist interventions that successfully invite male relational engagement include: (1) attending to male’s sociocultural context, (2) validating male’s relational intent, followed immediately with, (3) highlighting the impact of male’s behavior on the female partner, (4) punctuating alternative relational interactions, and (5) demonstrating persistent therapist leadership. Case examples demonstrate how to generate male relational engagement as well as enhance relational responsibility in the couple. We include suggested guidelines for clinicians.

Keywords: Feminist theory, men, couple therapy, couple relationships, gender, power, male engagement, relational engagement, patriarchy, relational responsibility, couple distress

Therapists often find it difficult to engage men in couple therapy (Shepard & Harway, 2012). Attention to the intersection of gender and power adds another layer of complexity, especially when mutual support is a relationship goal (Knudson-Martin, 2013). As part of the team developing Socio-Emotional Relationship Therapy (SERT; see Knudson-Martin & Huenergardt, 2010, 2015), we found that our ability to relationally engage powerful men is critically important to the success of heterosexual couple therapy (Williams, Galick, Knudson-Martin, & Huenergardt, 2013). We define male relational engagement as the ability to demonstrate commitment to one's relationships and actively participate in the therapeutic process through exploring, acknowledging, and intentionally attending to the female partner's experiences. This contrasts with a common pattern we've seen of men tending to focus primarily on their own issues and experiences in session.

Our Interests in Relational Processes

As female therapists we confront gender and power issues daily, both in our practice and in our personal lives. Though the actions of both partners are important and reciprocally tied to the other, for this project we decided to zero in on how we could better help men engage in these relational processes.

Sarah

As a Muslim Arab and European American able-bodied heterosexual woman raised in Saudi Arabia and pursuing a doctoral degree in the United States, I feel blessed to speak two languages fluently. This has allowed me to recognize the nuanced ways in which larger social contexts such as language and culture, particularly gender and power

discourses, work against both women and men in relationships. As I struggle to challenge gender and power inequalities in my own life, I have also become keenly aware of how difficult it can be to resist the influences of gender and power in my clinical work. Because of these daily struggles, I worked with a group of fellow doctoral students—Isolina Ixcaragua, Brittney France, and Golnoush Yektafar—to explore the ways in which men do and do not engage with their female partners in couple therapy sessions. Since we were not yet well trained in how to address gender and power issues, we were especially interested in what therapists do to influence these relational processes.

Carmen

I am a married, heterosexual, able-bodied woman of Scandinavian heritage who grew up in the United States during the women's movement of the 1960s. Though I have been researching, writing, and teaching about gender and power issues in couple relationships for many years (e.g., Knudson-Martin, 1997, 2013), I remain struck and somewhat surprised by how tenacious gendered power imbalances can be (see Knudson-Martin, 2015). The men I see almost universally say they do not want to dominate their female partners and, instead, say they want a two-way relationship. Yet they are stuck in gendered relational processes that limit their ability to attain these goals (Knudson-Martin & Mahoney, 2009), leaving each partner frustrated, angry, and in pain. When I began to help Sarah study this issue, I was fascinated. I, too, wanted to know how I can be more effective in relationally engaging men and how I can better prepare the students that I teach for this challenging work.

Male Engagement in Therapy

In their research, Grove and Burnaugh (2002) reported that men were often withdrawn in their relationships and participated in sessions by discussing their own feelings or experiences (see also Dickerson, 2013). This style of communication is directly related to how men are socialized to assert their own needs and avoid a one-down position while women commonly learn to accommodate and orient towards the needs of others (Knudson-Martin & Mahoney, 2009).

Men also reported fewer help-seeking behaviors (McKelley, 2007; Oliver, Pearson, Coe, & Gunnell, 2005). Berger, Addis, Green, Mackowiak, and Goldberg (2013) found that men were also less likely to pursue help when recommended by their female partners compared to a physician or psychotherapist. This suggests that masculine norms not only play a role in men's resistance to mental health services, but also limit men's openness to influence from their female partners.

Power Impacts Relationships

Couple distress often stems from power disparities in couple relationships (Almeida, Dolan-Del Vecchio, & Parker, 2008; Dickerson, 2013; Haddock, Zimmerman, & MacPhee, 2000; Knudson-Martin & Huenergardt, 2010). These inequities are typically a result of larger social contexts, such as patriarchy, that impact genders differently and implicitly lead to power disparities (McGoldrick, 2011; McKelley, 2007). However, power differences tend to be invisible and taken for granted by society, couples, and therapists alike (see Knudson-Martin, 2015). They are perpetuated by the more powerful partners' lack of awareness of their own power or inattentiveness to the needs and concerns of their partners (Dickerson, 2013; Parker, 2009). As men tend to automatically

prioritize their own experiences, women are left carrying the responsibility for the well-being of their relationships (ChenFeng & Galick, 2015; Doss, Atkins, & Christensen, 2003).

Male Engagement Cultivates Relationships

Researchers have described male engagement in many forms; i.e., spousal social support or reciprocity (Acitelli & Antonucci, 1994), mutual support (Knudson-Martin & Huenergardt, 2010), intimacy (Real, 2003), attunement (Jonathan, 2009), and responsivity (Matta & Knudson-Martin, 2006). Grove and Burnaugh (2002) reported that men's involvement with their partners often led to marked improvement in couple satisfaction. Wives' marital satisfaction has been shown to increase with reciprocity and the perception of social support from their partners (Acitelli & Antonucci).

In related work, Matta and Knudson-Martin (2006) noted positive relational experiences when men were more responsive to their spouse' and children's needs. Knudson-Martin (2013) reported similar results when couples shared relational responsibility, i.e., when both partners were "sensitive and accountable for the effect of their actions on others and taking an active interest in doing what is necessary to maintain their relationship" (p. 6). These studies suggest that helping powerful men relationally engage is an important aspect of clinical change in couple therapy; that when men orient towards their relationship, overall partner and relational satisfaction are likely enhanced (Knudson-Martin & Mahoney, 2009; Williams et al., 2013).

Gender and Power in Couple Therapy

Engaging men relationally is an ongoing clinical challenge because gender and power inherent in social structures commonly impede these relational orientations in heterosexual couple relationships (see Knudson-Martin, 2015). Therapists need to devise clinical strategies that intentionally counteract taken-for-granted social norms that maintain power imbalances and invisible privileges (Jordan, 2009; Knudson-Martin, 2013); however, there are few guidelines for clinicians (Williams & Knudson-Martin, 2013). Our purpose in this study was to develop a grounded theory about how therapeutic interventions can invite and sustain male relational engagement based on observations of therapists utilizing the SERT model.

Method: Our Grounded Theory Process

Participants and Sample Selection

The sample consisted of 28 couple therapy sessions with 11 heterosexual couples conducted by nine licensed and pre-licensed Marriage and Family Therapy (MFT) doctoral students and two faculty supervisors utilizing the SERT model. All couples provided consent to videotape and transcribe sessions and to utilize data for research that advances clinical practice. The couples included in the study reported significantly high levels of relational distress as well as male partner relational disengagement. We selected sessions to comprise various ages, ethnicities, and educational levels.

Male clients' ages ranged from 32 to 49 and the female clients' ages ranged from 26 to 44. Couples' ethnicities varied but were predominantly European American; however, other couples were from African American, Asian, East Asian, and Latin American backgrounds. Members of the couples were from an array of religious

backgrounds, including agnostic, atheist, Catholic, Christian, Jewish, Muslim, and Seventh-day Adventist.

There were seven male and 11 female therapists in the SERT clinical research group, which consisted of therapists in session and observers who sometimes briefly joined sessions to make comments (see Knudson-Martin et al., 2014). Their ages ranged from 28 to 63 and they came from a variety of ethnic backgrounds, including African American, Arab American, Asian American, European American, Latin American, and East Indian. Sometimes observers from the SERT clinical research group briefly joined sessions to share reflections or questions that might help move the session forward with a focus on gender and power.

Grounded Theory Analysis

We approached the analysis without preconceived theoretical ideas or expectations (Charmaz, 2006), remaining open to all possibilities emerging from the data. We began with line-by-line coding to identify relevant components of the therapy session. For example, when a male participant stated, “I get nervous . . . but in the end, I feel better . . . because I know she feels better,” this was coded as “positive experience of attending to wife’s comfort.” Another example included the therapist encouraging the male partner in session by saying, “Ask her how she’s feeling.” This was coded as “suggests male connects with female partner.”

Next, we developed axial codes and repeatedly modified them based on new information (Charmaz, 2006). We revisited transcripts focusing on when and how men spoke about their relationships and if and when they recognized and acknowledged the impact of their behaviors on their partners. We also examined other factors, such as level

of couple distress, therapist interventions, and partner responses, and compared them with instances when men did and did not appear to relationally engage. We repeated this process through a constant comparative analysis until no new themes emerged (Charmaz). We also performed member checks with the observing SERT group in order to receive feedback to promote further understanding.

Results: How Therapists Influence Male Relational Engagement

We found five therapist interventions that consistently worked together to rebalance power in the relationship by influencing disengaged men's ability to relationally engage with their partners. The following cumulative order of interventions was necessary to facilitate and sustain each successful event: (1) attend to male's sociocultural context, (2) validate male's relational intent, followed immediately with, (3) highlight the impact of male's behavior on the female partner, (4) punctuate alternative relational interactions, and (5) demonstrate persistent therapist leadership. These are illustrated in Figure 1.

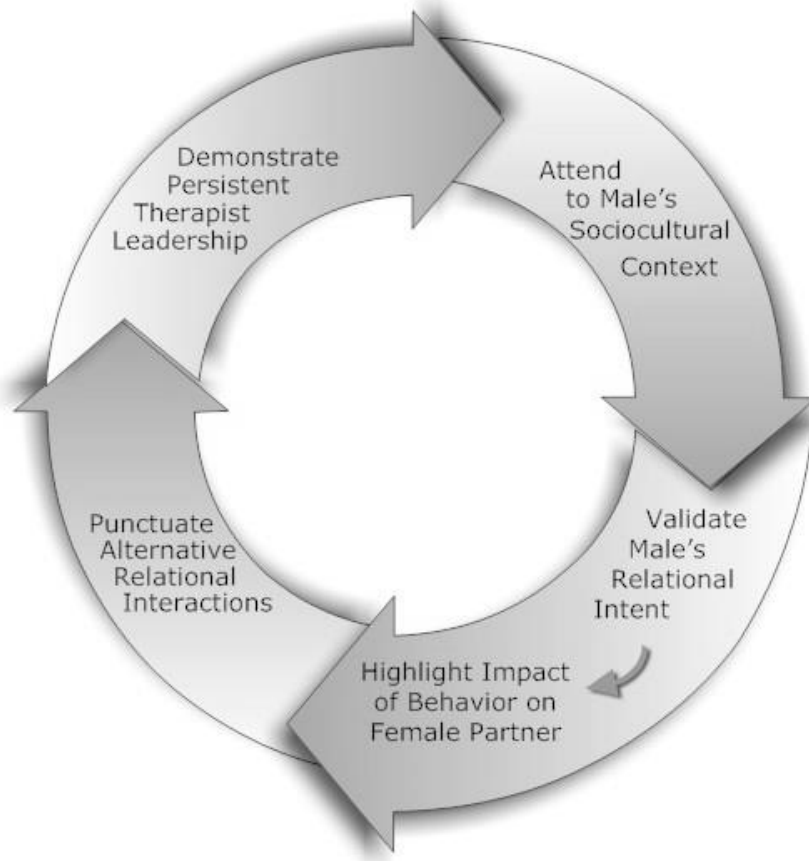


Figure 1. Relationally Engaging Heterosexual Men in Couple Therapy

Attend to Male's Sociocultural Context

In each successful change event therapists had attended to and sought to understand the impact of larger dominant social discourses on men's abilities to relationally engage with their female partners. As also found in a study by Williams et al. (2013), attending to sociocultural context seemed to be foundational to the rest of the engagement process and was demonstrated over time. In the following example, the therapist is working with a couple who has been together for 10 years. Jessica, a European American woman, reported feeling let down in her relationship with Michael,

an African American man. The therapist had previously attended to the sociocultural experiences of each partner, bringing these contexts front and center in multiple couple sessions. In the following excerpt, the therapist inquires about what Michael has learned as a man in response to his sociocultural experiences. Note that Michael highlights how he has learned to disengage:

Therapist: I'm curious about what you've learned about yourself in response to society and in relation to your partner.

Michael: Well, whoever I become, including this person who detaches, is in response to this world in which I live. Being aware of it is helpful and recognizing sometimes the fact that I'm doing it. I see how it might have [harmed as well as] benefited me [as a Black male] at times.

Validate Male's Relational Intent and Highlight Impact of Behavior on Female

The second and third key factors in facilitating men's relational engagement included validating their relational intent followed *immediately* with highlighting the impact of their behavior on their partners. If the therapist only validated the male's relational intent, this served to engage males in the session but did not appear to encourage them to engage relationally with their partners. For example, here the therapist is working with a Christian couple in substance abuse recovery struggling with "trust issues" in their relationship. The therapist first attends to how Randy, a European American working-class male in his late 40s, experienced conflict and marginalization in his sociocultural context, then follows this by emphasizing Randy's desire to have a non-

conflictive relationship with his partner Samantha, a European American unemployed female in her mid-40s.

Therapist: It seems like you've been hurt so much [by how people viewed his disabled single mother] that you . . . in many ways, haven't experienced what it's like not to be in conflict.

Randy: Conflict in our home was normal.

Therapist: I can imagine how difficult that was for you . . . It makes sense that you would enter a relationship expecting conflict . . . I can also imagine you'd like things to be different with Samantha.

Randy: Yeah, I do. But . . . you don't see how she really is. You don't know how hard it is to be with *her*.

Note that Randy follows this intervention, validating his relational intent, by focusing on his experiences of Samantha's shortcomings. In this case the therapist did not follow up with interest in the impact of Randy's behavior on Samantha.

Men tended to relationally engage with their partners more readily when therapists both validated their relational intent *and* highlighted the impact of their behaviors on their partners. For example, Nicole and Howard, a retired Jewish European American couple in their 60s who met while in recovery from substance abuse, sought therapy to address their "communication styles" regarding Nicole's struggles with chronic illness and his responsibilities as her caregiver. In the following excerpt the therapist validates Howard's relational intent:

Therapist: I really get that she's important to you and that you feel compelled to stay in charge because you love her and want her to get the best treatment and be healthy.

Howard: Yeah, I do want her to be around longer. Much longer.

The therapist follows this with questions about the impact of Howard's behavior on his partner:

Therapist: I can also understand that you're used to being in charge and I'm wondering how you think being in charge of her treatment impacts her?

Howard: [to Nicole] When you get scared, I get scared and I think you struggle with my way of doing things.

Therapist: What do you think she needs from you right now?

Howard: [to Nicole] I think you need to have a voice in your treatment.

By focusing on his commitment to Nicole as well as recognizing the negative impact of his usual approach to her care, the therapist was then able to move the conversation beyond a focus on his own experience to recognizing and acknowledging her needs.

Punctuate Alternative Relational Interactions

In Nicole and Howard's example above, the therapist continued to explore ways Howard could approach their relationship differently and punctuated successful alternative interactions:

Therapist: So how would you engage her differently knowing that's what she needs from you?

Howard: I need to be able to calm my own fears instead of taking control. I don't want her to feel alone in all this.

Therapist: You answered that pretty quickly. Are there times when you've been able to not automatically take control of her treatment?

Howard: Yeah, there have been [laughs].

Therapist: And how has Nicole responded?

Howard: Pretty good actually. She seems happier, less isolated and depressed.

Below is another example in which the therapist worked with Mary, a European American female, married to Mathew, an African American male, both in their 30s and biological parents of three children. Mary sought therapy for issues with "insecurities" with her weight and in her relationship with Mathew, who worked with "beautiful women." In the following excerpt, the therapist highlights a time Mathew was able to move beyond feelings of shame and defensiveness when Mary questioned him about his workday, and instead actively listened to Mary's fears and desires for reassurance.

Therapist: So, the way you [Mary] enter the dialogue with your husband is to be honest, and [Mathew], you responded to her honesty with active listening . . . [Looking at Mary] Would it be right to assume you felt heard?

Mary: Absolutely. I did actually. It felt really good. I felt valued.

Therapist: So, while eating puts a wedge between the two of you, it no longer completely severs your ability as a couple to connect. Dialogue is possible and your commitment is re-established.

Couple: [Responds in unison] Yeah.

Mathew: I hadn't thought about that. [Looking at Mary] Yeah, we did pretty good, didn't we?

Demonstrate Persistent Therapist Leadership

Persistent therapist leadership in session was a key factor in creating a cumulative effect sustaining men's relational engagement. Therapists positioned themselves against larger societal influences that appeared to otherwise dominate couple interactions and to perpetuate the expectation that women attend to men, but not the reverse (see ChenFeng & Galick, 2015). In the example below, the therapist persists in her attempts to engage Miguel, a Latino in his late 20s, and highlights the ways he relates to his spouse of seven years, Lena, a Latina woman in her early 20s.

Therapist: How do you view yourself interacting with your wife? How do you think you're supposed to act as her husband?

Miguel: When I go back home I have to take on a leadership role, not boss her around or anything, meet my obligation to pay my bills and take care of my family financially and emotionally . . . Basically, I emulate my father.

Therapist: Those are a lot of responsibilities. I'm curious though, I haven't heard about relating to Lena at an emotional level.

Miguel: I'm not relating on an emotional level right now. But I would like to act differently. I want to.

Therapist: What would that look like?

Miguel: Not talking from my head all the time.

Therapist: What would that feel like?

Miguel: It would feel real, more connected. I want to connect with her more.

As we can see, the therapist consistently built upon each intervention. She inquired about how Miguel related to his wife based on expectations as a husband and moved back to attend to his sociocultural contexts and expectations as a husband. Then she highlighted how this may impede his actual intentions and deep desire to connect and relate emotionally to Lena. In the end, Miguel appeared to engage more readily in therapy and with Lena as a result of the therapist's persistent supportive leadership in this session and others.

Summary

The results of this study offer guidance on how to conceptualize male relational engagement and what therapists can do to make a difference.

Conceptualizing Male Relational Engagement

Male relational engagement is a multifaceted process that works to overcome two aspects of the U.S. gender context that emphasizes individualism and autonomy (e.g., Loscocco & Walzer, 2013). First, we found that when therapists focused on men, these conversations tended to stay individually focused on their own thoughts and feelings.

Men did not automatically move to a more relational focus (see Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). Second, even when men in the study acknowledged their partners' emotions and experiences, they usually did not also attend to her or take responsibility for the impact of their behaviors on her. Perhaps because of our criteria for selecting cases to study, this process seemed to apply to all the men, regardless of their age, abilities, parenting status, socioeconomic level, or ethnic background.

We did not see this individualistic focus as a personal failing of the men, but rather as a societal gendered pattern that is challenging to overcome. Therapists in this study played an important part in helping men move from an individualistic "I" focus to a "we" focus that takes into account the relationship as a whole and is accountable to their partner's well-being as well as their own; that is, taking relational responsibility (see Knudson-Martin & Huenergardt, 2015).

What Therapists Do Matters

The video and transcript segments reviewed in this study were selected because male partners appeared particularly stuck in an individualistic mindset. In therapy sessions that successfully helped men overcome this pattern, therapists followed a specific set of interventions. All of them were necessary to initially engage men relationally and build a cumulative effect over time; all required multiple efforts to sustain their engagement with their female partners.

1. Attend to Men's Sociocultural Context

Therapists in the successful sessions focused on the impact of larger social contexts on the construction of men's identities. By showing awareness of this context with compassion, empathy, and without blame (see Pandit, ChenFeng, & Kang, 2015), the men in this study were more able to gain compassion for self as well as acknowledge their impact on their female partners and the relationship in subsequent interventions.

2. and 3. Validate Men's Relational Intent and Highlight Impact on Partner

Male validation without also highlighting the behavioral impact on his partner tended to reinforce the one-down position of the female partner. The most successful interventions were when men experienced personal and relational validation while also being able to recognize and take accountability for the impact of their behaviors on their partners. When these happened together, this effectively encouraged shared relational responsibility without reinforcing male privilege in session.

4. Punctuate Alternative Relational Interactions

When therapists acknowledged and validated the positive effects of successful relational engagement strategies by highlighting alternatives to stereotypically gendered relationship patterns, couples were more able to solidify these ways of relating and reflect on their successes.

5. Demonstrate Persistent Leadership

Therapists needed to recognize and address gender and power issues over and over again (see ChenFeng & Galick, 2015; Ward & Knudson-Martin, 2012). This did not

mean that the therapists maintained an expert role, as though they know clients better than they know themselves. Rather, therapists utilized their knowledge of the impact of larger social discourses and inequities to help the couple reflect on their experiences and persistently supported a relational focus in therapy.

Future Research and Clinical Practice

This study focused only on men. We are curious to also see how female partners' responses are part of the process and plan to study that next. However, we have already found that intentionally applying this grounded theory model has helped us more successfully relationally engage heterosexual men in couple therapy. This is a key component of Socio-Emotional Relationship Therapy (e.g., Knudson-Martin et al., 2014) and is likely to be relevant in other clinical approaches as well.

References

- Acitelli, L. K., & Antonucci, T. C. (1994). Gender differences in the link between marital support and satisfaction in older couples. *Journal of Personality and Social Psychology, 67*(4), 688-698. doi:10.1037/0022-3514.67.4.688
- Almeida, R.V., Dolan-Del Vecchio, K., & Parker, L. (2008). *Transformative family therapy: Just families for a just society*. Boston, MA: Pearson Education.
- Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help-seeking, and sources of help-seeking advice. *Psychology of Men and Masculinity, 14*(4), 433-443. doi:10.1037/a0030175
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- ChenFeng, J. L., & Galick, A. (2015). How gender discourses hijack couple therapy and how to avoid it. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 41-52). New York, NY: Springer.
- Dickerson, V. (2013). Patriarchy, power, and privilege: A narrative/poststructural view of work with couples. *Family Process, 52*(1), 102-114. doi:10.1111/famp.12018
- Doss, B. D., Atkins, D. C., & Christensen, A. (2003). Who's dragging their feet? Husbands and wives seeking marital therapy. *Journal of Marital & Family Therapy, 29*(2), 165-177. doi:10.1111/j.1752-0606.2003.tb01198.x
- Grove, D. R., & Burnaugh, R. (2002). *Invisible men: Finding, engaging and inspiring men in therapy*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Haddock, S. A., Zimmerman, T. S., & MacPhee, D. (2000). The power equity guide: Attending to gender in family therapy. *Journal of Marital & Family Therapy, 26*(2), 153-170. doi:10.1111/j.1752-0606.2000.tb00286.x
- Jonathan, N. (2009). Carrying equal weight: Relational responsibility and attunement among same-sex couples. In C. Knudson-Martin & A. Mahoney (Ed.), *Couples, gender, and power: Creating change in intimate relationships* (pp. 79-103). New York, NY: Springer.
- Jordan, J. (2009). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- Knudson-Martin, C. (1997). The politics of gender in family therapy. *Journal of Marital and Family Therapy, 23*(4), 421-437. doi:10.1111/j.1752-0606.1997.tb01054.x
- Knudson-Martin, C. (2013). Why power matters: Creating a foundation of mutual support in couple relationships. *Family Process, 52*(1), 5-18. doi:10.1111/famp.12011

- Knudson-Martin, C. (2015). When therapy challenges patriarchy: Undoing gendered power in heterosexual couple relationships. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 15-26). New York, NY: Springer.
- Knudson-Martin, C., & Huenergardt, D. (2010). A socio-emotional approach to couple therapy: Linking social context and couple interaction. *Family Process, 49*(3), 369-386. doi:10.1111/j.1545-5300.2010.01328.x
- Knudson-Martin, C., & Huenergardt, D. (2015). Bridging emotion, societal discourse, and couple interaction in clinical practice. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 1-13). New York, NY: Springer.
- Knudson-Martin, C., Huenergardt, D., Lafontant, K., Bishop, L., Schaepper, J., & Wells, M. (2014). Competencies for addressing gender and power in couple therapy: A socio-emotional approach. *Journal of Marital and Family Therapy, 41*(2), 205-220. doi:10.1111/jmft.12068
- Knudson-Martin, C. & Mahoney, A. (Eds.) (2009). *Couples, gender, and power: Creating change in intimate relationships*. New York, NY: Springer.
- Loscocco, K., & Walzer, S. (2013). Gender and the culture of heterosexual marriage in the United States. *Journal of Family Theory & Review, 5*, 1-14. doi:10.1111/jftr.12003
- Matta, D. S., & Knudson-Martin, C. (2006). Father responsivity: Couple processes and the coconstruction of fatherhood. *Family Process, 45*, 19-37. doi:10.1111/j.1545-5300.2006.00078.x
- McGoldrick, M. (2011). Becoming a couple. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle: Individual, family, and social perspectives* (pp. 193-210). New York, NY: Allyn & Bacon.
- McKelley, R. A. (2007). Men's resistance to seeking help: Using individual psychology to understand counseling-reluctant men. *Journal of Individual Psychology, 63*(1), 48-58.
- Oliver, M. I., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behavior in men and women with common mental health problems: Cross-sectional study. *British Journal of Psychiatry, 186*(4), 297-301. doi:10.1192/bjp.186.4.297
- Pandit, M., ChenFeng, J. L., & Kang, Y. J. (2015). Becoming socioculturally attuned: A study of therapist experience. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 67-78). New York, NY: Springer.

- Parker, L. (2009). Disrupting power and privilege in couples therapy. *Clinical Social Work Journal*, 37(3), 248-255. doi:10.1007/s10615-009-0211-7
- Real, T. (2003). *How can I get through to you? Closing the intimacy gap between men and women*. New York, NY: Scribner.
- Shepard, D. S., & Harway, M. (2012). *Engaging men in couples therapy*. New York, NY: Routledge.
- Silverstein, R., Bass, L. B., Tuttle, A. R., Knudson-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process*, 45(4), 391-405. doi:10.1111/j.1545-5300.2006.00178.x
- Ward, A., & Knudson-Martin, C. (2012). The impact of therapist actions on the balance of power within the couple system: A qualitative analysis of therapy sessions. *Journal of Couple & Relationship Therapy*, 11(3), 221-237. doi:10.1080/15332691.2012.692943
- Williams, K., Galick, A., Knudson-Martin, C., & Huenergardt, D. (2013). Toward mutual support: A task analysis of the relational justice approach to infidelity. *Journal of Marital and Family Therapy*, 39(3), 285-298. doi:10.1111/j.1752-0606.2012.00324.x
- Williams, K., & Knudson-Martin, C. (2013). Do therapists address gender and power in infidelity? A feminist analysis of the treatment literature. *Journal of Marital and Family Therapy*, 39(3), 271-284. doi:10.1111/j.1752-0606.2012.00303.x

CHAPTER SEVEN

INDIVIDUAL AND RELATIONAL EMPOWERMENT IN HETEROSEXUAL COUPLE THERAPY: GUIDING FEMINIST THERAPISTS' INTERVENTIONS A PUBLISHABLE PAPER

Abstract

Feminist therapists view gendered power as a primary relational concern in heterosexual couple therapy. Using an inductive grounded theory, the general purpose of this study was to bridge the gap between feminist informed theory and practice using the Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010) Model to relieve significant relational distress in intimate heterosexual relationships. The specific aim of this study was to focus on empowerment as the construct of interest and to identify in session markers that inform moment-by-moment therapist interventions toward empowerment. Results of the analysis of a total of 21 sessions of 7 heterosexual couples include operationalizing gendered individual and relational empowerment. Additional research findings include identifying therapist interventions that directly influence gendered power discourses and directly affect each gender's sense of individual and/or relational empowerment through: (a) devaluing female partner's contributions, (b) allowing male partner to hijack therapy (see ChenFeng & Galick, 2015), (c) accepting male partner's negative thoughts about female partner, (d) discouraging female partner's elaboration of experience, and (e) assuming equal contribution and influence in couple interactions. These results mirrored those of Ward and Knudson-Martin (2012) confirming the influence of five interventions on the balance of power within the couple system. Implications include identifying moments of empowerment and revising

therapeutic interventions in session in an effort to challenge disempowering discourses that contribute to relational distress.

Keywords: couple therapy, distress, female, feminist theory, gender, heterosexual couples, inequality, interventions, male engagement, male, men, patriarchy, power, relational empowerment, relational responsibility, women

What is Power?

Power in relationships is the ability to influence the other (Fishman, 1978). There is ample evidence that heterosexual couples demonstrating equal power in their relationships tend to experience mutually supportive relational interactions (Knudson-Martin & Huenergardt, 2010). Conversely, couples experiencing power disparities in their relationships (Almeida, Dolan Del Vicchio, & Parker, 2008; Dickerson, 2013; Haddock, Zimmerman, & McPhee, 2000; Knudson-Martin & Huenergardt; Knudson-Martin et al., 2014; Mintz & Tager, 2013; Ward & Knudson-Martin, 2012) often experience relational distress.

Many theorists view relational distress as the less powerful partners' dissatisfaction and attempts to regain power within their relationship (Almeida et al., 2008). Furthermore, Almeida et al. expands on the complexity of the issue by proposing that a system, such as in intimate couple systems, may not be able to meet basic relational needs if it does not meet individual needs or maintain the motivational levels required from each partner that make up the couple system. This can become evident when working with couples with different levels of empowerment. The following qualitative study focuses on how therapist interventions may impact each partner's experiences in couple therapy with a focus on the construct of empowerment.

Power is Relational

Power is the ability to influence others in your immediate and extended environment. Individuals can implement power explicitly or implicitly in two ways: by

imposing their desires on others without consideration to others' desires or by sharing power toward mutual goals (Fishman, 1978). This is mirrored by Wilkie, Ferree, and Ratcliff (1998) who identified personal power as the ability of individuals to influence others toward specific goals and relational well-being. However, personal power should not be associated with forcibly imposing values on others. It is the ability to recognize personal interests and present them to others for discussion (Wilkie et al.). It is also most beneficial when used to enhance couple interactions and the overall well-being of partners in their relationships (Wilkie et al.).

Gendered Power

Power is also historically and socially constructed (Almeida et al., 2008) thereby influencing individuals from the macro-, meso-, to micro-level (Fishman, 1978). In heterosexual couple relationships, gendered power inequalities are the result of larger disempowering sociocultural and emotional processes based largely on gender (Almeida et al., 2008; Knudson-Martin & Huenergardt, 2010). Although feminist movements for equality have spanned over three decades, Lois Braverman reported in Goodrich and Silverstein (2005) that society may incorrectly view women as being in a better position or having attained equality with men (see also Almeida et al.). Both Braverman and Almeida et al. believed women have not experienced considerable changes in their position as partners in their couple or marital relationships and, therefore, continue to experience insidious inequality in their intimate relationships.

As far back as 1978, Fishman viewed these inequalities as oppressive. W. Robert Beavers (1985) expanded on the effects of inequality by highlighting how couples privatize their thoughts and emotions although each gender does so for very different

reasons. He described the "top dog", commonly the male, as not expressing vulnerability for fear of demonstrating weakness to his female partner. Subsequently, the "underdog", commonly the female, holds back thoughts, feelings, and needs for fear of challenging the status quo of the relationship or losing the relationship altogether (Beavers; see also Knudson-Martin, 2013). This serves to prevent vulnerable and intimate communication and connection between both partners (Knudson-Martin). It also serves to further prevent women from expressing resistance or anger at the injustice and maintains their subordinate position in their relationship and within society (Spelman, 1989, see also Almeida et al., 2008).

Gendered Power and Couple Therapy

It therefore comes as no surprise when couples present to therapy with experiences of relational distress. Sprenkle (2012) shared that many couples reported dissatisfaction with the therapeutic experience. Specifically, he discovered that many professionals serving couples received poor reviews on satisfaction surveys. He theorized that this was likely due to untrained psychotherapists offering couple services. Couple therapy is a specialty. However, feminist theorists believe couple dissatisfaction with therapeutic outcomes runs much deeper than a need for training in systems theories.

Do Therapists Attend to Gendered Power?

Lois Braverman, a participant in Goodrich and Silverstein (2005), believed that therapists generally do not address the primary source of marriage inequality. Although she established herself as a proponent for equality in the mid-20th century, her concerns are still valid to this day. Marianne Walters (Goodrich & Silverstein, 2005) believed

training and supervision experiences could serve to minimize power relations in couple relationships but appears to be toned down further reducing its impact on power. For example, women commonly silence their voices in order to avoid upsetting the men in their relationships (see also Knudson-Martin, 2013). There is a high likelihood that therapists untrained in gendered power issues approach couples as though they are equal, thereby maintaining female silence presented in session, for example, and reinforcing power imbalances in the relationship (Knudson-Martin, 2013). This may be one reason why dissatisfaction with couple therapists and the therapeutic experience in general is common and why it is critical that theorists and clinicians need to address the issue more intentionally and comprehensively.

Nevertheless, even feminist informed couple therapists frequently reported struggling to identify and interrupt influences of gender and power discourses in couple relationships (Knudson-Martin, Wells, & Samman, 2015). They also appeared to struggle to effectively work with both intimate partners in an attempt to garner positive relational outcomes as well as invite alternative gendered discourses (Knudson-Martin et al., 2015).

Feminist Therapy and Gendered Power

Couple relationships are relational and interactive by nature. Additionally, patriarchy impacts both women and men (Dickerson, 2013) although each gender experiences the influences differently. Therefore, feminist therapy is focused on rebalancing power in relationships by elevating the disempowered status of women (Meginnis-Payne, 2000; Knudson-Martin & Huenergardt, 2010; Walters, Carter, Papp, & Silverstein, 1988; Ward & Knudson-Martin, 2012) as well as supporting men in their

construction of masculinity directly affecting their relationships (Dowd, 2011; Johnson et al., 1997; Jordan, 2011; Mintz & Tager, 2013).

This is a particularly important as larger sociocultural and emotional discourses favoring Western centric ideals that are primarily associated with and promoted by men create a bias against women (Rothenberg, 2008; see also Freeman & Couchonnal, 2006; Knudson-Martin & Mahoney, 2009; Spelman, 1989). And though these processes favor men, they also disadvantage them in their relationships with women (Fishbane, 2011). As such, many feminist theorists believe it is critical to interrupt the inequalities in the status quo by addressing power imbalances and invisible privileges (Rothenberg, 2008) often presenting as relational distress in couple therapy.

In addition to training as systemic theorists and clinicians, feminists attend to issues of gender and power inherent in the socialization processes impacting all individuals within any system (Silverstein, 2005). Intentional blocking of larger discourses enacted in couple therapy commonly results in the rebalancing of gendered power leading to empowerment. Thus, it is critical to utilize and integrate feminist theory in training and supervision to empower therapists as they develop their personal identities, therapeutic skills and competencies, as well as professional identities (Prouty, 1997, see also Goodrich & Silverstein, 2005) toward personal and couple experiences of empowerment.

Empowerment: Challenging Gendered Power in Couple Relationships

Fishman (1978) believed experiences of empowerment in relationships is beneficial. Almeida et al. (2008) viewed empowerment as a relational rather than individual construct although they proposed that individuals may experience a more

empowered relational orientation when initially experiencing an empowered individual position. Genero, Miller, Surrey, and Baldwin (1992, p. 39) described empowerment as the “capacity for action whereby each person can have an impact on the other and the relationship.” According to the authors, it is the capacity to express oneself openly, clearly, and to feel moved in the relationship with their partner. Liang et al. (2002), described empowerment as synonymous with zest, i.e., “the experience of feeling personally strengthened, encouraged, and inspired to take action” (p. 26). Almeida et al. expanded that definition to the active challenging of social conditions that block empowerment. The authors believe that by taking responsibility for one another against a common disempowering force, individuals in the system are free to experience a sense of empowerment in their relationship as opposed to expressing humility based in patriarchal assumptions of autonomy and competition.

By focusing on empowerment as the construct of interest in couple relationships, therapists could benefit from learning how each partner experiences this relational construct as well as how it is defined and communicated within the relationship. If possible, feminist therapists can implement a largely systemic and social justice informed lens while considering the impact of their interventions on the sense of empowerment in session toward couple satisfaction.

Feminist Therapists’ Responsibilities and Leadership

Therapists are part of the larger sociocultural and emotional systems and experience pervasive socialization processes as well. As feminist therapists expand their understanding of social justice, privilege, and power, they are expected to understand their own biases (Haddock & Lyness, 2002) and personal struggles for liberation while

ensuring they do not inadvertently become the aggressor toward others (Freiere, 1970). This is especially true for women who may struggle to assert their voice in the therapeutic experience at the expense of their therapeutic connection with their male clients. In addition, therapists must be able to balance the intensity of experiences and emotions that may result in therapy overlooking opportunities to elicit change (Silverstein & Goodrich, 2003).

In the end, feminist therapists cannot choose to remain neutral when working with clients struggling with unequal power in their relationships (Almeida, et al., 2008). On the contrary, Lyness, a participant in Goodrich and Silverstein (2005), believed that a therapist who is not a “conscious part of the solution perpetuates social violence in the therapy room” (p. 273). Thus, there are significant burdens on therapists who integrate gendered power processes in session and who struggle with the tension of awareness and action. By missing gendered power cues and subsequent interventions, therapists miss out on eliciting change that can become meaningful to individuals and evoke change in the system as a whole (McGoldrick et al., 1989).

Study Purpose

The overall goal of this qualitative research study is to identify the ways therapists can work with couples toward mutually supportive relational interactions with particular attention to the influences of gendered power. Based on Knudson-Martin et al. (2014), we recommend focusing on how feminist therapists can successfully identify experiences of empowerment cues in session to support the goal of interrupting gendered power discourses and inviting mutual relational empowerment. This study merits attention as both novice and seasoned clinicians often struggle to successfully assess for power

inequities in session and, therefore, successfully identify moment-by-moment displays of empowerment. Attending to the subjective reports as well as objective presentations of empowerment for each gender in the couple system could help therapists successfully identify when and how to interrupt the influence of larger disempowering discourses in session toward mutual relational empowerment and greater relational satisfaction.

Method: Our Grounded Theory Process

Participants and Sample Selection

The sample consisted of 21 couple therapy sessions with 7 heterosexual couples conducted by nine licensed and pre-licensed Marriage and Family Therapy doctoral students two of which were faculty supervisors all of which utilized the Socio-Emotional Relationship Therapy (SERT; Knudson-Martin & Huenergardt, 2010; Knudson-Martin et al., 2014) Model. All couples provided consent to videotape, transcribe sessions, and utilize data for research that advances clinical practice. The couples included in the study reported high levels of relational distress. We selected videos of couple therapy sessions to include various ages, ethnicities, and educational levels of participants from the pool of SERT research data.

Male clients' ages ranged from 32 to 49 and the female clients' ages ranged from 26 to 44. Couples' ethnicities varied but were predominantly European American; however, other couples were from African American, Asian, East Asian, and Latin American backgrounds and citizenships. Members of the couples were from an array of religious backgrounds, including agnostic, atheist, Catholic, Christian, Muslim, and Seventh-day Adventist.

There were three male and six female therapists and they were self-recruited into the study and part of the SERT Research Group trained to attend to gendered power dynamics within the couple relationship (e.g., Knudson-Martin & Huenergardt, 2010; Knudson-Martin et al., 2014). Their ages ranged from 27 to 72 and they came from a variety of ethnic backgrounds, including African American, Arab American, Asian American, European American, Indo-Canadian, and Latin American. We also included five peer debriefers as well as four member checks from different ethnicities.

Grounded Theory Analysis

We utilized a social constructionist approach to the analysis (Charmaz, 2006) remaining open to all possibilities emerging from the data. We began with line-by-line coding to identify relevant components of empowerment in therapy sessions. Examples included identifying common responses to partners' questions. In the following, the male partner asked "what do you think?" The question was preliminarily coded as male partner requests input. Female partners often responded with specific answers as well as with statements such as "I don't know" or "whatever you want." Specific answers were coded as "shares specific position" while the others were initially coded as "hasn't formed a position" and "agreeing with male choice," respectively.

Further analysis based on axial coding, which was repeatedly modified based on new information (Charmaz, 2006), included additional contexts that informed the codes. For example, a response such as "I don't know" often followed a monologue or dialogue in which the female had already provided her input and why to her male partner. The axial code became "male seeks agreement with his position" and "female appears exasperated" such as when she responded with a sigh or "female appears silenced" when

she no longer shared or provided additional feedback in comparison to previous contributions.

As we isolated instances of empowerment, we recognized several phenomena informing the evolution of our coding process from line-by-line, to axial, to selective codes. For example, a male partner initially discussed feeling accomplished when deciding together to put their home up for sale. However, moments later, the male partner stated, “I think that was a dumb thing to do right now.” Though he appeared confident in sharing his opinion, this statement differed greatly from his previous position on the importance of agreement. In response, she stated: “No, you need to listen! . . . You have it in your mind and you don’t want to hear my opinion or anybody else’s.” This response was different than previous ones in that she insisted on being heard as opposed to sighing and saying “okay.” Both demonstrated a sense of confidence to state their opinion even when disagreeing with the other.

Yet as we revisited the data, we realized we needed to expand our understanding of how partners may feel empowered to voice their opinions even when it does not appear to be relationally oriented nor empowered the couple system. We followed the data and focused on isolating how each gender differed in expressing their sense of empowerment in session and identified the purpose of the statement; was it individually motivated or relationally oriented? We termed these differences as individual and relational empowerment. As we began developing the grounded theory, we revisited transcripts focusing on when and how each gender responded to their partners in ways that demonstrated individual and/or relational empowerment.

We also examined other factors such as level of couple distress, therapist interventions, and partner responses including verbal and non-verbal cues. We repeated this process through a constant comparative analysis until no new themes emerged (Charmaz, 2006). We also performed four peer debriefs as well as three member checks with therapists who were in session for additional feedback to promote further understanding.

Results: The Construction of Empowerment

The results of the operationalization of the construct of empowerment in this study corresponded to theoretical assumptions of gendered differences in heterosexual couple systems. We found that partners in intimate heterosexual couple relationships experienced empowerment from an individual as well as relational orientation. In the following sections, we describe the four constructs of empowerment as foundational to therapists' understanding of the subjective experiences of each gender based on objective observations as well as to inform subsequent therapist practice in an effort to challenge and rebalance gendered power in couple therapy sessions.

Individual Empowerment

Findings based on data saturation indicated that genders presented individual empowerment differently. Men presented as individually empowered when expressing their positions (see Dickerson, 2013; Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). Data analysis indicated that men commonly appeared confident when expressing their position on a particular subject believing it would directly influence their female partners toward their desired goal much like described by

Silverstein et al. and through imposition (Fishman, 1978). An example is when the male partner told his wife she needed to “stop holding my feet to the fire” when insisting on selling their home based on their mutual decision to do so.

This is in stark contrast to women who presented as individually empowered when expressing their position while also intentionally and successfully blocking impositions and negative influences of their partners’ responses (e.g., minimization, dismissiveness, digression, interruption). An example is the female spouse’ response with “No, you need to listen!” This appeared in contrast to Silverstein et al. (2006) in which females are often focused on the needs of the couple as a whole based on societal rules and roles that benefit the relationship. It also contrasted women’s tendencies to silence their voices in an effort to avoid upsetting the men in their relationships (see also Knudson-Martin, 2013).

Analysis of the data based on saturation of categories and themes not only supported the presence of gendered power in couple sessions, it reflected less visible male dominated processes of empowerment permeating each session in comparison to considerably fewer instances of female individual empowerment. This is a particularly important finding as males in this study presented as predominantly more individually empowered in comparison to females. This resulted in identifying four couple dynamics consisting of one predominant male position of individual empowerment in relation to four different positions for female partners one of which is female individual empowerment. These dynamics are: (a) Male individual empowerment and female silence, (b) Male individual empowerment and female initially protesting followed by silence, (c) Male individual empowerment and female protest, and (c) Mutual male and

female individual empowerment. Following are specific examples of these dynamics. All names and identifying information have been changed to protect the identities of the participants.

Male Individual Empowerment and Female Silence

The first couple dynamic based on gendered power involved the assertion of the male position without consideration to his female partner's position. This patriarchal approach assumed her silence was acceptance and reflected a belief in what Spelman (1989) termed willful subordination (see also Silverstein et al., 2006). Following is a European American, middle-upper class, Christian couple in their 40s who presented to therapy with relational distress centered around the husband's recent unemployment, a history of the wife's infidelity, and recent arguments about selling their home.

Bill: I obviously love her and don't like to argue with her.

Therapist: I hear you don't like to argue. In what ways?

Bill: [Bill interrupts] I do appreciate her at least listening to my opinion because if I didn't care about her, I wouldn't have to have such a strong opinion. So... I kind of have to get it out.

Therapist: Do you *have* to get it out?

Bill: Absolutely.

Therapist: And what about Catherine? What about listening to her opinions?

Bill: I mean, I told her in the past and I'd tell her again, if I didn't care so much, I wouldn't have to say this stuff and I'd just let it go. It's just the way I am.

Throughout the whole exchange, and despite the therapist positioning herself against the assumptive dominant discourse of male privilege (Rothenberg, 2008) in an effort to support Catherine's voice, Bill asserted his need to share his opinion while implicitly minimizing the importance of Catherine's. Bill effectively blocked any potential influence from Catherine by stating his firm belief that he cannot be influenced to behave differently.

Thus, short- and long-term impacts of this position include persistent and prevalent Western centric gendered individualism and autonomy (Knudson-Martin & Mahoney, 2009) as Bill unconsciously took a one-up position (see also Beavers, 1985) viewing his experiences as primary in their relationship. In contrast, females who responded with silence tended to report feeling dismissed and in a subordinate position (Spelman, 1989), misunderstood (Schulman, 1990), lacking in influence (Knudson-Martin, 2013), and fearful of upsetting their partners should they speak up (Knudson-Martin; see also Beavers). They may also feel unable to challenge their partners' views of how to express their love through a relational experience of oppression and imposition (Spelman).

Male Individual Empowerment and Female Protest followed by Silence

Another couple dynamic included when the male experienced individual empowerment as he asserted his position in session in contrast to his partner who would initially protest the males' individual orientation. This protest was an effort to voice her opinion and/or challenge negative influences of her male partner. However, over time, the female partner appeared to feel silenced and demonstrated the direct influence of larger disempowering discourses of subordination by "giving in."

Samantha, a European American Christian female in her mid-40s with several years sobriety struggled to influence her partner, Randy, a European American Christian male in his late 40s. Samantha was unemployed and Randy worked in manual labor. They sought couple therapy for severe relational distress and their presenting issue centered around Randy's mistrust in Samantha. Following is an excerpt of one of their sessions with two therapists facilitating couple therapy.

Therapist 2: ... So we need to move toward a relationship where each of you feel valued, worthy, and loved.

Samantha: I don't feel valued. I just got slammed the whole way here and I can't take it anymore [crying].

Randy: Oh, I knew she was gonna do this.

Therapist 2: Randy, hold on.

Samantha: I wish it wouldn't be like this.

Randy: Well stop crying then.

Therapist 2: Randy, please wait. Let's slow this down.

Samantha: He won't listen to me. I can't say anything without him getting angry. All I feel I can do is cry.

Randy: You haven't said anything I haven't heard already.

As this incident evolved, Randy continued to attempt to impose his individual sense of the relationship and his perception of what needed to change while refusing to allow influence from Samantha or either of the therapists. Randy presented as situated squarely in an individually orientated position, remained focused on asserting and defending his position, as well as losing out on the opportunity to relationally orient to

Samantha. Samantha on the other hand, was able to initially voice dissatisfaction with his individual approach. However in the end, she prescribed to gendered norms by protesting, then expressing herself through crying as opposed to anger (Spelman, 1989), and ended with silence. This pattern reflected a sense of disempowerment; she reported she was convinced she could no longer block Randy's influence on her position nor influence him in a way that felt empowering.

Male Individual Empowerment and Female Protest

A third couple dynamic included male individual empowerment demonstrated by the male asserting his position while dismissing his female partner's protests and influence. Often, the male would assert his position even when explicitly contrasting his female partner's. Natalie, is a 38-year-old African American Christian female. She was formally educated but currently unemployed due to a diagnosed chronic physical disability. She attempted to resolve a long-standing point of contention with her husband Rickie, a 40-year-old European American unemployed Atheist male who was also diagnosed with a chronic physical illness and was on disability. The couple and their children live on low income and their financial and social resources were minimal. Natalie believed any support from extended family was especially important. However, Rickie seemed unable to consider her position or thoughts on the importance of maintaining closeness to family. The following interaction reflected a consistent pattern of Rickie making decisions on behalf of the family without consideration to Natalie's thoughts and feelings about the topic.

Rickie: We're not going to be involved and we're not going to take care of her [Raising voice].

Natalie: I don't even know where this is coming from. What or why are you saying this?

Rickie: I don't want to have any obligations to her right now. She dominates your time, expects you to cater to her, and I don't like it.

Natalie: You're speaking for me.

Rickie: I know and I'm speaking my opinion. My opinion matters.

Natalie: I'd like to think mine does too.

In the above transcript, Rickie continued to assert his position and intentionally viewed his position as important and may unintentionally view it as primary in his relationship with Natalie (Dickerson, 2013). However, as we view Natalie's responses to Rickie, they appeared less assertive as well as other-centered. For example, she remained calm in comparison to Rickie. She also inquired about his intention and meaning. She also observed and stated what he said or did such as "speaking for her" rather than telling him not to speak on her behalf. She also shared that she would like her opinion to matter. Thus, Natalie presents as attempting to protest while being relational while he is not.

Another example is when Catherine protested Bill's inability to appreciate the things she does for him and their relationship.

Therapist: I think what you may be trying to say is 'I'm really glad you pushed for us to get that done.'

Catherine: Yeah, but I don't get that from him.

Bill: Well I apologize. It's not a big deal.

Catherine: And you say that but it's a big deal to me.

Bill: [Bill interrupting] Well I insinuate it and that should be enough.

Therapist: Well I think what you're trying to get at is that rather than insinuating, Catherine really values when you sincerely say 'thank you' and 'your input is valued.'

Catherine: Yeah, and I don't feel like it is. It's like, you know, it's not.

Bill: It is, sometimes.

In the above example, we can see that Catherine explicitly shared frustrations with Bill's inability to voice his appreciation and value of her. In response, Bill remains individually focused believing his efforts to insinuate appreciation should be enough even as his spouse and the therapist challenge his individual preference and one-up position.

Mutual Male and Female Individual Empowerment

A fourth couple dynamic included when male partners demonstrated individual empowerment while their female partners succeeded at blocking negative influences thereby attaining what was identified as female individual empowerment. In the following transcript, we see how a young Hispanic couple attempted to discuss the influence of male infidelity on their relationship. Per Western centric discourses, the male remained focused on discussing the issue in concrete terms in an effort to resolve the issue. The female, with facilitation from the therapist, was able to successfully block and protest his approach asserting her preference for how they could relate differently.

Miguel: But I did tell you last night, you do whatever you have to do. I just offered my opinion anyway and I was hoping it would kind of make it go away.

Lena: And you need to stop that. My hurt isn't going to go away. My hurt can't be fixed.

Therapist 2: Have you told him that before.

Lena: No. But I am now.

Therapist 2: What's different about now compared to before.

Lena: My feelings aren't going to go away because he wants them to. Yeah, I worry. But, I can't go on like this. Something has to change and it's not going to be me to make it easier for him.

Another example of how females can assert individual empowerment is by blocking their partner's influence is demonstrated by Catherine and Bill.

Therapist: Despite Bill's "overbearing" behavior, it seems like you haven't just automatically done what he's expected this last week.

Bill: No, she hasn't.

Catherine: No Bill, no I didn't. And I kind of feel like, I may get some flack from you but if you don't start doing something differently, I'm going to do what I need to do to get my needs met. Do what I feel is right for me.

In the above examples, we can see that each of the individuals within the couple system successfully voiced their concerns and approaches to problem resolution. What is particularly salient is Lena and Catherine's ability to challenge the individual orientations of their male partners that commonly permit them to maintain a one-up position thereby requiring females to overcompensate by adhering to societal roles and rules such as support and nurturance for the wellbeing of their relationships. Instead, both Lena and

Catherine decided to assert their needs and blocked their partners' influence. While both of them experienced mutual individual empowerment, Miguel and Bill did not experience relational empowerment because of their inability to take on a relational orientation and allow influence from their female partners. In the end, none of them were able to influence the other toward a mutual and relational way of relating.

Relational Empowerment

In contrast to individual empowerment, men presented as relationally empowered when they reported an understanding of the influence of their behavior on their partners. Men often reported relief when they were able to identify how their behaviors negatively impacted their partners and how they could strengthen their relationship by avoiding these behaviors. This phenomenon is directly related to Samman and Knudson-Martin's (2015) grounded theory analysis identifying the ways men were able to relationally engage with their female partners by understanding their influence on them and desiring new relational interactions.

Women presented as relationally empowered when they successfully expressed their position while also experiencing its positive influence on their male partners. Women often reported how it felt to feel heard rather than dismissed or described as "bossy" or "nags." This relational approach is mirrored by Wilkie et al. (1998) who identified personal power as the ability to present personal interests in ways that are mutually beneficial and enhance couple interactions and the overall well-being of each partner in their relationships (Wilkie et al.).

In the example below, after Lena asserted her desire to have Miguel respond to her emotional needs without "fixing the situation", Miguel was able to ask her for

specific feedback to help him adopt a relational approach to their relationship. And as Miguel expanded his understanding of Lena, she began to feel confident she had influence on Miguel as well as safe to allow bi-directional influences on each other.

Therapist 1: What do you think Miguel?

Miguel: I don't know.

Therapist 1: How could you find out?

Miguel: I'd ask her ... [Looking at Lena] Sooooo is it okay if you're crying while we talk about something and all our feelings come out and we get emotional?

Lena: I think that would be wonderful.

Therapist 1: How do you think she would feel if the two of you can relate to each other and share your emotions together.

Miguel: I think she'd feel secure again? . . . Lena, how would you feel?

Lena: I'd feel like you're listening to me. Like you do care and yeah, I would feel secure cause I know that you are listening and you're trying and you're hearing what I say and I know you're not just *trying* to comfort me and I know at times I want you to comfort me because it does feel good when you do.

The above interaction with Lena and Miguel demonstrated their ability to assert their individual sense of empowerment as well as adopt a reciprocal relational approach leading to mutual relational empowerment.

Incidents of Individual and Relational Empowerment in Couple Therapy

The data from this study indicated that there were higher incidents of male

individual empowerment followed by incidents of female individual empowerment, male relational empowerment, and lastly, female relational empowerment. We also noted that there were higher incidents of female silence and protest compared to minimal incidents for men. Due to these gendered discrepancies, we wondered what therapist interventions preceded the markers including silence and protest, in order to attempt to understand the influence of therapist interventions on individual experiences of each partner within the couple system. We thus focused our efforts on identifying moment-by-moment therapeutic interventions by utilizing the established codes from the analysis. Following are the results.

Therapist Interventions that Influence Empowerment in Couple Therapy

Despite using a therapeutic model specifically focused on rebalancing power inequities in couple relationships, therapist interventions in our study often appeared to unintentionally align with larger disempowering gendered discourses as evidenced by the strengthening of individual empowerment for each gender, particularly for male partners, and the weakening of relational empowerment, particularly for female partners.

We first identified a total of five themes that included: (a) devaluing female partner's contributions, (b) allowing male partner to hijack therapy (ChenFeng & Galick, 2015), (c) accepting male partner's negative thoughts about female partner, (d) discouraging female partner's elaboration of experience, and (e) assuming equal contribution and influence in couple interactions.

Upon identifying these themes, we realized they were almost identical to those presented by Ward and Knudson-Martin (2012) and based on a different pool of participants. Their results included: (a) discounting the person in the one-down position,

(b) allowing the one-up person to define the conversation, (c) reinforcing dominant person's negative comments about partner, (d) using professional privilege to assume experience of the one-down person, and (e) speaking as though the relationship was equal when it was not.

Devaluing Female Partner's Contributions

Several examples demonstrated a tendency for therapist to discount the female partner more so than the male partner. In our line-by-line coding, we identified ways in which the therapists unintentionally reinforced the dominant discourse while minimizing the contribution of the less powerful partner. Examples include telling Rickie, "In many ways and you don't hear it enough, you're a great dad" moments after Natalie had shared that she felt he wasn't involved with their children as a father. Another example is asking a mid-30s East Asian female, Naoko, "Do you have any other questions?" when she didn't receive a response from her mid-30s West Asian-American partner, Aziz, about his commitment to their relationship. Another was interrupting Catherine when she asserted the importance of discussing how to parent their children and the therapist informed her that "We're going to focus a little on [Bill] for now."

Through the Axial coding process, these instances appeared to unintentionally align with larger disempowering discourses that "reinforce male partners' minimal relational efforts", "excuse male partners' individual behavior", "reinforce male partners' ability to block influence or change"; "overlook context and focus on content", and "discount female partners' contribution of expressiveness and community". We thus termed this specific theme as "devaluing female partner's contributions."

An example of this phenomenon is seen with one of the couples mentioned above. Naoko is a mid-30s East Asian female of foreign citizenship that is dating and living separately from her partner, Aziz, a West Asian US citizen male. Naoko identified as Christian while Aziz identified as Muslim. The couple met at work in the health industry and both identify as middle-upper class. In the following section, Naoko reflected on her confusion regarding the disconnect between Aziz' words that do not match his actions.

Naoko: [Looking at Aziz] It's nice to hear you share how you feel about me and that you can move forward. But what does that really mean?

Aziz: I think to me the big thing issue is the cultural and religious barrier, but you know, I try to overlook that. I guess I always thought of that as secondary. I want us to work well. I think that if we work well, then the other stuff sorts itself out. You know?

Naoko: I guess I just I don't know what you're doing to make sure we work well. That's the part that I don't know.

Therapist: Aziz, it's starting to sound like the conversation is more religion rather than relational. [Addressing Naoko] I get it that your question is referring to what he is willing to do if he's moving forward with you or not. But what are your questions other than that?

Naoko: That *is* my question? I'm confused.

Therapist: Well, you keep saying that that's the only question. Do you have any other questions?

Naoko: That's not the, I guess um, you mean like my concerns for the relationship in the future?

As we can see, Naoko appeared unable to influence Aziz in an effort to orient to her position with the goal of establishing relational commitment. As we identify the therapist intervention preceding this experience, we note that the therapist explicitly discounted her line of questioning and did not validate nor address her concerns. The result is a loss of individual and relational empowerment for Naoko. They are also blocking an opportunity to help the male partner orient toward her and to allow her influence.

Allowing Male Partner to Hijack Couple Therapy

In our line-by-line coding, we identified ways in which the therapists unintentionally reinforced the dominant discourse by unintentionally allowing the dominant gender to hijack couple therapy (ChenFeng & Galick, 2015). Our line-by-line coding identified prevalent instants of: "Male partner and/or therapist interrupt female partner"; "block female process/contribution"; "guide female toward content chosen by male"; "allow male to dominate conversation"; and "accept female silence." Axial coding included additional context such as: "allow male partner power to overtly decide on content of conversation"; "allow female silence implying she is unable to choose what is important to her"; and "fail to follow through with female reports of lack of space to express." We thus termed this specific theme as "allowing male partner to hijack couple therapy."

In the following example, Randy appeared to dominate the session and the therapists followed his construction of the relational problem, primarily by blaming and

criticizing Samantha. At no time during the exchange did either of the therapists request Samantha's input or include her in the conversation.

Therapist 2: Look Randy, it's probably difficult for you to listen to somebody right now because your anxiety has taken over. And you want people to understand how this feels for you. And it feels manipulative.

Randy: That's an understatement.

Therapist 2: It feels very manipulative.

Randy: She's a child. Has never grown up she doesn't understand responsibility.

Therapist 2: Now there's something interesting in this because said that what drew you to her was her childishness.

Therapist 1: Um hmm, because I think one of the things he did was try and heal her.

Therapist 2: And she's fragile in his arms and that's not what he can handle now.

Randy: [Scoffs] I'm sick of it.

By following his lead, this further secures his dominant position and allows him to define the relationship. When therapists unintentionally allow the person in the one up position to define the conversation and automatically utilize latent privilege and power, therapists are blocking opportunities for the male partner to be able to practice learning a relational skill that requires him to accept her influence. This also blocks her ability to

have confidence that her partner will take responsibility for the relationship and behave differently.

Accepting Male Partner's Negative Descriptions of Female Partner

In our line-by-line codes, we observed male partners describe their female partners as “dramatic,” “nag,” “bossy,” “over sensitive,” “stupid,” “liar,” “manipulative,” and “childish”, among others. Therapists generally and successfully challenged moments in which the male partner attacked and insulted his female partner. However, there were times when the insults and negative comments were less subtle and the therapists reinforced the negative descriptors. An example is when Miguel described Lena as angry. Though Lena non-verbally objected to the label, the therapist asked her, “what do you do when you’re angry?” Instants such as these led to axial codes that reinforced male partners’ beliefs that “his views/assertions/assumptions about partner is accurate”, “being male = concrete = truth”; and “male allowed to define female partners’ experience.” We thus termed this specific theme as “accepting male partner’s negative descriptions of female partner.”

In addition to defining the conversation as demonstrated above, the example also displays how individuals with latent power can criticize the person in the one-down position. For example, Randy described Samantha as a child who has never grown up or taken responsibility for her life. He also implicitly accuses her of being manipulative. As the therapists attempted to attune to Randy, they unintentionally followed the direction of his conversation, maintained his individual orientation, reinforced his assumption that she was weak and fragile, as well as aligned with larger disempowering discourses that silenced her voice.

Discouraging Female Partner's Elaboration of Experience

In the line-by-line codes, we observed therapists often stated the following: “I understand”, “I know what you mean”, “I know what you feel”, “I know exactly . . .”, “what you’re experiencing is common in so many relationships”, “I get you”, and “that makes sense.” These interventions commonly relayed a sense of validation and understanding of the female partners’ challenges. However, our axial codes demonstrated that there were times when these statements did not evolve or serve a purpose to expand on the female partner’s experience. The axial codes included: “intervention gathered no additional information about female experience”, “therapist intervention blocked female’s ability to express her position/thoughts/feelings”, “lacked attempts to clarify her unique experience.” Thus, we termed this specific theme as “discouraging female partner’s elaboration of experience.”

The following is an example of when therapists may assume they understand the experiences of their clients and do not intervene sufficiently to establish proper sociocultural attunement (Pandit, ChenFeng, & Kang, 2015) of the female partner. This risks the reenactment of male privilege and hierarchy in their relationship.

Therapist 1: So it’s better than it was and you haven’t let all this stuff that happened tear you apart?

Catherine: My tongue has been bleeding [laughs].

Therapist 1: I understand. So what happened?

Catherine: He got upset and I didn’t respond the way I normally would. I just apologized; I said that’s not the way I meant it.

Therapist 1: I think this is huge. [Addressing Bill] And based on what you previous shared, it seems like you appreciated her jumping in as opposed to getting defensive like she normally does and criticizing you.

Assuming Equal Contribution and Influence in Couple Interactions

The line-by-line codes in this last category demonstrated times when therapists often used the following terminologies: “the two of you”, “both of you”, “you as a couple”, “you” (referring to both partners), and “you guys.” Axial codes based on statements such as “how do the both of you contribute to the cycle?” included “addressing both at the same time,” “expecting similar answers”, and “assuming they are equal/contribute equally.” Thus our theme became assuming equal contribution and influence in couple interactions.

For example, Renee and Steven are European American Christians in their mid-30s who presented to therapy with issues related to the impact of Steven’s diagnosis of depression and a history of alcohol abuse. Renee works in administration and Steven had been recently fired due to the influence of relational distress on his work performance.

Therapist 2: Sounds like things have been really stressful.

Steven: I guess at the beginning it was, then I just kinda learned to not really talk or think about it anymore.

Therapist 2: Because you feel that there isn’t much you could do? So you withdraw?

Steven: I guess.

Therapist 1: You know what I feel from both of you is that you don't feel heard or understood by the other person.

This particular therapist intervention appeared to align with gendered power as it implied that each partner experienced what it was like not be understood equally in the couple relationship. Using words such as both of you, the two of you, it's likely that you agree or disagree, etc. serves the purpose of implicitly assigning equal power, influence, responsibility, and experience on the couple. This approach may also prevent therapists from properly identifying power dynamics and blocking opportunities to interrupt and invite alternative, and equal, relational interactions (Knudson-Martin et al., 2015).

Discussion

Feminism without Formal Training?

Therapists are encouraged to actively seek out training in gender and power in couple relationships to identify the subtle ways that imbalances play out in relationships (Knudson-Martin, 2013; Knudson-Martin & Mahoney, 2009). Without rigorous training, therapists may not fully comprehend the nuanced ways in which couples organize around gender or how they may inadvertently collude with larger disempowering discourses and, more likely, with the more powerful partner (Ward & Knudson-Martin, 2012).

Nevertheless, formal training and supervision do not appear to be entirely necessary to remain true to feminist ideology, conceptualization, and practice provided the therapist remains grounded in the subjective experience of the client. This research study demonstrates the importance that feminist therapists remain steadfast in their dedication, curiosity, and reverence for their clients' understanding of their environment, how the clients express this subjectively, and how therapists use this understanding to

both construct and understand themselves. This is further evidenced by Szymanski, Baird, and Kornman (2002) in a study demonstrating that male therapists that self-identified as holding and practicing feminist views scored significantly higher than their non-identified male peers in terms of formalized measures of both philosophy and behavior in therapy.

Feminist Therapists and Gendered Power

It is unclear how many therapists working with heterosexual couples comprehend that relational distress is seen as fundamentally caused by larger social discourses of gender and power (Knudson-Martin, 2013; Wells & Kuhn, 2015; Williams, 2012). Even among those that do accept the gendered power roots of relational distress, this acknowledgement is not -in and of its self- sufficient. In order to appropriately engage and alleviate relational distress, couple therapists must understand their own propensity to automatically and invisibly align with larger social discourses of gendered power within the therapeutic hour.

To further exemplify therapeutic alignment with gendered power discourses, it is important to highlight that study therapists, both in this study as well as in Ward and Knudson-Martin (2012), were novice as well as seasoned social constructionist and feminist SERT therapists. As such, these therapists strongly believed in the flattening of relational hierarchy and fostering relational flexibility. However, this study expanded on the evidence from Ward and Knudson-Martin in terms of how even the most well-meaning and -intentioned therapists can unintentionally collude with larger disempowering social discourses (see also Knudson-Martin & Huenergardt, 2010; Weingarten, 1991). The take home message being that the five interventions described in

the results that directly and negatively impact individual and relational empowerment cannot be merely ascribed to gendered power naive therapists.

Feminist informed couple therapists, while ideologically sound in their beliefs and therapeutic goals, face understandable challenges in session, as larger social discourses influence couples and therapists alike (Knudson-Martin & Huenergardt, 2010; Weingarten, 1991), as they attempt to maintain and apply a systemic lens as it relates to gendered power issues. This is partially evidenced by how study therapists were quite adept at evoking individual empowerment significantly more often than that of relational empowerment.

At first glance, individual empowerment may be seen as a standalone and beneficial therapeutic outcome. It is not unreasonable to imagine that the therapist in the room and in the moment noticed and proceeded as if the individual empowerment was a marker of success or progress when rebalancing power in couple relationships. Particularly when considering how challenging pervasive societal discourses in session are and often evokes nervousness and trepidation (Knudson-Martin et al., 2015).

It is also possible that therapists in the moment may mistakenly misinterpret the individual empowerment of the powerful partner as reflecting relational empowerment as the powerful partner asserts and the less powerful partner retreats into pseudo-acquiescence, not understanding that presentation of individual and relational empowerment look differently for each gender. It is therefore beneficial for therapists to learn the gendered differences of individual and relational empowerment in an effort to better inform their interventions toward equality.

Strengths and Limitations

Strengths

Strengths included performing an exhaustive qualitative research methodology that meets several conditions of qualitative trustworthiness. Foundationally, the study appeared to have measured what was intended (Kisely & Kendall, 2011). We also addressed *credibility* through the use of five peer debriefers, four member checks, consultations with project supervisor, as well as identifying similar findings drawn from Ward and Knudson-Martin (2012). Attempts at *transferability* included providing sufficient context to support generalizability to similar contexts and settings. Attempts at *dependability* included transparency with the evolution of context, location, researchers, and participants. And lastly, attempts at *confirmability* of the research study included detailed documentation to support the evolution of the study and to provide opportunities for researchers to extend this research study as needed.

Limitations

Limitation of this study are due to the shared theoretical perspective of the SERT group study staff including individuals involved with -but not limited to- therapy, research assistance, clinical supervision, member checking, and peer debriefing. Due to the shared philosophical stance within the research group, there are fewer degrees of freedom available for data interpretation. Similarly, this study was conducted in a training clinic environment, which has systemic implications for research. Although this setting confers many methodological strengths as discussed in the section above, it also increases the possibility of shared blind spots and biases that may go unchecked. The training clinic environment also has a tendency to shape the participant sample included such as shared

marginalization and stigmatization that accompanies individuals on low income, challenges with mental health and addiction diagnoses, along with the influences of larger disempowering sociocultural and emotional discourses as they relate to gendered power processes. Although this sample highlights the continued need for social justice awareness and advocacy, it does invite the question of how study concepts and interventions may apply to different samples, such as clients in private practice or perhaps most notably, to non-heterosexual couples.

Future Research

Even amongst a group with trained awareness, addressing larger disempowering social contexts requires skill and perseverance in the face of forces that wish to maintain the status quo (Knudson-Martin et al., 2015). This study successfully operationalized the constructs of gendered individual and relational empowerment and highlighted how nuanced and intentional gendered power interventions must be in order to combat such influences. This is useful to supervisors and training programs in social justice and, particularly, feminist theory and practice. By attending to these specific constructs of empowerment and intervention themes, therapists can highlight and reinforce the shared commitment to the couple relationship and the mutual desire for more satisfying interactions. This includes a future focus on the development of a dyadic grounded theory on male and female relational empowerment in heterosexual couple experiences, which could extend and further develop the clinical knowledge base for an investigation into inviting and maintaining mutual relational empowerment in heterosexual couple therapy.

References

- Almeida, R. V., Dolan-Del Vecchio, K., & Parker, L. (2008). *Transformative family therapy: Just families for a just society*. Boston, MA: Pearson Education.
- Beavers, W. R. (1985). *Successful marriage: A family systems approach to couple therapy*. New York, NY: W.W. Norton.
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- ChenFeng, J. L., & Galick, A. (2015). How gender discourses hijack couple therapy and how to avoid it. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 41-52). New York, NY: Springer.
- Dickerson, V. (2013). Patriarchy, power, and privilege: A narrative/poststructural view of work with couples. *Family Process*, 52(1), 102-114. doi:10.1111/famp.12018
- Dowd, N.E. (2011). *The man question: Male subordination and privilege*. New York, NY: University Press.
- Fishbane, M. D. (2011). Facilitating relational empowerment in couple therapy. *Family Process*, 50(3) 337-352. doi:10.1111/j.1545-5300.2011.01364.x
- Fishman, P. (1978). Interaction: The work women do. *Social Problems*, 25(4), 397-406.
- Freeman, E. M. & Couchonnal, G. (2006). Narrative and culturally based approaches in practice with families. *Families in Society: The Journal of Contemporary Human Services* 87(2), 198-208. doi:10.1606/1044-3894.3513
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.
- Genero, N. P., Miller, J. B., Surrey, J., Baldwin, L. M. (1992). Measuring perceived mutuality in close relationships: Validation of the Mutual Psychological Development Questionnaire. *Journal of Family Psychology*, 6(1), 36-48. doi: 10.1037/0893-3200.6.1.36
- Goodrich, T. J., & Silverstein, L. B. (2005). Now you see it, now you don't: Feminist training in family therapy. *Family Process*, 44(3), 267-281. doi:10.1111/j.1545-5300.2005.00059.x
- Haddock, S. A., & Lyness, K. P. (2002). Three aspects of the therapeutic conversation in couples therapy: Does gender make a difference? *Journal of Couple & Relationship Therapy*, 1(1), 5-23. doi:10.1300/J398v01n01_02
- Haddock, S. A., Zimmerman, T. S., & MacPhee, D. (2000). The power equity guide: Attending to gender in family therapy. *Journal of Marital & Family Therapy*, 26(2), 153-170. doi:10.1111/j.1752-0606.2000.tb00286.x

- Johnson, N. G., Remer, P. Austria, A., Brodsky, A., Eldridge, N., Magidson, E., . . . Roy, R. (1997). Postdoctoral training in feminist psychological practice. In J. Worrell (Ed.), *Shaping the future of feminist psychology: Education, research, and practice* (pp. 203-225). New York, NY: American Psychological Association. doi:10.1037/10245-009
- Jordan, J. V. (2011). The Stone Center and relational-cultural theory. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (pp. 357-362) (2nd ed). Washington, DC; American Psychological Association.
- Kisely, K., & Kendall, E. (2011). Critically appraising qualitative research: A guide for clinicians more familiar with quantitative techniques. *Australasian Psychiatry*, *19*(4), 364-367. doi:10.3109/10398562.2011.562508
- Knudson-Martin, C. (2013). Why power matters: creating a foundation of mutual support in couple relationships. *Family Process*, *52*(1), 5-18. doi:10.1111/famp.12011
- Knudson-Martin, C., & Huenergardt, D. (2010). A socio-emotional approach to couple therapy: Linking social context and couple interaction. *Family Process*, *49*(3), 369-384. doi:10.1111/j.1545-5300.2010.01328.x
- Knudson-Martin, C., Huenergardt, D., Lafontant, K., Bishop, L., Schaepper, J., & Wells, M. (2014). Competencies for addressing gender and power in couple therapy: A socio-emotional approach. *Journal of Marital and Family Therapy*, *41*(2), 205-220. doi:10.1111/jmft.12068
- Knudson-Martin, C., & Mahoney, A. R. (Eds.). (2009). *Couples, gender, and power: Creating change in intimate relationships*. New York, NY: Springer.
- Knudson-Martin, C., Wells, M. A., & Samman, S. K. (2015). Engaging power, emotion, and context in couple therapy: Lessons learned. In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 145-153). New York, NY: Springer Series in Family Therapy.
- Liang, B., Tracy, A., Taylor, C. A., Williams, L. M., Jordan, J. V., & Miller, J. B.. (2002). The relational health indices: A study of women's relationships. *Psychology of Women Quarterly*, *26*(1), 25-35. doi:10.1111/1471-6402.00040
- Meginnis-Payne, K. L. (2000). *Feminist identification and feminist therapy behavior: What do feminist therapists do with their clients?* (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (2000-95024-284)
- Mintz, L. B., & Tager, D. (2013). Feminist therapy with male clients: Empowering men to be their whole selves. In C. Z. Enns, & E. N. Williams (Eds.), *The Oxford handbook of feminist multicultural counseling psychology* (pp. 322-338). Oxford, UK: Oxford University Press. doi:10.1093/oxfordhb/9780199744220.001.0001

- Pandit, M., ChenFeng, J. L., & Kang, Y. J. (2015). Becoming socioculturally attuned: A study of therapist experience. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 67-78). New York, NY: Springer.
- Prouty, A. M. (1997). *A grounded theory of feminist supervision: A qualitative study* (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (1997-95018-156)
- Rothenberg, P. S. (2008). *White privilege: Essential readings on the other side of racism* (3rd ed.). New York, NY: Worth.
- Samman, S. K., & Knudson-Martin, C. (2015). Relational engagement in heterosexual couple therapy: Helping men move from “I” to “We.” In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 79-91). New York, NY: Springer Series in Family Therapy.
- Schulman, G. L. (1990). Essay on feminist family therapy: A review of Women in families: A framework for family therapy and The invisible web: Gender patterns in family relationships. *Contemporary Family Therapy*, 12(1), 75-85. doi:10.1007/bf00891819
- Silverstein, L. B. (2005). Classic texts and early critiques. In L. B. Silverstein and T. J. Goodrich (Eds.), *Feminist family therapy: Empowerment in social context* (pp. 17-35). Washington, DC: American Psychological Association.
- Silverstein, L. B. & Goodrich T. J. (2003). *Feminist family therapy: Empowerment in social context*. Psychology of women book series. Washington, DC: American Psychological Association doi:10.1037/10615-000
- Silverstein, R., Bass, L. B., Tuttle, A., Knudson-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process*, 45, 391-405. doi:10.1111/j.1545-5300.2006.00178.x
- Spelman, E. V. (1989). Anger and insubordination. In A. Garry and M. Pearsall (Eds.), *Women, knowledge, and reality* (pp. 263-273). Winchester, MA: Unwin Hyman.
- Sprenkle, D. H. (2012). Intervention research in couple and family therapy: A methodological and substantive review and an introduction to the special issue. *Journal of Marital and Family Therapy*, 38(1), 3-29. doi:10.1111/j.1752-0606.2011.00271.x
- Szymanski, D. M., Baird, M. K., & Kornman, C. L. (2002). The feminist male therapist: Attitudes and practices for the 21st century. *Psychology of Men & Masculinity*, 3(1), 22-27. doi:10.1037/1524-9220.3.1.22

- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). *The invisible web: Gender patterns in family relationships*. New York, NY: Guilford Press.
- Ward, A., & Knudson-Martin, C. (2012). The impact of therapist actions on the balance of power within the couple system: A qualitative analysis of therapy sessions. *Journal of Couple & Relationship Therapy, 11*(3), 221-237. doi:10.1080/15332691.2012.692943
- Weingarten, K. (1991). The discourse of intimacy: Adding a social constructionist and feminist view. *Family Process, 30*(3), 285-305. doi:10.1111/j.1545-5300.1991.00285.x
- Wells, M. A. & Kuhn, V. P. (2015). Couple therapy with adult survivors of child abuse: Gender, power, and trust. In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 108-119). New York, NY: Springer Series in Family Therapy.
- Wilkie, J. R., Ferree, M. M., & Ratcliff, K. S. R. (1998). Gender and fairness: Marital satisfaction in two-earner couples. *Journal of Marriage and the family 60*(3), 557-594. doi:10.2307/353530
- Williams, K. (2012). *Development of a contextual model for the treatment of infidelity* (Doctoral dissertation). Retrieved from ProQuest LLC. (UMI 3498170)

CHAPTER EIGHT

DISCUSSION AND FUTURE RESEARCH

Contributions to the Literature

Using a feminist social-constructionist approach, the results from this dissertation offered several considerations and treatment approaches to couples struggling with significant relational distress. The symptoms presented in this study primarily resulted from reports of inequalities such as males not taking responsibility for the relationship, male disengagement, as well as an inability to influence the other. The results from the first grounded theory operationalized how males are able to relationally orient to their female partners in couple therapy and provided specific therapeutic interventions that invited and maintained this relational orientation. This was termed *male relational engagement*. The results from the second grounded theory extended this process to client experiences in couple sessions and operationalized gendered *individual and relational empowerment* based on specific client markers. Additional results included identifying therapeutic interventions that directly influenced partners' experiences of both types of empowerment in session.

These research studies are unique in that they acknowledge the inherent gendered inequalities present in heterosexual intimate couple relationships. These inequalities are commonly a result of larger disempowering gendered contexts that emphasize individualism and autonomy (e.g., Loscocco & Walzer, 2013) as opposed to a relational focus based on community (Almeida, Dolan Del-Vecchio, & Parker, 2008, see also Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). These discourses are

challenging to overcome by novice as well as seasoned clinicians regardless of gender. As such, it is critical to place gender and power at the center of the research analysis.

Additionally, chapter 3 (literature review) provided a thorough examination of the influence of gender and power inequalities on each partner's experience of engagement and/or empowerment and the ability to influence the other. This is particularly evident in the works of Almeida et al. (2008), ChenFeng and Galick (2015), Dickerson (2013), Doss, Atkins, and Christensen (2003), Knudson-Martin and Huenergardt (2010), Loscocco and Walzer (2013), and Parker (2009), among others. It is therefore surprising that researchers have not previously operationalized what power would look like for individuals in couple relationships for the purpose of identifying and immediately modifying clinical interventions that may perpetuate social inequalities leading to power inequalities in relationships and, instead, therapeutically interrupt these inequalities as they present themselves in session (Knudson-Martin & Huenergardt, see also Knudson-Martin, Wells, & Samman, 2015a)

Power and Gender Equality

The feminist approach developed and presented in this dissertation research is necessary due to clients' often shared desire for mutual support in their intimate couple relationship (Knudson-Martin & Huenergardt, 2010). However, there is an abundance of research demonstrating both subjective reports and objective observations of inequalities in many intimate heterosexual couple relationships. As such, Knudson-Martin and Huenergardt developed the Socio-Emotional Relationship Therapy (SERT) Model in order to assess invisible, as well as visible, power inequalities by identifying four conditions of mutual support also known as the Circle of Care. They consist of mutual

attunement, shared vulnerability, shared relational responsibility, and mutual influence. The authors believed that reciprocal experiences of all four of these conditions lead to mutual support. This dissertation study extends the literature specifically on aspects of shared relational responsibility, i.e., when both partners assume responsibility for the other as well as the relationship as a whole (Knudson-Martin & Huenergardt) and mutual influence, i.e., the ability of each partner to influence the other (Knudson-Martin & Huenergardt), by focusing on the meaning and communication demonstrated by who orients toward the needs of the other as well as influences the other in the couple relationship.

Engagement, Empowerment, and the Evolution of the Grounded Theories

This dissertation research study initially involved a two part grounded theory process. In paper one (chapter 6, see also Samman & Knudson-Martin, 2015), I conducted a thorough analysis of literature on the topic of male disengagement and outlined the lack of specific guidelines and therapeutic interventions that directly invited a relational orientation for male partners in session (see also chapter 3, literature review). Based on the analysis of the data, I then operationalized relational engagement as “the ability to demonstrate commitment to one’s relationships and actively participate in the therapeutic process through exploring, acknowledging, and intentionally attending to their female partner’s experiences” (Samman & Knudson-Martin, p. 79). Next, I identified the interventions that invited and maintained male relational engagement in session. The interventions that directly influenced the markers and which were all necessary to initially invite as well as maintain relational engagement included: (1) attending to male’s sociocultural context, (2) validating male’s relational intent, followed

immediately with, (3) highlighting the impact of male's behavior on the female partner, (4) punctuating alternative relational interactions, and (5) demonstrating persistent therapist leadership (Samman & Knudson-Martin). Though there was a specific focus on engagement, there is clear evidence that a reciprocally engaged orientation led to shared relational responsibility in which both partners assumed and accepted responsibility for the other and the relationship (see also Knudson-Martin & Huenergardt, 2010)

Although feminist therapists generally intervene in relational processes in order to elevate the status of women (Meginnis-Payne, 2000; Knudson-Martin & Huenergardt, 2010; Walters, Carter, Papp, & Silverstein, 1988; Ward & Knudson-Martin, 2012) as well as support men in their relationships (Dowd, 2011; Johnson et al., 1997; Jordan, 2011; Mintz & Tager, 2013), the results highlighted the need for intentional interventions that facilitate a relational orientation between partners in session toward decreased relational inequalities, increased empowerment, and strengthened mutual support. Establishing a reciprocal relational orientation thus created the foundation for the next part of the dissertation research.

In paper two (chapter 7), the second grounded theory laid the foundation to identify the nuanced experiences of empowerment. Specifically, this research process uncovered how men and women differed when demonstrating empowerment, especially in relation to the other. Thus, the approach involved the operationalization of gendered individual and relational empowerment. Results indicated that men presented individual empowerment when expressing their positions (see Dickerson, 2013; Silverstein et al., 2006) appearing as well as reporting confidence that they would directly influence their female partners toward their desired goals. Women on the other hand presented as

individually empowered when expressing their positions while intentionally and successfully blocking their partners' negative influences. These behaviors stemmed from males assuming influence and often included minimizing contributions, dismissing opinions, and interrupting or changing the subject.

In addition, analysis of the data demonstrated that men experienced more incidents of individual empowerment in comparison to women. This reflected the presence of gendered power in all couple sessions analyzed. Further analysis yielded four couple dynamics consisting of the male's position of individual empowerment in relation to four different positions for female partners. These couple dynamics included: (a) Male individual empowerment and female silence, (b) Male individual empowerment and female initially protesting followed by silence, (c) Male individual empowerment and female protest, and (c) Mutual male and female individual empowerment.

With regards to the results of relational empowerment, men presented as relationally empowered when they reported an understanding of the influence of their behaviors on their partners. This appears directly related to Samman and Knudson-Martin's (2015) grounded theory analysis identifying the ways men were able to relationally engage with their female partners by understanding and taking relational responsibility for the influence of their behaviors on their partners and desiring new relational interactions. In comparison, women presented as relationally empowered when they successfully expressed their position while also experiencing understanding and acceptance from their male partners.

In addition to operationalizing the gendered constructs of individual and relational empowerment, the results from the study demonstrated the importance of distinguishing

between them as well as recognizing how they work together. For example, Almeida et al. (2008) believed couples cannot truly experience intimacy without feeling empowered in their relationship. They also believed that empowerment is a collective rather than individual term. Meaning that one cannot experience empowerment unless it is in relation to another. Therefore, while mutual relational empowerment is the ideal relational outcome based in equality, this research study demonstrated that power differences are often re-enacted when position-directed (commonly male) and relationship-directed (commonly female) orientations interact (Silverstein et al., 2006). And it is necessary for individuals in the relationship-directed orientation to assert their relational needs while blocking the influences of the individual who is position-directed as a necessary prerequisite for the powerful partner to develop a more relationally oriented position. This is even more possible with the assistance of key therapeutic interventions that challenge inequalities and maintain a systemic and relational lens. This then reinforces the importance of initially establishing a relationally engaged orientation for more powerful partners. This is especially important for couples who feel they have limited relational options due to disempowering sociocultural and emotional discourses that acculturate and indoctrinate both genders to behave in certain ways and fulfill certain roles (Dickerson, 2013).

In addition to the above grounded theories, it appeared that therapists in the SERT group predominantly and successfully identified as well as challenged gendered inequalities in couple therapy. However, there were moments when therapists unintentionally aligned with larger disempowering discourses reinforcing an individual orientation in session and blocking mutual support. This is supported by the increased

incidents of individual empowerment markers, particularly for men, as well as decreased incidents of relational empowerment markers, particularly for women. By situating squarely in a feminist and social-constructionist position, research analysis focused on the therapeutic interventions preceding these markers in order to identify what interventions directly impacted experiences of empowerment in session.

This led to the identification of five therapeutic interventions that included: (a) devaluing female partner's contributions, (b) allowing male partner to hijack therapy (ChenFeng & Galick, 2015), (c) accepting male partner's negative descriptions of female partner, (d) discouraging female partner's elaboration of experience, and (e) assuming equal contribution and influence in couple interactions. These themes are similar to those presented by Ward and Knudson-Martin (2012) who utilized data from the SERT group though results were based on different client and therapist participants. Their results included: (a) discounting the person in the one-down position, (b) allowing the one-up person to define the conversation, (c) reinforcing dominant person's negative comments about partner, (d) using professional privilege to assume experience of the one-down person, and (e) speaking as though the relationship was equal when it was not. Thus, it posits that therapists could benefit from developing in session gendered power competencies that will help identify, interrupt, and invite alternative ways of relating (Knudson-Martin et al., 2015a) such as beginning with a relational orientation and leading to individually and relationally empowering outcomes.

In the end, therapists must not assume equality in intimate relationships, particularly for heterosexual couples. In these cases, there is strong evidence that therapists must position themselves against inequality, first by ensuring they engage the

more powerful partner to take on a more relational position toward the less powerful partner (Knudson-Martin et al., 2014). This then sets the stage for therapists to continually assess for the subjective experiences or objective behaviors of each individual in the couple system rather than based on the subjective experiences or assessments of the therapists. This ensures that they can modify each subsequent intervention appropriately for greater and mutually empowering outcomes. Additionally, by identifying how each gender demonstrates individual and relational empowerment, the therapist is able to recognize when those markers are not present such as when witnessing silence. Therapists competent in gendered power can identify when an intervention may have triggered experiences of empowerment and modify their interventions to ensure transparent discussions about inequality and how they affect the couple relationship.

What Therapists Do Matters: A Neurobiological Position

Dominant societal discourses commonly disempower couples in intimate relationships (Knudson-Martin, 2013; Knudson-Martin & Huenergardt, 2010) and lead to relational distress. For this research study, it was important that researchers identify the moment-by-moment therapeutic interventions that appear to invite and maintain male relational engagement as well as develop therapeutic interventions that directly impact individuals' experiences of empowerment. Establishing empowering relational orientations while avoiding disempowering sociocultural and emotional influences may seem logical. However, research has demonstrated that individuals are affected more strongly by negative events such as disempowering experiences in comparison to positive events such as empowering experiences.

Because of this, therapists could benefit from considering the impact of basic neurobiological processes on their clients' experiences in session. Therapists could build confidence in their ability to strike a balance between what Gottman and DeClaire (2001) described as negative and positive interactions in intimate relationships (5:1 Magic Rule). This is mirrored by Baumeister, Bratslavsky, Finkenauer, and Vohs (2001) who identified how individuals tend to remember "bad events" (or destructive events per Rusbult, Johnson, & Morrow, 1986) much more strongly than "good ones" (or constructive events per Rusbult et al., 1986) and, therefore, "the good must outnumber the bad in order to prevail" (Baumeister et al., 2001, p. 329).

In other words, therapists may experience better outcomes when focusing on developing initial therapeutic competencies by avoiding therapeutic interventions that unintentionally align with larger disempowering discourses that may directly affect emotional recall of negative events (Finkenauer & Rime, 1998). Specifically, they could identify and avoid unintentional interventions that have negative influences on one or both partners' sense of individual as well as relational empowerment. As therapists minimize the influence of negative or destructive events, they could then focus on the interventions that result in positive and constructive events that directly lead to long-term therapeutic success.

Recommendations for Therapists: From the First Phone Call to Termination

Prior to meeting with any couple, therapists can utilize the influence of their privileged voices to increase males' involvement and engagement in therapy. For example, therapists can be intentional in their attempts to make contact with male partners by phone (Ivey & Ivey, 2006). The therapist can use the phone call as an

opportunity to evaluate the male partner in terms of commitment to the relationship, also described as relational intent in chapter six, highlight the importance of attending couple therapy sessions, and extend an invitation to enhance mutual support and positive relational outcomes. The informal nature of the phone call can be used to discuss the male partners' willingness to attend therapy. The therapist can use conversational language that normalizes women's relational orientation and tendency to seek counseling 50% more than men (Evans, 2013) and how this likely applies to their relationship. Though the therapist is aware of the tendency for women to carry the burden of the relationship with their male partners (Doss et al., 2003), this conversation should revolve around joining with the male client's experience of larger sociocultural and emotional expectations that inhibit help-seeking behaviors and relational orientations.

With regards to interventions in session, feminist therapists train in concepts of gendered power and the literature demonstrates that directly intervening can be difficult and anxiety provoking (Knudson-Martin et al., 2015a). When an opportunity to apply feminist practices presents itself in therapy, therapists may feel unsure of their abilities and, with this uncertainty, may unintentionally intervene in ways that align with larger social discourses that maintain power inequalities explicated in chapter six (see also Ward & Knudson-Martin, 2012) as it relates to individual and relational empowerment.

One strategy to counteract those tendencies during periods of uncertainty may be to focus the attention of the therapist on their therapeutic listening skills with the intention to highlight the woman's subjective experiences and realities. In addition, therapists can ensure reception and mutual understanding of these symbols by elevating her status in the relationship with and through the privilege that accompanies the

therapist's voice. This strategy is rooted in the literature in which men were more willing to accept influence from a psychotherapist than that of their female partners (Berger, Addis, Green, Mackowiak, & Goldberg, 2013).

Ward and Knudson-Martin (2012) also reminded therapists to be mindful of power processes when working with couples. Even if gendered power processes are not immediately obvious in couple interactions (see also Knudson-Martin et al., 2015a), therapists must continue to operate under the assumption that they are present and couples enact less visible inequalities in session. Once power differentials become apparent (Knudson-Martin et al., 2015a), such as female silence, it is an important for therapists to use this knowledge and position of power to intervene in an effort to rebalance power in the relationship (Ward & Knudson-Martin). This position allows therapists to remain committed to rebalancing relational power such as using the therapist's voice to elevate the less powerful partner's voice and also to craft therapeutic responses to the more powerful partner that moderate the extent of the dominant partner's power.

Honoring the Voice of the Couple

As part of joining with both individuals in the couple system, therapists must respond to each individual authentically and non-judgmentally (Greenberg & Johnson, 1988). Intentionally validating the individual's experience such as through sociocultural attunement (Pandit, ChenFeng, & Kang, 2015) is necessary for several reasons two of which are to mirror a relational orientation that demonstrates that they have been heard, understood, and validated as a worthy human being (see also Pandit et al.) as well as to

help create the space to successfully invite alternative empowering ways of being in the couple system (see also Knudson-Martin et al., 2015a).

More specifically, therapists' validation of the male partner's positive relational intent was the prerequisite to increased male engagement (Samman & Knudson-Martin, 2015), and which directly affected incidents of male relational empowerment. Male partners' orientation and commitment toward their female partners resulted in a more hopeful experience of the relationship for women and led to increased marital success (see also Johnson, 2001). This comes as unsurprising since a relational orientation reflected an ability to consider the others' experiences thereby minimizing experiences of oppression as well as increasing the sense of individual and relational empowerment.

Viewed systemically, a reciprocal and relationally directed orientation (Silverstein et al., 2006) challenges gendered stereotypes and successfully flattens gendered hierarchy inherent in larger disempowering sociocultural and emotional discourses. When inequality is successfully challenged in intimate couple relationships, growth is enhanced within the four conditions of mutual support, i.e., the Circle of Care, as demonstrated through (a) mutual attunement, (b) shared vulnerability, (c) shared relational responsibility, and (d) mutual influence.

Strengths and Limitations

Strengths

Strengths of this research study included implementing an exhaustive qualitative research methodology. For example, the study appears to have identified and measured what was intended (Kisely & Kendall, 2011) providing an understanding of what male relational engagement looks like in addition to a nuanced understanding of gendered

individual and relational empowerment. The results of the study also identified therapist interventions that invite and maintain male relational engagement as well as impact each gender's experience of empowerment.

With regards to *credibility*, researchers consulted with five peer debriefers and performed four member checks. This is particularly important as Estrella, Kuhn, Freitas, and Wells (2015) highlighted the influence of consultation on the ability of therapists to process their own experiences as part of the couple system and create alternative experiences of shared power in future sessions. This also includes the power researchers inherently have as analysts of the data. The peer debriefers assisted with refining the grounded theory as well as proposing alternative possibilities such as differentiating between individual and relational empowerment for each gender.

Member checks served to consult on the importance of identifying therapist interventions that appear to align with larger disempowering discourses. They were also involved in reflecting on the final themes, particularly how accurate they represented their experiences in session with couples. Consultations also included periodic feedback from the project supervisors. Additional efforts at increasing credibility is drawn from the research of Ward and Knudson-Martin (2012) based on similar grounded theory methodologies, including minimizing limitations in their research by accessing videos and providing richer interactive data, in addition to extending their research to include subjective as well as objective client responses of individual and relational empowerment lending support to the identification of therapist interventions that impact the balance of gender and power.

With regards to *transferability*, sufficient context and assumptions of location, inclusion criteria, participants, and researchers -including researcher reflexivity- were provided to support generalizability to similar contexts and settings. *Dependability* proved important to the evaluative process due to the evolution of context and data within the research study. For example, the study evolved over the course of three years and involved a total of seven researchers of varying involvement and two supervisors. The vast differences in researcher demographics, including clinical training in general systems or feminist informed theory and practice as well as general research experience, assisted with the recursive analytic process, strengthened the implementation of feedback, and broadened possibilities based on individual coding, analytic memos, and journals. Additionally, research ensured a broad triangulation method to support the result's dependability. And lastly, in an effort to support transferability, *confirmability* of the research study included documents to support the evolution of the research study and final theory and will provide opportunities for researchers to extend this research study as needed.

Limitations

This study was limited because it represented data from a particular research group specialized in a social constructionist and feminist-informed clinical model. This may impact the themes generated and recommend applying the research results on different therapist and client samples. For example, the SERT research group included licensed and pre-licensed therapists working in a training clinic. It would be interesting to see to what extent these issues are present in a sample of more experienced therapists or apply to other settings such as inpatient services or private practice. Additionally, team

members often joined a session to offer reflections on the therapeutic process or the relational interactions between the couple based on their observations, reflections, and encouragement of a multi-voice process. Future studies are needed to understand if this theory is applicable utilizing different therapeutic models and in other therapeutic settings.

Moreover, the therapists and couples in these sessions were self-recruited or -referred to the SERT clinical research group at the training clinic and clients were facing a variety of issues, such as living on low income, mental health diagnoses and concerns, and addiction, chronic illness and disability, parenting concerns, in addition to significant relational distress. The intersection of these often marginalized social locations exacerbates the specific challenges faced by the couple system experiencing gendered power. Therefore, it is unclear to what extent these findings apply to other populations and cultures. Further research is needed to examine the role of mental health and substance abuse on gender and power dynamics within the couple system. And lastly, all of the couples included in this study identified as cis-gender, identifying with the gender that corresponded to their biological sex, and were in heterosexual relationships. Additional research examining the role of power as it relates to trans-gender, same-sex, or bi-sexual couples, among other orientations, is needed.

Summary

Therapists intentionally position themselves to combat larger social discourses that directly and indirectly organize around gender and power (Knudson-Martin & Huenergardt, 2010; Knudson-Martin & Mahoney, 2009a). Moment-by-moment experiences in therapy can be used to elicit, identify, and mitigate power imbalances to

foster mutual influence and receptivity to the symbolic frame and subjective reality of each partner. Although working with couples where males are overtly resistant to therapy or to the influence of their female partners is challenging, therapists can rely on their knowledge of the impact of larger social discourses that can simultaneously privilege as well as oppress (Rothenberg, 2008) and highlight and reinforce the shared commitment to the couple relationship and the mutual desire for more satisfying interactions while utilizing therapist privilege to elevate the less powerful partner's voice toward mutually empowered ways of being.

Conclusions

These recommendations should not be surprising to therapists who already understand the importance of the therapeutic process and relationship, and more specifically, the impact of gendered power in relationships that privilege one partner at the expense of the other. The focus then should not be on placing blame on a particular partner, but on viewing the couple through a systemic and feminist informed lens that challenges power imbalances in the couple relationship towards a more empowering and mutually satisfying relationship (Knudson-Martin, 2013).

Future Research

There has been an abundance of literature and theoretical frameworks that highlight gender and power inequalities within heterosexual couples (Almeida et al., 2008; Dickerson 2013; Haddock et al., 2000; Knudson-Martin and Huenergardt, 2010; Peters et al., 2008). Knudson-Martin and Huenergardt developed the SERT Model in an attempt to challenge power inequalities that block mutual support in relationships.

However, research is lacking that identify the impact of therapist interventions on the subjective client and couple experiences and objective behaviors as a means to modify therapeutic interventions toward relational change through a feminist lens of gendered power inequalities in couple therapy and for relational distress. As such, this dissertation research provides a unique set of results that expand on the clinical outcomes of feminist informed clinical practice.

And lastly, this study's construction is focused on identifying interventions that relationally engage men as well as identify interventions that appear to negatively influence experiences of empowerment. Future research should focus on identifying therapist interventions that directly and positively invite and maintain gendered relational empowerment toward mutually empowered and supportive intimate relationships.

REFERENCES

- Acitelli, L. K. (1992). Gender differences in relationship awareness and marital satisfaction among young married couples. *Personality and Social Psychology Bulletin*, 18(1), 102-110. doi:10.1177/0146167292181015
- Acitelli, L. K., & Antonucci, T. C. (1994). Gender differences in the link between marital support and satisfaction in older couples. *Journal of Personality and Social Psychology*, 67(4), 688-698. doi:10.1037/0022-3514.67.4.688
- Almeida, R. V., Dolan-Del Vecchio, K., & Parker, L. (2008). *Transformative family therapy: Just families for a just society*. Boston, MA: Pearson Education.
- Baumeister, R. F., Bratslavsky, E., Finkenauer, C., & Vohs, K. D. (2001). Bad is stronger than good. *Review of General Psychology*, 5(4), 323-370. doi:10.1037//1089-2680.5.4.323
- Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help-seeking, and sources of help-seeking advice. *Psychology of Men and Masculinity*, 14(4), 433-443. doi:10.1037/a0030175
- Blumer, H. (2004). *George Herbert Mead and human conduct*. Walnut Creek, CA: Altamira Press.
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- ChenFeng, J. L., & Galick, A. (2015). How gender discourses hijack couple therapy and how to avoid it. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 41-52). New York, NY: Springer.
- Coontz, S. (2005). *Marriage, a history: From obedience to intimacy or how love conquered marriage*. New York, NY: Viking.
- Corbin, J. & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Daly, K. (2007). *Qualitative methods for family studies and human development*. Thousand Oaks, CA: Sage.
- Das, M. S., & Gupta, V. J. (Eds.) (1995). *Gender roles and family analysis*. New Delhi, India; MD.
- Deutsch, F. M. (2007). Undoing gender. *Gender and Society*, 21(1), 106-127. doi:10.1177/ 0891243206293577
- Dewey, J. (1910). *How we think*. New York, NY: D.C. Heath.

- Dickerson, V. (2013). Patriarchy, power, and privilege: A narrative/poststructural view of work with couples. *Family Process*, 52(1), 102-114. doi:10.1111/famp.12018
- Dienhart, A. (2001). Engaging men in family therapy: Does the gender of the therapist make a difference? *Journal of Family Therapy*, 23(1), 21-45. doi:10.1111/1467-6427.00167
- Doss, B. D., Atkins, D. C., & Christensen, A. (2003). Who's dragging their feet? Husbands and wives seeking marital therapy. *Journal of Marital & Family Therapy*, 29(2), 165-177. doi:10.1111/j.1752-0606.2003.tb01198.x
- Dowd, N. E. (2011). *The man question: Male subordination and privilege*. New York, NY: University Press.
- Estrella, J., Kuhn, V. P., Freitas, C. J., & Wells, M. A. (2015). Expanding the lens: How SERT therapists develop interventions that address the larger context. In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 53-65). New York, NY: Springer Series in Family Therapy.
- Evans, M. P. (2013). Men in counseling: A content analysis of the Journal of Counseling & Development and Counselor Education and Supervision 1981-2011. *Journal of Counseling & Development*, 91(4), 467-474. doi:10.1002/j.1556-6676.2013.00119.x
- Field, A. (2009). *Discovering statistics: Using SPSS for windows* (3rd ed.). London: Sage Publications.
- Finkenauer, C., & Rimé, B. (1998). Socially shared emotional experiences vs. emotional experiences kept secret: Differential characteristics and consequences. *Journal of Social and Clinical Psychology*, 17(3), 295-318. doi:10.1521/jscp.1998.17.3.295
- Fishbane, M. D. (2011). Facilitating relational empowerment in couple therapy. *Family Process*, 50(3) 337-352. doi:10.1111/j.1545-5300.2011.01364.x
- Fishman, P. (1978). Interaction: The work women do. *Social Problems*, 25(4), 397-406.
- Freeman, E. M. & Couchonnal, G. (2006). Narrative and culturally based approaches in practice with families. *Families in Society: The Journal of Contemporary Human Services* 87(2), 198-208. doi:10.1606/1044-3894.3513
- Gale, R. J. (1999). *The divided self of William James*. Cambridge, UK: Cambridge University Press.
- Gergen, K. J. (2009). *An invitation to social construction* (2nd ed.). Thousand Oaks, CA: Sage.

- Gerson, K. (2010). *The unfinished revolution: How a new generation is reshaping family, work, and gender in America*. New York, NY: Oxford University Press.
- Goodrich, T. J., & Silverstein, L. B. (2005). Now you see it, now you don't: Feminist training in family therapy. *Family Process*, 44(3), 267-281. doi:10.1111/j.1545-5300.2005.00059.x
- Gottman, J. M. (2011). *The science of trust: Emotional attunement for couples*. New York, NY: W.W. Norton & Company.
- Gottman, J. M., Coan, J., Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the family*, 60(1), 5-22. doi:10.2307/353438
- Gottman, J. M. & DeClaire, J. (2001). *The relationship cure*. New York, NY: Three Rivers Press.
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York, NY: Guilford.
- Grove, D. R., & Burnaugh, R. (2002). *Invisible men: Finding, engaging and inspiring men in therapy*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Haddock, S. A., & Lyness, K. P. (2002). Three aspects of the therapeutic conversation in couples therapy: Does gender make a difference? *Journal of Couple & Relationship Therapy*, 1(1), 5-23. doi:10.1300/J398v01n01_02
- Haddock, S. A., Zimmerman, T. S., & MacPhee, D. (2000). The power equity guide: Attending to gender in family therapy. *Journal of Marital & Family Therapy*, 26(2), 153-170. doi:10.1111/j.1752-0606.2000.tb00286.x
- Hanson, B. G. (1995). *General systems theory: Beginning with wholes*. NY, New York: Taylor & Francis.
- Hare-Mustin, R., & Marecek, J. (1988). The meaning of difference: Gender theory, postmodernism, and psychology. *American Psychologist*, 43, 6, 455-464.
- Ivey, A. E. & Ivey, M. B. (2006). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (6th ed). Pacific Grove, CA: Brooks/Cole.
- Johnson, S. (2001). *Proceedings from AAMFT 59th annual conference: Emotionally focused couples therapy* [CD]. Alexandria, VA: AAMFT.
- Johnson, N. G., Remer, P., Austria, A., Brodsky, A., Eldridge, N., Magidson, E., . . . Roy, R. (1997). Postdoctoral training in feminist psychological practice. In J. Worrell (Ed.), *Shaping the future of feminist psychology: Education, research, and*

practice (pp. 203-225). New York, NY: American Psychological Association.
doi:10.1037/10245-009

- Jonathan, N. (2009). Carrying equal weight: Relational responsibility and attunement among same-sex couples. In C. Knudson-Martin & A. Mahoney (Ed.), *Couples, gender, and power: Creating change in intimate relationships* (pp. 79-103). New York, NY: Springer.
- Jonathan, N., & Knudson-Martin, C. (2012). Building connection: Attunement and gender equality in heterosexual relationships. *Journal of Couple and Relationship Therapy, 11*(2), 95-111. doi:10.1080/15332691.2012.666497
- Jordan, J. V. (2011). The Stone Center and relational-cultural theory. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds), *History of psychotherapy: Continuity and change* (pp. 357-362) (2nd ed). Washington, DC; American Psychological Association.
- Kimmel, M. S. (2002). "Gender Symmetry" in domestic violence: A substantive and methodological research review. *Violence Against Women, 8*(11), 1332-1363. doi:10.1177/107780102237407
- Kinchin, I., Streatfield, D., & Hay, D. (2010). Using concept mapping to enhance the research interview. *International Journal of Qualitative Methods, 9*(1), 52-68. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/index>
- Kisely, K., & Kendall, E. (2011). Critically appraising qualitative research: A guide for clinicians more familiar with quantitative techniques. *Australasian Psychiatry, 19*(4), 364-367. doi:10.3109/10398562.2011.562508
- Knudson-Martin, C. (1997). The politics of gender in family therapy. *Journal of Marital and Family Therapy, 23*(4), 421-437. doi:10.1111/j.1752-0606.1997.tb01054.x
- Knudson-Martin, C. (2012). Attachment in adult relationships: A feminist perspective. *Journal of Family Theory & Review, 4*(4), 299-305. doi:10.1111/j.1756-2589.2012.00141.x
- Knudson-Martin, C. (2013). Why power matters: creating a foundation of mutual support in couple relationships. *Family Process, 52*(1), 5-18. doi:10.1111/famp.12011
- Knudson-Martin, C., & Huenergardt, D. (2010). A socio-emotional approach to couple therapy: Linking social context and couple interaction. *Family Process, 49*(3), 369-384. doi:10.1111/j.1545-5300.2010.01328.x
- Knudson-Martin, C., Huenergardt, D., Lafontant, K., Bishop, L., Schaepper, J., & Wells, M. (2014). Competencies for addressing gender and power in couple therapy: A socio-emotional approach. *Journal of Marital and Family Therapy, 41*(2), 205-220. doi:10.1111/jmft.12068

- Knudson-Martin, C., & Mahoney, A. R. (2005). Moving beyond gender: Processes that create relationship equality. *Journal of Marital and Family Therapy*, 31(2), 235-258. doi:10.1111/j.1752-0606.2005.tb01557.x
- Knudson-Martin, C., & Mahoney, A. R. (Eds.). (2009a). *Couples, gender, and power: Creating change in intimate relationships*. New York, NY: Springer.
- Knudson-Martin, C., & Mahoney, A. R. (2009b). Introduction to the special section-gendered power in cultural contexts: Capturing the lived experience of couples. *Family Process*, 48(1), 5-8. doi:10.1111/j.1545-5300.2009.01263.x
- Knudson-Martin, C., Wells, M. A., & Samman, S. K. (2015a). Engaging power, emotion, and context in couple therapy: Lessons learned. In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 145-153). New York, NY: Springer Series in Family Therapy.
- Knudson-Martin, C., Wells, M. A., & Samman, S. K. (Eds.). (2015b). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction*. New York, NY: Springer Series in Family Therapy. doi:10.1007/978-3-319-13398-0
- Laszlo, E. (1996). *The systems view of the world: A holistic vision for our time*. Cresskill, NJ: Hampton Press.
- Levenson, R. W., Carstensen, L. L., & Gottman, J. M. (1993). Long-term marriage: Age, gender, and satisfaction. *Psychology and Aging*, 8(2), 301-313. doi:10.1037/0882-7974.8.2.301
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Loscocco, K., & Walzer, S. (2013). Gender and the culture of heterosexual marriage in the United States. *Journal of Family Theory & Review*, 5, 1-14. doi:10.1111/jftr.12003
- Luepnitz, D. A. (1988). *The family interpreted*. New York, NY: Basic Books.
- Maciel, J. A. & Van Putten, Z. (2009). Pushing the gender line: How immigrant couples reconstruct power. In C. Knudson-Martin & A. Mahoney (Ed.), *Couples, gender, and power: Creating change in intimate relationships* (pp. 235-254). New York, NY: Springer.
- Matta, D. S., & Knudson-Martin, C. (2006). Father responsivity: Couple processes and the coconstruction of fatherhood. *Family Process*, 45, 19-37. doi:10.1111/j.1545-5300.2006.00078.x
- McDaniel, S., Hepworth, J., & Doherty, W. (2013). *Medical family therapy and integrated care*. Washington, DC: American Psychological Association.

- McDowell, T., & Fang, S. S. (2007). Feminist-informed critical multiculturalism: Considerations for family research. *Journal of Family Issues*, 28(4), 549-566. doi:10.1177/0192513x06297331
- McGoldrick, M. (2011). Becoming a couple. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle: Individual, family, and social perspectives* (pp. 193-210). New York, NY: Allyn & Bacon.
- McGoldrick, M., Anderson, C. M., & Walsh, F. (Eds.). (1989). *Women in families: A framework for family therapy*. New York: W. W. Norton.
- McKelley, R. A. (2007). Men's resistance to seeking help: Using individual psychology to understand counseling-reluctant men. *Journal of Individual Psychology*, 63(1) 48-58. Retrieved from <http://utpress.utexas.edu/index.php/journals/journal-of-individual-psychology>
- Mead, G. H. (1934). *Mind, self, and society: From the standpoint of a social behaviorist*. Chicago: University of Chicago Press.
- Meginnis-Payne, K. L. (2000). *Feminist identification and feminist therapy behavior: What do feminist therapists do with their clients?* (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (2000-95024-284)
- Mintz, L. B., & Tager, D. (2013). Feminist therapy with male clients: Empowering men to be their whole selves. In C. Z. Enns, & E. N. Williams (Eds.), *The Oxford handbook of feminist multicultural counseling psychology* (pp. 322-338). Oxford, UK: Oxford University Press. doi:10.1093/oxfordhb/9780199744220.001.0001
- Miller, J. B. (1987). *Toward a new psychology of women* (2nd ed.). Boston, MA: Beacon.
- Murstein, B., & Williams, P. (1983). Sex roles and marriage adjustment. *Small Group Behavior*, 14(1), 77-94. doi: 10.1177/104649648301400107
- Murstein, B. I., & Williams, P. D. (1985). Assortative matching for sex-role and marriage adjustment. *Personality and Individual Differences* 6(2), 195-201. doi:10.1016/0191-8869(85)90109-6
- Nichols, M. P. & Schwartz, R. C. (2008). *Family Therapy: Concepts and Methods* (8th Ed.). Boston: Pearson Education.
- Oliver, M. I., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behavior in men and women with common mental health problems: Cross-sectional study. *British Journal of Psychiatry*, 186(4), 297-301. doi:10.1192/bjp.186.4.297

- Pandit, M., ChenFeng, J. L., & Kang, Y. J. (2015). Becoming socioculturally attuned: A study of therapist experience. In C. Knudson-Martin, M. A. Wells, & S. K. Samman (Eds.), *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 67-78). New York, NY: Springer.
- Parker, L. (2009). Disrupting power and privilege in couples therapy. *Clinical Social Work Journal*, 37, 248-255. doi:10.1007/s10615-009-0211-7
- Parsons, T. (1964). *Social structure and personality* (2nd ed.). London: Free press.
- Parsons, T. (2007). An outline of the social system [1961]. In C. Calhoun, J. Gerteis, J. Moody, S. Pfaff, & I. Virk (Eds.), *Classical sociological Theory* (3rd ed.) (pp. 421-440). West Sussex, UK: Wiley-Blackwell.
- Peirce, C. S., & Hoopes, J. (1991). *Peirce on signs: Writings on semiotic*. Chapel Hill: University of North Carolina Press.
- Peters, K., Jackson, D. & Rudge, T. (2008). Research on couples: Are feminist approaches useful? *Journal of Advanced Nursing*, 62(3), 373-380. doi:10.1111/j.1365-2648.2007.04558.x
- Pinsof, W. (1995). *Integrative problem centered therapy. A Synthesis of family, individual and biological therapies*. New York, NY: Basic Books.
- Pinsof, W. M., & Lebow, J. L. (2005). *Family psychology: The art of the science*. Oxford: University Press.
- Pittman, J. F. (1993). Functionalism may be down, but it surely is not out. In P. Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of family theories and methods* (pp. 218-221). New York, NY: Plenum.
- Prouty, A. M. (1997). *A grounded theory of feminist supervision: A qualitative study* (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (1997-95018-156)
- Real, T. (2003). *How can I get through to you? Closing the intimacy gap between men and women*. New York, NY: Scribner.
- Reynolds, L. T., & Herman-Kinney, N. J. (Eds.) (2003). *Handbook of symbolic interactionism*. Walnut Creek, CA: Altamira Press.
- Rolland, J. (1994). *Families, illness, and disability: An integrative treatment*. New York, NY: Basic Books.
- Rothenberg, P. S. (2008). *White privilege: Essential readings on the other side of racism* (3rd ed.). New York, NY: Worth.

- Rusbult, C. E., Johnson, D. J., & Morrow, G. D. (1986). Impact of couple patterns of problem solving on distress and nondistress in dating relationships. *Journal of Personality and Social Psychology*, 50(4), 744-753. doi:10.1037/0022-3514.50.4.744
- Samman, S. K., & Knudson-Martin, C. (2015). Relational engagement in heterosexual couple therapy: Helping men move from “I” to “We.” In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 79-91). New York, NY: Springer Series in Family Therapy.
- Schulman, G. L. (1990). Essay on feminist family therapy: A review of Women in families: A framework for family therapy and The invisible web: Gender patterns in family relationships. *Contemporary Family Therapy*, 12(1), 75-85. doi:10.1007/bf00891819
- Silverstein, L. B. (2005). Classic texts and early critiques. In L. B. Silverstein and T. J. Goodrich (Eds.), *Feminist family therapy: Empowerment in social context* (pp. 17-35). Washington, DC: American Psychological Association.
- Silverstein, L. B. & Goodrich T. J. (2003). *Feminist family therapy: Empowerment in social context*. Psychology of women book series. Washington, DC: American Psychological Association doi:10.1037/10615-000
- Silverstein, R., Bass, L. B., Tuttle, A., Knudson-Martin, C., & Huenergardt, D. (2006). What does it mean to be relational? A framework for assessment and practice. *Family Process*, 45, 391-405. doi:10.1111/j.1545-5300.2006.00178.x
- Spelman, E. V. (1989). Anger and insubordination. In A. Garry and M. Pearsall (Eds.), *Women, knowledge, and reality* (pp. 263-273). Winchester, MA: Unwin Hyman.
- Sprenkle, D. H. (2012). Intervention research in couple and family therapy: A methodological and substantive review and an introduction to the special issue. *Journal of Marital and Family Therapy*, 38(1), 3-29. doi:10.1111/j.1752-0606.2011.00271.x
- Sutherland, O., Turner, J., Dienhart, A. (2013). Responsive persistence Part I: Therapist influence in postmodern practice. *Journal of Marital and Family Therapy*, 39(4), 470-487. doi:10.1111/j.1752-0606.2012.00333.x
- Turner, J. (1991). *The structure of sociological theory* (5th ed.). Belmont, CA: Wadsworth.
- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). *The invisible web: Gender patterns in family relationships*. New York, NY: Guilford Press.
- Ward, A., & Knudson-Martin, C. (2012). The impact of therapist actions on the balance of power within the couple system: A qualitative analysis of therapy

sessions. *Journal of Couple & Relationship Therapy*, 11(3), 221-237.
doi:10.1080/15332691.2012.692943

- Watzlawick, P., Beavin, J. H., & Jackson, D. (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes*. New York, NY: W. W. Norton.
- Wells, M. A. & Kuhn, V. P. (2015). Couple therapy with adult survivors of child abuse: Gender, power, and trust. In C. Knudson-Martin, M. E. Wells, & S. K. Samman (Eds.). *Socio-emotional relationship therapy: Bridging emotion, societal context, and couple interaction* (pp. 108-119). New York, NY: Springer Series in Family Therapy.
- Whitchurch, G. G., & Constantine, L. L. (1993). Systems theory. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz's (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 325-355). New York, NY: Plenum Press.
- White, J. M., & Klein, D. M. (2008). *Family theories: An introduction*. Thousand Oaks, CA: Sage.
- Wilkie, J. R., Ferree, M. M., & Ratcliff, K. S. R. (1998). Gender and fairness: Marital satisfaction in two-earner couples. *Journal of Marriage and the family* 60(3), 557-594. doi:10.2307/353530
- Williams, K. (2012). *Development of a contextual model for the treatment of infidelity* (Doctoral dissertation). Retrieved from ProQuest LLC. (UMI 3498170)
- Williams, K., Galick, A., Knudson-Martin, C., & Huenergardt, D. (2012). Toward mutual support: A task analysis of the relational justice approach to infidelity. *Journal of Marital and Family Therapy*. 39(3), 285-298, doi:10.1111/j.1752-0606.2012.00324.x
- Williams, K., & Knudson-Martin, C. (2012). Do therapists address gender and power in infidelity? A feminist analysis of the treatment literature. *Journal of Marital and Family Therapy*. 39(3), 271-284, doi:10.1111/j.1752-0606.2012.00303.x
- Woolley, S. R., Butler, M. H., & Wampler, K. S. (2000). Unraveling change in therapy: Three different process research methodologies. *The American Journal of Family Therapy*, 28(4), 311-327. doi:10.1080/019261800437883

APPENDIX A

INFORMED CONSENT



LOMA LINDA UNIVERSITY
School of Science and Technology

INFORMED CONSENT Couple Therapy Study

Your therapist is participating in a research study about what happens in couple therapy. This form explains this study. In order for your therapist to use information from your therapy sessions in this study, your consent is required.

Purpose and Procedures

Couple therapists need to base their work on research about what works best. In this study therapists are examining video transcripts of their work with couples to identify what is happening in the session and what seems to work best for particular kinds of issues. The focus is on what the therapist does and how clients respond. The purpose is to develop a clearer picture of what therapists should do in order to help couples develop mutually supportive relationships.

If you agree, research team will review segments of your therapy sessions to identify moments of particular interest and determine what happened and why. The researchers will use the information to refine how they practice couple therapy and to develop a model that other therapists can use. Your participation in the study will not change your therapy in any way. However your therapist may use information learned from the analysis of your session to improve his or her work with you.

Risks

Since your therapist already records your sessions and reviews these tapes as part of ongoing training and professional development in the practice of marital therapy, the only risk to you is that the content from one or more sessions will be read by an unauthorized person. However, there is no greater risk of this happening than the usual therapy setting. As described below, this content will be kept in a secure setting and only be available to the research team.

Benefits

The in-depth examination of your therapy session by your therapist and a few other researchers will be beneficial to your therapist in his or her effort to provide you high quality service. It will also help other couple therapists who will learn from the findings of this study. However this extra effort on your therapist's part will not necessarily increase your success in improving your relationship.

Initial _____
Date _____

Loma Linda University
Adventist Health Sciences Center
Institutional Review Board
Approved 10/10/12 Void after 10/9/2013
57327 Chair R. L. Ragsdale
A Seventh-day Adventist Institution

DEPARTMENT OF COUNSELING AND FAMILY SCIENCES | Loma Linda, California 92350
(909) 558-4547 · fax (909) 558-0447 · www.llu.edu

Participants Rights

Your participation in this study is completely voluntary. If you decide not to participate, it will not affect the couple therapy you are receiving now or other counseling services you may seek from this office in the future.

Confidentiality

All personal information regarding your identity and the therapy session will be held in strict confidence. In our analysis of the sessions, you will be known only by a number or pseudonym. All identifying material will be purged when quotes or case examples are used in the presentation or publication of study results. The transcript of your session will be kept in a secure location. Only your therapist and members of the research team will have access to it.

Costs

There is no cost to you for participating in the study.

Reimbursement

You will not be paid for participating in the study.

Impartial Third Party Contact

If you wish to contact an impartial third party not associated with this study regarding any question or complaint you may have about the study, you may contact the Office of Patient Relations, Loma Linda Medical Center, Loma Linda, CA 92354, phone (909)558-4647 for information and assistance.

Informed Consent Statement

I have read the contents of the consent form and have listened to the verbal explanation given by investigator. My questions have been answered to my satisfaction. I hereby give voluntary consent to participate in this study. Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities. I may call my therapist/researcher or Carmen Knudson-Martin, PhD, at 909-558-4547 if have additional questions or concerns.

I have been given a copy of this consent form
Signature of Subject _____ Date _____

I have reviewed the contents of the consent form with the person signing above. I have explained potential risks and benefits of the study.

Signature of Investigator _____ Date _____

Loma Linda University
Adventist Health Sciences Center
Institutional Review Board
Approved 10/10/12 Void after 10/9/2013
57327 Chair R. L. Ruppel, MD

APPENDIX B

AUTHORIZATION FOR USE OF PROTECTED HEALTH INFORMATION



INSTITUTIONAL REVIEW BOARD Authorization for Use of Protected Health Information (PHI)

Per 45 CFR §164.508(b)
RESEARCH PROTECTION PROGRAMS
LOMA LINDA UNIVERSITY | Office of the Vice President of Research Affairs
24887 Taylor Street, Suite 202 Loma Linda, CA 92350
(909) 558-4531 (voice) / (909) 558-0131 (fax)/e-mail: irb@llu.edu

TITLE OF STUDY: **Contextual Issues in Couple Therapy**
PRINCIPAL INVESTIGATOR: **Douglas Huenergardt, Ph.D.**
Others who will use, collect, or share PHI: **Counseling and Family Science Couple Therapy Research Team**

The study named above may be performed only by using personal information relating to your health. National and international data protection regulations give you the right to control the use of your medical information. Therefore, by signing this form, you specifically authorize your medical information to be used or shared as described below.

The following personal information, considered "Protected Health Information" (PHI) is needed to conduct this study and may include, but is not limited to: video recordings of your therapy sessions and, in some cases, transcripts of all or portions of the sessions. No names or other identifying information will be associated with the labels the recordings or transcripts made from them.

The individual(s) listed above will use or share this PHI in the course of this study with the Institutional Review Board (IRB) and the Office of Research Affairs of Loma Linda University. The Counseling and Family Science Couple Therapy Research Team listed above is composed of faculty and doctoral students who review records of clinical sessions as part of on-going study to advance the practice of couple therapy. No one else will have access to your records.

The main reason for sharing this information is to be able to conduct the study as described earlier in the consent form. In addition, it is shared to ensure that the study meets legal, institutional, and accreditation standards. Information may also be shared to report adverse events or situations that may help prevent placing other individuals at risk.

All reasonable efforts will be used to protect the confidentiality of your PHI, which may be shared with others to support this study, to carry out their responsibilities, to conduct public health reporting and to comply with the law as applicable. Those who receive the PHI may share with others if they are required by law, and they may share it with others who may not be required to follow national and international "protected health information" (PHI) regulations such as the federal privacy rule.

IRB 1/23/2013

Subject to any legal limitations, you have the right to access any protected health information created during this study. You may request this information from the Principal Investigator named above but it will only become available after the study analyses are complete.

This authorization does not expire, and will continue indefinitely unless you notify the researchers that you wish to revoke it.

You may change your mind about this authorization at any time. If this happens, you must withdraw your permission in writing. Beginning on the date you withdraw your permission, no new personal health information will be used for this study. However, study personnel may continue to use the health information that was provided before you withdrew your permission. If you sign this form and enter the study, but later change your mind and withdraw your permission, you will be removed from the study at that time. To withdraw your permission, please contact the Principal Investigator or study personnel at 909-558-4547 x 47006.

You may refuse to sign this authorization. Refusing to sign will not affect the present or future care you receive at this institution and will not cause any penalty or loss of benefits to which you are entitled. However, if you do not sign this authorization form, you will not be able to take part in the study for which you are being considered. You will receive a copy of this signed and dated authorization prior to your participation in this study.

I agree that my personal health information may be used for the study purposes described in this form.

| | |
|---|---|
| _____ Signature of Patient #1 or Patient's Legal Representative | _____ Date |
| _____ Printed Name of Legal Representative (if any) | _____ Representative's Authority to Act for Patient |
| _____ Signature of Investigator Obtaining Authorization | _____ Date |



**INSTITUTIONAL REVIEW BOARD
Authorization for Use of
Protected Health Information (PHI)**

Per 45 CFR §164.508(b)
RESEARCH PROTECTION PROGRAMS
LOMA LINDA UNIVERSITY | Office of the Vice President of Research Affairs
24887 Taylor Street, Suite 202 Loma Linda, CA 92350
(909) 558-4531 (voice) / (909) 558-0131 (fax)/e-mail: irb@llu.edu

TITLE OF STUDY: Contextual Issues in Couple Therapy
PRINCIPAL INVESTIGATOR: Douglas Huenergardt, Ph.D.
Others who will use, collect, or share PHI: **Counseling and Family Science Couple Therapy Research Team**

The study named above may be performed only by using personal information relating to your health. National and international data protection regulations give you the right to control the use of your medical information. Therefore, by signing this form, you specifically authorize your medical information to be used or shared as described below.

The following personal information, considered “Protected Health Information” (PHI) is needed to conduct this study and may include, but is not limited to: video recordings of your therapy sessions and, in some cases, transcripts of all or portions of the sessions. No names or other identifying information will be associated with the labels the recordings or transcripts made from them.

The individual(s) listed above will use or share this PHI in the course of this study with the Institutional Review Board (IRB) and the Office of Research Affairs of Loma Linda University. The Counseling and Family Science Couple Therapy Research Team listed above is composed of faculty and doctoral students who review records of clinical sessions as part of on-going study to advance the practice of couple therapy. No one else will have access to your records.

The main reason for sharing this information is to be able to conduct the study as described earlier in the consent form. In addition, it is shared to ensure that the study meets legal, institutional, and accreditation standards. Information may also be shared to report adverse events or situations that may help prevent placing other individuals at risk.

All reasonable efforts will be used to protect the confidentiality of your PHI, which may be shared with others to support this study, to carry out their responsibilities, to conduct public health reporting and to comply with the law as applicable. Those who receive the PHI may share with others if they are required by law, and they may share it with others who may not be required to follow national and international “protected health information” (PHI) regulations such as the federal privacy rule.

IRB 1/23/2013

Subject to any legal limitations, you have the right to access any protected health information created during this study. You may request this information from the Principal Investigator named above but it will only become available after the study analyses are complete.

This authorization does not expire, and will continue indefinitely unless you notify the researchers that you wish to revoke it.

You may change your mind about this authorization at any time. If this happens, you must withdraw your permission in writing. Beginning on the date you withdraw your permission, no new personal health information will be used for this study. However, study personnel may continue to use the health information that was provided before you withdrew your permission. If you sign this form and enter the study, but later change your mind and withdraw your permission, you will be removed from the study at that time. To withdraw your permission, please contact the Principal Investigator or study personnel at 909-558-4547 x 47006.

You may refuse to sign this authorization. Refusing to sign will not affect the present or future care you receive at this institution and will not cause any penalty or loss of benefits to which you are entitled. However, if you do not sign this authorization form, you will not be able to take part in the study for which you are being considered. You will receive a copy of this signed and dated authorization prior to your participation in this study.

I agree that my personal health information may be used for the study purposes described in this form.

| | |
|---|---|
| _____ Signature of Patient #2 or Patient's Legal Representative | _____ Date |
| _____ Printed Name of Legal Representative (if any) | _____ Representative's Authority to Act for Patient |
| _____ Signature of Investigator Obtaining Authorization | _____ Date |

APPENDIX C

VIDEO CONSENT

**PATIENT CONSENT TO PARTICIPATE IN
PROFESSIONAL or ACADEMIC PRESENTATION***

PRESENTATION:

Presentation title, venue, topic, or description

AUTHOR/CO-AUTHOR:

Therapist's name

Therapist's name

From time to time therapist trainees and interns have the opportunity to make educational presentations at state and national conferences about therapeutic, relational, or cutting edge issues in marriage and family therapy. These presentations may consist of discussions about the process of therapy, portions of therapy session transcripts, or videotape clips. It is our expectation that such presentations will both help improve the skills of mental health clinicians and therapists in training, and will also forward our profession by the dissemination of helpful information.

Additionally, a graduate student requirement is to present a series of video clips of their work with clients to classmates and faculty. This presentation, called a qualifying clinical demonstration, or final case presentation, is held under the direct auspices of the faculty in the Department of counseling and Family Science and occurs once during the student's course of study. You may be asked for permission to include a portion of videotape of you and your therapist working together for this presentation.

The professional report named above may be performed only by using personal information relating to your mental health treatment. National data protection regulations give you the right to control the use and disclosure of your mental health information. Therefore, by signing this form, you specifically authorize your mental health information to be used or disclosed as described below.

Use of your personal information

The following personal information, considered "Protected Health Information" (PHI) is needed to conduct this report and may include, but is not limited to: your reason for seeking therapy services; course of treatment; discussion about your participation in therapy. Additionally, PHI may be shared with individuals designated to assist in conducting this study as well as with accreditation bodies. PHI may also be reviewed to ensure that the study meets legal and institutional standards.

* The term "presentation" as used in this consent, shall mean any written material, PowerPoint presentations, and motion picture or still photography in any format as well as video/digital tape, disc, or any other mechanical means of recoding and reproducing images.

Disclosure of your personal information

The main reason for sharing this information is to be able to analyze clinical processes and present or publish the results to other mental health professionals. The results may be presented in educational venues, professional conferences, or in publications. Although information obtained from your mental health record will be disclosed in the publication, we will not publish identifiers such as your name, address, telephone number or government-issued identification number.

Safeguards to protect PHI

All media or printed matter containing any information pertaining to you shall be carried in a locked briefcase to and from the presentation venue and will be in the possession of the abovementioned presenter at all times. If video clips are used, only a portion of the entire recorded session will be selected and transferred onto a CD or DVD for the presentation. Your name, age, and other identifying information will be changed for the presentation. An announcement will be made at the beginning of the presentation requesting that if anyone recognizes individuals in the video to excuse themselves from the presentation immediately.

Risks

Although every precaution will be taken to protect your PHI, risk of theft, destruction of materials, or the possibility that someone at the presentation may recognize you, cannot be entirely eliminated. We will do all in our power to protect your information while it is transported and used at the chosen presentation venue. All privileged information will be returned to the hospital immediately after the therapist returns from the presentation.

I hereby give authorization for the use or disclosure of my personal information for the professional report based on my understanding of the following:
(please initial or designate N/A for each item below)

- _____ I understand that you may use my personal information to prepare this report. The scope of the report, however, is limited to the case description indicated above.
- _____ I understand that the authorization to use my personal information to conduct this report will expire at the end of the presentation or study. However, I understand that following publication, full articles or abstracts of or from the initial report may be published and continue to be published for an indefinite period of time.
- _____ I understand that this authorization does not authorize the use or disclosure of personal information created or obtained after initial publication.
- _____ I understand that I do not need to sign this authorization in order to receive health care.

_____ I understand that I may revoke this authorization at any time. However, the revocation will not apply to information that has already been released in response to this authorization.

_____ I agree that my personal mental health information may be used for:

- student qualifying examination presentation
- final case presentation
- professional/educational conference presentation
- future presentations and other educational purposes at dates and times yet to be determined

_____ I have had the opportunity to ask questions about the purpose and use of the presentation at which my PHI will be used.

Patient Name

Date & time

Patient Signature

Parent/Guardian Name

Date & time

Parent/Guardian Signature

Staff Name

Date & time

Staff Signature

Student Name

Date & time

Student Signature

Clinical Supervisor

Date & time

APPENDIX D

ETHICAL TREATMENT OF PRIVATE HEALTH INFORMATION

**LOMA LINDA UNIVERSITY
DEPARTMENT OF COUNSELING AND FAMILY SCIENCE
Affidavit for Ethical Treatment of Private Health Information**

I, _____ have requested that my clients provide consent to release private health information (PHI) to me for the purpose of

- use in qualifying clinical demonstration
- use in my final case presentation
- inclusion in a classroom presentation at Loma Linda University
- inclusion in an educational or professional conference presentation
- for presentations at dates and times yet to be determined
- for publication purposes

My initials below indicate my understanding and agreement with the following conditions:

_____ I have obtained my client's consent by informing them of risks and benefits, and have offered therapeutic services to them regardless of their willingness to grant consent for the use of their PHI for my purposes:

| | |
|-------------|-------------|
| _____ | _____ |
| Client Name | Client Name |
| _____ | _____ |
| Client Name | Client Name |

_____ I understand that it is my responsibility to protect the confidentiality of this PHI by using a locked briefcase for transporting it from the clinical site to the presentation venue, and storing it in a secure manner when not in use.

_____ If the consent for use of PHI is for a limited period of time, I will return videotapes to the clinic after the use for which consent has been granted.

_____ If the consent for use of PHI is for a limited period of time and has been on a computer hard drive, flash drive, or other media storage, I will erase and/or destroy the PHI so that I am no longer in possession of any PHI.

_____ I have discussed my possession of, and consent for PHI with my supervisor.

I hereby agree to all of the above conditions related to obtaining consent for use of PHI, storage, transportation, and final disposition of PHI. I understand that failure to comply with these conditions constitutes behavior that may be prosecuted in a court of law.

| | |
|--|-------|
| _____ | _____ |
| Intern/Trainee signature | Date |
| _____ | _____ |
| Supervisor signature | Date |
| _____ | _____ |
| Director of Clinical Training, Counseling & Family Science | Date |