

Relational Engagement in Heterosexual Couple Therapy: Helping Men Move from “I” to “We”

Sarah K. Samman and Carmen Knudson-Martin

Therapists often find it difficult to engage men in couple therapy (Sherpard and 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 and Huenergardt 2010, “[Bridging Emotion, Societal Discourse, and Couple Interaction in Clinical Practice](#),” 2015), we found that our ability to relationally engage powerful men is critically important to the success of heterosexual couple therapy (Williams et al. 2013). We define 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. This contrasts with a common pattern we have 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.

S.K. Samman (✉)

Department of Counseling and Family Sciences, Loma Linda University,
Loma Linda, CA, USA

C. Knudson-Martin

Counseling Psychology Department, Lewis & Clark College, Portland, OR, USA

Sarah

As a Muslim Arab and European American able-bodied married heterosexual woman raised in Saudi Arabia and pursuing a doctoral degree in the USA, 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 USA 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, "When Therapy Challenges Patriarchy: Undoing Gendered Power in Heterosexual Couple Relationships," 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 and 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 toward the needs of others (Knudson-Martin and Mahoney 2009).

Men also report fewer help-seeking behaviors (McKelley 2007; Oliver et al. 2005). According to Evans (2013), roughly three-quarters of individuals seeking counseling were women. Berger et al. (2008) 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 et al. 2008; Dickerson 2013; Haddock et al. 2000; Knudson-Martin and 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, "When Therapy Challenges Patriarchy: Undoing Gendered Power in Heterosexual Couple Relationships," 2015). They are perpetuated by the more powerful partner's 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 and Galick, "How Gender Discourses Hijack Couple Therapy—and How to Avoid It," 2015; Doss et al. 2003).

Male Engagement Cultivates Relationships

Researchers have described male engagement in many forms, i.e., spousal social support or reciprocity (Acitelli and Antonucci 1994), mutual support (Knudson-Martin and Huenergardt 2010), intimacy (Real 2003), attunement (Jonathan 2009), and responsivity (Matta and 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 and Antonucci 1994).

In related work, Jonathan and Knudson-Martin (2012) noted positive relational experiences when men were more responsive to their spouses' 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 and that when men orient toward their relationship, overall partner and relational satisfaction are likely enhanced (Knudson-Martin and 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, “[Undoing Gendered Power in Heterosexual Couple Relationships](#),” 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 and 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 high levels of 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 Adventists.

There were 7 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 constant comparative analysis until no new themes emerged (Charmaz 2006). 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 Fig. 1.

Attend to 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

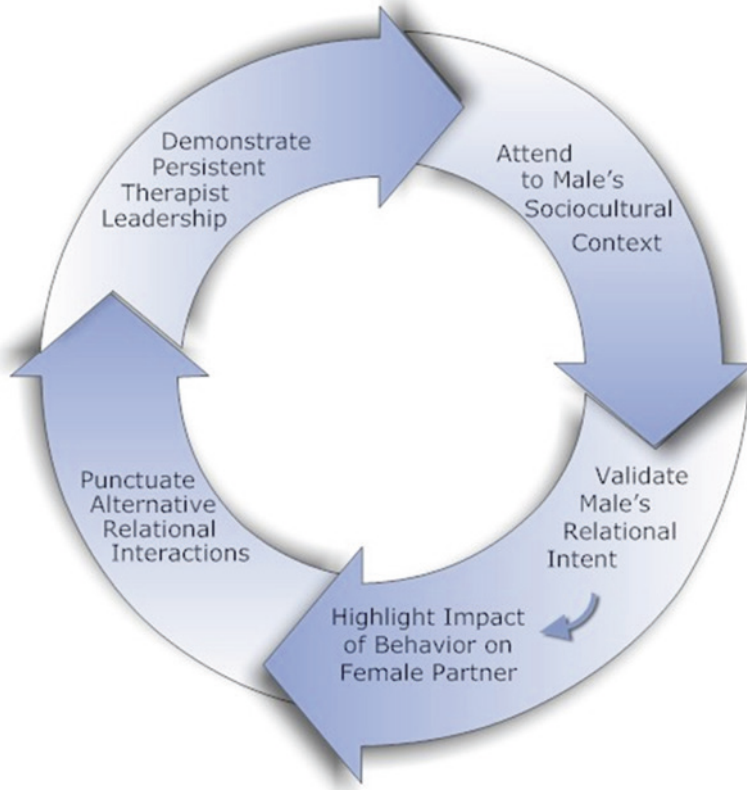


Fig. 1 Relationally engaging heterosexual men in couple therapy

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 has 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 forties, 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-forties.

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 sixties 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 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 thirties 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 reestablished.
- Couple responds in unison Yeah!
- Mathew I hadn't thought about that. 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 and Galick, "[How Gender Discourses Hijack Couple Therapy—and How to Avoid It,](#)" 2015). In the example below, the therapist persists in her attempts to engage Miguel, a Latino in his late twenties, and highlights the ways he relates to his spouse of seven years, Lena, a Latina in her early twenties:

- 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, [but] 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 Relational Engagement

Male relational engagement is a multifaceted process that works to overcome two aspects of the US gender context that emphasizes individualism and autonomy (e.g., Loscocco and 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 et al. 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 gender 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 and Huenergardt, "[Bridging Emotion, Societal Discourse, and Couple Interaction in Clinical Practice](#)," 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, and Kang, "[Expanding the Lens: How SERT Therapists Develop Interventions That Address the Larger Context](#)," this volume), 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 and Galick, “[How Gender Discourses Hijack Couple Therapy—and How to Avoid It](#),” 2015; Ward and 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 SERT (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.
- 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. (2008). 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.
- 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 and Family Therapy*, 29(2), 165–177.
- 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 and Development*, 91(4), 467–474.

- 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 and Family Therapy*, 26(2), 153–164.
- Jonathan, N. (2009). Carrying equal weight: Relational responsibility and attunement among same-sex couples. In C. Knudson-Martin & A. Mahoney (Eds.), *Couples, gender, and power: Creating change in intimate relationships* (pp. 79–103). New York, NY: Springer Publishing Company.
- Jonathan, N., & Knudson-Martin, C. (2012). Building connection: Attunement and gender equality in heterosexual relationships. *Journal of Couple and Relationship Therapy*, 11, 95–111.
- 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, 431–447.
- 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, 369–386.
- 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*. doi:10.1111/jmft.12068. Advance online publication.
- Knudson-Martin, C., & Mahoney, A. (Eds.). (2009). *Couples, gender, and power: Creating change in intimate relationships*. New York, NY: Springer Publishing Company.
- 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. (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.
- Loscocco, K., & Walzer, S. (2013). Gender and the culture of heterosexual marriage in the United States. *Journal of Family Theory and Review*, 5, 1–14.
- Matta, D. S., & Knudson-Martin, C. (2006). Father responsibility: Couple processes and the coconstruction of fatherhood. *Family Process*, 45, 19–37.
- 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, 297–301. doi:10.1192/bjp.186.4.297.
- Parker, L. (2009). Disrupting power and privilege in couples therapy. *Clinical Social Work Journal*, 37, 248–255.
- 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.
- Real, T. (2003). *How can I get through to you? Closing the intimacy gap between men and women*. New York, NY: Scribner.
- Sherpard, 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, 391–405.

- 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 and Relationship Therapy, 11*(3), 221–237.
- 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](https://doi.org/10.1111/j.1752-0606.2012.00324.x).
- Williams, K., & Knudson-Martin, C. (2013a). 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](https://doi.org/10.1111/j.1752-0606.2012.00303.x).
- Williams, K., & Knudson-Martin, C. (2013b). 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](https://doi.org/10.1111/j.1752-0606.2012.00303.x).