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COMPETENCIES FOR ADDRESSING GENDER AND POWER IN COUPLE THERAPY: A SOCIO EMOTIONAL APPROACH

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Power imbalances between partners are intrinsic to relationship distress and intricately connected to emotional experience, couple communication processes, and socio cultural contexts such as gender. The ability to work with the power dynamics between partners is thus critical to the practice of couple therapy. However, few practical guidelines for dealing with this issue are available. The authors present seven clinical competencies regarding gender and power issues that they identified by examining their own work: (a) identify enactments of cultural discourse, (b) attune to underlying socio cultural emotion, (c) name underlying power processes, (d) facilitate relational safety, (e) foster mutual attunement, (f) create a model of equality, and (g) facilitate shared relationship responsibility. Each competency is illustrated through a case example. The competencies represent an over-arching guide to practice that may be integrated with other clinical approaches and is particularly useful for training and supervision.

Family therapists know that gender matters (Leslie & Southard, 2009; Lyness & Lyness, 2007). Yet, most systemic models for practice still tend to overlook inequitable gender structures (e.g., Carlson et al., 2005; Williams, Galick, Knudson-Martin, & Huenergardt, 2013). Power dynamics between heterosexual partners continue to generate typified responses that partners frequently do not intend, are hard to notice, and have detrimental effects on couple relationships and the health and well-being of both women and men (Knudson-Martin, 2013; Knudson-Martin & Mahoney, 2005; Loscocco & Walzer, 2013). Clinical competencies for couple therapists must thus include interventions that help couples transform limiting gender stereotypes and gendered power dynamics (McGeorge, Carlson, & Guttormson, 2009; Ward & Knudson-Martin, 2012).

For over 5 years, we have been part of a group of marital and family therapy doctoral students and faculty focused on how to address gender and power issues in couple therapy. In this article, we offer a set of seven competencies that represent our current understanding of what is required to do this work and illustrate them with a case example. Though they grow out of our work, these competencies may be integrated with many different models of therapy (e.g., Gurman, 2013) and serve as a foundation to attaining other clinical goals. Our example focuses on gender-based power differences; however, power imbalances affect all couples, and we have applied the competencies to same sex relationships as well (e.g., Williams, 2011). A summary of each therapist competency across developmental levels is included in the Appendix A.

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STUDYING OUR OWN PROCESS

We first share our assumptions regarding gender and power. The consensual process used to develop the competencies and observations regarding our stages of therapist development follow.

Assumptions Regarding Gender and Power

The following principles guide our work with couples.

Context structures personal identities and relational processes. We begin with the assumption that people are socio cultural; that their very senses of self are (a) connected to cultural messages about who they are and how they should think, feel, and behave and (b) informed by inherent power differentials in a person's social contexts such as gender, race, socioeconomic status, and sexual orientation. Cultural differences are thus part of a wider set of societal power relations (McDowell & Fang, 2007).

As therapy begins, we take note of the socio cultural discourses embedded in clients' stories (e.g., Dickerson, 2013; Lyness & Lyness, 2007). This helps us recognize the socio cultural basis of client concerns and appreciate their emotional significance. The notion of discourse helps us distinguish societal meanings from the personal. Gender discourses are particularly salient. We expect that relational ideals are important to both men and women, but that societal expectations for men may sometimes contradict the relational aspect of their identities. Moreover, binary societal scripts do not convey the full range of gender diversity and typically presume heteronormativity, linking definitions of masculinity and femininity to heterosexual behavior even though many persons do not identify with these gender stereotypes (Knudson-Martin, 2011; Malpas, 2011).

Emotion is contextual. Recent studies suggest that emotional engagement is a key aspect of clinical change (e.g., Fishbane, 2007; Fosha, 2009; Johnson & Greenman, 2013). We are interested in the unique social contexts within which emotions arise. Because emotions connect individual experience with the larger world, they are an important avenue through which the socio-political is expressed at physiological and relational levels (Trevarthen, 2009). Thus, as we attune with each partner at the emotional level, we seek to understand how their experiences reflect societal and power positions and to recognize these in couple communication processes.

Power is relational. Partners engage with each other from different sources of power (Fishbane, 2011; Ward & Knudson-Martin, 2012). This complex dynamic is revealed in the degree to which partners are able to influence the other. People in more powerful positions tend to be less aware of the needs and interests of others (Parker, 2009). The balance of power is reflected in: "Who notices? Who feels entitled to express their needs or have them fulfilled? Who accommodates or organizes around the other? Who responds to provide care? The less powerful tend to automatically respond and accommodate the other" (Knudson-Martin, 2013, p. 6). As a result, persons in powerful positions are often unaware of their influence and may not *feel* powerful (Kimmel, 2011). When power is imbalanced, relational change is initiated when the person in a dominant position takes a more relational orientation (Fishbane, 2011; Huenergardt & Knudson-Martin, 2009; Williams & Knudson-Martin, 2013).

Relationships should mutually support each partner. The ability of partners to notice and respond to each other, attune to emotion, and accept influence are important to relationship success (e.g., Gottman, 2011; Greenberg & Goldman, 2008; Johnson & Greenman, 2013; Mirgain & Cordova, 2007). These relational processes foster both individual and relational health and are thus typically key goals of couple therapy (Lebow, Chambers, Christensen, & Johnson, 2012). Unequal power dynamics undermine these foundational relationship capacities (Jonathan & Knudson-Martin, 2012; Knudson-Martin, 2013).

Therapists must actively intervene in social processes. Gendered disparities in power and privilege are the effects of patriarchy (Dickerson, 2013) and are embedded across ethnic, racial, socioeconomic contexts (Perry-Jenkins, Newkirk, & Ghunney, 2013). To attain mutual support and intimacy, therapy must interrupt societal-based power differences (Knudson-Martin & Huenergardt, 2010). Our approach is intentional about this. In heterosexual relationships, "this usually means therapists must resist cultural messages that place relationship responsibility and vulnerability on women and, instead, encourage powerful male partners to initiate relational connection"

(Knudson-Martin, 2013, p. 11). We view this as a social intervention (Jordan, 2009; Knudson-Martin & Huenergardt, 2010).

Our Method

We frame our study group as an action research project in which members of an organization or team systematically study themselves to improve their work and at the same time make contributions to the field (Coghlan & Brannick, 2005). We have been meeting weekly, conducting and observing live couple therapy sessions and systematically reflecting on them. Over time, some students have left the group and new ones joined (see acknowledgments), with membership typically including a diverse group of 8–10 doctoral students working toward MFT licensure or newly licensed and two senior faculty members. Our on-going goal is to identify and document the skills involved in working with gender and power issues so that we are better able to apply and teach them. Analysis of our action process is similar to the consensual qualitative approach (Hill, Thompson, & Williams, 1997; Hill et al., 2005) in which consensus is used to examine individual experiences, process multiple perspectives, and arrive at shared judgments about the meaning of the data. To date, 25 persons have participated, including seven men and 18 women. Fourteen are persons of color. Ten immigrated to the United States or are international students. The authors of this article were part of the group from the inception. Five graduates of the group are now faculty at other universities. Our project has evolved through three phases:

Phase I: identifying key competencies: We began by observing live cases then discussing what we experienced, keeping nearly verbatim notes on our conversations. A subgroup (Ketsia, Carmen, and Doug) met to review the notes and identify salient themes to bring back to the group. Each week, group members responded to the themes until everyone's experience was taken into account. Through this iterative process, a draft of seven key competencies was identified and the group named the approach Socio-Emotional Relationship Therapy. The current version of these competencies is in the Appendix A.

Phase II: practicing & refining competencies: Group members used the draft competencies to guide practice in new cases and observed, discussed, recorded, and analyzed what was involved in implementing them following the consensual analytic process described above. A summary of these conclusions is illustrated in Table 1. We used these findings and made a demonstration video of the competencies to teach new group members how to implement them. Their learning experiences were incorporated into on-going refinement of the competencies.

Phase III: Application and research: As we continue to apply, study, and refine the competencies, we are now researching (a) aspects that we find particularly challenging, such as how therapists attain socio cultural attunement or how to relationally engage powerful men; and (b) how to apply the competencies to particular couples issues such as prior experience of childhood abuse, socio cultural influences on parenting, dealing with chronic illness, and infidelity (e.g., Williams et al., 2013).

Stages of Therapist Development

Over the course of our project, we observed four general stages as therapists develop the ability to apply a larger contextual lens to therapy: awareness, tracking process, providing leadership, and empowerment. Though these stages reciprocally influence the other and growth in each is on-going, they provide a useful organizing framework for evaluating the clinical competencies outlined in this article and summarized in the Appendix A.

First, therapists approach clinical work with varying degrees of *awareness* regarding how the larger social context (i.e., gender, culture, social power, etc.) affects relational processes and clients' presenting issues. Because these processes are so embedded in taken for granted realties, recognizing them and their influences requires on-going critical reflection and development of an overarching socio-contextual lens (Carlson et al., 2005; Esmiol, Knudson-Martin, & Delgado, 2012; Hernández-Wolfe, & McDowell, 2012 Seedahl, Holtrop, & Parra-Cardona, 2013; Seponski, Bermudez, & Lewis, 2013).

Second, the desire to apply a larger-context lens moves therapists to *track* how societal processes are playing out in their clients' lives and in the moment by moment of couple

Table 1
Skills Needed to Implement Socio-Emotional Relationship Therapy Competencies

Competency 1: Identify enactments of cultural discourse
- Listen for context
- Expand conversation regarding cultural discourse
- Explore personal meanings around cultural discourses
- Guide partners to see larger societal patterns

Competency 2: Attune to underlying socio cultural emotion
- Convey understanding of each partner's socio emotional experience
- Explore the relational effects of contextual experience
- Connect socio cultural experience to clinical issues
- Expand relational context

Competency 3: Identify relational power dynamics
- Recognize potential power processes
- Use current process to make power structure visible
- Detail what happens
- Link power processes to relational goals

Competency 4: Facilitate relational safety\
- Encourage vulnerability of powerful partner
- Identify relational needs of powerful partner
- Name safety issue for less powerful person
- Provide leadership regarding accountability

Competency 5: Foster mutual attunement
- Recognize and interrupt enactment of gender stereotypes
- Encourage powerful partner to take initiative in attuning
- Reinforce exceptions to gender stereotypes
- Help partners see what works

Competency 6: Create relationship model based on equality
- Listen to client stories through lens of equality
- Invite partners to envision what equality would look like
- Explore consequences of options
- Encourage partners to join to resist socio cultural patterns

Competency 7: Facilitate shared relational responsibility
- Work with powerful person first
- Focus on relational meanings, desires, and outcomes
- Facilitate mutual engagement
- Validate and reinforce shared responsibility

therapy (McGeorge et al., 2009). At this stage of development, therapists begin to see the unique consequences of gender and power dynamics for their particular clients (Knudson-Martin & Huenergardt, 2010).

The next stage, *therapist leadership*, is where we have seen many therapists get stuck. They are rightly concerned with issues of therapist power (e.g., Sutherland, Turner, & Dienhart, 2013) and do not want to impose their values (Leslie & Southard, 2009); however, interrupting the unwanted influence of societal power processes takes learning to be active in the face of constraining societal pressures. In a task analysis, we found that successful resolution required persistent efforts to engage the powerful partner and support the less powerful partner, as well as willingness to challenge power positions (Williams et al., 2013).

Finally, rather than simply teach skills or tell partners what they should do, therapists need to develop the ability to *empower*; that is, to facilitate the therapeutic conditions that enable partners to transform societal gender discourses and relate to each other from more equitable positions

(Almeida, Dolan-Del Vecchio, & Parker, 2008; Dickerson, 2013; Mahoney & Knudson-Martin, 2009). Our definition of empowerment involves liberation from constructing narratives and social structures (Hernández, Almeida, & Dolan-del Vecchio, 2005) and "mutual creation of meaning in which the therapist is key in stimulating the reconstruction of the clients' life stories" (p. 114). Thus, attainment of each of the seven competencies involves being able to engage the couple in transformative relational processes(see Appendix A).

Illustration of Competencies

We selected the following composite case to illustrate the competencies for working with gender and power because when you first meet this middle-class couple their gendered power dynamics could easily be missed. Serena,[1] aged 42, is an African American woman who appears very independent and seems able to speak up for herself. Wes, aged 50, is a relatively soft-spoken European-American man. They have been married 3 years. It is Wes' third marriage and Serena's second. Serena initiated therapy because she is distressed by his bouts of rage that seem to come out of nowhere. The examples are drawn from multiple sessions enacted with male and female co-therapists. They are selected to emphasize gender; however, we continually view the couple's gendered experience as intricately connected with the multiple ethnic, racial, and socioeconomic contexts in which it is embedded. Our discussion of each competency describes therapist actions at the empowerment level of development. It is important to note, however, that the ability to facilitate empowerment includes awareness, tracking, and leadership.

Competency 1: Identify Enactments of Cultural Discourse

In this competency, therapists guide partners to see their relationship as part of social patterns larger than themselves.

Listen for context. We focus especially on discourses that guide how people orient themselves to others (e.g., Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006), listening for and reflecting back messages about independence and connection, position and hierarchy, sources of personal worth and value, expectations about roles and decision-making, and the meaning of accommodating and attending to others. As Wes describes his attraction to Serena, the therapists listen for these markers of the social context.

> Wes: She has a lot on the ball. I found it attractive that she was independent—didn't have to call me up at work for every piddly little thing.

Expand conversation regarding cultural discourse. Notice how the therapist highlights the idea of woman as independent, focusing on his attraction in relation to stereotypical gender discourse in White culture.

> Therapist: When you talk about Serena being an independent woman, it strikes me that that's a pretty different model of being a woman than the traditional mainstream ideal… say some more about what you think a woman should be like.
>
> Wes: I don't know that I had any ideal in mind…I knew what I didn't want. I used to think I'd want a woman who'd cater to my needs, and kinda be around me all the time… initially I thought that would be pretty nice; but I experienced two marriages with women who were very dependent. And it drained me.

Explore personal meanings around discourse. Aware that Serena's experience of gendered dependency might be quite different, the therapist provides leadership by extending the conversation about women needing men and exploring what this idea means to her:

> Therapist: I always find it kind of interesting to think about what you might have learned about being a woman before you met Wes…this idea of not really needing a man. How does that fit into your life experience?
>
> Senera: My idea of a man was someone who would take care of me… I obviously didn't get it right, because I ended up in a very abusive marriage… when I finally got up the courage to leave, after I walked away, I started to rethink.

As the therapists continue to track how cultural gender ideals play out in this relationship, they and the couple begin to see societal ideas expressed and experienced in very personal ways.

Guide partners to see larger social patterns. As a first step toward empowerment, the therapists frame the couple's patterns as part of social patterns larger than themselves.

> Therapist: Both of you are here today because you really value this relationship, and both of you have been trying pretty hard. And yet you seem to have fallen into some patterns that we see pretty often with other couples. (to Serena) You speak like many other women. I want to listen; to be heard…and I feel like I really need to pay attention to the relationship.
>
> Serena: Absolutely
>
> Therapist (to Wes): And I hear you saying that you also care about relationship, but taking on such a sense of expecting that as a man you're supposed to have the answers.
>
> Wes: Um-hum. Uh-hum!

Competency 2: Attune to Underlying Socio cultural Emotion

We have learned that understanding clients' social context is not sufficient to engage partners in transformative clinical work (Knudson-Martin, 2013). Therapists also need to communicate that they "get" each partner's socio emotional experience. In this competency, therapists reflect socio cultural attunement to each partner that affectively engages them in the therapy and creates a new basis for addressing relationship processes.

Convey understanding of each partner's socio emotional experience. As Wes speaks of how hard he is working at trying to be a good husband, the therapists seek to resonate with his understanding of himself as a man:

> Wes: I know what it takes to be a man. I've been through that. (pause) Sometimes I'm thinking that it's a struggle to be enough for her; that if I don't keep doing it, giving it all I've got. (sits up straighter). See I can give it everything I got. It's always worked for me before. I don't know why she's…
>
> Therapist: You're worried that you can give it everything you've got…you can give it all you've got…give it all you've got…and it still won't be enough for her?
>
> Wes: Ya! Why wouldn't that be enough for her?

Explore the relational effects of contextual experience. The therapists recognize that Wes' unilateral approach to relationships is consistent with gendered approaches to relationship maintenance (Loscocco & Walzer, 2013) and emphasize this discourse as they explore its effects on Serena:

> Therapist (to Serena): And what is that like for you? To feel that he's charging ahead in one direction?
>
> Serena: It makes me feel like I'm not part of the equation; that he's just doing this thing that has nothing to do with me.
>
> Therapist: So when Wes puts all this energy in, he's trying really hard, but it makes you feel left out.
>
> Serena: Exactly!

Connect socio cultural experience to clinical issues. The therapists sympathetically link Wes' emotional experience to his anger, while remaining sensitive to power dynamics and emotions related to power positions.

> Therapist: It makes sense to me then why you might get angry or have a tone to your voice, because beneath it you're saying what more do you want?!

Wes: Ya!

Therapist: I am fulfilling my role as I understand it.

Wes: And well.

Therapist: And it's not enough…so there is the source of some of the anger.

Expand relational context. Exploring each partner's socio-embedded emotional experience offers hope and engages them and empowers them to approach their relationship from a new, larger perspective:

Therapist: You know as I listen to you, I get a fair bit of optimism about what's possible in your relationship. Because, Serena, I hear you, a woman who's been hurt before; who's learned that it can be unsafe to be a woman in a relationship and to not expect very much necessarily–you've taken a risk, and you haven't given up hope.

Serena: No I haven't.

Therapist: And Wes, you have taken on such a strong sense of responsibility to do the right thing; to make Serena happy.

Competency 3: Identify Relational Power Dynamics

It is important that therapists evaluate presenting issues and couple dynamics in relation to gendered power processes (Carlson et al., 2005). In this competency, the therapists name the underlying power imbalances in a manner that validates both partners and engages them to relate in ways that challenge previous power patterns.

Recognize potential power processes. In this session, Wes came in upset because Serena had not taken time to listen to something important to him. Note that the therapists do not automatically follow his construction of the problem; instead, they explore how his emotional response is connected to gender expectations regarding who attends to whom and whose time is valuable:

Therapist: So you were expecting that she would be available and listen to you. It was pretty disappointing to you—upsetting– that she had something else to do and wasn't listening to you.

Wes: Yeah. Well Yeah!

Use current process to make power structure visible. It is easier for couples to see power dynamics when they evolve from the issues they raise. Here, the therapists recognize a gendered power issue and track how each partner experiences it.

Therapist: (to Wes) If I'm getting this straight, you were expecting that Serena was going to be there for you. (to Serena) And you felt like he wasn't paying attention to what you had scheduled.

Wes: if she would have cared a whole lot, she'd have given me the time of day.

Power is an abstract concept. By opening conversation that explores the details of the power dynamics involved in this incident, the therapist provides leadership in making previously masked power imbalances visible.

Therapist (to Serena): It's your experience over time that you pretty consistently try to make yourself available, and this one time that you weren't available—it surprised you. (to Wes) And I can imagine that it surprised you too. You're kind of used to Serena being available.

Wes: I don't ask that much, so when I do ask, it would seem like… "sure!"

Detail what happens. When details are explored in a validating way, partners are able to hear and recognize the pattern. This discussion is particularly empowering for the less powerful partner

who has probably not been able to previously address these issues. But it needs to also fit with the more powerful partner's experience.

> Therapist: (to Wes) I'm trying to think how it works if the situation were reversed? If you're busy and you're doing something? Are you in the habit of stopping what you're doing to listen to Serena?
>
> Serena: That's a good question!
>
> Wes: I don't know (long pause)… I don't think she comes and wants to talk to me about stuff when I'm engaged in a project.
>
> Other Therapist: She doesn't tend to interrupt you?
>
> Wes: No. (pause) ununh.

Link power processes to relational goals. We assume both partners want to connect and respect each other. The conversation below creates a foundation from which partners can begin to challenge unbalanced power dynamics.

> Therapist: Overtime an imbalance has been created so that you expect Serena to listen to you. (to Serena) And you have stopped expecting Wes [to listen]… So what you were hoping for…to be able to connect with him, that difference between the two of you in who can say what's on their mind and expect to be heard is really getting in the way.

Competency 4: Facilitate Relational Safety

How vulnerability is experienced and expressed is influenced by gendered power positions (Scheinkman & Fishbane, 2004). Relational safety requires that powerful persons be accountable regarding the effect of their actions on others (Almeida et al., 2008). In this competency, the therapist actively supports both partners in building a relational bond based on mutual accountability, emotional vulnerability, and safety.

Encourage vulnerability of powerful partner. Men tend to be socialized to avoid being vulnerable and instead take a power over position (Fishbane, 2011) or withdraw (Gottman, 2011). This can place the burden of vulnerability on women. Therefore, before the male partners become aware of their own vulnerability and chose to move toward and explore it, the therapists take a protective stance around women's vulnerability (Knudson-Martin & Huenergardt, 2010). In this example, the therapists ask Wes if he is willing to take the vulnerable position of hearing how he sometimes makes Serena feel unsafe:

> Wes: In my 50 years of living, I have never hit a woman, never once. I have never used profanity at a woman. I have always done my best to treat them appropriately. All women. My wives included. To think that I am hurting somebody when all I'm trying to do is trying to help…
>
> Therapist: Ya. You're trying to help.. You're trying to make a good living for the family. But more than that, you're really trying to be the kind of man that she wants you to be. And it's not been working perfectly…
>
> Wes: umhum…umhum
>
> Therapist: So would you be willing to give it a shot to try to hear? It kind of makes you vulnerable in that way.

Taking a vulnerable stance is risky for those in power positions. Wes needed considerable support:

> Therapist (softly): So what does that mean to you, Wes, that the words that you just spoke make your wife feel unsafe; that you're not safe to be with?
>
> Wes: I don't understand it.

Identify relational needs of powerful person. Being vulnerable is facilitated as the therapists provide leadership that connects Wes with his relational needs and acknowledges his pain.

Therapist: I know… how does it make you feel in this moment? All the effort that you've been putting in to try to make this relationship work, and at this moment you are getting direct feedback from your wife that it doesn't feel safe.

Wes: Like it's been a total waste. That everything I do is wrong. That it's not going to work.

Therapist: Everything you do is wrong. And your fear is then….what?

Wes: Ah man (long pause)…That she'll walk.

Therapist: (softly) she'll walk.

Wes: (softly) that I won't be good enough.

Name safety issue for less powerful person. It would be easy at this point to place more relational responsibility on Serena and invite her to make it safe for Wes to be vulnerable, but the therapists need to respond in ways that avoid replicating gendered power processes that keep women vulnerable and prioritize men's needs.

Therapist: Serena, Wes just expressed that he really worries about whether the relationship is going to end. But it doesn't take away from your experience that it doesn't feel safe. So when it doesn't feel safe what happens for you?

Serena: (softly) When it doesn't feel safe, I want to walk away. I don't want to stay where it doesn't feel safe. Because I lived with that for too many years.

Therapist: And when you hear Wes just now talk about his fear that you might walk away, what was it like for you to hear that?

Serena: (very softly) I didn't know that.

Provide leadership regarding accountability. The softening that occurred in this segment is similar to emotionally focused approaches (e.g., Greenberg & Goldman, 2008; Johnson & Greenman, 2013). However, in this competency, therapists must remain attentive to accountability regarding shifting power dynamics (Almeida et al., 2008).

Therapist: It seems like in order for you to work on the marriage, it's important for you to understand that even though you don't use profanity, you don't hit her, you have hurt her…just by the patterns that have evolved. Serena, would you feel safe at this moment to share with him a little bit about that?

Because Wes had taken the first step toward vulnerability and expressed relational interests new to her, Serena now felt safe to share more of her experience.

Competency 5: Foster Mutual Attunement

Gendered differences in emotional attunement and attending are among the primary reasons so many more women than men are dissatisfied with their relationships (Loscocco & Walzer, 2013). These gendered differences create a power imbalance in the ability of women to engage the other in issues of concern to them (Gottman, 2011; Knudson-Martin, 2013). In this competency, therapists challenge gender stereotypes and empower each partner to empathically imagine the other's experience such that they "feel felt" and are mutually changed by that resonance (e.g., Siegel, 2007).

Recognize and interrupt enactment of gender stereotypes. As is not unusual, when Wes expressed his vulnerable emotions, Serena responded by trying to help relieve him of his fear.

Serena: I never saw how scared he was of losing me and losing this relationship until now….And, (speaks quickly to Wes) I want you to know that I really appreciate everything that you do for me. You are a wonderful husband. And I want to be a better wife to you, I really do.

The therapists recognized this as a gender stereotypical response and interrupted it by beginning to track the effects of gender dynamics present in the session:

Therapist: So Serena… I'm trying to understand why you're so willing to let go of all the fear and doubt that you've had [about the relationship] and now you're saying "just tell me what to do."

Serena: I didn't realize how scared Wes was. His fear just really shook me.

Therapist: So when you get in touch with his fear, then your response is to try to fix all that for him?

Serena: Ya. Ya!

Encourage powerful partner to take initiative in attuning. The therapists challenge gender stereotypes by inviting Wes to initiate attunement:

Therapist: Women get taught that they are supposed to take care of men's feelings. And part of Wes's anger is that "maybe I've had a time when my feelings aren't being taken care of"…and now we're encouraging Wes to be able to initiate things to connect with you.

Reinforce exceptions to the gender stereotype. Helping partners notice ways of being in relationship that promote mutuality is especially helpful (Dickerson, 2013). We find this is especially so for men who may feel or have declared themselves incompetent in relational arenas:

Wes: What I'm also saying is that I don't know how to make it different. I've never done it differently…

Therapist: You're doing it a little differently right now.

Help partners see what works. Wes listened intently as Serena described her hopes for the relationship and how hard it is when she feels disrespected by him. His attunement to her was a new experience for the couple. To reinforce Wes' newly demonstrated competence, the therapists helped them detail his success:

Therapist: Did you feel heard by Wes?

Serena: (very softly) Yes I did.

Therapist: What did he do that helped you feel heard?

Serena: The way he was looking at me.

Therapist: He was looking at you

Serena: And the fact that he acknowledged that he's going to need time.

Therapist: Because he didn't say a lot.

Serena: No he didn't.

Competency 6: Create a Relationship Model Based on Equality

There are few models for equal relationships (Gerson, 2010). In this competency, the therapist helps the couple create a relationship model based on equality and works with their micro-processes to expand and develop their personal picture of equality.

Listen to client stories through lens of equality. Like couples, therapists need an intentional new lens to recognize inequitable power. In this session, Serena is upset because Wes invited himself to an event she had planned with her friends. The therapists track the power dynamics:

Therapist: Did you ask Serena–or did you tell her—that you wanted to go along?

Wes: (pause). Ummm. I didn't think it was going to be an issue because it didn't seem different than the kinds of things we had done before.

Therapist: … You had a vision that this is similar to something we've done before and you kind of decided (with emphasis) on your own.

Invite partners to envision what equality would look like. As the couple processes this incident, the therapists engage them in detailing and operationalizing their ideas of equality:

Therapist: I'm trying to get a picture of what it would really mean for the two of you to live together in a way where each of you is equally contributing to the relationship—and equally benefitting. So when you envision what that would look like, what do you picture in terms of asking? For example; how would you know when to ask?

Explore consequences of options. Instead of teaching a specific model of equality, the therapists empower the couple detail the effects of the taken-for-granted gender norms in their picture:

Serena: I keep a planner, an actual physical planner that I write things in, and I visualize that when we have social events I would write those down and I would plan them ahead of time… and then Wes and I could sit down and I would let him know which ones he can participate in.

Therapist: So it's been your responsibility to sort of organize things for the family? (to Wes). And a lot of times that's worked for you pretty well. You just let her make all those plans.

Wes: I'll admit that. I've never told her let me help you make the plans.

Encourage partners to join to resist socio cultural patterns. Describe social roles and patterns in ways that are not fixed, and invite partners to consider how to make them equitable:

Therapist: (to Serena) So that's been your responsibility. (to Wes) and you've not been in the habit of even thinking about what the social events would be… I'm wondering what it would be like if you shared some of that responsibility; if that's something you'd be interested in? I'd like to hear the two of you talk with each other about what that might look like for you.

Competency 7: Facilitate Shared Relational Responsibility

Traditional gender norms place responsibility for relationship maintenance on women. In this competency, therapists facilitate a process that enables *both* partners to genuinely engage with difficult issues while maintaining concern for the other's well-being and for the relationship.

Work with powerful person first. Part of relational responsibility is being willing to directly address issues of concern. Working with Wes first counteracts gender norms and helps to empower both partners to risk dealing with troubling issues:

Wes: I don't like pushy women. I find that kind of disgusting, you know. And when I feel like I'm being pushed around…

Serena: Do you feel like I'm a pushy woman?!

Wes: I didn't say that. I didn't say that. I just sort of (looks down)

Wes' tendency would be to withdraw at this point. The therapists encourage him to stay engaged:

Therapist: See I think this is very important, for you to be able to get some clarity on this issue, because you feel very strongly that something doesn't feel right. That she's being pushy…

Wes: Well, maybe I'm being a little strong on that.

Other Therapist: Stay with the feeling, though, that you want her to understand.

Focus on relational meanings, desires, and outcomes. This helps facilitate an alternative to gender-stereotypical patterns such as dominance or withdrawal.

Wes: (animated) I'm flowing with it and every now and then it's like she puts in a dam. She comes up with things that just sort of stop my flow.

Therapist: What it is that you really want her to understand?

Therapist: That I want this relationship and I really am putting in an effort… I do things I think are going to please her and she says "oh! that doesn't please me."

Facilitate mutual engagement. In this example, Wes has stepped away from using putdowns and instead expressed his relational concern. When the more powerful partner has taken a relational stance—and if safety has been established–the other partner must also risk engagement:

Therapist: (to Serena). So if you were to let yourself take in those feelings that Wes is sharing with you—his fear that he's not going to satisfy you. What would it be like for you to hear that?

Serena: That I would feel it too. (softly)… that everything would fall apart.

Validate and reinforce shared responsibility. In the absence of societal models for shared relationship responsibility, couples are empowered when the therapist gives voice to what they couple has accomplished and reinforces a vision of mutuality.

Therapist… You hung in there with each other—even when you didn't like what each other had to say. And if there's really two people in this relationship then you're going to be saying things that's in your hearts and minds. And somehow it has to be safe for that.

DISCUSSION

Our group came together with different levels of experience and used various systems/relational models to guide our therapy. As we made addressing gendered power a primary focus, we have evolved a set of clinical competencies that form the foundation for an approach to couple therapy we call Socio-Emotional Relationship Therapy (Knudson-Martin & Huenergardt, 2010). If you watch us practice, some of us look more narrative, others structural, solution-focused, experiential, or emotion-focused. But we all position ourselves to help make the consequences of larger social discourse visible in intimate relationships and empower couples to create just, mutually supportive relationships.

Like useful previous guides (e.g., Haddock, Zimmerman, & MacPhee, 2000; McGeorge et al., 2009), the suggested therapist competencies raise gender and power issues that otherwise tend to be overlooked and encourage therapists to actively counteract socio cultural power disparities. However, we extend previous work by outlining how to accomplish these kinds of interventions and by focusing more attention on the connections between socio cultural context, emotion, and power.

At the right side of the developmental continuum (see Appendix A), each competency offers a process goal that empowers couples to create relationships less limited by gender stereotypes and power inequities. The left side spells out where many therapists currently are; they are aware that gender and culture matter, but do not organize their therapeutic responses in ways that attend to power imbalances. Instead, they proceed *as though* partners are equal and inadvertently reinforce existing gender patterns (Leslie & Southard, 2009; Williams & Knudson-Martin, 2013). As competencies develop, therapists are more able to recognize and track the societal influences on couples and take leadership in empowering couples to identify alternatives consistent with goals of mutual support –which virtually all couples say they want.

IMPLICATIONS FOR TRAINING, SUPERVISION, AND PRACTICE

Based on our experience learning to implement the competencies for working with gender and power in couple therapy, we offer the following suggestions for training, supervision, and practice.

Create Intentional Consciousness Raising Opportunities

Like others who study the process of learning to work with larger context issues such as race, class, gender, and sexual orientation (Esmiol et al., 2012; McDowell et al., 2005; Nixon et al., 2010; Platt & Laszloffy, 2013), our experience is that even with prior coursework, multicultural theory is not likely to be transformed into practice without intentional activities that raise consciousness. Course assignments and supervision need to help new therapists explicitly track the effects of socio cultural discourse and power processes on individual identities and relationship patterns. This must begin with awareness of the self-of-the-therapist and systematically be incorporated into case assessment protocols. Seasoned clinicians and supervisors also need to engage in consultation that holds them accountable to their contributions to social justice or inequities (Hernández et al., 2005).

Begin with Socio cultural Attunement

A unique component of these competencies is the expectation that therapists intentionally socio culturally attune to each partner. When therapists take in and "get" the unique socio cultural experience of their clients, it is easier to see the connections between presenting issues and larger context issues (Esmiol et al., 2012). We find that when clients express emotion around a particular topic, this is likely to be a particularly fruitful area to engage with clients' socio cultural experience. Doing so may also help counteract the tendency of therapists to distance themselves and use fewer of their usual clinical skills in an effort to be "respectful" of cultural differences (Vargas & Wilson, 2011).

Expect Complexity

Though gender disparities tend to transcend cultures, personal meanings and expression vary across cultures and from context to context (Keeling & Piercy, 2007; Perry-Jenkins et al., 2013). Supervisors should help trainees and interns look beyond cultural stereotypes to identify multiple socio cultural discourses at work in people's lives. For example, most cultures and religions include values of mutual respect and fairness. These may co-exist with patriarchal practices, but be less developed in their relationship stories. Help supervisees distinguish between imposing their own egalitarian values and helping clients raise consciousness that empowers new options (Hernández et al., 2005).

Focus on Relational Needs of More Powerful Person

Patriarchal power patterns are persistent. Our experience is that therapists must persist in identifying the relational needs of partners in powerful positions and help them engage from a relational rather than power orientation (e.g., Fishbane, 2011; Silverstein et al., 2006). This change often does not come easily. Training and supervision should intentionally support therapists in this challenging activity. Both male and female therapists will likely need to be aware of their own emotional responses to confronting power processes and will benefit from help in maintaining accountability for their roles in maintaining or transforming inequities.

On-going Study

Studying our work has transformed our practice. The seven competencies outlined in this article constitute an important over-arching guide that enables us to contextually situate other interventions and recognize, and be accountable to, our influence on gender and power processes. Learning how to implement each of the competencies raises many new questions and is a fertile ground for on-going study.

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NOTE

[1]Names are pseudonyms.

Awareness----------→ Tracking Process ----------→ Providing Leadership-------→Empowerment

1. Identify Enactments of Cultural Discourse

1	2	3	4	5
Therapist is aware that clients belong to a particular cultural context but is uncertain about how they are organized by culture or their relationship to it.	Therapist expands awareness of cultural context to include intersections with gender, class, race, religion, and other significant personal contexts such as prison experience and work environment.	Therapist identifies cultural markers in the conversation, but does not explore how they uniquely link to personal experience or consider other discourses that might be involved.	Therapist extends conversations regarding cultural discourse--and other contradictory discourses--that influence personal experience and couples' patterns of relating.	Therapist guides partners to see their relationship as part of social patterns larger than themselves.

2. Attune to Underlying Sociocultural Emotion

1	2	3	4	5
Therapist processes client emotion at an individual level, but does not probe underlying relational or socioemotional contexts.	Therapist processes relational context of client emotions, but does not explore how they are part of larger sociocultural experience.	Therapist identifies the origin of the emotion in the larger socio-cultural discourse in an abstract way that is hard for clients to understand and not connected to their relationship process.	Therapist explores underlying sociocultural emotions and begins to link them to relationship patterns.	Therapist reflects sociocultural attunement to clients that affectively engages them in the therapy and creates a new basis for addressing relationship processes.

3. Identify Relational Power Dynamics

1	2	3	4	5
Therapist ignores or takes power issues at face value and validates complaints of the powerful person without attending to power imbalances in the relationship.	Therapist Identifies power issues but minimizes them by attributing them equally to the relationship system without addressing the nuances of individual socio-emotional experience.	Therapist is attuned to underlying power processes and validates individual experiences such that client "feels felt," but alienates the partner.	Therapist names underlying power issues in a way that both partners feel validated.	Therapist names underlying power issues in a way that both partners feel validated and engages them to relate in ways that challenge previous power patterns.

4. Facilitate Relational Safety

1	2	3	4	5
Therapist assumes an inherent equality between partners that ignores power and safety issues that encourages vulnerability when it is not safe to do so.	Therapist's exploration of safety and vulnerability issues in the relationship is limited to concerns regarding physical safety and potential violence.	Therapist begins to identify and name emotional as well as physical safety issues, and takes a clear stance that encourages partners to be accountable for the safety of self and other.	Therapist demonstrates ongoing tracking of safety and vulnerability issues as they relate to the couple's emotional and relational processes in and out of session.	Therapist actively supports both partners in building a relational bond based on mutual accountability, emotional vulnerability, and safety.

5. Foster Mutual Attunement

1	2	3	4	5
Therapist reinforces gender stereotypic power differences by encouraging the more emotionally attuned person to focus on the less attuned.	Therapist encourages both partners to tune into each other, but does not addressing the underlying power differences.	Therapist identifies gendered behaviors that influence each partner's ability to attune to the other, but normalizes them instead of challenging them.	Therapist asks less attuned person to stretch toward partner without putting this experience in a socioemotional context.	Therapist challenges gender stereotypes and empowers each partner to empathically imagine the other's experience such that they "feel felt" and are mutually changed by that resonance.

6. Create a Relationship Model Based on Equality

1	2	3	4	5
Therapist uses language that collapses individual positions in the system and ignores how gendered power contributes to the relational issues.	Therapist identifies unequal relationship patterns but doesn't know how to engage clients in further exploration of these issues.	Therapist interrupts unequal relationship processes and introduces questions that begin to address equality issues.	Therapist clearly names invisible power processes and helps couple identify their options and goals regarding relationship equality.	Therapist helps couple create a relationship model based on equality and works with their micro-processes to expand & develop their picture of equality.

7. Facilitate Shared Relational Responsibility

1	2	3	4	5
Therapist actions allow stereotypic gender patterns to organize the session.	Therapist points out stereotypic gender interactions but does not link them to shared responsibility and mutual accountability.	Therapist names the gender patterns that limit mutual responsibility and begins to track their emotional and relational impact.	Therapist asks the less responsible partner to initiate relationship change but does not support the couple in establishing a new relational pattern	Therapist facilitates a process that enables both partners to genuinely engage with difficult issues while maintaining concern for the other's well-being and for the relationship.

Figure A1. Competencies for working with gender and power in couple relationships.