

**The Association Between Sexual and Relationship Satisfaction:
Mediated by Perceptions of Relational Power**

by
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A thesis submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Master of Science

Auburn, Alabama
August 7, 2021

Keywords: Marital satisfaction, sexual satisfaction, relationship satisfaction, relational theory of power, power dynamics, couples power, couples therapy

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Abstract

The goal of the current study was to determine the influence of equitable power balance on relationship satisfaction for couples in therapy. The Relational Theory of Power emphasizes that power is held within one's standing within a relationship and is fluid. Previous studies establish a relationship between sexual and relationship satisfaction without considering power in decision making, children within the relationship. Likewise, the studies use community rather than clinical samples. The current study utilized existing data from the Auburn University Marriage and Family Therapy Center (AUMFT) and tested a mediation model to determine the possible mediation effects of power dynamics and sexual satisfaction on relationship satisfaction while controlling for children, violence, and relationship length. Hierarchical multiple regression indicates that power balance plays a mediating role in the relationship between sexual and relational satisfaction for males, but not for females. Separately, improved sexual satisfaction and more balance in decision-making in the relationship are associated with enhanced relationship satisfaction for females and males. The results implications are reviewed.

Acknowledgments

To Calvin, my husband, thank you for your unwavering support and encouragement. I could not have finished my degree without you by my side. To my cohort, thank you for offering encouragement and help when needed. To my committee, thank you for agreeing to take me on and working with stressful schedules. And to Scott, who took on a struggling student and didn't give up, thank you. Thank you all.

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Chapter 1: Introduction

Sexual satisfaction is a factor that consistently impacts relationship satisfaction (Ziaee et al. 2014) and is strong enough to offset the adverse effects of poor communication on the intimate relationship (Litzinger & Gordon, 2005). A recent nonclinical study suggests that relational and sexual satisfaction are intertwined with dynamics co-influencing over time (McNulty et al., 2016). However, while there is an association between sexual satisfaction and relationship satisfaction (Ziaee et al. 2014), over-simplistic solutions to modify this relationship can create negative consequences. For example, a Carnegie Mellon study found that increasing sexual frequency decreases sexual enjoyment and couple happiness (Loewenstein, 2015). Taking a more complex view of the link between sex and relationship satisfaction could elucidate the essential dynamics of satisfaction.

The interconnectedness of sex and relationship quality indicates that a variable, which influences both dynamics could have an immediate impact on the relationship and could be a driving force for therapeutic change. One such factor is the power dynamic within the couple relationship (LeBaron et al., 2014). Power imbalance devalues the equity within a relationship, making one partner feel less significant than the other (Byers, 1999). As the family life cycle shifts, there are natural adjustments in power, such as the birth of a child. The power shift might serve as a partial explanation for why relationship and sexual satisfaction decrease after childbirth (McCarthy & Bodnar, 2005). Likewise, power shifts could mediate sex and relationship satisfaction, providing valuable information for clinicians.

It is essential to understand these factors from a clinical perspective, not only what impacts satisfaction but also how to change it. McCarthy (2018) argues that “Every couple, regardless of socioeconomic status, deserves first-class sex therapy that helps establish a

satisfying, secure, and sexual relationship from an empathic, respectful clinician who remains sensitive to specific vulnerabilities and challenges related to economic and social class factors” (p. 1). Therapy and couples education can be pathways for change. A therapist with the Gottman Institute, Kyle Benson, states that couples can better their sexual relationship by simply discussing sex directly (Benson, 2021). Couples seeking therapy tend to suffer more significant distress than the general population (Gottman et al., 2020).

Relationship Satisfaction and Sex

Sex and relationship satisfaction have an undeniable correlation (McNulty et al., 2016; Shoenfeld et al., 2017; Ziaee et al., 2014). One study with Chinese couples found that marital satisfaction predicts later sexual satisfaction for women, and sexual satisfaction predicts later marital satisfaction for men (Hongjian Cao et al., 2019). McNulty (2016) proposes that therapeutic intervention for marital distress may benefit by targeting the sexual relationship and may lower sexual distress by targeting the marriage relationship. Melzer et al. (2017) concluded that sex promotes “pair-bonding,” consequently strengthening the relationship. Thus, sexual satisfaction has been shown to have more impact on marital satisfaction than sexual frequency (Shoenfeld et al., 2017). While research has focused on nonclinical samples, evaluating how sexual satisfaction affects a clinical sample of couples receiving relationship therapy would provide a unique treatment perspective. A study by Péloquin (2019) reported that thirty percent of couples in therapy had clinically significant sexual problems, suggesting that couples therapy (CT) focused on sex and relationship dynamics would be beneficial.

This focus is needed because researchers note that marital satisfaction declines over time, especially after the transition to parenthood (Lawrence et al., 2008; Gottman, 2001; Cowan & Cowan, 1988). A study by Schwenck (2020) reported that, after becoming parents, couples

report lower sexual satisfaction and desire and higher distress than their child-free peers.

Grøntvedt (2020) confirms that sexual frequency decreases over the length of the relationship and appears to be limited by relationship commitment, which could lead to imbalanced responsibilities. However, because sexual satisfaction decreases over time, no matter the family structure, the evidence suggests that interaction patterns between partners serve as potential benchmarks for relationship adjustment. Well-designed research may control for children and relationship length.

Power and Sex

Communication, conflict, acceptance, and commitment are all constructs that influence romantic relationships (Fallis et al., 2016; Witting, 2008). However, some have argued that the two most robust relationship dynamics that impact couple satisfaction are power equity and sexual satisfaction (Brezsnyak & Whisman, 2004). Power imbalance appears to increase sexual inhibition, thereby decreasing sexual satisfaction (Komter, 1989). The Interpersonal Exchange Model of Sexual Satisfaction (IEMSS) proposes that couples consider costs, rewards, and equality in their sexual relationship (Byers, 1999). Thus, a power imbalance could mean a higher “cost” for both partners.

Likewise, equity in relationship power can strengthen the level of “lust” within the relationship because it is tied to positive affect (Ridley et al., 2006). The fluctuations in lust are positively linked to emotional affect and more consistent sexual behaviors. The authors asserted that memories of positive events triggered more frequent lust scenarios. However, when lust was manifested towards a partner, who was also the recipient of negative feelings or actions, there was a dampening effect on the partner’s sexual responsiveness. The lust finding supports the declaration by William Howell (1980), “a physical involvement across sexual boundaries is often

conceptualized as a power relationship (Abstract).” While the limited number of publications suggests a significant moderate relationship between power equity and sexual and relationship satisfaction (Bay-Cheng, Maguin, & Bruns, 2017), no study was found within the CT literature that evaluates decision-making power as a mediating variable for sexual satisfaction and relationship satisfaction.

Power and Relationship Satisfaction

Power differences between partners, a fluid dynamic, influence the couple’s satisfaction (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020; Stafford & Canary, 2006; LeBaron et al., 2014). The perception of power appears to be an essential component of satisfaction. A recent study focusing on delivering therapeutic interventions determined that perceived power equity for female partners increased relationship satisfaction across time (Handley et al., 2019). These findings support previous research that perceived power equity leads to greater relational satisfaction (Dunbar, 2004). Likewise, power balance measured as “perceived fairness” in a marriage can lead to greater marital satisfaction (Wilkie et al., 1998). This “fairness” can be different for male and female partner perceptions. The Relational Theory of Power (RTP) states that relational power reflects one’s standing in the relationship, rather than what one holds over the other (Hocker & Wilmot, 2014).

Power balance may play a different role for men and women in their perceived relational satisfaction. For women, their partner’s control and personality dominance may affect their perceived relationship quality and is often manifest in the decision-making process (Lindová et al., 2020). Studies have consistently found that in long-term heterosexual relationships, men often hold more power than women. This power difference impacts relationship satisfaction and could lead to additional problems (Ball et al., 1995; LeBaron et al., 2014). Because clinicians and

researchers consistently outline that an evaluation of power needs to control for the potential for intimate partner violence, any clinical study could benefit by controlling for violence (Hammet et al., 2021). Thus, well-designed research may focus on power while controlling for physical aggression.

Previous research findings suggest that a change in power balance could influence broader changes within the functional relationship. Moreover, CT research accounting for power differences between partners impacting relationship satisfaction was rare (Handley et al., 2019) and has not connected sexual satisfaction and aspects of relationship power. This is partially because a large percentage of relationship power research focuses on parenting and is multifaceted in measurement (e.g., parenting and household labor) rather than focusing on equity in decision-making (Acock & Yang, 1984; Bao et al., 2007). Additionally, outside observers tend to associate sexual satisfaction as the main predictor of relationship satisfaction when sexual satisfaction is only one variable of interest. McCarthy argues that “couple sexuality contributes 15– 20% to relational vitality and satisfaction, (McCarthy & Ross, 2018, p221). Because balanced relationship power leads to greater relational satisfaction (Wilkie et al., 1998), couples therapy (CT) research would be benefitted by understanding how improvements in power dynamics impact the relationship between sexual satisfaction and relationship satisfaction.

The first step to understanding power equality would be to include examining power in decision-making and problem-solving. Power could ultimately mediate the relationship between sex and relationship satisfaction. More research needs to focus on perceived power within the relationship and decision processes that delineate perceived imbalance. This could be particularly true for couples with children, as children negatively impact relational and sexual satisfaction (Twenge et al., 2003).

The current study hypothesizes that adjusting the couple power differential between partners receiving CT acts as a mediator or partial mediator for sex and relational satisfaction (Komter, 1989; Fiske & Berdahl, 2007). The researchers will evaluate the first four sessions or the early stage of treatment as a baseline for creating change. The first four sessions are chosen because 70% of couples who do not benefit from CT exhibit a lack of measured change during the early treatment period (Pepping et al., 2015). The RTP hypothesizes that power is fluid. Clinical effectiveness research needs to verify if a change in power in the early stage of treatment can mediate the relationship between sexual satisfaction at intake and relationship satisfaction at the fourth session.

Hypotheses

Hypothesis 1) Sexual satisfaction will be associated with relationship satisfaction.

Hypothesis 1a) Change in sexual satisfaction from intake to session four will positively correlate with relationship satisfaction after four therapy sessions accounting for intake relationship satisfaction for both male and female partners.

Hypothesis 2) Change in decision-making power will be associated with sex and relationship satisfaction.

Hypothesis 2a) Change in decision-making power will correlate with a change in sexual satisfaction for male and female partners.

Hypothesis 2b) Change in decision-making power will correlate with relationship satisfaction for male and female partners.

Hypothesis 3) Change in decision-making power will mediate the relationship between sexual satisfaction and relationship satisfaction for males and females in therapy, controlling for

physical aggression within the relationship, the length of the relationship, and children in the home.

Hypothesis 3a) Change in decision-making power from intake to the fourth session will mediate the relationship between sexual satisfaction at intake and relationship satisfaction after four therapy sessions accounting for intake relationship satisfaction for male and female partners, controlling for physical violence, length of the relationship, and children in the home.

Chapter 2: Literature Review

This chapter will focus on the literature that supports the relationship(s) between sexual satisfaction and relational satisfaction for distressed couples seeking CT, mediated by perceived power equity in the couple decision processes. First, the Relational Theory of Power will be presented to examine the influence that perceived power has on relational and sexual satisfaction. Then, additional literature on how sexual and relationship satisfaction interacts with power dynamics will be discussed, and the study presented.

Relational Theory of Power

The Relational Theory of Power (RTP) proposes that power is held within the social relationship rather than the individual (Hocker & Wilmot, 2014). This power is not what a person holds over the partner; instead, it is their standing within a relationship. Power dynamics are fluid and often change throughout a relationship (Cavner, 2015). The fluidity implies that therapeutic intervention can have an impact on the perceived power balance. Negotiation allows for changes in power dynamics associated with love, communication, affection, and resources.

The RTP presents three distinct types of power: designated, distributive, and integrative. Designated power comes from the position which one holds in the relationship, i.e., mother or wife. Distributive power is the power one holds over another, such as who has the ultimate power to make decisions. Integrative power holds that relationships have power, with each having something to achieve from the relationship using negotiation and communication. The assumption is that distributive power is counterbalanced with integrative power diminishes. During transitions across the family life cycle, distributive and integrative power fluctuations occur, suggesting a power manifestation within relationship dynamics.

Sex and Relationship Satisfaction

Sexual and relational satisfaction are fluid and consistently correlated in prior research (Shoenfeld et al., 2017; Litzinger & Gordon, 2005; McNulty et al., 2016; Melzer et al., 2017). For example, a nonclinical study on female employees at a university in Iran found that sexual satisfaction and relational satisfaction were significantly associated (Ziaee et al., 2014). The study only included married women, sexually active, had not been married prior and had no known psychiatric and physical disease cases. High sexual satisfaction was reported by 56%, and 63.6% reported high marital satisfaction. The study found that the effect sexual satisfaction had on marital satisfaction was moderated by the level of education and by children. The study concluded with a call for an awareness of factors that affect sexual quality for couples, which CT could be a helpful intervention.

It is crucial to understand how sex and couple satisfaction are related. One study shows that simply increasing the frequency of sex can have adverse effects on enjoyment and couple satisfaction (Loewenstein, 2015). This body of literature would benefit from more studies including other factors in couple relationships, such as power dynamics, that contribute to the link between sex and relationship satisfaction.

Additionally, clinical evaluation of sexual satisfaction and relationship satisfaction is rare. One study that does take a clinical focus was on couples receiving relational therapy in Montreal and compared them to a convenience sample control group of couples in the community (Peloquin et al., 2019). Of the couples seeking treatment, 30% reported clinically significant sexual problems. They were majority French-speaking (91.6%) and Caucasian (95.2%). Forty-five percent were married, and the rest were cohabitating. Eighty-three percent of these couples had at least one child. Only 18% of the control group had children. The researchers

call for more research to be done on the factors that affect sexual well-being. Power balance and having children could be significant factors affecting sexual satisfaction for couples and essential areas for clinical intervention.

In addition to the persistent link between sexual and overall couple satisfaction in relationships, it is common for these areas of functioning to fluctuate over time throughout a relationship. For example, sexual and relational satisfaction are both significantly impacted for both genders after the birth of a child, and sexual satisfaction declines over the length of the relationship regardless of parental status (Witting et al., 2008). One study of the genetics of sexuality within a population-based sample of Finnish twins who were Finnish speaking and currently residing in Finland, between 33 and 43 years of age. This nonclinical, non-intervention study showed that children lowered sexual and relational satisfaction, which were also correlated. With previous factors mentioned, combined with less time and energy to focus on the romantic relationship, it is expected that sexual and relational satisfaction would decrease. Thus, while research suggests focusing on the sexual relationship, the power disparity may impact the sexual relationship and ultimately relational satisfaction.

Although the literature demonstrates a positive link between sexual satisfaction and couple satisfaction, there is much opportunity to understand the association between these domains better. For example, there have been calls to understand the factors contributing to sex and couple satisfaction (Ziaee et al., 2014). Additionally, research on the association between sex and couple satisfaction in couples in therapy is limited. The current literature on sexual satisfaction and relationship satisfaction is also limited demographically. Participants are often majority Caucasian or lack diversity. In addition, studies often exclude non-married participants or subjects who may have mental health concerns. Often, participants are mostly presenting as

satisfied with their sexual and relational status. The proposed study includes a broader range of relationships, mental health, levels of satisfaction, and demographic diversity.

Power and Relationship Satisfaction

There is more literature on the correlations between power equity and relationship satisfaction than sexual satisfaction (Dunbar, 2004; Wilkie et al., 1998). Prior literature continually finds strong correlations between power equity and relationship satisfaction (Leonhardt et al., 2020; Stafford & Canary, 2006; LeBaron et al., 2014). Research needs to maintain a clinical focus on power equity and relational satisfaction.

A study done at a university MFT clinic in the south-central United States found that women reported more equitable power and greater relationship satisfaction after five therapy sessions (Handley et al., 2019). The sample consisted of 917 women who reported being in a heterosexual relationship. The average age was 29.89, the average length of the relationship was 7.20 years, and 65.1% were Caucasian. The power balance was measured using the “control” subset of the SAFE scale, a scale that measures one’s perception of the possibility of intimate partner violence (Smith, Whiting, Karakurt, & Servino, 2012). The clinical findings that increasing perceived power was relationship satisfaction for women adds to CT intervention literature. These findings are similar to what the current study aims to yield.

A nonclinical study of Czech and Slovakian couples echoes these results (Lindová et al., 2020). Subjects were from three more extensive studies and totaled 192 heterosexual couples in long-term relationships, all Caucasian. Participants with a confirmed psychiatric diagnosis were excluded. The Dyadic Adjustment Scale measured relationship quality, and perceived relationship power was measured by a single question “In your current romantic relationship, which of you is more dominant/powerful?” (p. 531). Because the data was taken from different

subsets, some responses were recorded freely and others on a sliding scale. The researchers measured decision-making power, personality dominance, and relationship control. Higher relationship quality was found in couples who reported equally distributed power. These findings are synonymous with what the proposed study intends to yield. There is a need to replicate current research knowledge with a clinical sample of diverse couples. To transition to a clinical sample in a naturalistic setting requires more concise measures of power in decision-making and a need to control factors significantly related to satisfaction like children, relationship violence, and length of the relationship.

Power and Sexual Satisfaction

While prior literature suggests a potential for power to play a role in relationships (LeBaron et al., 2014; Byers, 2005; McNulty et al., 2016; Komter, 1989), there is a need to add to this literature by evaluating the relationship between power in decision-making and sexual or relationship satisfaction (Ridley et al., 2006). Thus, research that focused on the potential impact of power on the sexual relationship within a clinical sample would contribute to the known literature.

Brezsnyak and Whisman studied a small sample of married couples (60 couples) to evaluate the effects of power on sexual desire and marital satisfaction (Brezsnyak and Whisman, 2004). Participants were between the ages of 20 and 50, majority Caucasian (Males, 93%; Females, 82%), with almost 58% report being parents. Data were excluded if the participants were on any medication “that could impact sexual desire.” Power was measured in three ways - differences in partners’ socioeconomic status scores, decision-making power, and processes of power. While the study did not find a moderating effect of power, which was their hypothesis, they did find that perceived balance of power was positively correlated with sexual

desire (which was not initially hypothesized). While the researchers did not find evidence to support their initial hypothesis, it is essential to note that balanced power is correlated with sex.

Other researchers hypothesized that power-balanced relationships would report higher levels of relationship pleasure than unbalanced relationships (Bay-Cheng, Maguin, & Bruns, 2017). However, this study also failed to support the hypothesis. The research was focused on young relationships, and 117 United States participants from age 18-25 recounted their prior relationships of varying levels of commitment (flirting, casual dating, seriously involved, engaged, married/partnered, one-time or occasional hookup, friends with benefits, or other). Of these participants, 66.7% identified as Caucasian. Participants rated their power balance on a sliding scale with 29.1% of relationships rating as equal, 40.8% less power than their partner, and 30.1% as more power than their partner. Participants who reported more balanced power within the relationships also reported higher levels of intimacy and stability. However, the researchers found no link between power and pleasure. It is important to note that these are young relationships with a broad level of commitment - many of the respondents categorized their relationships as casual, hookups, or friends with benefits. These relationships emphasized a more sexual focus and may not prioritize a healthy power balance because of short-term emphasis.

The designated power of each partner, as defined in RTP, would likely change depending on partner commitment level. The current literature on power and sexual satisfaction demonstrates that a relationship between the two exists. Expanding the research to include a more diverse clinical sample would add to the research and theoretical literature.

Control Variables

With this type of research, multiple variables need to be controlled. As discussed prior, having children has a sizable impact on the romantic relationship (McCarthy & Bodnar, 2005). Gender also affects one's experience, and the effect is accentuated by having children. Relationship violence and length of relationship are also important variables to be controlled.

Children. Children have an undeniable impact on romantic relationships (Lawrence et al., 2008) and sexual satisfaction (Schwenck et al., 2020; Grøntvedt et al., 2020). Tavakol (2017) finds that “the presence of children or the increase in the number of children could lead to fewer opportunities for communication between couples, increase in parents’ responsibilities, depression, and anxiety, which in turn adversely impacts marital satisfaction.” Research shows that becoming parents can negatively impact sexual satisfaction (Leavitt et al., 2017). The RTP would suggest that this is a time of change for both distributive and integrative power. Power inequity could have both a direct and indirect role related to sexual satisfaction. In addition, the power inequity could exacerbate the impact of other stressors affecting the couple's sexual and relational satisfaction.

While CT research demonstrated improvements in sexual and relationship satisfaction (Owen, 2012), there are limitations. None of the studies accounted for children within the relationship, probably the most significant factor impacting sexual and relationship satisfaction (Gartner, 2014). Researchers continuously highlight that relationship and sexual satisfaction among mothers and fathers are lower than their child-free counterparts (Trub et al., 2018). Likewise, sexual satisfaction and sexual frequency decrease with the first child's birth (Twenge et al., 2003). The significant limitation of not including children as an essential variable impacting sex and relationship satisfaction limits the scope of previous findings. Thus, there is a

critical need to evaluate CT as a treatment for sexual and, ultimately, relationship satisfaction while considering children's and power dynamics within the relationship. RTP would suggest that the birth of a child restructures marital dynamics and adds new adult responsibilities within the relationship. The parenting responsibilities tend to be imbalanced, with the woman taking on more household and childcare responsibilities within the relationship, often with real and unforeseen power implications (Katz-Wise et al., 2010). These changes lead to adjustments in distributive and integrative power. When evaluating the effect of power imbalance in CT, it would be imperative to assess the treatment effects in helping couples rebalance power for child and non-child marriages.

Gender. Gendered effects are accentuated after the birth of children. Women are more likely to experience diminished relationship power and sexual satisfaction after becoming a mother. Couples are likely to become more “traditional” in their gender roles, and women often take over more household and child-rearing duties (Katz-Wise et al., 2010). New mothers report lower sexual desire and overall lower sexual satisfaction and marital satisfaction (Rosen et al., 2020). Women's bodily changes in the transition to motherhood also affect their desire for sex (Olsson et al., 2005).

Regardless of parental status, women typically have lower libidos than men (Peplau, 2003). One study finds that women's couple satisfaction predicts their sexual satisfaction, while men experience the opposite (Hongjian Cao et al., 2019). Women also typically report lower perceived power than their male counterparts in a relationship (Ball et al., 1995; LeBaron et al., 2014). Power has consistently been shown to be correlated to sexual satisfaction and relationship satisfaction. Thus, power could ultimately be the driving force in relational satisfaction, mediating the effects of sexual satisfaction.

Violence. Violence can be a significant factor impacting power equity in a relationship and could impact sexual and relational satisfaction. Intimate partner violence affects many different aspects of life and mental health. Coker (2002) reports that “for both men and women, physical IPV victimization was associated with increased risk of current poor health; depressive symptoms; substance use; and developing a chronic disease, chronic mental illness, and injury” (Abstract). Therefore, it is beneficial to control for violence in studies on relationships (Hammet et al., 2021).

Length of Relationship. Lastly, it is advantageous to control for the relationship length, as relational satisfaction declines over time, with satisfaction dropping during childbearing and raising years (Hirschberger et al., 2009; Lawrence et al., 2008). The RTP suggests that designated power would likely change across the relationship, with status changes such as becoming a fiancé, a spouse, and a parent. As for sexual satisfaction, the length of the relationship plays a less clear role, but one study found that sexual satisfaction appears to increase in the first year of a relationship, followed by a steady decline (Schmiedeberg & Schröder, 2016). Studies controlling for demographic factors related to relationship satisfaction strengthen clinical validity.

Chapter 3: Methods

This study utilized data from the Auburn University Marriage and Family Therapy Center (AUMFT). AUMFT provides low-cost individual, couple, and family therapy sessions to the community. In addition, Auburn University graduate students enrolled in the marriage and family therapy master's program provide these therapy services. The University Institutional Review Board approved all study procedures and sought to incorporate best practices in research methods.

Participants

This study used data from AUMFT clients between 2016 and 2019 who received couples therapy. Of these participants, 279 completed first and fourth session assessments (137 males and 142 females). The demographics are presented in Table 1. Of the women, 87 (61.3%) self-reported being married, while 51 (35.9%) self-reported being in a committed relationship. In this sample, 82 (59.9%) of males self-reported being married, while 53 (38.6%) self-reported being in a committed relationship. Female participants ranged from ages 18-66, with a mean age of 31.4 (SD = 9.8). Male participants ranged from ages 19-69, with a mean age of 33.28 (SD = 11.1). On average, female participants were in their current relationship for 75.3 months, or 6.3 years, ranging from one month to 49 years. Male participants were in their current relationship for an average of 89.7 months, or 7.5 years, with a range from one month to 49 years. Both males and females had a range of 0-5 children in the home. Females averaged 0.8 children in the home while males averaged .7 children in the home. Most female participants identified as White (85.2%). Similarly, most male participants identified as White (81.8%). Over one-half of female (59.1%) and male (51.8%) participants attained their bachelor's degree or higher. About one-quarter of female participants (22.5%) and male participants (31.4%) achieved a high school

diploma or GED. The study's male and female participants reported a median household income between \$40,000 and \$59,000. For reference, Alabama is 69.1% white, 25.5% have a bachelor's degree or higher, and the median household income is \$50,536 (U.S Census Bureau, 2019).

Table 1

Demographics of males and females in committed relationships (N=142/137)

Demographics	Females		Males	
(%female/male chose not to provide)	N	Percent	N	Percent
Racial Group (0.7% / 0.7%)				
White	121	85.2%	112	81.8%
Non-White	20	14.1%	24	17.5%
Income (7.0% / 5.8%)				
Less than \$20,000	35	24.6%	32	20.4%
\$20,000 to \$39,999	28	19.6%	28	20.4%
\$40,000 to \$59,999	19	13.4%	23	16.8%
\$60,000 to \$79,999	20	14.0%	20	14.6%
\$80,000 and Over	30	21.1%	30	21.9%
Education (2.8% / 2.9%)				
GED/High School	32	22.5%	43	31.4%
Vocational/Associates	22	15.5%	19	13.8%
Bachelor's Degree	51	35.9%	44	32.1%
Graduate/Professional Degree	33	23.2%	27	19.7%
Relationship Type (2.8% / 1.5%)				
Married	87	61.3%	82	59.9%
Committed Relationship	51	35.9%	53	38.6%

Procedures

AUMFT's data was collected and approved by Auburn University's Institutional Review Board (IRB). Data collection occurred between July 2016 and December 2019 for this sample. While clients sought therapy at their discretion, a minority of the sample (> 2%) were court-ordered/mandated to attend treatment. For the current study, the data utilized originated from "intake" and "follow-up" paperwork. These paperwork packets are given to each therapy participant (all members in the room) above twelve at the intake session. Follow-up data packets were collected from each participant on the fourth, eighth, twelfth, and twentieth sessions. At intake, all participants are given informed consent that outlines clinic policies and procedures reviewed during the initial session. Both the intake and follow-up paperwork packets contain the measures described below. In addition, the intake packets include additional questions on demographics that are not included in subsequent follow-up packets. All questionnaires and paperwork packets were provided in English and Spanish.

Measures

Relationship Satisfaction. Participants completed the *Couple Satisfaction Index-16* (CSI-16) (Funk & Rogge, 2007) to assess overall relationship satisfaction. The measure includes 16 self-report questions (i.e., "How well does your partner meet your needs?") or statements (i.e., "Our relationship is strong.") about the participant's view about their relationship. The participants are then to rate the degree to which they agree with each statement or question using a 6-point Likert scale (0 = Never/Not true at all, 1 = A little true/rarely, 2 = Somewhat/occasionally, 3 = Mostly/more than not, 4 = Almost completely true, 5 = All the time/Completely true). Exceptions to the 5-point Likert scale include the first question of the measure, which asks about the overall degree of happiness within the relationship, rated on a 7-

point Likert scale from 0 to 7 (0 = Extremely unhappy... 6 = Perfect). Finally, responses were summed to create a total score, with lower scores representing lower satisfaction within the relationship. For the current data set, the measure has a high Cronbach's alpha of 0.95.

Change in Sexual Satisfaction. During intake and every fourth session, participants filled out a 3-item subset of the *Female Sexual Function Index* (Rosen et al., 2000). The 3-item subscale is gender-neutral and addresses the level of satisfaction about different aspects of their sexual relationship over the past four weeks. The questions are measured on a 5-point Likert scale (1=Very dissatisfied; 2=Moderately dissatisfied; 3=Equally satisfied/dissatisfied; 4=Moderately satisfied; 5=Very satisfied). For the current data set, the measure has a high Cronbach's alpha of 0.94.

Change in Decision-Making Relationship Power. During intake and every fourth session, participants completed the *Relationship Power Scale* (RPS-Short Version) (Miller et al., 2019), which is a reliable and shortened subscale of the *Marital Power Index* (Bogue et al., 2008; Leonhardt et al., 2020). This self-report measure contains four statements: participants rate their degree of agreement using a 5-point Likert type scale (1=Strongly disagree; 2=Disagree; 3=Undecided; 4=Agree; 5=Strongly agree). Of the four items on the scale, one is reverse scored. Lower RPS scores represent the participant's perception that the couple has equal power, while higher scores represent the participant's perception that their partner has more power than them. The partner with the most power will be the one with the lower RPS score in the couple. The subscale in the current dataset also has a Cronbach's alpha of 0.98. The change is measured by subtracting session one scores from session four scores.

The Difference in Relationship Power. Similarly, using the RPS-Short Version (Miller et al., 2019), the difference in relationship power will be measured by subtracting the female

partner's score from the male counterpart. Given that the RPS-Short Version has a range of 4 to 20, the difference will have a total score range of -16 to 16.

Gender. During intake, participants filled out demographic information, which includes asking, "Your sex."

Covariates

Conflict Tactics. During intake and every fourth session, participants completed the *Conflict Tactics Scale* (CTS) (Straus et al., 1996). This measure contains six statements asking participants how often they report their partner used violence in the past four weeks using an 8-point Likert type scale. Higher scores of CTS represent the participants' perception that their partner uses violence more often in the relationship.

Children Living at Home. During intake, participants completed demographic information, which includes asking, "How many biological, adopted step-children under 18 live in your home at least 50% of the time?" This will be used to establish the variable of whether or not any children live in the home.

Relationship Length. During intake, participants filled out demographic information, which includes asking, "Your current relationship length (years & months):"

Data Analytic Plan

A regression model was used to test the impact of sexual satisfaction, power dynamics, and gender on relationship satisfaction. Missing data were managed using Newman's (2014) guidelines. That is, all available data was used to maintain statistical power and representative sample size. To investigate and describe missing data patterns, the researcher used a Missing Value Analysis (MVA) using the expectation-maximization (EM) technique in SPSS (version 24.0). The male and female scores were fit independently to avoid interdependence, maintaining

the independent observations assumption (Kenny & Hoyt, 2009). Bivariate correlations were examined, and a hierarchical multiple regression was fit.

Mediation analyses were tested using the Hayes bootstrapping method with the PROCESS Macro (Hayes, 2013) available for SPSS. This method provided point estimates and confidence intervals for assessing the significance of a mediation effect. In the present study, the 95% confidence interval of the indirect effects was obtained with 5,000 bootstrap samples (Hayes, 2013). A simple mediation was fit using model 4 of the Process macro to verify the three hypotheses.

Simple mediation analysis was used to estimate and test hypotheses about the paths of influence from the change in sexual satisfaction across four sessions of therapy and relationship satisfaction at the fourth session controlling for satisfaction at intake. To analyze hypotheses one and two, relationship satisfaction at the fourth session was designated as the dependent variable in the (Y) box, change in sexual satisfaction from intake to the fourth session was the independent variable put into the (X) box, and change in power from intake to the fourth session was the mediating variable in the M variable box using Process model number 4. In the analyses, the control variables of conflict, children, and length of relationship were included in the covariates box. The non-significant control variables were removed, and the most parsimonious model was chosen.

Chapter 4: Results

Information is provided concerning the number of participants, means, standard deviations, minimum and maximum scores, and correlations between the predictor and control variables to increase understanding of the research data. Model 4 of the PROCESS macro by Hayes (2013) was used to test the hypotheses. Model 4 is used to perform a simple mediation analysis. Relationship satisfaction, sexual satisfaction, and relational power are assessed at sessions one and four. The change in sexual satisfaction and relational power was assessed for significant association with relationship satisfaction at session four, accounting for relationship satisfaction at session one. Relational power is evaluated for mediation effects.

Missing Values Analysis and Testing Regression Assumptions

A Missing Value Analysis with the expectation-maximization (EM) technique was used to identify and describe missing data patterns. Little's Missing Completely at Random (MCAR) test yielded a non-significant chi-square [$\chi^2(25) = 24.57, p = .49$] for females and [$\chi^2(29) = 35.04, p = .20$] and males, indicating that data were missing completely at random for variables used in the subsequent analyses. Additionally, the predictor (i.e., change in sexual satisfaction) and mediator (i.e., change in relationship power) variables were centered for the regression analyses to reduce potential multicollinearity (Dawson, 2014). None of the variables in the present study had a skewness or kurtosis statistic of +/-two standard errors, which indicates that the data was normally distributed. Similarly, a visual inspection of the residual scatter plot also appeared normally distributed, meeting the assumption of homoscedasticity. Thus, data appeared to meet the assumptions of multiple regression.

Preliminary Analyses

Table 2 shows the means and standard deviations of all variables in the study by male and female. Power is measured on a 1-5 scale, with higher numbers meaning less power for the individual rating the scale. Female relationship power scores improved from 2.99 to 2.77 from session one to session four. Male relationship power scores improved from 2.82 to 2.61, indicating more egalitarian power dynamics, with men remaining higher in power. Relationship satisfaction is rated on a 0-7 scale, with lower numbers meaning lower satisfaction. Female relationship satisfaction scores improved from 2.84 to 3.05, while male relationship satisfaction scores improved from 3.04 to 3.23, indicating that both males and females were more satisfied with their relationships after four sessions. Scores were similar for sexual satisfaction between females and males at sessions one and four.

Table 2

Sample Descriptive Statistics of Main Construct Variables

	Females					Males				
	N	Mean	SD	Kurtosis	Skewness	N	Mean	SD	Kurtosis	Skewness
CSI1	158	2.84	1.21	-.097	-0.08	167	3.04	1.18	-0.85	-0.32
CSI4	142	3.05	1.20	0.40	-0.53	142	3.23	1.14	-0.63	-0.54
Sex1	155	3.03	1.35	-1.22	-0.06	166	3.02	1.39	-1.22	-0.07
Sex4	141	3.18	1.28	-0.91	-0.34	139	3.18	1.38	-1.08	-0.31
Power1	160	2.99	1.05	-0.79	-0.13	170	2.82	0.99	-0.57	0.15
Power4	144	2.77	0.96	-0.35	0.01	148	2.61	0.91	-0.60	0.38

Note. CSI1 (Relationship Satisfaction at time 1). Sex1 (Sexual Satisfaction at time 1). Power1 (Relational Power at time 1).

Non-Completers and Completers

Completers are defined as couples that completed intake assessments and fourth session paperwork, while non-completers are couples who completed first session paperwork, attended at least four therapy sessions, but did not complete fourth session paperwork. Attrition was examined as non-completers may be different from those couples that completed paperwork, thereby weakening this study's validity. Independent t-tests and chi-square analyses were conducted on the variables of interest and control variables, reported in Table 3. The lack of significant findings suggested no differences between completers and non-completers on critical demographic and intake variables associated with the research.

Table 3

Comparison of Means for Non-Completers and Completers (N = 159/157)

	Females			Males		
	<i>t</i> -score	χ^2	Sig. (2-tailed)	<i>t</i> -score	χ^2	Sig. (2-tailed)
Conflict Tactics	0.78		0.44	-0.80		0.42
Children in the Home		5.39	0.25		3.94	0.41
Relationship Length	0.49		0.62	1.67		0.10
Sexual Satisfaction (Intake)	-0.63		0.53	0.93		0.36
Relationship Power (Intake)	1.61		0.11	-0.50		0.62
Relationship Satisfaction (Intake)	-0.89		0.38	0.82		0.41

Note. * $p < .05$, ** $p < .01$

Correlational Analyses

Before beginning the hierarchical multiple regression, bivariate correlations among study variables were examined separately for female and male scores (Table 4). Expected results are seen where higher sexual satisfaction is associated with higher relationship satisfaction for both males ($r = .57, p < .01$) and females ($r = .65, p < .01$), and perceived balance of power is associated with higher relationship satisfaction for both males ($r = -.71, p < .01$) and females ($r = -.61, p < .01$). Control variables were not significantly correlated with variables of interest.

Table 4

Summary of Correlations for Males (bottom diagonal) and Females (top diagonal)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. CSI1	-	.677**	-.659**	-.160*	.706**	.441**	-.591**	-.110	.022	-.134
2. Sex1	.622**	-	-.399**	-.040	.448**	.574**	-.298**	-.121	-.033	.024
3. Power1	-.721**	-.459**	-	.333**	.333**	-.286**	.691**	.207*	-.032	.105
4. CTS1	-.368**	-.063	.352**	-	-.133	-.064	.227**	.297**	-.002	.233**
5. CSI4	.797**	.458**	-.588**	-.353**	-	.646**	-.612**	-.165	-.081	-.162
6. Sex4	.399**	.570**	-.245**	-.149	.567**	-	-.330**	-.169*	-.105	-.033
7. Power4	-.657**	-.377**	.741**	.415**	-.712**	-.403**	-	.206*	.035	-.019
8. CTS4	-.291**	-.291**	.343**	.608**	-.300**	-.100	.346**	-	.121	.017
9. Length	-.087	-.071	.004	.031	-.221**	-.196*	.156	-.073	-	.225**
10. Children	-.023	.067	.030	.010	-.025	.151	.005	-.091	.208**	-

Note. Female scores placed on the top/right, males on the bottom/left. CSI1 (Relationship Satisfaction at time 1). Sex1 (Sexual Satisfaction at time 1). Power1 (Relational Power at time 1). CTS1 (Conflict Tactics at time 1). Length (Relationship Length). Children (Number of children under the age of 18 living at home).

* $p < .05$, ** $p < .01$

Simple Mediation Analysis

Simple mediation analysis is used to test the paths that influence change in sexual satisfaction through the first four therapy sessions and the relationship satisfaction at the fourth session controlling for relationship satisfaction at intake. It is hypothesized that the relationship passes through the proposed mediator change in power. The proposed pathway tests an X → M → Y mechanism. To calculate the direct and indirect effect of the simple mediation using model 4 of the Hayes PROCESS macro (2013) available for SPSS (see Figure 1). In the present study, the 95% confidence interval of the indirect effects was obtained with 5,000 bootstrap samples (Hayes, 2013). Because the control variables were not significant, they were removed to use the most parsimonious model.

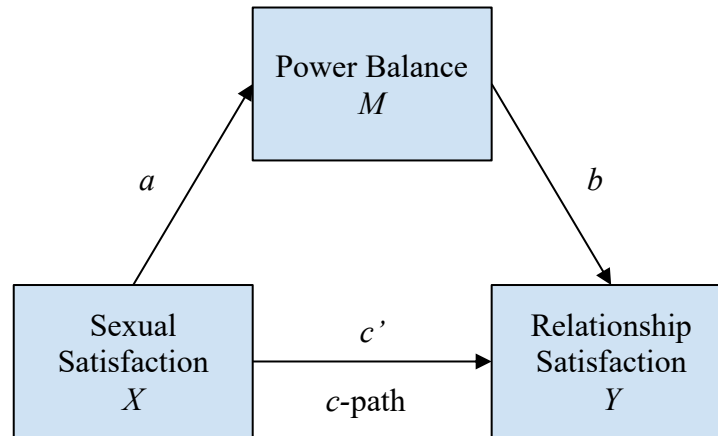
The path diagram of the simple mediation analysis represents two linear equations:

$$\hat{M} = i_2 + aX$$

$$\hat{Y} = i_3 + c'X + bM$$

Figure 1.

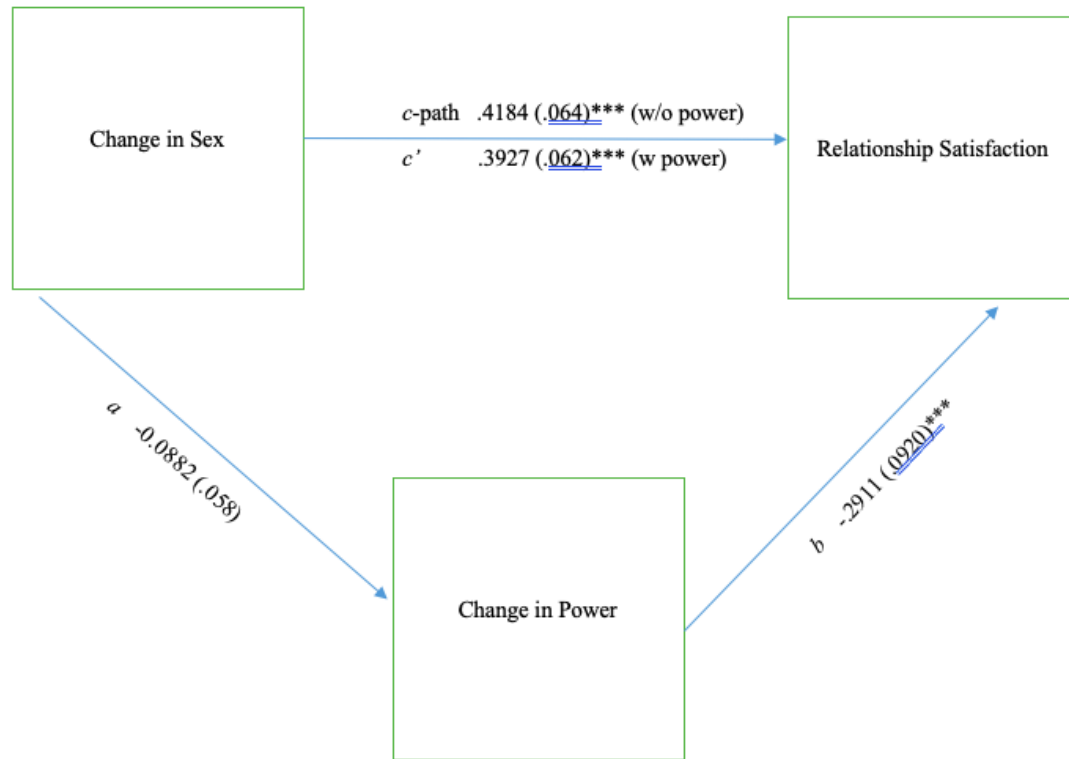
Direct and Indirect Effect of Sexual Satisfaction on Relationship Satisfaction Through Power Balance.



Multiple regression analysis was conducted to assess each component of the proposed mediation model. The results consist of the association between sexual satisfaction and relationship satisfaction (c -path), the effect of sexual satisfaction on change in power (a -path), the change in power and relationship satisfaction (b -path), and the association between change in sexual satisfaction and relationship satisfaction, through change in power (c' -path). First, change in sexual satisfaction (c -path), was positively associated with relationship satisfaction ($b = .418$, $t(134) = 6.59$, $p = .000$, $R^2 = .25$) for females (See Figure 2), and ($b = .379$, $t(134) = 6.29$, $p = .000$, $R^2 = .23$) for males (See Figure 3). By means of this analysis, it can be concluded that Hypothesis 1, sexual satisfaction is associated with relationship satisfaction, is confirmed. The relationship between change in sexual satisfaction and change in power (a path) was non-significant ($b = -.088$, $t(134) = -1.52$, $p = .13$, $R^2 = .01$ Model 2) for females, but was significant for males ($b = -.177$, $t(134) = -3.97$, $p = .000$, $R^2 = .11$). For females, this does not support

Figure 2.

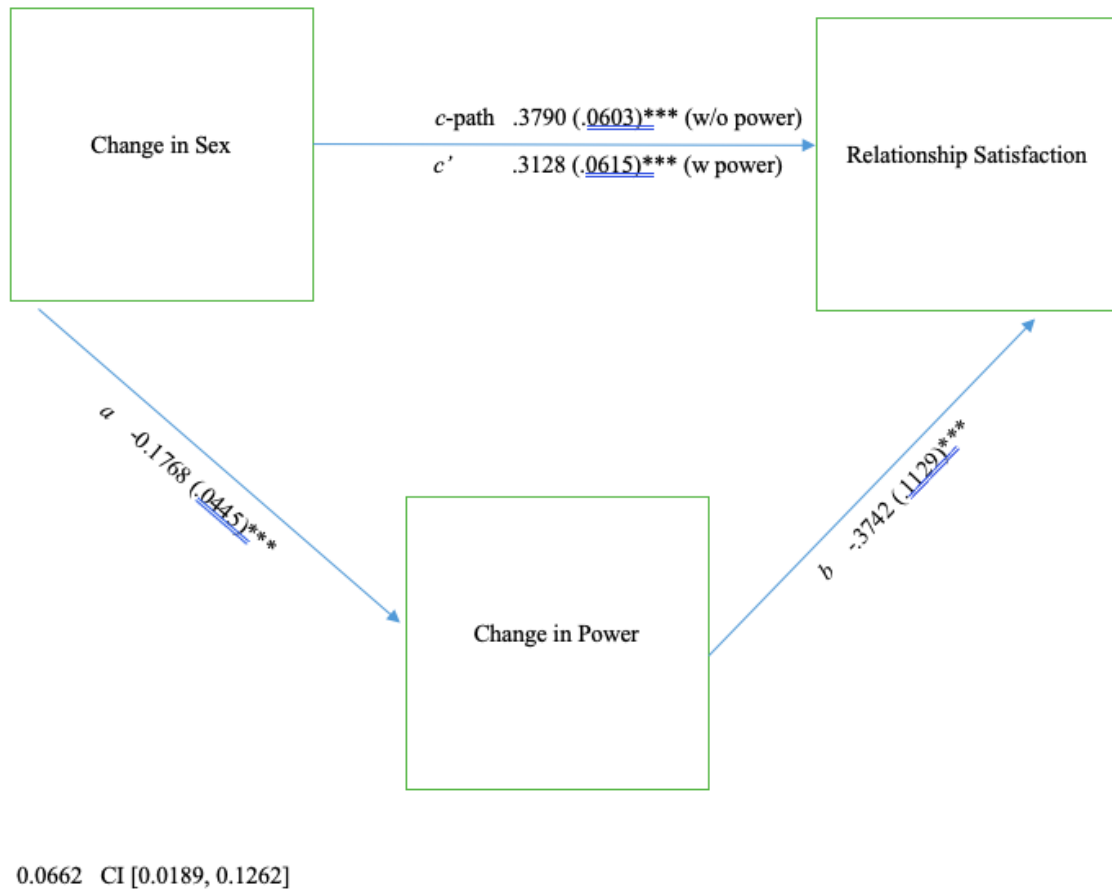
Mediation Model Diagram for Females



0.0257 CI [-.0124, .1110]

Figure 3.

Mediation Model Diagram for Males



Hypothesis 2a, but it is supported for males. Results indicated that change in power (path b), was negatively associated with relationship satisfaction for females ($b = -.291, t(134) = -3.16, p = .001$), and for males ($b = -.374, t(134) = -3.31, p = .001$).

The c'-path of the association between sexual satisfaction and relationship satisfaction was significant for females ($b = .392, t(134) = 6.34, p = .000, R^2 = .30$) and for males ($b = .313, t(134) = 5.09, p = .000, R^2 = .29$) when accounting for the indirect effects of path a and b. Because the a-path was not significant for females, the results of the mediation analysis did not support the mediating role of power balance in the relation between sexual satisfaction and relationship satisfaction for females. However, in the model both change in power ($b = -.291, t(134) = -3.16, p = .001$) and change in sexual satisfaction ($b = .392, t(134) = 6.34, p = .000$) are significant and impact relationship satisfaction. For every change in one point in sexual satisfaction is related to a change of .4 points on relationship satisfaction for females, and .3 for males. Using the equation $F = \Delta R^2 df_{res} / (1 - R^2_{Larger})$ we find that the ΔR^2 was significant for both females ($F = 10.01, p < .01$) and for males ($F = 10.98, p < .01$) from model 2 to model 3 which includes the direct effects.

However, the mediation analysis does support the partial mediating role of power balance for males. For females, the Effect Estimate (EE) = .0257, with lower and upper limit confidence intervals of -.0124, .1110, the confidence interval passes over zero, verifying that the mediating relationship is non-significant. For males, the Effect Estimate (EE) = .0662, with lower and upper limit confidence intervals of .0189 and .1262, is statistically significant, as the confidence interval does not pass over zero. Including the indirect pathway of a and b into the model mediates the c-path relationship between change in sexual satisfaction and relationship satisfaction at the fourth session. It can be concluded that Hypothesis 3, change in power in

decision-making, mediates the relationship between sexual satisfaction and relationship satisfaction for males, but not for females. However, the female model, which includes the indirect effects, is significantly improved over the c-path model. While the change in power does not mediate the relationship between change in sexual satisfaction and relationship satisfaction at the fourth session for females, change in power improves the amount of explained variance for relationship satisfaction.

Chapter 5: Discussion

Sexual satisfaction is consistently shown to impact relationship satisfaction with married and unmarried couples (Ziaee et al. 2014, McNulty et al., 2016; Shoenfeld et al., 2017). While research on couple power dynamics and relationship satisfaction are more limited in the literature, power disparities appear to be negatively related to relationship satisfaction. While both of these relationship dynamics are related to relationship satisfaction, no prior research had looked at potential mediating effects. It would appear that there is a relationship between both changes in power and sexual satisfaction occurring during the first four sessions of therapy and improvements in relationship satisfaction for both males and females. Additionally, change in decision-making power dynamics within the couple relationship mediates the relationship between change in sexual satisfaction and relationship satisfaction at the fourth therapy session for males. The current study also adds to the clinical literature by evaluating the change in sexual satisfaction and decision-making across the initial stages of CT.

Sexual Satisfaction Influencing Relationship Satisfaction

Hypothesis 1 is confirmed for both males and females that change in sexual satisfaction is related to relationship satisfaction after four sessions, controlling for satisfaction at intake. These findings are consistent with previous research that established a relationship between sexual satisfaction and relationship satisfaction in nonclinical samples that measured sex and relationship satisfaction across time (McNulty et al., 2016; Shoenfeld et al., 2017). The current study contributes to previous research in that the sample is moderately distressed couples receiving clinical services. Follow-up research with a control group would need to verify the connection between the therapeutic intervention and changes in sexual satisfaction and decision-making power dynamics. The current research findings support prior research asserting that

clinical intervention focusing on sexual and relationship dynamics could be beneficial (Péloquin et al., 2019).

Decision-Making Power, Sexual Satisfaction, and Relationship Satisfaction

Hypothesis 2a was confirmed for males but not for females. Prior research has found that imbalanced power may increase sexual inhibition (Komter, 1989). While previous studies have shown correlations between balanced power and sex (Brezsnyak and Whisman, 2004), the current study adds to the limited existing literature by using a clinical sample and looking at the possible effect of decision-making power. The current study's findings are likely related to the narrow focus on power within the couple's relationship. The current study focused on decision-making power, which is malleable and can be more easily measured with a clinical sample in a naturalistic setting. For therapists considering measuring the clinical change in practice, the four-item scale allows for a quick preview of decision-making and power dynamics. Prior research focused on power in money, household labor, and childcare (Mills, 1999; Burgoyne, 1990; Lam et al., 2012), which offer a more complex view of power imbalance, but require more extensive time and effort to evaluate. This is something that would be onerous for evaluating clinical effectiveness. However, the RTP defines power in many ways, and it could be beneficial to include different types of designated, distributive, and integrative power.

Hypothesis 2b is supported for both males and females. This is consistent with clinical findings that women can increase their power equity in relationship decision-making and, consequently, their relationship satisfaction through therapy (Handley et al., 2019). The current study is consistent with nonclinical research findings that higher relationship quality is found in couples who report equal power distribution (Lindová et al., 2020). The current study adds to the literature by including males and females across the initial stage of therapy. The basic notion of

sexual satisfaction and power differences in making relationship decisions connected with relationship satisfaction is further blended with the literature.

The Impact of Equitable Power

The current study shows that balancing decision-making power is impactful for both men and women in different ways. For women, equitable power leads to more relationship satisfaction. While the same is true for men, Hypothesis 3 is confirmed for men as equitable power also has a mediating effect on sexual satisfaction and relationship satisfaction. For men, sex has a power component. Prior researchers theorized that men use arguments about sexual dissatisfaction with their partners to balance power when faced with perceived power loss (Betchen, 2006). By showing dissatisfaction towards their partners' sexual performance, men may feel like they "regain" some of their lost power. This is supported by Gottman's proposal that men may "unfairly blame" women for dissatisfaction in marriages (Gottman & Levenson, 1999). For men, sex may be partially a power play. Women may not experience the same mediating experience as men because of societal pressures that sex is primarily for male pleasure (Deitsch, 2019). This may place sex and sexual pleasure as lower priorities for women. The current study demonstrates that balancing decision-making power in the relationship is related to improved sexual and relational satisfaction for men and women. The finding supports the RTP assumption that integrating power impacts relationship function for both partners. The integration of power is a relational construct that facilitates intimacy and connection. It appears that equitable decision-making power is related to sexual satisfaction and relationship satisfaction for males, supporting the benefit of power integration. Clinicians can impress on male clients that balancing power is related to sexual and relationship satisfaction. John

Gottman argues that men who accept influence from, or share power with, their partners are less likely to end up divorced (Gottman & Silver, 2018).

Research and Clinical Implications

The present study's findings are consistent with prior research findings that sexual satisfaction and relationship satisfaction are significantly associated (Shoenfeld et al., 2017; Litzinger & Gordon, 2005; McNulty et al., 2016; Meltzer et al., 2017). Fifty-nine percent of the current sample fell below the 51.5 point cutoff on the CSI-16, suggesting notable relationship dissatisfaction at intake for almost 60% of the sample. After receiving four couple therapy sessions, those scoring below the cutoff decreased to 47%. For every point change in sexual satisfaction, there is almost a .4 point change in relationship satisfaction. These findings promise a potential relationship between interventions in sexual satisfaction and decision-making dynamics and relationship satisfaction. As sexual satisfaction's impact on relationship satisfaction is well documented, it is imperative to consider clinical intervention as a possible means of impacting satisfaction (McNulty et al., 2016; Shoenfeld et al., 2017; Ziace et al., 2014).

When combined with changes in decision-making power dynamics, there is a substantial effect for change in relationship satisfaction. The present study confirms previous studies' findings that power dynamics influence relationship satisfaction (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020; Stafford & Canary, 2006; LeBaron et al., 2014). The current study links the interaction between sexual satisfaction and integration of decision-making to potentially impact relationship satisfaction. Clinicians addressing power dynamics in CT to effectively increase relational satisfaction seem to receive an initial boost in relationship quality in four sessions. It appears that these two variables, sex, and power, are key change factors for

relationship therapists. Clinical research should focus on strategies to balance power and improve intimacy.

Furthermore, the study shows that power dynamics partially mediate the relationship between sexual satisfaction and relational satisfaction for males. This mediation is logical, as unbalanced power can lead to sexual inhibition (Komter, 1989), and the IEMSS shows that sex with power imbalance could mean a higher perceived “cost” for the individual (Byers, 1999). By improving power balance, which would, in turn, decrease sexual inhibition and “cost,” the relationship satisfaction can increase. However, this research needs to be expanded to evaluate other forms of power imbalance in the relationship. The current study evaluated decision-making integration as a form of power related to sexual and relationship satisfaction. There are more complete constructs of power with the couple relationship, like household labor, childcare, and economic decision-making, which could relate to sexual and relationship satisfaction. Research should expand to account for other relationship dynamics when working with dissatisfied couples. As the current study shows mediation for males, there seems to be a relationship between males integrating power in decision-making and satisfaction.

Additionally, this study shows the impact of early therapeutic change. The first four sessions were chosen because prior research shows 70% of couples who do not benefit from CT exhibit a lack of change during the early treatment period (Pepping et al., 2015). Because of these findings, it is shown that early therapeutic change is a predictor of therapeutic success. Clinicians may benefit from focusing on power and sex intervention early in the therapeutic process.

Limitations and Future Directions

A notable limitation lies in the lack of a control group. Because of this, there is not a direct comparison, so any relationship between changes in sexual satisfaction and power dynamics are correlational with changes in relationship satisfaction. We cannot verify that what occurred in therapy was the instigator of change, only that therapy did occur, and change is reported over the four weeks. Thus, it can't be said that therapy created the change. However, it is shown that the change did happen within a university clinic with therapy conducted by student interns. Likewise, it was established that measurement of sexuality, power in decision-making, and relationship satisfaction could be measured in a naturalistic clinical setting. Evidence-based practice is a future component of practice that needs attention. While future research should include a control group that does not receive therapeutic intervention to establish the efficacy of therapeutic intervention, there is also a need to develop more efficacy research studies emphasizing evidence-based practice.

Also, it is essential to note that the data in this study does not include the interventions used by the therapists for each client, meaning we cannot assume that power and sexual satisfaction were targeted for couples receiving clinical services. However, John Gottman presents that "In this area of marital and family therapy, we have discovered that anything we do will work to some degree..." (Gottman, 1999, p. 6). The study also lacks post-treatment follow-up to determine the long-term results of change in sexual satisfaction and decision-making power balance. Future studies should consider including therapeutic follow-up to measure long-term results.

Future studies should evaluate the different forms of power while featuring a control group. A more thorough review of not only the power literature and family power dynamics among clinically distressed couples would help clinicians identify the most malleable aspects of power in brief therapy. Clinicians need to focus interventions in the early stage of therapy to secure the “biggest bang” for the fee paid by clients. The goals should be to solidify how to create the most progress possible in the early stages of therapy. For this study, the narrow construct of decision-making power was chosen as it is easier to manipulate in a short time. However, other types of power are not as quickly changed, which may be why there is little prior clinical research involving power. The RTP proposes that integrative power is fluid over time and focuses on giving and taking power within a relationship. Longer-term studies may be able to look at more measures of power and how they change over time.

Finally, while 59% of the sample reported having significant relationship distress, more can be done to evaluate the samples of most severely distressed couples to see if changes in sex and power are sufficient to improve relationship satisfaction. Clinical efficacy research should include participants who report higher distress or dissatisfaction. This can be useful in determining the proper course of action for clinicians.

Conclusion

The study presents a significant opportunity to address the gaps in clinical relationship literature and power equity, sexual satisfaction, and relationship satisfaction. Clinicians must understand the dynamics within romantic relationships that yield the most significant change in relationship satisfaction. While researchers assert the importance of power equity in romantic relationships (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020; Stafford & Canary, 2006; LeBaron et al., 2014), few studies attempt to define the role of power in decision making and

relationship satisfaction. The current study found mediating effects of decision-making power equity on sexual satisfaction and relational satisfaction for males. The study also confirms prior research findings on sexual satisfaction and power balance influencing relational satisfaction. Using the Relational Theory of Power as a framework for the study is essential as it shows the fluidity of relational power adjustments, which can be changed therapeutically. The study suggests that increasing sexual satisfaction and power equity through CT occurs during the initial stages of therapy and is relationship couple satisfaction improvements. The gendered effect is essential to note with the relationship mediated for males and not females.

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Appendix A

Measures

Demographic Questions

Please share your current relationship length (months)? _____

How many biological, adopted, or step-children under 18 live in your home at least 50% of the time? _____

Sexual Function Index

Over the <u>past 4 weeks</u> , how satisfied have you been:	<i>Very Dissatisfied</i>	<i>Moderately Dissatisfied</i>	<i>Equally Satisfied/ Dissatisfied</i>	<i>Moderately Satisfied</i>	<i>Very Satisfied</i>
1. With the amount of emotional closeness during sexual activity between you and your partner? 1		2	3	4	5
2. With your sexual relationship with your partner?..... 1		2	3	4	5
3. How satisfied have you been with your Overall sexual life? 1		2	3	4	5

Relationship Power Scale

Circle the number that indicates how each argument description fits your relationship:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. My Partner tends to discount my opinion? 1		2	3	4	5
2. My Partner does not listen to me?..... 1		2	3	4	5
3. When I want to talk about a program, my partner Often refuses to talk with me 1		2	3	4	5
4. My partner and I talk about problems until we Both agree on a solution..... 1		2	3	4	5

Couple Satisfaction Index

1. Please indicate the degree of happiness, all things considered, of your relationship. Circle the best answer.

<i>Extremely Unhappy</i>	<i>Fairly Unhappy</i>	<i>A Little Unhappy</i>	<i>Happy</i>	<i>Very Happy</i>	<i>Extremely Happy</i>	<i>Perfect</i>
0	1	2	3	4	5	6

	<i>All the Time</i>	<i>Most Times</i>	<i>More than Not</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
2. How often do you think things between you and your partner are going well?.....	5	4	3	2	1	0

	<i>Not at All True</i>	<i>A little True</i>	<i>Somewhat True</i>	<i>Mostly True</i>	<i>Almost Completely True</i>	<i>Completely True</i>
3. Our relationship is strong.....	0	1	2	3	4	5
4. My relationship with my partner makes me happy.....	0	1	2	3	4	5
5. I have a warm and comfortable relationship with my partner.....	0	1	2	3	4	5

	<i>Not at All</i>	<i>A Little</i>	<i>Somewhat</i>	<i>Mostly</i>	<i>Almost Completely</i>	<i>Completely</i>
6. I really feel like part of a team with my partner?.....	0	1	2	3	4	5
7. How rewarding is your relationship with your partner?	0	1	2	3	4	5
8. How well does your partner meet your needs?	0	1	2	3	4	5
9. To what extent has your relationship met your original expectations?.....	0	1	2	3	4	5
10. In general, how satisfied are you with your relationship?	0	1	2	3	4	5

Select the answer that best describes *how you feel about your relationship*. Focus on your first impressions and immediate feelings.

11. Interesting	5	4	3	2	1	0	Boring
12. Bad	0	1	2	3	4	5	Good
13. Full	5	4	3	2	1	0	Empty
14. Sturdy	5	4	3	2	1	0	Fragile
15. Discouraging	0	1	2	3	4	5	Hopeful
16. Enjoyable	5	4	3	2	1	0	Miserable

Conflict Tactics Scale

<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3-5 Times</i>	<i>6-10 Times</i>	<i>11-20 Times</i>	<i>More than 20 Times</i>	<i>Happened but Not in Past Year</i>

Using the same key as above, how often did **YOUR PARTNER** do the following during the past year?

1. Threw something (but not at a family member) or smashed something	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member	0	1	2	3	4	5	6	7
3. Threw something at family member	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member.....	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but <i>not</i> with anything hard	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard	0	1	2	3	4	5	6	7