

**The Relationship between Sexual and Relationship Satisfaction:
Moderated by Perceptions of Relational Power**

by

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Abstract

Following the Relational Theory of Power, which states that relationship power is more fluid than static, this study hoped to show the mutual influence of sexual satisfaction and equitable relationship power dynamics on relationship satisfaction for couples in therapy. Past studies have established a relationship between sexual and relationship satisfaction, but not for couples in a clinical sample and not while also considering other factors such as power and gender. The study utilizes existing data from the Auburn University Marriage and Family Therapy Center (AUMFT) and tested a moderation model to determine the interaction effects of sexual satisfaction and power dynamics on relationship satisfaction. The impact of the gender of the more powerful partner on relationship satisfaction was considered. Results from a hierarchical multiple regression indicate that the interaction effects between improved sexual satisfaction and having more power in the relationship are associated with improved relationship satisfaction for females but not males. Separately, improved sexual satisfaction and more power in the relationship are associated with enhanced relationship satisfaction for females and males. Finally, aligning the power dynamics is related to enhanced relationship satisfaction for females but not males. Implications are discussed.

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List of Abbreviations

RTP	Relational Theory of Power
CSI	Couple Satisfaction Index
CTS	Conflict Tactics Scale

Chapter 1: Introduction

Relationship satisfaction is a critical factor in maintaining physical health and life satisfaction (Gustavson et al., 2016; South & Krueger, 2013). Unfortunately, the high rates of relationship dissatisfaction and dissolution suggest that relationship satisfaction can be challenging to maintain. However, a decade review of predictors of happy, healthy, and stable romantic relationships suggests specific factors influencing relationship quality (Fincham & Beach, 2010). Two factors that consistently affect relationship satisfaction are the couple's sexual relationship and power dynamics (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020). While sexuality, relationship satisfaction, and power dynamics have been measured over time in a community sample (McNulty et al., 2016), there are not studies measuring the impact on couple satisfaction when sexual satisfaction and power dynamics change during therapy (Brezsnyak & Whisman, 2004). Verifying the relationship benefits of improving sexual satisfaction and power imbalance in therapy addresses a critical need.

A couple's sexual relationship has important implications for their relationship satisfaction. Sexual dissatisfaction is a common reason for seeking marital therapy (Doss et al., 2004), with sexual dissatisfaction often contributing to the suppression of romantic feelings and marital commitment (Demaria, 1998). A recent study found that thirty percent of couples seeking relationship therapy exhibited clinically significant sexual problems. Women were more likely to report more sexual problems and less sexual satisfaction (Péloquin et al., 2019). Furthermore, sexual satisfaction was positively associated with increased life satisfaction, positive mental health, high relationship satisfaction (Heywood et al., 2018; Stephenson & Meston, 2015) and helps predict relationship commitment (Seiter et al., 2020). If sexual satisfaction is low, distressed couples rank sexuality higher in importance for their relationship satisfaction than

happily married couples, suggesting rumination on the sexual aspect of marriage when it is not functioning well (McCarthy & McCarthy, 2009). Higher levels of sexual satisfaction are related to improved relationship quality and stability (McNulty et al., 2016), while more sexual problems are associated with decreased sexual satisfaction (MacNeil & Byers, 1997). A recent longitudinal study shows how increasing sexual satisfaction leads to improvements in the marital relationship, and vice versa, although the actual effect of an intervention, such as couple's therapy, was not incorporated (McNulty et al., 2016).

Relationship power also has important implications for relationship satisfaction. Perceived imbalance of power has a powerful impact on relationships (LeBaron et al., 2014), with more equally powered and integrative couples reaping numerous benefits (Byrne & Carr, 2000; Leonhardt et al., 2020; Gray-Little et al., 1996; Loving et al., 2004) including higher relationship satisfaction (Brezsnyak & Whisman, 2004; Stafford & Canary, 2006; Leonhardt et al., 2020; LeBaron et al., 2014) as well as higher sexual satisfaction (Betchen, 2006; Brezsnyak & Whisman, 2004; Yucel & Koydemir, 2015). Unfortunately, most women in heterosexually intimate relationships have less power than their male partners, suggesting a form of privilege and acceptance of power imbalance, especially by males. This imbalance can skew how male partners see the relationship and magnify power discrepancies in longer-term relationships, especially those with children. This is primarily because childcare and well-being remain the primary responsibility of women (Macdonald et al., 2005), implying that power imbalances increase within the relationship dynamics over time. Prior case study reports and qualitative research suggest that power is gendered and that women don't fare well relationally. There is a clear need to evaluate if making power more egalitarian would benefit women in relationships.

The Relational Theory of Power (RTP) is a theory that matches well with the goal of measuring power within a relationship, highlighting the fluidity of power and the positive influence that power integration has on relationship satisfaction. The theory describes different types of relationship power, including integrative and distributive power. Integrative power sees power as fluid and dynamic, while distributive power is a zero-sum property one holds over another (Cavner, 2015; Hocker & Wilmot, 2011). Integrative power can be seen as a more equitable way for a couple to view power with each partner respecting the power the other partner holds. The theoretical assumption poses that the distributive power dynamics within the relationship will negatively affect positive feelings and experiences within the relationship. The perception of these experiences creates resentment and frustration. However, the more integrative the power dynamics, the greater the satisfaction. The theory supports the assumption that integrating power within the relationship builds relationship satisfaction through equity.

Power is interrelated to the intimate functioning of couples as it accentuates inequity and hierarchy within the couple relationship (Parker, 2009). When couple functioning highlights power imbalances and inequality, aspects of the relationship connected to shared intimacy suffer. Likewise, it can be argued that efforts to improve sexual intimacy need to incorporate changes in power dynamics. It can be argued that the sexual relationship is the most intimate and impactful relationship dynamic in determining relationship satisfaction. There is potential for a strong interaction between changes of power and sexual satisfaction and relationship satisfaction (Byers, 2005, McNulty et al., 2016). Some couples use sex as a way to negotiate power discrepancies, with unequally powered couples reporting lower levels of sexual satisfaction (Henderson-King & Veroff, 1994), implying that sex exacerbates power discrepancies.

Furthermore, having less power leads to inhibition of asking for needs, including sexual needs, thereby decreasing sexual satisfaction (Anderson & Berdahl, 2002; Keltner et al., 2003; Lammers & Imhoff, 2016). Following the RTP, the positive relationship between sexual and relationship satisfaction (Byers, 2005, McNulty et al., 2016) may be explained by each partner respecting the power the other partner holds. These findings suggest that shifting couple power dynamics towards integrative power will improve levels of relationship satisfaction.

The mutual influence of power on sexual and relationship satisfaction implies that power may act as a potential moderating variable between sexual and relationship satisfaction. Breznyak and Whisman (2004) confirmed that equally powered couples have a better sexual relationship than unequally powered couples. The researchers further tested the moderating impact of power between sexual desire and relationship satisfaction and found no moderating effect. However, Breznyak and Whisman (2004) reported their sample to be limited with a skew towards couples with higher relationship satisfaction. The moderating impact of power has not been considered in a clinical sample with generalizable results for couples seeking treatment. Furthermore, Breznyak and Whisman (2004) looked at these variables at a single time, not considering the potential impact of power changes across the beginning phase of treatment.

Testing these variables in a clinical sample has important external validity implications. Clinical effectiveness trials test treatment effects in routine practice, meaning they have little to no inclusion criteria for participants, goals are negotiated between clinician and participant, and assessments are brief if used at all (Nathan et al., 2000). Using a clinical effectiveness trial is necessary for generalizing results to clinical populations (Halford et al., 2015). Using such a test necessitates using brief measures when conducting services in naturalistic therapy settings (Halford et al., 2015; Reese et al., 2010). Focusing on short measures that do not burden therapy

clients increases the measurement accuracy of couples' progress in couples therapy (Reese et al., 2010).

Furthermore, change is accurately assessed in the early stages of therapy. 70% of couples who ultimately do not benefit from treatment can be detected by a lack of measured change in the first four sessions (Pepping et al., 2015), which supports the accuracy of using early-stage change as a means to measure therapeutic effectiveness in couples. Results testing the impact of sexual satisfaction on relationship satisfaction moderated by relational power in a clinical sample will give insight into change for couples in therapy and the role that sex and power play in healing relationships.

Chapter 2: Review of Literature

This chapter will begin with a review of the literature supporting the relationship between sexual satisfaction, power dynamics, and relationship satisfaction for couples in therapy. The Relational Theory of Power will be considered as a theoretical lens by which to examine the influence that perceptions of power have on both sexual and relationship satisfaction. A literature review of the variable interactions will be considered, and the associated study presented.

Relational Theory of Power

The Relational Theory of Power (RTP) asserts that power fluidly adjusts over the relationship's life cycle and is malleable (Cavner, 2015; Hocker & Wilmot, 2011). The broader lens of seeing power as adjustable, dynamic, and focused on relationship collaboration matches the understanding that power in intimate relationships is balanced through communication, compromise, intimacy, and shared experience. The malleability of power suggests that both educational and therapeutic interventions can readily influence relational power dynamics.

The theory highlights three distinct forms of power: designated, distributive, and integrative, all found in marriage relationships. First, designated power describes authority positions over others, such as an employer over an employee. The feminist theory of power posits that the husband and wife holding similar designated power positions as co-equal heads of the family results in more significant equity, justice, and marital satisfaction (Porter, 2005; Williams & Knudson-Martin, 2013). Secondly, distributive power describes zero-sum power or having the ultimate final say in making decisions. Cromwell and Olsen (1975) describe power processes and outcomes, describing how couples negotiate disagreements and ultimately who has the final say. For example, in a marriage relationship, having discrepancies in power processes and power outcomes indicates higher levels of distributive power, which are related to

relationship dissatisfaction (Leonhardt et al., 2020; LeBaron et al., 2014). Finally, integrative power looks at the levels of power each party brings, with A and B working together. Rather than seeing power as A versus B as distributive power, integrative power considers each individual as basically equal and is associated with negotiation and communication (Hocker & Wilmot, 2011).

Integrative power is often described using the metaphor of a relationship between a restaurant owner, servers, and customers. The customer holds the power of tipping while the server can provide good service or bad service based on previous interactions with the customer. Similarly, the customer has power over the owner by deciding whether or not to give patronage to the restaurant, and the owner can refuse service. The owners hold paying power over the servers, but the servers can quit their jobs (Hocker & Wilmot, 2011). While each position may hold different power levels, each party has a degree of power that the other parties must respect for the most optimal outcomes. A couple with integrative power appreciates the abilities that each individual brings to the relationship, whether that be financial, childcare, social prowess, etc. Theoretically, a couple with integrative power will perceive the power dynamics between them as nuanced, fluid, and generally equal. For example, partners in an integrative couple will perceive their partner as listening to their side of arguments and collaborating to establish equity within the relationship (Miller et al., 2019)

Couples therapy with an RTP lens highlights this equity as essential for couple satisfaction (Knudson-Martin, 2013). RTP asserts that couples therapy integrating power dynamics improves intimacy, friendship, and sexuality (Williams & Knudson-Martin, 2013). Successful couples therapy from the RTP as well as feminist theory emphasizes a rebalancing and integration of power as a means to transform the couple relationship satisfaction.

Sexual Satisfaction Influencing Relationship Quality

Previous literature connects couples' sexual relationships and power dynamics, as well as other variables of interest. Current research evidence suggests that sexual satisfaction predicts relationship satisfaction (Fallis et al., 2016). The sexual relationship is impacted by power imbalances, with sex acting as a place for couples to heal and accentuating relationship troubles when power discrepancies widen.

Unbalanced power may discourage sexual negotiation due to disinhibited behavior, which acts as a behavioral symptom of lacking power, meaning that the powerful are less inhibited and more likely to act on impulses, including sexual desires (Anderson & Berdahl, 2002; Keltner et al., 2003; Lammers & Imhoff, 2016). Disinhibition innately describes a lack of negotiation and communication, which are critical features of integrative power. A non-clinical sample of 329 women shows that 38% of women regularly experience anxiety or inhibition during sexual activity (Rosen et al., 1993). A recent longitudinal study further adds evidence to these connections by showing that both unbalanced power dynamics and sexual inhibition independently and significantly predict current and future sexual functioning (Velten et al., 2017). Furthermore, women with decreased inhibition in sexual communications are more likely to report fewer depressive symptoms, higher relationship satisfaction, and increased sexual functioning (Merwin et al., 2017).

Previous research further connects marital equity with sexuality. Brezsnayak and Whisman (2004) discovered that couples who share power, viewing and respecting their partner's power, have increased sexual desire, which is positively related to sexual and relationship satisfaction (Mark, 2012; McNulty et al., 2016). Furthermore, shared power is related to higher marital satisfaction (Brezsnayak & Whisman, 2004; LeBaron et al., 2014;

Leonhardt et al., 2020; Stafford & Canary, 2006), which is related to sexual satisfaction (Byers, 2005), and with increased life satisfaction (Stephenson & Meston, 2015). Additionally, there could be a gendered effect with shared power and sexual satisfaction. A qualitative study evaluating power disparities for women suffering from sexual dysfunction showed the negative impact of power imbalances on women's sexual functioning. The study consisted of nine women experiencing sexual dysfunction in their heterosexual relationships found that each woman felt obligated to perform sexually and prioritized pleasing their partner. The prioritized pleasing existed despite the drained sexual energy due to the increased sensitivity to the male partner's desires and feelings (Sutherland, 2012). The obligation to perform at great cost to themselves implies that the men in these relationships held greater marital power because the wives were more preoccupied with relationship threats and more concerned with their partner's interests than their own (Keltner et al., 2003). Sutherland (2012) further confirms these women's lack of power by indicating that the women felt vulnerable, unsafe, trapped, lost, and powerless, having a limited number of choices regarding engaging in sexual intercourse. The women further felt responsible for the sexual problems in the relationship (Sutherland, 2012). The couple relationships in the Sutherland (2012) study arguably have distributive power, with the women attempting to appease the husband's demands, solidifying that the males held sexual power over their wives.

Furthermore, sexual dissatisfaction has particular negative impacts based on gender. Sexual dissatisfaction is associated with low levels of sexual desire, particularly for women (Dennerstein, 2006; Rosen et al., 2009). Female sexual distress and low sexual desire are more connected to relationship factors than physiological or age-related factors and are less likely to occur when the woman is sexually satisfied with her partner (Hayes et al., 2008). A clinical trial

on the effectiveness of Cognitive Behavioral Sex Therapy for women shows that pre-treatment relationship satisfaction was related to increased sexual satisfaction and decreased sexual distress (Stephenson et al., 2013). Sexual satisfaction is also associated with more powerful orgasms for both men and women (Arcos-Romero & Sierra, 2020) and improved mental health for older women (Heywood et al., 2018).

Current research shows that sexual satisfaction has greater predictive power over relationship satisfaction than vice versa. A longitudinal study failed to establish a causal relationship between sexual satisfaction and relationship satisfaction (Byers, 2005); however, a recent longitudinal study showed that sexual satisfaction predicted relationship satisfaction for both partners, but relationship satisfaction did not predict sexual satisfaction (Fallis et al., 2016). Similarly, other researchers found that sexual satisfaction acts as a mediating variable to help predict marital satisfaction (Meltzer & McNulty, 2010). While causation is difficult to parse out in the relationship between sexual satisfaction and relationship satisfaction (Byers, 2005; McNulty et al., 2016), the evidence shows that sexual satisfaction holds greater causal power over relationship satisfaction than vice versa (Fallis et al., 2016; Meltzer & McNulty, 2010).

Integrative and distributive power manifest in couple relationships, greatly impacting sexual relationships. Yucel and Koydemir (2015) found a positive correlation between sexual satisfaction, equally splitting tasks, better communication, a lack of physical and verbal aggression, and marital satisfaction for couples in North Cyprus. Each of these variables implies a greater adherence to integrative power. Conversely, Betchen (2006) found that men in dual-income earners attending couple's therapy feel their loss of power, begin to use sex as a bargaining tool, and report lower sexual satisfaction. These couples likely follow more of a distributive power because the men see the partner gains in power as a threat and use sex as a

tool to re-establish their power. These findings imply that viewing power as integrative results in higher sexual and relational satisfaction.

Sexual expression in the relationship can enhance intimacy and relationship quality and degenerate with power discrepancies and insensitivities. Unhappiness in a newlywed's sexual relationship may be tied to perceived power imbalances because sex can act as an area partners use to heal negative situations (Henderson-King & Veroff, 1994). Therefore, sexual happiness in a relationship improves and interacts with a partner's ability and power to resolve negative aspects of the relationship and promote positive feelings within the relationship. Furthermore, when sexual satisfaction is decreased, distressed couples rank sexuality higher in importance for their relationship satisfaction than happily married couples, suggesting greater rumination on the sexual aspect of marriage when it is not functioning well (McCarthy & McCarthy, 2009). Sexual satisfaction is intimately connected to both relationship quality and integrative power. Greater power discrepancies diminish the sexual relationship and discourage the couple's ability to use sex to come together (Henderson-King & Veroff, 1994), suggesting broader implications for relationship satisfaction (McCarthy & McCarthy, 2009).

Marital Power Impacting Relationship Satisfaction

Equalizing Power leads to improved outcomes. Power is relational, and perceptions of power are just as impactful as actual power. Previous literature further lists numerous benefits of shared marital power. Despite the negative consequences of unequal power, most wives are still more likely to hold less marital power than husbands. Likewise, previous findings show potential negative relational consequences for wives holding more marital power than their husbands.

Fiske and Berdahl (2007) show the influence of the perceived balance of power, defined here as the amount of power one believes their partner holds, on actual power, which is defined as the ability to control the outcome. The way people communicate power impacts others' perceptions about how much power they hold. However, perceptions of power do not always match a person's original actual power. Therefore, a perceived imbalance of power has just as much influence on relationships as actual power (LeBaron et al., 2014). Thus, a person may hold a more powerful position but not feel powerful (Dickerson, 2013; Kimmel, 2009; Knudson-Martin, 2013), potentially making both spouses dissatisfied and powerless. Conversely, a couple with integrative power perceives and respects the power that each partner brings to the relationship. Perceiving each partner as appropriately powerful can contribute to equalizing and integrating power dynamics in relationships.

The literature on marital power indicates numerous benefits for egalitarian and integrative couples. Marital partners who practice the fluidity of integrative power experience benefits such as better marital adjustment (Gray-Little et al., 1996), lower attachment insecurity (Leonhardt et al., 2020), greater physical health (Loving et al., 2004), less likely to experience depression (Byrne & Carr, 2000), and greater overall marital quality (Pollitt et al., 2018). Researchers also found beneficial relationship outcomes associated with shared power in marriage, such as a greater likelihood to parent effectively (Lindahl et al., 2004), higher marital satisfaction (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020; LeBaron et al., 2014; Stafford & Canary, 2006), and lowered probability of divorce (Kaufman, 2000). Likewise, Brezsnyak and Whisman (2004) discovered that couples who share integrative power had increased sexual desire, which is positively related to sexual and relationship satisfaction, this study's variables of interest (Mark, 2012; McNulty et al., 2016).

Despite potential benefits of integrative and egalitarian power dynamics for both the husband and wife, wives are still more likely to hold less marital power than their husbands (Ball et al., 1995; LeBaron et al., 2014) and are more likely to conform to their husbands' opinions, showing an imbalanced distributive power (Zipp et al., 2004). It is no wonder that feminist family therapists consistently and continually advocate for the importance of addressing power dynamics in couples' relationships (Knudson-Martin, 2013; LeBaron et al., 2014). Often, wives gain power as they are more likely to raise issues and share concerns. However, husbands are still more likely to control the conversation and make final decisions, demonstrating greater distributive power (Ball et al., 1995). Dating relationships similarly follow gendered scripts with most heterosexual couples indicating that the man holds more power in decision making (Eaton & Rose, 2011; Felmlee, 1994), suggesting that the distributive imbalance within the relationship consistently favors males.

Older literature suggests potential negative relational consequences for wives holding more marital power than their husbands, further implying that any imbalance of distributive power has negative consequences. Felmlee (1994) found that dating couples with self-reported higher-powered females dissolved at greater rates than self-reported higher-powered male couples. Another study measured power by income earned and showed that 64% of couples where the female earns more are dissatisfied as opposed to 13% of couples where the male earns more being dissatisfied (Tichenor, 1999). Husbands even begin to use sexual dissatisfaction as a bargaining tool when they lose power through becoming part of a dual-career couple (Betchen, 2006). Finally, Cross et al. (2019) also found that men losing relationship power is correlated with increased aggressive communication and behavior that discounts the female partner in the decision process; however, this study looks at men who subscribe to negative sexist beliefs.

These findings are limited in being older (Felmlee, 1994; Tichenor, 1999), measuring power through money rather than collaborative decision-making (Betchen, 2006; Tichenor, 1999), and looking at only limited parts of the population, such as men who hold negative sexist beliefs (Cross et al., 2019). Research is needed to build on prior research evaluating if a decrease in male power and increase in female power as measured within decision making is related to improvements in sexual or relational well-being beyond economic measures measured at a single point in time. New findings are needed that apply to more generalizable populations using naturalistic therapy settings (Reese et al., 2010). Furthermore, the RTP suggests that distributive power is more harmful and integrative, and equitable marital power has more ideal outcomes without holding a sex difference caveat.

Marital power has important implications for relationship satisfaction. Perceptions of power influence a couple as much as actual power. Despite the numerous benefits of egalitarian marital power and negative consequences of unequal power, women have less marital power than men. While the financial studies suggest a potential for negative consequences of women having greater relational power than males, the findings are based on case reports and older data and are inconsistent with the RTP.

The Interaction of Relationship Power and Sexual Satisfaction

Equalizing marital power relationships appears to be related to improved marital and sexual satisfaction. The links between sexual satisfaction, relationship satisfaction, and marital power suggest potential interacting relationships. The research between the sexual relationship and power has decades of evidence. A potential reason for this link is connecting lower marital power to increased inhibition and, therefore, dissatisfaction in sexual relationships (Anderson, 2002; Keltner et al., 2003; Lammers & Imhoff, 2016). Marital power distributions are also

intertwined with a couple's sexual relationship (Brezsnyak and Whisman, 2004), with distributive power imbalances and sexual pursuit and expression being inseparable for couples.

The mutual influence of marital and sexual satisfaction (McNulty et al., 2016) and the correlation between marital power and relationship satisfaction (Leonhardt et al., 2020) suggest that overarching relationship factors like relationship power act as a catalyst for sexual and relationship functioning. Addressing power differences in couples therapy can equalize the perceived balance of power and improve relationship satisfaction. Disadvantaged social power discrepancies are felt between individuals, specifically in marriage. Both sexual and relationship satisfaction are connected to marital power, implying marital power may act as a potential moderation variable. A relationship exists between sexual satisfaction and power to enhance or diminish relationship satisfaction. It appears the diminishment of power imbalance during couples therapy can moderate the relationship between sexual satisfaction and relationship satisfaction. This finding would be essential to consider for couples who have been married longer with children seeking treatment because they exhibit greater power imbalance and lower sexual satisfaction (Witting et al., 2008). These findings are related to the more complex marital dynamics that favor males when couples have children (LeBaron et al., 2014).

Finding answers for questions related to power, sex, and relationship satisfaction for women and men would add to the extant literature and inform clinical practice. The literature highlights other aspects of couple dynamics that need to be addressed to adequately evaluate the relationship between power and sexuality on relationship satisfaction. Based on previous literature and the RTP, the length of the relationship, children in the home, and violence should serve as control variables within the model. Likewise, measuring these relationship interactions within a clinical context serves a critical professional need.

Tracking Change in Short Term Therapy

Research on change in therapy ought to replicate realistic therapy practices used by clinicians. Psychotherapy research creates distinctions between research efficacy and clinical effectiveness (Nathan et al., 2000). Research efficacy refers to treatment effects in randomized controlled trials, while clinical effectiveness refers to treatment effects in routine practice (Halford et al., 2015). Efficacy trials are more likely to have screening criteria for participants, manualized therapy practices, and in-depth assessments, none of which is practically translated into therapy practices. Conversely, effectiveness studies usually have little to no inclusion criteria for participants, goals are negotiated between clinician and participant, and assessments are brief if used at all. Halford et al. (2015) outline the need for experiments using practice effective techniques, such as regularly using brief measures and valuing early change in therapy.

Tracking and measuring the change in therapy benefits psychotherapy providers and the populations they serve (Tasca et al., 2019). Halford et al. (2015) further emphasize the need to use standardized and non-invasive measures in couples therapy. Simply using brief measures to track progress improves client outcomes in couples therapy (Reese et al., 2010; Sparks, 2015). Focusing on brief measures that do not burden therapy clients increases the accuracy of couples' progress in more naturalistic therapy settings (Reese et al., 2010). These findings imply the need for literature to focus on using brief measures in research trials.

For example, using a brief and empirically tested measure of relationship power is vital for the study at hand. In family studies, researchers consistently use Cromwell and Olson's (1975) theory of power bases, processes, and outcomes. However, using lengthy measures, such as the measures used by Brezsnyak & Whisman (2004) in therapy, follows the outline of a research efficacy trial and does not practically translate into clinical effectiveness. Fortunately,

the Marital Power Index (Bogue et al., 2008; LeBaron et al., 2014; Oka et al., 2016) and its subscale, the Relationship Power Scale (Leonhardt et al., 2020; Miller et al., 2019) effectively adhere to Cromwell and Oslon's (1975) theory of power and is reliably measured in a short questionnaire, helping the measure to be used in clinical effectiveness study.

Furthermore, change is accurately assessed in the early stages of therapy. For example, behavioral change in the early stages of treatment is associated with improvements in relationship satisfaction (Doss et al., 2005), suggesting that evaluating the early stage of change would provide a view of how power adjustments impact relationship satisfaction. 70% of couples who do not benefit from therapy can be detected by a lack of measured change in the first four sessions (Pepping et al., 2015), which shows the accuracy of using early-stage change as a means to measure therapeutic effectiveness in couples. Change is accurately measured in the early stages of therapy.

Clinical effectiveness trials are necessary for measuring change outcomes in common clinical settings. The necessity for clinical effectiveness indicates a need to use brief measures regularly assessed in the therapy process. Early change in the therapy process further acts as an indicator for long-term therapy progress.

Control Variables

Some control variables must be addressed when considering relationship power and sexual satisfaction, including relationship length, children in the relationship, and violence in the relationship. Sexual dissatisfaction holds poignant negative relationship consequences for women. Relationship length and the number of children also impact sexual and relationship satisfaction (Fallis et al., 2016; Witting, 2008), potentially suggesting a link between power

imbalance and satisfaction for long-term relationships with family stressors. Finally, children living at home and relationship violence are necessary control variables when measuring marital power and sexual satisfaction.

When considering sexual satisfaction across marriage, relationship length must also be considered. Relationship length is a common control measure when considering sexual passion in marriage, with longer-term relationships generally decreasing sexual passion over time (Busby et al., 2019; Pollitt et al., 2018; Schmiedeberg & Schröder, 2016). Relationship length lessens the sexual satisfaction found in long-term heterosexual and gay or lesbian relationships (Carvalheira & Costa, 2015). Furthermore, sexual frequency decreases with increased relationship length (Grøntvedt et al., 2020). Decreased sexual satisfaction may largely be due to increased sexual problems with age (Hughes et al., 2015; Shen, 2019). Findings further purport that relationship satisfaction decreases with relationship length (Jose & Alfons, 2007).

Having children living at home must be considered when examining the sexual relationship in marriage and may contribute to relationship length's negative impact on the relationship and sexual satisfaction. An increase in the number of children is shown to decrease sexual satisfaction (Jose & Alfons, 2007). The number of children is shown to worsen the sexual relationship except in cases of high marital satisfaction and when husbands are more patient and caring to postpartum mothers, suggesting a potential link with relationship power (Witting et al., 2008). These results imply that integrative power may improve the couple's respect for one another and improve sexual satisfaction with the birth of one or more children.

The number of children also impacts relationship power. Elliot (1996) found that women suffer a loss of marital power and mental health with the birth of children because of increased financial dependence on their husbands and isolation due to not working outside of the home.

Furthermore, a longitudinal study shows that having children hastens the decline in marital satisfaction but has less effect on parents with high pre-pregnancy marital satisfaction (Lawrence et al., 2008). Theoretically, high marital satisfaction and integrative power dynamics lessen the impact of children on marital power because the roles of both parents are respected as co-equal and necessary.

Sexual, power, and relationship satisfaction are dynamics that would be exacerbated by relationship violence. For any research to adequately address power imbalance, there would need to be a control for violence. Power imbalances in relationships may also be manifested in relationship violence. Husbands perceiving their relationship as unequal or inherently seeing the relationship through a distributive power lens is predictive of marital aggression with high inequalities resulting in increased aggression (Leonard & Senchak, 1996; Cross et al., 2019). Women also have higher power than their husbands is correlated with increased violence and verbal aggression (Sagrestano et al., 1999). Fishbane (2011) further explains that power can turn into contempt and end in angry escalations or violence when men dominate. These findings suggest that seeing power as distributive gives the impression of power imbalance as a threat, increasing the possibility of relationship violence. Furthermore, relationship violence is likely to harm sexual and relationship satisfaction.

Relationship length, children, and violence in the relationship must be considered when measuring sexual satisfaction, relationship satisfaction, and relationship power. Sexual satisfaction has specific impacts based on gender. The length of the relationship and children living at home further impact the sexual relationship. Finally, children and violence in the relationship affect relationship power dynamics.

The Present Study

The present study addresses the gap in the literature regarding the influence of power and sexual satisfaction on relationship satisfaction in a clinical sample (Breznyak & Whisman, 2004; McNulty et al., 2016). Given the importance of the sexual relationship for couples in therapy (Doss et al., 2004) and the importance of equal and integrative power dynamics for relationship satisfaction (Breznyak & Whisman, 2004; Stafford & Canary, 2006; Leonhardt et al., 2020; LeBaron et al., 2014) and sexual satisfaction (Betchen, 2006; Breznyak & Whisman, 2004; Yucel & Koydemir, 2015), these variables must be addressed with a clinical sample across the initial stage of therapy. The Relational Theory of Power (RTP) adds nuance to our analysis by considering the fluid nature of power, which can be manipulated in the therapeutic process. The study uses a naturalistic clinical effectiveness study, showing the effect of power and sexual satisfaction over time in treatment. Furthermore, the analysis considers gender, which directly impacts power and relationship satisfaction (Tichenor, 1999).

Hypothesis 1) Sexual satisfaction is associated with relationship satisfaction.

Hypothesis 1a) Higher sexual satisfaction positively correlates with higher relationship satisfaction for both male and female partners.

Hypothesis 2) Equitable relationship power dynamics are positively associated with relationship satisfaction.

Hypothesis 2a) Improvements in relationship power through self-reported collaborative decision-making positively correlate with higher relationship satisfaction for both male and female partners.

Hypothesis 3) Equitable relationship power dynamics moderate the relationship between sexual satisfaction and relationship satisfaction for couples in therapy.

Hypothesis 3a) The impact of change in sexual satisfaction on relationship satisfaction is moderated by the change in relationship equity for both male and female partners.

Research Question 1) Does gender impact unequal relationship power dynamics through self-reported collaborative decision-making's effect on relationship satisfaction?

Research Question 1a) Do couples with higher-powered females have lower relationship satisfaction than couples with higher-powered males?

Research Question 1b) Do improvements in relationship power dynamics by the aligning of self-reported collaborative decision making reported by both partners positively correlate with higher relationship satisfaction?

Chapter 3: Method

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. These services are provided by graduate students currently enrolled in the marriage and family therapy master's program at Auburn University. Given that there are no inclusion criteria, goals are negotiated between clinician and participant(s), and the assessments used are brief, this study qualifies as a naturalistic clinical effectiveness study. The present study was approved by the university institutional review board (IRB) and sought to incorporate best practices in research methods.

Participants

Demographics of participants are reported in Table 1. This study used longitudinal data from 279 clients, 137 females and 142 males, who reported being in a coupled relationship and started services between 2016 and 2019 at AUMFT. Most female participants identified as White (85.2%). Similarly, most male participants identified as White (81.8%). The highest level of educational achievement obtained by participants in the study varied but averaged as more highly educated than the Alabama state population. Over one-half of female (59.1%) and male (51.8%) participants attained their bachelor's degree or higher, where 25.5% of Alabama state residents aged 25 and older have earned their bachelor's degree (U.S Census Bureau, 2019). About one-quarter of female participants (22.5%) and male participants (31.4%) achieved a high school diploma or GED. Income also varied but averaged closer to the Alabama state population. Both male and female participants reported a median household income of between \$40,000 and \$59,000. The median household income of Alabama state residents is \$50,536, which fits alongside our data. Potentially, the reason for having a more highly educated but

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%

A lower-earning population may be due to the sample being younger and, therefore, in earlier career positions and residing in a college town. Of the women, 87 (61.3%) self-reported being married, while 51 (35.9%) self-reported being in a committed relationship. 82 (59.9%) of males self-reported being married, while 53 (38.6%) self-reported being in a committed relationship.

Table 2 shows continuous descriptive statistics. 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.

Measures

Relationship Satisfaction acts as the dependent variable. At intake and fourth session, participants completed the Couple Satisfaction Index-16 (CSI-16) (Funk & Rogge, 2007) to assess overall relationship satisfaction. The measure includes 16 self-report questions (e.g., “How well does your partner meet your needs?”) or statements (e.g., “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). Responses were summed to create a total score, with lower scores

Table 2

Female Continuous Descriptive Statistics (N = 151)

Variables	<i>M</i>	<i>SD</i>	Range
Children in the Home	0.80	1.150	0 – 5
Relationship Length (months)	67.73	75.273	1 – 588
Age	31.40	9.776	18 – 66

Male Continuous Descriptive Statistics (N = 161)

Variables	<i>M</i>	<i>SD</i>	Range
Children in the Home	0.68	1.033	0 – 5
Relationship Length (months)	72.06	89.721	1 – 588
Age	33.28	11.116	19 – 69

representing lower satisfaction within the relationship. For the current data set, the measure has a high Cronbach's alpha of 0.97 at session 1 and 0.98 at session 4. Time 1 scores are regressed onto time two, with the standardized residual used to take into account the effects of time one scores on time two.

Change in Sexual Satisfaction acts as the independent variable. During intake and fourth session, participants filled out a 3-item subset of the 19-item Female Sexual Function Index (Rosen et al., 2000). While the full measure is meant for female sexual function, the 3-item subscale is gender-neutral and addresses the level of satisfaction about different aspects of the

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 at session 1 and session 4. The change is measured by subtracting intake scores from the fourth session scores.

Change in Relationship Power acts as the possible moderating variable. During intake and every fourth session, participants filled out 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). This self-report measure contains four statements that participants rate their degree of agreement to 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, 1 is reverse scored. Lower RPS scores represent the participant's perception that they have greater power in the relationship, 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 0.81 at session 1 and 0.80 at session 4. The change is measured by subtracting intake scores from fourth session scores.

Change in Difference in Relationship Power acts as a covariate of interest. Similarly, using the RPS-Short Version (Miller et al., 2019), the difference in relationship power will be measured by finding the absolute difference between power scores between partners. For example, if partner 1 has a power score of 5 and partner 2 has a power score of 1, both partners would have a difference in relationship power of 4. The closer the score is to 0, the more equal the relationship. The change is measured by subtracting time 1 scores from time 4.

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

Covariates

Conflict Tactics. During intake and every fourth session, participants filled out 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 filled out demographic information, which includes asking, “How many biological, adopted, step-children under 18 live in your home at least 50% of the time?”

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

Procedures

AUMFT’s ability to collect data was approved by Auburn University’s Institutional Review Board (IRB). Data collection for this sample occurred between July 2016 – December 2019. To attract participants/clients, the clinic utilized referral sampling in the community and promotion via social media and fliers. Most clients self-referred to the clinic, though a minority were court-ordered/mandated to attend therapy. For this paper, the data utilized originated from “intake” and “follow-up” paperwork. The paperwork packets are given to each participant before the intake session and at the fourth session follow-up. The participants are also given informed consent that outlines the clinic policies and participant rights at intake. The intake and follow-up

paperwork packets contain the measures described. All questionnaires and paperwork packets were provided in English and Spanish.

Data Analytic Plan

A regression model is used to test the impact of sexual satisfaction, power dynamics, and gender on relationship satisfaction. Missing data is managed using Newman's (2014) guidelines. That is, all available data is used to maintain statistical power and representative sample size. To investigate and describe missing data patterns, the researcher computed a Missing Value Analysis (MVA) using the expectation-maximization (EM) technique in SPSS (version 21.0). The male and female scores are fit independently to avoid interdependence, maintaining the independent observations assumption (Kenny & Hoyt, 2009).

Bivariate correlations are examined, and a 4-stage hierarchical multiple regression is fit. The researcher begins by testing the significance of the covariates of relationship length, the number of children at home, and relationship violence. If the variables are not significant or do not add to the model fit, they are left out to avoid potentially shared variance due to chance. Model 2 regresses the predictor, change in sexual satisfaction, onto relationship satisfaction at session 4, followed by adding the moderating variable, change in power, and the variable of interest, change in the difference in power, in Model 3. For Model 4, an interaction term between change in sexual satisfaction and change in power is created to test for a moderation effect.

Evidence for Supporting Hypotheses

Hypothesis 1) Sexual satisfaction is associated with relationship satisfaction.

Hypothesis 1a) *Higher sexual satisfaction will positively correlate with higher relationship satisfaction for both male and female partners.* Evidence supporting this

hypothesis would include a higher change in sexual satisfaction having a positive relationship with relationship satisfaction at session four while controlling for session one relationship satisfaction.

Hypothesis 2) Equitable relationship power dynamics are positively associated with relationship satisfaction.

Hypothesis 2a) *Improvements in relationship power through self-reported collaborative decision-making positively correlates with higher relationship satisfaction for both male and female partners.* Evidence supporting this hypothesis would include a higher change in power equality having a positive relationship with relationship satisfaction at session four while controlling for session one relationship satisfaction.

Hypothesis 3) Equitable relationship power dynamics moderate the relationship between sexual satisfaction and relationship satisfaction for couples in therapy.

Hypothesis 3a) *The impact of change in sexual satisfaction on relationship satisfaction is moderated by the change in relationship equity for both male and female partners.* An interaction variable between change in sexual satisfaction and change in power influences relationship satisfaction beyond a change in sexual satisfaction, and a change in power was created. Evidence supporting this hypothesis would include the interaction variable having a significant relationship with relationship satisfaction at session four while controlling for session one relationship satisfaction.

Research Question 1) Does gender impact unequal relationship dynamics through self-reported collaborative decision-making's effect on relationship satisfaction?

Research Question 1a) *Do couples with higher-powered females have lower relationship satisfaction than couples with higher-powered males?* Evidence supporting this question would include a statistically significant paired sample t-test for relationship satisfaction between males holding greater self-reported power and females holding greater self-reported power.

Research Question 1b) *Do improvements in relationship power dynamics by the aligning of self-reported collaborative decision making reported by both partners positively correlate with higher relationship satisfaction?* Evidence supporting this question would include a higher aligning of difference in power equality having a positive relationship with relationship satisfaction at session four while controlling for session one relationship satisfaction.

Chapter 4: Results

Relationship satisfaction, sexual satisfaction, and collaborative decision making are assessed at sessions one and four. The change in sexual satisfaction and collaborative decision making are measured in relation to relationship satisfaction at session four, controlling for relationship satisfaction at intake. The interaction between relational decision making and sexual satisfaction is assessed for moderation effects.

Preliminary Analyses

Means and standard deviations are assessed for the variables and are reported in Table 3. For both females and males, scores improve from session one to session four, meaning scores increase for relationship and sexual satisfaction and scores decrease for perceived less collaborative decision making. Males report higher relationship satisfaction and perceive to have higher decision making power than females at sessions one and four. With lower decision making power scores meaning perceived increased egalitarian power dynamics, female relationship power scores improve from 2.99 to 2.77 from session one to session four. In contrast, male relationship power scores improve from 2.82 to 2.61. Female relationship satisfaction scores improve from 2.84 to 3.05, while male relationship satisfaction scores improve from 3.04 to 3.23. Scores are roughly the same for sexual satisfaction between females and males at sessions one and four.

Non-Completers and Completers

Completers are defined as couples that complete intake assessments and fourth session paperwork. At the same time, non-completers are couples who complete first session paperwork, attend at least four therapy sessions, but do not complete fourth session paperwork. Attrition is

Table 3

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).

examined because non-completers may be different from those couples that complete paperwork, thereby weakening this study's validity. Independent t-tests and chi-square analyses are conducted on the variables of interest and control variables reported in Table 4. The lack of significant findings suggested no differences between completers and non-completers on demographic and intake variables associated with the research.

Missing Values Analysis and Testing Regression Assumptions

A Missing Value Analysis with the expectation-maximization (EM) technique is implemented to identify and describe missing data patterns. Little's MCAR test yields 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 are missing completely at random for variables used in the subsequent analyses. Additionally, the predictor (e.g., change in sexual satisfaction) and moderator (e.g., change in decision making power) variables are centered for the regression analyses to reduce

Table 4

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

potential multicollinearity (Dawson, 2014). None of the variables in the present study have a skewness or kurtosis statistic of +/-three standard errors, which indicates that the data is normally distributed. Similarly, a visual inspection of the residual scatterplot also appears normally distributed, meeting the assumption of homoscedasticity. Thus, data appear to meet the assumptions of multiple regression.

Correlational Analyses

Before beginning the hierarchical multiple regression, bivariate correlations among study variables are examined (Table 5). Interestingly, females holding greater decision making power at session one is associated with lower relationship satisfaction for females at session four. Otherwise, expected results are seen where higher sexual satisfaction and perceived balance of power are associated with higher relationship satisfaction.

Table 5

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).

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

Hypothesis Testing using Hierarchical Multiple Regression

A 4-stage hierarchical multiple regression with relationship satisfaction at session four as the dependent variable is used to test both research questions for males and females (see Table 6). The researcher begins by testing the significance of the covariates of relationship length, the number of children at home, and relationship violence, which yield insignificant results and are left out to avoid potentially shared variance due to chance and maintain the most parsimonious model for both females and males. Model 2 regresses the predictor, change in sexual satisfaction, onto relationship satisfaction at session 4, followed by adding the moderating variable, change in decision making power, and the variable of interest, change in the difference in decision making power, in Model 3. For Model 4, an interaction term between change in sexual satisfaction and change in decision making power is created to test for a moderation effect. The regression equation for Model 2 regresses change in sexual satisfaction and is statistically significant for females [$F(1, 130) = 30.431, p = .000, R^2 = .183$] and males [$F(1, 134) = 30.602, p = .000, R^2 = .222$]. Model 3 adds change in decision making power and change in difference in decision making power to the regression and is also statistically significant for females [$F(3, 128) = 20.265, p = .000, R^2 = .306$] and males [$F(3, 132) = 12.887, p = .000, R^2 = .272$]. For Model 4, an interaction term (change in sexual satisfaction \times change in decision making power) is added to test for a moderation effect. Similar to previous models, the regression equation is statistically significant for females [$F(4, 127) = 16.677, p = .000, R^2 = .324$] and males [$F(4, 131) = 9.673, p = .000, R^2 = .266$]. However, no main effect is detected between the interaction term and relationship satisfaction for males ($\beta = .017, p = .834$). Thus, change in decision making power does not moderate the relationship between change in sexual satisfaction and relationship satisfaction for males. Model 4 fits best for females, and model 3 fits best for males. The R^2

Table 6

Female Summary of the Hierarchical Regression Analysis for Change in Sexual Satisfaction, Change in Power, Change in Difference in Power, and the Interaction between Sexual Satisfaction and Power (N = 131)

	Model 3			Model 4		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Intercept	0.008	0.068	-	0.032	0.068	-
Δ in Sex	0.281**	0.061	0.344**	0.279**	0.061	0.342**
Δ in Power	-0.360**	0.091	-0.304**	-0.298**	0.095	-0.251**
Δ in Difference in Power	-0.158*	0.079	-0.152*	-0.190*	0.079	-0.184*
Δ in Sex \times Δ in Power				0.141*	0.068	0.159*
ΔR^2	0.306			0.324		

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

change between Model 3 and Model 4 indicates that the interaction term accounts for 2.2% (females) and -0.6% (males) of the variance in relationship satisfaction, showing that the interaction term accounts for a substantial amount of variance for females and takes away from the model for males. Furthermore, for females, significant results are found for change in sexual satisfaction ($\beta = .279$, $p = .000$), change in decision making power ($\beta = -.298$, $p = .002$), change in difference in decision making power ($\beta = -.190$, $p = .018$), and the interaction term ($\beta = .141$, $p = .039$). Males, however, do not have significant results for the interaction term ($\beta = .017$, $p = .834$). Furthermore, the change in F-score between models 3 and 4 is not significant for males ($p = .834$) but is significant between models 2 and 3 ($p = .005$). Model 3 shows significant results for males in change in sexual satisfaction ($\beta = .314$, $p = .000$) and change in decision making

Table 6 (Continued)

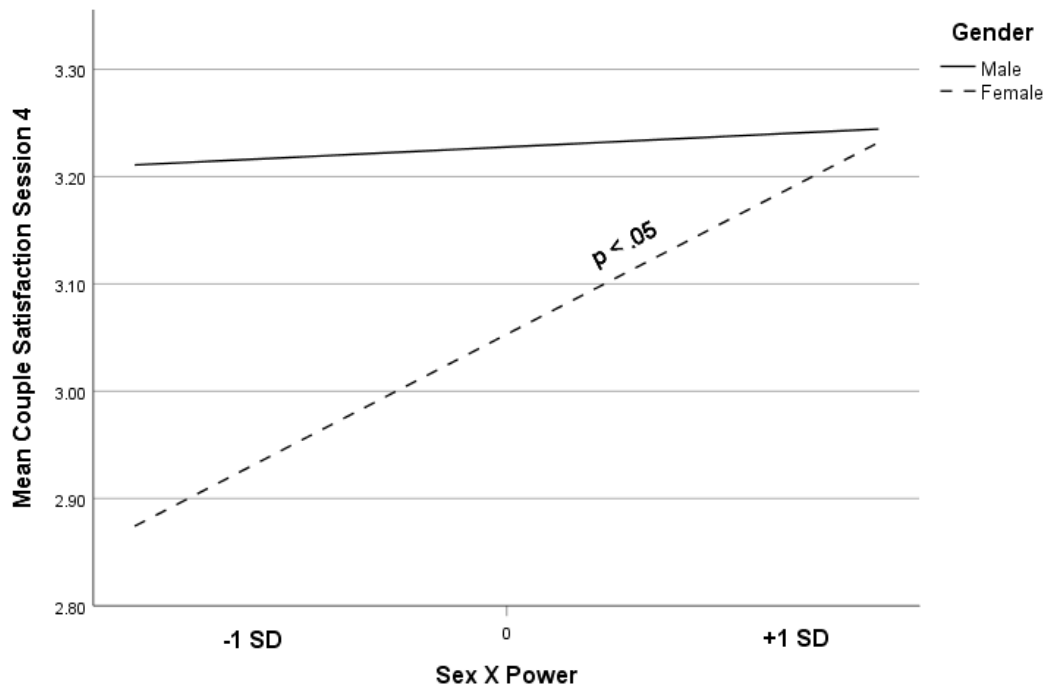
Male Summary of the Hierarchical Regression Analysis for Change in Sexual Satisfaction, Change in Power, Change in Difference in Power, and the Interaction between Sexual Satisfaction and Power (N = 131)

	Model 3			Model 4		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Intercept	-0.012	0.073	-	-0.008	0.076	-
Δ in Sex	0.314**	0.062	0.395**	0.310**	0.064	0.391**
Δ in Power	-0.380**	.114	-.261**	-0.387	0.119	-0.265**
Δ in Difference in Power	-0.036	0.081	-0.033	-0.034	0.082	-0.031
Δ in Sex \times Δ in Power				0.017	0.080	0.017
ΔR^2	0.272			0.266		

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

power ($\beta = -.380$, $p = .001$) but not for change in difference in decision making power ($\beta = .036$, $p = .656$) The interaction term is graphed in Figure 1. In sum, Model 4 best fits the data for females, with a statistically significant main effect on relationship satisfaction for change in sexual satisfaction, change in decision making power, change in the difference in decision making power, and the interaction between change in decision making power and change in sexual satisfaction. Model 3, however, fits best for males, with a statistically significant main effect on relationship satisfaction for change in sexual satisfaction and change in decision making power but not change in the difference in decision making power. The model showing significant relationships for females and males is mapped in Figure 2.

Figure 1



Research Question Analysis

A paired sample t-test between which partner holds greater self-reported decision making power at session four and relationship satisfaction at session four controlled for relationship satisfaction at session one is run to test if couples with higher-powered females have lower relationship satisfaction than couples with higher-powered males. Results are reported in Table 7. Results show null findings, indicating no significant difference in relationship satisfaction when men have greater decision making power versus women having greater decision making power for both females and males. Females who report higher decision making power do not have significantly different relationship satisfaction than females who report lower decision making power $t(44) = -0.57, p = 0.57$. Males who report higher decision making power do not have significantly different relationship satisfaction than Males who report lower decision

Table 7

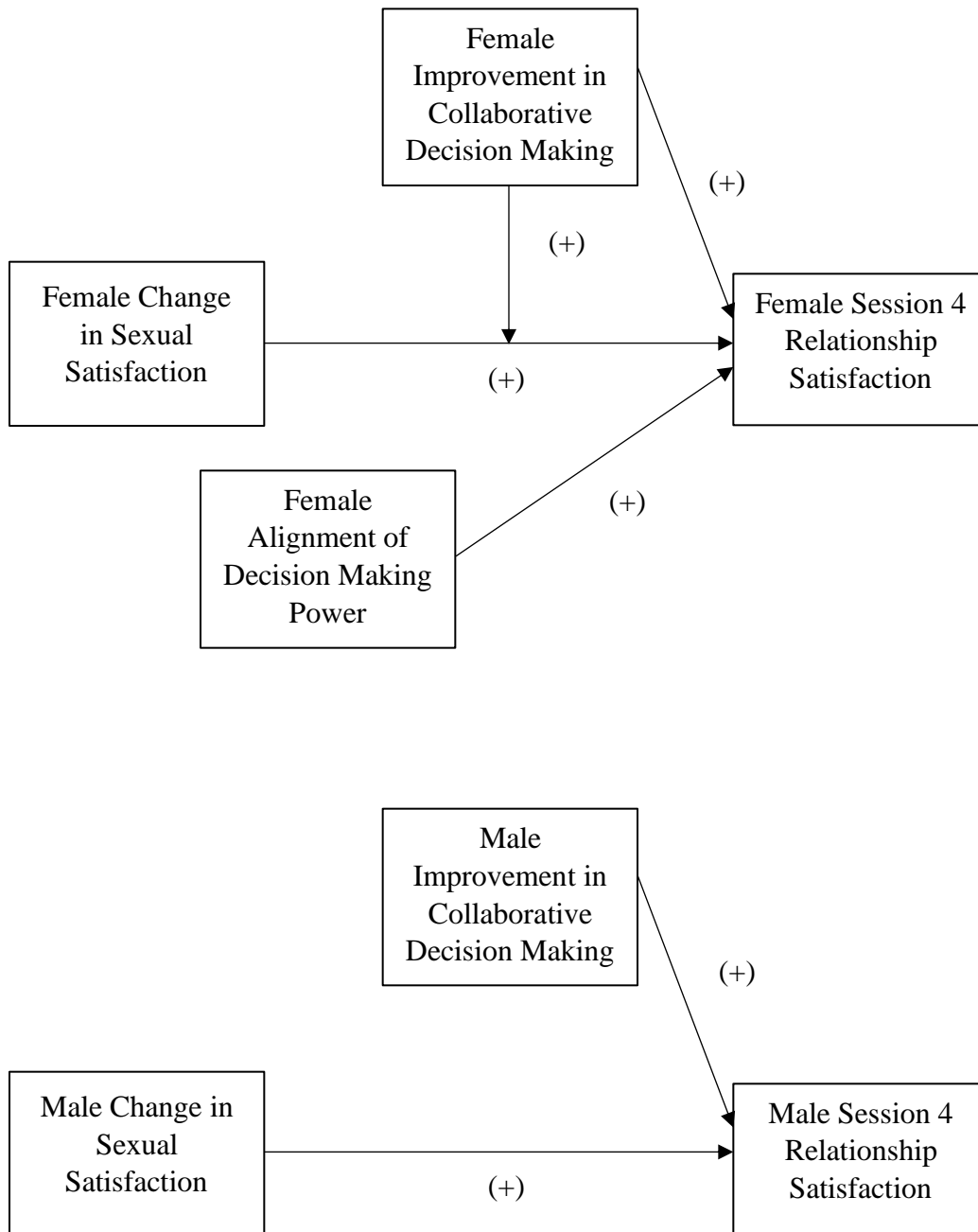
Comparison of Means of relationship satisfaction at session four based on males vs. females having higher relational power based at session four (N = 45/44)

	Females		Males	
	<i>t</i> -score	Sig. (2-tailed)	<i>t</i> -score	Sig. (2-tailed)
Relationship Satisfaction	-0.57	0.57	0.64	0.53

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

making power $t(43) = 0.64, p = 0.53$.

Figure 2



Improved sexual satisfaction and more power in the relationship are associated with enhanced relationship satisfaction for females and males. The interaction effects between improved sexual satisfaction and having more power in the relationship and equalizing the power dynamics are associated with improved relationship satisfaction for females but not males.

Chapter 5: Discussion

Relationship satisfaction is critical for maintaining physical health and life satisfaction (Gustavson et al., 2016; South & Krueger, 2013). Two factors that consistently affect relationship satisfaction are the couple's sexual relationship and power dynamics (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020). While sexuality, relationship satisfaction, and power dynamics have been measured over time in a community sample (McNulty et al., 2016), there are not studies measuring the impact on couple satisfaction when sexual satisfaction and power dynamics change during therapy (Brezsnyak & Whisman, 2004). Knowing the impact of treatment on these relationship dynamics addresses a critical need to verify the couples therapy benefits with sex, power, and relationship satisfaction.

The 4-stage hierarchical multiple regression results indicate that improved sexual satisfaction and more collaborative decision making in the relationship are associated with enhanced relationship satisfaction for females and males. The interaction effects between improved sexual satisfaction and having more decision making power in the relationship and equalizing the power dynamics are associated with improved relationship satisfaction for females but not males. These findings confirm previous non-clinical findings that improving sexual satisfaction and relationship dynamics are related to improving relationship satisfaction and further adds relevance. Furthermore, these findings are confirmed using a clinical effectiveness trial which generalizes to a broader population by including no exclusion criteria (Halford et al., 2015) and uses brief measures more likely to be seen in naturalistic therapy settings (Halford et al., 2015; Reese et al., 2010). Finally, these findings confirm the RTP by showing how integrating power leads to improved relationship satisfaction.

The Effect of Sexual Satisfaction on Relationship Satisfaction

Hypothesis 1 is supported for females and males. These findings are consistent with findings that sexual satisfaction is correlated with sexual satisfaction (Byers, 2005; McNulty et al., 2016) and predicts relationship satisfaction (Fallis et al., 2016; Meltzer & McNulty, 2010). Furthermore, when sexual satisfaction is decreased, distressed couples rank sexuality higher in importance for their relationship satisfaction than highly satisfied couples, suggesting rumination on the sexual aspect of marriage when it is not functioning well (McCarthy & McCarthy, 2009). These findings confirm McCarthy and McCarthy's (2009) results, demonstrating that alleviating sexual dissatisfaction in therapy brings significant improvements. The current study further contributes by including treatment in a naturalistic setting to show that improving sexual satisfaction in therapy improves relationship satisfaction.

The Effect of Relationship Power on Relationship Satisfaction

Hypothesis 2 is supported for males and females. The present study works with the findings that perceived imbalance of power has the same amount of influence as actual power (LeBaron et al., 2014) and shows that more integrative power leads to greater overall relationship quality (Brezsnyak & Whismal, 2004; Leonhardt et al., 2020; Pollitt et al., 2018). The current study further contributes by including therapy in a naturalistic setting to show that improving power dynamics through collaborative decision-making in therapy improves relationship satisfaction.

Looking at the specific items in the measure indicates specific ways power should be considered by clinicians and other treatment providers. The items consider if a partner considers their partner's opinions, listens to their partner, talks about problems when their partner wants to,

and talks about problems with their partner until there is a solution. The items overall consider if the partner accepts influence and collaborates in decision making. The findings indicate then that helping partners accept each other's influence promotes improved relationship satisfaction.

The Interaction Sexual Satisfaction and Relationship Power on Relationship Satisfaction

Hypothesis 3 is supported for females but not for males. These findings are at odds with results from Breznayak and Whisman (2004) that power does not have a moderating between power and the sexual relationship. The present study differs in using sexual satisfaction rather than sexual desire as the independent variable, using a clinical sample rather than a sample with couples with higher relationship satisfaction, evaluating change in sexual satisfaction, and decision making across four weeks of couples therapy.

Finding collaborative decision making to moderate the relationship between sexual and relationship satisfaction for females but not males has interesting implications. Sex acts as an area partners use to heal negative situations (Henderson-King & Veroff, 1994), potentially including inequitable power dynamics. Unbalanced decision making power may interact with the sexual relationship by discouraging sexual negotiation due to disinhibited behavior, which acts as a behavioral symptom of lacking power, meaning that the powerful are less inhibited and more likely to act on impulses, including sexual desires (Anderson & Berdahl, 2002; Keltner et al., 2003; Lammers & Imhoff, 2016). Disinhibited power innately describes a lack of negotiation and communication, which are critical features of integrative power. A recent longitudinal study further adds evidence to these connections by showing that both unbalanced power dynamics and sexual inhibition independently and significantly predict current and future sexual functioning (Velten et al., 2017). Furthermore, women with decreased inhibition in sexual communications are more likely to report fewer depressive symptoms, higher relationship satisfaction, and

increased sexual functioning (Merwin et al., 2017). These findings add support showing that sexual satisfaction converges with collaborative decision making for women to significantly impact relationship satisfaction.

Furthermore, sexual dissatisfaction has particular negative impacts on gender, further explaining the significant findings for females but not males. Sexual dissatisfaction is associated with low levels of sexual desire, particularly for women (Dennerstein, 2006; Rosen et al., 2009). Female sexual distress and low sexual desire in women are more connected to relationship factors than physiological or age-related factors and are less likely to occur when the woman is sexually satisfied with her partner (Hayes et al., 2008). Sexual satisfaction is also associated with more powerful orgasms for both men and women (Arcos-Romero & Sierra, 2020) and improved mental health for older women (Heywood et al., 2018), which may further contribute to significant findings for females but not males.

The Impact of Aligning Power

The results do not support research question 1a. The t-test reported null results for males and females, indicating no significant difference in relationship satisfaction between couples with higher-powered females and couples with higher-powered males.

Research question 1b is supported by the hypothesis for females but not males. Greater alignment in relationship power scores is associated with higher relationship satisfaction for females but not males. When considering females, this finding supports the RTP, showing how viewing power as more integrative is beneficial for relationships. Having aligned power scores illustrates a couple's respect for each other's power in collaborative decision-making.

Research and Clinical Implications

Firstly, the present study affirms past findings that improved sexual satisfaction is significantly associated with improved relationship satisfaction (Brezsnyak & Whisman, 2004; Byers, 2005; Meltzer & McNulty, 2010; Fallis et al., 2016). Furthermore, these findings are supported in a naturalistic setting testing clinical effectiveness (Halford et al., 2015) and using brief and non-invasive measures (Tasca et al., 2019; Reese et al., 2010). Addressing sexual satisfaction is necessary for clinicians, given that sexual dissatisfaction acts as a commonplace presenting problem in marital therapy (Doss et al., 2004). Furthermore, given that distressed couples often rank sexuality as higher in importance than highly satisfied couples (McCarthy & McCarthy, 2009), therapists should be well-equipped to address sexuality to improve relationship satisfaction.

Second, the present study affirms past findings that relational power and relationship satisfaction are interconnected (Brezsnyak & Whisman, 2004; Leonhardt et al., 2020; LeBaron et al., 2014; Pollitt et al., 2018; Stafford & Canary, 2006). Specifically, collaborative decision making in relationships is connected with improved relationship satisfaction. These findings are further supported in a naturalistic setting testing clinical effectiveness (Halford et al., 2015) and using brief and non-invasive measures (Tasca et al., 2019; Reese et al., 2010). Williams and Knudson-Martin (2013) find that couples integrating power dynamics, as necessitated through RTP, improves intimacy, friendship, and sexuality, which the present study shows translates into improved Couple Satisfaction Index (CSI) scores.

Thirdly, sexual satisfaction interacts with collaborative decision making to improve relationship satisfaction for females in therapy, but not males. Given that sex acts as an area partners use to heal negative situations (Henderson-King & Veroff, 1994) and that decreased

distributive relationship power may discourage sexual negotiation due to disinhibited behavior (Anderson & Berdahl, 2002; Keltner et al., 2003; Lammers & Imhoff, 2016), clinicians must consider how decision making power and the sexual relationship interact in a couple's relationship. Sex may act as the negotiation of power between the couple (Betchen, 2006; Henderson-King & Veroff, 1994), showing that considering a couple's sexual relationship and power dynamics simultaneously will positively impact overall relationship satisfaction. This interaction is influential for women, showing that women feel more significant impacts from negotiating power in the sexual relationship.

Finally, this study shows that effects of therapy are felt in the short term, which aligns with findings that 70% of couples who do not benefit from treatment can be detected a lack of measured change in the first four sessions (Pepping et al., 2015). Using a clinical effectiveness trial allows these findings to apply generally to clinical populations (Halford et al., 2015). Furthermore, using brief measures act as an accurate and accessible means to track therapy progress (Reese et al., 2010).

Limitations and Future Directions

First of all, the present study is most limited in not having a control group. Having a control group would allow for a more direct comparison, which would meet a higher standard of experimentation than in the present study. Furthermore, the study is limited in not having post-therapy follow-up measures, showing the impact of short-term therapy in the long term.

Secondly, the perceptions of decision making power are primarily impacted by partners' gender conformity. Pollitt et al. (2018) found that more gender-conforming heterosexual relationships report greater power equality in their relationship. These findings are consistent

with other results showing that women's expectations and preferences for traditional gender roles moderate the relationship between power discrepancies and relationship satisfaction (Gillespie et al., 2019; Lavee & Katz, 2002; Qian & Sayer, 2016). Conversely, men conforming to gendered scripts of holding power is associated with increased relationship aggression when the man loses situational power within the relationship (Overall et al., 2016). When both partners in heterosexual relationships expect and value relationship equality, relationship equality will result in greater marital and sexual satisfaction (Barstad, 2014; Carlson et al., 2016; Gillespie et al., 2019). A literature review on couple's adherence to gender conformity with sexual scripts further concludes that such adherence leads to limited sexual expression and may stagnate a couple's sexual satisfaction (Sanchez et al., 2012).

Furthermore, RTP values integrative power, which does not always care about power dynamics in a single moment in time, rather valuing the give and take of power over time and situations. Integrative power values met expectations of gender conformity. Unfortunately, despite the impact of gender conformity on couples and integrative power, the dataset in the present study does not include any such measure.

Finally, future analyses may consider different means to measure perceptions of the difference in decision making power held by each partner. The present study measures the power differential by the difference in power scores. The current study only considers each partner's perception of their decision making power, not considering how they perceive their partner's decision making power. Future studies may consider other measures to consider how an individual partner perceives power differential without directly comparing their partner's perception of their decision making power. Furthermore, none of the measures considered are directly linked to the RTP. Creating empirically reviewed measures that get to the heart of how a

couple perceives their power – designated, distributive, or integrated – will give greater support to using the RTP in couples therapy.

Conclusion

The proposed study addresses the gap in the literature regarding the influence of power and sexual satisfaction on relationship satisfaction in a clinical sample (Breznyak & Whisman, 2004; McNulty et al., 2016). Given the importance of the sexual relationship for couples in therapy (Doss et al., 2004) and the importance of equal and integrative power dynamics for relationship satisfaction (Breznyak & Whisman, 2004; Stafford & Canary, 2006; Leonhardt et al., 2020; LeBaron et al., 2014) and sexual satisfaction (Betchen, 2006; Breznyak & Whisman, 2004; Yucel & Koydemir, 2015), these variables should be addressed with a clinical sample across the initial stage of therapy. The study adds to previous research by confirming the effects of sexual satisfaction and relational power in a naturalistic setting using brief measures (Halford et al., 2015; Reese et al., 2010). The Relational Theory of Power (RTP) adds nuance to our analysis by considering the fluid nature of power, which can be manipulated in the therapeutic process. The study is limited in not having a control group and not having post-therapy follow-up. However, the study focuses more on the immediate change brought in therapy, showing the effect of decision making power and sexual satisfaction over time in treatment. Furthermore, the analysis considers gender, which directly impacts power and relationship satisfaction (Tichenor, 1999).

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Appendix A

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

Appendix B

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 problem in our relationship, my partner often refuses to talk with me.....	1	2	3	4	5
8. My partner and I talk about problems until we both agree on a solution.....	1	2	3	4	5

Appendix C

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>Some-what</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

Appendix D

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

Appendix E

Demographic Questions

This section will focus on demographics.

8. Your current relationship length (years & months)? _____
9. How many biological, adopted, step-children under 18 live in your home at least 50% of the time? _____