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**Editor's Note:** for the interested reader, an outline of the structure of the case study of "Alice" and "Steve" is shown in Appendix 1.

## **"The Commitment of a Lifetime": The Role of Emotionally Focused Couple Therapy in Strengthening Attachment Bonds and Improving Relationship Health in Later-Life Couples—The Teletherapy Case of "Alice" and "Steve"**

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<sup>c</sup> Note: This article is a reformatted and edited version of my dissertation (Mendelson, 2023).

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### **ABSTRACT**

A healthy marriage is a crucial protective factor for adapting to the challenges of late life. Emotionally Focused Couple Therapy (EFCT) is an attachment-based model of psychotherapy that emphasizes here-and-now processing of emotion in a safe holding environment; enhanced understanding of the patterned interactions between self and other; and a non-pathologizing, growth-oriented approach toward couples' difficulties. This case study examines the benefits of EFCT for addressing issues specific to late life, including existential concerns such as aging, illness, and mortality; caregiving burdens and stress; cumulative relational trauma over the lifespan; and forgiveness and healing from emotional injuries.

The case study involved a 20-session, teletherapy treatment of a couple named "Alice" and "Steve," aged 74 and 75, respectively, with Steve suffering from advanced Parkinson's Disease. The couple presented with hopelessness and resentment about their caregiving situation, unresolved traumas from early childhood fueling their relationship's sore spots, and unprocessed grief and fears concerning losses at the end stage of life. The EFCT-guided treatment focused on promoting transformational and corrective experiences of secure attachment bonding. Throughout therapy, Alice and Steve cultivated coherent, positive perspectives of their marriage and related hardships by engaging in reminiscence; embraced their longings for each other by relinquishing their defenses against loss and mourning; and strengthened the legacy of their marriage by exploring their shared values and vision of family life.

At the end of therapy, the clients retrospectively completed several standardized, quantitative measures assessing aspects of emotional and relational health. Their responses evidenced their heightened emotional awareness and acceptance, increased marital adjustment and satisfaction, and improved attachment security over the course of the therapy. This case

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study highlights EFCT as a potent therapeutic intervention for fostering relationship health in later-life individuals to reduce the public health risks associated with social disconnection and loneliness in the aging population.

*Key words:* Emotionally Focused Couple Therapy (EFCT); teletherapy; Erik Erikson's stage of integrity vs. despair; reminiscence; caregiving; chronic illness and grief; narrative in therapy; ageism; intercultural couples; bridging differences; case study; clinical case study

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## 1. CASE CONTEXT AND METHOD

### *The Rationale for Selecting this Particular Client for Study*

The present study examines the suitability of Emotionally Focused Couple Therapy (EFCT) for strengthening attachment bonds and improving relationship health in later-life couples. There needs to be more work in gerontological studies that elaborates on how couple therapy can help later-life couples as they experience physical and mental decline. This study area is especially relevant to public health endeavors to keep families together, thereby reducing the burden on public resources for later-life individuals. The current project will show the benefit of a particular model of attachment-focused couple therapy for later-life couples—Emotionally Focused Couple Therapy (EFCT; Johnson, 2019). EFCT is a humanistic and experiential model of therapy that focuses on reorganizing emotional experiences to promote secure attachment. According to EFCT, dysfunctional patterns of emotion regulation and expression can keep partners trapped in negative interaction cycles that result in conflict and emotional disconnection. By exploring and expanding primary emotion states, EFCT enables partners to gain greater awareness and acceptance of their core emotions. Partners can then establish more positive relational dialogues with each other that foster secure bonding, as well as nurture emotional safety, vulnerability, and intimacy.

In this case study, I will offer a detailed presentation of the arc of an EFCT treatment I conducted with a later-life couple to whom I have assigned the pseudonyms of "Alice" and "Steve." This model of couple therapy proved to be particularly effective for addressing issues of late life that Alice and Steve faced. By accessing primary emotion, Alice and Steve could make meaning of their intergenerational and cultural legacies. The focus on building secure attachment enabled them to cope with existential concerns such as aging, death, and illness together. Most notably, Alice could process her rage, fear, and grief as a caregiver to her husband. By "feeling and dealing" with relational traumas from her past, Alice built a more compassionate and integrated view of her relationship with Steve in the present. Steve, in turn, found the emotional language to communicate his inner world, allowing Alice to understand Steve better and begin "letting go" of past emotional injuries. This case was conducted via teletherapy and highlights

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the potential for remote therapy to increase accessibility for couples who face mobility issues and health challenges. The primary aim of this case study is to offer a detailed examination of an EFCT treatment case with a later-life couple, building on existing literature of couple therapy and gerontological populations. Additionally, I aim to honor a couple who inspired me personally and professionally and transformed my view of therapy as a profoundly creative, relational, and loving exchange.

### ***The Clinical Setting in Which the Case Took Place***

During the time of the therapy, I was a second-year doctoral student in clinical psychology. I was receiving specialized training in Emotionally Focused Couples therapy. I conducted this therapy at a university training clinic where couples receive treatment using current, evidence-based practices. The treatment consisted of 20 sessions conducted over 6 months. The treatment occurred entirely on teletherapy due to safety concerns around the COVID-19 pandemic and the couple's health and mobility challenges. The fee for treatment was set on a sliding scale. I had weekly supervision with licensed psychologist Dr. Karen Riggs Skean and weekly group supervision with licensed psychologists Dr. Shalonda Kelly, Dr. Elisabeth Brown, and Dr. Karen Riggs Skean. All the psychologists who oversaw my training at the clinic have expertise in treating couples using Emotionally Focused Therapy for couples. This case study is based on my doctoral dissertation. My university's Institutional Review Board approved my dissertation's research design.

### ***The Methodological Strategies Employed for Enhancing the Rigor of the Study***

Several steps were also taken to ensure the quality of therapeutic care provided to the couple. Each supervision meeting involved reviewing session content and identifying negative cycles of communication; moment-to-moment tracking of affect; core attachment themes; and positive bids for connection, as well as discussing considerations for working with later-life couples. Supervision sessions involved multiple supervision techniques, including video review, didactics, and "deliberate practice" techniques (Rousmaniere, Goodyear, Miller, & Wampold, 2017). Session video recordings, detailed therapy notes, and post-session process notes were regularly reviewed to evaluate therapeutic progress. Three quantitative measures were introduced to evaluate the couple's functioning at the beginning and end of treatment. These measures and outcomes are discussed later in this paper.

### ***Sources of Data Available Concerning the Client***

A clinical intake was conducted by a student clinician, which collected information on the couple's demographics, presenting problems, goals for therapy, relationship history, past and current safety, prior treatment, anxiety and depression levels, social history, trauma history, recent hospitalizations, substance use history, medical history, and legal concerns.

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### ***Confidentiality***

All sessions were conducted via "Rutgers Zoom," a HIPAA-compliant teletherapy platform developed by Rutgers University for its faculty and students. Recordings of therapy sessions were safely and automatically stored in a password-protected folder. Only supervisors had access to these videos. The video files were not labeled with any identifying information. Identifying information was disguised when describing the couple in the case study. Only basic demographics about the couple are provided, including age, gender, sex, racial/ethnic background, sexuality, and religious identification of each partner. Birthnames, dates of birth, and addresses of partners have been omitted. Pseudonyms are used in the absence of birth names.

## **2. THE CLIENT**

At the onset of therapy, Alice was a 74-year-old Buddhist, heterosexual, first-generation Chinese-American ciswoman. Steve was a 76-year-old Catholic, heterosexual, third-generation Polish-American cisman. Alice and Steve met in graduate school and had been married for approximately 50 years. They shared a daughter, son-in-law, and grandson. In 2015, at age 70, Steve was diagnosed with Parkinson's disease, which was advanced-stage 6 years later at the time of the psychotherapy. Despite her commitment to being his caregiver, Alice harbored resentment for being burdened with this responsibility. She believed this caretaking arrangement mirrored their larger relationship history, in which she contributed the lion's share of the work in their relationship. Her sense of loneliness was exacerbated by Steve's perceived emotional withdrawal from her.

## **3. GUIDING CONCEPTION, WITH RESEARCH AND CLINICAL EXPERIENCE SUPPORT**

### ***Introduction and Research Rationale***

The guiding conception for the case of "Alice and Steve" addresses the benefits of Emotionally Focused Couple Therapy (EFCT) for enhancing relationship health and deepening attachment bonds for couples in late life. This conception is informed by an existing body of research on psychosocial development, meaning-making in late life, the unique challenges of caregiving, burdens of illness and aging on relationships, and the longstanding impact of unresolved traumas over the lifespan on attachment security. In this context, I will offer a rationale for the suitability of EFCT for addressing these critical areas of late life. Additionally, I will explore the benefits of tele-psychotherapy in the context of this relational work. I will offer a detailed description of sessions and general treatment areas, with particular consideration of how the EFCT framework thoughtfully and sensitively addresses issues specific to late life. I will then incorporate outcome data gathered by several measures that assess emotional and relational health pre-treatment and post-treatment. By integrating qualitative and quantitative data, I aim to

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present a clear and vivid picture of the tremendous value of EFCT therapy in promoting meaningful and lasting change in the lives of later-life couples.

A growing body of evidence suggests that being socially disconnected increases mortality risk, particularly for later-life individuals. This risk is more significant than many other risks that typically take precedence in public health endeavors, including obesity, physical malaise, and environmental pollution. Social isolation impacts a substantial portion of the U.S. adult population, and the prevalence rates of social isolation are only increasing. More than one-third of adults in the U.S. over 45 report experiencing chronic loneliness, equating to over 42 million older adults. This is often referred to as the "loneliness epidemic" (Holt-Lunstad, 2017).

A lack of social connection is associated with an increased risk for public health. Regarding health behaviors, loneliness has been associated with greater body mass index and increased smoking. Lonely adults recall more adverse childhood events, such as parental abuse or neglect, and experience these adverse events as more potent on their psyches than nonlonely individuals. Lonely individuals appraise challenges of daily living as more stressful and view themselves as less able to overcome them. Lonely individuals report greater feelings of helplessness and threat. They are less likely to seek emotional and instrumental support than their nonlonely counterparts. Finally, loneliness is associated with several physiological stress responses, including elevated blood pressure, increased stress on the heart, greater inflammation, weakened immune function, and disruptions in recuperative and sleep processes (Hawkey & Cacioppo, 2007; Jaremka et al., 2013).

Healthy marital functioning can be a powerful antidote to experiences of loneliness and, by extension, serve as a protective factor for physical and emotional health. Several physiological pathways mediate the relationship between marital health and physical health. Evidence from marital interaction studies suggests that chronic marital strain dysregulates cardiovascular, endocrine, and immune functions. Partners who cannot physiologically recover following a marital disagreement or do not adapt physiologically to ongoing marital disagreements demonstrate impaired responses to infectious disease, wound healing, and virus vaccines (Robles & Kiecolt-Glaser, 2003). Several studies indicate that physical health and quality of life are interdependent processes between partners. Partners' physical health and cognition predicted their counterparts' baseline quality of life, indicating the influence of one partner's well-being on the other's (Bourassa et al., 2015). Furthermore, the quality of life of deceased spouses before their death positively predicted the quality of life of their surviving partners after their death (Bourassa et al., 2016).

One of the most critical and relevant interventions we can offer as healthcare providers is to restore the optimal functioning of intimate relationships into old age. While we know the immense power and benefit an intimate relationship provides, we are perhaps less aware of the

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unique challenges later-life couples face in navigating romantic relationships. Age plays a vital role in how therapists evaluate individuals and couples. Stereotypes related to age promote views that are often discriminatory. Therapists take issues related to substance abuse, sexual dysfunction, and escalated conflict less seriously when the client is older. Clinician training and experience do not appear to make a difference regarding vulnerability to these stereotypes. Increased training and experience can often result in more critical views. Age may readily evoke discrimination because it is easily visually assessed. These assessments then may restrict how the older client is understood and treated and pose the risk of discrediting the unique realities and particular needs of later-life clients (Ivey et al., 2000).

More work in gerontological studies is needed to elaborate on the role of couple therapy in helping later-life couples as they experience physical and mental decline. This study area would be especially relevant to public health endeavors to keep families together, thereby reducing the burden on public resources for later-life individuals. The current project will show the benefit of a particular model of attachment-focused couple therapy for later-life couples – Emotionally Focused Couple Therapy (EFCT; Johnson, 2019). I will offer a detailed presentation of the arc of an EFCT treatment I conducted with a later-life couple. I will demonstrate how this model of couple therapy is particularly suited for addressing issues of development and meaning-making in later life, caregiver stress and burdens of illness and aging, and attachment insecurity as related to unresolved traumas over the lifespan. Moreover, this case was conducted via teletherapy and spotlights an additional way of making therapy accessible to couples who face mobility issues and health challenges. My aim with this project is to deeply and carefully examine this treatment case in light of the existing literature on gerontological populations and couple therapy. In doing so, I hope to offer something unique to contribute to both fields.

### ***Developmental Tasks of the Aging: Acquisition of Wisdom and Renewed Meaning-Making***

To understand the unique realities of later-life couples, we must acknowledge the developmental tasks with which later-life individuals contend. Erik Erikson, alongside his partner Joan Erikson, posed a theory of stages of psychosocial development. The theory identifies eight stages representing individuals' developmental tasks as they complete their life cycle – from infancy to later adulthood. At each stage of psychosocial development, the individual faces a different psychosocial crisis. If the individual successfully resolves a psychosocial crisis, they emerge from this stage with a corresponding virtue. These virtues are human strengths that allow individuals to enter the generational cycle, climb the "generational ladder," and conclude the generational cycle when they reach the end of their lives (Erikson & Erikson, 1998). The virtues and crises in each psychosocial stage are: 1. Hope: Trust vs. Mistrust (infancy); 2. Will: Autonomy vs. Shame/Doubt (toddlerhood); 3. Purpose: Initiative vs. Guilt (early childhood); 4. Competence: Industry vs. Inferiority (latency); 5. Fidelity: Identity vs. Role



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Confusion (adolescence); 6. Love: Intimacy vs. Isolation (early adulthood); 7. Care: Generativity vs. Stagnation (middle adulthood); and 8. Wisdom: Integrity vs. Despair (late adulthood).

As defined by Erikson, wisdom involves an "informed and detached concern with life itself in the face of death itself." This stage can still include vital involvement in life, though it represents a healthy disengagement from the physical world. Wisdom requires overcoming feelings of disdain associated with being weak, confused, and near death. Death must become syntonetic and accepted as a natural resolution for all living things. The end of the life cycle turns back to its beginnings. The old become once again like children. Moreover, like the first stage of psychosocial development, the development of hope is integral to adaptive functioning in the final stage. Erikson discusses a mature hope one acquires at the end of life, which he coins as "faith." Later-life individuals often grieve lost time, limited space, and virtues of hope, will, purpose, competence, fidelity, love, and care not achieved in previous stages. Perhaps most central to the resolution of wisdom vs. despair, the later-life individual must find meaning and order in the disintegration of mind and body. Integrity, then, represents "a sense of coherence and wholeness." The challenge of keeping things together under the threat of losing control of one's physicality leads to the acquisition of wisdom. From coherence emerges a renewed appreciation for others who have become essential mainstays in the individual's most personally significant historical contexts. One's sense of self naturally expands to include interrelated others who will keep alive the legacy of the dying (Erikson & Erikson, 1998).

The resolution of integrity vs. despair is an essential pathway for developing resources for coping in later life. Despair, in particular, has been linked closely with neuroticism and depression in late life (Westerhof et al., 2017). A sense of coherence is a precious resource for later-life individuals which develops from this psychosocial task that allows them to experience a higher quality of life and overcome depression. A sense of coherence, as defined by DeZutter, is "a global orientation that expresses the extent to which one has a pervasive and enduring, though dynamic, feeling of confidence." Individuals with a strong sense of coherence perceive existence as meaningful and tolerable and can use healthy coping when faced with obstacles to promote health. Later-life individuals with a strong sense of coherence exhibit fewer depressive symptoms and greater life satisfaction. Positive resolution of the developmental task of integrity vs. despair mediates the relationship between a sense of coherence and greater life satisfaction and partially mediates the relationship between a sense of coherence and lower depressive symptoms. Later-life individuals who view existence as meaningful and tolerable can more readily accept the story of their pasts, including associated limitations, burdens, and disappointments (DeZutter et al., 2013).

Acceptance of the past often requires later-life individuals to revisit previous stages of psychosocial development. Later-life individuals can revisit these stages through reminiscence

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during the life review process. Reminiscence is a natural phenomenon in which later-life individuals return to the past to find an answer to an age-specific conflict. Revived conflicts can then be resolved and incorporated into their personality development. From this perspective, reminiscence can be understood as an essential vehicle for creating continuity through the various developmental stages. Aging is considered adaptive and healthy when one experiences such continuity of selfhood (Atchley, 1989). Research in narrative therapy has shown that by externalizing problems from the past, exploring the influence of social and cultural expectations, and challenging dominant stories, individuals in late life can experience transformative shifts in their views of self. These shifts empower later-life individuals to transition from regret and despair to acceptance and integrity (Goodcase & Love, 2017).

The life review process is often prompted by the recognition of impending death and the acknowledgment of invulnerability being merely a fantasy (Butler, 1963). The recognition of looming death and the frailty of the human condition can create tremendous suffering for later-life individuals. How do such individuals cope with tragedies associated with the end of life? Viktor Frankl (1985) coined the term "tragic optimism" in response to this question. Tragic optimism is the human capacity to remain optimistic despite the tragic aspects of human existence. Frankl identified tragic aspects of human existence as pain, guilt, and death. Frankl suggests that to maintain a stance of tragic optimism, an individual must find meaning in tragedy—in other words, to make the best of any situation. Tragic optimism may involve transforming pain to reach one's potential for human achievement, leveraging guilt to make growth-oriented change, and using death to incite oneself into responsible action. Frankl expands the concept of death to include moments during life that cannot be repeated. Therefore, individuals confront death in every moment of existence. When possibilities for meaning are actualized through work, love, and play, this meaning is safely and irrevocably stored in the past. While individuals in later life have few possibilities for the future, what they possess are past realities—including the possibilities for meaning they have successfully actualized. Frankl comments that Western society often emphasizes an orientation toward achievement and consequently assigns value to present "usefulness" rather than dignity from having experienced life. Such an assignment of value ignores the wisdom that those of old age and those who experience physical and mental deterioration have to offer (Frankl, 1985).

Frankl's concept of the will to meaning has been incorporated within a family life cycle model. This model proposes that an individual's physical, emotional, and spiritual development is contingent on their family's capacity to accept their developmental needs and reinforce their developmental milestones. When considering the developmental needs of later-life individuals, their partners and other family members must help illuminate new avenues from which they can draw meaning that does not depend on their ability to work or have children (Lantz, 1996).



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The developmental model first proposed by Erik Erikson has also been applied to the life cycle of a family. The final stage in the family's life cycle is mutual aid vs. uselessness. This period is defined by the time from the parents' retirement to their death. The family at this stage often spans at least three generations, as the parents have now become grandparents. Therefore, this stage of the family life cycle involves the unique interfacing of different developmental tasks (integrity vs. despair) that span several generations. The primary task of the family life cycle is the development of a mutual aid system, in which the capacity of children, parents, and grandparents to achieve their developmental tasks is dependent on their interlocking roles. The development of a mutual aid system ameliorates generational experiences of uselessness. A successful mutual aid system is based on an attitude of mutuality in both giving and receiving aid, which requires both the development of competency areas and an acceptance of one's limits and needs. The impact of physical and emotional deterioration on self-esteem in later-life individuals can be counterbalanced by experiences that nurture their image as both helpful and deserving of help (Rhodes, 1977).

In developing a mutual aid system, effective coping shifts from an individual to a communal process. Communal coping is a cooperative process of problem-solving that involves the appraisal of problems as "our" problem rather than "your" or "my" problem. Communal coping underlies resilience in social units such as families and couples as they navigate challenging life events. Communal coping is important for several reasons. It involves expanding resources for dealing with stressors, offers increased social support and social cohesion, contributes to greater well-being, and elicits excitement in overcoming adversity together (Lyons et al., 1998).

### ***The Couple Navigating Caregiving, Illness, and Aging***

Effective coping becomes particularly relevant when considering couples' caregiving situations in late life. Caregiving represents behaviorally the emotional commitment to the well-being of another individual (Pearlin et al., 1990). By this definition, caregiving is present in all relationships and is not inherently problematic. Caregiving situations can offer many benefits to the caretaker. There is the gratification and satisfaction inherent in assuming the caregiver role. Many caregivers feel a moral imperative to caretake for their partners or offer reciprocation for past kindness. The caregiver role encourages growth and resilience in the face of adversity. Caregiving offers an opportunity to deepen friendship and companionship. Furthermore, the simple act of doing what needs to be done often motivates partners to sustain their roles as caretakers (Noonan et al., 1996). However, caregiving can also be a stressful process for couples to navigate. The unequal distribution of burden in caregiving faced by couples where one partner suffers cognitive and physical decline makes mutual aid a near impossibility. Caregiving

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situations, therefore, often overwhelm the resources and capacities of later-life couples (Pearlin et al., 1990).

Recent research has examined the impact of caregiving burden on the quality of life of family caregivers of cancer patients. The results showed that caregiving burden significantly explained 30.3% of the variance in quality of life, with a higher burden reported by caregivers of individuals with functional deterioration (Rha et al., 2015). A 2-year follow-up study was conducted on husbands and wives who were caregivers for a spouse with dementia to identify factors influencing the trajectory of caregiving, particularly the decision to institutionalize their spouse. It is commonly assumed that the severity of disability will influence feelings of subjective burden, though this was shown to be untrue. Instead, the caregiver's ability to cope with stressful situations related to their partner's disability played the most prominent role in the decision to institutionalize their partner. Many of the wives in the study were shown to have difficulty maintaining the emotional distance necessary to reflect on alternative strategies for managing stressful situations. Moreover, many wives dealt with conflicting role demands and resentment at being placed in the caregiving role (Zarit, 1980).

Indeed, later-life wives caring for disabled or chronically ill husbands face unique burdens on their resources and adjustment to the caregiving role. Wives face economic hardship, role overload, social isolation, and loneliness that contribute to low morale (Schrank et al., 2016); (Fengler & Goodrich, 1979). Wives who struggle economically have reduced access to support services that would make caretaking situations more tolerable. Economic hardship also increases the possibility that the wife must work, which leads to role overload. Role overload often occurs for wives who are either working while caretaking or caretaking for multiple family members, including children and grandchildren. The demands of assuming multiple and often conflicting roles can lead to emotional burnout and social isolation from loved ones and the community. Such isolation funnels naturally into experiences of loneliness. Loneliness is often reinforced by difficulties wives have negotiating their own dependency needs alongside their role as caretakers.

It is critical to recognize and foster positive aspects of caregiving for caregivers' well-being. Recent research has shown that positive aspects of caregiving significantly mediate the association between life satisfaction and caregiver burden. This suggests a positive attitude toward caregiving responsibilities may help alleviate burden (Fauziana et al., 2018). Caregiving themes and personal meanings of caregiving are strong determinants of resilience in adapting to the caregiving role. The presence of a third person is often implicated in the stories of caregiving. Often, the lack of other close relatives involved in caregiving contrasts with the staggering amount of labor the caregiver invests in their partner. It is the acceptance of the fact that another close relative has not fulfilled their commitment to the disabled partner that allows the caregiver

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to take psychological distance from this fact. For many caregivers, accepting the caregiving situation is possible by leaning into religious traditions. Caregivers must also find ways of negotiating their competing investments—one being how best to preserve their spouse's life at its end and the other being how to free their children from present and future burdens related to caregiving. Finally, caregivers often must resolve several psychological dilemmas related to how they experience themselves and their disabled partners. Such questions include "Who is that person now? What remains of what that person once was?"; "What does my caregiving behavior say about the kind of person I am?"; "What is the moral value of my actions? Is what I am doing right or wrong for the impaired person, the family, or the caregiver?"; "What is enough? What are the limits to sacrifice?" and "What is the meaning of my experiences to my life as a whole?" (Rubinstein, 1989).

### *Attachment and Trauma in Late Life*

Early attachment experiences often influence the meaning-making of issues around caretaking, illness, and aging. Corroborative studies have shown that individuals involved in dementia care with insecure attachment show higher levels of burnout (Kokkonen et al., 2014); (Lee et al., 2018). Meaning-making of caretaking is informed by cultural values such as filial obligation, which can sometimes provide a buffer against burnout for individuals with insecure attachment (Lee et al., 2018). Understanding the later-life individual in the context of their early attachment experiences is essential, as issues around safety, trust, and vulnerability will resurface during late life. Like children, later-life individuals are often helpless without the protection and nurturance of a caretaker. John Bowlby, a pioneer in attachment theory, proposes that grief patterns often recapitulate early attachment patterns. He proposes that the trajectory of mourning, whether adaptive or pathological, has little to do with actual dependency. Complex bereavement, or what Bowlby refers to as "disordered mourning," can often occur when facing the loss of an elderly spouse on whom the later-life individual is not dependent for caretaking. Instead, a later-life individual's maladaptive coping with their partner's mortality often reflects their disrupted attachment systems from historical experiences of emotional abandonment, neglect, or punishment (Bowlby, 1982).

The attachment system developed as a crucial means by which infants survive in the world. In maintaining proximity to a caregiver, infants ensure their safety. The attachment system is designed to activate when the infant is vulnerable and needs protection, including when they experience stress, fear, and illness. The quality of the attachment between child and caregiver will depend on their experiences with the caregiver. Children develop representations of how their attachment figures are likely to respond to their needs through repeated interactions with them. Tied closely with their representations of their attachment figures are their representations of themselves (Cassidy & Mohr, 2001). For example, if the child's caregiver

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responds to their needs quickly, consistently, and sensitively, the child is likely to view their caregiver as loving and themselves as lovable. These infants will likely develop what is known as secure attachment, in which their representations of both their attachment figure and themselves are "good." These representations are transformed into internal working models of good "self" and good "other" as they develop future relationships.

However, children whose needs are not met quickly, consistently, and sensitively will likely develop what is known as insecure attachment. Children with caregivers uncomfortable with emotional closeness may learn to "deactivate" their attachment systems to preserve access to their caregivers' physical protection. These children develop attachment-related avoidance, in which their internal working models of others are "bad." Children who had caregivers that responded inconsistently to their emotional needs may learn to "hyperactivate" their attachment systems to maximize the possibility of accessing their caregivers' availability. These children may develop attachment-related anxiety, in which their internal working models of self are "bad." Children raised by particularly threatening, bizarre, or frightening caregivers may learn to activate their attachment systems in a disorganized way that mirrors their unpredictable caregiving situations. These children may develop attachment-related anxiety and avoidance, in which their internal working models of self and others are "bad." Attachment-related avoidance and attachment-related anxiety are adaptive strategies in caregiving environments that do not engender conditions of emotional safety. However, these strategies also lead to difficulties with the regulation of their emotions as well as negotiation of their emotional needs in future relationships. Child maltreatment is the central mechanism by which attachment-related avoidance and attachment-related anxiety develop (Cassidy & Mohr, 2001).

Later-life cohorts have experienced a greater prevalence of child maltreatment than generations succeeding them. Research has shown that child maltreatment has decreased, particularly in Western regions. Childhood trauma, but not adverse life events in adulthood, is significantly related to lower well-being in late life. Moreover, the severity of anxiety and depression symptoms increases with each experience of childhood trauma. These findings corroborate research that positions childhood trauma as a lasting phenomenon even through late life. Among later-life individuals, those who underwent their most distressing traumatic event during childhood demonstrated greater severity of PTSD symptoms, lower social support, fewer adaptive coping abilities, and decreased subjective happiness compared to those who encountered their most distressing trauma after adulthood (Ogle et al., 2013). The later life individual's attachment style is often shaped by these childhood traumas, which can contribute to the maintenance of depression and anxiety. Individuals with high levels of attachment-related anxiety may believe they cannot solve problems by themselves due to poor working models of self. This belief can cause significant distress in late life when individuals experience losses of loved ones and the deterioration of their social networks.

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Meanwhile, individuals with high levels of attachment-related avoidance may defensively minimize negative feelings related to their experiences with parents and caregivers. While this can be strategic in the short term, defensive minimization of emotion will lead to "wear and tear" of the emotional system over time, leading to the breakdown of emotion regulation strategies in later life (Van Assche et al., 2020). Attachment styles will also influence the function of reminiscence in later-life individuals. The function of reminiscence for later-life individuals will contribute to happiness levels for these individuals. Secure attachment style is positively related to positive reminiscence and happiness, while insecure attachment styles such as avoidance and ambivalence are negatively related to both positive reminiscence and happiness. This evidence attests to the lifelong impact of internal working models on meaning-making and well-being (Momeni et al., 2022). Individuals with insecure attachment styles show a lack of coherence in their early autobiographical accounts, though for different reasons. Individuals with high attachment-related anxiety tend to focus on unhappy memories, and negative feelings often overwhelm their narrative accounts of their relationships with parents or caregivers. Due to their hypervigilance around negative emotional experiences, they will more frequently engage in a "bitterness revival" process, in which they recall past experiences of feeling hurt, cheated, or disrespected.

Meanwhile, individuals with high attachment-related avoidance tend to dismiss negative emotions related to their childhoods and often claim they cannot recall negative aspects of their relationships with their parents or caregivers. Because these individuals have poor working models of others, they do not consider it worthwhile to share memories that could be helpful and therefore are less likely to use reminiscence as an opportunity to "teach/guide" younger generations. Later-life individuals with both high attachment-related anxiety and high attachment-related avoidance were even less likely to use reminiscence to teach/guide, as their poor working model of self makes the possibility of rejection in sharing these memories too frightening. Because they both want and avoid intimacy, these individuals will use reminiscence to persevere on past regrets and missed possibilities in relationships. Externally focused reminiscence functions, including to teach/guide and converse, are positively associated with happiness. Meanwhile, internally focused psychological functions of reminiscence, including reviving bitterness and brooding over regrets, are negatively associated with happiness. This is because externally focused reminiscence offers later-life individuals opportunities to connect socially, develop healthy attachments to others, and extend their legacies. Evidence suggests that later-life individuals with insecure attachment styles tend to use internally focused reminiscence and experience less happiness (Webster, 1998).

Having a healthy relationship with a romantic partner is a protective factor for the well-being of later-life individuals affected by early experiences of interpersonal trauma. A recent study explored the concept of posttraumatic growth in close relationships and determined that it



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predicted individuals' increased responsiveness to their partners. In turn, partners perceived this increased responsiveness and reported greater posttraumatic growth. This finding highlights the role of close relationships in fostering posttraumatic growth and the potential for personal growth to be transmitted between individuals (Canevello et al., 2016). The experience of romantic companionship offers a buffer as later-life individuals experience many losses in attachment figures as they age. These losses can often recapitulate early attachment traumas of abandonment. Therefore, early experiences with parents and caregivers will influence how one emotionally responds to the absence or presence of a romantic partner. When parental care is recalled as cold and inattentive, later-life individuals unattached to a romantic partner are likelier to experience lower self-esteem and loneliness. Particularly for unattached later-life men, their health is experienced as subjectively worse, and they experience heightened symptoms of anxiety and depression. This is because those who have had experiences with cold, inattentive parents have learned early on that their bids for support will not be met on a reliable and consistent basis. Their negative expectations for receiving care and support will inhibit them from exploring their environments and initiating prosocial behaviors that lead to meaningful relationships in later life (Andersson & Stevens, 1993).

Selma Fraiberg authored a seminal paper entitled "Ghosts in the Nursery," which describes how the intergenerational transmission of trauma impacts the development of relationships into adulthood. While Fraiberg focused on the relationship between parent and infant, her research also has important implications for couple relationships. Fraiberg describes "ghosts" from past traumatic experiences in early caregiving relationships. The ghosts in the nursery represent the repressed parts of individuals' lives where they felt unresolvable fear and could not turn to their caregivers to help process these fears. It is not just the memories themselves that are repressed. Many individuals with unresolved trauma can vividly describe memories of abuse, neglect, and exploitation. Rather, what is repressed is the affective experience, including the feelings of terror, helplessness, anxiety, shame, and worthlessness accompanying these interpersonal traumas. These individuals transform their painful feelings and fears into self-protective anger and, in doing so, form identifications with their abusive and neglectful caregivers. This is because children who feel helpless need to feel strong when they cannot rely on their caregivers for care and support, and anger allows the child to feel strong in the face of terror. This pattern of transforming anger as a mechanism to fight fear is then re-enacted in other relationships, interfering with the individual's capacity for loving relationships. Fraiberg proposes that access to childhood pain becomes a powerful deterrent against repeating the conflicted past with a caregiver (Fraiberg et al., 2018). Relationships with romantic partners offer the possibility of safely processing painful feelings from the past as attachment experiences are reactivated. Being in a romantic relationship invites later-life individuals to release their



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ghosts from the nursery in a relationship where they feel loved, cared for, and supported by an attachment figure.

### *The Aging Couple—Acceptance and "Letting Go"*

"Ghosts in the Nursery" aids our understanding of how later-life individuals will transform the helplessness they experience around their mortality into self-protective anger. This leads to a common clinical presentation known as the "angry older couple." These later-life couples are often dissatisfied with themselves and each other. For these couples, the partners' depressions are often interlocked. Separation from each other, even briefly, leads to relief rather than attempts to make bids for connection. During conflict resolution, partners cannot put their feelings aside long enough to understand the other person's perspective. Not enough goodwill is invested in the relationship to afford forgiveness or the possibility of working together to overcome shared adversity. Frequently, partners have hurt each other so deeply through their life histories that healing from relationship injuries becomes a task that seems too monumental. For the angry older couple, these relationship pains will resurface during the life review process, often leading to embitterment and the inability to forgive (Montalvo et al., 1998). Recent research has made the distinction between negative and positive dimensions of forgiveness. While negative dimensions of forgiveness focus on mitigating resentment and impulses to retaliate or avoid the perpetrator, positive dimensions of forgiveness emphasize the development of love-based emotions such as gratitude, prosocial behaviors, and conciliatory motivations toward the perpetrator. Positive forgiveness represents a more advanced level of forgiveness and is associated with greater life satisfaction and hopefulness for later-life individuals (Kaleta & Mróz, 2018).

Forgiveness, and by extension, gratitude, serve as vital means through which later-life individuals can nurture hope and discover renewed meaning in their relationships. Gratitude and forgiveness have been shown to predict a greater quality of life for individuals living with chronic illness, with most effects mediated by increased positive affect (Eaton et al., 2014). For couples in late life that must navigate chronic illness, hope does not lie in the unrealistic prospect of taking away their suffering by finding a cure. Rather, hope lies in realistic expectations for how couples may manage the impact of chronic illness so that it does not disturb intimacy, friendship, and possibilities of creating meaning. For these couples, romantic health is possible when they can actualize opportunities for meaning and growth despite their suffering and identify and cultivate gratitude for the possibilities of meaning and growth they have already fulfilled in their lives (Lantz & Ahern, 1994).

One critical question here is what possibilities for growth exist in late life. While many formidable forces threaten to impede development, couples often miss possibilities for growth as couples age. Later-life couples often demonstrate rapid fluctuations in experience as they

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approach mortality. Thoughtful reflection on shared meanings can swiftly become infantile petulance or rage for minor inconveniences. The fears and anxieties of early life – particularly those of fragmentation and annihilation, resurface once again. Unlike the infant, however, the later-life individual does not grow out of this phase, and the threat of fragmentation is a reality more than an unconscious fantasy. Changes in their body bring into consciousness the possibility of death with each instance of emotional and physical deterioration. As later-life individuals grapple with physical deterioration, the capacity for psychological reflection, symbolic thought, and regulation of destructive impulses also deteriorates. Couples fear that their rage and terror will corrode the strength of the couple's bond. They are frightened they will lose each other physically and emotionally when they need each other most. Often, conflicts between couples can fuel illusory hope, particularly when this conflict mirrors interactions they had when they were younger. A fantasy is embedded in this anger that death is not real. Couples must be able to mourn this fantasy and instead find realistic hope in providing each other love and companionship until their dying days. Physical and emotional regression often offers the possibility of growth, as well. By going backward, couples can go forward in the unexpected pleasures of not knowing. In its changing state, the body becomes a site from which to draw new emotional experiences and meaning. Physical deterioration often forces later-life couples to slow down, and this slowness offers the capacity to behold the beauties of the couple's shared realities. Psychic growth at the end of life becomes truly possible when couples have mourned losses and developed acceptance of the realities of death (Balfour, 2017).

Losses mourned at the end of life include the loss of fantasies individuals have about their partners and relationship. These fantasies may include attaining "perfect" love, experiencing an easy love, or finding a partner to rescue them from suffering. In other words, acceptance must extend beyond the realities of death and include the realities of their partner. Though it may seem paradoxical, relational change becomes possible when not trying to change anything. Individuals often attempt to exert their will to change aspects of either themselves or their partners. These attempts at exerting will are reactions to painful fears that one is alone, unloved, or unlovable and represent earnest endeavors to experience salvation from such painful prospects. Couple relationships often become gridlocked in mutual self-salvation strategies, as partners aim to extract the love, security, and safety they see as lacking within themselves. Relinquishment represents a willingness to surrender these strategies and confront the aloneness and powerlessness embedded in the human condition. When partners can let go of these strategies, they are often surprised by their capacities to give and receive love. Relinquishment is often possible when partners arrive at a place of existential despair – when the threat of personal or relationship destruction becomes most salient. From despair emerges the capacity to be with each other rather than do unto each other, engendering meaningful conditions for authentic intimacy (Anderson, 1994).

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Later-life couples can still experience a sense of control and mastery even in acceptance of death and each other by mastering their unique developmental tasks. Couples must often redefine their intimacy and interactional patterns as they spend increased time together, and boundaries of physical space are violated. Couples must also redefine their roles within the relational dyad, extended family, and society as they enter retirement to promote an ongoing sense of meaning, continuity, and generativity. Goals for the couple and family life must be reassessed to be manageable and realistic. Reflection on the later-life stage of marriage must include validation of the other stages of marriage that have preceded it. The couple must intentionally strengthen their capacity to live together without allowing the influence of illness and death in the future to overwhelm their present attachment. Meanwhile, both partners must mourn losses related to the self, spouse, and marriage while finding meaning in the still-alive relationship. The couple must discover avenues for giving and receiving pleasure and care when physical and mental deterioration threaten to limit sexual expression, and demand increased dependency from one spouse. The couple must also nourish the capacity to "let go" when one partner can no longer survive in the marriage in the face of death. Alongside this task is the capacity for the later-life individual to view themselves as an individual with a life worth living separately from the spouse (Wolinsky, 1986).

### ***Emotionally Focused Couple Therapy—The Conceptual Frame***

While later-life couples face unique developmental tasks, marital health is often predicted by ubiquitous marital interaction processes across life stages. John Gottman, a leading researcher on romantic relationship health, has identified several key factors that predict divorce, instability, and dissatisfaction in relationships. Evidence from his research suggests that attacking a partner's personality (criticism), denying responsibility or keeping score (defensiveness), putting down a partner and implying one is superior (contempt), and withdrawing and shutting down (stonewalling) comprise the major "trainwrecks" that cause romantic relationships to fail. Evidence also emphasizes the process of communication between couples over the content of communication or the frequency of arguments. Negative cycles of communication between partners, including demand-withdraw dynamics, often prevent couples from meeting each other's core emotional needs. Finally, there is evidence that speaks to the power of positive emotion in relationships. When individuals turn toward their partners' bids for connection rather than away or against them, couples add "deposits" into their "emotional bank accounts." Couples need enough positive interactions, or deposits, to weather the negative interactions, or withdrawals, that threaten the integrity of their romantic relationships (Gottman et al., 1998).

The approach that Emotionally Focused Couples Therapy (EFCT) takes toward relationship repair echoes these empirical findings on the role of relationship interaction processes on marital health. EFCT contextualizes these factors in an attachment framework,

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proposing that positive relationship behaviors can repair the foundation of secure attachment between partners and promote adaptive emotional co-regulation strategies. EFCT specifically helps reduce attachment anxiety and avoidance, with the blamer softening process being a catalyst for decreasing attachment anxiety (Burgess Moser et al., 2016). Research has shown that EFCT can significantly influence the brain's response to threat cues in the presence of a romantic partner, shedding light on the efficacy of EFCT for regulating social emotions (Johnson et al., 2013). Current research also demonstrates the efficacy of EFCT for reducing spousal emotional abuse and increasing marital satisfaction for couples in late life (Hazrati et al., 2017). In proposing this project, I argue that EFCT, a model based on attachment theory, is a particularly well-suited model for treating later-life couples. In particular, EFCT is well-suited to address all of the areas elaborated on earlier with which later-life couples must reconcile: meaning-making processes related to the life review process, negative heightened emotions such as fear, anger, and shame around issues of aging, illness, and caregiving, early traumatic experiences and their influence on later-life well-being, and acceptance and "letting go" of emotional injuries.

Emotionally Focused Therapy for couples is an evidence-based approach to treating couples based on research into mother-child bonds and romantic bonds between partners. It focuses on how partners experience their relationships, how partners organize their emotional experiences, and how they share their emotional experiences. Sue Johnson uses the metaphor of a "dance" representing the interactional cycles between partners and the "music" representing the emotion. EFCT helps individuals shift their emotional signals –or change the "music" – to help their partner "dance" with them differently. Neither partner is considered the problem in a relationship. Rather, negative cycles of interaction are framed as the "enemy." These negative cycles of interactions prevent couples from experiencing renewed emotional understandings of themselves, each other, and their relationship.

Therefore, the central task of EFCT is the promotion of secure attachment bonding that allows these new emotional understandings to be accessed, shared, and integrated. The therapist can foster conditions for secure attachment bonding by creating an environment of emotional safety. The therapist is consistently validating and normalizing emotional responses. Alongside emotional validation are five basic moves that comprise EFCT. The therapist always reflects on the present process (the "here-and-now") within and between partners. The therapist is helping partners to explore primary, deeper, or new emotions that may ordinarily feel threatening to contact. The therapist is always working toward facilitating enactments, in which they help an individual share a primary, deeper, or new emotional experience with their partner. The therapist then processes the enactment (e.g., "How does it feel to hear this?/Share this?") with the couple. Finally, the therapist is integrating and making meaning of this process – helping the partner to develop new models of self, other, and the attachment relationship (Johnson, 2019).

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Meaning-making is an organizing force of human consciousness that transforms lived experiences into personal stories. Meaning-making is responsible for producing coherence of self during the life review process, allowing one to share oneself in service of connecting with significant others. It is the sharing of emotion that imbues a story with personal significance. The impetus to reminisce on and relate a lived experience comes from an awareness of an inner bodily felt feeling. When shifts in body-based feelings are connected to a lived experience, a new way of "knowing" emerges. In particular, the differentiation of core adaptive emotions from one's defenses against feeling facilitates a renewed self-awareness in psychotherapy. A recent study found that clients with traumatic histories that experienced significant recovery in EFCT expressed fewer "unstoried emotions" than those who recovered. Unstoried emotions refer to emotions that are disconnected from their narrative context, either because they are too dysregulated or dissociated from awareness (Carpenter et al., 2016). Therefore, a central task for EFCT therapists is to help clients recognize, expand, and adaptively share primary emotional experiences with their partner through the vehicle of autobiographical memory. It is a blending of the client's narrative and emotional lives that facilitates meaningful therapeutic change (Angus, 2012).

The focus on core adaptive emotion also makes EFCT a useful approach for working with later-life couples contending with chronic illness and burdens of caregiving. Recent studies have illustrated EFCT's positive impact on both quality of marital functioning and patients' experience of caregiver empathic care for couples where one or both partners face terminal illness (McLean et al., 2013); (Tie & Poulsen, 2013). Intense experiences of guilt, rage, and shame characterize the emotional lives of partners facing chronic illnesses. These couples may also have powerful emotional reactions as they mourn many losses, including the loss of physical and mental faculties, the loss of a "normal" relationship, and in many cases, the loss of a partner through death. Often, caregiving partners are reluctant to share their powerful emotional reactions for fear of burdening their ill partner. EFCT can particularly benefit caregivers negotiating their emotional needs by prioritizing the safe exploration and expression of primary emotion. EFCT's emphasis on validating the couple's emotional experiences can also help manage symptoms and burdens of chronic health conditions. Normalizing emotional reactions is an essential therapeutic factor in adjustment to chronic illness and traumas (Kowal et al., 2003).

Furthermore, EFCT focuses on externalizing negative marital interaction cycles as the common "enemy" couples must overcome. This stance aligns with the idea of communal coping, in which later-life couples face adversity together ("our" vs. "your" problem). Externalization of couple issues and a spirit of collaboration reinforces the message that the relationship is defined by more than chronic illness. Finally, EFCT helps partners build secure attachments with each other by encouraging bids for emotional proximity, protection, and comfort. Individuals with insecure attachments often face more significant consequences to their health, as their



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physiological stress responses are chronically activated. Attachment insecurity influences the trajectory of chronic illness due to not only impaired stress regulation but also maladaptive health behaviors. For example, individuals with insecure attachment may overly depend on external regulators of intense emotion, leading to substance abuse and disordered eating. By contrast, securely attached individuals can lean into their partner's support to regulate emotionally. Such a strategy helps calm the nervous system while encouraging health-promoting behaviors (Kowal et al., 2003).

Promoting a secure attachment relationship offers an opportunity for healing from early attachment traumas – or, as described previously, releasing ghosts from the nursery. EFCT for couples is effective for trauma survivors in addressing relational difficulties. EFCT significantly reduced relationship distress for couples whose female partners had a history of childhood abuse (Dalton et al., 2013). Furthermore, EFCT increased relationship satisfaction and life satisfaction and decreased depression and psychological distress for partners diagnosed with posttraumatic stress disorder (PTSD), as well as decreased self-reported PTSD symptoms in Veterans (Weissman et al., 2018). Sue Johnson identifies these traumas as "raw spots" all partners bring into a romantic relationship. When these raw spots go unexamined, past conflicted relations continue to play out in the present. These raw spots then fuel the negative cycle of interaction between couples. Raw spots in both partners can often trigger the most explosive or repeated conflicts. Raw spots can often feel too overwhelming or painful for partners to contact. Survivors of interpersonal trauma often worry about the "contagious" nature of their trauma. They may fear contaminating their partner with raw spots they perceive as shameful or dangerous. For other survivors of trauma, the emotional vulnerability that comes from revealing raw spots can elicit fears of being hurt by their partner. These fears, while understandable, reinforce conditions for emotional cut-off, miscommunication, and misunderstanding. Couples then lose the same connection they have been fighting for their whole lives (Johnson, 2002).

When couples come to know and embrace their raw spots, they can then choose how to express their emotional needs in ways that maximize the possibility of them being met. Partners can begin to respond to each other rather than react to each other. EFCT helps partners recognize that the attachment figure they have chosen as a romantic partner can love, support, and care for them in the way their early attachment figure could not. This process facilitates unblending the past from the present, cultivating the possibility of developing more secure attachment patterns. EFCT normalizes destructive relationship behaviors as brilliant strategies for surviving caregiving situations where the child's emotional vulnerability was dismissed, met inconsistently, or punished. The EFCT approach then links trauma and attachment cues to negative cycles of interaction that keep partners stuck in spaces of disconnection. In its final stage, EFCT heightens and choreographs repeated positive interactions while reinforcing the meanings of such interactions. In doing so, partners can begin to feel safe articulating their core



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attachment needs, as these needs no longer threaten to invite abuse, neglect, or exploitation as they did in the past (Johnson, 2002).

Emotion work and empathy play important roles in acceptance, forgiveness, and "letting go"—experiences of particular importance to the health and integrity of later-life individuals. In particular, the sequence of the injurer's expression of shame, the injured partner's accepting response to shame, and the injured partner's in-session expression of forgiveness lead to gains in marital satisfaction and trust. (Woldarsky & Greenberg, 2014). One of the assumptions of EFCT is that blocking primary biologically adaptive emotions sabotages the creation of healthy boundaries, self-assertive anger, and mourning. Processing of these unresolved emotions will eventually lead to their transformation. Encouraging expressions of adaptive anger differs from engaging in typical relationship "trainwrecks" such as criticism and contempt. Ownership of emotion does not seek to blame or hurt but instead empowers partners to understand and communicate their emotional needs (Greenberg et al., 2008).

Therapists also need to facilitate mourning about losses attached to relationship injuries, such as damage to a relationship and damage to one's view of self or their partner. Emotion Focused Therapy emphasizes deepening primary emotion experiences. In EFCT, the therapist validates negative emotions and gives them room to "breathe." At the same time, the therapist deepens primary emotional experiences, particularly those that are new and surprising. The transformation of negative affect into positive affect is an essential process in forgiveness. In particular, developing empathy for the perpetrator becomes the central mechanism for facilitating forgiveness. Empathy involves understanding that the perpetrator of an emotional injury acted in a characteristically human manner and recognizing the emotional injury as part of a larger story for the perpetrator. Most importantly, empathy involves understanding what the other person may have felt without having shared the same experience. In EFCT, partners can resolve emotional injuries by letting go of bad feelings to make room for positive feelings (Greenberg et al., 2008). Couples that resolved their emotional injuries in EFCT exhibited deeper engagement with their internal experience, greater deliberate processing, more controlled responses, and more affiliative interpersonal behavior compared to nonresolved couples and shifted from secondary, reactive emotions to primary, attachment-oriented emotional processing of the injurious incident (Zuccarini et al., 2013).

#### **4. ASSESSMENT OF THE CLIENT'S PRESENTING PROBLEMS, GOALS, STRENGTHS, AND HISTORY**

The information presented in this section, excluding the "Quantitative Assessment" section, was obtained from individual standard intake sessions conducted with Steve and Alice.

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### ***Presenting Problems***

To illustrate her relationship issues, Alice employed an analogy, likening it to a "real estate situation" where her husband granted her land because he was a third-generation American. At the same time, she "built the building" and increased the land's value. She conveyed that her husband, in her view, was a "tenant" living "rent-free" while she "toiled to build a life together." Throughout her marriage, Alice grappled with the constant question of whether she was better off with or without her husband. Alice harbored resentment that "simmered underneath the surface," particularly as her husband now required significant care. Steve's Parkinson's disease diagnosis in 2015, coupled with variable blood pressure and limited mobility, has resulted in his wife assuming great responsibility in his care. She believed it was unfair that she had to assume the role of caregiver, given her belief that she invested disproportionately in their life together. She described Steve "like a child attached to [her] through the umbilical cord." Steve expressed concern regarding the significant burden his wife bears as his caretaker. He acknowledged that the stress and pressure on his wife had considerably strained their marriage.

### ***Goals***

While previous therapists suggested that she leave her husband, Alice deemed this unrealistic and hoped to explore other options in therapy. Alice acknowledged the limitations of her situation, recognizing that she cannot "squeeze blood out of a turnip." Nevertheless, she wanted to explore ways to make her partnership with her husband more equitable or "reinvent" herself to improve their situation. Meanwhile, Steve expressed his wish to do "whatever [he] can do to alleviate her stress" to allow Alice to live a more peaceful life.

### ***Strengths***

Alice revealed that her relationship with Steve is founded on a deep sense of friendship and mutual trust. She further elaborated that they have open and honest communication and that Steve had played an invaluable role in facilitating her acquisition of the English language and immersion into the U.S. Similarly, Steve attested to a shared history with Alice, characterized by a deep knowledge of one another. He described their personalities as complementary and emphasized that their relationship thrives in times of relative ease.

### ***Steve's History***

Steve grew up in a working-class, Polish immigrant neighborhood in the U.S. Steve felt pride in the community where he was raised as they worked collaboratively to achieve "the American dream." Steve described his parents as loving and supportive. Because their family was socioeconomically disadvantaged, his parents focused on building financial security,

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sometimes at the expense of being emotionally available to Steve. Steve met Alice when they attended graduate school together. They married shortly after and had one daughter together.

Steve was diagnosed with Parkinson's in 2015, which was in its advanced stage at intake. Steve had recently experienced falls due to fluctuations in his blood pressure. In a particularly devastating incident the year prior, Steve suffered a severe head injury that required hospitalization and nearly proved fatal. Since then, he had become increasingly vigilant about his health, resulting in heightened awareness of his physical symptoms and tension.

Despite experiencing bouts of depression and sadness related to his Parkinson's diagnosis, Steve had found solace in physical therapy, which helped alleviate his symptoms. While he occasionally contemplated death to escape his suffering, his wife provided unwavering support. She helped him maintain a positive outlook on life, encouraging him to focus on exercise to cope with his condition. Steve described his social support system primarily as his wife, daughter, and home health aide.

The client reported no history of abuse or neglect in childhood, prior treatment history, or current alcohol or drug use.

### *Alice's History*

Alice grew up in Taiwan. Her upbringing was steeped in traditional Chinese values prioritizing the family's interests over the individual's. Alice shared that her upbringing was strict and austere. Alice was not allowed to have a television or read magazines and never learned how to ride a bicycle or participated in leisure activities like other children. Instead, her parents made her sole focus to study and obtain top marks in school. Alice grew up in a patriarchal household, with her father being the "king of the castle." Alice's father frequently punished her physically and emotionally. For example, Alice recalled her father whipping her toes when she would wear socks. Meanwhile, her mother did not adequately protect her, assuming a subservient role to Alice's father. She reported that the abuse had a damaging effect on her psyche.

Alice relocated to the United States at 20 to pursue higher education. Alice's decision to pursue higher education in the U.S. provided an escape from the abuse and chaos she experienced at home. While Alice succeeded academically and professionally, she felt unprepared to assume the roles of a mother and a wife due to her parents' lack of guidance. Alice experienced racial microaggressions while in the U.S. Despite being targeted for her ethnicity, Alice maintained a connection to her Chinese heritage. She believed her daughter was not proud of being Chinese and disavowed her Chinese heritage, which was difficult for Alice to accept. Alice and her daughter had a historically contentious relationship, believing her daughter perceived her as a "tiger mom" who was overly critical.

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Alice had sought various forms of therapy in the past, including seeing psychiatrists, psychologists, social workers, and a therapist specializing in marriage therapy. Alice stated that the familiar "conclusion" of all her treatments was that she needed to leave her marriage.

At times, Alice felt the only way out of her predicament was through death, but she was fully aware that this would not solve any problems and was merely an escape. While she had thought about how she might end her life, Alice stressed that she was not seriously considering it. Alice described herself as "too realistic" and stated that she had worked hard for her comfortable life. Alice denied having any past suicide attempts.

Alice had some major health scares, including thyroid cancer in 2020 that resulted in the removal of her thyroid (currently in remission) and two minor strokes in 2011. She felt resentment about not having received much support during her health crises. Due to the stress of her and her husband's medical issues, Alice had difficulty sleeping and was prescribed antidepressants in the summer. While worrying about their medical issues and her life circumstances often kept her up at night, the antidepressants had helped improve her sleep. Alice had a fragile social support system, as her sister and childhood friends were in Taiwan. Although she had a brother who lived locally, she felt that they could not talk about her current situation.

At the time of intake, Alice had not been drinking for a few months and did not use drugs. She took medication for her thyroid removal, high blood pressure, and high cholesterol.

### *Quantitative Assessment*

Alice and Steve completed three quantitative, self-report measures assessing emotional and relational health immediately following the termination of treatment: the Acceptance and Action Questionnaire-II (AAQ-2), the Dyadic Adjustment Scale (DAS), and the Revised Experiences in Close Relationships (ECR-R). They completed these outcome measures separately. They each completed the measures from two perspectives: how they felt at the beginning of therapy, and how they felt at the end of therapy. Using these measures in this way, I aimed to understand how their capacities for psychological flexibility and acceptance, quality of marital health, and romantic attachment patterns shifted over their time in couple therapy. While this data collection method varies from how the measures were developed and thus poses limitations regarding the formal validity of the data, a retrospective approach allowed Alice and Steve to evaluate their perceived growth and change during treatment subjectively. The couple completed these measures via Qualtrics, a secure electronic survey platform.

#### Acceptance and Action Questionnaire-II (AAQ-2)

This is a revised measure of psychological inflexibility and experiential avoidance. Converging evidence shows that mental health is influenced more by how individuals relate to their thoughts and feelings than by the severity of their symptoms. Such a construct is

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particularly relevant to geriatric populations, for whom suffering is often chronic and unavoidable. This questionnaire measures experiential avoidance, which is "the attempt to alter the attempt to alter the form, frequency, or situational sensitivity of difficult private events (i.e., thoughts, feelings, and physiological sensations), even when doing so leads to actions that are inconsistent with one's values and goals" (Bond et al., 2011). This questionnaire also measures psychological inflexibility, which is "the rigid dominance of psychological reactions over chosen values and contingencies in guiding action" (Bond et al., 2011).

As Table 1 indicates, Alice's AAQ-2 score at the beginning of treatment was 35, demonstrating low psychological flexibility and high experiential avoidance. As Table 2 indicates, Steve's AAQ-2 score at the beginning of treatment was 28, demonstrating moderate psychological flexibility and experiential avoidance.

#### Dyadic Adjustment Scale (DAS).

This is a scale that assesses the quality of marriage and similar dyads. Dyadic adjustment is defined as "a process, the outcome of which is determined by the degree of (1) troublesome dyadic differences; (2) interpersonal tensions and personal anxiety; (3) dyadic satisfaction; (4) dyadic cohesion; and (5) consensus on matters of importance to dyadic functioning" (Spanier, 1976). Marital adjustment is of particular interest to family and couple researchers, as higher marital adjustment creates conditions for stable and loving partnerships. This scale measures dyadic consensus—the degree to which the individual agrees with their partner on various domains such as relationships, work, and home; dyadic satisfaction—the degree to which the individual feels happy with their partner; dyadic cohesion—the degree to which the individual participates in activities with their partner; and affectional expression—the degree to which the individual agrees with their partner concerning emotional affection (Spanier, 1976). As Table 3 indicates, Alice's DAS scores at the beginning of treatment were 39 on Dyadic Consensus, 25 on Dyadic Satisfaction, 10 on Dyadic Cohesion, and 6 on Affectional Expression, demonstrating high marital distress and low marital adjustment. As Table 4 indicates, Steve's DAS scores at the beginning of treatment were 39 on Dyadic Consensus, 25 on Dyadic Satisfaction, 10 on Dyadic Cohesion, and 6 on Affectional Expression, also demonstrating high marital distress and low marital adjustment.

#### Revised Experiences in Close Relationships (ECR-R)

This is a self-report measure that measures adult romantic attachment. Adult romantic attachment patterns can change over the life trajectory. When individuals enter a healthy relationship, their internal working models often shift to reflect greater attachment security. Understanding how adult romantic attachment patterns change over time can provide important data about the powerful influence of romantic relationships in transforming how individuals experience themselves, others, and the world around them. Recent research has conceptualized

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adult attachment as two primary internal working models. These internal working models have been labeled as attachment-related anxiety and attachment-related avoidance. Attachment-related anxiety denotes "anxiety and vigilance concerning rejection and abandonment" (Sibley, 2005). Meanwhile, attachment-related avoidance "corresponds to discomfort with closeness and dependency or a reluctance to be intimate with others" (Sibley, 2005). As Table 5 indicates, Alice's ECR-R scores at the beginning of treatment were 4.00 on attachment anxiety and 4.00 on attachment avoidance, demonstrating moderate fears of rejection and abandonment and moderate discomfort with closeness and intimacy. As Table 6 indicates, Steve's ECR-R scores at the beginning of treatment were 4.22 on attachment anxiety and 4.56 on attachment avoidance, also demonstrating moderate fears of rejection and abandonment and moderate discomfort with closeness and intimacy.

## 5. CASE FORMULATION AND TREATMENT PLAN

### *Formulation*

Steve grew up in a working-class, Polish-American family and was raised by two loving and supportive parents. Despite humble beginnings, his family toiled to achieve the American dream, focusing on improving their economic and social mobility to create a meaningful legacy in the U.S. However, Steve acknowledged that his parents' pursuit of success sometimes overshadowed their ability to help Steve "feel and deal" with his emotions, leaving little room for emotional exploration and processing. Consequently, Steve developed an internal narrative that he had to stuff his pain down and instead prioritize productivity, problem-solving, and finding solutions. As is typical in Polish households, Steve assumed work responsibilities at an early age, maintaining emotional safety and connection with his parents so long as he worked and contributed to the family.

Steve met Alice in graduate school and was drawn to her because she was "intelligent, attractive, positive, and interested in [him]." Steve and Alice were intrigued by the idea of dating someone from a different part of the world with unique perspectives, traditions, and beliefs. However, this blending of worlds also presented hardships in their relationship.

Alice grew up in Taiwan. During her childhood, she experienced verbal and physical abuse from her father. She learned that love and security were conditional on her performance in school. Due to the patriarchal nature of their household, Alice's mother did not feel empowered to protect her from the abuse. Consequently, Alice developed a self-reliant attitude, minimizing her dependency needs and learning to protect herself when hurt, alone, or scared. As is common in Chinese upbringings, Alice relied on her education to strive for independence, leading her to relocate to the U.S. as an immigrant. While in the U.S., Alice felt as if she were "on a spaceship from Mars landing on Earth" as she had to navigate an unfamiliar culture and language. Moreover, Alice had to teach herself how to be a mother and wife due to her parents' sole focus



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on her education. Navigating this critical juncture on her own cemented her internal narrative that it was her against the world, with only herself to rely on for survival.

When Alice met Steve, she felt indebted to him due to his provision of land and resources. Steve held greater power and privilege as a white, third-generation U.S. citizen. Furthermore, Alice lacked guidance on healthy assertiveness and boundaries as a woman, as her mother prioritized obeying and pleasing her husband. Alice assiduously fulfilled the roles of mother, wife, homemaker, and worker and submitted to Steve's needs. However, years of devoting unequal labor left her feeling ignored, dismissed, and devalued, fortifying the narrative of having no one to care for her. Alice became a caregiver to Steve in their later years due to his Parkinson's diagnosis. Despite her own struggles with her physical health, she was expected to care for him as she was in relatively better health. Alice gradually grew more resentful about losing freedoms in being wedded to Steve and experienced the familiar pain of feeling "trapped" in her family of origin.

Traumatic experiences in Alice's early life and disappointments in her marriage with Steve had corroded her capacity to trust. She assumed Steve was unable or unwilling to help her in times of need or bear to hear the truth of her pain and suffering. She mistrusted Steve and stayed vigilant of his intentions, viewing his inaction as willful and his bids for connection as exploitative due to his reliance on her. Her expectations of exploitation stemmed from repeated interpersonal disruptions in safety and attachment in her family of origin, where love and security were conditional on her performance as a student rather than her inherent worth. Alice longed for the emotional closeness and intimacy with Steve she missed out on growing up, yet she also intensely feared it. However, Alice's estrangement from her dependency prevented her from effectively communicating her needs for comfort, nurturance, and care.

Instead of turning to Steve for emotional and instrumental support when she was overwhelmed by her multiple roles, Alice took her frustrations out on him. This caused Steve, in Alice's words, to "walk on a minefield, not knowing when the fuse will blow." On the other hand, Steve did not receive the emotional coaching growing up to offer Alice emotional openness or expressiveness during times of need. When confronted with Alice's anger, Steve became stoic, conveying that her pain had no impact on him. His desire to focus on solutions, while admirable, often left Alice feeling unheard and unseen. This way of being was a product of Steve's upbringing, where love was expressed through concrete and tangible contributions to the family. When unable to fulfill this successfully, Steve experienced a profound sense of failure, leading him to retreat from Alice and exacerbating her feeling of aloneness in her suffering.

The accumulated grievances and pain over Alice's lifetime and in her relationship with Steve energized their negative cycle or relational "dance." In EFCT, the negative cycle refers to a repeated pattern of conflictual interactions that leaves partners feeling stuck and disconnected.

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The negative cycle illustrates how interpersonal dramas unfold in a relationship, accounting for triggering events, unmet attachment needs, primary emotions, secondary emotions, perceptions and attributions, and corresponding behaviors (Johnson, 2019). Figure 1 presents Alice and Steve's negative cycle.

As shown in Figure 1, Alice and Steve's negative cycle aligned closely with the "Protest Polka" (Johnson, 2008). Alice pursued and "protested" their disconnection, while Steve withdrew and "protested" the implied criticism. Above the dashed line are what partners can see, including the secondary emotions, perceptions, and behaviors that drive the destructive relationship dance. Below the dashed line are what partners typically cannot see during conflict, including primary emotions and unmet attachment needs.

First, an initial triggering event will activate the beginning of the negative cycle. In Alice and Steve's case, a typical triggering event involved Alice providing labor at home while observing Steve's lack of initiative to help either himself or her. A triggering event threatens the loss of a safe emotional connection in which a partner's underlying attachment needs are unmet. Alice yearned to feel like Steve was working with her as a team, cared about her suffering, and was someone she could depend on when feeling weak.

Primary emotions, connected to one's unmet attachment needs, occur in close proximity to an initial triggering event. These emotions are vulnerable, often unconscious, and tied to one's feelings of worth or responsiveness from others (Greenberg, 2021). Primary emotions will correspond with a bodily response, action tendency, and an automatic perception of danger when a safe emotional connection is jeopardized. When Alice did not receive what she yearned for to experience a safe emotional connection, deep down, she felt lost, lonely, scared, forlorn, despairing, and abandoned.

When vulnerable, primary feelings are experienced as too threatening, individuals develop conscious, secondary emotions to obscure their awareness of primary emotions. Unlike primary emotions, secondary emotions are not hardwired into the body and brain. Rather, they are socially constructed responses learned from families and cultures on how to feel and deal with emotions (Greenberg, 2021). When Alice's primary feelings were too painful to contact, she "covered up" these feelings by feeling angry, impatient, and defeated instead.

The individual will often create perceptions based on their secondary emotions. These perceptions comprise the "story" individuals tell about themselves, their partners, and their relationship. When Alice made meaning of her secondary emotions, Alice thought, "I have to take care of everything myself," "He is so inconsiderate," and "This relationship is not worth the suffering."

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These perceptions fuel reactive and defensive behaviors that individuals use to protect themselves from being hurt. Alice protected herself by shouting at Steve, insulting him, or making demands. Because these behaviors are meant to create distance or push away a partner, they will inevitably trigger the partner's danger cue around the loss of safe emotional connection. The partner then experiences their own primary emotions, secondary emotions, perceptions of self, other, and the relationship, and protective behaviors.

When Alice shouted at Steve, insulted him, or made demands, he yearned to feel like Alice accepted him, recognized the value he offered her, and encouraged his efforts to fight for himself and their relationship. When Steve did not receive what he yearned for to experience a safe emotional connection, deep down, he felt helpless, guilty, scared, inadequate, unimportant, and rejected. When Steve's primary feelings were too painful to contact, he "covered up" these feelings by feeling apprehensive, numb, and confused instead. When Steve made meaning of his secondary emotions, he thought, "I am a burden," "She will never be happy," and "I do not know how to make 'us' better." Steve then protected himself by shutting down or withholding affection.

When Steve shut down or withheld affection, Alice became more triggered, perpetuating the negative cycle. If Alice and Steve could gain awareness of and express their primary emotions and unmet attachment needs, they could step back from the "Protest Polka" and create a more empowering dance together.

Alice and Steve possessed several resources for resilience in their relationship that could allow them to overcome their negative cycle. Alice served as the protector of their relationship, ensuring the survival and welfare of her family. She constantly strived to improve herself, Steve, and their circumstances. Alice provided Steve with the clarity, energy, and direction to overcome his limitations and actualize his potential, even in physical decline. Meanwhile, Steve served as the glue in their relationship, mending their differences to foster harmony. He validated and reassured Alice when not overwhelmed by conflict. Steve offered Alice gentleness, receptiveness, and unwavering acceptance, tolerating her emotional storms and soothing her emotional wounds.

Alice and Steve shared a vibrant and stimulating intellectual life, admiring each other's thoughtfulness, insatiable curiosity, and enthusiasm for lifelong learning. They both strove for idealism, aspiring to uplift their family and positively impact others' lives. They were willing to make sacrifices and showed courage in the face of adversity to support each other's needs and interests. Though Alice and Steve came from two contrasting worlds, they shared core values of family, physical health, and financial freedom that unified their sense of purpose. Despite Alice often feeling rejected and hopeless about their relationship, she ultimately resigned to it, committing to making the best of it (As Alice frequently asked, "What is the alternative?").

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Steve recognized the suffering Alice endured to build and continue their lives together and was committed to strengthening their relationship to support Alice. Their resources for resilience will be elaborated on in the section below, 6. Course of Treatment.

### ***Treatment Plan***

#### **Overall Plan**

Before agreeing to take on Alice and Steve, I needed to determine whether they would be a good fit for the EFCT therapy model. I identified several positive prognostic indicators that confirmed their suitability for EFCT treatment. First, Alice and Steve frequently experienced conflict but lacked the knowledge to restore more adaptive communication patterns. EFCT's emphasis on the "dance" couples engage in was relevant for Alice and Steve, as they both struggled to identify and express their underlying attachment needs. Relatedly, Alice and Steve presented with attachment trauma from their past, although to a lesser extent for Steve. EFCT is particularly effective for couples who struggle with attachment-related "sore spots," such as fears of abandonment, rejection, betrayal, neglect, or punishment stemming from conflicted relations with early attachment figures. However, emotional injuries in romantic relationships can also create or intensify these sore spots. EFCT's focus on repairing emotional injuries and coordinating dialogues around forgiveness held immense value in healing Alice's loud and angry wounds from her checkered past with Steve. Finally, Alice and Steve grappled with several life transitions straining their relationship health. These transitions included Steve's declining physical health and mobility, Alice's caregiving responsibilities, and their preparation for confronting mortality. EFCT's promotion of secure attachment could empower Alice and Steve to transcend their fears of change and find solace and support within their bond.

A treatment plan was developed based on Alice and Steve's presenting problems and unique developmental needs at their late stage of life. A central task in the therapy would be to interrupt Alice and Steve's negative cycle and deepen their awareness of their primary emotions and underlying attachment needs. The EFCT approach, which privileges emotional openness and vulnerability, could be flooding and overwhelming if not cautiously approached. I could mitigate this possibility by helping them stay within their window of tolerance and honoring their defenses. Given their reliance on images, metaphors, and parables, I could utilize these channels to facilitate awareness of more threatening emotions and attachment needs. Emphasizing the transformative power of assertive and vulnerable self-expression could inspire Alice and Steve to unbind themselves from the destructive dialogues which mired them in disconnection. Given their unique life circumstances and histories, I needed to address how Alice and Steve's distinct cultural frameworks impacted their understanding and expression of emotion and attachment fears and longings. While doing so, I also needed to inquire about Alice and Steve's meaning-

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making processes around their cultural lineages and familial migration stories. This exploration could help weave together their disparate cultural legacies.

Another central therapeutic task would be to promote Alice and Steve's reminiscence processes. For Alice, the life review process could help her embrace conflicting feelings that color her past experiences as a mother, wife, daughter, worker, and homemaker. Most crucially, it could aid her in accepting the losses inherent in her decision to sacrifice her independence to become a full-time caregiver for Steve. In Alice's grieving, she could make peace with her journey, recognize the wisdom in her decision to marry Steve, and fully experience her love, pride, and adoration for him. As for Steve, the life review process could offer the opportunity to reflect on positive memories of sweetness and connection with Alice. Specifically, his recollection of moments where he uplifted and supported Alice could instill confidence in his ability to navigate his health issues with tenacity and self-assurance.

Considering their age and stage of life, the final central therapeutic task would be to promote reflection and acceptance of the tragic aspects of late life. The final stage of life offers the opportunity to embrace mortality and physical limitations and accept painful losses. Therefore, it would be beneficial to align with a more mindfulness-based approach, focusing on how to coexist with emotional pain rather than trying to overcome or solve it. By accepting the pains and losses associated with late life, Alice and Steve could discover meaning and purpose in their lives, even in the face of unavoidable suffering. An attitude of 'tragic optimism' could empower Alice and Steve to not only find peace and fulfillment despite their limitations but also embrace opportunities for their relationship that still exist in the present. These opportunities included nurturing rituals of connection and intimacy, engaging their imaginations and playfulness, and taking emotional risks with each other as they faced the end of life together.

### Stages of Treatment

Following the EFCT therapy model (Johnson, 2019), the treatment itself involved three stages. Stage 1 (sessions 1-4) focused on expanding the couple's understanding of their interactional dance and altering the emotional intensity of the interactional music.

In contrast, Stage 2 (sessions 5-18) involved enhancing the partners' recognition of their own individual attachment fears and needs and fostering interactions that are attuned, accessible, responsive, and engaged. The purpose of Stage 2 was to cultivate a constructive dependency within the relationship (Johnson, 2019). Such a transformation required that I engage the withdrawn partner, Steve, while softening the blaming partner, Alice.

In Stages 1 and 2, the emphasis was primarily on regulating emotions and developing meaningful connections with each other rather than focusing on specific issues and problems. In the final Stage 3 (sessions 19-20), I encouraged the couple to address problems in their

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relationship by leveraging their enriched openness and responsiveness. As Alice and Steve had established a sense of emotional security within themselves and in their relationship, I worked with them to embrace differences, engage in mutual collaboration, and demonstrate empathy to each other. As a result, previously insurmountable problems could be approached and resolved more flexibly and creatively. I worked to facilitate a goal-oriented dialogue between Alice and Steve, using mirroring to maintain their focus and direction (Johnson, 2019).

## 6. COURSE OF TREATMENT

### *Stage 1: Stabilization (Sessions 1-4)*

During their initial intake sessions, Alice and Steve encountered significant technical difficulties. Though we resolved these issues, they were evidently unfamiliar with teletherapy. Furthermore, they were chartering unexplored territory by allowing me virtually into their home. Alice also expressed skepticism about my ability to help her, citing my age and resemblance to her grandson. Considering these factors, my primary task was establishing a strong therapeutic alliance with the couple. To accomplish this, I focused on creating a safe space for Alice and Steve to express their resistance to the therapeutic process without fear of judgment. This process allowed us to understand the core of their fears, address transference, and pave a path forward. By using emotional validation and perspective-taking techniques, I aimed to model skills they could use with each other when their negative cycle emerged.

In the initial phase of EFCT couple therapy, the focus is on calming the negative cycle or dance that dominates the relationship. Their negative dance known as the "Protest Polka" in EFCT was usually one of Alice's criticism, followed by Steve's withdrawal, fueling the cycle of insecurity and distress. The purpose of Stage 1 is to establish a more stable dance for a relationship and thereby foster a revitalized sense of hope and empowerment (Johnson, 2019). Early in the treatment, I needed to "catch the bullets" and slow down Alice's internal experience when she began to criticize Steve. I urged her to stay in the moment, to embrace this disclosure fully and not let it slip away, while also "slicing it thinner" so that Alice felt safe to engage. "Wow...this is something you have yearned for so long. So can we stay with this for *just a moment longer*?" "Can you let in *just a little bit* that this is really how he really feels about you?" Catching the bullets and slicing it thinner are two EFCT interventions that help therapists manage couple interactions by exploring the risks inherent in either showing emotional vulnerability or receiving bids for connection from partners (Johnson, 2019). Meanwhile, I aided Steve in reflecting her feelings and offering gratitude and comfort to Alice in moments of distress.

To put their relationship challenges in context, Alice pointed to the historical moment of her birth in 1945, just after World War II. She reflected that during that time, women were expected to be homemakers while men were expected to be breadwinners. Despite the shift



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toward women entering the workforce, Alice believed that antiquated and inequitable attitudes toward gender roles continued to characterize their relationship. Furthermore, Alice's immigrant status exacerbated an already imbalanced power dynamic with Steve. Alice used a metaphor to explain her relationship struggles, likening it to a real estate situation where her husband gave her land due to his American heritage. However, she was the one who worked hard to develop it and make it more valuable. Alice was now in a position where her husband required a lot of care, yet she deeply resented this as it touched on her past relationship pains of being overtaxed and burdened.

I acted out my countertransference of helplessness in the face of Alice's profound pain by rushing too soon to offer the possibility of hope that they could write a different relationship story today. Alice was quick to offer a more realistic interpretation of her goals,

**Alice:** Well, I tell you, Drew, I gave out on hope a long time ago because that's just a false game. You know, what is hope? I am a survivor. I'm an immigrant. I am very, very practical, and I'm a survivor. I don't, you know, expect a unicorn or something, But really, just my main goal is that with whatever time remains, I don't want the past to poison it. But, like I explained, the scar is there, and the puss never really healed.

During our initial meetings, Alice ruminated on the possibility of being left alone to care for herself and nurse her emotional wounds once Steve passed. She conveyed profound powerlessness and resignation as she recognized the possibility of being left to deal with a wellspring of bitterness and anguish stemming from their relationship all by herself.

When working with those approaching the end of life, offering a safe space to express the "ugly" truths about death is crucial. In aligning with the Chinese notion of fate, focusing on how to coexist with these truths rather than overcoming or problem-solving around them was helpful. While certain boundaries and truths exist in life, one can transcend these constraints by dispelling their illusions about reality. The therapist must be fully present for them in their anguish, terror, and rage. Though many aspects of suffering cannot be alleviated, lending a voice to suffering can provide immense relief. The therapist must therefore strive to be with later-life couples in both the valleys and the peaks. Acknowledging the tragic parts of life allows later-life couples to appreciate the good. By accepting all parts of their experience, partners recognize that there are different parts of themselves and that their experiences of despair or negativity do not define the whole of their being. In EFCT, the therapist has the experiential tool of reflection at their disposal to accomplish this end. Reflection captures ongoing emotional processing by bringing attention to the internal experience and articulating it vividly and accurately. Reflection must be focused on "felt sense," emphasizing the embodiment of the experience rather than solely concentrating on cognition or the processing of information (Johnson, 2019).

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**Alice:** Am I really going to win this war?... I mean, it's not a pretty picture. When you have a baby, when you first come home, it's horrible. You get up every night, you know, feed and change their diaper, and eventually, they get out, they go to school. I mean, generally speaking, unless you've got a kid that has some serious health issues. Generally speaking, you send them to school, they graduate, they get married or have grandchildren, you know, that kind of passage. And then you work hard, and you look toward retirement. Then you're looking to travel to, you know, play golf, whatever, fishing, you know. But ultimately, the picture is death. So when you do the marriage counseling, it's not just general run-of-the-mill issues, like my husband has no more interest in me. You know, he has a wandering eye. He visits pornography. Blah, blah, blah. Those are run-of-the-mill issues. But for us, it's the termination of life.

**Drew:** Even now, as you talk about the termination of life, I can hear it in your voice just how strong you need to be in facing such a great war ahead. I can only imagine how tough it must be sometimes to have to be so strong for both you and Steve.

As is typical in beginning a course of EFCT treatment, the therapist aims to mirror the present process. The therapist observes and describes the specific steps a couple takes during their dance, using concrete and behavioral language and the surface emotions accompanying these steps. The emphasis is on how the couple moves together, particularly highlighting how they connect and disconnect. The therapist links the actions of each partner to those of the other in a continuous cycle. Instead of blaming one partner, the therapist frames the cycle as the problem.

The therapist also normalizes the cycle and explains its consequences for attachment, with the ultimate goal of linking emotions, working models of self, and working models of others into a cogent framework (Johnson, 2019). Because Alice and Steve were an intercultural couple, I discussed cultural differences with them to better enable their grasp of their negative cycle together. These conversations illuminated which attachment needs and fears were more or less acceptable to express due to early cultural messaging and clarified their positions in the cycle. Alice's upbringing in a Chinese household, characterized by high parental control and filial piety, influenced her tendencies to criticize and pursue. Meanwhile, Steve's upbringing in a Polish-American household emphasized stoicism in the face of pain and independence, shaping his inclinations to stonewall and withdraw. By acknowledging and validating their cultural disparities, Alice and Steve developed a greater awareness of how they habitually disconnected from each other in moments of emotional distress (Maynigo, 2015). In tracking and reflecting interactions between Alice and Steve and the interpersonal dramas that unfolded, I could begin identifying and outlining steps that characterized "stuck points" in their interactions and bring awareness to the self-perpetuating nature of their interactions.

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**Alice:** I go into a very dark place, and it's like, "What's the use?" Because, you know, it's not like you will be cured or you will be well. You are dying. And I hate this age now. You know, at my age, when I was young, you know, all these movies. They're all happily ever after. All these fairytales that were made are ridiculous. Nobody ever is happily ever after. It was bullshit you were selling. I guess you don't want young people to lose heart or something. Bullshit, there is no such thing. Life is like a treadmill. You just got to keep up with that. And in the end, it's the same—you are born, and you die. And the last passage is not always pleasant. It can be very painful and can be very difficult. I start wondering, I guess you know the whole thing, what's it for? What the hell is this for? [gestures toward Steve]. I get so impatient.

**Drew:** Of course, it makes so much sense that you would go to this very dark place in yourself when you are drowning in pain. And when you're in this very dark place, you become impatient, and you protest this relationship. You start to ask, "What the hell is all this for?"

**Alice:** Yeah, I get very impatient, and he's also, you know, like a turtle. All of a sudden, somebody comes and whoops him. [laughs]. And it's like, what the heck hit him? He gets so confused.

**Drew:** Well, and I think this is important that you're making a distinction, that on the outside, right? You might look impatient, but on the inside, you are really suffering a lot, and you're dealing with a lot of really difficult, hopeless feelings. And it's hard for you to share those feelings in those moments when you're feeling so down and alone.

**Alice:** Because he just gets confused.

**Drew:** So, right. It's hard to trust that he would ever understand, so you instead have to stuff all these painful feelings down until you explode. Then you might see Steve looking shocked. He might go back into his turtle shell. And then you might, I imagine, feel even more alone in those moments because now you're seeing him go away to his shell, and you're left to deal with the feelings by yourself. And this is the dreadful cycle you both get caught in.

As Alice showed the parts of her that were in pain, I guided Steve in listening and responding to these parts. In caretaking relationships, the receiver of care often feels empowered when they can give back. I emphasized that his ability to contain, validate, and engage with her end-of-life fears would be the greatest gift he could offer Alice in their final years. People often deny the pain of those who are dying because of their unresolved relationships with their own fears and despair around death. By helping Steve to engage with Alice about her fears of death, she no longer had to sit alone in her pain. One technique offered by EFCT that I utilized to encourage Steve's engagement was evocative questions and responses. Evocative questions and responses are meant to bring forth hidden emotions and thoughts that construct partners' experiences of each other. Significant moments are rewound, and experiences are distilled down

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to their constituent elements, including feelings, sensations, and perceptions. These questions are meant to surpass defenses around intellectualization and abstraction and access the "core" of experience (Johnson, 2019).

**Drew:** Well, and let me turn to Steve for a moment. What happens to you when you see Alice go to this very dark place? That she's confronting these feelings of hopelessness and fear about what's to come?

**Steve:** Well, that concerns me, of course. But I try to do what I can to keep things on par. But on the other hand, I want to make sure she stays active. So whenever feasible, we get our home caregiver involved in assisting us. Logistically moving around, getting things done, getting her out in the open, not just looking inward. Things along those lines. Our daughter gets involved. We keep in touch with respect to texting our daughter or how things are going with our grandson. So I try to keep her as open and unburdened as I can to give her a little bit of relief and a break because I know how tough it is nonstop to be concerned with a single problem. So I feel she's made great progress, and there are certain built-in limits, but I feel she is much better, and I am much better at understanding why she has these problems than I think I had been previously.

**Drew:** Hmm, yes. A big part of you wants to help Alice stay active and give her a break and take that burden off her shoulders so she can feel some relief. And another part of you is concerned as Alice describes the pain she is in. Are you able to show her just how concerned you are?

Alice found herself caught between different parts of self. One part of her resided firmly in the present, capable of recognizing that Steve displayed immense bravery and genuine care in showing up for Alice while dealing with his Parkinson's diagnosis. However, another part of her remained mired in the past, consumed by resentment, grievances, and anger that had accumulated within her over the decades of their marriage. In EFCT, push-pull themes such as those inherent in Alice's attachment patterns are not something to pathologize but rather normalize as a homeostatic process for safely exploring intimacy. The therapist must maintain an ongoing alliance with a partner's ambivalence and normalize their ambivalence in the context of past conflicts, which are returned to during the process of reminiscence.

With Alice, I "loved up" the part of her that kept her safe from feeling hopeful about her relationship with Steve. I validated that her protesting, angry part never gave up on seeking more for herself. This part allowed her to escape the abuse at the hands of her father and kept her safe as she forged her way into the world. Validation of couples' protective strategies, sore spots, and attachment needs and fears is a pivotal intervention in the EFCT framework. By normalizing partners' stuck points and their efforts to grow, the therapist can lay the foundation for relational safety in the therapy and alleviate overwhelming feelings of loneliness and shame (Johnson, 2019).

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**Drew:** There is a part of you that questions whether you should be married to someone who makes you so angry in your marriage. And I would really honor that part of yourself because that feeling of dissatisfaction and wanting more has allowed you to never give up and to ask for more in your relationships, even thinking about you growing up with your father and getting out of that situation and coming to the United States and leaving that family that hurt you so much? You always had to ask for more for yourself.

**Alice:** You mean trying to improve my circumstances and my standing?

**Drew:** Yeah. As you said, you've always been strong. You've always been a fighter. And that's helped you to survive and protect yourself and be safe to this point. So, of course, you're still going to have those feelings even today in your relationships and life. And so that feeling of not being sure, maybe wanting more, has helped protect you for so long.

**Alice:** Mm-hmm. Mm-hmm. Mm-hmm. Yes, I guess. I guess. Yeah. To desire, to go upward, you know, improve and make life better, easier, and more enjoyable. Stuff like that.

Alice shared in great detail about her inner world and the characters who lived inside this world, most notably her father. This offered me a window to engage the withdrawing partner's curiosity. When partners become curious about one another's innermost thoughts, feelings, and experiences, they gain knowledge that nurtures and protects the relationship foundation. From knowledge arises not only love but also the strength to overcome hardships together. Having detailed and accurate understandings of each other's inner worlds equips couples in late life to deal with crises such as death and illness.

Contrary to popular misconception, couples never arrive at a complete understanding of each other, even in late life. Individuals continue to grow and change as they make new meanings of their past experiences. Even as Steve showed renewed interest in Alice's inner world, Alice would not allow sentimentality to overcome her lifelong defenses. She continued to carry the hurt from his estrangement from her internal world for so long. Alice did not know whether to trust Steve's loving intentions and had difficulty taking it in without being humorous or dismissive.

**Drew:** What is that like for you to hear, Steve? To know that Alice took a big leap of faith in leaving her father, leaving her family, marrying someone totally different from her, and hoping for something different in your relationship together?

**Steve:** Well, she overcame great hardships. She was all alone on many occasions. I like to think that she was going to trump beyond the normal. But she showed great courage and still does. In spite of the hardships and difficulties she faces, she still always finds a way to regroup. Go after the problem. She might not have the perfect answer, but she's dedicated. Very detailed. A person who sticks with the problem. And she is more attuned to working on these problems than almost anyone, actually, more so than anyone I've ever met. She may

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never have the absolutely worst situation, but she's faced great challenges on a regular basis. I admire her for what she's done.

**Alice:** When did you start having that? Because I remember you were kind of a male chauvinist pig and like, "Oh, she doesn't know. She thinks she knows everything, but she doesn't know." Did you have a change of heart?

Alice could not control the bitter, painful place ignited within her when her past trauma resurfaced. Protesting about the past is common for partners once they move into a space of connection. Connection can feel uncomfortable or even shameful as it resurfaces the pain associated with past experiences of feeling unloved, neglected, or forgotten. When this happens, the most crucial EFCT skill the therapist can harness is changing channels from the "forest" of the couple's dance to the "trees" of the partners' constructed inner worlds. The therapist explores each person's emotional experience, influenced by their interactions with their partners, and helps clients dip into softer, concealed emotions beneath the surface of their cycle. The therapist assumes a curious attitude and asks evocative questions that elicit perceptions, sensations, and action tendencies. They then help partners to express these vulnerable emotions with greater regulation and clarity (Johnson, 2019). With Alice and Steve, I sought to follow their individual experiences, formulate how these experiences were connected, and then lead them into experiencing new interactions with each other. Changing the channels became an essential tool for engaging Steve and softening Alice. Following the previous vignette, I "changed the channel" by shifting from the past to the present and from content to process.

**Drew:** So I want to slow this moment down. Steve, I am hearing how greatly you admire Alice's courage and strength, and that despite the challenges she faces in her life, her dedication and willingness to work through problems are qualities you deeply appreciate. How is it to know that Alice didn't always realize you felt this way about her?

**Steve:** I hope she realizes that I hopefully don't take it for granted as much as she may have thought. She is central to my being. And it's also incumbent upon me to try to do better and be more responsive. More positive than I have been. It's something that I just can't stop trying to improve. I always, always appreciate and admire what she has done, and I'm hoping to be more responsive and demonstrative of that as time goes on. I'll try and make it a point to make it clear that's what I'm thinking and how I feel. And I'm sorry that I haven't been able to do better, but I will continue to try to improve my own response and cooperation with her. As undetailed and unimpressive as that sounds objectively, I promise to continue to try to do what I can to be more reflective of what I should be in her life.

**Drew:** Alice, how is this landing for you? Even though Steve may not have shown you the appreciation you needed in the past, can you see how he is trying to show up for you right here and right now?



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**Alice:** I am surprised he has been more affectionate. He's not normally an affectionate man. I guess after this sickness, he keeps falling and keeps cracking his head. And I had to, I mean, honest God, I had to hold his head, stop the bleeding, and try to do something. I suppose that made him much more demonstrative. I guess it did. And by what he just indicated, that he tried to keep up with his word puzzles or do things with his mind, body, and all that. I guess that's part of his way to be positive and not be negative because I can be quite negative sometimes, destructively negative.

In working with Alice, she clearly possessed a deep reservoir of tender, soft emotions. I needed to expand these moments where she could dip into this reservoir. At the same time, cultural variations around the notion of "softness" were important for me to consider as the therapist. Alice and I spoke about the meaning of "soft" to her and how to express softness in alignment with her familial, cultural, and spiritual experiences. (As Alice aptly put it, Steve did not choose to marry an "opera singer"). By facilitating Steve's understanding of Alice's cultural framework for softness, I could de-escalate tension due to missed bids for connection and foster greater empathy between them. Only by acknowledging and unpacking their unique cultural frameworks could Alice and Steve shift their focus from their cultural differences to the underlying attachment needs they shared (Maynigo, 2015).

I also guided Alice and Steve in exploring how their defenses influenced each other and their ability to reveal their softer, more vulnerable parts to each other. Affect assembly and deepening is a particularly relevant EFCT intervention for dismantling partners' longstanding defensive patterns against connection. In this "Tango" move, the therapist identifies the specific moments that act as obstacles to creating secure attachment. They observe how partners discuss their vulnerabilities and attachment longings, particularly when these longings are considered shameful or unacceptable. The therapist normalizes these longings as innate human needs and focuses on partners' expectations for how others will respond to these needs today. The therapist also identifies the protective strategies partners use to regulate their emotions and cope with distress caused by separation. Finally, the therapist draws attention to how these strategies can muddle bids for attachments and sabotage the possibility of attunement (Johnson, 2019). Together, we examined the purpose of Alice's defenses and the costs associated with using them in her relationship with Steve today.

**Drew:** And tell me, how do those scars and wounds that you, of course, will carry into this relationship...How do you think they play out in your relationship with Steve?

**Alice:** I become very critical of him, obviously, because I've been treated with a very bad hand. Somebody is not fair. Very harsh. Not trying to understand. I dealt with a very bad hand. My mom, because of my dad's terrible temper, she's not in a good place either. So she cannot be feminine and nurturing to me...You know, this has never been resolved. So I brought it in. Like, I told my daughter. My daughter would feel like I was Tiger Mom. I say,

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"I don't know what nurturing is." I've never been nurtured. You know, I am a plant, not being nurtured. I just have become a lot of thorns. So that makes it hard when I come into a relationship with another culture and another world.

**Drew:** Right. And I think that that thorny side is protective for you. It's helped you to push harder, to be ambitious, to move forward in your life, to ask for better for yourself.

**Alice:** To be strong. To be determined to be demanding. Right. This is the goal. I will achieve it. And that's that. I become totally, totally tunnel vision. It helps.

**Drew:** Right. I think it can both help and protect you and also sometimes make it difficult for you when you want to share feelings that feel more vulnerable with someone for fear of "Will they care if I share my hurt and my burden, my pain with someone?"

### ***Stage 2: Restructuring Attachment (Sessions 5-18)***

As mentioned above, Stage 1 focused on expanding Alice and Steve's understanding of their interactional dance and altering the emotional intensity of the interactional music. In contrast, Stage 2 involved cultivating a constructive dependency within the relationship (Johnson, 2019); and such a transformation required that I engage the withdrawn partner, Steve, while softening the blaming partner, Alice.

Specifically, during Stage 2 of EFCT, it is necessary to address and repair the attachment injuries that have accumulated over time. These injuries can be described as instances where attachment expectations are violated during times of intense emotional need. The necessary steps involved in addressing these injuries include expressing the pain caused by the injury, having the other partner acknowledge and take accountability for their role in it, assisting the injured individual in understanding the mindset of the partner at the time of the injury, encouraging the injured party to convey their pain using attachment-oriented language, and facilitating a response from the other partner characterized by remorse and care, which promotes healing of the injury (Johnson, 2019). Hurting partners often find solace in the fact that their partner understands why they feel despair, regrets the pain their actions (or inactions) have caused, and commit to minimizing harm going forward. The process of reminiscence provides an invaluable opportunity for later-life partners to give and receive forgiveness and view their adversities as moments from which to heal and help one another grow.

As Steve listened to Alice's hurt, I worked with him to offer an expression of genuine remorse to Alice. Steve also acknowledged how much he wanted to change each day, making Alice feel a little softer toward him. Alice was heartened by his willingness to maintain a positive attitude for both of them. In feeling his devotion toward her, Alice could begin cultivating genuine admiration for Steve and appreciate that Steve was there for her.

**Alice:** And so I'm questioning Steve. I say, "How come you put me through hell?" Many, many times, he cracked his head—three times. Bleeding and wounds. You don't believe

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what I had to go through to just stop the bleeding. And he wouldn't go to the hospital and blah, blah, blah. How come you don't feel bad? I don't know. He seems like, "Oh, you're my wife. You need to take care of me." I don't mean that he takes me for granted, but he doesn't even have that thought.

**Steve:** You know, ever since we've been having meetings, I'm beginning to have that thought.

**Drew:** Hmm. It sounds like you're worried that Steve may not understand the depth of the suffering you've gone through in this relationship and these scary situations that have happened to you. And it's hard to feel alone in that suffering and wonder whether Steve really cares or cares to understand what's happening with you. And Steve, you were starting to say that you were beginning to have this thought since having these sessions.

**Steve:** Well. I think we're both coming to a better realization of what is in the mind of the other person. I think we both had more of a general viewpoint of our own problem without understanding the nature of the problem and the extent of the problems that the other one has. In particular, myself. It's in my heart to try to put her at ease as much as I can. I do feel bad that I'm not able to do the things that I used to do automatically. So I'm trying to make up for that as best as I can, even though it's not at the level that it should be or used to be. But we are both trying in our hearts of heart to keep things afloat and continue our existence together as much as possible.

Acceptance of the past is a vital part of healing and moving forward. Forgiveness allows later life individuals to come to terms with the totality of their experiences and find peace in "letting go." Forgiveness should not be mistaken for making excuses for others. Instead, it is about releasing anger and resentment while holding others accountable for their actions. Alice grappled with intense feelings of blame, questioning why her father and her husband hurt her so deeply. Moreover, Alice's anger was exacerbated by her age and stage in life. As her internal struggle was overwhelming, I strove to build Alice's capacity to reflect on her anger rather than react to it. Reacting to her anger only perpetuated the cycle of pain and hindered Alice's ability to be present in the love she experienced with Steve today. Amid her anger, Alice may have looked back and regretted not opening her heart to Steve. However, by making space for him in her heart, Alice could carry more of Steve with her as she moved forward in his absence.

**Alice:** I have to let go. You know when you let go? It doesn't mean the past is gone and forgotten. But letting go will help me. What had happened had happened. The hurt and the abuse. But I think, you know, it's like a sigh of relief to let go. So, yeah, I'm working on that, and it does not always work. Things still make me mad, but I get over it quicker. And it doesn't mean, whatever Steve did to me, my father did to me is right. It's not right. It's just never right. But why punish yourself? So that was what I was thinking. It doesn't mean the past isn't there. It doesn't mean he can just use it as an excuse for not improving. But I'll let myself heal. I think it's time I heal myself and accept whatever is in front of me. You know,

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it really makes no sense to dwell on it and punish myself. A lot of times, I still ask, "Why? Why? Why?" because there is no why. There is no why.

**Drew:** Right! You end up making yourself sick when you let the anger consume you. In forgiving and letting go of this burden and accepting the past, you're freeing yourself to heal and go forward and be present in your life today.

**Alice:** I mean, if you don't let go, the only person you hurt is yourself.

As Alice began to see the value in letting go of her anger and criticism, I could wonder with Alice how her critical side may have impacted her relationship with her daughter. Alice had requested that Steve play a role in mending her relationship with her adult daughter. I explored with Alice how she viewed her relationship with her daughter and how she understood their estrangement. The "child part" of Alice's daughter was still stuck feeling inadequate and not good enough in her mother's eyes. While Steve could not be responsible for fixing the relationship between Alice and her daughter, his open expressions of gratitude and appreciation for Alice's sacrifices could aid Alice's daughter in viewing her mother from a lens unencumbered by historical projections from their past. Alice's traumatic upbringing colored her attachment style. Despite Alice seeking refuge from her trauma in her family of origin, she continued to carry the weight of her past in her relationships. While their daughter might have been aware of the facts of her mother's life, she may not have fully grasped the emotional turmoil Alice had endured. I encouraged Alice to share the legacy of harshness she inherited from her own family of origin and offer an apology for the parts of this legacy she had not yet been able to overcome as a mother. The life review process in late life offers the possibility of "clearing the ghosts" from the nursery in instances of transgenerational trauma.

Considering their different upbringings, Steve was given a stronger foundation for relational security than Alice. Steve possessed a secure attachment style, which allowed him to effectively use his relationship with Alice as a vehicle for receiving care and support for his Parkinson's. Alice and Steve came into the world with unique histories that shaped their perceptions and experiences. For someone like Alice, whose experience of the world had been one of suffering, finding meaning in that suffering often becomes a mission in life. It can be frustrating when their partner, like Steve in this case, does not have a traumatic experience that requires them to organize their life around finding meaning in suffering.

The difference in experiences between Alice and Steve led to feelings of painful disconnection. To bridge their experiences in a way that the other could more readily understand, I relied on the EFCT move of choreographing engaged encounters. When choreographing a couple's encounter, the therapist first expands the partners' awareness of their core emotions, making them more tangible and easily felt. Then, the therapist translates these emotions into simple terms and guides partners to express them coherently and succinctly to each other. The

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therapist also redirects the interaction if needed to focus on the present process. These encounters are then explored and processed as they relate to the couple's presenting problems. New interactional responses are highlighted and validated to build confidence in the couple's ability to connect. (Johnson, 2019). With Alice, it was important to choreograph ways to communicate and share from a place of vulnerable feeling about her traumas. Meanwhile, it was important with Steve to choreograph displays of empathy and genuine curiosity in her meaning-making processes rather than have him offer mere platitudes that provided little solace. Instead of being pulled to offer false promises or reassurances when Alice expressed discontentment, Steve began to stay in the moment by reaching for his own internal experience. Alice cherished Steve's small, incremental revelations of his inner world.

**Alice:** Sometimes, I get so impatient. He just gets so confused. I'm like, "Hurry up, hurry up, hurry up!" [laughs] When I had these terrible outbreaks, you know, saying really mean things, you never react to it. I mean, I think it takes a lot of courage. I would say, wouldn't you? You know, most people would use their hand and give me a good whack because I deserve that [laughs]. Not that he ever does that, because man, if he ever did that, that would be the end of the world because my father used physical violence. Physical violence should never enter any relationship.

**Steve:** That's one thing that was in my favor as well because my parents were rather mellow and not harsh. So it's difficult for me to put myself in her position. But when I think about it and hear about what occurred when she was growing up, I feel much more empathy for that and appreciate the good things that you do and the patience that's involved.

**Alice:** I know, I know. And that's another thing I want to talk about.

**Drew:** I want to slow down for one second. Alice, what is that like to hear from Steve? I know you know that in your head, but what does it feel like right now in your heart to hear that from Steve?

**Alice:** If you want to say it's like almost having a sugar high. You know, like I had a box of chocolates that temporarily I get such a dopamine rush. You know, it all feels good for the moment.

The technique of choreographing engaged encounters can be utilized to identify recurring negative patterns of interaction that are resistant to change; to emphasize and showcase new, positive ways of responding to each other; and as demonstrated in the vignette, to transform new emotional experiences into signals that can evoke new responses in partners. Doing so sets the stage for corrective emotional experiences within the dyad (Johnson, 2019). However, like a box of chocolates, the sweetness of positive bonding can quickly dissipate when consumed, particularly as life takes its toll. In moments of overwhelm, Alice became discouraged and viewed Steve as an adversary, leading her to criticize or belittle him. As we slowed down, it was evident that Alice felt isolated and overwhelmed by her role as a caregiver. Alice showed signs

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of caregiver burnout, and we needed to focus on relieving some of her caregiving burdens. In a caregiving situation, the person being cared for must accept help from other sources rather than getting stuck in only wanting one person's assistance. Conversations about the home health aide revealed Steve's reluctance to entrust his care to others besides Alice.

I needed to help Steve view the home health aide as an extension of Alice's care and nurturance of him. For caregivers, the best way to help another is to help themselves first. If Alice felt more resourced and less despairing, she could better support Steve in looking after him. Furthermore, Alice experienced profound fear in the face of the COVID-19 and racism pandemics as a Chinese American. Alice felt helpless in recognizing she could not depend on Steve to ensure her physical safety in a potential attack. In addition to safety planning, I needed to acknowledge the painful reality that Steve could not protect her in a society beset by violent racism and explore how she could seek and receive comfort through the security of their bond. Meanwhile, I aimed to support Steve in offering his emotional resonance toward Alice. He worked on voicing his desire to show solidarity with Alice in her states of fear and overwhelm in a more feeling manner, which I also aimed to choreograph.

**Drew:** Regardless of your limitations, you want to show up for Alice psychologically, philosophically, emotionally, in all these different ways. You want her to know that even if she can't fight the world, she can lean on you when the burdens of the world become too heavy.

**Steve:** Absolutely. What I want her to know or feel confident in is that she can lean on me. And that I know I can do the same.

**Drew:** Would it be possible to turn to her and look her in the eyes and let her know how much you want to be there for her?

**Steve:** You're the most important person in my world.

**Alice:** [laughs] Oh yeah, because you need me.

**Steve:** You're right. But despite the limitations—more despite my limitations—I always want to be a shoulder that you can lean on.

**Alice:** Okay. [laughs] It's not a lot to lean on physically, but like you say, you know, emotionally, philosophically. We share a bond.

Steve encountered many limitations as his body deteriorated, most significantly with his bladder control, causing intense frustration for Alice. When discussing the intimate topic of bladder problems, I needed to be sensitive to feelings of embarrassment for Steve that could arise and possibly shut down his ability to engage with the topic. However, I was not primarily focused on problem-solving around Steve's bladder control issues. Alice's grievances regarding Steve's bladder control likely represented deeper unmet attachment needs within herself. In the



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EFCT orientation, the therapist does not stay in the realm of content when exploring conflict but rather focuses on underlying emotional meanings. This approach also emphasizes the process in which partners communicate their emotional realities with each other. By framing Steve's bladder problems as a relational issue, it became clear that Steve's ability to regulate his bladder was intertwined with Alice's own wish for them to tackle the last stage of life with dignity.

Alice needed to believe that Steve had not given up on himself, which, in turn, symbolized him not giving up on their relationship. It is a delicate balance to help later-life individuals accept the aspects of their health beyond their control while fighting to maintain the autonomy that gives them agency and purpose. By holding fast to the things couples can manage, later-life couples can navigate the dialectic of surrender and self-possession with grace and courage. Steve's efforts to care for his bladder problem serve as a meaningful investment in Alice. Ultimately, later-life couples need to believe their actions are still impactful in the couple system. This belief sustains the foundation of the mutual aid system, which allows later-life individuals to feel agentic, impactful, and useful in their lives.

Although Steve could not contribute 50-50 to the relationship, his efforts to care for himself and rely on his own resources demonstrated that they were a team and that Alice did not have to face her challenges alone. His seemingly small efforts made a significant impact on Alice's well-being. For Alice to recognize and appreciate this impact was vital in restoring his sense of agency. Therefore, I encouraged Alice to externalize her concerns and to view the caregiving burdens rather than Steve as the enemy to overcome. I also encouraged Alice to consider other aspects of her life where she could invest her energy, thereby easing the burden of his deterioration. She needed to continue taking risks and engaging with life, even as she mourned the loss of her attachment figure. This delicate balance of remaining present while building towards the future and reconciling with her past became paramount in Alice's healing journey. The EFCT therapist cultivates an orientation toward the present by deepening engagement in inner experience.

Repetition and evocative imagery are powerful techniques for enhancing the salience of an emotional response in the here and now. Repetition can be likened to eroding the muscle required to repress emotions, allowing novel and unfamiliar experiences in the present to be incorporated (Johnson, 2019).

**Alice:** I guess when he was hospitalized, I went into a totally hopeless, you know, eye of the hurricane. There's nothing you can do about it. You're kind of resigned to it, and I realize there is no use to fight it, you know? So I remember. This man was chased by a tiger or whatever. A lion or tiger. So he ran over a cliff because there is no more, you know—it's a cliff. So he was hanging on a tree. Because when he looked down, there was a lion waiting for him. Life is like that. Right? When it rains, it pours. So a lion is chasing him, he holds onto the tree, and he says, what the hell am I going to do right now? And then he saw a wild

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strawberry. So he decided to pluck it and eat that strawberry. I mean, he's just really saying: Try to make the best out of it. You don't have a hell of a lot of choice if you're going to die. [laughs] So you might as well have something nice and sweet to eat, right?

**Drew:** Yes. Yes. And right now, you're hanging on a tree and looking down at the lion lurking underneath. And you're searching for your own strawberries, something nice and sweet to eat to make the best of life.

Alice, who wrestled with feelings of despondency and powerlessness about her position in life, was beginning to differentiate her own experience from that of Steve's. She began to ask Steve more questions: "Why do you want to stay in this life?"; "What keeps you from becoming depressed?"; "Why have you not surrendered to defeat?" With Steve, I had to delicately balance exploring his emotions of fear and helplessness related to dying without dismantling the defenses that were aiding his navigation of the future. While Steve could not plunge into despair, his willingness to share his emotional state held immense significance for Alice. Even if he could only share about his relentless pursuit of positivity and in the face of tragedy, Alice valued any glimpse into Steve's inner world. Moreover, Alice could draw inspiration from Steve as he stayed optimistic despite the hardships he endured. This process highlights the importance of meaning-making as a protective factor in late life in facing tragedy. Depression is not merely a reflection of the circumstances of individuals' lives but rather how they cope with them internally. Steve tenaciously clung to the agency he had, which was the attitude he chose to adopt each day. He expressed deep gratitude and attachment to the person who had journeyed through life with him.

**Alice:** I do admire him in one thing. And then I ask him, "How come you are not so depressed?" If I were you, I'd shoot myself. [laughs] But I don't know, you know. It looks bleak. It's like a bag of sand, you know. What the hell are you fighting for? Bag of sand. [laughs] No meaning to it.

**Drew:** What are you fighting for, Steve?

**Steve:** Well, I'm fighting to continue the positive things that we've built up over the years. And I don't feel we need to regress. I may be physically, but mentally there should be no extended reason why we shouldn't continue in a positive vein. And I try to compel myself to think in that direction. So things may look objectively bad, but you can always make them better by your own input. I try to do as much as I can.

**Drew:** So it really means a lot to you all that you two have built together over the years you have spent together. And you hope so much to preserve this, and that's so important to you that you're willing to try and overcome all these limitations that weigh you down.

**Steve:** True. I couldn't do better than this one as my partner. I always feel like we are stronger as a team.

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For Alice and Steve, generating meaning of existential issues opened sacred space for them to share their lifelong truths with each other. Through their spontaneous musings and philosophical reflections, they were on the path to acquiring true wisdom in the Eriksonian sense. Their remarkable synergy allowed the wisdom they gained through their connection to transcend the sum of their individual selves. Alice, in particular, hungered to understand Steve's internal world, as it was an essential aspect missing from their marriage. Alice felt satisfied by even small fragments of insight Steve could offer her about his feelings, fears, and fantasies. As Steve shared more of his internal world, Alice's criticisms softened. She had an easier time accepting the realities of her situation and moving towards a place of genuine peace and understanding about her choices in life and marriage. In understanding each other better, Alice and Steve could recognize how their conflicts stem from clashes in their disparate temperament and cultural upbringings rather than inherent "badness" in their characters. I slowly stepped back within the therapy triangle as Steve assumed a more active role as a proxy for Alice's reflection. By scaffolding Steve's role as a proxy, I instilled trust in him that he could offer a meaningful presence to Alice through his validation and emotional disclosures.

**Drew:** It gets so hard sometimes and so overwhelming. It feels like, what's the point of wisdom if I'm still going to suffer and still go through these pains? What even is the purpose of chasing wisdom?

**Alice:** Right. What is it worth for me? Nothing, really. [laughs] When you think about it, who cares? It's not going to make me younger. Less suffering. You know. So I don't know. I think fundamentally, you look at the glass half-full or half-empty. I mean, ultimately, who knows? Honest. God, who the hell knows why?

**Drew:** I'm wondering, Steve, what do you make of Alice's dilemma?

**Steve:** It's easy, very easy, to get wound up in your own problems, especially when they are very close or get very serious. On the other hand, we all look for ways to get away, such as writing, achieving different things, music, and being creative. This is something we all, I believe, have a need to experience and try to further along the way, whatever it might be. Family genealogy, personal achievement, family togetherness. My brother had a serious health issue over the last few weeks, and I haven't been in touch with him for a long time. But I did contact him to try to give him some advice relative to the problem I've had, which is similar to his. So, it's the interconnectedness, as well as the search for new avenues of interest and creativity, that gives us something to look forward to and try to pursue.

**Alice:** I guess if you look at a picture so close. Assuming you have normal eyes, obviously, I have to squint because I can't see without eyeglasses [laughs]. But if you look at a picture so close, like, you know, you're suffering, you live day to day, get impatient, frustrated, you don't really see anything. Really. Your vision is blurred when a picture is right in front of your nose. But if you back up a few steps, you are able to see. I guess that's what he is trying

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to say. It's the whole picture. You at least have a better understanding, I guess, and maybe hopefully, there is a new insight or what you call wisdom.

As Alice became more curious about Steve's inner world, she conveyed her desire for Steve to write a book that elaborated on his experience of their marriage. The act of writing could capture the resplendence of their shared memories, connect their journey to the larger cycles of life, and help Alice and Steve find meaning in their eternal bond. However, the path to realization of this desire would be fraught with frustration. Alice protested Steve's ineffectualness in getting the project off the ground. Given his state of decline, I recognized that a book would require a tremendous amount of time and energy that Steve likely did not possess. Rather than immediately jump to problem-solving, I sought to understand the book's symbolic meaning for Alice. From an EFCT perspective, a partner's protests and demands reflect their most sacred hopes and dreams for themselves and their relationship. When these wishes or fantasies are not addressed, couples become trapped in gridlocks where they feel dismissed, ignored, and rejected. As the therapist, I needed to illuminate the yearnings that fueled Alice's unwavering insistence on the book. For Alice, crafting a book together held immense appeal, as it represented the birth of a collaborative endeavor, a baby to nurture and shape. It would serve as a testament to the lasting love they had built over the years, preserving their legacy. Furthermore, it would give Steve a reason to fight for his health alongside Alice, as engaging with this project would keep his mind sharp and his heart open.

By recognizing Alice's demands as bids for connection, we could then wonder how Steve could honor Alice's bids while maintaining realistic expectations regarding the project. It was important not to create a situation where Steve feels like he is always falling short, not only in terms of his emotional accessibility but also his energy level and other factors associated with Parkinson's disease. Setting realistic expectations ensures that the purpose of connecting and bonding does not become lost in experiences of contention and disappointment. It was also important to recognize that their investigative processes are different but can complement each other, just as their relationship does. It would not be productive to browbeat Steve into matching Alice's elegiac sentimentality. Steve instead dug deep to write a poem that reflected his pithy style of expression. Steve's brevity was a gift, and it was valuable to recognize that he was the container for Alice's deep reservoir of emotions. What follows was Steve's poem dedicated to Alice:

Together

It was a cold February evening as are most in the mountains of New York

Nothing unusual except that for the first time we were together

Fifty-some years have passed

Good and bad times came and went

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Through triumphs and failures

We remained together

Traveled the world, raised a daughter, endured sickness and health

Through it all—together

Generations have come and gone

Many more yet to come

We know not what is next

Mere dust in the universe

Only LOVE endures

Despite Steve's limitations due to his illness, he aligned himself with positivity and hopefulness. Because it was emotionally true, Steve's attitude nourished Alice's spirit. However, she was apprehensive about taking it in fully because she knew he was dying, and she was girding herself from the pain of his impending death. She acknowledged the fear and uncertainty of a future without him, wondering who would care for her. Alice felt profound despondency as she witnessed Steve's neurogenetic degeneration for this very reason. The mere thought of Steve's sudden absence evoked a profound sense of anger and injustice in Alice.

**Alice:** The days seem shorter now, you know what I mean? Life is dimmer now. There's so much anger and hardship. Well, it's not as sharp as it was, you know, but I've come to a realization. It's near the end of the road, you know, life. I don't know if there's life after death, but it's got to be better than this.

Underneath her indignance, Alice harbored a profound fear of being abandoned by Steve, a harsh reality Alice wished to avoid. Alice doubted her strength and questioned whether she possessed the courage or desire to face the inevitability of losing Steve. Alice often yearned for the freedom to travel again and escape her home, where death seemed to permeate, yet she acknowledged that she could never truly escape the shadow of loss. Steve, after all, served as the cornerstone of the family. It was a big ask to reveal her fears and concerns, as Alice doubted Steve's ability to effectively respond to her vulnerability based on their past. In line with the EFCT tradition, I used interpretation at the leading edge of Alice's experience to facilitate the expression of her existential fears that she bore alone. In the EFCT model, the therapist elaborates and expands on a partner's emotional expressions while carefully presenting these interpretations as possibilities rather than definitive statements. To enhance the depth and intensity of emotional engagement, the interpretations can be presented as if the client is expressing these sentiments directly (Johnson, 2019). Through the vehicle of interpretation, Alice gradually spoke less from a place of blame and anger and softened as she shared her attachment fears that she held close to her heart.

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**Alice:** If I tell the truth when I am so frustrated now, it's kind of a relief because the cross is so heavy. You know, sometimes I just wish I didn't have that cross to bear. Why? Why do I have to bear the cross? Because the whole process is very gradual. When there are day-to-day things, I can't just say, "Okay, don't bother me," and lock myself in a chamber that has no outside noise. I don't have to eat; I don't have to pee; I need to concentrate. I mean, you don't do that. So eventually, I take over things. I run our lives. You know. So I think that is the frustration. I'm not quite sure that can really ever be reconciled because now, obviously, with his health issue.

**Drew:** And tell me if I'm wrong, but I think there is a way in which being frustrated with Steve can be easier for you than being scared of losing him. Because there is so much pressure on you to take care of the both of you. And when you're frustrated, you can wash your hands and say, "Forget it. I don't want this anymore. I would rather be angry because I feel so much stronger when I'm angry than when I'm needing Steve and afraid."

**Alice:** Right, and deep down, I know I need him as much as he needs me. I'm taking care of everything about him because, you know, maybe because of his calmness and gentleness that deep down I do know. But when I get so frustrated. You know, just like Pontius Pilate, right? I'm gonna wash my hands. It's like you're damned if you do. You're damned if you don't.

As powerfully illustrated by Alice in this vignette, partners in moments of frustration and overwhelm often reinterpret the entirety of their relationship experiences from this emotional vantage point, leading them to believe that their relationships have been doomed from the start. Partners often view their past through the immediate lens of the present, coloring their perceptions of the relationship as a whole. This phenomenon suggests that the past is not a static entity but rather a malleable construct that can be subject to change as we evolve and grow. It is vital as the therapist, particularly in working with individuals in the final stages of life, to encourage a balanced outlook and help them not succumb to bitterness. By helping couples look back on their entire lives and come to terms with it, they can avoid the trap of viewing their existence as a series of bad choices. It is also essential to help them recognize that their choices may have led them down different paths than expected and that this is not necessarily a negative outcome.

By highlighting specific moments when partners had a positive impact on each other's lives, we can aid in calming the emotional nervous system of the couple. When Alice looked at her family history and considered the various replications she could have made, she made a good decision in choosing Steve to be her partner. While there have been many times when she may have been disappointed in the relationship, it had overall provided her a space for healing from early relationship wounds.

**Alice:** And I do know, despite all my rough and toughness, it's just like a shell. Because of the way I was getting through life. I can get frustrated. Probably hurtful—it is hurtful. And



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he tolerates it. He doesn't take offense. He's not like, "You said that. You said that." You know, I do say hurtful things, but he understands basically where I come from and where my heart lies. He does appreciate all the things I do for us.

**Drew:** I think you're saying that it is really special that Steve has been able to look past your tough shell that you put up sometimes when you feel in danger and need to protect yourself and can see your heart that lives beneath the shell... When you lash out, he doesn't withdraw. He doesn't go away. He doesn't hold it over you. He's with you and by your side.

**Alice:** Right. He does that. That is true throughout the entire marriage... And I guess, ultimately, we do care about each other very, very deeply. I mean, the bond between us, you know, I'm so used to him. If something happens to him, I'll never get used to it because I'll turn around and be like, "How do you spell that word?" He's my dictionary. [laughs] So I don't think I'll ever get used to it because it's like, after all these years, you know-

**Drew:** It's hard to imagine life without him.

**Alice:** Yes, definitely. There's a deep, deep bond between us, I guess.

A significant transformation occurs when one can view a balanced picture of their past, fostering gratitude for certain parts of it. This does not imply denying the pain inflicted on us by others or diminishing the weight of our expressions of hurt. Instead, it signifies adopting a broader perspective and recognizing that painful life experiences can catalyze renewed growth and awareness. For Alice, the scars of trauma could resurface at any moment, threatening to engulf her in despair. However, amidst moments of respite, Alice and Steve uplifted each other toward better versions of themselves.

Alice acknowledged that one of Steve's greatest gifts was the stability and solidity he brought to her life, which was once ravaged by trauma. At an existential level, this was his superpower. His quiet resilience had anchored their dyad. I highlighted that Alice's choice to marry Steve reflected her inner wisdom at work. Alice intuitively knew what she needed to heal from her trauma, and ending up with Steve was no accident. For Alice, her decision to marry Steve, despite the challenges they faced, was her ticket to a better life. Alice arrived at this conclusion through a process of reminiscence. By reflecting on significant memories, challenges, and achievements with Steve, she gradually created throughlines in her story with him. Integrating both the frustrating and gratifying aspects of her marriage allowed Alice to become more at ease with herself and her life decisions. In a sense, Alice found salvation in choosing Steve, just as he found salvation in choosing her.

**Alice:** That word "team" is very interesting. Because maybe, on the surface, I'm doing 85% of everything, and he's sitting back like the recipient of it all. But I do suppose he does his part in his way. Because if it's completely the other way, it wouldn't have lasted. I guess he gives this calm and peace on the surface. Calm and gentle. And so, he gives you this nurturing environment to be able to grow. I guess that's the word - to grow. I have to say

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that, you know. I've grown a lot. You know, I've taken a lot of responsibility. Little by little, you know? And I find strength that I didn't have before.

**Drew:** That's very powerful. Steve, with his patience and calmness, gave you a nurturing environment where he allowed you to grow and flourish in a way that you hadn't really experienced before meeting him, at least in growing up the way that you did. And maybe that was your inner wisdom, too, that led you to Steve in choosing a partner in your life who would allow you to grow.

**Alice:** Right. When we first met and when we fell in love, that was not in my mind. But gradually, I guess that's how the marriage survived. Right. Because if he turned out to be just like my dad did before, you know, there's no way. I would never. I can't possibly live like that. No way. If he had even a hint of my father's temperament and character and the way he did things, you know, short fuse, hot temper, totally irrational where he gets angry constantly. There's just no way because I would die.

In Alice's family of origin, the mere act of having emotions was perceived as dangerous, often resulting in violence inflicted by her father. Alice vividly remembered having her toes whipped for wearing socks when she was cold, symbolizing how her longings for warmth, both physical and emotional, were punished by her father. Alice struggled even in late life to give herself permission to fully acknowledge and express her fatigue and need for care. Alice was caught between her younger self, who was still entrenched in the throes of abuse and afraid of experiencing emotions, and her adult self, who had escaped her abusive household and yearned for warmth, happiness, and intimacy with her life partner.

To help Alice differentiate her adult experience from the traumatic experience of her childhood, I relied on the experiential tool in EFCT of reframing. Reframing involves altering the frame of an interactional response or cycle to achieve a different meaning. These shifts might involve transforming powerlessness into empowerment, danger into safety, or criticism into dependency. Reframing is employed during emotionally charged moments when negative cycles of interaction emerge. The aim is to disrupt the client's perspective that may reinforce their feared outcomes and instead introduce another perspective that fosters increased awareness and recognition of core attachment fears and needs (Johnson, 2019).

**Alice:** I guess the loss, the sense of loss of my life. That is what is compounding our relationship is the sense of loss. Like, I really don't belong anywhere. I dedicated my life to this marriage. I feel hopeless and angry. But I'm still being practical. What am I going to do, commit suicide? I have so little time left... You know, you dedicate your life to this marriage, and then he's sick... I feel hurt. I feel lost. But what am I supposed to do? I'm going to make the best out of whatever is left of my life because the best revenge is to live a good life.

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**Drew:** Of course. And I think it's possible to both come to a place of acceptance to live your best life possible and also grieve these losses. Just to be with this sense of loss that really runs deep for you.

**Alice:** Very profound, yes, because it goes back to my very existence. Right. Because I've been uprooted, even though I was happy to be uprooted because whatever the soil I was raised on, I didn't want to stay there anyways.

**Drew:** Well, you were uprooted from there. You lost your home where you grew up. You came here hoping to make a better home for yourself. And sometimes you're so wanting to create a sense of home and connection here that maybe you missed out on growing up that I imagine it hurts you and pains you when you feel like Steve is going away. But Steve is not abandoning you in your time of need. Right now, he is fighting for his life and your connection together.

My goal was to scaffold the safe and incremental expression of her emotions, assuring Alice that all her emotions were valid and welcomed. This endeavor involved facilitating Alice's exploration of how her cultural values shaped her expectations of how others would respond to her emotional vulnerability. Chinese families, like Alice's, often emphasize interpersonal harmony, whereby individuals adhere to family norms to prioritize acceptance, security, and survival of the family unit. Consequently, expressions of anger or fear are often discouraged, particularly for women. For individuals like Alice who experienced a lack of engagement with the full spectrum of their emotions growing up, there is often a deep longing to break free from these patterns in adulthood. This longing frequently leads them to EFCT due to its emphasis on experiential emotional processing (Maynigo, 2015). When her "younger self" attempted to suppress her emotional processing out of fear, I used symbolic language to explicitly acknowledge this inner conflict ("Is this your younger self trying to protect you?"). Together with Alice, I wondered if her adult self could compassionately reassure the younger self, assuring her that it was okay to have feelings and needs without fear of retaliation. In recognizing different parts of self and giving them voices, Alice could begin to "unblend" from her younger self.

While in the past, survival depended on education and escape, leaving little room for emotions, Alice now had a remarkable opportunity to invite her daughter and husband into her inner world of feeling. She could show compassion for herself by honoring her feelings and needs while embracing the chance to provide her family with the emotional support she lacked in her upbringing. To facilitate Alice's process of disentangling her past experiences from her present reality, I frequently relied on an EFCT technique known as "seeding attachment." This technique is typically a preliminary step toward choreographing more engaged interactions. It involves presenting a simple image of what a secure interaction could look like that contradicts a partner's feared response in reaching out to the other. This technique can benefit partners who

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have never experienced attachment security in their family or romantic relationship and may have no image of secure interactions to reference. Using this seeding intervention, the therapist activates attachment yearnings and expands clients' awareness of possibilities for emotional connection (Johnson, 2019).

**Alice:** Maybe I never did learn how to handle that and express myself. I never learned the proper way to express myself. You know, first, the firecracker explodes, and then I deal with the mess. But usually, it's messy. So maybe you're right that way; I never did learn how to deal with my emotions in a - I don't want to say civilized but in a more mature way. Like an adult instead of children you see sometimes in the shopping place, or in the supermarket. You know, they want a toy. And they're whining and screaming and running around kicking and doing all kinds of things; I suppose I'm still in that state.

**Drew:** Because some kids are allowed to have that stage in life and have parents who teach them how to deal with their feelings without punishing them. And you weren't allowed to have that.

**Alice:** Right. That is true. Yes. I never thought about that. But that is true. I never learned how to deal with my emotions in a mature manner.

**Drew:** I would say it's very courageous that you can consider giving a voice to those feelings now that you never got to express before. I mean, it is pretty remarkable that you can do that. And maybe because of how you grew up, it's hard to believe that Steve could give you a safe space and permission to be able to share whatever it is you are feeling.

By seeding their attachment longings, I aimed to highlight how Alice and Steve were each other's greatest resources in life. I discussed with my supervisor how this situation resonates with the last lines of Matthew Arnold's famous poem, "Dover Beach": "Ah, love, let us be true To one another! for the world, which seems To lie before us like a land of dreams, So various, so beautiful, so new, Hath really neither joy, nor love, nor light, Nor certitude, nor peace, nor help for pain." When the days grow darker and pain grows stronger in late life, partners may find solace in the companionship they share.

As later-life couples navigate the Eriksonian crisis of integrity vs. despair, they face a pivotal choice: to seek comfort in each other in a world that is often unkind or remain "stuck" with each other in desolate loneliness. Despite often feeling angry and overwhelmed, Alice ultimately decided to stay with Steve. Rather than staying and feeling consumed by bitterness, she bravely took her losses in stride and could draw from Steve's inner strength in confronting the challenges of being his caregiver. Alice recognized that being a hardened, critical, overburdened caregiver was not doing herself any favors. I sought to help Alice recognize the truth that caretaking had brought them both closer. Despite the burdens of caregiving, Alice would have felt immense loneliness without the relationship. By engaging in a process of collaborative meaning-making, Alice could view her challenging experiences with caregiving

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and loss in a new light, infusing them with purpose and significance. Her suffering assumed new dimensions as we contextualized this stage of life as an opportunity for both her and Steve to demonstrate their unwavering commitment to each other. As described earlier, this perspective reflects what Viktor Frankl (1985) coined "tragic optimism"—the ability to find the positive in the tragic aspects of human experience.

**Alice:** Am I better off to stay? Am I better off to just walk out? Yeah, no, I'm not lying. I mean, so many times, I just pack up. I want to go. I want to leave. Because I can't take it anymore, it's just ridiculous...

**Drew:** So there are moments in this marriage where it gets so frustrating. You are so beyond your limits, and you say, "I can't take another second here." It hurts so much to be together sometimes. And yet there's always a way in which you come back and find each other. What keeps you coming back to him each time?

**Alice:** Hmm. I'm not sure if the term is love. It's certainly not passion or love. I don't know what the word love means. If it's intimacy, if it means to actively participate in married life, that is not it. That definitely is not the case. But, I guess when I first met him, and after we decided to get married a year later, he did provide a safe harbor for whenever the storm comes. I guess that's why, you know, and maybe habit, maybe knowing that even though the calmness is on the surface, but at least it's calm, you know. It's a shelter from the storms of life's turmoil. Now we did build a nest; you know what I'm saying? You know how some birds care for life and keep going back to the old nest? [laughs] That's what we are.

The therapist working with later-life couples must not only cultivate the expression of attachment needs in the present but also encourage partners to take a retrospective look at their lives together and how they have already fulfilled each other's needs. By appreciating the whole of their relationship, couples can better cope with the exhaustion and indignities of the late-life period with a sense of satisfaction.

To illustrate this concept, Alice offered a poignant metaphor, likening her relationship with Steve to a ship in the vast ocean. Alice was the cruise director at its helm, taking charge of navigating stormy waters while Steve served as the vessel that kept the ship afloat. Steve recognized the extraordinary task Alice inherited by assuming responsibility for their marriage and lives. Meanwhile, Alice sincerely appreciated all the essential but often overlooked things Steve did that kept their ship moving. The image of the boat allowed Alice to express a sentiment deeper than "I want him to support me." She recognized that Steve had been a foundational part of the architecture of their lives all along and that he played a pivotal role in shaping their lives and creating a cherished legacy together. Looking back on their lives, Alice and Steve could credit each other for making the journey together possible. Alice's acknowledgment of Steve's efforts to be the vessel of their ship alleviated his feelings of burdensomeness and gave him a sense of purpose.

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**Alice:** He's like a vessel in the ocean in the ocean of life. You know, there is this vessel. Like when you travel, some of those cruise ships are as big as a city, right? So when you are there, you have all you need with recreation, food, and medicine. Like sometimes, we go on a long trip. We don't even realize we are just little specks in a big ocean. You know, you don't think about it. So, in other words, you got so many crew on the ship. You got everything from entertainment to engineering, to excursions, to food, to spa, you know, whatever, cruise director and security, all that. And you don't think about it. You just assume you paid, and you come and enjoy. You don't think about that kind of journey. And I think, in that sense, that there really are a lot of things going on behind the scenes. And I think Steve is like that.

So even though maybe I feel like I'm doing all the work, you know, making all the noise. And I'm like, "But what the hell are you doing? You're doing nothing." But it takes so much to run a ship. You know, he's quiet. He's doing navigation. You know what I'm saying? Different things that you don't see. And so I guess that would be the paradigm that I'm talking about. You know, the steadfastness, the gentleness. Sometimes he's totally dumb. But I'm sure there's something in the background he had provided in that the ship in that big ocean that we were able to have our life's voyage.

As the therapist, I collaborated with Alice and Steve in an artistic endeavor, following the brushstrokes of feelings and allowing them to guide me as we painted images, metaphors, and symbols of their love together. Couples may safely explore uncharted territories and find unexpected beauty in their relationship through the creative unfolding inherent in the therapeutic process. Creativity provides a means for reconnecting with humanity and transcending the limitations of human existence, which are especially relevant endeavors in late life. The ability to imagine, innovate, and express oneself becomes a source of liberation.

While Steve was not one to readily express his emotions, the conviction of his words and the depth of his gaze spoke volumes about his affection for Alice. When Alice could feel Steve's sincerity, she could emerge from her shell and embrace the beauty of the world around her. Alice was a profound thinker with a unique perspective on the world that seamlessly blended philosophy and spirituality. By finding freedom in imagery, metaphors, and storytelling, Alice could define her existence beyond Steve's medical condition and the dreary circumstances of caregiving and safely explore the reservoir of deep feeling she possessed. EFCT therapists commonly use emotional "handles" in the form of repetition and previously identified imagery in order to deepen partners' emotional experiences and make meaning of them. The objective is to remain at the edge of a partner's evolving awareness and ability to tolerate emotional vulnerability. This vulnerability often involves accessing deep-seated yearnings for connection or profound fears of aloneness and lack of belonging. By engaging with core attachment experiences, the therapist uncovers and examines fundamental views of self and others (Johnson,



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2019). I often returned to the emotional handle of the cruise ship to describe the journey Alice and Steve had embarked on together.

**Alice:** We have these three major goals in our life, like family, health, and financial independence, that we indeed worked together for the good part of our marriage. And we are friends. You know, we do. We share the same values. And we can speak, talk, and discuss things, and we do on many levels. That is why it lasts as long as over 50 years.

**Drew:** Steve, how do you react to what Alice has shared about what you've created together as a partnership?

**Steve:** I think we see things in a similar fashion. We manage to dovetail different opinions to get closer to a consensus. So while it's far from ideal, we have improved our ability to see each other's point of view. I think that's very important. I think it will continue to be. And all we can do is our best to try to survive and continue to do okay on our own in spite of all the difficult circumstances. Because it's not going to get easier, but at least we have more of a united point of view. I'm encouraged by that. The rest will have to take care of itself for now. Health, fate, whatever comes along.

**Drew:** Right. There's a lot out of your control, but your shared goals and vision have brought you this far and will continue to guide you as you navigate some sometimes very treacherous waters together on that cruise ship, where you're the vessel, and Alice is the director. And you know, you're on this ship together for better or worse.

Alice and Steve's shared values of family, physical health, and financial freedom acted as guiding lights, illuminating their path through treacherous waters. These guiding values inspired them to navigate the storms of partnership with resilience and unity. As Steve opened up, Alice recognized that Steve had been an anchor on whom she relied deeply and a person who shared her core vision of life. Whether by choice or design, Alice and Steve were weathering the treacherous waters of mortality together.

Even in Alice's most tragic and pessimistic moments, I was never convinced she did not love Steve. On the contrary, I wondered whether Alice feared the possibility of allowing her love for Steve to overwhelm and consume her as he neared the end of his life. EFCT emphasizes that love and loss are inextricably linked, for to love deeply is to endure the eventuality of painful loss. Yet to detach oneself from the experience of love is to sacrifice what gives life its truest meaning. Such is the essence of the final stage of the life cycle, where the mission becomes accepting tragedy by surrendering to loving another. Rather than attempting to love less to minimize the pain of loss, the challenge is overcoming ruminative anxiety and other defenses that prevent couples from being fully present and taking in all that a relationship offers in the here and now.

**Alice:** I guess the goal right now is to bring the vessel into a safe harbor, and hopefully, we can push to the other end. But who knows? I mean, look, it's possible that one of us just

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doesn't wake up the next morning. It is possible, right? So. You know, I have a lot of flowers in the front. Life right now in the twilight is not all these bucket lists; we went through that. If you look at the panels, I have a flower that is bright red. But after one week, the color faded. You know, it is still that flower. But it's faded. The freshness, the beauty, all these reasons you own a flower or plant a flower, cultivate a flower. It really isn't there. You know, it's faded one week, and that's it. So the question is, why do I keep planting them and watering them and getting excited when the spring comes when they bloom? You know, is it worth it? I'm not sure. I don't know. But I guess it's just a thing that we do.

**Drew:** Yeah, I think you bring up something really important. The things that we love and cherish that make life worth living are the things that we'll all lose one day. Part of being alive and being fully in it with each other is also accepting the reality that one day we'll lose that, or the thing that we love and are attached to will change. And right, there's this question of whether it is even worth it to plant in the first place, whether it's a flower or a relationship. And I'm curious, Steve, how this question lands for you.

**Steve:** Well, we can all appreciate beauty when we see it. So for me, it's a sign of renewal. We are looking for something to give us hope for the future. The beauty of flowers and the beauty of nature is something that, for the most part, rejuvenates us. It's not the beauty of the forests that are now going down on the West Coast. But when we see beauty from a positive standpoint, it reinforces all of us mentally. On the converse, when we see the negative side of nature and how it affects us, that's depressing. So hopefully, we are able to see more of the positive side and enjoy beauty as opposed to the negative aspects of our physical life or natural life now, which is arguably more negative than positive these days. So we've got to do something about that. And that's something to look forward to in the future to try to improve our climate and renew the beauty that we appreciated for so many years.

The grief of loss in late life is softened by the creation of a mutual sense of purpose and an impactful legacy together. Cultivating a meaningful relationship requires couples to actively nurture a shared vision of life enriched with their personal meanings and stories. By identifying shared values and dreams, couples can shift their focus from trivial issues to the bigger picture of their lives together. When couples openly communicate their hopes and aspirations, they experience a greater sense of attunement and strengthened purpose and agency as they journey through the final stages of life. In the later years, it becomes increasingly important for couples to center their attention on their shared legacy. This encompasses the stories they create and share, their spiritual and worldly beliefs, and the unique family culture they cultivate. Couples who invest their time and energy into developing a shared system of meaning, which includes their values, goals, and the legacy they wish to leave behind, are more likely to foster intimacy that reflects a mature and profound love (Gottman, 2018). The creation of a legacy is integral to resolving the psychosocial dilemma of integrity versus despair in achieving wisdom. A legacy facilitates coherence and wholeness in a couple's life story, allowing them to detach from the

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physical world with the promise of their story's continuity. As Alice reflected on her legacy, she could access the kinder and gentler aspects of her existence.

**Drew:** The bond that you two share is hard to see sometimes, hard to explain, but it's something you know deep down that allows you two to remain connected to each other. And the bond that you share doesn't die when your bodies go through their own changes. The bond continues in your legacy in the lives of your family and in the way you have touched others around you. And that's what's so important to remember in your stage of life—to take comfort in knowing that your bond has left a powerful imprint in the world.

**Alice:** I think you summed it up very beautifully. Yes, it did. I never thought that way. Because believe me, I'd say, "Hey, one lifetime is enough." You know, he's just talking about a soulmate. I said, "Please, I don't want to be a soul mate. A body mate is bad enough." [laughs] Yeah, I suffered so much. But I do suppose you are right. Yes, there is a certain bond between us. I guess it's like you said after we're gone. The legacy. You know. I guess it's the kinder and gentler side of being a human. I guess the poetic side of it if you want to put it that way. Life is a mystery. You really don't know after you die. So who knows? But I do know that we have our animal side, and we also have our spiritual side. Therefore, does that spiritual side go on after the physical side is gone? So it's a mystery. But there's beauty, you know, there are people who would step out themselves and do those things for others. It's not just going out, making a living, getting a paycheck, and paying your taxes. You know, drive a Tesla or something and go to the States, right? At the end of the day, there are certain values that are eternal, no matter how rich you are and how fast you can build an empire. But if you didn't touch somebody's life... If you never touched somebody's life, then life is really not worth living.

### ***Stage 3: Consolidation (Sessions 19-20)***

As mentioned above, Stages 1 and 2 were designed to help Alice and Steve regulate emotions and develop meaningful connections with each other rather than focusing on specific issues and problems. In the final, Stage 3, my goal was to encourage Alice and Steve to address problems in their relationship by leveraging their enriched openness and responsiveness to focus on particular, goal-oriented dialogues between themselves, using mirroring to maintain their focus and direction (Johnson, 2019).

Thus in Stage 3 with Alice and Steve, I guided them to the familiar ground of old conflicts, but this time with a fresh set of lenses. It is encouraging for couples to observe how their interactional cycles, or "dances," have shifted due to their deepened emotional processing and strengthened communication. It was not enough for Alice and Steve to simply have emotional experiences in the therapy. Real growth came from meta-processing and integrating these experiences more deeply into their shared nervous system. At the same time, we took joy in their accomplishments and savored the work we had done together. I conveyed to Alice and

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Steve that they would inevitably encounter bumps in the road and were equipped with the tools, wisdom, and, most importantly, the teamwork necessary to overcome them. I encouraged Steve and Alice to think about how they might handle these troubled parts as a couple and foster a healthy dependence on each other as they traversed the final stage of life together. I also encouraged Steve and Alice to nurture their bond by beginning each day by doing something positive for each other. These small yet meaningful gestures could serve as a glue for strengthening their attachment bond. These gestures could also represent enactments of their deeper yearnings to be psychologically held and seen by one another.

**Drew:** I'm wondering for you both in thinking about the "we," how you can best feel supported as you go ahead in your journeys together, and what those things are that you can do to show up for each other when times get tough?

**Steve:** Well, I don't need to ask her for much. She always has shown up. It means everything to me, and I can't express it enough. I don't express it enough.

**Drew:** Can you take this moment now to turn to Alice and express that to her?

**Steve:** You mean everything to me. Not only because you do everything for me but because you've always been there for me. The least I can try to do is somewhat pay you back when I can, most particularly by being concerned about your feelings and all the work that you put yourself through. I appreciate it, and I will try to make sure that I reflect that more in my future actions. You are everything to me.

**Alice:** I know I mean the world to you, but I would like you to understand more where I come from. My needs, my wants, my own health issues. You know, even though you can do very little. But we need to be connected. In order to be connected, you need to work every day... It's the sunshine and the water, and you have to nourish every day. The relationship has to be nourished. Not, "Oh, I marry you. I put a ring on your finger, and that's the end of it." You know, it's a living thing. You can't just say, "Oh, so what's the problem?" I need you; I care about you.

**Drew:** Exactly. Often you're feeling cold and alone, and it's dark outside, and you need to feel the warmth of the sun, a warm hug, the softness of the sun on your skin. And you want so much to feel that from Steve each and every day.

**Alice:** Right, because there's an innate need for it. I remember reading something, a lot of flowers like the Morning Glory. In the evening, after the sunset, it will collapse into itself. But in the morning, you watch the sun, and with the first ray, they start opening up. Right. That is an innate need.

**Drew:** Right. And feeling the warmth from Steve helps your heart to open up, too.

At the end of the life cycle, facing mortality can be a daunting experience, as it represents a time of tremendous loss for couples. As couples enter late life, they must surrender the

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possibility of actualizing dreams, accept their physical deterioration, and reconcile with the finite nature of time. Partners who face mortality together can reflect on their lives together and create shared meaning in their relationship experiences. The notion of "finishing well" is essential in the final stage of life and an opportunity for healing if done correctly. In Erikson's psychosocial theory of development, each stage presents distinct possibilities for personal growth. While there inevitably exists sadness and regret of missed opportunities along the way, entering the final stage of life allows couples to tap into their latent inner resources as they bravely confront the limits of their existences.

Steve's illness had stripped him and Alice of many freedoms they once enjoyed. However, as Alice and Steve explored new and creative ways of navigating this critical juncture, they could commit to renewed and inspired ways of being with each other. Aligning with the EFCT tradition, I acknowledged, affirmed, and celebrated the couple's renewed dance of responsiveness toward each other. I guided Alice and Steve in creating a refreshed narrative emphasizing their relationship transformation and their journey from powerlessness to empowerment. Such a narrative provides a roadmap for couples to effectively navigate future challenges. By the end of EFCT, partners have become familiar with the music that compels their dance. Furthermore, they have learned how to dance in harmony and rewind their steps to restore harmony when the dance goes awry (Johnson, 2019).

**Steve:** From one perspective, we found that the more we interacted, the more we seemed to have in common. But first, it's a surprise. Then through various acts of kindness, you see positive results and positive reactions. So in that respect, it nurtures that inner desire to have a positive interaction. I think we've done that over the years. And to a certain degree, you can take most of it for granted. This accumulation of reactions and satisfaction with the results has come about. Not always, but more often than not. And most particularly, with respect to positive interactions, will occur. This increases mutual sharing, and love, and care which grows over the years.

**Alice:** I guess. You know, we are social animals. People will treat you a certain way based on your behavior, your appearance, your values. Obviously, not always. You know, you get some rude people. But most people, they react to the energy you put out. So whether it's the encounter with us or with you or with our daughter or with our neighbor, it's an interaction. You know, it's like a dance.

**Drew:** Well, Alice, I love the way that you put that. That every interaction is a dance, and how we approach that dance affects how the other person dances. And to what you're saying, Steve—the way in which you lead with positivity can allow someone to give something positive back in return. And there's something really magical about that. And I want to share that in the dance that we all do together in this couples therapy, I have been incredibly moved by the two of you and how you have opened your hearts to each other and to me. I am so appreciative of the time we have spent together and the work you have both

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put in to understand each other and take a broader view. When life does wear and tear on you, you can take a step back and look at the bigger picture and commit to each other in these new, inspired ways, which will be so crucial in this stage of your life. And I feel a lot of hope and promise for you two as you continue your new dance together.

At the conclusion of our therapy, Alice wrote a "Legacy" poem that exquisitely captured the profound meaning her marriage held in her life. (The title of my dissertation and this case study based on it was inspired by a line in this poem.)

Despite our opposite natural tendencies, cultural, or cultivated differences, our love endured.

That love is a rudder in a sailboat. Gives meaning to meaning and direction in our life.

It makes our otherwise mundane day-to-day living bearable and tolerable.

It derives from a higher source, a poetry, the kinder and gentler side of us.

It fuels the energy to make the world go around. It is larger and timeless.

Transcending human existence it has endured.

My marriage symbolizes the commitment of a lifetime.

It reflects my character, values, the innate Buddha Nature.

It is my destiny, by chance, choice, or design.

Master Drew Mendelson has provided a gleam of light when the road ahead

Grew dark for my aging eyes.

Hope it sums up our therapy sessions. We feel privileged that we will be part of your doctoral dissertation.

## **7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION**

A licensed psychologist monitored the treatment of Alice and Steve through weekly individual supervision sessions. The primary supervisor who monitored the case had advanced training in treating couples using Emotionally Focused Therapy for couples. Furthermore, her specialized experience in treating patients with trauma strengthened my ability to meaningfully address Alice's past experiences of relational trauma. During our supervision sessions, we discussed the major content and themes of sessions and observed their session tape. We frequently reviewed the couple's progress in therapy, tracking their shifts in affect, intensity, and frequency of negative interactional dances; and their quality of secure attachment bonding over time. We used this information to revisit and revise the case formulation and treatment plan as the treatment progressed through different stages.

Furthermore, I regularly presented the case of Alice and Steve in a weekly group supervision dedicated to training student clinicians in Emotionally Focused Therapy. This group



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supervision was facilitated by three clinical psychologists (one being my primary supervisor) who all had advanced training in Emotionally Focused Therapy for couples. This space allowed me to obtain perspectives from faculty and students that broadened my awareness of therapeutic factors I had not previously considered. I used their feedback to subsequently adapt and modify my intervention techniques with Alice and Steve.

Finally, I had Alice and Steve complete three outcome measures that evaluated their functioning at both the beginning and end of treatment: the Acceptance and Action Questionnaire-II (AAQ-2), the Dyadic Adjustment Scale (DAS), and the Revised Experiences in Close Relationships (ECR-R). These outcome measures allowed me to track Alice and Steve's progress over the course of therapy, specifically monitoring changes in their psychological flexibility and acceptance, quality of marital health, and romantic attachment patterns. As mentioned above, Alice and Steve completed these measures immediately following the termination of treatment, retrospectively considering their individual and relationship health pre-treatment and post-treatment. Although this data collection method has limitations regarding validity, a retrospective approach enabled Alice and Steve to subjectively assess their perceived progress. The results of these measures corroborate qualitative observations of their changes that I made throughout the therapy.

## **8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME**

Alice and Steve met their treatment goals successfully. Various quantitative and qualitative findings, summarized below, support this outcome.

### ***Quantitative Results***

Tables 1 and 2 present the changes in Alice's and Steve's scores on the Acceptance and Action Questionnaire-II (AAQ-2). Alice's score at the beginning of treatment was 35 and decreased to 21 at termination. This change indicates a clinically meaningful reduction in her psychological inflexibility and experiential avoidance—from an above-clinical level to a below-clinical level. Steve's score at the beginning of treatment was 28 and decreased to 21 at termination. This change indicates a clinically meaningful reduction in his psychological inflexibility and experiential avoidance—from a score just below the clinical level to a score well below the clinical level. Overall, the results suggest that through the therapy, Alice and Steve developed greater tolerance and acceptance of their thoughts and feelings and aligned their actions with their larger values and goals over their immediate psychological reactions.

Tables 3 and 4 present the changes in Alice's and Steve's scores on the Dyadic Adjustment Scale (DAS). Alice's scores at the beginning of treatment were 39 on Dyadic Consensus, 25 on Dyadic Satisfaction, 10 on Dyadic Cohesion, and 6 on Affectional Expression,

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yielding a Total Score of 80. By termination, Alice scored 52 on Dyadic Consensus, 37 on Dyadic Satisfaction, 14 on Dyadic Cohesion, and 8 on Affectional Expression, yielding a Total Score of 111. The total Scores, going from an above-clinical level to an below-clinical level over the course of therapy indicate clinically meaningful improvements in her marital adjustment. Steve's scores at the beginning of treatment were 39 on Dyadic Consensus, 25 on Dyadic Satisfaction, 10 on Dyadic Cohesion, 6 on Affectional Expression, yielding a Total Score of 80. By termination, Steve scored 51 on Dyadic Consensus, 40 on Dyadic Satisfaction, 21 on Dyadic Cohesion, and 10 on Affectional Expression, yielding a Total Score of 122. As with Alice, the Total Scores, going from an above-clinical level to an below-clinical level over the course of therapy indicate clinically meaningful improvements in Steve's marital adjustment. The results illustrate that over the course of therapy, Alice and Steve experienced greater alignment in the areas of work, relationships, and home, felt happier in their marriage, engaged in more activities with each other, and experienced increased compatibility in their expressions of affection.

Tables 5 and 6 present the changes in Alice's and Steve's scores on the Revised Experiences in Close Relationships (ECR-R). At the beginning of treatment, Alice scored 4.00 on attachment anxiety and 4.00 on attachment avoidance. By termination, these scores decreased to 2.22 on attachment anxiety and 2.00 on attachment avoidance. As shown in the note in Tables 5 and 6, these changes indicate clinically meaningful reductions in her attachment insecurity. At the beginning of treatment, Steve scored 4.22 on attachment anxiety and 4.56 on attachment avoidance. By termination, these scores decreased to 1.89 on attachment anxiety and 2.28 on attachment avoidance. These changes indicate clinically meaningful reductions in his attachment insecurity. The results demonstrate that by the end of therapy, Alice and Steve were less vigilant about the possibility of rejection or abandonment and less reluctant to experience closeness and intimacy.

### *Qualitative Results*

Alice and Steve achieved or made progress on several tasks throughout the EFCT therapy, which are summarized below:

- Alice and Steve developed a greater awareness of the "Protest Polka" cycle (see Figure 1) that dominated their relationship, in which Alice would criticize and Steve would withdraw.
- Alice and Steve cultivated a clearer understanding of how their cultural and familial backgrounds influenced their disparate attachment styles and displays of emotion.
- Alice genuinely honored the angry and hopeless parts of herself and understood their defensive function in the context of her early life history.

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- Steve experienced greater compassion and curiosity toward Alice's traumatic life events and her attachment needs and fears that stemmed from them.
- Alice revealed her fears and concerns about the tragic aspects of aging, caregiving, and facing mortality from a space of emotional vulnerability.
- Steve improved in reflecting, validating, and containing Alice's caregiving frustrations and end-of-life fears.
- Steve voiced his gratitude for Alice's heroic efforts as his wife and caregiver with greater clarity, feeling, and resonance.
- Alice embraced Steve's expressions of appreciation and affection without humorously or contemptuously dismissing them.
- Steve felt empowered to care for himself as much as possible to contribute his share to the relationship, demonstrating his willingness to work as a team.
- Alice recognized Steve's efforts to preserve his dignity and autonomy during his health crisis as bids of care and concern for her.
- Alice relied on Steve's resilience and courageous attitude toward aging and illness in feeling more resourced as his caregiver, reframing her caregiving burdens as her adversary rather than Steve.
- Alice and Steve contemplated the meaning of their suffering and embraced a spirit of "tragic optimism," valuing the growth and wisdom that emerged from their hardships.
- Alice engaged in meaningful reminiscence around the story of her relationship with Steve and cultivated a more balanced picture of their lives together.
- Alice recognized that her decision to marry Steve was ultimately a good one, as he provided a refuge in which she could heal from the wounds of her early attachment trauma.
- Alice could "unblend" her relationship with Steve today from experiences of abuse and emotional neglect in her family of origin and her conflicted past with Steve.
- Steve offered contrition for his hurtful behaviors toward Alice in their past and expressed his willingness to change and meet her emotional needs.
- Alice discovered a renewed sense of acceptance and purpose in her commitment to Steve as his wife and caregiver.

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- Alice and Steve recognized that despite coming from opposite backgrounds and worlds, they shared the same core values and vision of life that propelled their relationship forward.
- Alice and Steve overcame their defenses against loss, giving them permission to experience intimacy and be fully present in their love for each other.
- Alice and Steve reflected on the legacy of their marriage, allowing them to feel satisfied enough with their relationship experiences to begin resolving the psychosocial crisis of integrity vs. despair.

### *Discussion of Broader Issues Raised by Alice and Steve's Case*

#### A Note on Teletherapy

The Emotionally Focused Therapy treatment case I describe in this project was conducted via teletherapy. For the couple I treated, couple therapy would have been impossible without using teletherapy. The psychotherapy was conducted during the height of the COVID-19 global pandemic, so meeting in person would pose a dangerous and unnecessary risk to both the therapist's and the couple's health. The couple faced specific health challenges related to late life that made them especially vulnerable to the impact of COVID-19. Moreover, the couple faced mobility challenges that limited them from traveling for in-person psychotherapy. Teletherapy is a viable option for psychotherapy with later-life individuals who struggle with health and mobility challenges. However, teletherapy is not merely an alternative when barriers to treatment make in-person psychotherapy untenable. Teletherapy also offers unique benefits for relational psychotherapies.

Teletherapy invites therapists to "meet patients where they are" figuratively and literally in their states of unbearable aloneness. Clients often experience greater freedom to discuss aspects of their lives and relationships that elicit shame and anxiety. This is because a "safe distance" is inherently baked into the foundation of the therapy. The client's physical distance from the therapist can subvert the unconscious fantasy that the therapy will intrude into personal lives, allowing them to access affective material that may ordinarily be considered threatening. Viewing the client's intimate space allows the therapist to gather data on how the couple interacts in daily life. The clinician can gather data on how partners care for each other in the home and establish boundaries when intrusions occur from other family members. This data offers greater clarity around patterns of interaction that would not otherwise be observable in an in-person therapeutic setting, as well as an opportunity for the therapist to empathize with the lived experiences of the couple. The couple may be able to engage in greater emotional risk-taking in a familiar, comfortable, and safe space.

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Distance can also reduce awareness of the therapist's presence in ways that facilitate the treatment. The therapist's lack of physical presence can help clients attune to their own and their partner's inner lives rather than the therapist's and reduce tendencies for hypervigilance. The therapist models vulnerability in sharing their intimate space with the couple, allowing the therapist to connect more authentically with the couple and cherish one another's "shared humanity" (Chen et al., 2021).

Recommendations have been offered for providing Emotionally Focused Couple Therapy (EFCT) to couples via a teletherapy platform. EFCT practitioners must address three central tasks with video: 1. how to create a "safe container" for vulnerable emotions and bids, 2. how to facilitate engagement in the here and now, and 3. how to facilitate their presence as the therapist. Because EFCT is a therapeutic model that encourages emotional risk-taking and vulnerability, safety must be established through the therapeutic frame. This includes ensuring the couple's confidentiality, privacy, and physical safety. The couple therapist must understand how the couple relates to the technological "container," as their relationship to technology may impact feelings of trust and safety in the therapy. For example, attachment injuries often happen through the medium of technology, including emotional and sexual affairs. Technology can elicit fears of the unknown in later-life couples and remind them of their limitations in a rapidly changing world (Allan et al., 2021).

The therapist must consider encouraging emotionally present, moment-to-moment engagement of couples (Heiden-Rootes, 2021). In teletherapy sessions, couples may "leave" the present moment in many ways—e.g., exit the camera's frame, divert their attention to other family members or pets, or check their phones or emails. The therapist must set limits around these behaviors and seek to understand the function of "leaving" the present moment. The latter becomes especially relevant when the couple is escalated, as the therapist can use the rupture to bring awareness to the here-and-now and contextualize a partner's "leaving" within the relationship's "dance." Video technology can make it difficult for the couple to use the therapist's nonverbal cues that convey empathy and emotional attunement. The therapist may have to use words to convey meanings that may be missed through nonverbal cues, such as expressing a wish to offer a holding hand or directing the couple's attention to notice the therapist's tears. The EFCT therapist will also want to ensure that the couple can hear their voice clearly and that they are effectively channeling their voice over the video technology. This point is especially relevant in context of the fact that vocal quality that is slow and soft while reflecting, repeating, and highlighting emotional words, imagery, and phrases is one of the most important tools for successfully softening an escalated couple (Allan et al., 2021).

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### Lessons Learned about EFCT with Couples in Late Life from Alice and Steve's Case

Working with "Alice and Steve" has underscored the value of adapting Emotionally Focused Therapy to meet the needs of later-life couples. First, I have gained a greater appreciation for the lifelong patterns that shape relationship dynamics in late life. Specifically, caregiving dynamics can often replicate existing negative cycles of communication, reactivating familiar sore spots of feeling alone, neglected, or even worthless. I have discovered that the reigniting of sore spots during crises can often serve as the best time to heal from old wounds, as the familiar pain of the past can be viscerally felt, understood, and healed. Moreover, I have realized that despite these long-standing negative cycles, there remains the possibility of laying the groundwork for new dances and cycles to emerge.

I have come to understand the salience of life transitions for later-life couples. Later-life couples often grapple with multiple intersecting life transitions at once. These transitions encompass changes in work and productivity, health, and social roles, as well as grief, mortality, and the loss of relationships. All these life transitions have an immense impact on relationship dynamics. Therefore, facilitating a secure attachment for later-life couples becomes especially vital, as their relationship can often be the only source of stability and comfort amid a rapidly and chaotically changing landscape.

I have developed a heightened awareness of generational influences that shape the couple system in late life. Alice and Steve grew up in a different era with unique perspectives on the roles of wife and husband, the value of marriage and family, the significance of spiritual and religious tradition, and expectations surrounding love, intimacy, and emotional closeness. These generational influences are also deeply imbued with partners' cultural and immigration stories. Alice and Steve's case illuminated how diverse upbringings vastly influence how partners experience and share emotional vulnerability. Their case has also encouraged me to reflect on my own attachment style, including my defenses around emotional vulnerability. Because EFCT is a highly relational model, I have developed greater empathy for the monumental task with which all couples contend as they engage in emotional risk-taking with their partners.

Simply listening to Alice and Steve has offered me a deeper understanding of human relationships and humanity. Their lifetime of experiences together has endowed them with a wealth of wisdom. Their stories have taught me the meaning of enduring love, commitment, and mutual growth within a partnership. Furthermore, Alice and Steve imparted innumerable philosophical, spiritual, and life lessons that continue to inform my clinical work with all my clients as I strive to foster their posttraumatic growth.

Lastly, my work with Alice and Steve has highlighted the remarkable resilience and adaptation couples are capable of in late life. Later-life individuals are often viewed by society as fragile and delicate. While their bodies may be physically feeble, I have been inspired by the



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sheer strength, teamwork, and bravery Alice and Steve have displayed in living with, adapting to, and even thriving in conditions of great adversity. Even Alice, who initially entered the therapy with deep despair about her disconnection from Steve, carried a small glimmer of hope that change was possible and within their grasp. Through their journey, Alice and Steve taught me to uncover and nurture threads of resilience in later-life couples and magnify their existing strengths and inner wisdom. As couple therapists, our role is to provide a holding environment and a secure attachment relationship from which partners can draw their confidence, calmness, and curiosity to explore their resources for healing within themselves and each other.

### Limitations and Future Directions

This case study has several limitations regarding its design and conclusions that can be drawn from it. While it was useful to obtain Alice's and Steve's retrospective evaluation of their progress in therapy, a timely administration of measures pre-treatment and post-treatment would offer a more accurate assessment of changes in Alice's and Steve's symptoms and relational functioning throughout the therapy. Furthermore, data was only collected during pre-treatment and post-treatment. Data collection at other time points would illustrate whether the improvements observed in the case study are sustained in the future.

There are also limitations in the study's external validity. The case study is based on a single couple client. Therefore, the sample size is too small to fully generalize its conclusions. Many more related case studies are needed for this goal.

In addition, the couple therapy was conducted via teletherapy to protect the clients' health due to the COVID-19 pandemic. While teletherapy did not pose significant barriers to treatment for Alice and Steve, other later-life couples may not have the equivalent technological literacy or may value the in-person experience of therapy to alleviate experiences of loneliness and social isolation.

Finally, future research with cases like Alice and Steve can contribute to a deeper understanding of how to implement EFCT therapy for later-life couples to facilitate enhanced relationship health and satisfaction. I hope this case study stimulates such research, encouraging further exploration of the importance of attachment-based psychotherapies for later-life individuals seeking to strengthen their relationships and fulfill their needs for closeness, comfort, and companionship in their final years.

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Table 1. Alice's Scores: Acceptance and Action Questionnaire-II (AAQ-2)\*

<b>Pre-Treatment</b>	<b>Post-Treatment</b>
35	21

\* Higher scores indicate more overall psychological distress, with a score above 28 indicating above-clinical level, and a score below 24 indicating below-clinical level (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011).

Table 2. Steve's Scores: Acceptance and Action Questionnaire-II (AAQ-2)\*

<b>Pre-Treatment</b>	<b>Post-Treatment</b>
28	21

\* Higher scores indicate more overall psychological distress, with a score above 28 indicating above-clinical level, and a score below 24 indicating below-clinical level (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011).

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Table 3. Alice's Scores: Dyadic Adjustment Scale (DAS) \*

	<b>Pre-Treatment</b>	<b>Post-Treatment</b>
Dyadic Consensus	39	52
Dyadic Satisfaction	25	37
Dyadic Cohesion	10	14
Affectional Expression	6	8
Total Score	80	111

\* Lower scores indicate more couple distress, with a Total Score below 92 indicating an above-clinical level and a Total Score above 107 indicating a below-clinical level (Sabourin, Valois, & Lussier, 2005).

Table 4. Steve's Scores: Dyadic Adjustment Scale (DAS) \*

	<b>Pre-Treatment</b>	<b>Post-Treatment</b>
Dyadic Consensus	39	51
Dyadic Satisfaction	25	40
Dyadic Cohesion	10	21
Affectional Expression	6	10
Total Score	80	122

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\* Lower scores indicate more couple distress, with a Total Score below 92 indicating an above-clinical level and a Total Score above 107 indicating a below-clinical level (Sabourin, Valois, & Lussier, 2005).

Table 5. Alice's Scores: Revised Experiences in Close Relationships (ECR-R) \*

	<b>Pre-Treatment</b>	<b>Post-Treatment</b>
Attachment Anxiety	4.00	2.22
Attachment Avoidance	4.00	2.00

\* Higher scores indicate more anxiety and avoidance on each of the scores, respectively, with the midpoint of the scale of each score being 4.0 (Sibley, Fischer, & Liu, 2005).

Table 6. Steve's Scores: Revised Experiences in Close Relationships (ECR-R) \*

	<b>Pre-Treatment</b>	<b>Post-Treatment</b>
Attachment Anxiety	4.22	1.89
Attachment Avoidance	4.56	2.28

\* Higher scores indicate more anxiety and avoidance on each of the scores, respectively, with the midpoint of the scale of each score being 4.0 (Sibley, Fischer, & Liu, 2005).

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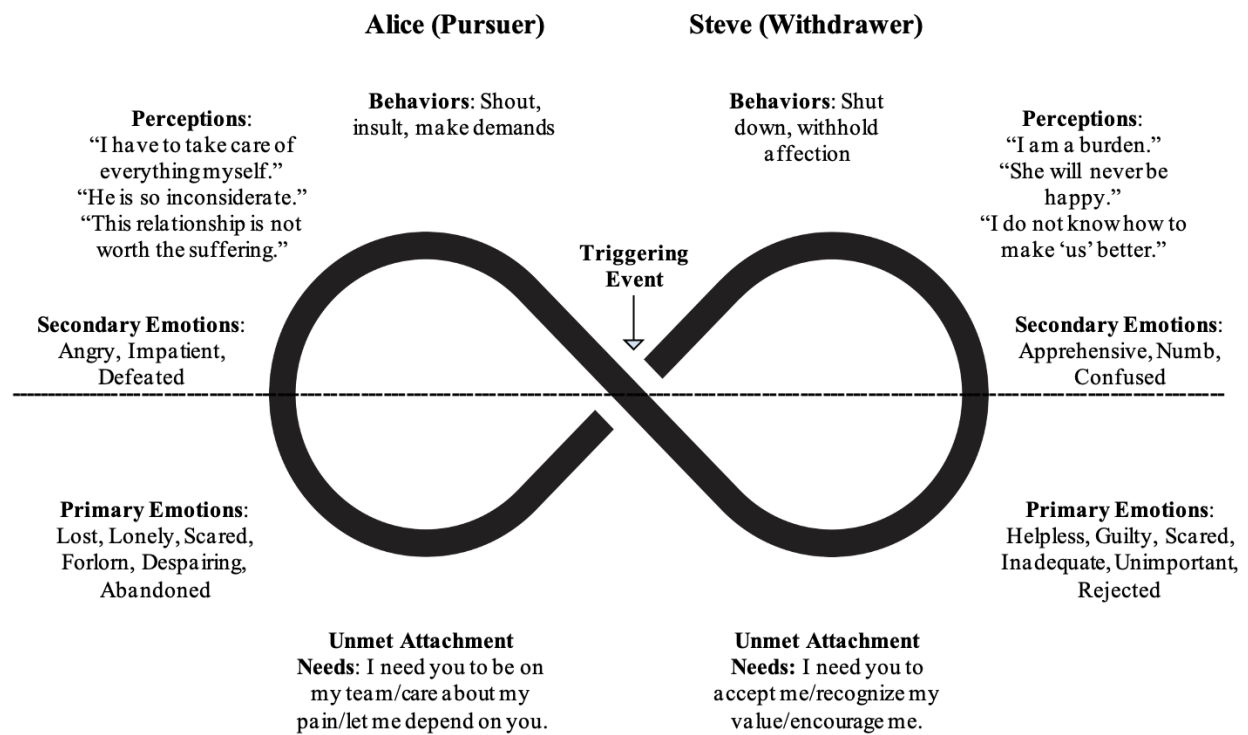


Figure 1. Alice and Steve's Negative Cycle

Note: Alice and Steve's negative cycle aligned closely with the "Protest Polka" (Johnson, 2008). Alice pursued and "protested" their disconnection, while Steve withdrew and "protested" the implied criticism.

Above the dashed line are what partners can see, including the secondary emotions, perceptions, and behaviors that drive the destructive relationship dance.

Below the dashed line are what partners typically cannot see during conflict, including primary emotions and unmet attachment needs.

For more explanation on this figure, see the text above.

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## APPENDIX 1. OUTLINE OF THE CASE STUDY OF "ALICE" AND "STEVE"

### 1. CASE CONTEXT AND METHOD

*The Pragmatic Case Study Method*

*The Rationale for Selecting this Particular Client for Study*

*The Clinical Setting in Which the Case Took Place*

*The Methodological Strategies Employed for Enhancing  
the Rigor of the Study*

*Sources of Data Available Concerning the Client*

*Confidentiality*

### 2. THE CLIENT

### 3. GUIDING CONCEPTION, WITH RESEARCH AND CLINICAL EXPERIENCE SUPPORT

*Introduction and Research Rationale*

*Developmental Tasks of the Aging—Acquisition of Wisdom and  
Renewed Meaning-Making*

*The Couple Navigating Caregiving, Illness and Aging*

*Attachment and Trauma in Late Life*

*The Aging Couple—Acceptance and "Letting Go"*

*Emotionally Focused Couple Therapy—The Conceptual Frame*

### 4. ASSESSMENT OF THE CLIENT'S PRESENTING PROBLEMS, GOALS, STRENGTHS, AND HISTORY

*Presenting Problems*

*Goals*

*Strengths*

*Steve's History*

*Alice's History*

*Quantitative Assessment*

### 5. CASE FORMULATION AND TREATMENT PLAN

*Formulation*

*Treatment Plan*

### 6. COURSE OF TREATMENT

*Stage 1: Stabilization (Sessions 1-4)*

*Stage 2: Restructuring Attachment (Sessions 5-18)*

*Stage 3: Consolidation (Sessions 19-20)*

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## 7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION

## 8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME

*Quantitative Results*

*Qualitative Results*

*Discussion of Broader Issues Raised by Alice and Steve's Case*