

***Commentary on: “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”***

**Emotionally Focused Couple Therapy with a Late-Life Couple:  
From Despair to Integrity**

**KAREN RIGGS SKEAN<sup>a,b</sup> & ELISABETH BROWN<sup>a</sup>**

<sup>a</sup> Graduate School of Applied and Professional Psychology, Rutgers-New Brunswick, NJ

<sup>b</sup> Correspondence regarding this article should be sent to: Karen Riggs Skean, Graduate School of Applied and Professional Psychology, Rutgers University, 152 Frelinghuysen Road, Piscataway, NJ 08854  
Email: [kskean@gsapp.rutgers.edu](mailto:kskean@gsapp.rutgers.edu)

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**ABSTRACT**

This commentary discusses the therapy of “Alice” and “Steve,” a late-life married couple using Emotionally Focused Couple Therapy (EFCT) with a special emphasis on navigating Erik Erikson’s final psychosocial stage, that of Integrity vs. Despair. The support and validation offered the couple by a university-based student clinician allowed the couple to rewrite the narrative of their relationship in ways that helped them connect and be present for each other in a time of illness and impending loss. Implications for the benefits of teletherapy for expanding access are discussed.

*Key Words:* Emotionally Focused Couple Therapy (EFCT); ageism; teletherapy; telepsychology; Erik Erikson’s Developmental Stages; narrative in therapy; case study; clinical case study

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Drew Mendelson’s (2023) case study, “The Commitment of a Lifetime,” is a moving and meaningful addition to the literature on work with late-life couples. He brings a life-cycle developmental point of view, with special reference to Erik Erikson’s (Erikson & Erikson, 1998) stage of “Integrity vs. Despair,” to conceptualizing this stage’s demands not just as an individual task, but a couple task as well. When we meet “Alice” and “Steve,” they are moving more into the “despair” side. To arrive at the final stage of life with integrity as a couple, they would need to experience a greater sense of fulfillment and satisfaction looking back on their shared life, with a feeling of accomplishment and a belief that the relationship has been meaningful and valuable, holding that their life together was not perfect but one of coherence and order. To be left on the despair side is to be stuck with feelings of anger, regret, bitterness, and disappointment, looking back on the relationship as one filled with unresolved issues, unachieved dreams, and regrets for roads not taken. The story of their shared life needed to change if they were to navigate this final stage more successfully.

## REDIRECTING THE COUPLE'S NARRATIVE

One of the significant achievements of Mendelson's work is that of entering the couple system at a pivotal point and helping them redirect the narrative of their marriage, shaping it toward one that moves towards greater acceptance. One might think that this would be too daunting a task to accomplish in the twenty sessions Mendelson had with the couple. In the book *Redirect*, Wilson (2011) talks about considerable evidence in the psychological literature showing how even subtle or small shifts in a narrative of one's life can lead to lasting and meaningful change. The stories we tell ourselves about our experiences and the world around us shape our actions, beliefs, and emotions. These narratives can get locked in place, becoming rigid and inflexible, and even when they cause distress, they can be hard to change or let go. It can be dysregulating to change the way that we view our world. Yet small changes can begin a shift that allows for more movement.

Spence (1982), in his book *Narrative Truth and Historical Truth* (1982), makes a distinction between historical truth, which is objective and factual, and narrative truth, the meaning and coherence we gain through the stories we tell ourselves and others. Therapy, in his view, is more about the latter. Spence states that even Freud, later in life, came to regard therapy not as uncovering truths, but as constructing a narrative that lets us move forward in our lives. We are not going to be able to accurately know the truth or falsity of each person's account of their shared life; it is the constructed life narrative that guides us. People can share the same experience, but their interpretations may differ widely, and it is this interpretation, rather than what "actually happened" that affects future emotions and behaviors. Our stories should provide us with a narrative that lets us gain closure on difficult parts of our life rather than leaving us stuck in rumination and regret (Wilson & Gilbert, 2008). This is supported by current emotion researchers like Barrett (2017), whose theory views emotions as being constructed in the moments in which we feel them, based on our experiences, culture, context, and what is happening in the current moment. Changing these constructions can shift our feelings about them.

Therapy provided Alice and Steve a space to reflect on their life together, with a partner in this work—therapist Mendelson—who was emotionally present and focused on facilitating a strengthening of their attachment bond. In this space the couple reviewed and reassessed their shared life narrative. This is the work of "reminiscing" that Mendelson describes. Each partner explored how their individual experiences, including past trauma, and joint experiences shaped the relationship. Importantly, the couple did this together, where each could hear the other tell their story. This allowed for ongoing and subtle revision of their stories and could move toward a more shared narrative.

Another key element was that of, in Wilson's (2011) words, redirecting unhelpful narratives, helping to reframe negative or regretful perspectives of their past. Alice, as therapy

began, was stuck in an angry resentful place, seeing her life as a trapped caregiver, a role which had continued in a marriage where she “did everything,” and received little in the way of emotional responsiveness in return. As work proceeded, these experiences became recontextualized and were seen as a part of a larger, more complex and ultimately more fulfilling couple story. As her resentment softened, she was better able to let in the emotional responsiveness that Steve was better able, with the support of the therapy, to give her.

In couple workshops that the authors of this Commentary have run based on the same Emotionally Focused Couple Therapy model (Johnson, 2008) employed here, one of the tasks that couples can choose to do is to write a new narrative for their relationship, one of overcoming of obstacles, a kind of “hero’s journey” of the couple. Unhappy couples tend not to share narratives, and “his story” compared to “her story” can look as though they were living on different planets. Mendelson’s therapy with Alice and Steve gave them the couple the chance to rewrite their story together. As Johnson (2008) writes about the creation of this “resilient relationship story,”

We use stories to make sense of our lives. And we use stories as models to guide us in the future. We shape stories, and then stories shape us. Once partners feel safe with each other, they can create a clear story of their relationship and figure out how to recover from disconnections and make their bond stronger. This not only sums up their past in a way that makes sense, it gives them a blueprint for the future (p. 217).

Therapy dealt with Alice and Steve’s areas of despair head on, reflecting honestly that there had been disappointments and regrets, but helping the couple to move toward acceptance and peacemaking. Couple therapy helped them craft a shared narrative that incorporated both the joys and sorrows of their journey together, the ways in which they had missed or disappointed each other, but also the ways they had been there for each other and had built a life together. This shared narrative moved more toward Erikson’s stage of wisdom and integrity rather than that of despair, better recognizing the complexities of life and relationship, replacing a stuck narrative of bitterness and disappointment. This allowed the couple to face the future together, a future in which they anticipated facing end-of-life considerations, with a greater sense of peace and unity, rather than fear or regret.

## **WORK WITH OLDER COUPLES**

Work with older couples has a lot to teach us about loving in the shadow of loss. Ageism can lead us to think that not much can change at this stage, but Alice and Steve’s case study shows us how our ability to lean into our emotions can continue to grow in older couples. Old wounds can be healed. The work of Kubler-Ross (1969) was motivated by observing how the dying can be abandoned, as can the elderly. The ability to discuss with one’s partner one’s own decline and dying, mourning, and adapting is the opposite of that kind of abandonment and isolation. Mendelson’s therapeutic work with Alice and Steve helped them to be true companions, even on this last journey.

The psychotherapy literature, as in so many areas of research, has little representation of this older demographic. Therapy may be less available to adequately address issues unique to this stage of life, such as chronic health issues, caregiving challenges, and bereavement. Far from being less relevant at this stage of the life cycle, therapy can be a powerful aid in finishing well. The treatment with Alice and Steve demonstrates the difference that access to therapy can make.

## **THE ADVANTAGES OF TELETHERAPY**

Due to Steve's Parkinson's Disease, Alice and Steve, who were stuck in Erikson's stage of "Integrity vs. Despair," were not able to enter a physical office for therapy. They were isolated, hopeless, and entrenched. Without a therapeutic intervention, they might well have proceeded to the end of their life together with bitterness, sadness, and disappointment. But the pandemic provided an unexpected benefit. With therapy moving online, the low-cost "NJ Couple's Clinic" located at Rutgers University-New Brunswick (see more below about the Clinic) was suddenly able to reach people who might have otherwise had access issues. People like Alice and Steve were suddenly able to access care online. This online option for therapy was life changing for them, and they were able to enter their last stage of life with a narrative of hope and healing.

In general, then, online therapy provides access to people who would otherwise be unable to attend therapy in person: people who are ill, infirm, or without transportation, child-care, or financial resources.

## **THE CLINIC IN WHICH THE THERAPY TOOK PLACE**

Alice and Steve's therapy took place as part of the "NJ Couples Clinic," (<http://njcouplesclinic.org/>), which is a training clinic at the Graduate School of Applied and Professional Psychology (GSAPP) of Rutgers University-New Brunswick. The two authors are Co-Directors at the NJ Couples Clinic, along with Shalonda Kelly, Ph.D., who is on the GSAPP faculty. Treatment at the Clinic is based on the ability to pay. The sliding scale is minimal: \$20-\$50 dollars per session, or even lower if the circumstance warrants. The Clinic is staffed by doctoral students from GSAPP who have either completed a course in Integrative Couple Therapy, a course in Cognitive Behavior Couple Therapy, and/or have attended our day-long training in Emotionally Focused Couple Therapy. The students participate in a weekly two-hour couples' supervision group.

The Clinic offers couples therapy for those couples who want or need to work on their relationships as well as "Couples Checkups" for those couples who want to examine their relational strengths and weaknesses and want to be proactive in their relationships. Sometimes these Checkups lead to therapy. In addition, prior to the pandemic, intensive psycho-educational,

weekend-long couples' workshops were offered, with the graduate students having the opportunity to assist in the work, garnering experience with a wide variety of couples.

The NJ Couples Clinic's mission is to offer a year-round Emotionally Focused Couple Therapy training program to graduate students, enabling them to offer cutting-edge couple therapy to the larger community, services that this community could not otherwise access.

The Clinic has grown each year since its inception in 2013. In academic year 2021-2022, 60 couples contacted the clinic for services, intakes were provided for 35 couples, and 25 couples were seen, either couple therapy or couples checkup. During this year, for 80% of the couples who accessed our services, at least one partner had a marginalized identity, with a racial, sexual and gender minority status; and in 65% of the couples, their combined income was at or under \$70,000 dollars.

In academic year 2022-2023, 80 couples contacted the Clinic, an increase from the previous year. Twenty-six couples were able to access services, either couple therapy or couples checkup; and 70% of the couples had combined income was under \$70,000. The demographics of the couples who accessed services were similar to the 2021-2022 year. The group

In our experience, students in training can be a valuable resource helping us expand access to treatment to less affluent and poor populations that are increasingly struggling to find services. The case study of Alice and Steve is an excellent example of the way in which well-supervised graduate students can provide life-changing interventions to such couples. Over the course of six months and twenty sessions, this EFT intervention made a lasting impact for Alice and Steve. The resulting dissertation that forms the basis of the presently published case study is as an example of how therapy can be made accessible and effectively assist underserved communities. Providing treatment in someone's home when resources are limited is a game changer and it makes work such as this possible.

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