

Response to Commentaries 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 Telehealth Case of “Alice” and “Steve”

**Reflecting on the Themes of Aging, Caregiving, Narrative, and
Multiculturalism in the EFCT Case of “Alice” and “Steve”**

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ABSTRACT

In this article, I respond to commentaries by Drs. Karen Skean and Elisabeth Brown (2024), and by Dr. Shalonda Kelly (2024) on my presentation of the case of “Alice” and “Steve” (Mendelson, 2024), a later-life couple I treated using Emotionally Focused Couple Therapy (EFCT). Skean and Brown (2024) meaningfully address the role of EFCT in redefining a relationship narrative within the contexts of caregiving, illness, and loss, drawing from Erik Erikson’s final psychosocial stage of integrity vs. despair and highlighting the benefits of teletherapy for broader access. Kelly (2024) thoughtfully acknowledges both the possibilities and limitations of integrating EFCT and multiculturalism in treating diverse couples, noting areas where the therapist can bridge differences in partners’ worldviews; power; experiences and contexts; and felt sense of distance. In the following response, I reflect on their emotionally and intellectually compelling commentaries and offer feedback to foster discussion on the adaptation of EFCT to work within our clients’ unique generational and cultural frameworks.

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

INTRODUCTION

A strong marital bond is vital for navigating the challenges of late life. Often, these challenges are too overwhelming for couples to face alone, and their therapists are bereft of a roadmap for intervention. The case of “Alice” and “Steve” sought to illustrate the efficacy of Emotionally Focused Couple Therapy (EFCT), an attachment-based and experiential model of psychotherapy, for addressing issues unique to later-life couples, such as illness, grief, caregiving

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Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 20, Module 1, Article 4, pp.106-116. 01-23-24 [copyright by author]

stress, and unresolved relational trauma (Johnson, 2019). I had the distinct pleasure of witnessing the transformative power of EFCT for Alice and Steve, who initially entered couples therapy with skepticism and even hopelessness about the possibility of relationship repair. Over the course of 20 sessions, they developed emotionally integrated perspectives on their relationship journey; made bids for affection, understanding, and protection in the face of loss; and fortified their friendship foundation and martial legacy.

I am grateful to have the opportunity to dialogue with three inspirational and influential mentors. Not only have Drs. Shalonda Kelly, Elisabeth Brown, and Karen Skean contributed immensely to the clinical supervision of this case and its subsequent write-up and publication, but they also introduced me to couples work and the beautiful art of Emotionally Focused Couples Therapy (EFCT). They have cultivated confidence in my skills and propelled me to unexpected depths of emotional vulnerability and authenticity in my clinical work. Dr. Skean has been a rich source of mentorship and learning, and her direct supervision for this case and others has allowed me to discover my humanity as a therapist. Johnson (2019) uses the acronym ARE (Accessibility, Responsiveness, and Engagement) to capture how couples can nurture emotional responsiveness. In a related sense, I could always count on Drs. Skean, Brown, and Kelly to be there for me, to tune into my emotions, and to show that they value me. In doing so, they modeled the emotional responsiveness I needed to work effectively with Alice and Steve. In my response to their Commentaries, I address significant clinical and theoretical points raised by them regarding the application of Emotionally Focused Couple Therapy (EFCT) in treating later-life couples. I offer additional insights to further the discussion on supporting this vulnerable population best.

SKEAN AND BROWN'S COMMENTARY ON THE CASE OF ALICE AND STEVE

Drs. Skean and Brown comprise two of the three clinical psychologists who oversaw my training in the NJ Couples Clinic (<http://njcouplesclinic.org/>) and the development of this case study. Skean was my direct clinical supervisor in treating Alice and Steve and my dissertation committee chair for this case study. Brown was an invaluable clinical consultant in the group supervision setting and an integral committee member. Skean and Brown have advanced training in treating couples using EFCT. In their commentary, Skean and Brown (2024) elaborate on the adaptation of EFCT for later-life couples navigating Erik Erikson's final psychosocial stage of integrity vs. despair. In this response to their commentary, I focus on central themes they discussed, including the reworking of the couple relationship narrative and considerations when working with older couples.

Reworking the Couple Relationship

Skean and Brown reflect on our roles as therapists in helping to assemble the subjective realities of our clients. Rather than seek to mine a singular historical truth, we aim to fertilize a *narrative* truth that empowers clients to tell their stories in ways that help them move their lives forward (Spence, 1982). The facts of an individual's story matter less than how they represent these facts as interpretations about themselves, others, and the world around them. Ideally, we help our clients shift their interpretations to experience more adaptive emotions that align with a more positive, coherent, future-oriented, uniquely core sense of self (Wilson & Gilbert, 2008). Couples therapy is not different from individual therapy in this respect. Research has revealed that couples with traumatic backgrounds who showed substantial improvement in Emotionally Focused Couple Therapy (EFCT) experienced fewer "unstoried emotions," which refers to feelings that are detached from their narrative context (Carpenter et al., 2016). In EFCT, the therapist encourages each partner to co-construct their relationship story, facilitating the blending of story and emotion.

As Skean and Brown aptly point out, Alice began couples therapy stuck in rumination and regret. She clung tenaciously to the role of a trapped caregiver alone in an uncaring and frightening world. Her interpretation of her relationship journey was infused both with historical truths (Alice assumed the lion's share of work in caregiving for Steve) and "coloring" from her past in which she was trapped in an uncaring and frightening household with a domineering father. Individuals like Alice with attachment-related anxiety typically focus on bitter memories due to their hypervigilance around negative emotional experiences, leading them to revisit instances of feeling hurt, deceived, or disrespected (Webster, 1998). Alice, who both craved and feared intimacy, used reminiscence to brood on sorrows and missed opportunities to protect herself from the possibility of rejection. Over time, her relationship story with Steve was infused with complexity, and Alice could risk viewing Steve as a source of nourishment and support in moments of existential terror and darkness. 3

I appreciate Skean and Brown weaving in Johnson's concept of the "resilient relationship story," which refers to how partners tell the story of how they have gotten stuck, what they have learned from these experiences, and how they have reconnected and forgave each other. It is a template for how partners can navigate and even grow stronger from moments of painful disconnection (Johnson, 2008). I specifically appreciate the emphasis on safety as the foundation for the resilient relationship story. When partners feel safe, they can relax their defenses enough to influence and be influenced by one another, allowing unexpected stories to take shape and emerge. Steve shared his surprise that the more he and Alice interacted, the more he realized what they had in common. Throughout therapy, he felt and expressed greater empathy and

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resonance toward Alice's hurt, realizing her pain of disconnection was a problem for them to share rather than hers to overcome by herself.

Creating a resilient relationship story is an endeavor that becomes especially pertinent in late life. Skean and Brown underscore the psychosocial crisis of wisdom vs. despair that occurs at the end of life. While many scholars have attempted to define wisdom and its acquisition, I was particularly moved by Alice's endeavor in doing so:

Alice: ...if you look at a picture so close... 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... 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 (Mendelson, 2024, p. 47-48).

According to Alice, wisdom does not connote the denial of suffering, impatience, or frustration. Instead, wisdom requires acknowledging that these experiences can often be disorienting and paralyzing when the couple loses awareness of the bigger picture, including their shared dreams and values. As Skean and Brown adeptly identified, Alice and Steve could honestly acknowledge the disappointments, misses, and regrets that characterized their relationship history. At the same time, they could step back from the bitter aspects of their experience to reflect on the whole of their journey together, recognizing ways in which they showed up positively for each other and built a life and a legacy together. Reworking their relationship narrative gave them the wisdom to face the end of life together with strength, compassion, and solidarity.

Issues with Older Couples

The end of life can potentially breed feelings of anxiety, confusion, and even contempt in therapists, as it often touches upon our fears of mortality and impotence. Skean and Brown poetically underscore the transformative nature of work with later-life couples, writing, "Work with older couples has a lot to teach us about loving in the shadow of loss" (Skean and Brown, 2024, p. 83).

Loss is often viewed as a stagnant phenomenon, suggesting the futility of efforts to do meaningful therapeutic work as death seeps into the foreground. On the contrary, Alice and Steve demonstrate that healing is possible in the shadow of loss and is often catalyzed by such loss. Loss allows couples to surrender their self-protective anger that has enabled their survival and lean into more tender and vulnerable feelings (Anderson, 1994). As Skean and Brown point out, this work could not have been possible without the advantage of teletherapy. In the case of Alice and Steve, teletherapy offered a lifeline when they needed it the most as the couple struggled with illness and physical immobility. I am grateful for the opportunity the NJ Couples

Clinic provided in allowing me to treat Alice and Steve via telehealth, and I appreciate their ongoing commitment to improving access to care for our most vulnerable populations.

KELLY'S COMMENTARY ON THE CASE OF ALICE AND STEVE

Dr. Kelly is the third clinical psychologist who oversaw my training in the NJ Couples Clinic and the development of this case study. Kelly was my first direct clinical supervisor in treating couples and patiently laid the groundwork for my growing expertise and passion for couples therapy. She has advanced training in treating couples using Emotionally Focused Couple Therapy (EFCT) and integrates several perspectives and orientations, including multiculturalism, in her clinical work.

In her commentary, Kelly (2024) creates a framework for integrating EFCT and multiculturalism for couples such as Alice and Steve, who navigated identity challenges related to age, ability, race, ethnicity, and gender. In my response, I expand on core themes indicated in her commentary, including the bridging of differences with cultural competence and strengths and limitations of EFCT for addressing diversity issues.

Kelly astutely warns us that our ageist stereotypes as therapists, if left unchecked, can thwart our faith in positive transformation for later-life couples. She describes that the "angry older couple" presentation, characterized by an extensive history of emotional injuries, may funnel into therapists' belief that misery and incessant bickering and complaining are inextricable facets of later-life relationships. Therapists must consistently challenge their inclinations to be resigned to this harmful cultural trope while continuing to explore new avenues for later-life couples' growth and intimacy. Alice and Steve showed that despite the bitterness later-life partners might bring into a romantic relationship, late life offers a unique opportunity to mourn painful experiences and regrets in their shared history and embrace their longings for each other in the face of mortality.

Bridging Differences with Clients

Kelly created a model of bridging differences to aid clinicians in directing their application of cultural competence. Specifically, she identified "(a) worldviews, (b) power, (c) experiences and contexts, and (d) the felt sense of distance in the room" as the four areas therapists need to bridge between themselves and both partners in the couple (Kelly, 2024, p. 94). I will discuss special considerations in each of these areas in the treatment of Alice and Steve.

Worldviews

Alice's worldviews were deeply imbued by her identity as a Chinese-born female immigrant. Alice faced a tremendous loss of agency and control as she reconciled with the

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impending loss of Steve to Parkinson's disease and her role as his caregiver, reviving instances of powerlessness in her relationship history with Steve where she submitted to his needs. Kelly identifies the moment Alice swiftly corrects my assumption of her worldviews. At the onset of treatment, I was quick to preemptively offer her hope that she could reclaim her power by writing a different relationship story. Such conflict provides an invaluable opportunity to gain insight into our clients' inner worlds. In this interaction, I came to understand that Alice, an immigrant, learned to abandon hope to prioritize her survival. Hope was a foreign concept to Alice, who needed to rely on her pragmatism and shrewdness to navigate a scary and unfamiliar terrain in the United States. Her Chinese upbringing also informed her deterministic worldview, which emphasized acceptance of one's predestination and the notion that events unfold according to an unalterable cosmic plan. The Chinese idea of fate would eventually empower Alice to accept her life circumstances and fulfill her destiny as a caretaker with courage, grace, and dignity. By aligning with her worldview, I could begin building bridges between Alice and myself.

Power

Moreover, by tailoring the therapy to incorporate her unique worldviews, I sought to mitigate the impact of power differentials in the room. Instead of interpreting away or challenging her resistance to hope, I aimed to actively listen to and affirm the pain of discrimination and oppression that Alice endured and recognize the utility of her "resistance" as a needed and invaluable defense. This served as important modeling for Steve, who benefitted from understanding how to effectively validate and contain Alice's expressions of grief and hopelessness.

Another EFCT intervention for reducing power asymmetry is finding the common enemy, in which couples are encouraged to confront problems collectively and view them as "our" rather than "your" problems (Johnson, 2019). I needed to frame the differences in their cultural messaging as a relationship problem rather than blame either of their respective cultures. Only then could Alice and Steve redirect their relationship story from their cultural disparities to the fundamental attachment needs they had in common. By acknowledging and validating their cultural differences, Alice and Steve could identify how they reflexively disconnected from each other when upset, anxious, or scared (Maynigo, 2015).

Experiences and Contexts

After discussing worldviews and power, Kelly unpacks Alice and Steve's unique experiences and context. Alice grew up in a patriarchal household, with her father being the "king of the castle." She had a turbulent childhood, experiencing physical and emotional maltreatment at the hands of her father. Her mother, obedient to her submissive role in the

household, failed to protect Alice from his abuse. As Kelly points out, while traditional Chinese values may emphasize collective harmony and filial piety as well as patriarchal elements (just as in American culture), Alice's father's abusive behavior was not representative of the cultural norm.

Alice found refuge in her cultural roots and even wished for her daughter to forge a bond with their Chinese heritage. While her decisions to pursue higher education in the United States and marry Steve represented her escape from the abuse she endured at home, Alice still longed to infuse her Chinese culture in a lasting way into the fabric of her marital and family legacies.

Some immigrant women like Alice, who have encountered sexism-related trauma in their culture of origin, have difficulties integrating their ethnic identity. These women face more intricate challenges in assimilating and integrating their identity than immigrant women from nontraumatic, typical environments of their culture due to the association of their ethnic identity with trauma. They may seek solace in American culture while disavowing ties to their ethnicity and dissociating their culture from awareness.

The challenge of the therapist, therefore, is to distinguish the patient's traumatic experiences from the culturally normative, nontraumatic aspects of their upbringings in fostering a robust and sustainable ethnic identity (Yi, 2014). To accomplish this feat, Kelly introduces the term "dynamic sizing," which refers to the skill of discerning when to apply generalized cultural knowledge to clients and when to recognize their unique, individual characteristics. Such skill requires a healthy skepticism in gathering the evidence rather than making sweeping conclusions about our clients. This skill was pertinent in teasing apart Alice's distinct identities as a trauma survivor and a Chinese-born woman, allowing her to navigate the complexities of her experiences and foster a more nuanced and dynamic understanding of the different "parts" of her distinctive self.

The Felt Sense of Difference in the Room

Finally, Kelly delves into the concept of felt distance, which refers to the feeling of someone being the "other" and disconnected (Kelly et al., 2014). Addressing felt distance was especially crucial when considering the historical backdrop of our therapy amid the COVID-19 global pandemic, marked by a disproportionate prevalence of racism against Chinese Americans. As part of bridging felt distance, it was essential to offer acknowledgment and compassion to the enraged parts of Alice that were historically deprived of a voice. Due to the separate influences of her father's abuse and the Chinese values of familial harmony and piety, expressions of anger were discouraged in her family of origin. Therefore, it was a noble undertaking for Alice to reveal her dissatisfaction to Steve. I sought to honor this way of being, recognizing that her

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indignance allowed her to survive a traumatic upbringing, plant roots in a foreign world and culture, and raise a multigenerational family.

Alice, who grew up with limited scaffolding of her full range of emotions, harbored a deep longing to have not only her rage but also her underlying attachment fears understood and validated. I needed to validate her softer, more tender emotions and explore how softness was felt and communicated based on her early cultural messaging. EFCT's emphasis on experiential emotional processing can be corrective for individuals who did not grow up with such scaffolding (Maynigo, 2015) and serve as a powerful bridge for felt distance between the therapist and the couple. Moreover, this emphasis can also help build bridges between partners. Though Steve could not offer much instrumental support, Alice felt moved by Steve's willingness to show patience and understanding in the face of her emotional storms. In providing a "safe harbor" for Alice, he built bridges that closed their felt distance based on his power in the relationship as a white, American-born man. Alice eloquently captures this experience when describing what keeps her in a relationship with Steve:

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... 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 (Mendelson, 2024, p. 55).

Additional Ways in the Treatment to Have Used Cultural Competence Skills

Kelly next proceeds to discuss additional ways I could have used cultural competence skills to meaningfully address diversity in treatment. The first intervention she suggests is to connect couples with positive community role models. These role models should be other couples who share similar identities to the couple and are effectively coping with comparable challenges. This intervention customizes solutions to address couples' challenges within their specific cultural frameworks and bridges differences in power between the therapist and couple by showcasing the belief in the value and utility of solutions rooted in their cultural backgrounds. In psychotherapy groups I have facilitated, I have witnessed the power of being validated by someone with a shared lived experience in attenuating the shame of being alone and fostering healing and connection to others. I imagine this would have been a potent intervention for Alice and Steve, who faced social isolation due to their health and mobility challenges, and for Alice, who was estranged from her cultural and geographic roots.

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Kelly elaborates on the utility of labeling problems between a couple as cultural clashes. In this scenario, Kelly positions the therapist as a “cultural broker” (2024, p. 98) in assisting the couple with determining which aspects of their respective cultures they wish to incorporate into their relationship or discard. Labeling cultural differences externalizes the problem to prevent cultural clashes from creating rifts between partners in therapy. Studies in narrative therapy suggest that when problems from the past are externalized, social and cultural expectations are critically examined, and dominant narratives are challenged, later-life individuals can undergo transformative shifts in their self-perceptions. Such shifts mobilize later-life individuals to move from feelings of rue and despair to a state of acceptance and integrity (Goodcase & Love, 2017). My efforts to broker their cultural values could have benefitted Alice and Steve, especially in navigating the cultural clashes that fueled their negative cycle.

Finally, Kelly emphasizes the importance of addressing the patriarchal dynamics within the couple to foster greater equity. The therapist can encourage couples to identify patterns of interaction indicating gendered power imbalances. These can be in terms of (a) relative status (i.e., whose interests determine what can be expressed and the allocation of low-status tasks at home); (b) attention (i.e., whose needs and emotions receive acknowledgment); (c) accommodation (i.e., which partner revolves their life around the other); and (d) well-being (i.e., whose well-being is prioritized over the other) (Knudson-Martin, 2017). As Kelly points out, the asymmetrical gender dynamics in Alice and Steve’s relationship are not solely attributable to their caregiving situation. Rather, their caregiving situation merely exacerbated preexisting gender imbalances. Wives who care for husbands with disabilities or chronic illnesses often experience profound loneliness, exacerbated by the challenges they face in balancing their own dependency needs with their caregiving responsibilities (Schrack et al., 2016). For Alice and Steve, confronting the patriarchal elements of their relationship more directly could have provided clarity to this conflict.

Kelly concludes by offering several strengths and limitations of Emotionally Focused Couple Therapy as a treatment for diverse couples. She highlights a number of EFCT’s benefits for addressing diversity, including EFCT’s loving-kindness approach; emphasis on emotional validation and perspective-taking; engagement with the full spectrum of soft, vulnerable emotions; identification of cultural variation in attachment; and acceptance of cultural differences as benefits of the model for addressing diversity. She notes that EFCT’s approach to diversity is limited by its development by and for WEIRD (Western, Educated, Industrial, Rich, Democratic) populations; its potential to be used as a “color-blind” treatment; and a lack of a specific framework for training therapists in addressing diversity. We must have clinicians like Kelly, whose commitment to and skill in providing culturally sensitive EFCT treatment is deeply rooted; and I am grateful for Kelly’s presence in our community.

CONCLUSION

Skean and Brown (2024) and Kelly (2024) provide thoughtful, wise, clinically astute, and emotionally sincere commentaries on my case study of Alice and Steve (Mendelson, 2024) concerning the use of Emotionally Focused Couple Therapy (EFCT) with later-life couples. Each commentary recognizes the importance of successfully adapting the EFCT framework for treating Alice and Steve's unique needs. Skean and Brown present vital ideas about reconstructing the relationship narrative to move a couple from despair to integrity. Kelly shares critical reflections on bridging differences with diverse couples to foster collaboration and sow the seeds for relational growth.

As supervisors, Drs. Skean, Brown, and Kelly have imbued my clinical work with greater warmth and clarity. I have been privileged to collaborate with three significant mentors of mine and to know that our dialogue will continue as I move forward in my career as a psychologist. As clients, I appreciate Alice and Steve immensely for allowing me to write this case study about them and for teaching me to be a better therapist and human.

I hope that my case study of Alice and Steve and my response to the Skean and Brown (2024) and Kelly (2024) commentaries will inspire other psychotherapists and researchers to consider adapting traditional attachment-based treatments such as Emotionally Focused Couples Therapy to acknowledge and address the many complexities and multitudes our clients contain.

REFERENCES

- Anderson, D. A. (1994). Transcendence and relinquishment in couple therapy. *Journal of Systemic Therapies*, 13(3), 36.
- Carpenter, N., Angus, L., Paivio, S., & Bryntwick, E. (2016). Narrative and emotion integration processes in emotion-focused therapy for complex trauma: An exploratory process-outcome analysis. *Person-Centered & Experiential Psychotherapies*, 15(2), 67-94.
- Goodcase, E. T., & Love, H. A. (2017). From despair to integrity: Using narrative therapy for older individuals in Erikson's last stage of identity development. *Clinical Social Work Journal*, 45, 354-363.
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Publications.
- Johnson, S. (2008). *Hold me tight: Seven conversations for a lifetime of love*. Little, Brown Spark.
- Kelly, S., Bhagwat, R., Maynigo, T., & Moses, E. (2014). Couple and marital therapy: The complement and expansion provided by multicultural approaches. In F.T.L. Leong

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Pragmatic Case Studies in Psychotherapy, <http://pcsp.nationalregister.org/>
Volume 20, Module 1, Article 4, pp.106-116. 01-23-24 [copyright by author]

- (Ed.), *APA handbook of multicultural psychology, Vol. 2. Applications and training*, pp. 479–497. American Psychological Association.
- Kelly, S. (2024). The successful integration of Emotionally Focused Couple Therapy (EFCT) and multicultural theory: Drew Mendelson's psychotherapy with "Alice and Steve." *Pragmatic Case Studies in Psychotherapy*, 10(1), Article 3, 87-105. Available: <https://pcsp.nationalregister.org/>
- Knudson-Martin, C. (2013). Why power matters: Creating a foundation of mutual support in couple relationships. *Family Process*, 52(1), 5-18.
- Maynigo, P. M. (2015). *Cultural differences in attachment and emotion: Emotionally focused therapy with intercultural couples*. Unpublished doctoral dissertation, Graduate School of Applied and Professional Psychology, Rutgers University-New Brunswick, NJ.
- Mendelson, D. (2024). "The Commitment of a Lifetime": The Role of Emotionally Focused Therapy in Strengthening Attachment Bonds and Improving Relationship Health in Later-Life Couples—The Teletherapy Case of "Alice" and "Steve." *Pragmatic Case Studies in Psychotherapy*, 10(1), Article 1, 1-80. Available: <https://pcsp.nationalregister.org/>
- Skean, K. R., & Brown, E. (2024). Emotionally Focused Couple Therapy with a late-life couple: From despair to integrity. *Pragmatic Case Studies in Psychotherapy*, 10(1), Article 2, 81-86. Available: <https://pcsp.nationalregister.org/>
- Schrank, B., Ebert-Vogel, A., Amering, M., Masel, E. K., Neubauer, M., Watzke, H., ... & Schur, S. (2016). Gender differences in caregiver burden and its determinants in family members of terminally ill cancer patients. *Psycho-oncology*, 25(7), 808-814.
- Spence, D. P. (1984). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. WW Norton & Company.
- Webster, J. D. (1998). Attachment styles, reminiscence functions and happiness in young and elderly adults. *Journal of Aging studies*, 12(3), 315-330.
- Wilson, T.D., & Gilbert, D.T. (2008). Explaining away: A model of affective adaptation. *Perspectives on Psychological Science*, 3, 370-386.
- Yi, K. (2014). From no name woman to birth of integrated identity: Trauma-based cultural dissociation in immigrant women and creative integration. *Psychoanalytic Dialogues*, 24(1), 37-45.