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PULLING ON THE HEART STRINGS: AN EMOTIONALLY FOCUSED APPROACH TO FAMILY LIFE CYCLE TRANSITIONS

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Transitions through the family life cycle can be stressful because they challenge attachment bonds between family members. Open communication and the processing of primary attachment emotions are crucial when family systems change. When family members are insecurely attached, such open communication is difficult, and people tend to get stuck in absorbing states of secondary defensive affect. Emotionally focused therapy (EFT) can be particularly helpful by encouraging family members to express primary emotions. This expression then fosters renegotiation of bonds and the clarification of attachment needs and concerns. Case examples illustrate how EFT can be applied to each family life cycle stage.

As a family progresses through its life cycle, difficulties can occur during transitions from one phase to another. Stressful transitions pull on family members' "heart strings" and require significant changes among family members' closest emotional relationships. These heart strings feel pulled because life cycle transitions naturally tap into primary emotions and challenge attachment bonds among family members. Emotionally focused therapy (EFT) can be effective in the treatment of difficult life cycle transitions because of the focus on emotions, interactions, and attachment. This article presents an overview of EFT and its application family life cycle issues.

EMOTIONALLY FOCUSED THERAPY

Emotionally focused therapy is a combination of experiential and systemic therapies (Greenberg & Johnson, 1988; Johnson, 1996; Johnson & Greenberg, 1995). There is a dual focus in therapy on the emotional experience of each partner and how interactions are patterned and organized. The goal of therapy is to restructure a couple's interactional pattern by accessing and validating the emotions underlying the positions taken by each partner. This process reorganizes the couple's attachment bond.

A major premise of EFT is that emotions are essential factors in the creation of meaning, coloring views and cognitions about the self and others or events. Emotions also act as filters in communication and interaction and orient the self toward others in the environment. They are motivational and biologically adaptive. Further, emotions can also be organized into different classes: Primary and secondary. Primary emotions are defined as the small number of basic, core, universal emotions that researchers have identified, such as joy, anger, fear, sadness, grief, surprise, hurt, and shame (Izard, 1977; Plutchik, 1980). Such emotions are sometimes outside of one's awareness and are often unacknowledged and not validated. As a result, they often underlie rigid, patterned interactions. Accessing and validating these emotions are central to EFT. Secondary emotions are more defensive in nature and are reactions to—and help people cope with—their primary emotions. They are more readily available on a conscious level and they often mask primary emotions.

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emotions. For example, couples may present for therapy in a position of defensive anger (secondary emotion) that masks underlying feelings, such as grief or fear (primary emotions) that their partner may leave them (Greenberg & Palvio, 1997).

Clients often present for therapy with secondary emotions at the forefront and are stuck interacting at this emotional level (Greenberg & Johnson, 1988). With its systemic and emotional lens, EFT emphasizes the reciprocity between emotional experience and patterned interactions; that is, not only do emotional experiences influence behavior, patterns of interaction reinforce and maintain emotions as well.

Attachment theory (Bowlby, 1988) provides the theoretical basis for this model of therapy. Emotionally focused therapists assess the security of the attachment between partners and emphasize this information in the understanding of interactional patterns. The result of a secure attachment is a safe haven to deal with stress and feelings of danger and a secure base to foster exploration and learning (Bowlby, 1988). Over time, attachment is a key element of the regulation of closeness and distance, and the result of a secure bond in adulthood is interdependence: Balance in the complex process of intimacy and autonomy (Johnson & Greenberg, 1992). The human need for a safe attachment is so basic and highly important that a threatened bond “primes automatic fight, flight or freeze responses” (Johnson, Hunsley, Greenberg, & Schindler, 1999, p 69). When an attachment figure is emotionally inaccessible or when the bond is threatened, attachment behaviors that are oriented toward maintaining the relationship, such as coercion and clinging, may emerge in response. When inaccessibility is ongoing and the relationship is chronically insecure, interactional responses often become constrained and rigid. The emotional bond itself must be restructured for change to occur (Johnson, 1996; Johnson & Greenberg, 1994).

Although attachment and emotional experience play a large role in organizing relationships, there are clearly other dimensions that also organize relationships, such as gender and power (e.g., Goldner, 1985, 1989; Goodrich, Rampage, Ellman, & Halstead, 1988; Hare-Mustin, 1978). The focus on emotion and attachment in EFT is not to the exclusion of such other dimensions, and EFT may provide an effective way to address such issues. Goldner (1999, p. 326) argues that “a singular focus on power and inequality misses crucial elements of the relational bond.” Because of its theoretical roots in attachment theory, EFT provides one way to fill this gap. Strengthening the bond may provide the couple with a safe haven for directly exploring questions of gender and power. Indeed, many EFT assumptions and interventions fit well within a feminist model of therapy. For example, the focus on emotional experience may be particularly validating for women who typically take the tasks of facilitating intimacy in relationships. In addition, EFT views emotional needs and connections as healthy and essential for both women and men, and EFT therapists are careful to make sure that neither partner’s emotional experience is privileged over the other’s. Men are often stuck in denying their attachment needs and are disconnected from their feelings, robbing both themselves and their partners of a deeper connection. Emotionally focused therapy helps such men acknowledge these needs and access their emotions. In fact, Johnson and Talisman (1997) determined that EFT may be particularly powerful with couples in which the wives described their male partners as inexpressive. Gender and attachment are both basic organizing dimensions of relationships, and EFT as practiced would recognize and discuss gender, particularly when explicating the couples’ cycle and their responses to it. Thus, for example, it validates a woman’s frustration with the denial of her attachment needs by her partner and her male partner’s sense of incompetence at meeting these needs—positions that are often caused by traditional sex role modeling. Emotionally focused therapy raises and addresses issues of gender and power, while exploring and identifying the couple’s relational pattern.

Emotionally focused therapy has been outlined as a three-stage process with nine specific steps. The goal of the first stage is deescalation of the negative cycle. This involves assessment, accessing unacknowledged emotions, and reframing the problem in terms of the couple’s cycle, emphasizing attachment needs and underlying emotions. The second stage of therapy is to change interactional patterns through the identification and acceptance of one’s own and one’s partner’s disowned aspects of self. The third stage is the consolidation and integration of these new cycles in which partners are accessible and responsive. Throughout this process, it is essential for therapists to create safety and to validate both partners’ experiences to access primary emotions. Establishing such safety is an essential step in the practice.
of EFT, such that EFT is contraindicated when safety cannot be fostered, as in situations of violence. It is not recommended in such situations because expressions of vulnerability and sharing primary emotions may increase the likelihood of violence.

Emotionally focused therapy is well supported by empirical outcome studies (Johnson et al., 1999). In reviews of marital therapy research, EFT has been deemed to be one of the two most empirically tested forms of treatment for marital distress (Alexander, Holtzworth-Munroe, & Jameson, 1994; Johnson & Lebow, 2000). The change process within EFT has also been studied (Greenberg, Ford, Alden, & Johnson, 1993; Johnson & Greenberg 1988), providing some support for the assumption in EFT that the expression of underlying affect is part of the process of change toward patterns of responsiveness and accessibility.

Although EFT was developed for use with couples, it is beginning to be expanded to work with families (e.g. Johnson, Maddeaux, & Blouin, 1998). According to Johnson (1996, p. 184), emotionally focused family therapy is similar to EFT with couples, except that with families, the goal is "to modify family relationships in the direction of increased accessibility and responsiveness, thus helping the family create a secure base for children to grow in and leave from." As children grow and leave the family, attachment needs change. Indeed, the very nature of life cycle transitions involves the redefinition of the family, necessitating revisions of the attachment bonds between family members.

THE FAMILY LIFE CYCLE

Carter and McGoldrick (1999) spearheaded the incorporation of a family life cycle perspective in the marriage and family therapy literature. The family life cycle framework conceptualizes three or four generations moving as a system through time and the individual’s life cycle as embedded within the broader context of the family life cycle. Whereas family processes are circular, time is linear, and each generation must adjust to life cycle stages simultaneously. There is a continuous reworking of roles, membership, emotional distance, and boundaries (Mederer & Hill, 1983; McGoldrick, Heiman, & Carter, 1993). Carter and McGoldrick (1999) also conceptualize the family system as having both “vertical stressors” (family myths and patterns passed through generations) and “horizontal stressors,” which are caused by the transitions of the family as it progresses through the life cycle. The intersection of vertical and horizontal stressors can provoke anxiety, such as the intersection of transgenerational messages about adolescent sexuality with the family’s current transition into that stage.

The family life cycle typically incorporates the following stages: The launching of the single young adult, the newly married couple, the family with young children, the family with adolescents, the family at midlife or the launching of grown children, and the family in later life (Carter & McGoldrick, 1999). The entrances and exits of family members mark the transitions from one phase to the next. Menaghan (1983) found that the transitions rated as most troubling for marital relationships were those that changed the constellation of the family: Births and exits. According to Carter and McGoldrick (1989, p. 13), the central process of families moving through the life cycle involves the “expansion, contraction, and realignment” of the family system to support the development of family members, including entrances and exits.

The very nature of these transitions entails the renegotiation of attachment bonds among family members. Without the secure base of a safe attachment, transitions may be experienced as particularly stressful. Because of the new roles and demands typically posed by life cycle changes, transitions are also situations that affect one’s sense of competence, thereby increasing the need to know that others are securely there for you (S. Johnson, personal communication, October 8, 1997). Attachment behaviors are likely to be heightened, and transition stress will be magnified for those who lack a safe attachment to their family members. If these attachment behaviors are responded to by others in a loving and caring manner, such behaviors as asking for support from loved ones may ease the stress of the transition. When attachment needs cannot be expressed in a manner that evokes a caring response, or when the attachment figure cannot respond, the resultant distress or lack of connection tends to create more stress.
APPLICATION OF EFT TO THE FAMILY LIFE CYCLE

Below I discuss each stage of the family life cycle and present a brief case example of how a therapist practicing EFT might intervene at each stage. Of course, the family life cycle varies greatly according to factors, such as divorce and remarriage, same-sex couples, socioeconomic status, and ethnic differences (Carter & McGoldrick, 1999). Although it is beyond the scope of this article to include these diverse issues and their ramifications on the life cycle, this does not imply that variations from the life cycle as it is discussed here are in any way dysfunctional. (In the following case examples, the therapist was a white, heterosexual, married, and a middle-class female, which also influenced the therapeutic context.) In addition, there are many emotional differences among couples and families who are going through life cycle phases. It is not my intent to make assumptions about the emotions people should or should not feel at a certain phase; rather, the intention is to examine family life cycle transitions from the perspective of attachment and primary emotions and to discuss the application of EFT.

Launching of the Single Young Adult

During this stage, young adults experiment not only with separating from their families of origin but with work or college, financial independence, and with forming intimate adult relationships (Blacker, 1999; Fulmer, 1999). The attachment with parents and the subsequent realignment of the bond during launching could affect the individual’s ability to become more autonomous and to form healthy new relationships. An important task in this stage is to separate from one’s family of origin without reactively cutting off from them (Carter & McGoldrick, 1999). This requires a shift in the bond between each parent and child. When the attachment bond does not shift, the young adult may cut off from parents or, at the other extreme, may cling to them in continued dependence. Aylmer (1989, p. 203) maintains that “direct renegotiations of preexisting emotional ties are essential to the critical stage task of initiating a lifelong balance of autonomy and attachment.”

Emotionally focused therapy at this stage addresses this balance of autonomy and attachment. Especially for those with insecure attachments, the launching phase may heighten attachment behaviors such as not wanting to leave the parent’s home, or reactively cutting off from parents. Such responses can be seen as attempts to negotiate the changing bond between the parents and the adult child. Separation from the family is more frightening when attachments are insecure.

Case example. Joe is a 22-year-old African American who, despite a life-long struggle with a learning disability, is doing well in school and is nearing graduation from a large university. He and his parents are involved in an ongoing struggle regarding Joe’s independence. He experiences his parents as “smothering,” especially regarding his social life, finances, and school. His parents experience him as a rule breaker and someone who has always needed “special help.” Over several sessions, the therapist questions Joe about what it is like for him when his parents set so many rules for him, and he makes the connection to feelings of incompetence. He realizes that when his parents attempt to control his decisions, he feels as if they are telling him that he cannot make it on his own because of his learning disability. While reacting to his parents’ rules with rebellious anger as a secondary emotion, he feels hurt and incompetent at the primary level. His parents then react with what to them seems to be a helpful response but to Joe is more of their “smothering overprotectiveness.” The therapist encourages Joe to share these feelings with his parents during several conjoint sessions. At first, his parents respond with frustration and feelings of being unappreciated for all they have done over the years to help Joe “overcome” his disability. The therapist takes a stance of curiosity about what it is like to be African American in a university setting. The family then discusses the racism and barriers that make it harder for African Americans to succeed academically and Joe’s parents talk about how this has influenced their attempts to monitor and help him. The therapist encourages Joe to discuss his experiences in school, and how he copes with racism and the barriers of his learning disability. He also shares his great pride in himself regarding his ability to succeed. Eventually Joe and his parents begin to soften in response to each other. His parents state that they never wanted him to feel that he could not make it on his own; rather, they only wanted to help him. Joe likewise eventually thanks his parents for their efforts over the years that helped him achieve so much. The exploration of these issues and the disclosure of these
emotional patterns allow the family to move on into negotiating Joe’s launching phase without such bitter arguments and hurt feelings.

The New Couple

Although the courtship phase of intimate relationships is characterized by romantic myths, eventually committed partners experience some degree of disenchantment and mutual disappointment as the relationship evolves. McGoldrick (1999) maintains that a major factor is the partners’ development of a narrow focus through increasing interdependency. This tendency is to view the self more and more from within the couple relationship, viewing one’s partner’s behavior as a reflection of the self, and taking more responsibility for the partner’s feelings through self-blame. The responses of one’s partner then signify one’s worth. Similar to the previous phase, a crucial issue requiring resolution is the balance of intimacy and autonomy. Some confuse intimacy with “losing oneself” and autonomy with “pseudo differentiated distance” (McGoldrick, 1989a). These positions are frequently divided along gender lines (McGoldrick, 1999).

A primary task for couples during this stage is to create a new definition of their relationship as a separate system from each partner’s family of origin. Continued overinvolvement of either partner’s family of origin may indicate a difficulty moving from the primary attachment figure of one’s parents to the primary attachment figure of one’s spouse, except when cultural norms maintain that transgenerational bonds, such as the mother–son bond, take precedence over the spousal relationship (Falicov, 1998).

Couples who are having difficulty adjusting to this transition may present for therapy wrestling with emotions provoked by the “honeymoon phase” of their relationship. Emotionally Focused Therapy can be particularly helpful for dealing with the pain, disappointment, and anger that may accompany this shift in marriage, especially if the decrease in the romantic excitement is perceived by one or both spouses as a threat to the security of the attachment. This will likely be the case for those couples who develop the narrow focus discussed above. Emotionally focused therapy during this stage may also address the difficulty of modifying the primary attachment from one’s parent to spouse.

Case example. Shelly and Jack are a white, heterosexual, middle-class couple who presented for therapy shortly after their first wedding anniversary. The precipitating event was a fight that they had had over their anniversary plans. Shelly did not want to spend a lot of money, whereas Jack wanted to go away for the weekend. As the argument escalated, Jack left the house in anger to go to his friend’s and Shelly went to her parents’ home, each staying away from the other for several days. The therapist spent several sessions validating both Jack’s and Shelly’s anger and tracking their emotional responses to each other. Eventually, and with much challenging from the therapist, Jack disclosed that underneath his anger was fear that Shelly’s frugality meant that she did not think their relationship was worth celebrating and that she did not love him as she used to when they were dating. Shelly responded with surprise, commenting that she had no idea that Jack was wondering whether she still loved him. She also expressed some initial frustration that Jack would even wonder about her love for him. At a later session, after these feelings of surprise and frustration were processed, Shelly became tearful and disclosed her fear that Jack did not want the same things as she did and that their relationship might not be able to withstand their incompatibilities. It was Jack’s turn to be surprised. However, after sharing their fears they both softened toward each other. Therapy continued with Jack and Shelly working on their ability to be more intimate and to deescalate arguments by increasing their willingness to share their vulnerabilities with each other.

The Family with Young Children

This stage of the life cycle has the highest divorce rate (Carter & McGoldrick, 1999). The bond between marital partners must now be expanded and modified to include children. The transition to parenthood is related to reduced self-esteem for women, more stereotypical gender roles, and lower marital satisfaction (Cowan & Cowan, 1985). In addition, because the majority of American couples are dual earners, they are confronted with the dilemma of how to juggle the demands of work, child-rearing, and household duties. Often, women who work outside of the home also tend to assume a majority of the child rearing responsi-
bilities in addition to their jobs duties, which results in their carrying disproportionate burden (Newman et al., 1992).

A goal of treatment with couples who are adjusting to this phase of life is for the parents to recognize and grow comfortable in their positions in the parent generation (Carter, 1999). Couples typically need to develop a sense of themselves as partners in parenthood as well as partners in marriage and not lose sight of their relationship as a couple during this phase when children demand so much attention. Bradt (1989) maintains that patterns in child-focused families detour tension through a child to constrain couple intimacy.

In this stage of the life cycle, EFT addresses the difficulties inherent in broadening the attachment to include a child, while maintaining a secure bond between the spouses as intimate partners. The decreased focus on the couple relationship may feel threatening and may provoke fear of losing contact with one’s spouse, particularly if the bond was somewhat fragile before children. This fear may be expressed through secondary emotions, such as anger, and a cyclical approach/avoid pattern may develop. Feelings of anger and resentment may also emerge in response to the loss of freedom that many couples feel with the additional responsibilities of parenthood. Gender role issues may also influence the interactions and emotions of both partners throughout this phase. For example, a husband may feel pressure to meet traditional role expectations as breadwinner for his family, whereas a wife may feel pressure to be an unrealistically ideal mother.

*Case example.* Ruth, an African-American woman, and Sam, a white male, had only known each other for 8 months before they were married. They had a “whirlwind romance” and had high expectations of keeping the intensity of their love relationship. However, after the birth of their first baby, Sam began spending more and more time away from home, and Ruth began to suspect that he was having an affair. Sam adamantly denied having an affair, felt insulted by the accusations, and, consequently, spent more time outside of the home. He continued to deny the affair in both individual and marital sessions, and the therapist turned to processing this pattern—withdraw pattern with the couple, focusing on underlying emotional issues. The therapist validated the struggle that both partners had through being stuck in this pattern and heightened their affective responses in session. It is common in EFT to work first with the withdrawing partner to move them toward disclosing their primary emotions because beginning with the pursuer often makes the withdrawer feel even more pressured and pushed out of the relationship (Johnson, 1996). Therefore, the therapist worked particularly with Sam at first to heighten and validate his feelings. After several sessions, Sam disclosed that he had been struggling with how to be a father because his own father had been abusive. He felt incompetent as both a husband and father, and the intensity of these feelings was only eased when he left home. Ruth had known little of Sam’s background because he rarely talked about it. She was saddened by his history, and in a softening response, she took his hand and told him how much she loved him and wanted to get to know him as the father of their child. Ruth was able to disclose that she was afraid that he would abandon her and that this fear was “driving” her pursuing. Because of the increased safety in the relationship, Sam was able to soften toward her as well and was able to listen to how his withdrawal was affecting her. Through articulating the primary emotions underlying their pattern, they were able to help each other deal with their fears. Their bond became more secure through these exchanges. Also, as a result of the increased safety in their relationship, the therapist was able to directly raise issues that were previously highly difficult for the couple to discuss, such as their cultural and gender differences. These discussions helped the couple eventually to develop a shared vision of themselves as a couple and as a family. Sam also decided to begin individual therapy to address his history of abuse.

*The Family with Adolescents*

As the family transitions into one with adolescents, the bond between parents and children must be flexible enough for the teen to experiment increasingly with independence and extrafamilial influences. Teens typically question and challenge their parents, who may feel threatened through doubt of their parenting skills, and parents may become frustrated with each other as well as with their adolescent children (Carter & McGoldrick, 1999). This process increases the stress on the couple relationship. This stage often corresponds with the “midlife crisis” of one or both spouses and, as their adolescent children question their own identities, lives, and values, so do their parents (Garcia-Preto, 1999). This may entail an examination
of personal goals and values, including the marital relationship. Couples tend to have lower marital satisfaction during this life cycle phase (McGoldrick et al., 1993).

Unresolved multigenerational issues may resurface as vertical stressors; parents may reexperience fears of loss and rejection that stem from past wounds. Those who are comfortable with their own sexuality may have an easier time dealing with their teen in this area (Garcia-Pretto, 1999). Teens can also be strong triangulators of their parents, affecting the closeness in their relationship by splitting them or detouring the focus from their relationship. The ability of the parents to accept their adolescents’ increased independence is also affected by conflicts and power struggles in their own couple relationship.

Fear may surface for parents when their adolescent’s increased autonomy is experienced as a loss. A shift in the bond between the parents and child clearly needs to occur. This transition could be stressful particularly for insecurely attached teens; if parents are unresponsive or inaccessible, it leaves them without a safe haven and secure base from which to explore the world precisely when their developmental tasks demand that they begin to do so.

Case example. Jenna, a 15-year-old girl in an upper-middle-class, white family was referred for family therapy because of poor grades and fighting at school. During family sessions, the therapist learned that her parents were divided about how to handle her behavior and her schooling. Dad wanted to send Jenna to a boarding school far away, but Mom wanted her to stay home. Jenna was caught up in their arguments, switching between pleading to be allowed to stay home and stating that she would rather be sent away than live with them and their arguing. The more her parents argued about this at home, the more Jenna experienced problems at school. After several sessions of both individual and family therapy, Jenna disclosed that she felt that her father was abandoning her. Dad was upset hearing this, stating that he only wanted what was best for her and that the boarding school would provide her with great opportunities that he had worked hard to be able to provide. With several challenges from the therapist, Jenna’s father began to explore his relationship with his parents when he was a teenager. He disclosed that his family was rather poor, and his own father rarely seemed to care about his schooling or extracurricular activities. Jenna’s mother was encouraged to discuss the feelings that were provoked during her arguments with her husband, and she disclosed that she felt powerless in this decision because he earned the majority of the income. The therapist opened the topic of power in the couple’s relationship, and over several couples’ sessions, worked with them on developing a more equitable relationship. The therapist also had sessions with Jenna and her father to encourage them to communicate more openly with each other and to develop a closer relationship. In the end, Jenna remained at home attending the same high school, and her grades and behavior improved steadily.

Families at Midlife

This phase is marked by the most exits and entrances of members of the family system, with children leaving home and their significant others entering (Carter & McGoldrick, 1999). Parents are also dealing with caregiving and loss issues as the oldest generation faces illness, disability, and the end of life. McCullough and Ruttenberg (1989) propose that families fall on a continuum during this stage from those who experience despair and an “empty nest” feeling, to those who are energized by a sense of freedom and are able to view this phase as an inevitable rite of passage.

The decreased responsibilities of parenting and lack of children present in the home often provoke couples to refocus on and reorganize their marriages (Raup & Myers, 1989; Walsh, 1999). This shift can also make preexisting problems in a relationship more conspicuous (McCullough & Ruttenberg, 1989). Couples face the extent to which they have reconciled issues of autonomy and intimacy in their relationship. Couples that do not have a firm marital foundation may inadvertently hold onto their children to avoid dealing with their own relationships. Some partners may have felt more of a secure and satisfying attachment bond with their children than with their spouse, and when the grown child attempts to launch, a parent may have difficulty letting go of the child or may turn outside the relationship to meet needs.

Adding to the difficulties in reorganizing the relationship, men frequently turn more toward their families and home life during this stage, whereas women direct themselves outward to pursue their own
school, work, or community interests (McGoldrick et al., 1993), which can lead to tension and sometimes divorce.

The marriages and divorces of grown children often evoke strong emotions, reflections, and self-examinations about one’s own marital successes or disappointments. This generation may also look to their own parents’ marriages as they age and cope with changes (McCollough & Ruttenberg, 1989). Another issue at this stage is the failing health and death of the oldest generation (McCollough & Ruttenberg, 1988; Walsh, 1999). Women are especially squeezed between tending to not-quite-grown children and aging parents.

Emotionally focused therapy may be particularly helpful for couples in this midlife stage because of its emphasis on realigning the attachment bond during a life phase with so many entrances and exits. It may also be helpful because the resurgence of the marital relationship may refocus the couple’s attention toward their relationship and the strength of their bond.

The emptiness that some feel during this stage will influence interactions, and if there is no safety in the relationship to express these vulnerable feelings, secondary emotions will likely arise. Partners may also feel pulled in opposite directions by the tendency of men and women to shift their attention during this life phase, which may strain interactions. Fear of the loss of one’s parents or spouse and confronting one’s own mortality are prominent emotional experiences that EFT may encounter when working with clients in this life cycle phase.

Case example. Pat and Gail are a white, heterosexual, middle-class couple who presented for therapy shortly after entering the midlife phase. They had been married for 28 years, but they had never before lived alone as a couple. At the time of their wedding, Pat’s parents had recently died, so the couple took on the job of raising Pat’s younger sister. They then had three children of their own. Pat was now experiencing their home as empty and was turning to Gail to meet his needs. Gail, however, had gone back to school and was excited by her new opportunities. By the time they reached therapy, they had become entrenched in a pursue/withdraw pattern. Gail would respond with frustration at Pat’s pursuing behavior, telling him that he was like having another child in the house. With emotionally focused interventions, Pat was able to disclose that he felt lonely and abandoned and rather fearful because he was now approaching the age at which his own parents had died. Gail discussed her resentment about putting the needs of others before her own for so long. She felt taken for granted and wanted to do something just for herself now. She discussed sadness that she did not have a chance to pursue her potential through school and a career and expressed a desire to find herself. The therapist discussed with each of them the different social pressures that typically arise during this life phase, particularly for women, who are socialized to put the needs of others first. Although both Pat and Gail were encouraged to validate each other’s feelings, the therapist was careful to avoid pressuring Gail to put Pat’s feelings and needs above her own and challenged Pat when he privileged his own needs over his wife’s. Gail was able to respond to Pat’s sadness and fear underlying his pursuing behavior and reassure him, while she continued to take classes to meet her own needs. With both clarification of Gail’s feelings and validation from the therapist about Gail’s right to pursue her interests, Pat eventually began to accept the emotions underlying her desire to return to school and did not see it as such a personal abandonment. Encouraged to think of sources of support in addition to his wife during this difficult transition, he began spending more time with his brother.

The Family in Later Life

Major life changes during this phase concern retirement and grandparenthood (Carter & McGoldrick, 1999). Retirement can threaten financial security as well as put a strain on marriage because of the change in roles and daily routines. Retirement can pose a difficult problem for men in particular, who have been socialized to gain their sense of self-worth through work, productivity, and financial provision (Walsh, 1999).

Adults during this phase of life are at growing risk for loss of mental functioning, as with Alzheimer’s disease, as well as depression, anxiety, and suicide (Walsh, 1999). The bond between partners may be especially threatened because of such difficult issues as fear of dependence, aging, declining health, and loss of friends and family. The loss of one’s spouse can be a devastating and difficult adjustment. Caregiving
becomes an important issue, not only between the spouses, but also across the generations (McGoldrick et al., 1993). Fear of illness and dependency not only strain individuals at this phase of life but also strain the couple relationship and the generation of adult children who may be pressed to care for their aging parents (Walsh, 1999). Chronic illness or disability may threaten or skew the couple relationship (Rolland, 1994). For the family to adapt to loss or the threat of loss, they must share a grieving process and reorganize as a system (McGoldrick & Walsh, 1999; Walsh & McGoldrick, 1988).

Becoming grandparents can be a joyful experience and may mediate some of these issues by offering a “new lease on life” (Walsh, 1999). Grandparenthood also stimulates the reminiscing of earlier parenting experiences, both positive and negative. Adults in this phase of life, however, may have a hard time taking a back seat to their adult children as they handle their own children (McGoldrick, et al., 1993).

Feelings of anger, guilt, fear over the loss of control, as well as fear about one’s own death or the death of a spouse or other loved one are extremely powerful emotions that are common during this phase of the life cycle. It is natural to defend against the vulnerability that such powerful emotions evoke, especially if they are compounded by an insecure attachment. When families become stuck in patterns, EFT can be a very meaningful and respectful approach to therapy because of the validation of these intense feelings. Also, issues regarding life and death are so powerful that creating safety within relationships so that they can be expressed is a powerful intervention (Johnson, 1999).

Case example. Maria and Rick are a Latino couple who were referred to therapy by Rick’s family physician after he was diagnosed with advanced cancer. He refused to discuss his illness, whereas Maria was distraught by the thought of his death. The more she wanted to discuss it, the more stoic Rick became. Maria tried to recruit their grown children and their spouses into persuading Rick to talk about and plan for his death. During therapy, Rick stated that he did not like to talk about his cancer because he was afraid that the grief would overwhelm him. Maria cried and talked about her need to begin the process of letting go now, so it would not be so hard after he died. Through several sessions, the therapist asked Rick about his experiences with grief and death throughout his life as well as about his and Maria’s religious beliefs and traditions regarding death. Rick cried when talking about the death of his parents and some of his friends who had recently died. This was a highly vulnerable position for Rick to be in because he disliked crying, feeling that it was an expression of weakness. However, he allowed Maria to comfort him and they cried together. Rick was able to disclose his profound sadness at the thought of not seeing his grandchildren grow up, his fear of dying, and his guilt about leaving his wife behind. Maria again shared her fear and sadness about losing him and being alone after his death. This softening process was a turning point in therapy; they were able to communicate more openly in future sessions and Rick began gradually talking about his illness with his grown children.

CONCLUSION

The safe haven and secure base provided by secure attachments are precisely what is needed to deal with life cycle transitions. During transitions, we need the support of our family members to cope with stress and the ability to explore and learn how to deal with the new challenges posed by changes in family life. These changes mean revising our attachment bonds. In family life cycle transitions then, we need others to be there for us and family relationships need to change to fit new demands.

Our heartstrings are pulled by the powerful emotional experiences associated with these changes in family life, particularly the entrances and exits of family members. With powerful emotion comes some degree of stress, and transitions evoke our attachment needs and heighten our attachment behaviors. If attachment figures then respond in a caring manner to such attachment needs, the attachment behaviors may actually help reduce the transition stress. However, if bonds are already insecure or the relationship cannot accommodate such needs, life cycle transitions may become even more stressful. Further, the transitions through divorce and remarriage and step-parenting are loaded with unresolved attachment issues and the entrances and exits of family members, and may be especially fertile ground for EFT. Emotionally focused therapy can readily be applied to family life cycle transition stress because the restructuring of attachment is a cornerstone of this approach.
Maintaining a family life cycle perspective will also be particularly helpful during the assessment phase of EFT by providing some initial hypotheses concerning the underlying primary emotional experiences of family members. Furthermore, one of the most powerful consequences of maintaining a family life cycle perspective is that it normalizes the struggles of individuals, couples, and families in their relationships through time. This depathologizing perspective fits well with the emphasis on validation of the emotional experiences of each family member in emotionally focused therapy.

Furthermore, the area of attachment in relationships is fertile ground for research. For example, researchers are finding that a secure attachment may be related to a resilient outcome in adaptation to different stressors (e.g., Clark & Miller, 1998; Cummings & Davies, 1996; Davies & Cummings, 1994), and that a secure bond may be related to adaptive affect regulation (e.g., Fuendeling, 1998).

Empirical evidence continues to be amassed for both EFT and attachment theory. The application of emotionally focused therapy to the family life cycle combines a theoretically and empirically sound clinical approach to issues of normative family development, a powerful combination.

REFERENCES


