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Fourteen

USING SELF-DEFINING MEMORIES IN COUPLES

THERAPY WITH OLDER ADULTS

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The dynamic increase in the number of older adults that is due to medical advances has profound implications, not only for health care providers, but also for providers of mental health care in particular. Worldwide, the number of people aged 65 and older was estimated at 506 million as of midyear 2008, and it is projected that in 2040 the number will increase to 1.3 billion, representing 14% of the world population (U.S. Bureau of the Census, 2009). Consequently, it is not surprising that therapists are increasingly treating older clients for individual, family, and marital problems. Working with older adults in couples therapy can involve many similar concerns to those of younger clients, but may also raise challenges not common in couples therapy with younger individuals. These challenges include issues surrounding physical decline and illness, cognitive impairment, dependency, and loss, as well as shifting gender and caretaking roles. As noted by Carter and McGoldrick (1980, 1999), these developmental changes challenge older couples to learn how to preserve their marital functioning and interest in each other by exploring new partnership, familial, and social constellations.

Although this developmental perspective takes both the gains and losses of older life into account, many researchers have pointed out that psychotherapy with older adults has been hampered by the prevalence of a loss-deficit model, highlighting cognitive losses, as well as physiological and psychological illness related to the aging process (Knight & McCallum, 1998;

Satre, Knight, & David, 2006). However, recent research, based on the theoretical and methodological advances in gerontology and life span psychology, has started to portray aging in a more positive light (Knight, Nordhus, & Satre, 2003).

Even as the preponderance of memory research on older individuals continues to focus on problems of decline and impairment, contrasting studies have detected surprising resilience and strength. For example, while numerous scientific investigations have confirmed that working memory generally declines with age (Light, 1990; Salthouse, 1991), several studies have revealed that when older adults process emotionally and personally meaningful information, there are no significant differences between younger and older individuals in their memory performance (Crak & Treuh, 1983; Hultsch & Dixon, 1990; Smith, 1996). Moreover, more recent scientific investigations on autobiographical memory in aging have yielded some encouraging findings that can contribute to the development and use of therapeutic interventions with older adults.

Piolino et al. (2006) examined the effect of aging on two different components of autobiographical memory: *episodic memory*, which consists of specific personal events, and *semantic memory*, which refers to general knowledge about one's past and is often linked to critical components of personal identity (Conway, Singer, & Tegini, 2004). The results revealed some decline in the recall of episodic memories and better preservation of personal semantic memories in older adults. This finding is congruent with previous research on autobiographical memories (Levine, Svoboda, Hay, Winocur, & Moscovitch, 2002; Piolino, Desgranges, Benaï, & Eustache, 2002) that has demonstrated that older individuals are more likely to recall semantic memories than they are episodic memories. This study also found that older adults expressed a greater subjective sense of remembering for events from the remote past, especially those related to the period of the "reminiscence bump"—that is, adolescence and early adulthood (Bernstein & Rubin, 2002; Cappeliez & Webster, this volume). In addition, as stressed by Piolino et al., the ability of older individuals to "travel back into their past" to relive experiences can contribute to a stronger sense of identity and continuity across the life span.

Martinelli and Piolino (2009) further explored the properties of episodic and semantic memory in an older population and compared both types of memory to a unique subcategory of autobiographical memories, called "self-defining memories." As defined by Singer and Salovey (1993), *self-defining memories* are characterized by vividness, affective intensity, repetition, linkage to similar memories, and connection to a person's most enduring

concerns or unresolved conflicts. Over multiple studies, researchers have been able to demonstrate that personally important self-defining memories are linked to an individual's central themes of identity and to enduring goals or conflicts within personality (Blagov & Singer, 2004; Moffit & Singer, 1994; Singer, 1990; Sutin & Robins, 2005). The results of the Martinelli and Piolino study, consistent with previous findings, demonstrated that, compared to younger participants, older participants displayed impaired retrieval of episodic memories. However, no difference was found between younger and older adults in the retrieval of semantic and self-defining memories. The preservation of self-defining memories in normal aging suggests that older individuals can compensate for their difficulties in retrieving episodic memories by recovering self-defining memories that contain specific details from their past and that are particularly relevant to their central identity concerns.

Systematic investigation comparing the self-defining memories of older and younger adults has led to several interesting insights about narrative identity and the nature of self-defining memories in older age. Singer, Rexhaj, and Baddeley (2007) collected self-defining memories from 49 college students and 44 older adults (50 and older) and examined potential differences in their affect, specificity, integrative meaning, and content. On average, the older participants perceived their memories as more positive and less negative in emotional tone than did the students. This finding is consistent with previous research on autobiographical memories that has demonstrated a tendency in older individuals to emphasize positive experiences from their lives and to diminish or reframe negative ones (Bohlmeier & Westerhof, this volume; Carstensen & Mikels, 2005; Levine & Bluck, 1997; Schlagman, Schultz, & Krvavilashvili, 2006). In addition, self-defining memories of older adults were more summarized and less detailed. Most importantly, congruent with the related research on reminiscence and life review with older adults (Cappeliez & Webster, this volume; Webster & McCall, 1999; Wong & Watt, 1991), the memories of older participants included more meaning-making and lesson-learning statements that reflected their propensity to integrate life experiences into their larger life narratives.

McLean (2008) also examined the narrative identity of 85 young adults and 49 older adults (over 65) in an extensive self-defining memory interview. She found that as they narrate their lifestories, older and younger individuals employ different kinds of narration. Older participants constructed the self more in terms of stability, providing a means for resolution, in contrast to younger participants, who constructed the self more in terms of change, giving them opportunity for greater self-exploration and potential revision. McLean noted that the focus on stability in the narratives of older

adults may be an adaptive process that reflects their effort to preserve a coherent sense of self in the face of physical, cognitive, relational, and occupational life changes. These results suggest that certain self-defining memories may have taken on a more "iconic" and enduring status for older individuals, but that shifting the meaning or interpretation of these memories might also be more challenging.

Taken together, studies on self-defining memories in older adults suggest that older adults have a rich capacity to recall personally meaningful memories from their past, providing therapists with a practical tool to assist them in communicating salient themes and concerns from their lives. The articulation of older adults' self-defining memories can support their efforts to construct a coherent life story; at the same time, it can also promote intimacy and compassion through their sharing of these memories with significant others. The value of mutual sharing of personal past stories in older adults has been highlighted in the work of Pasupathi and Carstensen (2003). In a first study of 129 adults, they found that age was related to increases in positive emotion during mutual reminiscing. A second study of 132 adults expanded this finding, revealing that age was indeed associated with increases in positive emotions, but only while individuals were retelling positive events. Such results suggest that mutual reminiscing by generating positive emotional experiences can provide older adults with a potential method of emotion regulation. This study raises the question of whether the exchange of negative reminiscences, along with positive memories, if mediated by a therapist, could go beyond emotion regulation and result in greater mutual understanding and more compassionate connection within a dyad.

In a previous clinical case study examining this possibility, Singer (2004) presented the results of exploring an autobiographical memory shared in common by an older couple. The husband, who was terminally ill with cancer, had contacted the therapist in the hopes of narrowing the rift between himself and his wife before his death. There had been a long history of distance and subdued conflict between them, stemming back to his years of alcohol abuse. Although he had been sober for a decade, the battle lines had been drawn long before then, and they had relied on silence and separate activities to keep a fragile truce between them. In describing the history of their relationship, each partner returned to the same memory of a drive home from a substance abuse treatment center. During the drive, the wife reached out to take her husband's hand; he pulled back his hand and then she pulled back as well. They both noted that in the 17 years since, they had shared not a single moment of physical intimacy. This memory was indeed a touchstone event that seemed to haunt them both. In the course of treatment,

after employing many different forms of intervention, including cognitive-behavioral exercises, the therapist returned to the memory and engaged the couple in a reverse role play. They each took their partner's part and recreated the now infamous "drive home." By expressing the imagined thoughts and fears of the other, they were each able to forge a greater sense of understanding and forgiveness around this pivotal event. Their ability to give the memory a new and different ending coincided with the multiple efforts that they had begun to make toward a more loving relationship. Many times before the husband's death, approximately 10 months after the start of therapy, the couple returned to their memory work, using it as "an emotional handle" (Greenberg, 2004). They held onto this memory as a concrete expression of the pain and separation that would return if they did not continue to reach out to each other in their final days together.

In this case, the important memory emerged spontaneously and then became a point of emotional entry for addressing complex feelings and attitudes that were creating conflict within the relationship. In the following case study, our goal in working with an older couple was to demonstrate that the systematic recruitment of self-defining memories can be an effective clinical tool in couples therapy with older adults. In contrast to the previous intervention, the clinician asked each member of the couple to generate his or her personal self-defining memories. These individual memories were then supplemented by a shared "relationship-defining" memory.

CASE HISTORY

Background of the Couple

Adam and Deborah Sowell are a couple in their early 60s who entered therapy with the first author (JAS) to work on their repetitive fights and mutual threats to dissolve their relationship. Adam has two adult sons from a previous marriage; his first wife died roughly 15 years earlier from a congenital heart condition. Deborah was married twice before and has two adult children, a daughter and a son. Her first marriage ended when her children were very young, and her second husband succumbed to cancer 14 years ago. Adam and Deborah were introduced to each other by a mutual friend 11 years ago and after a swift courtship were married less than a year later.

Looking back over the past 10 years of their marriage, Adam remarked that perhaps one of the reasons for their ongoing conflicts was that they had leapt into their life together and did not take enough time to get to know each other before making a full commitment to each other. It is true that,

temperamentally, Adam and Deborah are very different people, leading to a low threshold for flare-ups between them. Adam is on the taciturn side, not one to air his feelings easily; Deborah is vivacious, sensitive, and highly expressive of her changing moods. On the one hand, their contrasting styles of displaying and communicating emotion have strained their relationship on many occasions. On the other hand, they are capable of exuding a pleasure and excitement about being in each other's company. Both are attractive, physically fit, and social; they enjoy bicycling, travel, and gatherings with friends. With his silver hair and ruggedly handsome features, Adam could fit a Hollywood casting call for the part of a senator or CEO. Deborah, with her stylish cardigan sweaters and quirky jewelry, looks like she could be on her way to a trendy restaurant in Manhattan. Adam is retired from a highly successful law firm, and Deborah has scaled back her real estate practice to focus more on her landscape painting. Their financial comfort has afforded them opportunities to take extended trips to tropical places, tour with their sailboat on cruises up and down the Eastern seaboard, and decorate a home with the finest furniture and art. Part of what is perplexing for them is that with ample time and resources to savor their life together, why do they spend so much time fighting and making each other miserable?

The catalyst for many of their conflicts was often Deborah's perceptions of imbalances or inequities in the relationship, particularly centering on issues of allocation of their time to each other and their children. On numerous occasions Deborah perceived herself as putting herself out to accommodate Adam's sons' visits, at the expense of her own needs and her own children. She would clean, cook, and host his "boys," along with their wives and children, but felt she received little in return for all of her effort. Adam had a great deal of trouble accepting this version of the visits, or her characterization of inequity in the relationship. His anger would slowly build up until he responded in a surly and defensive manner, negating her complaints and bemoaning the fact that she has little trust in his good will. An argument of this kind could escalate into a period of sustained unspoken resentment. They would go around the house making only the most perfunctory comments to one another, and Adam would sleep in the guest bedroom. These festering rifts could last a few weeks and even drag into a month or two before they would put aside their hurt and self-righteousness.

For all couples we treat, our initial assessment includes an evaluation of the degree of "we-consciousness" that the two members of the couple possess. We-consciousness is the couple's awareness that they belong to a larger entity that transcends each of them as individuals, and that good relationships require attention to the needs of this third entity (the relationship),

along with respect for each individual that makes up the dyad. We are always interested to know how much attention couples have given to the question, "What is best for us?" In other words, "How will my and my partner's words and deeds contribute to the health of our relationship and the strengthening of the bond we have forged together?" Couples who put this question in the foreground, along with concerns for individual fulfillment, are more likely to build a strong momentum for mutual satisfaction, an empathy for one another's needs, and a recognition of the importance of balancing personal goals with mutual goals that the couple sets together (Clark & Mills, 1979; Mills & Clark, 1982; Mills, Clark, Ford, & Johnson, 2004; Reid, Doell, Dalton, & Ahmad, 2008; Sarnoff & Sarnoff, 1989; Sharpe, 2000; Shen & Surrey, 1998). Fundamental for a strong sense of "we-ness," and often most problematic for couples in treatment, is the degree of trust and vulnerability shared by the members of the couple. To reach a point where each partner is willing to embrace the mantra of "couple first," a deep reservoir of good will and trust must be established. While it is not the focus of this chapter to detail how to assess this level of mutuality within couples (Labunko Messier et al., 2008), the critical point is that a distrust or refusal to become vulnerable in the relationship is likely to sabotage most efforts in couples therapy to bring about greater satisfaction, intimacy, and we-oriented thinking.

Clearly, Adam and Deborah entered treatment lacking a foundation of trust in each other. Adam has always carried a little bit of a chip on his shoulder that dates back to a modest upbringing in a factory town in Massachusetts. Over time, his parents had done well enough to rent a small cottage on the seashore in Rhode Island, and they would spend a good portion of the summer there. Adam felt that the wealthier kids looked down on him and that he could never quite fit in. His family's situation worsened at the end of his time in high school when his father suffered a stroke from which he never fully recovered. Adam remembered scrambling for money and his mother's continued anxiety during his years at the state university. His college days were far from idyllic; instead they were filled with shame and efforts to conceal his relative poverty from his classmates. Throughout law school, the building up of his practice, and the creation of his own firm, a persistent theme was his dogged determination to prove that he was just as good as the "Ivy Leaguers" and the well-heeled set from Boston and New York. Adam's first marriage had a rough start, but over time he felt a devotion to his wife Sue and his two sons. When Sue's heart condition worsened and eventually proved to be fatal, he went through an extended period of sadness and depression over this loss. His firm also faced some economic challenges in the years before he met Deborah. His relationship with his

sons has generally been very positive, although both boys have had phases of rebellion and testing him. They now both work together in a contracting business in Idaho and visit a couple of times a year with their families.

Deborah grew up under traumatic family circumstances. Her parents divorced when she was a teenager and both suffered from alcohol abuse. She remained with her mother, but her mother experienced a series of hospitalizations for depression and substance abuse, leaving Deborah to spend extended periods with her grandparents. Her father also played an inconsistent role in her life and seemed to markedly favor her brother throughout her growing up. Deborah also recalled an episode of molestation by an older cousin who babysat for her, a memory that has increasingly troubled her since her discussion of it in her individual therapy. Deborah married young, in part to escape her immediate family, and had two children with her first husband. They divorced after 5 years, and Deborah was left to raise the children on her own. Finally, when she was 30, she met her second husband, Cliff, and enjoyed a much happier marriage, although both Cliff and she drank regularly. Cliff died of colon cancer after 10 years of marriage together, and Deborah was devastated by this loss. Approximately a year later, however, a close friend who was also a friend of Adam's encouraged the two of them to get to know each other. Deborah and Adam spoke on the phone for several weeks and then finally agreed to meet. They clicked strongly on this first meeting and, within the year, their relationship blossomed rapidly toward marriage. Despite an intense sense of passion for one another, it did not take long after the wedding for a consistent pattern of conflict and fighting to emerge.

At the time of entering treatment, they were displaying the following pattern of interaction. They were able to get along well for a while, but Adam could not seem to figure out how to make Deborah see that he cares and is committed to her in his daily behavior. As a result, he withdrew and isolated himself from her. She, in turn, took this frustration and withdrawal as a confirmation that he did not truly love her and could not be trusted. Her complaints and criticisms would increase in volume, only leading to more withdrawal on his part. Finally, they were likely to have a full-scale conflagration in which threats about ending the marriage were hurled back and forth. This pattern reached a crisis point when a fight resulted in their decision to put their ocean-view \$3 million house on the market, the very house that they had designed together, the most concrete symbol of their decade-long commitment to each other.

After some initial crisis intervention, we began to work on their communication patterns, drawing on Gottman's identification of ways in which

both partners can sabotage good dialogue (Gottman, & DeClaire, 2001; Gottman, & Silver, 1999), as well as the steps they could take to build more positive daily interactions and to redirect negative interactions. Although these therapeutic interventions helped to stabilize and improve the relationship, it often seemed that the couple reached an impasse around themes of trust and compassion.

One vital factor contributing to this impasse seemed to be that they had come to their relationship much later in life. Each partner had such an extensive history, connecting to their previous marriages, their offspring (both as children and adults), and their traumatic losses, that their ability to step out of these pasts and find a mutual resting place of compassion for each other was often taxed. In theory, the fact that they had both suffered the loss of a spouse seemed like a valuable starting point for connection, but the overlay of other past hurts and resentments frequently undermined their efforts at understanding and instead drew them back from one another into separate places of sadness and anger. To address their rift in empathy that continued to impair their mutual trust and hope for the marriage, I (JAS) proposed an intervention based on the use of self-defining memories.

The Self-Defining Memory Intervention in Couples Therapy

As the first step, I gave the couple a brief overview of our research into the role that important personal memories can play in individuals' self-understanding and sense of identity. I explained what self-defining memories are and outlined the five criteria of vividness, emotional intensity, repetition, linkage to similar memories, and connection to enduring themes or unresolved conflicts. I indicated that some individuals write about specific events and some choose to write in more general terms. I also told them that individuals vary in making explicit statements about what the memory has taught them or how it reflects a particular theme or value important to them. I emphasized that there was no one right way to go about writing about their memories. I requested only that they take their time and do their best to record to self-defining memories that might be helpful in explaining who they are to their partner. Once they had written down their memories, they were not to share them with their partner but to bring them in for me to review first, and then we would take the next step in the exercise. Since they were about to leave for a vacation, they had more than 2 weeks to work on this assignment before I saw them next.

Both partners took this project very seriously and came in to our next session with typed memories, a paragraph or two in length, and each described in some detail. The Appendices at the end of this chapter present excerpted versions of their memories (initially, Adam produced nine memories, but subsequently generated a tenth) with one memory apiece, in bold, presented in entirety. Collecting the memories from them, I promised to read through them thoroughly and to apply coding criteria based on my research that would help me to interpret them (Blagov & Singer, 2004; Singer & Blagov, 2002; Singer & Bonalume, in press).

Interpreting the Self-Defining Memories

Adam's Self-Defining Memories

The most striking features of Adam's memories were that they were all summarized and that he chose to attach a "lesson-learned" statement to every one. I checked with him to see if he had misinterpreted my instructions and thought that it was required to supply these lessons. He indicated that he knew that the lesson-stating was optional, but he felt that it helped to clarify his choices by adding these statements. Prior research (Blagov & Singer, 2004) has demonstrated an association between better adjustment and the tendency to produce memory narratives that include statements of meaning or lesson-learning. On the other hand, this same research also illustrated the connection between over-general memories and higher levels of defensiveness with regard to strong emotion (see also Steunenberg & Bohlmeijer, this volume). The structure of Adam's memories, along with the aphoristic statements at the end of each memory, suggested a rather over-controlled and avoidant coping style, especially in relation to experiences that might evoke sadness and feelings of shame and/or embarrassment.

The content and emotional trajectory of the memories reinforced my sense of a defensive posture, but also an underlying determination to go forward with his life in a positive fashion. Out of the 10 memories, Adam had 4 positive, 5 negative, and 1 mixed in overall tone. Across several memories, he showed a tendency to start with a negative circumstance, such as his parents' life of hard work, his mother's frustration with his complaints of boredom, his father's stroke, and his wife's passing, yet end in a more uplifting place by indicating ways in which he overcame his negative beginning. McAdams and colleagues have explored this narrative pattern of "redemption" in several studies (McAdams, Diamond, de St Aubin, & Mansfield, 1997; McAdams, Reynolds, Lewis, Patten, & Bowman, 2001) and found it to

be associated with better physical and mental health and greater personal resilience.

What also emerged from Adam's memories was a somewhat simplistic and idealizing depiction of his family that placed an emphasis on their strong work ethic, shared leisure time, and rituals of family meals. Even with this "Norman Rockwell" gloss, he managed to convey information about his critical mother and his struggles with acceptance and rejection in social interactions. His response to these negative interactions was to withdraw and shut down. This emerged most powerfully and poignantly in his tenth memory (of which I will say more later) and in the lesson statement at the end of his eighth: "While I am willing to do anything for anyone, I am sensitive to feedback. If I get negative or no feedback, I have a tendency to back away."

Deborah's Self-Defining Memories

Deborah ended up producing 19 separate memories, of which 13 were negative in theme and 6 positive. Structurally, she recorded 10 specific memories and 9 summary ones. Only two of her memories contained lesson-learning or meaning-making statements. In contrast to Adam, Deborah's higher number of specific memories suggested a greater availability to her emotional life and a less defensive style. On the other hand, the pre-dominance of negatively toned memories highlighted the depressive cast of her interior life, while the sparse number of meaning-making statements pointed to more problematic adjustment and a tendency to impulsivity and lower levels of self-restraint (Blagov & Singer, 2004; Weinberger, 1998). This memory analysis supported my clinical impressions of Deborah's emotional volatility, susceptibility to substance abuse, and conflict-laden interpersonal life.

The actual content of her memories contrasted some loving and nurturing memories of her grandparents and, occasionally, of her father with several memories of devastating disappointment and neglect inflicted on her primarily by her mother but at times by her father, other relatives, and peers at school. Although Adam had a number of redemptive memories, Deborah generated only one redemptive memory (her one positive memory of her mother), as well as five "contamination memories" in which her narrative began on a positive note and ended in a negative place. Individuals with high numbers of contamination memories share a pessimistic worldview, are more prone to psychological and physical symptoms, and are more likely to suffer from depression (McAdams et al., 1997, 2001).

Despite these dysphoric indicators in Deborah's memories, she wrote, "I find as I write these memories down, it has allowed me the freedom to go back, to open my eyes and to realize that, yes, there were sad memories that made a huge impact in my life, but also to realize and remember that there was joy along the way." In taking the memories as a whole, I would agree with Deborah that there is a theme of strength, resilience, and a tremendous longing for a loving and safe connection with others in her life. This is expressed powerfully in her last memory of her mother, which seeks to salvage some goodness from what had been the most painful and disappointing relationship in her life.

Interestingly, in both sets of memories written independently, there is a similar idealization of a loving home with good cooking, shared time in the evening, and a sense of security and safety. In Adam's memories, there is also explicit mention of Deborah and his desire to build a loving life with her. For better or worse, and in revealing irony, he describes her "beautiful smile," the same physical attribute he identifies in his mother as "her infectious smile." Perhaps he sees in Deborah both the warmth he found in his mother's love and the more problematic tendency to scrutinize and judge him that has challenged his sense of adequacy. Having completed this preliminary analysis of the memories, I was ready to discuss these findings with Adam and Deborah and lead them through an exchange of their memories with each other.

The Couple's Exchange of Self-Defining Memories

To begin this session of memory exchange, I first reviewed with Adam and Deborah what I had learned from reading and coding the memories. I pointed out how Adam's memories had a more summary structure and that he had been very systematic in applying a meaning or lesson to each memory narrative. I suggested that these characteristics expressed a strong tendency toward control of emotion in Adam and the logical tendency of his legal mind. He was able to acknowledge that he had held back to a certain degree from engaging too emotionally with his memories and that he preferred to emphasize the meaning-making rather than the feeling dimension of the exercise. In reviewing Deborah's memories, I pointed to the balance between specific and summary memories, and a greater tendency to jump to the emotional rather than to the intellectual import of her recollections. Her memories were much more evocative in their imagery and elicited an immediate response in readers, given their powerful and often painful content. The couple found it amusing to see the parallels between their memories

and their own daily dispositions and shared some smiles over this. I then moved on to highlighting the patterns in the memories that reflected the frequent conflicts and traps that would emerge in their interactions. For Adam, I identified his pattern of presenting interactions in which he felt judged unfairly and his tendency to respond defensively or justify himself. I indicated that his strong tendency to move to a moral lesson protected him from engaging with possible emotion and vulnerability evoked by the memory's details. He seemed to be more able to move to a posture of resentment than linger in places where sadness might emerge.

In talking with Deborah, I emphasized the emotional intensity and immediacy of many of her memories. They conveyed repetitive themes of being disappointed, abandoned, and even betrayed by family members and friends. In the midst of these traumatic recollections were small glimpses of her grandparents' loving support, her father's intermittent efforts at parenting, and the one shining moment of her mother's single act of kindness. This memory tableau expressed her deep distrust of others' intentions and the possibility of consistency in relationships, as well as her significant self-doubt about her own worthiness to be loved in a lasting way.

With these two "memory scripts" laid out, I asked the couple to consider together how easy it was for them to fall into their familiar escalating conflicts. If Deborah felt slighted or ignored, she would try to overcompensate with kindness until she could no longer restrain herself from expressing her pain to Adam. Adam would receive this complaint as "yet another criticism" and move quickly into a defensive mode, leading him to withdraw and stew in anger. His withdrawal threw Deborah into a freefall of rejection feelings, and she doubted that he had ever loved her. Her challenge to the integrity of his affection for her brought his rage to the surface and a full-fledged battle would break out. Mutual withdrawal and despair would follow and linger for weeks. Holding in their hands the tangible evidence of the memories that underlie this destructive dance, the couple seemed to take more ownership of the mutual problem they were facing.

Sharing Deborah's Self-Defining Memories

The solution to this stalemate, I proposed, lay in their willingness to generate compassion for the mutual yet distinctly different wounds they shared. As a step toward increasing their compassion for each other, I asked Deborah to choose a memory of her own for Adam to read out loud. She had him read Memory #12, the "riding cap" memory (see Appendix A). As he read about her efforts to win the riding cap and the dashing of her hopes (when, despite her success, her friend's uncle did not present her with the promised

hat), his voice trembled and he reached out to take her hand. He commented quietly to her about how many times she has been let down by her family, and how he understood how hard it must be to experience that from him.

I then asked Deborah to read her last memory to Adam (Appendix A, Memory #19). The memory involved her mother addressing her daughter's fear of the wicked witch in *The Wizard of Oz* by introducing Deborah to the actress who played this character. Deborah explained to Adam that this was the only distinct memory she had from childhood of her mother coming through for her and showing her that she loved her. As Deborah finished the story of her backstage encounter with Margaret Hamilton, the actress who played the Wicked Witch of the West, she began to cry about the "specialness" she felt that day from her mother's efforts to dispel her fear. We all shared the deep irony that her mother, who often loomed as a wicked presence in Deborah's childhood memories, could express her humanity by revealing the decency in the actress who portrayed the most famous witch in film. Once again, Adam seemed to move closer to Deborah and conveyed an enhanced compassion for her fragility in relationships. At this point, we were out of time and agreed to take up Adam's memories in the next meeting. Their homework was to read together through both sets of memories and continue to discuss them with each other.

Sharing Adam's Self-Defining Moments

When they returned for the next meeting, they explained that they had followed my instructions and something unexpected had occurred—namely, Adam had recalled a tenth memory. Not only had he recalled one more memory, but it was highly specific and emotionally raw for him. He proceeded to share it with me; I have transcribed this narrative as his final memory listed in Appendix B. Even more than his previous memories, it tells the story of how he could feel caught in a position of being wrongly accused and coming up short. Even though he had not caused his father to fall from the ladder and learned later that the stroke had preceded his tumble to the ground, what remained with him were those first moments when his mother scolded him and identified him as the culprit in his father's accident. Even though his family soon realized that this was not the case, Adam's mother had never apologized or withdrawn her words. They all just went on with their lives. Both in their discussion of the memory outside of the session and in the repetition of the narrative for my benefit, Deborah emphasized her need to recognize Adam's fear of being misrepresented and wrongly judged. She saw more deeply how easily she could provoke this reaction in their seemingly minor squabbles. This insight allowed her to

understand why what she perceived as the mentioning of "pet peeves" or "minor annoyances" could quickly catch fire and become arguments between them.

After some further discussion of these dynamics, I asked them to partake in one last memory exercise. Instead of recalling separate self-defining memories, I asked them to provide me with a shared memory that they felt could help define their relationship or express an important theme. They both joked about their first meeting after several long phone conversations. Adam showed up at Deborah's door with a Groucho Marx nose, mustache, and glasses on. Once he took them off, Deborah said she was struck by how Adam looked exactly the way she might have hoped. More seriously, they then recalled and agreed on the following memory (here described by Adam with Deborah filling it in):

When we were first dating, we would stay together at a condo by the ocean. I remember that we had a lot of romantic nights together, but one night in particular we went for a midnight walk. The sky was clear except for two large black clouds overhead. We both looked up and each of us felt like we could see the shapes of angels in them. We decided that those angel clouds were Sue and Cliff looking down on us, and that they were okay with us being together. We felt like we got their blessing that night in a funny kind of way.

With this powerful shared memory as touchstone, I encouraged the couple to hold this image in their minds and to rely on it in moments of conflict. I assured them that conflict is inevitable, especially for two older people who have laid down strong patterns in their lives and who have had many more separate than shared experiences in their lives. Nevertheless, this final memory revealed the depth of connection and hope that exists at the core of their relationship, and it can be a continual reminder to place priority on their union rather than on their discord.

CONCLUSION

In the months since the self-defining memory intervention for this older couple, they have been able to make repeated reference to the memories and insights gained from the exercise. They seem to grasp the dynamic of Deborah's need for affirmation and Adam's defensive withdrawal in a deeper and more compelling fashion. Increasingly, we are able to joke that the problem is no longer the destructive "dance" but instead the timing of when their awareness of this pattern will kick in. With each passing month, they have moved closer to anticipating and cutting short their tendencies to engage in

these painful conflicts. Most of all, they have increasingly mastered the ability to move more quickly to a place of compassion, understanding, and forgiveness when either one or both show a tendency to go back to these old wounds.

Based on the gathering evidence in the laboratory studies of Piolini and others, as well as the examples from our clinical practice, self-defining memories can indeed play a meaningful and constructive role in treatment of older adults. Even as recall for other episodic memories appears to fade, these memories, so central to identity and of such long-standing nature in the life narrative, retain their vividness and emotional resonance. In couples treatment, they can help to remind older partners of the origins of enduring emotional wounds that can trigger fear and conflict in the relationship. Through a carefully guided intervention to identify these memories, and supportive discussion of their implications for each partner's self-understanding and sense of identity, the clinician can build greater compassion and common understanding in the couple.

Two important clinical questions to consider are as follows: 1) When might it be appropriate to use this self-defining memory exercise with an older couple? 2) Are the memories the couple shares likely to be already familiar to each other, or do new and previously undiscussed experiences emerge? With regard to the application of this intervention, we have found that the memory exercise is helpful in building compassion and intimacy for virtually any couple, but it is of particular potency for couples who are stuck in repetitive conflicts. As long as no member of the couple has an organic memory or language impairment, the couple generally embraces the exercise and brings a sense of curiosity and passion to the exercise of reviewing their respective lives.

The answer to the second question connects to our response to the first. One of the reasons for the utility of the self-defining memory exercise for many couples is that often memories that have not been previously shared are revealed and discussed for the first time. In the case of Adam and Deborah, both his memory of his mother blaming him for his father's fall and her memory of the visit with the "wicked witch" had not been previously shared with each other. Considering the powerful messages that each of these memories conveyed to their respective partners and the subsequent enhanced mutual understanding, a strong argument can be made for the value of the self-defining memory exercise.

As Singer et al. (2007) found in their study of older adults compared with college students, the former may recall fewer specific details in their overall

self-defining memories, but their capacity to make sense of their memories and extract lessons from them is greater. Too often we associate memory in older individuals with an emphasis on deficits and what is lost. The clinical case study presented in this chapter argues that older individuals may indeed display some memory advantages over younger individuals in their capacity to distill the most meaningful essences from a lifetime of recollections. Both individual and couples therapists would be wise to avail themselves of this valuable resource in their work with older individuals.

APPENDIX A

Deborah's Self-Defining Memories

1. Positive memory of paternal grandparents and holiday celebration.
2. Positive memory of going with father on errand, playing with cousins.
3. Positive memory of father, aunt, and playing with her cousins.
4. Negative memory of being molested by older male cousin who babysat for her.
5. Negative memory of mother being drunk and brought home by police. The next day, Deborah had minor surgery at the local hospital and her mother was not there to support her.
6. Negative memory of being the go-between in parents' fights.
7. Negative memory of winning a game of solitaire and her mother refusing to believe that she had won.
8. Negative memory of her mother having a breakdown just as Deborah had her first period. Her mother was not present to help her through this milestone in her life.
9. Negative memory of mother's second breakdown, seeing her in the locked hospital unit.
10. Negative memory of pouring out vodka bottles in the sink.
11. Negative memory from eighth grade of her friends borrowing her clothes and only returning them when they were ruined.
12. Negative memory of her friend's uncle promising her a riding cap if she rode in a horse show. She rode in the show, but he never followed through with the promised cap.
13. Negative memory of a "peeking Tom" in a bathroom stall, scaring her when she was a college student.

14. Negative memory from her sophomore year of college when she learned that her grandmother had died.
15. Positive memory of sharing meals with this same grandmother.
16. Negative memory of being promised she could go to the same private school that her brother went to, but ultimately not being able to go because of parents' divorce.
17. Negative memory of father repeatedly favoring brother.
18. Positive memory of paternal grandparents and their benign presence in her life.
19. Positive memory of mother taking care of her. Full text of memory is as follows:

As I write this last memory, for now, it helps me to understand my mother. She loved me in her way, she was a sick woman with a disease, but she loved me. She did her best. I never could watch *The Wizard of Oz*. I was so afraid of the witch. My parents got tickets to go see the play at Starlight Musical, an outside amphitheater in Indianapolis. I was maybe 9 or 10. The real witch from the movie was the witch in the play. My mom somehow got me backstage to meet the witch without her makeup on, I was never afraid to watch the movie from then on. That was one of the very few times she took care of me, she found a way to cure my fears. Something in that day was about me for me, one of the very few times *I felt special* with my mom. I am so thankful to have the memory.

APPENDIX B

Adam's Self-Defining Memories

1. Negative memory about times when he and other children would call each other names, teaching him not to judge or stereotype others.
2. Negative memory of feeling inadequate compared to the wealthy Rhode Island summer people he got to know when his family would rent a beach cottage.
3. Negative memory of his father having a stroke before he could enjoy his retirement, teaching him a lesson about having balance in his life.
4. Positive memory of his parents making a good home for him through their hard work and frugality, reminding him how much intolerance he has for people who whine or complain.

5. Positive memory of how his mother would threaten him with chores when he claimed to be "bored"; he would always go outside and find something to do.
6. Extremely positive memory of growing up with family meals every night. He always insisted on this when he raised his own children.
7. Positive memory of playing board games instead of watching TV with his parents and then with his children.
8. Negative memory of how difficult it was to please his mother, realizing that he is not going to please everyone all the time in his life, but also noting his tendency to back away when he gets negative feedback.
9. Mixed memory: negative emotion about his wife's death and subsequent loneliness, but ending with description of meeting Deborah, his love of her beautiful smile, and his hopes for their life together.
10. Negative memory of his mother initially blaming him for his father's fall and not apologizing to him for her mistake. Full text of memory is as follows:

My family and I had just arrived for the summer in Rhode Island and we had brought down a ladder on top of the station wagon to work on the house. I took it down with my father, but then ran off to the beach to look for my friends. When I was down at the water, a neighbor came and found me and told me that I better go back to the cottage, my father had fallen. I went back and the ambulance was on the way. My father was lying at the foot of the ladder, unconscious and not responsive. The paramedics showed up and got him off to the hospital. He had had a stroke. We did not know this at first and we thought he had injured himself by falling off the ladder. My mother blamed me for not being there to spot him. I felt horrible. Even though we learned soon after that he had had the stroke first and then stumbled to the ground, nothing more was said. She never apologized for wrongly blaming me for his collapse.

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