Excessive Bickering between a Lymphoma Patient and her Spouse

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At the behest of his 70-year-old wife, who was a cancer survivor, an 81-year-old retired executive with no past psychiatric history presented to the outpatient psychiatric clinic for evaluation of his memory. He was found to have a mild memory deficit and was referred for a neurological evaluation. The patient also reported arguing with his wife multiple times every day. He blamed his wife for being “an angry person.” He consented when asked to bring her with him to the next session.

EMOTIONALLY FOCUSED THERAPY

When a couple coping with cancer is caught in a cycle of destructive interaction, couples therapy can help the partners work together to disrupt the cycle and end the discord. Emotionally focused therapy (EFT) is an evidence-based couples therapy that addresses couple partners’ attachment styles. EFT can provide partners with a map for moving from interactions based on attachment threats to ones organized by a sense of secure attachment.

During the emotional second session with the couple, it was evident that the two spouses were locked in a pattern of conflict. Using EFT interview methods, the psychiatrist tracked the behavioral pattern that had led to the couple’s daily disputes.

The patient would ask his wife the same question multiple times, leading her to believe he did not care enough...
to remember what she had just said. She would flare angrily at him and he would react with angry words. This exchange, replete with accusations, would then escalate until the wife walked away, ending the fight.

The wife’s anger at her husband’s perceived lack of interest in her traced back 5 years when she was diagnosed with lymphoma and had to undergo an extensive inpatient diagnostic evaluation along with chemotherapeutic treatment.

‘HE CARED MORE ABOUT THE MONEY’

During this period, the wife felt that her husband did not care about her well-being because he responded to her illness by becoming alarmed and obsessive about the couple’s finances.

“He cared more about the money then he did about being there for me,” she said. The patient acknowledged that the possibility of his wife dying had led to fears of poverty and homelessness because he did not trust any other family members to care for him. He also felt an impending sense of loneliness, saying, “I will have nobody in my life if she dies. Who will be there for me?” Even though her illness had stabilized and was no longer imminently life-threatening, their arguments continued.

**DISCUSSION**

This elderly couple illustrates how long-term family conflict can result from the stress of cancer and its treatment. The diagnosis of a life-threatening illness often produces fear and insecurity that activates attachment behaviors.

When partners are bonded through a secure attachment style of relating, the presence of one partner buffers the anxiety felt by the other. When an insecure attachment style is present, however, health threats can activate hovering and overattentive behavior (anxious insecure attachment style) or detachment and withdrawal behavior (avoidant insecure attachment style). In either case, the anxious partner’s emotional responses can be perceived as uncaring and nonempathic by the other. The ill partner is then at risk for attributing inaccurate meanings and motivations to the other’s behaviors, severing trust and intimacy for both. Cycles of conflict can then become self-sustaining because of blaming, attacking, and defensive walling-off.
Attachment orientation and caregiving styles are interdependent. In this couple, the husband’s anxious responses to his wife’s diagnosis led her to conclude that, “He cares more about the money than he does about me.” The ensuing 5 years were conflict-ridden by this empathic rupture in their relationship that could not fully be repaired.

**Efficacy of Intervention**

It is notable how quickly this conflict responded to intervention when the husband’s cognitive deterioration finally brought them to treatment. Nevertheless, it appeared unlikely that the wife’s sense of trust could be restored fully after so many years of conflict. This regrettable outcome raises the question of what might have been if the impact of the cancer diagnosis on the couple had been assessed earlier.

Brief interventions with couples at the time of cancer diagnosis can be protective. Rolland, for example, has advocated one or more “family meetings” with a couple or family to cover five topics:

- **Psychoeducation.** What does each couple partner already know about the diagnosed cancer and its proposed treatment?
- **Anticipated personal development events.** During the anticipated span of treatment, what events are expected in each partner’s life, such as work assignments or a job promotion, that will need to be managed during cancer treatment?
- **Anticipated couple development events.** For the developmental stage of the couple, what are expected events, such as retirement or a child leaving home, that will need to be managed during the period of cancer treatment?
Couple organization. Do the organization and communication styles of the couple adequately serve the needs of the ill member?

Couple's view of illness. What are couple partners' beliefs about the etiology, diagnosis, and prognosis of the illness, and their roles in its treatment?

From these conversations, a collaborative action plan can be developed to help couple partners work together to mobilize strengths and buffer vulnerabilities in coping with the illness.

CONCLUSION

Had this couple consulted with an EFT therapist shortly after the wife's cancer diagnosis, the therapist might have helped to create an empathic bond with the husband by acknowledging his loneliness and helplessness when he imagined losing his wife, then framed his frantic preoccupation with finances as a misdirection of his attention when the potential loss of his wife became overwhelming. The therapist could have helped him to acknowledge, and express to his wife, his desire to be close with her. The therapist might have empathically acknowledged the wife's feelings of alienation in the face of her spouse's preoccupation with finances, framing her withdrawal as a response to his preoccupation, and encouraged her to acknowledge and express her desire that he listen to, comfort, and stay present with her. The EFT therapist could have supported them in replacing their conflicts with an "approach-approach" style of interacting through secure attachments.

A number of reports over the past 2 decades have demonstrated the significant and detrimental psychological effect a cancer diagnosis can have on couples,4,10,11 Engaging a couple at the time of diagnosis in a psychoeducational and resilience-building program, or in formal couples therapy, can help strengthen the security of the relationship in the face of fear, uncertainty, and suffering. In this case, even a one-session couple assessment and intervention proved effective and sustained in its effects. Such one-session interventions have particular relevance in busy psychiatric practices where there may be only a single opportunity to meet with both couple partners together.

REFERENCES