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Contemporary Western society places its ageing members in a dilemma. By virtue of improvements in living conditions and advances in medical knowledge, individuals can expect to live significantly longer than did those of previous generations. On the other hand what is often valued most in our culture are those attributes and activities usually associated with youth—beauty, physical prowess, power and the pursuit of wealth. We live to be an age which is culturally devalued. Little wonder then that, for some, advancing age can be experienced as something of a crisis, for which psychotherapeutic help might be sought.

Yet psychoanalysis has not always been resolute in offering such help. Freud himself was not optimistic about the potential of older persons to benefit from psychoanalytic treatment. Early in his career he commented:

> On the one hand near or above the age of fifty the elasticity of the mental processes, on which the treatment depends, is as a rule lacking—old people are no longer educable—and, on the other hand, the mass of material to be dealt with would prolong the duration of the treatment indefinitely (1905 p. 11).

Analysts and psychotherapists tended to accord with this view until the late 1940s or early 1950s. Since then, however, there has been a gradual awakening of interest in this age group from a psychoanalytic point of view and the papers collected in this volume are testimony to this.

This book is a recent addition to the International Journal of Psychoanalysis Key Papers Series, a series of books which bring together important papers published in the IJP under a specific theme. This particular volume brings together papers by a number of different authors (some of whom are well known e.g. Hanna Segal,
Nina Coltart and Pearl King), each paper examining different aspects of the psychological tasks of ageing, as well as some of the special problems and difficulties which can arise in psychotherapeutic work with this group. The end result is a rich and varied read on this important topic.

The recent re-evaluation of psychoanalytic attitudes towards the older patient has its origins partly in changes in theory and technique in recent years. In particular, as outlined in a paper by Norman Cohen, there have been important advances made in the psychoanalytic understanding of narcissistic disorders. He argues that therapists may find themselves dealing with severely narcissistic patients, who are middle-aged or older, because the very nature of their disturbance has prevented them from presenting for help earlier in their lives. Patients with these disorders utilise defences such as splitting, denial, projection and omnipotence in an attempt to ward off any awareness of their vulnerabilities and to avoid anxiety to do with the issues of separation and their own mortality. Such patients not uncommonly approach therapy with a sense of urgency, often seeking a quick re-establishment of their previous omnipotent and idealized self, rather than seeking to acknowledge hidden envious and destructive feelings. In her paper Pearl King writes of the older patient having a sense that ‘time is running out’, that the therapy has come to represent the patient’s last chance (p. 102).

Part of this sense of urgency at the time of first presentation may also have its roots in such patients’ increasingly uncomfortable awareness of their inability to tolerate being alone. The losses of a spouse, friends, siblings and peers all potentially place the older patient in an increasingly lonely external environment. Winnicott (1958) has pointed out that the capacity to be alone is a ‘highly sophisticated phenomena … closely related to emotional maturity’ (p. 29) which depends developmentally on the infant having established a stable good internal object as a component of having achieved the depressive position. In her paper Segal describes her work with a man who presented for treatment at the age of seventy-three and whose analysis ended when he turned seventy-five. This man was lucky enough to have a secure setting for his therapy, a spouse and devoted son who supported it. Such patients are by no means the rule however; a number of the authors in this volume can attest to their patients’ paucity of external supports at this time of life and the pressure this can place on the therapist as their only hope.

With effective containment of these initial anxieties other special problems in this age group may need to be faced during the middle stages of therapy. Nina Coltart describes her work with a patient who first presented for analysis in a very depressed state at the age of sixty. For some years in the analysis the patient entertained the wish that the analysis would rid him of his anxieties and inhibitions to
such an extent that he might be able to achieve a satisfying sexual relationship with a woman, something that he had never achieved during the course of his life. Gradually, as his analysis unfolded, it became clear that such an outcome was unlikely, that the prospect of him managing sexual love with any woman in the future was more than he could seriously contemplate or manage. Thus, whilst much had been achieved in the course of his therapy (in particular the alleviation of suicidal depression), he and his therapist settled for more limited gains than might be acceptable in work with a younger patient.

Ideally, older persons face the prospect of their deaths realistically and are able to successfully mourn life's lost opportunities. These are two tasks which analytic work with patients of this age group will inevitably confront. But, as Freud has pointed out, 'No-one believes in his own death'. In his paper Elliott Jaques draws attention to the infant's relation with life and death. Ideas of immortality can be seen as a defence against a sense of persecution. Such ideas contain omnipotent and sadistic triumph, increasing the individual's sense of persecution and guilt. An effective therapy with this age group requires both looking backwards (at lost opportunities, unfulfilled dreams) as well as looking forward, preparing for death.

Not surprisingly, most of the authors in this collection of papers address the special countertransference problems and discomforts that patients in this age group can provoke. The older patient will often have accumulated life experiences in areas as yet unknown to the therapist, potentially triggering feelings of incompetence or inadequacy in the therapist. The patient can readily be experienced as one's own parent, mobilizing aggressive and sexual conflicts. In the penultimate paper in this book, Tor-Bjorn Hagguland movingly describes the intense feelings stirred up in him by an older patient's terminal illness, by the patient's desperate desire to maintain human contact with the therapist, such that the latter comes to feel controlled and invaded.

Given some of the afore-mentioned considerations, it could be expected that navigating the termination phase of the older patient's therapy may not be without its attendant hazards. The patient's very real sense of isolation in the external world may have fostered an intense dependence in the transference. Moreover, as Segal remarks, the termination of therapy can be experienced symbolically as akin to death and provoke severe anxiety. This can therefore be a stage marked by regression in the face of persecutory anxiety surrounding separation, the patient idealizing or devaluing the therapist as a result. However, it also is a phase which provides a final opportunity for the older patient to work through such persecutory fears and successfully mourn the end of therapy as well as to face the finite nature of existence with equanimity.
This collection of papers on a much-neglected topic reveals a great deal about the ageing process itself and the inspiring psychotherapeutic work which can be done with persons of this age-group. Norman Cohen, in his paper, usefully quotes Genet: ‘the problem of growing old, is that we are young, not that we are old’ (p. 37).

References


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