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**Adventures of the Old Narcissus.
On Psychoanalytic Psychotherapy for Seniors**

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Introduction

People in their forties are in the rush hour of their lives because of the combination of career, care of the family, and the labor required in maintaining other social contacts. For the elderly, family and work currently play a lesser part, intrapsychic and bodily changes, and coping with them in particular, may be just as stormy as that occurring during childhood development. For the elderly, increasing vulnerability and the rapid changes in society have a larger impact on their psychological condition than they have on younger adults.

Elderly persons are individuals with their own history and their own problems, so psychotherapy should be fitted to the person and his or her problems and stage of life. Therefore, protocolization of treatment seems questionable to me. In 2008, in the Netherlands, there are 2.1 million persons over 65 years of age; of these, 230,000 were over 85 years old. Of these 2.1 million, 5% live in residential care and 10% in a home for the elderly. Two thirds of them have an adequate level of cognitive functioning.

Aging 'successfully' does not depend so much on one's physical condition but rather on the nature and the extent of social contacts with children, grandchildren, other family members and friends. The motto can be "adding life to years; not just more years to life". The term 'aging' also conveys change, a relatively neutral meaning. Analogous to transformation of trees from spring to winter, our hair changes from chestnut to white, our waistline becomes portly, our eyes acquire crowfeet and our frequency of making love shifts from three times a week in your twenties to twice a month. But equally important, our ability to love and be loved does not diminish with age. At the beach we pick up grandkids instead of sweethearts, but our capacity for joy is undiminished. Finally, the term "aging" also conveys development and maturation. Analogous to a grand cru wine evolving from bitterness to perfection, at 70 we are often more patient, more tolerant, and more accepting of affect in ourselves and others. We are more likely to tolerate paradox, to appreciate relativity, and to understand that every present has both a past and a future (Vaillant & Mukamal, 2001).

From the onset of psychoanalysis there have been different opinions about psychotherapy for the elderly,

especially under the influence of its founder, Freud (1898, p. 898). As a person of 42, his opinion was that psychoanalytical therapy fails with people who are too old (over 50), because with them, in view of the accumulated material, it would take so much time that before the end of the treatment they would reach a phase of life where healthy nerves would be of no more importance. This opinion is in conflict with that of other psychoanalysts of his time as well as that of the current generation. (Abraham, 1949; Martin & De Gruncky, 1930; Meerloo, 1955; Grotjahn, 1955 and Pollock, 1998). Their view is rather that this type of treatment can be applied.

This article tries to give an overview of the state of the art, options available in treatment using psychoanalytic psychotherapy with elderly, and the characteristics of the psychoanalytic point of view that can be used in the diagnosis and other treatments for the elderly.

Apart from the underlying neurotic problems, the themes that present themselves are defined by the typical characteristics of the stage of life, such as acceptance of and adaptation to physical and psychological changes as well as the perspective of the approaching end of life (Nemiroff and Colarusso, 1985). We see an elaborate history, in which the individual has gone through a number of stages of life, and with an intrapsychic structure that (after several restarts) has reached a more or less solid state. These changes require adapting the regulation of the sense of self, i.e. handling the narcissistic vulnerability –the central theme of aging.

Psychoanalytical psychotherapy for the elderly has not just to do with age, but also with themes. Fundamental changes take place in various areas of life, which require adaptation from the psychotherapeutic technique: for the elderly individual psychodynamics are different. For example in older patients, separation, autonomy and oedipal conflict are more influenced by the declination of body functions and the inevitability of death (Nemiroff & Colarusso, 1985). Transference and countertransference are more complicated (Hiatt, 1971), especially due to gerontophobia (Van de Sande, 1993). For the elderly, the motivation for engaging in psychotherapy is different from that of younger adults (King, 1974).

The adaptations for the technique are based upon recent insights in the developmental stages of later life. In addition to a review of the various forms of psychotherapy for the elderly, this paper also addresses the social and economic benefits of successful psychotherapy.

At thirty, your life is still before you. At forty, the saying is that real life just begins. At fifty, the praises of the final turning point are sung, although not always joyfully, and a sharp line is drawn between old and young. However, people often only realize a few years later on that they are over 55 and forever senior citizens. Important to the younger elderly, or 'mediors' (55-70 years) is the change in body perception and sexuality, for the older elderly, or seniors (70-85 years) it is the experience of social changes and being left behind, and for the very old the approaching goodbye.

Vignet; Introduction

Mrs. A, aged 58, came to psychotherapy during 4 years for a burnout. She works in a prison for adolescents and had a conflict with her superior, a woman who exploits her. She was boundless in what she demands from Mrs. A and had promised to improve her attitude but failed. Mrs. A's relation with her superior was a replica of the relation with her mother.

After her studies, she got a scholarship at a little university in a foreign country. She flourished far from home, and fell in love with an older female student who was her mentor and a lesbian. This dream stopped when she was raped and threatened at gunpoint while on a bicycle tour on her own.

*In her thirties, Mrs. A went in psychoanalysis with the question of whether she could change from being a lesbian to a heterosexual. In that time Mrs. A had a relationship with a woman who suffered from *pseudologia fantastica*. Mrs. A did not believe in her fantasies but mirrored herself to her friend's behavior. Her girlfriend impressed Mrs. A because of her idea of kinky to violent sex.*

The relationship between Mrs. A and her later husband was bad. They were living under one roof but mentally and emotionally separated. He was selfish, obsessive and authoritarian, characteristics that turned from qualities into complaints. He was used to

dumping the cause of his failure onto her. Since the birth of her second daughter they did not have sexual intercourse or even bodily contact. If she had sexual fantasies they were about violent sex, being raped in an isolated wood by two unsavory sinister men in an Opel Kadett.

During her psychoanalysis she suffered of a kind of puerperal psychosis after the birth of her second daughter. She had images of the smiling face of her daughter behind the window of an electro wave that was turned on and showing a repetitive image of a heavy flowerpot falling on her daughter's head. In a kind of prepsychotic state a year minus one day, on a leap year, she wanted to "celebrate" (illuminate/set on fire?) the death of her mother because of a medical failure. She was afraid to wound her daughters with a knife. Her mother was the key figure in the family. There was no room for a man. Mother's involvement, you can hardly call it love, was absolute and implicit; she demanded it also of her only daughter. Her brother was a homosexual priest.

The myth of youth and the power of character

To judge the myth of youth you need the distance of the elderly. The myth of the youth restrict your life to the short time wherein we were biologically strong, economically productive and aesthetically beautiful. Desolate and trivial are all the other years – which are the most numerous – that follow this "happy" phase of life. Then becoming older decays to waiting for death. In the ancient world time was cyclic and every year a repetition, like the rhythm of the seasons. People knew more the longer they lived, "knowing is remembering" said Plato, and older people are rich in their knowledge because of the abundance of memories. Older people are the guards of wisdom and culture (Galimberti, 2011). Nowadays, the notion of time is progressive, not cyclic but a spear thrown into the future without a purpose or an end. Everything must be bigger, better and faster, kilobytes are from the stone age of twenty years ago, now as long as it takes we do it in terabytes. The elderly are no longer a store of wisdom but contaminated by deceleration, inadequacy, fear for the new things that cannot be mastered. In *The Force of Character*, philosopher Hillman offers a perspective other than waiting for death to come (Galimberti, 2011). At sixty plus you don't have to wait for the end but you become con-

scious of your character that has crystallized during the incubation time of life. One becomes old not through biological degeneration but because of the idea elderly is a fruitless time with death as final purpose. As elderly people we know what we are in the depth of our minds and what our characteristic particularities are. In this perspective, "older" does not mean "a ruin waiting for the death". "Older" can become unique and distinctive as things that are worth admiring, such as old sailing ships and old photos that are unique and irreplaceable. This view offers you in retrospective a brighter look at life. As you become older your character becomes clearer. Your "real face" reflects the habits that you gained, the friendships that you fostered, your idiosyncrasies, the ambitions that you hunted for and the loves that you had and dreamed of and your children (Galimberti, 2011).

"As long as we see every tremor, every liver spot on your skin, every forgotten name as a sign of declination, we torture our mind. Don't lift your face but your ideas. We have to realize that all these conventional ideas are matured by looking at the TV and advertising to the spectacle of beauty, youth, sexuality and perfection. In reality they serve to hide the unique character of our personality. In that way we are trained from our birth that *seeming* is better than *being*. As a result remains the risk of dying unknown for ourselves and others" (Galimberti, 2011).

The development of personality in the different stages of life

Anna Freud (1963a) was one of the first to initiate a theoretical concept of personality development. The first individuation (0-4 years) is determined by identification with the previous generation (i.e. the parents). The second individuation takes place by identification with peers during adolescence (Blos, 1967).

Colarusso (1990) introduced the concept of the 'third individuation'. He proposes that the development of the self and the differentiation of the objects in the various developmental stages is a continuous process. This individuation is not only determined by the previous generation, or by the identification with peers during adolescence, and later on with one's spouse and with friends, but also by the next generation, that is the

relationship with one's own children. Later on he even speaks of the 'fifth individuation' (Colarusso, 2000).

The first two individuations take place during early childhood and adolescence, in a developing body and mind. The three next individuations (from ages 20 to 40, ages 40 to 60, and age 60 onwards) take place in interaction with persons other than the parents, i.e. the primary objects. For instance with our spouses, with whom we share a strong sexual and emotional intimacy, and with our 'genetic and psychological extensions', meaning our children, students or younger colleagues, respectively. In the various stages of life psychosocial functioning is defined by the following themes: intimacy, bodily change, time and death, as well as relationships with parents, children, and society (Nemiroff & Colarusso, 1985).

The fourth stage of life (ages 40 to 60) is characterized by a growing awareness that the end is drawing near. In this stage, children leave home and the parents pass away, but new objects also may present themselves, such as grandchildren. One has to give up the youthful aspects of the self, but during this stage this is compensated by maximal autonomy, competence, influence, and commitment to others. In short: a sense of 'we are the world'.

In the last phase of adulthood (60 years and over) Nemiroff and Colarusso distinguish the following requirements for psychosocial functioning:

- maintaining physical health and adapting to chronic impairments;
- coping with the loss of spouses and friends and meaningfully spending the time that is left;
- ongoing orientation on the present and the future and not just exclusively dwelling on the past;
- maintaining social contacts with friends, children, and grandchildren;
- role reversal with children and grandchildren; a shift from being left behind to saying goodbye.

Other authors consider life rather as a cyclical process. Madow (1997) speaks of a 'final stage' in life, a 'second symbiosis' with the primary object. Grandma is very fond of her mother's brooch, which she in turn had gotten from her grandmother. Or, she prefers to sit and

read by a tattered reading lamp by which her mother used to sit and knit, but which now in fact sheds too little light to do so. In the area of tension between the wish to be cared for and cherished and the will to stay independent, the capacity to ambivalize gets challenged and the struggle for autonomy gets activated (Schnabel, 2002).

G. Pollock (1998) introduced the concept of the 'mourning liberation process'. For healthy older people, the healthy, creative and circular process of loss, mourning, and attachment goes on until death puts an end to it. However, because of physical complaints and cognitive impairment, many elderly who have problems with attachment and detachment are no longer able to maintain this cycle. They only focus on their physical wellbeing, or rather on their ailments, and look back nostalgically at the distant past.

G. Schlesinger-Kipp (2004) propagates a more feminine view of the concept of the stages of life. She suggests development is not linear, or male, but instead takes place according to the feminine cycles, more like 'the years pass, but the seasons return'.

We may conclude that the development of the libido and the Ego takes place during our entire life, in stages in which various tasks may be distinguished. Life as a whole is in fact a re-adaptation of old conflicts. At each stage the individual is confronted with aspects of the Oedipus complex, whether it is about marriage, parenthood, illness, retirement, or death (Fenichel, 1977).

Themes of the latter stages of life

Generally, the appreciation of old age differs between cultures as well as between eras within a culture, varying from deep respect to relative or complete exclusion. This appreciation is often characterized by ambivalence. On the one hand the aging person has survived a number of critical stages of life and so deserves admiration or respect. On the other hand he is considered to be weak and played out, or seen as being set in his ways and rigid. In short: being old is not being 'out'.

People derive a feeling of stability and continuity from the standards and needs of their own generation. These needs and desires are to a great extent determined by the dynamics between the preceding and fol-

lowing generations. As I mentioned in the introduction, the themes that present themselves in psychotherapy for the elderly are different from those for young adults. The most characteristic differences are: (1) a *changed body image*, (2) *skin*, (3) *cognitions and feeling*, (4) *real and imaginary age*, (5) *experience of time*, and, finally, (6) *acceptance of the changed perception of love and sexuality*.

As stated before, regulation of the sense of self, i.e. handling the narcissistic vulnerability is the central theme of aging. Unsurprisingly so, because of the large number of changes that take place in this fifth phase of life.

1. Acceptance of the changed body image

The experience of the body image plays an important part in therapy for the elderly. In psychoanalytic literature the body image is more or less neglected. Freud (1905a) did point out the important influence of the body on psychological development during infancy, e.g. the erogenous zones. Later analysts developed a theory about the integration of body and psyche during adolescence. Subsequently, a few theories were formed about the climacteric, although there was already an important psychological influence of bodily change from 35 years onwards. These changes are often subtle, such as the first gray hairs, changes in endurance, as well as changes in sexual interest. For men this is a more gradual process, while women may be confronted rather abruptly and lastingly by the end of fertility. There are some possibilities, or defense mechanisms, for coping with these narcissistic injuries, ranging from obsessive occupation with dieting and a healthy body to plastic surgery. Also, a young body may be searched for in the form of a younger partner or substituted by a still bigger car or boat (Colarusso & Nemiroff, 1981).

2. Skin

Skin has a double function. On the one hand the skin functions as the organ that expresses intrapsychic influences, such as turning red from shame. The skin is a sort of projection screen of the inner soul, just like poetry is the 'inner wallpaper' of Dutch poet Hans Lodeizen. On the other hand the skin is a container for sensual experience (Anzieu, 1994). The taboo on touching elderly people's skin is a striking phenomenon. The skin, our largest organ, plays an important part in maintaining and creating the boundary between an

object and a subject. You will recognize undoubtedly the wonderful smell of a soft baby skin.

You may also think of embellishing the skin with make-up and tattoos during adolescence and of the excitement of caressing it when engaging in sex. We can imagine that cuddling a child, or a cat, or a rabbit is agreeable, but it is harder to imagine that caressing or kissing the skin of an elderly person can cause an erotic feeling. However, it should not be underestimated that elderly people may experience bodily contact as comforting and supporting (literally so when walking arm in arm), without any sexual elements being involved (Bartky, 2010).

3. Cognitions and feeling

Later in life change is more rapid, both physically and in terms of family circumstances, which requires more effort from the ego to adapt. Because older people are confronted with the real loss of beloved objects, it becomes less easy for them to deny depressive reactions. This opens up a healthy way of dealing with grief. Both the confrontation with this real loss and the decline in vitality of defense mechanisms are advantageous, for they reduce resistance in therapy. This has a positive influence on the therapeutic alliance, stronger than for younger people (Abraham, Knocker & Gada, 1980; Grotjahn, 1955). The emotional instability of the elderly does not always need to be characterized as a weakness; it can also mean a healthy emotional mobility.

Feelings of guilt are more determined by the past and by how they were dealt with in past events rather than in current events. Some elderly people have resigned to what they have accomplished in life. They are less defensive and they have a wisdom that sprouts from their own experience of life. It is, as if their tolerance for frustration has increased, because their values and needs have crystallized and they make a clearer distinction between what is important in the short term and what is necessary and possible in the long term. They may be more able to tolerate postponement, because of a certain frame of mind that can best be described as 'mellow'.

4. Real and imaginary age

Milan Kundera describes the phenomenon of 'imaginary age' in his book *Immortality* in which a 65-year-old woman, in love with her young pool attendant, turns around towards him and waves.

'I was struck. That smile and that gesture were those of a 20-year-old woman! Her arm shot up with enchanting grace. As if she threw a many colored ball to play with a lover. That smile and that gesture had charm and elegance, while there was no charm left in her face and body. With a certain part of our being we all live outside of time.' (M. Kundera, Dutch translation from 1990, translated into English by the author.)

Marguerite Yourcenar defines the concept of the 'imaginary age' as follows: *"Generally speaking I have no age, except for my body with its limitations. If I should be of a certain age, it would be my age as a child, eternity and childhood. Feeling old can be considered as a state of mind, where the focus is on the confrontation with one's own limitations, with the following themes: 'finiteness', 'temporariness' and 'mortality'."*

At his level of functioning, a child with a deadly muscle disease would have to deal with the tasks and themes of someone who is 60 years old or over, while its biological age indicates otherwise (Van de Sande, 1993).

5. Perception of time

An important aspect in psychotherapy for the elderly is the perception of time. Both therapist and patient are inclined to ignore the objective significance of time for the therapeutic process. Feelings about finiteness and death are, although often denied, present in each session. The story also unwinds within the transference spectrum, which in itself entails a certain timelessness. Persons over 55 tend to repress that they are getting older, like the women in the quotation of Kundera. There is a self-centeredness that takes no account of real time. The older person lives between two fields of influence: on the one hand, the memories from the past and their idealization play an important part; on the other hand, the older person is confronted with the finiteness of life. This confrontation does not always need to lead to a gloomy vision of life. There may also grow a feeling of *carpe diem* (King, 1974). A comforting phenomenon is the experience of *la petite seconde d'éternité*, the second in which an older person kissed his beloved for the first time, and which is of more importance than all the memories of their past relationship (Quinodoz, 2010).

6. *Change in the experience of love and sexuality* *Love and Sexuality*

Literature shows an abundance of books on the advantages and limitations of love in later life. In movies there is a considerable interest in the adventures of older people. Two recent movies, *Venus* (with Peter O'Toole and Jodie Whittaker) and *Irina Palm* (where Marianne Faithfull plays a woman who gets RSI from massaging men to a climax through a hole in the wall) break the taboo on sex for older people. The result is touching and not pornographic. Other 'sixty' plus films are: *O amor natural* (1996), *Innocence* (2000), *Intimacy* (2001), *About Schmidt* (2002), and *Batalla en el cielo* (2005).

Although love is not a primary affect, like joy, interest, and disgust it is rooted in the primary bond with the parents. Physical contact, affect regulation and mentalization processes together form the individual inner representation of love, which is being developed and adapted during one's lifetime. Other elements are choosing a partner, and interaction with one's partner, with consequent changes in the self-image.

Love is characterized by physical and physiological reactions with their corresponding affects, cognitions, moods and sexual arousal (Schrader, 2005). Pleasure involves intense feelings, which continue to exist throughout life but are less easy to evoke later in life.

Scientific research shows that the spurt in psychosexual development during adolescence determines the choice of the love object. Thus, in the Netherlands, there is a difference in the experience of sexuality between elderly people who went through puberty in the period of freer morality just before World War II, and the generation that grew up just after that war. Older people who went through puberty in the years of post-war recovery, had to deal with stricter standards because of the war and its aftermath (Neeleman, 2001).

Sexuality and erotic love are shaped during the Oedipal stage. They are not only virulently present during childhood and adolescence, but neither come to rest after the choice of a partner nor in adulthood. They are adapted and activated throughout life by developmental tasks and conflicts. Scientific publications about sexuality and the experience of sexuality by the elderly show that little is known about it and that there is a

great need for more insight into the changes in somatic, psychological, and social functioning (Rademakers, 1994).

Human sexuality does not limit itself to sexual intercourse, but involves the whole physical spectrum: sensuality, self-gratification, fantasies, and daydreams. Two thirds of the people over the age of 60 and one third of those over 70 reported a positive role of sexuality. One end of the continuum consists of giving up a problematic experience of sexuality because of a reduced libido, and at the other end there is a deepening experience of sexuality, provided the narcissistic injuries of the failing body can be dealt with (Von Sydow, 1994). So there is a transition, from fast food to slow food, from more and bigger to slower and more satisfying.

Generally speaking older people's interest in sexuality seems to be larger than the degree of activity. According to some sexologists (Kaplan, 1990; Schnarch, 1998) sex gets more important when people get older and sexuality remains a source of satisfaction that does not necessarily have to get lost in this stage, which entails a lot of loss and departure. Sex is an antidote *par excellence* for that.

Regulation of the sense of self after a change in the experience of sexuality

When we get older, our body, formerly the organizer of our life and love life, is no longer ego-syntonic and no longer satisfies our pleasures and passions. Thus the body becomes a 'battlefield' dominated by trouble and failure. Although sexual activity declines and its physical elements (erection, quality of the orgasm) decrease, a satisfactory experience of sexuality helps to bear the injuries of getting older and to revive the declining regulation of the sense of self.

In a satisfactory sexual relationship negative physiological effects get compensated for. Sexual activity is good for the joints and muscles, gives life a more vital color, and, last but not least, being desired and feeling satisfied compensates feelings of loss and departure (Neeleman, 2001).

Later in life infantile and unripe sexual feelings can come to the fore, getting expressed for instance by an increasing interest in pornography, voyeurism, masturbation and erotizing vegetative functions (Balint, 1957;

Abraham, Knocker & Gada, 1980). For older people the expression of sexuality may assume other forms, but because of the dialectics of pre-genital and genital strivings they are more likely to develop a richer way of experiencing it than younger people. This way of experiencing sexuality, especially the passive satisfaction of needs – such as caressing or lying close to each other (Schlesinger-Kipp, 2004) – plays a larger part than performance.

During youth, biological drives and sensory sensitiveness are important determinants in sexual intercourse; but for the elderly, thoughts and feelings are rather more determining in the exchange of intimacy when having sex (Neeleman, 2001). Erotic fantasies and wishes are not perishable and older couples can still experience each other as if time has stood still, or with the intent to stop time. Old love does not rust, as the saying goes, and inner representations are not susceptible to the corrosion of time (Luft, 2005).

Motivation for seeking psychotherapeutic assistance

There are various reasons why older people seek psychotherapeutic assistance, but they are often connected with the aforementioned themes. The younger elderly will often fear reduction or loss of sexual potency and its influence on the relationship, or they fear that unsolved marital problems will surface as soon as the children have left the home. There is also the threat of superfluousness, of being replaced by younger colleagues, and of failing in the practice of one's profession. Typical for the older elderly is the fear they will not be able to pass the time after retirement and to lose the identity they got from their professional status. In addition, there are also factors such as illness, dependency on others, and the fear that this generates. Also, the inevitability of one's own death, while realizing that one can no longer achieve what one would have liked to achieve, may lead to depression (King, 1974).

Vignet; decursus

After she gained insight that her behavior was a repetition of old interaction patterns, she could change to another department and after that she could work through some other themata. She remembered a scene with her daughter at the age of five standing naked together in front of the mirror in the bathroom when her daughter wonders if she would also have breasts

like her mother when she became an adult. Mrs. A was touched by speaking so frank and freely about her future femininity. On the one hand she felt comforted that her daughter was not as problematic as herself, on the other hand her daughter taught her to feel free as a woman instead of an object for rape in a grubby Opel Kadett.

She refers to a strophe in a love song: "Spring came very short and furry when we saw each other again in December". It fills her with a feeling of total dedication that you can see between an older couple when one dies and the other is totally broken. She wanted such a relationship. She did not feel it with her husband but instead with her girlfriend with pseudo-logia fantastica. Not for her as a person but for the life she lived outside society "just the two of us".

During psychotherapy her daughter reached puberty and the relation was good but there was a serious quarrel when she looked at an email written by her daughter to a friend. She found her reaction similar to her father's. Her daughter wrote that her mother was niggling. She confronted her with that remark but she denied it. Mrs. A became totally out of order, started nagging and could not stop; she started seeing the same images of her daughter in the electro wave.

"Yesterday my daughter asked me if I wanted to help her shave her armpit. First I was short tempered – my daughter takes away all my free evenings. I felt threatened. It is very intimate to help your daughter shave her armpit. I never spoke with my mother about the use of deodorant or even about my problems with my menstruation."

Characteristics of psychoanalytic psychotherapy for the elderly

1. Psychodynamics

Later in life change is more rapid, both physically and in terms of family circumstances, so the ego has to adapt. For the elderly individual, psychodynamics are different from those of the younger adult. The older individual is confronted with the reality of finiteness, his defense system is less vital and the intensity of instinctual impulses has diminished. Because of the experience of life they gained earlier on, some elderly people are better able to put problems into perspective and to accept pain-

ful insights, which leads to a healthy emotional flexibility.

While the adult's psychodynamics are determined by the conflict between instinctual impulse and defense, for the older individual the conflict takes place mainly between the ego and the ideal-ego. If the high ideals can be re-adjusted, the sense of self-worth may begin to change, and guilt and shame for failing in the past will become less oppressive (King, 1974). Because in fact parent images also have become less threatening renewed object relations can more easily be formed.

2. *Introspection versus retrospection*

For a good treatment outcome in psychotherapy later in life the ability for introspection is as at least as essential as the capacity for retrospection. Retrospection may lead to adjusting highly-strung ideals and strict conscience functions. The elderly individual lives between two fields of influence: on the one hand memories from the past and their idealization play an important part; and on the other hand the older individual is confronted with the finiteness of life. As mentioned before, this confrontation does not always need to lead to a gloomy vision of life.

3. *Perception of time during treatment*

Both therapist and patient are inclined to postpone the objective significance of time in the therapeutic process. Feelings about finiteness and death are, although often denied, present in each session. The patient's story is enacted within the countertransference spectrum, which already entails a certain timelessness. For the adult patient the therapist usually is one of the most important persons in his life. For the elderly patient, who has lost persons who were dear to him, that is not always the case. This may cause strong feelings of transference to occur, especially during the initial stage of treatment. Negative themes are being avoided in order not to break up the 'precious relationship' between analyst and analysand. Termination of therapy is reminiscent of death, which in fact is near. This may occur in the final stage of therapy.

4. *Transference phenomena*

Negatively oriented feelings of omnipotence may occur when the therapist assumes the role of the stronger person who needs to help the weakened patient. Reversely, the therapist may elicit feelings of jealousy and distrust in the patient, because he views the therapist as an adolescent child, strong and

able-bodied (Abraham, Knocker & Gada, 1980). Neurosis in adulthood is the result of unresolved conflicts from the pre-oedipal and Oedipal periods as well as the influence of the various following stages of life. The influence of the later stages is important, because they strongly determine the transfer-countertransfer spectrum for older people. Therefore, we distinguish the so-called multigenerational transfer figure (Hiat, 1971).

Typical forms of transference are:

- parent transference – the analyst is being seen as a parent, and feelings of omnipotence are attributed to the analyst;
- peer or sibling transference – the analyst becomes like a friend, confidant, a close colleague, or even a younger or older brother;
- child transference, or the so-called reversed transference – the patient feels he is a sort of teacher (this teacher-student configuration generally serves to keep away feelings of dependency);
- sexual transference – a strong erotic transference is very well possible with elderly patients.

5. *Countertransference phenomena*

Typical forms of countertransference by the therapist are:

- omnipotent, unrealistic hope – the possibilities of the elderly patient are overestimated while at the same time his fear of death is denied;
- fostering narcissistic needs – the therapist is seen as the great savior;
- the bias that older people (compared with certain younger patients) can be demanding and manipulative, leading the therapist to reject feelings of pity for someone in the final stage of life.

6. *Gerontophobia*

When reviewing recent literature concerning studies of the elderly, it is striking that these are often based upon research among severely disturbed older people. Although physical, cognitive, and psychological change, or decline, may occur in this population, for most older people this will not be invalidating. 'Gerontophobia' in psychotherapists may be related to their own difficulties in accepting the aging process.

The therapist's opinion that later in life sexuality would be strongly reduced ensues from biased fantasies about sexual relations later in life. There is also the myth that old age is associated with rigidity. Rigidity, or rather flexibility, is not an age-related factor, but it is determined by the nature of the personality as it has developed throughout one's entire lifetime. One could say: once rigid (certainly without treatment), always rigid (Van de Sande, 1993).

Vignet; termination

At the end of the psychotherapy, a year after the divorce that lasted 10 years, she went on holiday with her children she asked herself to go on alone or find a new partner. It is difficult to enjoy the holidays. She punished herself and was full of shame. Everything became meaningless, she developed suicidal ideations but the fact that the therapist did not become angry and did not humiliate her like her ex-husband and gave her the opportunity to talk freely about her feelings and thoughts comforted her and gave her strength. She went on holidays with her children on an archaeological dig... In the first week of her holidays she felt homesick because of the social remark of the therapist who said "Enjoy your holidays". In the first session returning from the holiday she explained with delight how she enjoyed taking pictures by choosing a butterfly as an object, and studied how it moved. The images that are not photographed are burned onto her retina. One photograph is a fragment of the whole film that she saw through her lens.

Mrs. A suffers from narcissistic personality disorder, was treated successfully for her borderline problems through psychoanalysis. In this phase of her life she seeks out therapy due to chronic matrimonial crisis, work problems and a revival of old conflicts. Working through this disturbed relationship and the insight that her female superior is a stand-in for her mother and freeing herself from a sadomasochistic matrimonial relationship opens like a a freeway, a kind of overtaking maneuver. The photograph is a print of a positive experience caused by the corrective emotional experience in the transference, instead of punishing and feelings of rejection. Through retrospection a rearrangement is possible in her role as a woman; she is capable of putting her responsibilities at work in another perspective and she can direct for herself a future that could potentially last another 25 years, wherein she can arrange her life in a freer way.

Forms of psychoanalytic psychotherapy for the elderly

The possibility of treatment for the older patient has not always been considered with pessimism. From the 1920's there have been various publications, such as those by psychoanalysts Abraham (1949) and Martin & De Gruchy (1930), who reported successful psychoanalytic treatment of older persons. Later on this was confirmed by other analysts such as Meerloo (1955), Grotjahn (1955), and Pollock (1998). The majority of these authors express the view that all forms of psychotherapy can be used with older patients.

The range of therapeutic possibilities ranges from supporting analytic psychotherapy combined with pharmacotherapy and psychodynamic insight-oriented therapy to psychoanalysis. The setting may be individual, couple or group therapy (Van Eekeren, 1991). Some authors are of the opinion that a determined focus and a limited number of sessions benefits treatment outcome. Research shows that psychotherapy for the elderly has more to offer than just symptom reduction (Lazarus, 1984). In the initial stages more attention should be paid to current problems, including the 'corrective emotional experience'. This could clear the way for retrospection on life, which brings the narcissistic vulnerability into balance.

Final remarks

Currently, 25% of the inhabitants of Europe are 60 years old or over. Not only is life itself more complex for the older person, but since World War II, we have seen a considerable increase in the number of older individuals who find it difficult to cope with this complexity. Older people, who still have to deal with an increasingly complex existence even though their capacities, both physical and psychological, are decreasing, are more likely to have problems.

Since life expectancy has risen to about 85 years, there is a stage of life after the 60th year that covers an entire generation. This stage has its own specific tasks and goals. Older patients may certainly benefit from regular psychoanalytic treatment possibilities. The costs that are involved are amply compensated for by a reduction in the use of medical services. If the narcissistic injury of the aging individual is not adequately resolved, the necessity for guilt and punishment may increase,

with consequent functional or psychosomatic complaints. This legitimizes the increasing use of medical services by the elderly.

Successful treatment improves the quality of life, not only for the patient but also for the next generation. The preventive impact of successful therapy for the elderly in the next generation should not be underestimated. Younger adults may benefit from the experiences and the sense of perspective that older adults may pass on. The older individual does not need to retreat into isolation. He may enter a new road in his private life, or actively participate in social life, or on the job market. To leave this possibility unexplored would mean an unquantifiable economic loss.

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