

Journal of the American Academy of Psychotherapists

VOICE

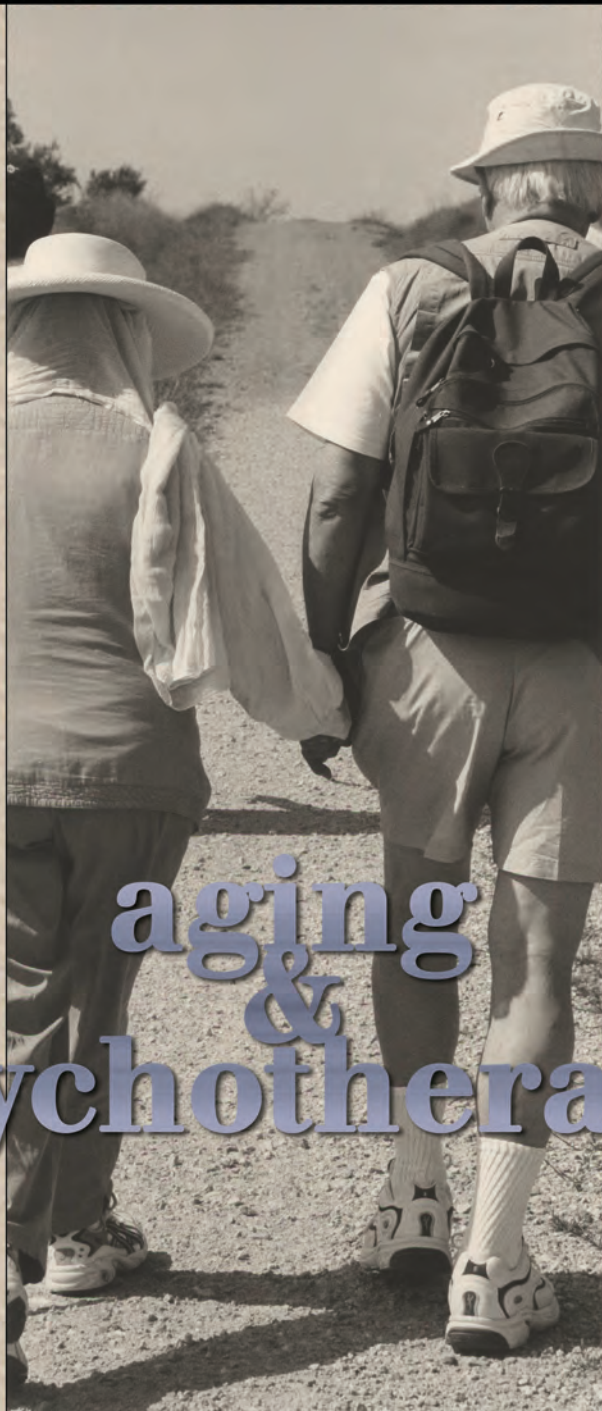
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*Founded in 1964 by John Warkentin, PhD, MD and Thomas Leland, MD*

**Voices: Journal of the American Academy of Psychotherapists**

**Editor:**

**Kristin Staroba, MSW** | [kristin.staroba@gmail.com](mailto:kristin.staroba@gmail.com)

1201 Connecticut Ave., NW, Ste. 710

Washington DC 20036

**Graphic Designer:**

Mary de Wit

**Business Manager:**

Denise Castro, PsyD

182 Soundview Road

Bellingham, WA 98229

**International Consultant:**

Jacob Megdell, PhD, Canada

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Journal of The American Academy of Psychotherapists

# VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

Carl Whitaker to Shelly Kopp after not having had contact for a long while:

“Hey Shelly, It’s been so long I thought that one of us might be dead.”





Journal of the American Academy of Psychotherapists

# VOICES

## THE ART AND SCIENCE OF PSYCHOTHERAPY

**Aging and Psychotherapy** Winter 2017: Volume 53, Number 3

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2001, Photograph by Molly Donovan

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## Editorial

### Homage to Past and Future

AT THE SUMMER WORKSHOP TWO YEARS AGO, I had an on-the-fly conversation with Grover Criswell about how quickly the workshops on aging had filled. I next went into a *Voices* Editorial Review Board Meeting where Kristin Staroba asked the group to think about potential themes for upcoming issues. The thought about aging as a theme was right there.

It's hard for me to believe that I've been in the Academy for nearly four decades (and in practice for more). I was introduced to the Academy by Harry Rockberger, one of the near-founding members, in 1980. It was the first time I'd found a place where therapists spoke a language that felt right to me, and I became the therapist that I am in no small measure because of the Academy. The elders at that time, most of whom were younger than I am now, were a great source of validation, challenge, and embrace. I found fathers who encouraged my voice, mothers who both enjoyed me and challenged me, and playmates who sang rock-and-roll songs (badly) with me while standing in buffet lines. The elders are gone, and the playmates who are still here all have "snow on the mountain."

I, personally, had several motivations for wanting to guest-edit this issue. I love *Voices*, I love the Academy, and I treasure the opportunity to offer myself in service to both. The aging theme has been on my mind, as my dear colleagues and I deal with the issues that inevitably arise, and I wanted to provide a forum for their ideas. Lastly, I wanted to do a project with Don Murphy. Don is a dear person to me, a man with whom I get to spend far too little time. On a visit to Atlanta, I was walking with Don, feeling close, and it occurred to me that a *Voices* issue would be a great way to encourage increased contact between us. It was a great instinct. I've loved working with Don, and have grown from the experience in ways I hoped for and in ways I couldn't have suspected.

By asking contemporaries to share what they've learned, Don and I envisioned an homage to mentoring in the Academy. We also made space for those who are aging but are not so far along the path, in tribute to those buffet line experiences. ▼

BARRY WEPMAN, PhD, says, "Life feels especially vibrant just now, as this season introduces a new palette of colors. I continue to practice and teach, finding increased pleasure in passing along what I have learned; in opening the office door that I've been opening for almost 30 years, although a bit less often these days; in the delicious complexities of being at the apex of several generations. From this perspective, relationships seem ever more important. I feel so grateful for my wife, Molly, my sons, their wives and children, for my friends and colleagues. Who could ask for more?"  
[bjwep@aol.com](mailto:bjwep@aol.com)



DON MURPHY, PhD, says, "Although now retired, AAP remains my home away from home as it has been for 35 years. Otherwise, I spend my time in various ways: trying to be a good companion to Barbara, visiting our kids and grandkids, traveling as often as possible, dining with friends, reading, walking, listening to music, watching British TV mysteries, being a bit politically active, searching for a volunteer site where I can use my elementary Spanish—and being quite grateful for this life. Presently, I am also awed by the experience of working with Kristin and Barry on this *Voices* issue. It was truly a gift."

[doncm38@gmail.com](mailto:doncm38@gmail.com)

## Remaining Open

BARRY PHONED ME SOME TIME AGO TO SUGGEST THAT HE AND I OFFER TO CO-EDIT A *VOICES* ISSUE. Immediately after the call I had two reactions. The first was one of delight. I love and respect Barry, so the idea of working together pleased me. Following on the heels of that was the thought, "Oh, but aging is such a non-sexy topic!"

One might think that, in my 79th year, I have an ambivalent relationship with this notion of aging, a theme which keeps calling for my attention. And one would be correct. This ambivalence showed itself in our early conversations about a title for the issue. My resistance was evident in my wanting to avoid "Aging and Psychotherapy," and to couch the theme in a less obvious way, something more creative, I argued. Barry's wisdom and forthrightness prevailed, thankfully, and we hit the theme head-on.

What I discovered—not so surprisingly I suppose—once we began actively working on the issue, was that this theme brings its own juiciness. As proposed articles began arriving, I marveled at the vitality, the wisdom, and yes, even the sexiness embodied in so many of them. While aging definitely has its sober face, the ideas presented herein are not just about waning hours but also about remaining open to them.

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*Editors' Note: We want to express our appreciation and admiration to Kristin Staroba. She's a terrific editor, a lapidary who can spot the gem of an idea embedded in a casing, extract it with care and precision, and polish it until it shines. She does this with tact and understanding. She works tirelessly, and the sweat doesn't show. It has been a great pleasure to work with her.*

*We feel very pleased with the material that we present to you here, and feel honored that so many people responded to our call. There are words by many who are probably familiar to you, and pieces by people who may not be. There's wisdom everywhere.*



Kristin Staroba



## Aging in the Academy

THIS ISSUE OF *VOICES* BROUGHT HOME TO ME THE RICHNESS OF WISDOM AND EXPERIENCE EMBODIED IN THE ACADEMY. As I pored over the articles, I felt awed and honored, as I often do around my AAP colleagues. Part of the middle-aged cohort, over years in workshops and on committees I've come to know and be known by my elders, savoring and suffering experiences that transformed and matured me. In my turn, I recognize that I am an upcoming "elder" to the younger, newer members. This is a fine place to grow up.

"Aging and Psychotherapy," guest co-edited by Barry Wepman and Don Murphy, channels the Academy zeitgeist of being on both sides of the chair—we become vulnerable, allowing others to witness and connect with us in our process, which also teaches and models for those companions the real bones of practicing psychotherapy.

Don and Barry ladder our lineup with articles by therapists encountering age in each decade, from their 30s to their 90s (Samir Patel, Lisa Kays, Diane Shaffer, Gina Sangster, Steve Shere, Grover Criswell, and Kitty La Perriere). Intense personal experiences of aging, illness, and death are spun by Phyllis Clymer, Pat Webster, and Ann Reifman. Pam Finnerty and Lee Blackwell tackle sex and aging. Stories of journeys looking forward and back come from Lenore Pomerance, Jerry Gans, and Larry Allman. Ellen Libby and Joanne Lipner closely examine the choice to retire. Murray Scher brings a view into his return to psychotherapy; Sandy Strachen offers some how-to's on creating a legacy; and Cindy Baum-Baicker shares wisdom gleaned from years of interviews with dozens of elder therapists. Therapy as a family business is featured in a duet by Len Schwartz and his daughter Debra Kuhn. Reprising their 2016 I&C plenary presentations, Hallie Lovett and Ray Lovett speak of love and therapy in a long marriage. Marilyn Schwartz and Giuliana Reed add colorful vignettes. Bob Rosenblatt brings an Intervision case to John Rhead, Ann Reifman, and Burt Grenell. And leavening our experience throughout is exceptional poetry by Katherine Williams, Wendell Hawken, Sherri Alper, and Tom Large, as well as art and photography, including the cover photo by Molly Donovan.

As always, we welcome comments in the form of letters to the editor to be considered for a future issue.

KRISTIN STAROBA, MSW, practices in downtown Washington, DC, treating adults in individual, group, and couples psychotherapy. She hopes that, even as she works to shape *Voices*, the work also shapes her and her practice. Future issues will also feature guest-editors, and Kristin invites those deeply interested in a theme to contact her.  
[kristin.staroba@gmail.com](mailto:kristin.staroba@gmail.com)



## After the Fall

Katherine Williams

---

Tempted to crest the babygate  
I bit the air and hit the floor.

After hours of ice and exercise  
weeks of walking warily

the lake of pain  
beneath my ribs recedes

and I resemble the self I was  
before the fall.

But now I know the evil of edges,  
the truculence of the once patient floor.

The world's surround is sharp,  
tissue I took for granted

seems loudly soft and tender.  
Every step propels me farther  
from the garden of my ease

and down a path I know will end.



SAMIR PATEL, MD, MPH, is a relatively new member of the American Academy of Psychotherapists, for which he feels immensely grateful. He enjoys being a psychiatrist and appreciates the wide variety of opportunities available to him within this profession. He particularly enjoys training residents at Brown University's psychiatry residency program. He lives in Providence, Rhode Island, with his partner, Ken.

*drsamirpatel@gmail.com*

## ***Viewpoint: Therapist in His 30s***

### **Journey of an Immigrant Psychiatrist**

I WAS DRAWN TO PSYCHIATRY AFTER MEDICAL SCHOOL because I believed that, to become a good psychiatrist, one must look within and seek out personal growth. This idea provided me some hope that in the process of becoming a psychiatrist I would find a solution to my deeply-suppressed, and hitherto vaguely-understood, homosexuality. I say vaguely-understood because in my formative years in India I had little vocabulary for sexual orientation. Further, my Catholic school offered only one occasion, in 9th grade, when the words “gay” and “lesbian” were used, not as descriptors of sexual orientation, but rather as names for “evil,” for “American clubs” whose members committed sin.

Ever since I began psychiatry residency nine years ago, many ups and downs have occurred on my journey of self-actualization. Now, when turning 36, I realize one of the most important discoveries along this journey has been recognizing the profound impact of cultural and historical aspects of my past and present on my sense of self. If my identity were a book, then these group-level external factors, paradoxically, form the binding threads that keep the pages of this book together. This appreciation results from my having coped with two stressful but transformative periods in the past few years, the strain of which had threatened to unravel these binding threads. As I describe in this essay, when my immigrant status and Indian-ness became the focus of my emotional and intellectual work, I found that my sense of self strengthened and my self-knowledge and clinical perspective widened.

The first instance of intense anxiety was almost six years ago, during my final year of residency at Duke Uni-

versity. Friendships with my colleagues, fostered by the difficult years of residency, had become a source of much joy and meaning in my life in the United States, and Durham, NC, had by then transformed itself into a home-away-from-home. Happier and more confident as a psychiatry resident than ever before, I was preparing to graduate. Hoping to stay close to my family of friends and mentors, I thought of applying for a geriatric psychiatric fellowship or an attending psychiatry position at Duke, but Duke was unwilling to provide the institutional sponsorship necessary to obtain a work visa to pursue either of these opportunities. For a time, this reality upended the joys of fourth-year residency.

The second instance began about a year and a half ago. Over this period, I took steps necessary to embrace life as a gay person. Ending my eight-year-old arranged marriage, I separated from my wife and came out to my family. More excited and confident to be in my own skin, I began an openly gay life with my new partner.

Developmentally speaking, these two were periods of individuation: first, as a psychiatrist, and second, as a gay person. Emotionally, I was excited and apprehensive, like a toddler going through the stages of separation and individuation in Margaret Mahler's imagination (Mahler, Pine, & Bergman, 1975), or an adolescent in Erik Erikson's conceptualization of psychosocial development (McLeod, 2013). But, beyond these feelings, the above periods had generated within me a fear of "losing my mind." Works of Mahler, Erikson, and, for that matter, Laing and Lacan, were informative, but similar to my experience in individual psychotherapy during these times, these texts did not provide me the needed reassurance against fear of psychic disintegration. However, serendipitous events during these times subsequently shifted the focus of my emotional and intellectual work, which helped me work through this fear, and which I describe below.

## First Period

Not getting the visa sponsorship from Duke was disappointing and hurtful. It also eliminated the prospect of staying in Durham after residency. Subsequently, my confidence in standing on my own without the succor of an academic institution diminished. Therefore, I looked for opportunities elsewhere and secured a very exciting clinical fellowship in geriatric psychiatry in Philadelphia, which promised the necessary visa sponsorship. With bureaucratic uncertainties resolved, my friends and supervisors, along with my therapist at that time, provided the necessary interpersonal space to process the grief of the impending move. However, the sense of betrayal by the psychiatry department at Duke refused to let go of me. For the first time in seven years living in the United States, I became acutely and uncomfortably aware of being an immigrant. This outsider sense was paired with a menacing fear of psychosis that did not yield to any formulation within the context of my readings and my work in individual therapy.

Around that time, I chanced upon scientific literature strongly indicating that being an immigrant puts one at heightened risk for suffering from psychosis and schizophrenia (Cantor-Graae & Stelten, 2005). Impassioned by this discovery, I spent countless hours of the final six months of my residency program studying the details of the link between immigration and psychosis, including how historical factors have shaped its research in the United States and elsewhere. My project supervisor suggested that I present the result of this work at Duke psychiatry department's grand rounds. The project consumed

much of my wakeful attention, limiting time available for anxious ruminations. What I learned in the process was intellectually stimulating, and very different from what I had learned at Duke thus far; this helped me feel independent, and my anger at Duke subsided. Further, the grand rounds presentation received better-than-expected critical response, which greatly boosted my confidence. But, beyond the salubrious effects of all of these, the togetherness I felt with my mentor while working on this project had the most profoundly therapeutic effect. He seemed as excited about this project as I. While Duke's visa rejection had left me feeling alienated, my mentor's whole-hearted involvement nurtured a sense of we-ness. My project was our project, my success ours. Retrospectively thinking, I was working within an experience of a familial-self (Roland, 1988, see below) which became a shield against my own fear of personal psychic disintegration.

## Second Period

As my journey of self-actualization was progressing, I was becoming increasingly comfortable with my homosexuality. Halfway through my 30s, I was to make drastic but necessary changes in my life, including officially separating from my wife and coming out to our families. In anticipation of these events, I had, again, begun noticing in the back of my mind that fear of "losing it." Once more, I was acutely aware of being an outsider. Around that time, and before I had come out to my family, I had a fortuitous meeting with Salman Akhtar. He had come to speak on "Geocultural Dislocation" at the 2016 spring conference of Rhode Island Association for Psychoanalytic Psychologies. Raised in India, Akhtar had emigrated to the United States after medical school. He eventually became a psychiatrist, a psychoanalyst and a professor at Jefferson Medical College. His talk at the conference on the psychological impact of immigration and acculturation was riveting. A subsequent reading of his work on this topic (Akhtar, 1995, 1999, & 2011) accentuated the therapeutic effect of his lecture, as together they provided a highly relevant and novel metaphor to formulate my viscerally-felt alienation. A vivid example of this is his own account of living in the United States (2011):

Living for the first twenty-six years of my life in India, I...never registered that I was living in India. Now, residing in the United States for over thirty years, I am off and on conscious of "living in the United States." In contrast, my friends who were born and raised here do not feel they are "living in the United States," they are simply "living." The two experiences are hardly the same. ...The difference between them is the difference between the subjectivities of the soup and the dumpling (p. 9-10).

Through his poetic sensibility and theoretical acumen, Akhtar contextualized my experiences within a reality of being an immigrant. He connected me to a large group of immigrants living in the United States. I now no longer felt alone in my sense of alienation that until then had been impervious despite the intimacy of my American therapist and my closest American friends. Along with the unfaltering support of many friends and a deepening relationship with my boyfriend, this formulation provided the fuel to continue my long journey of crossing over from a deeply-closeted life in India to coming out and living as a gay person in the United States.

My family was very supportive of both my coming out and termination of my arranged marriage. Our family opened itself to a new level of intimacy. I was relieved and excited that I could now build a fuller relationship with my partner. But, just as I began

to get used to the new realities of my life, I felt unsettled again. Like a storm that had drawn a second wind, bitter anger and shame whipped my psychic space. The psychotic rage this time took the form of a “Western” vs. “Indian” conflict. For example, while on vacation, my boyfriend excitedly shared with me his most cherished poem from all of the 20th century, T. S. Eliot’s “The Waste Land” (Eliot, 1922). Relatively unfamiliar with the English poetic tradition, I naturally struggled to appreciate much of its beauty. According to Akhtar, this was not uncommon among immigrants. Akhtar, whose family has produced some of India’s famous poets, and who himself is a poet, also struggled to appreciate English poetic tradition for the first several years of his life in the United States (S. Akhtar, personal communication, April 2, 2016). But, I did not find this memory comforting. My partner’s loving invitation to explore this poem with him felt wounding to me. I felt ashamed, not only of my incompetence in reading “The Waste Land,” but also of the idea of accepting my partner’s invitation to read it with him. Inexplicably, I felt betrayed by my partner, as if he did not understand something deep about me. Similarly, I found therapy with my gay American therapist ineffective, and his gentle invitations to explore the painfully long silences that filled most of our sessions, coercive. Any attempt on my part to push myself to talk in the sessions generated more shame; it felt like an act of disloyalty toward India! The intensity and frequency of such experiences continued unabated until I discovered the work of Alan Roland (1988, 2011).

Roland, a Jewish American psychoanalyst who has lived and worked in India and the United States, has seen many Indian patients (Roland, 2011). His intellectual work is to compare psychoanalysis across Eastern and Western settings. Via his books, I was reminded of a history that I share with my fellow Indians. For two centuries of colonial rule in India, along with other atrocities, Indians had suffered chronic denigration of their culture at the hands of the British and their institutions. This period was also marked by a series of Indian uprisings against the British Raj, which culminated in a successful national freedom movement that rejected everything British. The collective trauma of this history, in Roland’s experience with his urban-educated Indian patients, is often embodied in the form of a deeply ambivalent relationship towards Indian and Western cultural values and art alike. Reading this, I understood my experiences in a different light. I wept; in one massive sweep his insight had simultaneously reorganized both my childhood experiences and my present-day struggles. Furthermore, showing deep appreciation for the impact of Indian spiritual and philosophical traditions on the Indian self, Roland has formulated the concept of a “familial-self.” I was born and raised in India but my concentrated effort at self-actualization, so far, had occurred in the context of a Western psychotherapy tradition, whose conceptualization of a self fundamentally differs from that of the Indian tradition. My identity as a gay person in the United States was essentially rooted in a Western discourse of sexual orientation. Coming out and divorcing were in sharp contrast to the expectations of self-configuration that placed primacy on the needs of the family. Reading Roland helped digest my losses at Duke and lighten the burden of shame and guilt associated with coming out, a step crucial to leading a better life in the United States. Recognizing the profound impact of group-level aspects of my history assuaged my fear of psychosis. It made room for a deeper appreciation of my evolving bicultural self.

## Conclusion

I have wondered if the cultural and socio-historical attributions of my struggles described above can be understood from a traditional transference or dyadic relational paradigm. But, like Akhtar and Roland, I see no point in isolating my particular large-group and national-historical narratives from the narratives derived from other psychotherapeutic theories. In fact, a pluralistic approach seems more humane and less violent.

In today's highly globalized world, people with various large-group identities are coming into more frequent close contact with each other, outside and inside our offices. In a recent week, I treated three patients with mania, all immigrants from different parts of the world. While one reeled from the grief of civil war in her country of origin, another struggled to accept the "generational acculturation gap" (Akhtar, 2011) between him and his American-born kids; and the third, the more acculturated one, was happy to know that I understood how his extended Indian family did not talk about his illness. These encounters were richer because of my personal journey.

When I entered psychiatry residency, little had I known that personal growth would happen as a result of looking both deeply within myself and further away from myself. Similarly, focusing on my past only made sense because in my present I was always anticipating a future as a gay man. Despite the richness of clinical and teaching experiences my work has offered, toiling on an inpatient unit of a corporate hospital was robbing my present of all hope for a meaningful career in psychiatry, psychotherapy and teaching. Therefore, a day after my 36th birthday, I bid farewell to my wonderful colleagues and left my four-year job on the inpatient unit. A stronger bicultural identity, among other things, gave me the courage to take an extended time away from clinical work, a mid-career move unthinkable for my erstwhile Indian-self. While continuing to teach and celebrate my relationship with my boyfriend and my brand-new nephew, I hope the time off from work will become a fertile ground to rediscover my calling in psychiatry, psychotherapy and teaching. ▼

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## What If

Wendell Hawken

---

What if we learned to love  
in hummingbird

each to the other's blossoms  
deep and sweet

extracting one  
from the other's need

alternating bird to blossom,  
blossom bird—here, now here.

What if spoken words  
turned bird

small brown thoughts  
expressed in sparrow

leaving  
awe's dark message

to the blue-black  
flap of crow.



## Wise Elder Clinicians

I'VE ALWAYS HAD A REVERENCE FOR OLDER PEOPLE. Perhaps it stems from the prominent place my grandparents had in my early years or that I'm the youngest in a large extended family—I was always looking up. This, plus a continual hunger to learn from those more senior, fueled a six-year study I conducted some 30-plus years after receiving my PhD in clinical psychology. I interviewed 18 senior psychoanalysts aged 73 to 103 who had been deemed wise by their peers. I wondered, when a life is spent listening to others, what does one learn about the human condition? In terms of how one approaches the work, what—if anything—changes over the course of a career? I also wanted to define “clinical wisdom,” a term that had never been defined in the literature.

I learned many things. Among them: Wise clinicians don't hide behind jargon; they're humble, comfortable with not knowing. They make the patient, not the textbook, the rule, and they listen with an openness, gathering data while simultaneously letting the material wash over and go through them. I also proposed a definition of “clinical wisdom” that made its way into the literature: “Rooted in pragmatism, clinical wisdom is the capacity to carefully balance an interplay of paradoxes in an open and nonjudgmental way; it is built upon kindness, humility and a deep regard for the Other” (Baum-Baicker and Sisti, 2012). (A detailed discussion of wisdom and the research methodology employed [questions asked] can be found in Baum-Baicker, 2017.) But above all else, what I uncovered were models of how to go forward—how to “be,” not only in my clinical office, but in my life as I step into my own senior years. Via their stories and presentations of self, these wise elders communicated models for

CYNTHIA BAUM-BAICKER, PHD, is a clinical psychologist in full-time practice in Philadelphia and Doylestown, Pennsylvania. Board chair of the Scattergood Foundation for Behavioral Health, Cindy is past-president of the Section on Couples and Family Therapy for the Division of Psychoanalysis (39) of APA, and sits on the Advisory Board of the Scattergood Program for the Applied Ethics of Behavioral Health at the University of Pennsylvania. She has published and spoken on the topic of clinical wisdom. Prior to training to become a psychoanalyst, Cindy authored the original papers on the health benefits of light and moderate drinking—publications she still toasts with fine red wine.

*cbbaicker@gmail.com*

handling loss, being in relationships, aging, and being comfortable in one's own skin.

I met Hedda Bolgar when she was 99. Our interviews were on the phone from her home in Los Angeles to mine on the East Coast, and in hotel rooms and over meals at meetings we both attended in San Diego and Chicago. We stayed in communication until her death, two weeks prior to her 104th birthday. Hedda was a delightful, dynamic intellect who understood "that we have this moment together and while we are here, let us see what can happen." Regarding the experience of being an older psychotherapist, she wrote: "I have many thoughts about the future, and I remember the past with both joy and sadness but without nostalgia. I am grateful for being able to live in the present with what feels like an appropriate mixture of awe and despair, of hope and dread" (Bolgar, 2002). In this, she expressed the importance of affective blends and balance, both of which were modeled in our interactions. She said that aging was a balancing act on the tightrope of time—living in the present, in the past, and in the future. Through her life stories, I understood the power of attending to and taking in the smallest of human kindnesses and letting it stick, as well as the importance of this moment.

Hedda was one of the many interviewees who gave me a blueprint on how to handle loss. Her husband had had a sudden fatal heart attack while they were away on vacation having an intimate room-service dinner. Despite her shock, she acutely remembered the small kindnesses shown by strangers. "After my husband died, I had incredible grief," she told me. "When I came out of it, I went on my first trip without him. I wanted somewhere very cold and very white—this was how it felt after he died, like '2001 A Space Odyssey,' you are nowhere. I went to the Arctic. I forced myself to be alone. I spent a night at the Savoy in London and went to a show all by myself. The head waiter said, 'I am so glad you decided to join us tonight.' After that, I was ok." Bolgar shored herself up by accepting and appreciating the small kindnesses of others and through the creative mirroring of her barren frozen affective state.

I interviewed Helen Strauss in her suburban New Jersey living room when she was 93 years old. Her daughter joined us for the interview—at this point in her life she wanted to lean on her daughter's memory, lest she forget something that would be relevant. I felt invited into the intimacy of this mother-daughter dyad and was very glad that I was able to give them this shared experience and share it with them. Helen was down-to-earth, comfortable in herself. At the interview's end when she went to stand up, her bowels let go. She was unabashed. I looked at her daughter and her daughter knowingly smiled, "It happens."

When Helen Strauss' husband passed away, she was left to raise five small children. She coped by continuing to speak to him out loud. Her style of keeping those who are no longer present in the present was evident during our interview. At the end of the interview, I asked to borrow a book, written by her long-deceased mentor, Edgar Singer, that she described as important to her development as a clinician. As she handed me the book she said, "See, Edgar, they still want to read you!" I held onto that book, always meaning to read it, but never quite finding the time. About a year and a half later I awoke in the middle of the night, seized by an impulse to return Helen Strauss's book. I promised myself that I'd package it up the next morning and send it back to her, which I did. It was later that same day that I got an email from then-president of APA Division 39, Nancy McWilliams, who had suggested Helen Strauss to me as a possible interviewee for the project. Nancy was writing to let me know that Helen Strauss had passed

away the night before. Jungian or pure coincidence? I sent her daughter a transcript and a recording of our interview and told her about my nighttime awakening. She, too, was amazed that I was thinking about her mother “just as she was passing away.”

Frank Lachmann, who was 80 at the time of interview, is a man with smiling twinkling eyes, who exudes a sense of humor and proportionality about life. Frank shared his wisdom about loss. “I don’t accept loss! Mourning for the person whom I loved and who died? Yes! But loss? No! That person does not exist anymore, but everything else still has an existence. Their ideas? They still exist. It’s that person’s physical person that doesn’t. How they contributed to my life, that’s still with me.”

I was introduced to a lovely-looking older woman at a meeting in Toronto back in 2007. The woman was psychoanalyst Johanna Tabin, from Chicago, and she had been suggested as a potential interviewee for the wisdom research. I contacted her after the meeting and flew out to Chicago a few months later for our interview. Johanna was 83 at the time of the interview. Our relationship, like that I had with Hedda Bolgar, Michael Eigen, Leon Wurmser, Marty Nass, Burt Karon, and others, extended beyond the several hours we spent speaking during the interview. We sat in Johanna’s suburban living room, drinking tea with honey from cups on doilies. She spoke about loss and the acceptance of lack of restitution. “Well, if there’s a spot on my white dress when I’m two years old, I will scream and scream and scream, that dress is gone. Lost! Oh, I can myself get rid of it, get a little cloth and wipe it off. But it will never again be that white dress. The finality of loss is the idea that this moment is the only moment, there will never be something different in the future because everything is only now, because that’s the time capacity a two-year-old has. And we are all two years old before we get to be 20.”

Time. This moment. Hedda Bolgar referred to its importance and so did Johanna and others.

Mike Eigen was my youngest interviewee at 73. What a comfortable, down-to-earth, deep, egalitarian kind of guy. For our meeting, I took the subway from Manhattan to Brooklyn, which I’d never done before. Mike met me at the station and we proceeded to go to his house. We sat for a few hours at his kitchen table and talked, the subway intermittently rumbling by. In addition to sharing personal and clinical wisdom, he spoke about the process of writing his books and experiences with people like Donald Winnicott, Marion Milner, and Andre Green.

About time and relationship, Mike said, “If you’re stuck one moment with your spouse in this way, stuck that way, it doesn’t mean that you’re going to be stuck three seconds from now or 20 minutes from now in the same way. Take it seriously, give it respect, give it its due, but don’t absolutize it.” And then he told me about a consultation he’d had with Winnicott. They were talking about something else, when all of a sudden Winnicott looked at him, and out of the blue—with no grounds for it—said, “Marriage isn’t what you think it is. It’s really two people who can talk to each other, and take the edge off and mitigate the severity to yourself.” When our interview ended, Mike drove me around in his car, giving me a tour of his beloved Brooklyn. What a day! I’d heard personal stories of his times with famous clinicians, absorbed hours of clinical wisdom, and was given a personal tour of sights I’d heard of but never seen before.

I was curious what these elders had to say about what was required for a good long-term relationship, so I asked each one of them. More than any other word, interviewees said, “Tolerance.” Eigen’s counsel to not “absolutize the minute” I think helps us tolerate

those less desirable aspects of our partners.

I spent an afternoon with Anna and Paul Ornstein. At the time of interview, Anna was 80 and Paul, 85. We met and spoke in the lobby of an NYC hotel (they were there for a meeting) and continued our conversation over lunch at one of those Korean salad bars that were popular in New York at the time. With sharp intellect, Anna presented as friendly and warm, with a desire to be honest with and about herself. A little tight, she was quick to opinions and judgmental by her own admission. Paul, on the other hand, while also intelligent, presented as tolerant and accepting, “endlessly patient,” as Anna lovingly described him. Theirs was a life interwoven personally and professionally. They read each other’s papers, co-authored articles, taught individual and joint courses. This fluid mutuality was evident during the interview, as they’d embellish upon what the other had said. As Anna noted, “People don’t realize that when you have Anna and Paul, you don’t get two people. You get Anna, and you get Paul, and then you get Anna-and-Paul.” The degree to which each cherished the other was so apparent. Tenderly they prodded each other when it came to taking care of themselves. I knew by interview’s end that Anna wanted Paul to exercise more! Theirs was a model for living the relational paradox of separateness and connection. I sat with Anna, I sat with Paul, and I sat with Anna-and-Paul.

I waited at a large New Jersey train station for Anni Bergman, who at 90 was coming to spend the day with me in the Pennsylvania countryside where I live. Imagine my surprise when she came down the stairs from the train platform with her little dog, Sashi. The first thing I took from my experience with Anni was that, like the young who play at being grown up, the old can play at being young. As we drove the 40 minutes from the train station to my house, she talked about getting her driver’s license again and buying a house in the country—we’d pass houses for sale and she’d say, “Yes, that one!” Noting she didn’t have her hiking shoes on, Anni assured me that the ones she was wearing were good enough if we did some hiking later on in the day. It was clear however, that physically she could no longer hike and her stated desires were the stuff of fantasy. Throughout the day she talked about age-related losses: “I’ve traveled all over the world and I was anxious about taking the train today.” Her dog, Sashi, was central to our time together. Looking at him she said “Sashi, you’re so proud of yourself that you made the trip here.” Sashi was her transitional object; she’d gotten him years earlier for her husband.

Anni, whose work had been in mother-infant/child attachment, visited with me on Mother’s Day. Her courage was evident not only in taking the train down to PA that day but also in allowing herself a regressed mothering experience with me. The thrust of Anni Bergman’s clinical wisdom interview was about the importance of relationship. She knew how to give it to her patients, some of whom were very disturbed children—and first hand, I got to experience that she knew how to create it for herself. I found myself mothering Anni throughout the day. I listened; I stood and rocked the hammock she lay on during the break we took from our interview; I encouraged her to eat; after she told me our dog had licked the dried apricots she held in her hand as she sat on our back-porch rocker (I’d been inside getting drinks), I took the apricots out of her hand and handed over the bowl; I got her tissues and tended to her bleeding leg after she’d gotten a scratch. Anni told me that Sashi usually didn’t like strangers—she was surprised at how good he was with me. He easily let me put him in his travel bag as we left to go back to the train station. Anni said it must be because I had a comfortable, firm touch. This was

something a good mother would have.

“In wisdom,” said interviewee Leon Wurmser, “we get more by giving. It’s not like a cake that gets smaller the more it is shared, but rather it’s like a candle—the more it is shared the more light it provides.” This generosity of spirit was evident from our very first interaction. I’d left Leon Wurmser a voicemail message about setting up an interview. He called back and left a message letting me know that his wife was gravely ill, in the hospital, and terminal. One would have thought he’d proceed to tell me he couldn’t be interviewed. But that’s not what he said. He asked me to call him one night later that week so we could at least touch base. When I returned the call, he was kind and generous. He suggested that I read a particular chapter in one of his books as a beginning and that we’d go from there. It was several months later that I drove, during a snow storm, down to his home in suburban Baltimore for our interview. He was 78 at the time of interview and his wife had recently passed. The house was in a bit of disarray—boxes and packages of food out from the shelves and loaded on top of his dining room table. We sat talking for hours about clinical work and his personal journey. Like every interviewee I sat with, Leon Wurmser had an early childhood filled with trauma. As a result, he didn’t watch TV or movies; he found the bombardment of stimuli overwhelming. His vulnerability was so palpable and his knowledge—both psychiatric and literary—so very deep that I found myself touching deep and wise places inside of myself during every interaction we had.

Both explicitly and implicitly, the theme of the inherent importance of generosity ran through the interviews. Gerry Stechler, warm, lively and engaging, with a curious intellect, was 82 at time of interview. He spoke at length about his difficult childhood with his mother’s depressions and the year his father was ill and out of work. He described how his mother was filled with worry about how they were going to survive. With tears in his eyes, Gerry told me about how strangers would come to the door, knock and hand his mother a 20- or 50-dollar bill. These were people his mother didn’t know. But they were people Gerry’s father had helped when they were down. This was how the family survived until his father was able to return to work. “Generosity,” Gerry told me, was “an infinitely wise thing to do. We take care of each other.” He opined that if, over the course of evolution, cooperation had not in some way out-balanced competition, we wouldn’t be here. Gerry and I met and spoke on the phone several times over a few years, and he sent me a number of his papers to read. He was infinitely generous. His generosity and that of others spurred in me a real desire to share what I know with the generation of clinicians now coming up. Since the years I spent interviewing these elders, I have found myself eager to spend time and share what I know with young clinicians, wet behind the ears and hungry to learn.

When all the interviews were completed, I realized that interviewees’ nonverbal communications and self-presentations mirrored what they’d said about clinical wisdom. By example, Gerry Stechler, who talked about developing “emotional agility” and the importance of subjective experience, spoke with such fluid affect during our interview. Nina Feildsteel, 86 at the time of our interview, stressed the importance of therapists knowing their limits, the essential requisite that clinicians maintain boundaries, and a clinical style of listening for timelines. Nina presented—by her dress and nonverbal communication—a bounded yet simultaneously accepting way of being. When the words and music match, there’s integrity and integration.



As part of the post-interview process, I asked interviewees to write a letter to younger clinicians about their work. Generously, they responded with letters about the nature of psychotherapeutic work and the importance of developing one's self. This admonition of self-development was evident in how these elders appeared so comfortable inside of themselves—something for which I've strived.

Sitting across from Mike Eigen in his kitchen during our interview, I remember him saying that we are all broken. And so we are. I carry this phrase inside. When I find myself intimidated by or feeling "less than" someone who needs to feel "more than," I remind myself that "we are all broken," and I find my way back home to my center. As Johanna Tabin told me that day as we sat together in her living room, "I think in general, the feeling that one has not gotten too badly in one's own way is the foundation for happiness." Since that day I've said to myself, "Get out of your way, Cindy!" and forward I go, pushing some wary or self-critical part of myself out of my path.

There is no question that my clinical work grew immensely from the hours I spent drinking in the clinical wisdom of these wise elders. I'm more comfortable not-knowing, valuing pragmatism, and holding the paradoxes embedded in much of the human experience (e.g., we're separate and we're attached); I think about the psyche in new and useful ways. Those were gifts, for sure. But when it comes to how I walk my days, be it in the office or on the street, it is there that I most treasure the time I spent with these wise men and women. I carry them with me and channel them on an almost daily basis. And for this, I am eternally grateful.

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*Editor's note: In keeping with the theme of the 2016 AAP Institute & Conference, the Friday morning plenary was entitled, "What's Love Got to do With It: Marriage as Depth Psychotherapy." Four couples participated in the lively session. The two articles that follow are adapted from presentations by the primary speakers, Hallie Lovett, PhD, and Ray Lovett, LICSW. The plenary was moderated by David Loftis, PhD, and the other couples were Denise Castro, PsyD, and Cecelia Burrell, EdD; David Loven, PhD, and Duncan Smith; and Mark Feldman, PhD, and Ronnie Koenig, PhD.*

## Long-Term Marriage As Depth Psychotherapy

What *do* long-term relationships and depth psychotherapy have in common? My profound belief, after almost 50 years in relationship to my husband and partner Ray, buttressed by deep friendships and the good fortune of being in the profession of psychotherapy, is that the key to vitality and ongoing growth is *the capacity to tolerate rupture and develop ways of repair*. As in the therapeutic process, as the work deepens between therapist and patient, so it goes in every relationship headed toward depth. Idealizations give way to disappointments; neediness is unmasked and may become terrifying; being the object of attributions only partially based in present realities—all begin to emerge. Love, hate, indifference, creativity, passion, romance, rage, affection, envy and other life and death emotional matters stop and start connectivity between lovers.

The poet Robert Frost (2017) stated that all his poems started out "with a lump in the throat." The early years of erotically-charged, romantically-based connection contribute to early patterns of attachment for couples, but do not alone make for lasting bedrock. That more secure base evolves over time, as the delight and magic of all that a couple share in common is challenged by the inevitable emergent conflicts that revolve around differences. Less appealing characterological aspects of one's beloved begin to appear, as attempts to deepen intimacy are met by the challenges of what the poet Robert Hass refers to as "the war between desire and dailiness" (in Wood, 1982, p. 5).

The weight and profound formative power of one's partner's early family history emerge in the relationship. The needs for the recognition, understanding, and ac-

Hallie Lovett



HALLIE LOVETT, PhD, has practiced psychotherapy for almost 40 years, first in Washington, DC, and currently in Manchester, Vermont. A longtime member, workshop leader, and Fellow of AAP, she credits membership in two long-term peer groups, deep friendships, and her marriage of 46 years with challenging and fertilizing her growth as a person and therapist. A rekindled love of the countryside, more time for reading and reflection, and the delight of two granddaughters make this time of life very rewarding.

[hallielovett@gmail.com](mailto:hallielovett@gmail.com)

ceptance of the ongoing influence of these early formative experiences begin to show themselves between every couple. Differences in developmental timetables become noticeable. As our esteemed friend and AAP colleague Sol Rosenberg used to say, “I myself have been married many times—to *the same woman*—Bernice.” And both of them changed over time. These are some of the reasons why couple therapists think of their consulting rooms as populated by many people at the same time, including at a minimum, each partner’s parents. It is no easy matter to take into account the internalized objects of one’s spouse and to also keep track of one’s own. Israel Charny (1992) says evocatively, that there is “a special transferential hell” that awaits us all in marriage.

Our capacities for projective maneuvers of all sorts, myriad defensive strategies including but not limited to splitting and denial, the ubiquity of shadow affects of all sorts—these are the challenges that *every* couple faces. The British couple therapists Ruzsyczynski and Fisher refer to one of the major goals of couple therapy as the “capacity to envisage a benign parental relationship” (1995, p. 100), an emergent capacity for most of us, beset by the pluses and minuses of all we learned from the people we grew up with. Charny says again, “An intriguing and especially complex aspect of real authenticity between couples is that sooner or later each spouse will be doing battle with the continuation in the mate of the worst traits of the mate’s parents” (1992, p.49).

Stephen Mitchell, in his book *Hope and Dread in Psychoanalysis* (1993), distills the tasks of long-term psychotherapy (which I extend to its partner, long-term marriage) to two basic challenges:

1. What does the patient need?
2. What does the analyst (therapist) know?

Does being a psychotherapist help you to be any better at being in a continuing intimate relationship than anyone else? How about having two therapists married to one another? Does that make it doubly easier? Well, the answer to both of those questions is “yes” and “no.”

Think of how “ordinary” people seem to be slightly horrified or at least intrigued by the idea of someone having psychotherapy as an actual *job*. It’s a little like meeting an undertaker or an FBI agent at a cocktail party. Every therapist in this room has, at one time or another been in a social gathering where this happens. “Oh, no! I’ll bet you’re reading my mind this very minute!” *If only it were that easy*. We psychotherapists still have to deal with every basic conflict that all couples deal with, including the curveball contingencies that life throws at us—there is absolutely no absolution from any of it. This is what Michael Dirda calls in Anne Tyler’s novels “the disconcerting patchwork of comedy and pathos that marks all of our lives” (2016). The writer Anne Lamott, herself no stranger to life’s complexities, says, “But life is much bigger than we give it credit for, and much of the time it’s harder than we would like” (2012, p. 79).

We have children or we don’t. We have to make livings. We have to live somewhere. We have careers and ambitions; we collide at points about making big decisions. We get sick, our parents get sick and die on us, or our kids get sick. Our friends begin to get sick and die, some before they are old. We get—hopefully—old ourselves. What does make some of this potentially more workable is, I believe, a shared and accessible belief in the power of the unconscious to exert profound influence on our thinking and behavior. Along with this operational guide, we are well-served by a conviction that many inevi-

table conflictual patterns between couples are resolvable. The book-learning, if you will, that comes with all of the training involved in becoming a psychotherapist, combines with experience gained *not only* as a therapist, but very importantly as a *patient* yourself. And believe me, it takes a village.

The primary professional village that Ray and I have belonged to is the American Academy of Psychotherapists. Since our very early days in Washington, DC, in the 1970s, our therapy experiences, both as individuals and as a couple, have made an enormous contribution to both the vitality and longevity of our relationship and have contributed immeasurably to whatever expertise we have as therapists. Each of us has been in both individual therapy and group therapy, and together in couple therapy and couple group therapy, the latter, by the way, a modality that is not practiced anywhere nearly enough. Another significant practice we developed after 25 years or so of being married was to seek out brief consultations with colleagues when we hit rough relational patches. Over the years, the presence of a third party enabled a level of containment of our couple that opened up areas of affect and awareness we were well-defended against and powered us through to satisfying compromises. Somehow, both Ray and I were able to agree on these people as capable objects of our denied dependency needs and inadequate coping skills during those times we were in serious conflict. I cannot tell you how valuable these consultations were. Some of these meetings were informal with trusted friends. Others were with respected colleagues both within and outside the AAP community. All matched concepts and theory to experience and opened up avenues of renewed dialogue for the two of us. Here are the therapists and consultants we are still indebted to for their help: E. James Anthony, Jerome Bernstein, Erma and Bob Caldwell, Grover Criswell, Michael Eigen, Macario Giraldo, Mary Goulding, Vivian Guze, Howard Halpern, John Hammond, Kitty La Perriere, Beatrice Liebenberg, Carole Light, Sol and Bernice Rosenberg, Steve Shere, Jane Thayer, and Edith Weigart.

Added to this list for both of us, are our long-term AAP peer groups (almost 70 years of membership between us) and our long-time peer groups in Washington. Truly these were, and are, relational communities where the best and the worst of who we are has been seen and heard, where entrenched behavioral patterns and beliefs are challenged with insight and care. All have made significant contributions to the couple we are today.

I am well instructed here by a piece of advice given by the Rev. Grover Criswell at the beginning of an excellent presentation he gave on ethics at AAP many years ago: *Never, never, under any circumstances, ever try to make more than three points in a sermon.* With that firmly in mind, let me highlight three conflict situations that have been prevalent in our relationship, knowing that while these are high on our hit parade, there are others specific to other relationships.

## The Loss of Idealization

In a wonderful article in *The New Yorker* about what makes a great love song “great,” Adam Gopnik wrote: “Lasting love that is not simply habitual is found among the shards of the self-regarding mirror, after it is broken and we have to look around at life as it, *so inadequately, is*” (2013) (*italics mine*).

It is hard to talk about the downsides of romance when for most of us it represents

such a tantalizing and gratifying experience, especially in the early days, months and years of a relationship. The problem is, that while it is very useful in starting a relationship, an idealized other is simply insufficient for the long haul. Romance and its companion, idealization of our partners, do allow for the possibility of engaging in emergent oedipal entanglements with potentially fresh eyes. The resolution of these entanglements, however, must be accompanied by the capacity to tolerate the disappointments we will inevitably receive and inflict on our partners. Can I withstand being the temporary object of my partner's intemperate retaliations or developmentally long overdue or repeating temper tantrums? How well does my narcissism tolerate being the object of disappointment? How well do I tolerate my partner disappointing me? I remember discovering very early on in our relationship that Ray not only didn't really know how to change the oil in our car, he had absolutely no interest in learning how to, and actually didn't keep very good track of when the car *needed* to have the oil changed. I was both astonished and deeply disappointed. Having grown up in a family where my father and brothers *took* a keen interest in matters of mechanical lubrication, I had to overcome an early nick in the idealization I carried at the outset of our marriage that he would be able and willing to do *anything* I defined as taking good care of me.

## Criticalness

A dynamic that is closely intertwined with the diminishment and survival of the loss of idealization is that of how criticalness is experienced by one's partner. Since a criticism is often *a need in disguise*, and since dealing with dependency is one of the major tasks required in the pursuit of intimacy, how a couple will deal with feeling criticized is important to the vitality of their connection.

We all work hard every day in our therapy sessions to help our patients feel less defensive in the face of disagreements, both perceived and real. This is *the* bread and butter of therapy with couples. We were no different. In fact, we may have been "harder nuts to crack" since both of us felt right most of the time. We also needed time and practice to recognize and accept the depth of our dependency needs. In my case, as the oldest of four children born in the space of five years immediately following World War II, I was pretty well locked into a position of caretaker and Mommy's helper. I decoded early on that one of the best ways to be useful to a harried and overworked mother was *not* to have needs, *not* get into trouble, and to excel. My father adored me. To further complicate our situation, Ray had an adoring mother and had been a much-loved clergyman when we got together. You can imagine how combustible this combination was. (And still can be under the "wrong" circumstances.)

## Unacknowledged Competition

This is the third point in my sermon. While this can be a problem in any relationship, in our marriage, the presence of competition was virtually inevitable and became intense and volatile. Both Ray and I were very good athletes and derived enormous benefit to our shaky self-concepts from participating in sports. An All-State athlete in three sports in high school, he went to college on a basketball scholarship before going into the seminary. I too benefited from a successful high-school career, sadly before Title IX,

but continued to enjoy team sports well into adulthood. We are in the same professional field. We were both deeply committed to being *the best*. Add to this combination, two personalities that were incubated around experiences of success and accomplishment, while simultaneously largely unaware of deeper needs for recognition based on *being* instead of *doing*.

The competition model is based on limited supply—there is only one first prize, there are only winners and losers. When what you are competing for is unknown and therefore displaced—we would say “unconscious”—intractable arguments and struggles will inevitably ensue. For two therapists, there was a surprising lack of awareness that the real prize we yearned for was the answers to these questions:

- Do you love me as I am?
- Do you think I am a good person?
- What will happen if you find out how insecure I can be?

The recognition that we yearned for produced the fear that, if these needs become known, rejection would be inevitable. Fortunately, the reality of being seen as we truly are and accepted, flaws and all, is the curative power of being found loveable and believing it. With lots of therapy, lots of persistence, lots of passion, and yes, lots of love, we are here, together, today.

## Postscript

As he approached turning 60 in 1995, Ray began to feel very strongly that we should move to Vermont. At the age of 48, I was finally feeling “free” from the job of parenting young adults, my practice was going great, I had wonderful friends and colleagues, and we had a beautiful home and community right here in Washington. My life had finally settled down. Why change it? We entered a period of real conflict. I recall a particularly useful consultation we had with the Jungian analyst and group therapist Jerry Bernstein, while we were at the AAP I&C in Santa Fe in 1994. Interestingly, just the year before, we had presented a two-day workshop at the Atlanta I&C on “Love and Hate in Long Term Relationships.” After a very heated series of exchanges between us in Jerry’s kiva-like office, there was finally a pause, and he calmly said, “The two of you seem to be fighting for your lives. Do you have any idea what is this really about?” He was right. We were both fighting for our emotional lives.

I was fighting to find my non-caretaker voice and hang on to it. Ray, previously invincible, physically fit, “at the top of his game,” was beginning to feel the passing of time much more acutely. The 12-year difference in our ages began to assert itself for what seemed the very first time. We decided within a few months to begin the move back to Vermont. It seemed like a plan, although I had some nagging doubts. Ray was to go up to Vermont first and get his practice started, and I would follow, in about a year’s time. We visited back and forth every other weekend from Thursday to Sunday. While he was in Vermont, I began to be able to think more and more clearly, outside of our couple, for the first time. I began to realize and hold onto how much I loved my current life, my career, our friends, our home, travel, and the cultural advantages of living in Washington. Ray reveled in the beauty of rural Vermont, put in a huge vegetable garden, wrote and published his writing, and opened two offices, one in Rutland and another in Manchester. We had the best sex since we were courting.



There was, however, a problem—trouble brewing in paradise. Gradually, although I missed Ray enormously, I began to know in a way that I had not been able to know in his presence, that I did not want to move to Vermont. Slowly, I began to find ways to say this that were not depressed or accusatory and angry. Ray began to miss me more and more and developed a deeper awareness of his dependency on me, a dependency that was intensified by his sense of urgency around time passing. He became more able to hear my desires. I could hear more about his fears about aging and appreciate more fully the difference that the 12-year age gap between us could make. After a year and a half of living apart, we (and this time it was much more of a we) eventually decided—after some painful and very heated arguments that morphed into conversations *and* with the aid of more consultations, that he would return to DC and the Vermont project would be put on hold.

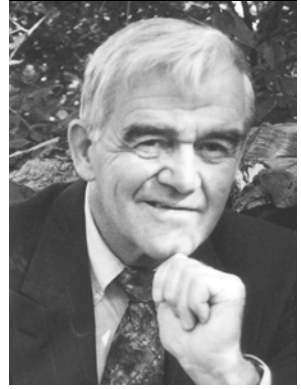
This period was at the outset about unknown, unacknowledged needs, mine for a clear sense and capacity to voice my reality in the face of Ray's opposition, and Ray's announced need "to get on with life while I still can!" Well into the 30-year mark in our marriage, the depth of these needs was still largely submerged in both of us. As we opened up to the neediness and desire that were encapsulated in both of our positions, possibilities emerged for increased understanding, compromise, and the forms of gratification that come with being able to say "yes" as well as "no."

This conflict can be viewed through a number of lenses: our being at different developmental stages due to age; fears of disappointing one another (and its twin: each of us wanting our own way); my identification with my mother—"never disappoint your husband"; or Ray's disidentification with his father who was extremely risk-averse. However you slice it, we went through a very difficult time that was characterized by numerous ruptures and eventual repairs. The choreography of coupling that lasts over time is cyclic and unique to each couple, with its own idiosyncratic themes, personal histories, core conflicts, character strengths and weaknesses. My hope is that this peek into our couple will be of some use to you and support your resolve to tolerate the inevitable ruptures that will come your way and to do the soul-saving work of repair. ▼

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Ray Lovett



RAY LOVETT, LICSW, was an all-state football and basketball player, a priest for 10 years, a therapist for over 40. The *LA Times*, *Washington Post* and others have featured his work. He lives, writes and consults in Manchester, Vermont. [raylovett88@gmail.com](mailto:raylovett88@gmail.com)

## When a Man Loves a Woman

I AM RAY LOVETT AND HAVE BEEN MARRIED FOR THE LAST 46 YEARS TO HALLIE SAUSVILLE LOVETT. Our task for this plenary is to stimulate interest in the topic of intimacy—yours—through the lens of our relationship. As we share our intimate selves in our couple, we hope to help you learn more about your intimacy patterns and challenges. As you hear our story, we ask you to think about your own personal story of intimacy, its assets and liabilities.

### Early Years

I met Hallie 49 years ago and we were wearing different clothes in those days.

I rang the bell. One of the nuns opened the door. I thought I knew all the nuns in this small novitiate, but not this one. She was new, a stranger to me. I could see she was a postulant, a new recruit wearing a floor length black habit and a veil. She was certainly young, like high-school young. Very unusually, she was wearing sneakers with her habit.

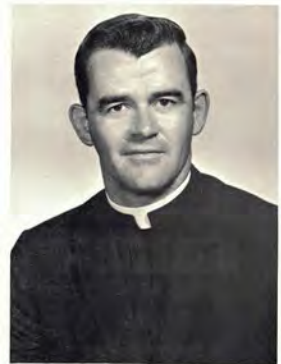
“Hello, Sister! How’s your jump shot coming along?” I said in my most friendly voice, smiling at the cleverness of my athletic reference. I had never seen a nun in sneakers before. She looked at me. She did not smile.

“I’m Father Lovett,” I said, expecting a welcome of some kind.

“I will tell Sister Clotilda you are here, Father.” And just like that she was gone. With no smile, no good-bye or even a hello for that matter.

About a year later, the guitarist—a high school girl who played for the Masses I was saying down the road

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from the Killington ski area—left for college, and someone told me one of the new nuns at Mount St. Joseph’s played the guitar. *That nun*, I thought. I wasn’t even sure I wanted to talk to her again, but as I thought on it, her angelic face kept appearing. So I asked, thinking in my own mind that this would be a tryout of sorts.

We met and discussed which songs to sing. It was the beginning of the so-called, “hootenanny” Masses of the late ’60s where the Mass goers were given brief lessons in the folk-like songs we would be singing at the Mass. Sister Ann David, as she was known then, was a big hit, with a gifted voice and a clever, warm humorous way that melted all the skiers as they came down the mountain for our Saturday evening Catholic Masses, which I conducted at the most beautiful white-steepled New England Protestant church one could imagine. She

and I prepared the music together and we talked and talked about all manner of things. One topic I broached with her on one of our car rides back into Rutland where she lived at the Motherhouse now, was, “Where do your thoughts come from?” I was having a plethora of thoughts that began to dominate my mind, most of which had no connection to the music, but rather to the musical nun.

The skiers loved us, and our music. As we prepared and sang, we really had a good time. One night at my suggestion we stopped for supper at a local restaurant near the ski area followed by a very long slow drive back to my quarters after I dropped her off at the convent. The next week we went to my apartment in the local Catholic home for the aged for supper and we repeated this pattern for quite some time. We fell in love with such an excitement; I still can recall almost all of it. Yes, I admit probably that to some degree our mutual attraction was intensified due to its forbidden nature. The illicit does confer a degree of authority. Also, the erotic impulse is a powerful force, in case you therapists have forgotten this.

Sister Ann David left the convent within a short time. Soon after, I took a leave of absence from the priesthood. Our days of a life committed to the institution of the church were ending. On St. Patrick’s Day, 1971, we were married in the parsonage of the Episcopal Church in Arlington, Vermont. A note here: Hallie has not played the guitar since.

## Family History

Would you be as effective in your work had you been well-brought up?

“To have been well brought up is a great drawback nowadays; it shuts one out of so much,” wrote Oscar Wilde (1913). This was a sentiment repeated many years later by the



great family therapist, Carl Whitaker, who was raised on a hog farm in Iowa, I believe, and is alleged to have quipped at a psychiatric conference when asked about the prognostic potential of his new-fangled theories about family dysfunction—"People, only hams are cured." Surely the achievement of even some resolution of archaic family trauma is a high enough bar in our work.

Why are we, dear readers, some of us, maybe most, drawn to this work we do, so difficult, yes, and, at times, so rewarding? Look to your family history. I believe and hope that going public with my family history may remind you of your own and how those influences affect your work.

Defensiveness can so easily be a problem in our work. A review of my personal history of defensiveness may help you think about yours. I was a naive and well-defended 35-year-old man when I married. Religion and family dynamics had helped play a role in molding my character structure, but mostly it was what we could call pathology that had shaped me. Even that word is too judgmental. I like "bad luck." The less judgment the therapist has, the richer the therapy. This wisdom begins with self-awareness. As I tell my story, I ask you to think about your own.

Both my parent's families left Ireland during the time of the great famine of 1845-1849, where almost one third of the population of Ireland either starved to death, died from famine-related illnesses, or emigrated. "T'was desperate" is a commonly heard Irish expression, even to this day. Desperate: without hope, literally.

Think of it: almost a third of the population in a country of 8 million gone—like that—over a period of a few years. Who of us can imagine what death by starvation would have involved? Who of us has ever been hungry without food available? For a



day? An hour?

The Irish are known for their emotional writing, their poetry, their beautiful women. They are also well known for over-eating and over-imbibing. Our family throughout the generations has featured overweight folks. There was a powerful unconscious urge to correct history: "Eat up!" No one said this, they just set the example. Whether with food or drink, a sweet-talking Irishman can today be heard in a bar somewhere saying to a woman, no doubt younger: "Would you be desiring another beverage, miss? Nobody deserves it more than you," said with an eye twinkle and an engaging smile. This phrase is also repeated as you see someone lick the spoon or sneak the cookie, or pour himself or herself another Jameson's, actually doing anything that *feels good*.

How many of you became a therapist to ward off bad luck or compensate for family tragedy? Think on that. As you listen to my history, again, bring up your own.

When my parents married in 1929, body parts were not named. Pre-marital sex, *fornication*, it was called (naughty word, that), rhymed with electrocution, getting the chair. Saying "fornication" was uncommon for devout Catholics in those days and quite an emotional distance from "making love." Rubbers, Trojans, were diabolical. When my mother got pregnant before marriage, her only sister did not speak to her for an entire year. It was common for the clergy in those early days to threaten the sinner with the fear of God, and particularly a punitive God. When I told my mother that I would be taking a leave of absence from the priesthood, she told me that when she and my father were courting, a priest in the confessional told her that if she did not stop sinning



with her acts of “impurity,” God would punish her. When their first-born son, my older brother Robert, that handsome boy of wavy hair over there, a finger tucked into his cheek with a mischievous smile, whose photo hung in our living room, was eight years old, he drowned in Lake Champlain. He was waiting after school for my father to finish his work as a telegrapher on the railroad. His photo hung in our “*living* room,” as we called it. This last surviving photo of our original family hung there until I left home to attend college. My father never once mentioned my dead brother in my presence. Neither did I, nor my three sisters. Silence speaks louder than words in a family.

What was unsaid in your family of origin? What is not being said in your present family? In your couple?

Wisdom from Charles Dickens:

And can it be that in a world so full and busy,  
the loss of one weak creature can make a void in  
any heart, so wide and deep, that nothing but the  
width and depth of vast eternity can fill it up.

—Dombey and Sons

I do not think Dickens was overstating here. The death of a child never grows old. The pain remains in the present, showing up in dreams, in rage, in bodily aches, a brooding pessimism, obsessing. Are not these residues of bad luck healthy reactions to the unspeakable? As written above, my father never, not once, ever mentioned my dead brother again. My mother talked about him three times over a period of almost 70 years. In a family, few communications speak louder than silence. This may be especially true in our work. Paradoxically, in our offices it shows a great command of language to know when to say nothing or as little as possible.

“The patient’s creativity can be stolen by the therapist who knows too much,” said D.W. Winnicott (in Markson, 2008, p. 6).

And you, dear readers, do you see any connection with this multi-layered tragic history and our flawed attempts to be loving partners to one another? Can you or can anyone be competent in this work without the recognition of experiential pain? I do not think so. There is a ton of bad luck in my family. *But not only.*

The pathways to intimacy are many, as are the impediments. If you want to be a good spouse: own your shadow, tragic history, and bad luck, and appreciate what shaped you. And more importantly, do the same for your spouse. This can lead to lots of fun, in lovemaking and outside the sheets, as well. This is an essential task in every long-term relationship, and if it does not defeat the tragic, it can certainly make its residue more bearable.

## Current Events

One more bad luck story: Two years ago I began to forget things, as comes with age. Then aging alone was not enough of an explanation, so with Hallie’s urging I went for a thorough evaluation at the Memory Center at the University of Vermont. After two days of blood studies, neuropsychological testing, a brain scan and interviews, we met with the neurologist. He told us that I have been diagnosed with MCI—mild cognitive

impairment. I have what is referred to as the amnesic, single domain sub-type, which affects my short-term memory. My brain synapses are not what they used to be, sleeping, arthritic, or taking turns, it seems at times.

I have seen the diagrams, charts and statistics and they seem easy to understand. The potential consequences take longer to process, a lifetime maybe. Will it get worse? Not clear. Today, researchers and clinicians are unable to predict definitively how, or even if, MCI will progress. Some people stay the same, some get worse and some actually improve. So far I am not getting any worse. Here's the thing: Some form of this mental lessening will likely happen to you as you age. Over half of all people over the age of 80 will have some form of memory impairment or dementia. So what to do? Enjoy the moment, *this moment*. Appreciate how this or any other form of bad luck affects not only you, but those who love you.

I want to tell you another love story. I love a number of people in AAP. Bob Jones, an eminent psychiatrist in his day, was a former president of AAP and a very good friend of mine. He was a handsome, quiet gentleman and an excellent clinician. He spoke with a gentleness and almost courtly quality that women loved and men envied. As he aged, he contracted cancer of the larynx and began to lose his voice. Eventually his voice wizened to a whisper, and then he could not speak to be heard at all. He carried a small notebook and a pencil around with him, and he became an even better listener than he already was. I so admired Bob Jones and think of him as a wonderful role model, more so today than ever, as I now need to write more things down. I plan to consult him often as I stay as alive and connected as I am able. ▼

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**Viewpoint: Therapist in Her 40s**

## Finally Swimming

IN MY 20s, I FELT LIKE AN UNMOORED SHIP, cut loose unexpectedly from home in angry estrangement and confusion, bumping along choppy waters with no destination in sight and no other boats to guide the way. Quite by accident, Google helped me diagnose the specific anxiety that had plagued me since I was 12, and I found myself on a medication that worked miraculously. Grieving so many lost years, and furious with all of the therapists who had missed the diagnosis for so long, I finally lucked into good therapy in my late 20s, via a referral on a Post-It note I carried in my bag for months until a friend said, “You need to go.” Thus began the often unpleasant and heart-wrenching work of building first oars, and finally the motor that could guide and propel my ship to a stable shore.

My early 30s were less anxious, and more depressed and angry. Here I began to pay the price, visibly, for my early years on safe seas, learning to sail only if the water didn’t get too choppy, rather than how to form connections and live productively no matter how high or how bumpy the waves got. A misguided first marriage failed, and I became profoundly aware of how unequipped I was to navigate healthy, intimate relationships. My friends moved on and got married, had children, got promotions and greater career focus and satisfaction while I wrestled with getting past first dates and hopped from job to job, feeling unfulfilled, under-utilized and unappreciated.

At 36, having spent years in group therapy, I had finally created a foundation for the stability I craved. I had changed careers and gotten my MSW, and was finally at home professionally. After years of railing and skepticism, I had developed a healthy respect for the benefits of maintaining long-term relationships, even though I remained doubtful that a romantic one would ever be in my future. “I don’t want to work on dating!” I would yell

LISA KAYS, MSW, is a 41-year-old clinical social worker in private practice in Washington DC, where she works with individuals, couples and groups. In addition to traditional psychotherapy, her professional adventures include the integration of improv with therapy, and her Improv for Therapists classes have been featured on NBC4 and in *The Washington Post*. She also teaches Diversity in a Multicultural Society in Catholic University’s MSW program. She lives in Washington, DC, with her husband and young son, who do their best to both keep her young and add to the gray in her hair.  
[lisa@lisakays.com](mailto:lisa@lisakays.com)





at my therapists and group. “*You* want me to be dating.”

Projection was the last island stop on my final thrashing at sea before I would unexpectedly land at a dock and step to shore. We laugh about it now. “Oh, wasn’t Lisa funny then?”

While funny in retrospect, my 37th year felt anything but. I was in constant psychic turmoil managing the grief of accepting that I would never find love or have a family. I raged at my fate, while also maintaining a blasé front of nonchalance, keeping at bay the terror and panic I felt whenever I really did allow myself to imagine a solitary future, emotionally, financially, and socially.

I was like a cliché, living out Erickson’s developmental conflict of love: Intimacy vs. Isolation. Still, I maintained, I. AM. FINE. ALONE.

As I careened towards my 38th birthday, something broke through. I can only guess that the grief and terror overpowered my angry nonchalance and created a window for a reluctant “yes” when my now-husband “broke through all of your many defenses” (his words), and I agreed to a first date.

By 39, I had moved from a studio apartment to a town house, become a wife and mother, and was enjoying the pace at which my private practice was growing. The unimaginable had become reality. As I turn 41, I still look back around on occasion, blink, and think, is this really my life? It is not that impressive, just the same middle-class family life I took for granted when young, and that everyone else seemed to take for granted as we grew older. This was life. It was basic, easy. Everyone did this.

Everyone except me. For me, it was an unattainable reality, out of reach, a shore I was told was there, that others stood on, but that I could never see. It was a lot to take on faith for many years.

Through all of that though, a version of me standing on the shore was held out by others—my therapists and those in my group, primarily—who kept reminding me that my past and even my present weren’t my destiny. They helped me track progress and evolution, even when I couldn’t see it, and were living examples of expectations for life that I had never experienced.

You are *not* fine alone, they said, quietly and gently, even in the face of my raging.

Looking back from the vantage point of the shore, I don’t know how I ever saw it otherwise. Then again, when you’re stuck in an infinite pool of saltwater, believing in a shore that may not be there is a dangerous proposition. Energy and survival are fair considerations in deciding whether to tread water and stay afloat or risk swimming for something better.

Therapy was the lighthouse that helped me first see that there was something to swim towards and what direction to go in, and then to believe that I deserved to get there and how to do it.

Today, I think that very much defines my work with patients. I try to see and understand what waters they’re swimming in and to help shine a light towards what might be a happier, more satisfying, loving place for them to land.

I am, again, an Ericksonian cliché: the word “generativity” is ever-present as I struggle to balance growing commitment to and enjoyment of family life with my engaging and fulfilling work; to get serious about writing a book; and to find room for friends and hobbies that once dominated my time and world.

It is odd to leave behind parts of one’s former self, to betray my Self of the past and

her friends and connections, to make a trade for a more right-fitting present. In this transition I grapple with the usual questions—"Is this normal?" "Am I a bad person if...?"—harkening back to earlier years and stages when I searched in others for reflections of my doubts. "Dump him! You deserve better," friends would cheer, echoing my ambivalence about tolerating conflict or anxiety in relationships. I know enough now to be suspicious of connections broken with too much ease, but also may tolerate for too long those that are no longer working. Challenges with entitlement surface again every time I close my office door, well aware of friends still miserable in their jobs and unsure of how to commiserate. Do I deserve to be happy? Why me, and not her? I often wonder. As waves continue to crash onto the shore, I find that I have to decide whether to surf, jump over, or be barreled under each one. There is more empowerment now, and more awareness, but also more decision fatigue, I find.

At the beginning of my fifth decade, I am, in many ways, like a beginner and an old hand all at once. I do not yet live inland entirely but am still on the beach, where I can hear the waves and feel the saltwater air. I know who I am and what I know, and what I don't know, which paradoxically provides a kind of stable, secure confidence. But my sea legs are new enough that I remember the wobbly feel of being adrift at sea, and sometimes it still catches up when the tide rushes in too quickly. I remind myself to relish the time I have to still lean on those who landed earlier, before I'm called on to be steady all the time for those more recently arrived at shore.

And so I remain in my group, and we laugh about our former selves and take seriously our present questions and dilemmas. We reflect back for one another our struggles and victories, choices and traumas.

I may be on shore now, but the waves keep coming and I am bolstered by companions who had years at sea, years on the beach, and, eventually, years far into the shore. ▼





*Editor's note: Ellen will publish a companion article, examining how the retirement process played out with clients, in the summer 2018 issue of Voices.*

## Closings

**R**ETIREMENT? NEVER. I am a psychotherapist and this is as integral to my identity as being a woman, a wife, or a mother. I have been in practice for 40 years, have done 50,000 individual hours and 7,000 hours of group work. I love the work as much now at 70 as I did at 30.

But at 70, I begin to think about the ending of life. I don't recover as quickly from illnesses or injuries as I once did. I am confronted, more often, with the death of long time colleagues, some healthy one day and dying the next. The thought of dying without saying good-bye to my patients and giving them the opportunity to say good-bye to me makes me shudder and undermines my belief in the importance of well-processed terminations. It stirs feelings of hypocrisy, thinking of the many terminations in which I have challenged patients about their truncated endings. A meaningful good-bye is an important requirement for a healthy moving on whether the termination is client- or therapist-initiated.

The majority of people in my practice I see multiple times a week, some for longer than 30 years. An ending not reflecting the richness of the psychotherapy that transpired in the treatment room would cheat both my patients and me. If I were to die suddenly, the work would be forever incomplete.

I am not frail. My practice is not shrinking. To frame my retirement around either would be untrue. To be as honest with my patients as they have tried to be with me requires me to show up in the relationship: to announce I am turning 70 and it is time for me to grow in new ways, to be challenged by different life experiences. I want for my patients and me a good-bye that respects the richness of our relationship, a gift for them and me.

ELLEN WEBER LIBBY, PhD, says, "The process of deciding when to close a practice is more layered, more detailed and much richer than an article of 2,000 words can reflect. I invite people to interact with me around this exhilarating unfolding of personal growth generated by thoughts of retirement. Please share with me your experiences." [ewlibby@gmail.com](mailto:ewlibby@gmail.com)

This article traces my process of deciding to close my business, the business of psychotherapy, while holding on to my identity, that of a psychotherapist.

## Deciding to Retire

The decision to close my practice did not come quickly or easily. It evolved over a couple of years. Initial thoughts of retiring startled me, at odds with my frequent words: "I love the work. I will never retire. I will die in the chair." I believed that. So, where did these alien thoughts come from?

Was I burning out? I rushed to continuing education venues on burnout. Relieved, I saw burnout and issues of older therapists did not fit. I was not dragging myself to the office or lacking empathy for my clients. I continued to challenge my clients in the hard work of psychotherapy. My boundaries were as firm as ever. No, I was not burning out.

Was I insecure, worrying that my clinical hours would shrink in the competitive venue of DC? Many physicians, attorneys, clergy and other therapists who referred to me were retiring or dying, and my practice remained full and vibrant. My hours were steady.

Was I physically tired? Definitely. While as intellectually stirred and emotionally gratified by my practice as I had always been, my body conveyed a different message. The demands of my practice left me exhausted at week's end, requiring more time to re-energize myself.

My father, with whom I was close, began appearing more regularly in my dreams.

In the dreams, he seemed tired and worn, not as vibrant as I knew him to be. Ambivalent about my presence, he tried to push me away but ultimately he embraced me. We merged. His daily commute from Stamford to New York City became mine and mine from Annapolis to DC became his. Suddenly I morphed from being a young vibrant woman to being old, tired and worn, just like him. People could not tell us apart. He started chanting, "Every day of commuting, one day off our life. Ha! Ha!" I quivered, hating his macabre humor. We fought. I don't know if I pushed him away, not wanting to live my life as he had lived his, or if he pushed me away, wanting my life to be different. What I do know is that as the dream ended, he died and I lived. I awoke from this dream segment knowing I would retire. In reality, my father died suddenly, 18 days after he retired. I did not want to follow in his path.

These dreams focused me on the darker side of my primary attachments, to my dad and to my work. As I remained tied to behaviors intended to feed my attachments, delicate kernels rich with my potential remained undeveloped, at risk of withering up and dying. No longer was it ok with me to live my life unchanged and to procrastinate living more fully. I understood the fighting in my dreams was not between my dad and me but between me and me as I confronted my fears of moving from a fulfilling professional life into the vast unknown.

To lessen the starkness of the transition from working to retiring, the alternative of cutting down my hours continued to occupy my thoughts. Could I reduce a given client from two individual sessions to one, or from group and individual to group alone? As one patient terminates, why fill the hour? Would moving in this direction be in the best interest of my clients or me?

My preferred method of working is to see patients multiple times per week. When patients expressed preferences to reduce their frequency, hours were spent examining

how altering the frame would impact the therapy. In acknowledging to myself my belief in this treatment frame, I knew I could not compromise my values and alter how I saw patients, especially for the purpose of protecting myself from experiencing the anguish of retirement.

I remembered as a young therapist, worrying about being good enough or having enough patients to build a legitimate practice. Now, in contemplating retirement, I felt pride when considering the practice I had built. It is this practice that I am closing—hours full, work intense, patients busy bettering their lives and that of their families. I believed that to close this successful business, rather than a reduced practice, would be forever affirming.

Ultimately, I embraced the decision to close my practice and terminate all my clients. Though challenging, I believed that the termination process could stimulate profound psychotherapy, that the potential for patient growth would be extraordinary. I was going to retire doing the work I loved to do. Additionally, I grew to accept that only in the distance afforded by my next developmental milestone—retirement—could I appreciate the wisdom accrued in my professional life. I had to trust that those skills honed over my long career would stir my growth, pushing me into exciting new terrain. Freedom from the responsibilities and demands of my practice could allow me to follow my own spirit, as I never had. I felt excitement mixed with fear in pondering what in my character would emerge as I better embraced myself.

## Accepting the Decision

Having decided to retire, implementation loomed as threatening as leaping between boulders in the Grand Canyon. How would I tell people with whom I had such profound ties that I was voluntarily leaving them? It would be easier to blame retirement on poor health! For some patients, my leaving would curtail important work. In some moments this felt morally reprehensible; in others, I reminded myself that, like death, endings often come at inopportune times. Retirement was necessary to respect my personal need to grow in new dimensions. Meaningful termination with patients was also necessary to respect the richness of the psychotherapy. Both were possible.

My anxieties touched every aspect of my life. Fears of who I would be without my vibrant career haunted me. I worried about not having the haven of the office I loved. Upsetting my regular routines with trusted colleagues felt insane. My relationships with my husband and children, who had never had a wife or mother who wasn't working outside the home, would be altered. I sobbed uncontrollably when realizing the funding of my checking account would change, an assault on my independence. Would I endure what would be necessary to successfully transition to a life so different from the one I knew? And would I be better for having done it? Would I ever again know the fulfillment and satisfaction that I knew as a practicing psychotherapist?

During this difficult period, my insecurities and uncertainty translated into anger at my husband. I wanted him to affirm my decision to retire, to reassure me of the correctness of my decision. He offered love and caring but wanted no responsibility for my decision. He wisely maintained boundaries, leaving me to struggle internally as I lived into my decision to close my business. He understood that the decision to retire had to be mine, not ours; that my success in retirement would be related to how I arrived there

internally. He had confidence in me that I could not claim for myself as I worked to be less attached to my professional life.

My colleagues generously devoted our time together to helping me become more comfortable with my movement towards retirement, indulging my obsessiveness. One colleague focused her support on helping me contain those aspects of my history that could undermine me and embrace those parts that could build me up. A second colleague, my co-therapist, helped me accept that my unconscious process was being reflected in our group: patients talked more frequently about consequences of not taking responsibility for unfinished business in important relationships; and members expressed with more regularity feelings about unspoken good-byes to dying parents. A third colleague, understanding my loneliness on this journey (as no other psychotherapists in our circle had taken on the challenges of voluntarily retiring from a full practice), connected me with a psychotherapist from the Midwest whose journey paralleled mine.

I grew to accept that my process was being reflected more broadly in my practice. For example, one older, healthy patient started talking about death and writing his obituary. Another patient began considering her entrenched resistance as a reflection of her stubbornness, a trait she feared drove people away. A long-term patient declared she had to work harder in her therapy if she was going to complete all her work before I retired. All of this—musing about death, obituaries, driving people away, retirement—as I struggled to embrace my decision. My unconscious was actively communicating with my patients' unconsciousness.

Again, my dreams stirred me. In one, I was on a tropical island with my close friend and colleague Ellen. I needed tools from the next island and this required a security code that could only be given to me, in person. I didn't want to leave Ellen, frightened to be without her. Repeatedly, we walked down to the water, hand in hand. Ellen shouted encouraging words, sometimes giving me equipment like a snorkel and fins. Each time I went to the water's edge, a little more of my body submerged. Yet, I couldn't surrender to the swim. A storm erupted. Ellen was safe but not me. I had to take the plunge. When I arrived at the next island, natives greeted me. I was frightened. They led me to a hut. Waiting for me there was a chorus chanting the virtues and strengths I most cherish about myself, traits Ellen often spoke to. Listening to them sing was difficult but I endured. As the dream progressed, the choir's voice faded out and my voice took over singing the lyrics. The voice was loud, clear and resonant. It was mine.

Upon awaking, I understood that the code to moving on with my life was to better embrace my strengths. In my relationship with Ellen, this is something we often did for one another when navigating life's challenges. Trusting myself was an essential tool to proceed with my plans to retire. Already, just in preparing to retire, my unconscious had stirred me in important ways. I was ready to move on.

I grew to accept that only in the distance afforded by my next developmental milestone—retirement—could I appreciate the wisdom accrued in my professional life. I had to trust that those skills honed over my long career would stir my growth, pushing me into exciting new terrain. Freedom from the responsibilities and demands of my practice could allow me to follow my own spirit, as I never had. I felt excitement mixed with fear in pondering what in my character would emerge as I better embraced myself.

But first, the ominous task of announcing to my patients my retirement, and then the work to follow. I felt ready for the challenge. ▼



## **Marrying Long Loves: Aging, Sex and Writing**

I am on a mission to write a book about sex and to complete the sex therapy certification process—part of my own successful aging.

This plunge into studying sex and completing the equivalent of another graduate degree is good for me, as challenging and sometimes daunting as it can be. In addition to many hours of classes and workshops on subjects ranging from polyamory and BDSM to transgender issues and new approaches to consensual non-monogamy, I spent hours putting together a 200-page application documenting new workshops and an academic and professional record spanning almost 50 years. I'm now teaching others getting certified, and I love that, too. It is heartening to think that this is good for my aging brain.

Stories flow in as I tell people I am writing a book about sex and aging. I record a story about my friend's mother, now on her third lover in her retirement community. The first two died and were replaced by another seeking her companionship. The mother is glamorous, intact, and still beautiful at 93. She is insulted by the assumption that sex is "cute" or somehow ridiculous, as the staff of the community giggle when they enter rooms which have no locks and find the residents having sex. The highest incidence of STDs is in facilities for older people who grew up at a time that the only danger we thought about was getting pregnant. Now an epidemic is spawned by the ignorance and ageism that denies the sexuality of older persons and leaves them uneducated and unprotected.

I have been learning about sex since my early 20s. I have been studying aging since I was in my early 30s. I have been talking about sex and aging as long as I can re-

PAMELA FINNERTY, PhD, has been a psychotherapist in private practice in Washington, DC, for over 30 years. She specializes in relationship and sexuality issues in both group and individual therapy and is an AASECT certified sex therapist. [pfinnertyphd@gmail.com](mailto:pfinnertyphd@gmail.com)



member. I was certified as a gerontologist when I got my doctorate specializing in sex and aging; I taught human sexuality at a college in Florida; I developed and ran women's sexuality groups in graduate school in the 1970s. I've been doing couples therapy and working with sexuality in my private practice for over 30 years. My 65th birthday present to myself was to start my AASECT certification process in November, 2016.

I am alive in a way that I have not been since the last time I fell in love. Yesterday I sat in my sex therapy consultation group with a urological health appliance vendor trying out penis pumps and vibrators and lubes. The new information sticks in a memory heightened by the pleasure of the learning and the excitement about exploring this vast new world. I am happy with an evening of reading *The Erotic Mind* by Jack Morin (1996), or *The Ultimate Guide to Sex After 50*, by Joan Price (2014). This is part of my aging well. I talk about sex. A lot. A day's work brings breathing techniques for increasing the power of orgasms, hearing about a new yoga class on pelvic floor health, and a tender moment of sexual aliveness and laughter during a friend's strenuous health crisis—"At least I'm remembering a time when I was interested in sex!"

On a day when I am worrying about the result of recent oral surgery, or an upcoming imaging adventure, or a friend's biopsy, I am charged up by hearing about and helping others with their sex lives. Talking about sex helps keep me alive, feeling vivid and vital. And sexy. Watching and feeling the burst of energy as a woman talks about her first successful experience with her Erosillator and her bemused yet eager husband is more than a distraction. It's a rush of pleasure, emotional as well as physical, and it's good for everyone involved.

The mission and the message carry beyond my clinical work. When people ask what I do for a living and I mention the sex therapy part, there is invariably a reaction, usually positive and often electric. I bring a charge wherever I go!

I certainly continue the fight with my own ageism, the feeling that if I am more vulnerable, I am somehow less. Because I am less supple, more easily injured, and indeed have become appropriately concerned about damage I may do to myself through a miscalculation, am I less as a human being?

No, of course not. And it is ok even now that I sometimes feel that way, and I will continue to grow and challenge myself, love and connect, and do all I can to hold myself and others in this daunting and joyous and remarkable journey into the autumn and winter of my life. ▼

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## Sex, Aging, and Mentalization

**B**EFORE DELVING INTO THE CLINICAL ASPECTS OF SEX AND AGING, I WANT TO TELL YOU THE STORY OF HOW I CAME TO BE A SEX THERAPIST. As I was riding home from our Southern Baptist church one Sunday when I was in third grade, I asked my parents what sex was. After an awkward silence, I asked again. Following my third attempt, my mother stated emphatically that we were not going to talk about that. I never asked again. Obviously, I was not going to get anywhere with my parents. I had heard from a friend of mine that sex was putting my “thing” inside a girl. This seemed very odd and I had thought my parents would know what it was all about. Their response told me this was a very naughty subject and I was not to discuss it with anyone, especially adults. I asked my only brother, who is four-and-a-half years my senior, but he was inclined to tease me and deliberately set me up to be embarrassed, so I couldn’t rely on his explanation. I talked about it with my age mates, which was fun but not very enlightening.

In sixth grade I was finally able to get some facts. The boys and girls were separated and shown a film describing reproduction and urging abstinence. There were silhouettes of penises being inserted into vaginas, sperm entering eggs, and an embryo growing inside the woman. This led to a lot of nervous laughter and raised even more questions about what it was really like to have sex.

Fast-forward to my first job out of graduate school at Wright State University Counseling Center. I was new and was appointed to teach human sexuality to the disabled students, who were the only ones living on campus. It was an amazing experience for me and for the very sheltered students. I could identify with their responses to parents resisting seeing their children as sexual. I learned

LEE BLACKWELL, PHD, is in private practice in Newport Beach and Huntington Beach, California, specializing in couples therapy and sexual issues. After receiving his doctorate from Florida State University, he received training in sex therapy in the Human Sexuality Program at UCLA, staying on as a supervisor and then as co-director from 1983 to 1993. He remains as assistant clinical professor in the UCLA Semel Institute for Neuroscience and Human Behavior. He has presented nationally and internationally on sexuality, psychotherapy and neuroscience. Lee is a past president and fellow of AAP.

*lee@drblackwelln.et*



how hungry they were for touch that was not medical or care-taking, and they learned that it was normal to want sensual and sexual touch. I realized how gratifying it was to shine some sunlight into the abyss of the shame and pain attached to sex.

Still searching for what sex is, I sought training at the Kinsey Institute, which was a real eye-opener. This was a place where questions about sex were actually pursued, not avoided. I attended a sexual attitude reassessment seminar where we heard lectures while pornographic films ran on all four walls of the lecture hall. We were assigned to small groups to discuss a list of possibly controversial topics. The first question was, "Shall we have these small group meetings in the nude?" We never got to question #2. We spent the next two days discussing and arguing about it until we ran out of time, never having disrobed. This taught me the value of knowing my own boundaries and why they exist, and respecting the boundaries of others, even when they are quite different from mine.

In 1979, I took the training in sex therapy at the human sexuality program at the UCLA Neuropsychiatric Institute. The program included classroom instruction and supervised experience. Our first question was, "What is sex?" My original question! On the surface this is an easy, straightforward question with an easy answer. But wait, there is a lot of disagreement about what "sex" means. For some, it is limited to human adult penile-vaginal penetration. For others it is any touch that leads to arousal. For others sex includes the conversation that precedes and follows touching that leads to sexual arousal. There are a multitude of definitions. So for couples, therapists, and researchers, the first question is still, "What is your definition of sex?" And it needs to be detailed and explicit. Otherwise, we are operating in the dark.

The second question at UCLA was, "What is normal sex?" Now we are really in deep water because morality can be completely blinding as to what is statistically or clinically normal. The corollary question is, what kinds of sexual issues am I willing to help a client or patient with? Again, this is as much a moral and religious issue as a clinical one. I found my personal limit to be around violent, non-consensual actions. Otherwise, I feel comfortable working with the realistic goals of my clients.

The UCLA training program introduced me to the importance of sex as we age. I learned that while sexual problems can occur at any age, there are certain trends related to aging. For example, rapid ejaculation tends to decrease with age, as all reflexes tend to slow down gradually. But most importantly, I learned that sex need not stop even as we move into our 70s and 80s, although there may be physical limitations, such as thinning of the vaginal walls and decreasing testosterone, which require some problem-solving. As we all know, the odds of having health issues increase in adults as we age. This can deplete us of energy, mechanically interfere, or result in a negative body image. However, quite often these issues can be worked around or otherwise mitigated. For example, if erectile dysfunction coincides with the addition of, or increase in, a medication, lowering the dose or changing medications may help. With a mechanical problem, such as a painful knee, looking for positions that don't involve the knee in a way that causes pain will be required. In these situations, creativity and communication are vital. With sufficient trust and communication, even quadriplegics can have a sexual life, even if the direct connections with their genitals have been damaged or severed. The body is not as forgiving as we age, and our mental and emotional state needs to be more supportive in order to continue to enjoy sex into old age. The most important part of that support is working as a team and avoiding judgments about self and/or other.

There is one aging principle that I fully support: “Use it or lose it.” Whether it is our ability to walk or have sex, exercise is crucial to maintaining function as we age. Physical exercise increases our strength and flexibility, and gives us a feeling of well-being. Exercising our sexuality maintains arterial and nerve health in the genital area, as well as keeping us thinking of ourselves as sexual beings. Masturbation is an excellent way to “exercise” sexually.

Sometimes we think we have become less attractive as we move into our 60s, 70s and 80s. While we are hard-wired to find people of reproductive age attractive, we also have the ability to connect with the sexual energy inside ourselves and our partners. If we stop thinking of ourselves as attractive, we lose touch with our own passion and we don’t look for the passion in others. “I’m old and unattractive. No one could be interested in me.” These thoughts lead to turning away from sensual pleasure and toward “safer” pursuits. We may think of it as embarrassing to show that we think of ourselves as still sexually vibrant with our wrinkles and ailments. For some, this begins with bodily changes, such as menopause or gray hair. For others, it starts with external indicators of old age, such as Medicare and Social Security. There are no easy answers, but in my work I try to look for the spark of attraction between people and to believe it is possible at any age. No matter how much we exercise, take vitamins, etc., aging happens, but sex doesn’t have to stop. We may have to adapt to our new limitations, but sensual, sexual pleasure is available as long as we can move without pain.

Sometimes, aging is blamed for issues that are mostly, if not purely, psychological. For example, in one of our UCLA groups for men without (cooperative) partners, we had a participant who was a successful 63-year-old businessman who had erectile dysfunction. Bill’s wife told him it was his problem and he should fix it and not bother her until he did. Our group met weekly for eight weeks, and during the whole process he kept insisting that his problem was physical, in spite of our efforts to help him use the sensate focus techniques we were describing and assigning. He did the exercises alone and had no erections, probably because he was obsessively looking for them. Finally between weeks seven and eight, he had an epiphany. He was watching television with his wife, who was wearing a negligee, and she leaned over on his lap. He had nowhere to put his hands except on her body. Distracted enough by the television, he felt her body and spontaneously developed a firm erection. Everything we had been telling him was suddenly validated from his experience! This gave him the determination to focus on sensations with his wife and not on his performance. While he did not always have an erection when he thought he should, he was able to slow down and return to sensation and most of the time he was able to have intercourse.

Some aspects of our sexual relationships are ageless. Our attachment styles affect us and our relationships regardless of age. Dismissive attachment style is the solution to the problem of not having a caretaker who actually helped comfort the infant/child, thus providing a sense of security. In fact, going to the caretaker was probably going to make things worse. The person with a dismissive attachment style “knows” there is no way to feel more secure by being with another person, so they stop at a level many of us would call superficial. That leads to boredom and a need to move on to new challenges, including new relationships, whether in reality or through pornography. The anxious/preoccupied attachment style leads to attempts to get more out of the relationship. The childhood caretaker was somewhat effective in creating security, but not enough. There

is hope that security can be gained from another person, but the tendency to pick someone who isn't available often leads to a repetitive "pursuer-distancer" cycle, and a lot of frustration. In both of these forms of insecure attachment, there is resistance to accepting influence from the other. Intimate relationships are seen as a zero-sum game where there must be a winner and a loser. When threatened, the use of manipulation, including "emotional force" makes sense to the insecurely attached individual.

John and Andrea came in because of the absence of sex for over a year. John was a very successful hedge-fund manager and they agreed that Andrea would stay home to raise their two children. Andrea was a very slender, anxious and proper woman who cowered in the face of John's aggressiveness and insistence on being right. He didn't understand her reaction to his pointing out when he thought she was wrong, even in front of the children. She tried to suppress her feelings of resentment, but they periodically exploded, which John derided as irrational or histrionic. They both felt threatened almost every time they interacted. This fight, flight or freeze response turns off our empathy and focuses us on emotional and sometimes physical survival. Thus, when threatened, our ability to enjoy sex is reduced or eliminated. Neither John nor Andrea understood how the other's mind worked, and had little desire to find out. Andrea's resentment had built up over the years to the point that having sex with John felt like submitting to violation from an "enemy."

In our work, the first order of business was to establish a shared goal of feeling both loved and wanted sexually. The next step was to help them reflect on how they were feeling versus what the "facts" were. This was hard for both of them. Both had used "facts" to bolster their positions and defeat the threat coming from the other. They felt too vulnerable to let go quickly or easily. As we looked at their arguments from the feelings perspective, they were able to see another path to resolution besides "winning." I was then able to introduce Carl Whitaker's point of view, "Marriage is when two families send out scapegoats to do battle to see which family will be reproduced" (personal communication). We all have long experiential and epigenetic histories that influence our perceptions, reactions, emotions and behavior.

I think of sex and partnership as matter of shared self-understanding, or "mentalizing." When I mentalize, I am aware of the existence of my state of mind and the state of mind of the other. When I am trying to be right, criticizing, defending or otherwise not being self-reflective and vulnerable, I am not mentalizing. Since sex is such a personal and anxiety-provoking subject for most people, it is likely that our communication skills will go out the window when we think there is a problem. The old axiom, "You can be right or you can be married," points to the lack of mentalizing when we try to "win" the argument with our partner. As we age and our physical difficulties increase, we need to maintain or increase our mentalizing. We need to be able to discuss our insecurities, loss of function, pain, etc., in an open, vulnerable way and trust that our partner will meet us there. This requires "I" language supported by the belief that the other really wants to understand us and help us. By reflecting on our family-of-origin experience and seeing the connections with our current experience, we can let go of old patterns and shift to greater openness and vulnerability, as well as acceptance of influence from the other.

In the case of John and Andrea, each saw in the other what they needed. John saw Andrea's softness and loving sensitivity, and she saw John's strength. Yet, as the relationship became "family," they reverted to incorporating the other into their family of ori-

gin dynamics. Instead of incorporating a little bit of the other's good qualities, they were doubling down on the need to defeat the other, insisting on their point of view as "the Truth." John had insisted that the toilet paper must be placed in a particular way, while Andrea had no preference. I asked John how he knew what was the right way to place the toilet paper, he blushed and said, "My mother told me." I asked him how she knew. I filled the silence with the example of someone who has a cat that likes to unroll the toilet paper and his way of placing it would not defeat the cat. Both were able to see that we are all stuck in our subjective experience of reality, and if we are able to accept that, we can address issues as a team instead of as adversaries. John and Andrea softened and spontaneously had sex while on vacation and both reported feeling satisfied and much closer afterward. With some ups and downs, they continued this trajectory and eventually were having sex about once a week. As a side effect, John's golf game improved and he stopped wrapping golf clubs around trees when his shots went awry.

While my quest is not complete, I have found there are many answers to the question, "What is sex?" Each person has a unique definition of what sex is, and I have learned to respect it, as long as it does not harm self or others. My long journey has allowed me to let go of the shame I was raised with and help many who have fear and shame surrounding sexual feelings and behavior. Many of us do not have ideal bodies, but we can still experience the joy, pleasure and connection sex can bring. Aging does not have to mean the end of sexual pleasure. ▼



## Viewpoint: Therapist in Her 50s

### Getting There from Here

*We don't reach the mountaintop from the mountaintop.  
We start at the bottom and climb up. Blood is involved.*

—Cheryl Strayed

A FEW SESSIONS INTO MY FIRST THERAPY EXPERIENCE, at age 37, I dropped into reverie and began describing to my therapist, Rick, the qualities that my ideal older self would possess. When I finished, Rick responded, “It takes a long time and a lot of hard work to get there.” In that moment, Rick challenged my critical inner voice to accept that time does not bow to desire. And blood was likely to be involved. These words continue to resonate and have become a core belief in my work with others. I use these words to pierce the heart of my critical inner voice that so often demands to know, “What the hell is wrong with you? Why can’t you get it right and then just do it?”

Along with Rick’s stark words of wisdom, those 10 years of therapy gave me the experience of taking the space to think out loud in the presence of another human being. Over time, I began to appreciate and anticipate that Rick and I would join ranks, and that our therapy hour would be a practice in endeavoring to be humans together. In this cherished space and relationship, I learned to harness, rather than fear and denigrate, the meanderer and the fighter in me. Over this decade, I came to recognize and trust that Rick was rooting for my best self to emerge, until I had the strength and commitment to embrace that person in my own way.

At age 51, I am at the proverbial fulcrum of life. Since graduating from a doctoral program in 2011, at age 46, I

DIANE SHAFFER, PSYD, began adult life teaching English and coaching field hockey and lacrosse. The birth of two sons prompted a desire to switch to clinical psychology. After training in college settings, she found joy working with young adults who are in the midst of a significant transformation in their lives. Currently, Diane is a senior staff member and the groups coordinator at Swarthmore College. In addition, she has a private practice for adults in Swarthmore, Pennsylvania, and Center City, Philadelphia.

[dcshaffer26@gmail.com](mailto:dcshaffer26@gmail.com)



have been on a speed-set course to get as much in as possible for myself. If all goes well, I am hoping to have a solid 20 years to dive into and swim around in this profession. My professional identity is taking shape. My children, 17 and 19, are starting their adult lives. My father, age 93, is slipping away into dementia. My 24-year marriage both sustains me and also keeps me from ever thinking, "I've got this relationship thing down." My physical energy waxes and wanes.

What I couldn't fully appreciate at age 37 was the breadth and depth of my life in relationship to people and experiences. There is too much and there is too little. Life is long and it is brief. Often, I see the theme of time embedded in my clients' words; they are enduring something that seems unrelenting, or are grasping for more time with someone or something. This theme was undoubtedly always there, yet now I hear it with more force, and with more nuance. When Rick gave me those enduring words, he was commenting both on the "now" and on the seemingly distant future. Having the courage to look at and accept my present self was scary. Acquiring the patience to work towards a desired self was, and continues to be, scary. Yet in his stark, gentle confrontation, he helped me recognize that to live in the now, while also working towards a future, requires an investment of courage, patience, hope, presence and stamina. At 51, I see abundance and limits, possibility and constraint, now and in the future, waiting for us to wrestle and reconcile, wrestle and reconcile, and wrestle and reconcile. Putting blood in the game is essential. ▼



## Best Friends, Our Annual Rings

*Thinking of friends and their worth is often enough to drive away an array of fears, regrets, and envies.*

—William Shakespeare

N IETZSCHE'S VIEW OF HUMAN NATURE WAS THAT WE ARE SO DEFENDED THAT WE SEE ONLY OUR "OUTER WALLS." Only through our relationships with friends and enemies do we find a path to an understanding of ourselves. As we know, as therapists, there is a danger in knowing the truth about ourselves, since our "outer walls" are so defended. Our friends penetrate our walls and teach us about ourselves. Best friends often know us better than we know ourselves. Friends challenge our defensive postures and through them we learn about ourselves.

Annual rings in trees reveal the growth of wood in the tree for the year. Each year a tree forms new cells arranged in concentric circles, which reveal the development and aging of the tree. The thickness of the ring represents the quality of each year's growth. Our best friends are like annual rings in that they reveal the richness and growth of our development. My best friends represent intimate connections made at significant times in my development, and form the rings of my soul. This helps define my sense of identity and helps me to feel my own aging process. When I reflect on my life, it is those best friends that appear in my mind like markers creating annual rings.

### My Annual Rings

I grew up an only child in a large multi-generational household in Boston with grandparents, great-aunts, a

LARRY ALLMAN, PhD, ABPP, lives in Honolulu, Hawaii, having followed a mentor to Maui over 40 years ago. He is one of the early pioneers in the family therapy movement. He founded both the Los Angeles Family Institute and the Hawaii Family Therapy Center. He has been a professor at UCLA (psychiatry) and USC (psychology) and is currently at the University of Hawaii (psychiatry). For over 20 years he served on the faculty of the psychiatry department at the Tripler Army Medical Center. He is married and has three adult children, two grandchildren, and two dogs.

[drLarryAllman@gmail.com](mailto:drLarryAllman@gmail.com)







cousin, and an uncle, as well as my parents. I still remember sitting on the curb talking to Anthony, who lived across the street. We were too young to cross the street, so we sat on the curb and talked. He was the youngest of five and the only son in a big Italian family. We eventually crossed the street, and he became my first best friend. I, a Jewish only child, and he, Italian with four older sisters; I became part of his family. I learned how different his family was from mine—his was physically expressive, mine more constrained. I learned to love Christmas and Italian family dinners. My other friend in the neighborhood, Donald, came from a practicing Jewish family. He was the youngest of three. His family was more observant, and we spent a number of summers sharing a beach house with them. Anthony and Donald were my first best friends. Each helped me to define myself and appreciate their differences. I incorporated Anthony's family into my view of myself. I especially love working with Italian families in therapy—they feel so familiar. Donald's family taught me about my Jewish identity. His mother joyously sang, and his sister was smart and beautiful. His older brother was a bit of a bully, and in later years he became my scoutmaster and bullied me into earning many merit badges. My first enemy was a friend of Donald's with whom I competed for Donald's attention. I hated him for being in the way of my relationship with Donald.

My first best friends and their families help shape my identity by creating my first “annual rings.” Through play, a child's reality is formed. Our first best friends help us put together our sense of self. I never saw how competitive I was until I played with Donald and always had to win, even if I rewrote the rules or peeked when we played pin-the-tail-on-the-donkey.

## **Nature's Paradox: Friend and Enemy**

In 1841 Ralph Waldo Emerson wrote,

A friend, therefore, is a sort of paradox in nature. I who alone am, I who see nothing in nature whose existence I can affirm with equal evidence to my own, behold now the semblance of my being in all its height, variety, and curiosity reiterated in a foreign form; so that a friend may well be reckoned the masterpiece of nature (p. 337).

For me what Emerson is saying is that friendship is a mirror that helps us see the beauty in ourselves. The love we have for our friends opens us to ourselves. Our friends are loved and hated, are both darkness and light. In the Jungian sense they reveal both our persona and shadow. We learn from our friends both the beautiful emotions of love and the darker emotions of anger. I have two friends in Alaska, one of whom, Leon, was part of the family therapy movement of the '60s and '70s. He is a very spiritual man, a practicing Buddhist. He sent me to spend a week with his friend Ed, who lived near Mt. Denali. I arrived at Ed's home to find his family in the middle of a conflict. A week later I was part of their family, and Ed became my mentor about hard work on a farm. Inspired by him, I had my own farm on Maui for many years. I've even become the only way Ed and Leon communicate now—I'm triangulated between them, since friends often become enemies, or what we call in family therapy “cutoffs.”

In challenging our “outer walls,” our friends help us develop what Nietzsche refers to as perspective and self-knowledge. However, friendship challenges us to see not only our walls but what is behind the walls. For Nietzsche, friends become “traitors” and “enemies” to our own distorted perspective of ourselves, forcing us to see our own shadow

even when we don't see it ourselves. Resistance to understanding ourselves can invoke rage within us and can make a friend an enemy.

We create political parties and religions based on beliefs shared with our friends. We need enemies to create cohesion and purpose within the group, creating competition and cooperation. I remember, from being in a college fraternity, that the bonding between "brothers" was enhanced by defining the enemy fraternity. Once again this paradoxical relationship between friend and enemy informs our identity and creates our political and social realities. The nature of our internal boundaries between friend and enemy helps us make distinctions between love and hate. As psychotherapists we know how often a borderline patient can love us one day and hate us the next, just for caring about them. I think learning to love the enemy helps in embracing oneself and one's shadow. The quality and vibrancy of our annual rings is filled with both goodness and toxicity from our friendships. I think goodness makes stronger rings and toxicity poisons the tree and the person.

## Ordinary Magic

As I age, I value the annual rings of my identity defined by friends. I recently visited an old friend, Dennis. We trained together and were "brothers" through the '60s, and I became uncle to his kids. I speak with him regularly to remind myself of our mutual journey. It's very healing for both of us. With age we face the death of friends. During my years in Hawaii, I made one best friend, Will, with whom I felt a great connection of the soul and mind. He died over 10 years ago, and there is not a week that I don't think of Will and mourn his loss. With the aging of my best friends, their meaning in my life grows. I care for them and love them even more as we enter the last developmental phase of our lives.

Every Saturday I go to my local farmers market. One day the lovely woman I buy flowers from, who knows I run marathons, "fixed me up" with her husband Vernon, a former marathoner. For the past five years I've been hiking with Vernon and a group every Sunday. Pretty magical! I'm having fun with my new friends. We are all what the *New York Times* called "superagers." We're competitive and cooperative. In our small group of men between 68-82, we've done, among us, over 75 marathons as well as ultra-marathons. Like my old best friends, we share being in a similar developmental phase in our lives, and we bond together to ward off our senility and deal with death. We are like adolescents as we push ourselves, comrades fighting off the obsolescence of old age—what fun!

## Friends as Mentors

The Grant Study at Harvard, originally led by psychiatrist George Vaillant, focuses on what makes a successful life, following male Harvard graduates from 1939—1944. One of the most significant findings that differentiates the merely smart from the successful is the role of mentors in their lives, which includes therapists. Mentors and therapists are like my developmental friends in that we expose to them our vulnerabilities and value. We stay with them for years through developmental crises, and they continue to love us despite our challenges. My mentors have certainly played a political role in my

life in that every academic job I've had has been given to me by a mentor.

As a therapist I often ask my patients to bring a friend, lover, or partner into therapy, since your friend loves you despite your problems. The friend certainly knows you better than I. The ways we defeat those who love us clearly reveal more about ourselves than we can ever obtain from an hour with them alone. My old colleague Ross Speck in Philadelphia used to express that a person in crisis needs to convene his social network to really gain help. Ross ran an emergency psychiatric facility in Philadelphia, and the psychiatry residents were instructed to call up to 30 family members and friends to come to the emergency room to help their friend in crisis. The network is healing.

I have lived in Hawaii for almost 40 years and have learned the local ways of healing. The healing ritual in Hawaiian culture is called "Ho'oponopono." The ritual involves the tribal elder meeting with a family and friends over a year, focusing on forgiveness and reconciliation, and then convening the whole social network for a meeting and a celebration. It's interesting that in many intact cultures, like those of Native Americans and Hawaiians, these contextual rituals are the healing practices. Our friends and families know us at our core and we are like them. Re-tribalizing heals the soul and stabilizes a life. Re-tribalizing the social network is the healing process in the Ho'oponopono.

We as therapists often have the delusion that we know our patients better than anybody. However, we often reinforce their internal voices and self-deception. I had an old mentor in family therapy, Ivan Nagy, who developed his theory of relationships based on the philosophy of Martin Buber's concept of "I-Thou." If we adhered to this principle that defines us as parts of a relational system, we as therapists would define contexts as the frame of analysis rather than individuals. Furthermore we would see our goal as to increase people's fit with their personal ecologies linked to the beauty and sacredness of nature. I would like to start a movement, "Bring a Friend to Therapy."

My friends at the dog park or in my yoga classes are people I enjoy and like but are not best friends. I barely know them and they don't know me. Best friends are significant identity markers, like annual rings. They share an intimacy with us, different from acquaintances, colleagues, and lovers. They know us, and we know them. I can call my friend Steve anytime and feel an acceptance and love that brings joy to my day. The gift of friendship not only reminds me of who I am, but also helps me to laugh at my foibles with forgiveness that is imparted by my friend—what a gift!

Throughout our lives we have many kinds and types of friends, but few best friends. These spiritual friends help us stay in touch with ourselves and learn about how best to navigate the course of our lives and revere the magic of friendship. ▼

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WHAT A CLASSY PIECE, INTEGRATING THE PERSONAL WITH THE ACADEMIC, CLEVER METAPHORS, AND SINCERITY WITH AN AVOIDANCE OF CHARM. I was reminded of a scene from Carl Rogers' film, "Journey into Self," in which one group member says he does not need friends, and another replies, "I need all the friends I can get."

I was an only child for eight years, highly prized as the first grandchild of an adoring maternal Yiddish grandmother from Nikolaev. My introduction to friendship was influenced by feeling that my neighborhood playmates did not let me be as important as I felt I deserved. I wanted admiration more than fellowship. You know, feeling they came to my birthday party for the cake and cookies and hope they would win the prize for pin-the-tail-on-the-donkey, not because they prized me. So, of course, I ended up feeling disappointed. My father died suddenly when I was 1. My grandmother moved in with us and continued to make me feel very special.

I never had a best buddy until I met a peer in Navy boot camp and found an easy, non-competitive mutual respect. We remained lifelong friends. He became an Episcopal priest and broadened my awareness of another way of being in the world. He mentored my younger daughter during her early college years. He flew from Colorado to Chicago to officiate in her wedding. Since his death, I have carried on a correspondence with his son, now aged 62. I believe he feels befriended.

I regard myself as a "lucky guy," having benefited by the regard of many underappreciated mentors. I am lucky to have children and an extended family who love me. My wife is my best friend—her loving criticality helps me stay down to earth.

You probably couldn't tell, from my social personality, that I am a shy introvert. My male friendships do not resemble yours.

In a filmed interview with Abe Maslow, he describes one of his "subjects" —probably Eleanor Roosevelt—as spending quiet afternoons by herself. He smiles a knowing smile when he says, "She's in good company."

—Vin Rosenthal



## Impressions of Time and Age

IT'S AN EXTREME UNDERSTATEMENT TO SAY THAT MY UNDERSTANDING OF THE PARADOXES IN THE SPACE/TIME CONTINUUM IS LIMITED. It matters little to me whether the passage of time is reality or illusion. What I know for myself is that time's passing is completely subjective, most clearly perceived in my aging, and not unlike my experience of Impressionist painting. Extraordinary in the exquisitely accomplished impression of lights' movement captured in moments of time, these paintings achieve an elusive and ephemeral quality. At the same time, the settings and subjects of Impressionism remain grounded in ordinary and commonplace slices of life. The passage of time and the process of aging could not be more natural and ordinary and yet, as with Impressionism, they have an elusive and ephemeral quality. What I find compelling personally and in my work is the deep and wide range of subjective perception and meaning we attach to time and age.

My perception of time ranges from the excruciating crawl—that time in 10<sup>th</sup> grade Latin class when our monotone teacher, sitting below a huge clock, transported me to a slow-motion world—to the eye-blink between my awareness of tripping on the street and landing on the sidewalk, hoping I hadn't broken any bones. Though I experienced falling as a split second of time, after the flood of adrenaline receded, I remembered that in mid-fall I had carefully planned how to twist so I wouldn't break anything important. I've learned that the lived experience of time can be radically different than our thoughts about time.

My perception of aging is also completely subjective. Intellectually I know it's happening, but that internal

PHYLLIS S. CLYMER, LCSW-C, CGP, received her master's in clinical social work from the University of Maryland in 1977. A member of AAP since 1984, she has led or co-lead several workshops for AAP and co-chaired both the 2004 Summer Workshop and 2014 Institute & Conference. In 2010, Phyllis, her husband, Roy, and their beloved Westie, Carmela, moved from Maryland to Austin, Texas, where she established a practice offering individual, couples, and group psychotherapy for adults. Phyllis also offers consultation to clinicians across disciplines.

*psclymer@gmail.com*



“me” remains timeless. I’m aware of others’ aging before my own, and become aware of my aging only intermittently. In relatively gentle awakenings into awareness, I’m confronted with some external evidence of my aging, and respond with a startled, indignant and rhetorical, “When did this happen?!” It’s a rearview-mirror kind of phenomenon. I know it’s where I’m headed, I understand that it’s happening, but I experience it only after the fact. In a brutal accident of awareness, the evidence of my having aged comes in sudden and shocking moments, like when unexpectedly confronting my reflection in a store window. Completely unanticipated, the reflection hijacks my otherwise perpetual denial of aging and death, leaving me disoriented, frightened and filled with shame about what I see. Eventually my denial of death is restored, though to a progressively lesser degree than earlier in my life, and the shame recedes. But my precious denial of aging is in peril on a daily basis.

I anticipated and planned for many changes when at age 62 I moved from Columbia, Maryland, to Austin, Texas. I was excited to take on the challenges of confronting new cultural experiences and of starting a new practice. Missing was the unexpected and profound realization of having become old at some point. I didn’t really know the extent of my aging until I moved to a city where the median age was 31. It was then I realized that, along with my friends, I’d been practicing synchronized aging for at least 35 years. As with side-by-side trains traveling at the same speed, it seemed like we were standing still, preserving my denial of aging and death. Once awakened to my chronological age, I feared I’d arrived in Austin too late and would not have enough time left to build a new practice or create meaningful friendships. Later on it occurred to me that this fear was my hedge against disappointment and shame, should my goals not come to fruition. That being true, it was also true that I had lost the presumption that my life was mostly in front of me.

## Impressions from the Work

*Fill your practice with young people and they’ll be with you for life.*

—Anonymous

After about a year in Austin, I realized that I was working with four people within just a few years of my own age, none of whom had been referred by any of the others. I imagined these folks had been drawn to me because of my extensive experience, not for a second correlating “experience” with “years lived.” My residual denial kept me from considering that they had sought me out precisely because I was their chronological peer. When asked by a woman two years my junior, “How old are you? You look great!” I thanked her, while hiding my delight when telling her I was older than she by a few years.

Toward the end of his session, a man exactly my age, but who to me looked much older, started describing his grandfather’s shortcomings in great detail. I was completely nonplussed about his focus on such ancient history. I remember feeling jolted back to reality when I realized that I, too, of course, found my grandparents’ history relevant in my life story. But in that moment I saw my patient as an old man, *and I was incapable of identifying with him.* After the session I became self-critical about what I thought of as an unusual error in attunement, but that thought was quickly eclipsed by

a pulse-thumping fear that it might actually have been a moment of cognitive dysfunction, something rife in my own “ancient” family history.

I didn’t have much experience belonging to a community in my early life. Belongingness was something that others seemed to have, and something that I always viewed from a distance. I was certainly an outsider in the state of Texas, and, in many ways, I was fine with that. But I did have hope for belonging in Austin. However, history seemed to win out again, because, for me, Austin provided painful echoes. I was on the outside, not knowing how to get in. As the work with those four patients progressed, my feeling of aging gradually became supplanted by the unexpected and wonderful experience of community with them, different from my connection to my younger patients. I took great pleasure and found comfort in connecting with people who understood every one of my generational references. Plus, they seemed to have an understanding of me that required no extra effort from me, something also scarce in my history. The experience was what I imagined American expats might feel in finding an oasis of familiarity in a foreign country. Also true however, was that as the work deepened and became extended, I felt distressed knowing that, whether at an excruciating crawl or in the blink of an eye, there was a real possibility one of us would abandon the other. These kinds of thoughts, about termination by deterioration or death, rarely occurred to me when I was 40.

Samuel, now in his late 60s, had a life-long pattern of bullying, neglecting, and ultimately defeating those who yearned for a loving connection with him. He was extraordinarily committed to his stance of victim in the inevitable estrangement and his subsequent loneliness. He came to therapy entitled and indignant over his adult son’s adamant refusal to have a relationship with him. He saw his son as punishing him for “shortcomings” that his son should have been “over” years ago.

Although I felt the therapy might likely fail because Samuel would almost certainly recreate his pattern with me, and even though I recognized my judgment was likely clouded by my own aspiration to extraordinariness, I took a risk and agreed to work with him.

Samuel had considered his own father a weak man, unworthy of respect because he tolerated being browbeaten by his aggressive and demanding mother. Even as Samuel decried his son’s rejection, he seemed to respect him for not acquiescing to his demands for and entitlement to a relationship. In my attempt to be extraordinary I expressed surprise at his disappointment in his son, since his son was as powerful, strong, unyielding, and adamant as he was. Unusually silent, Samuel seemed to take this in. He even nodded in what I thought was agreement. Never addressing my statement about his son’s similarity to himself, he said he couldn’t work with me anymore because I was too rigid about my payment policies. Next he proclaimed his disappointment in my therapy skills and asked if I could recommend someone who took his insurance.

Samuel’s ability to defeat his therapy and then invite me to see that as my failure far outweighed my ability to interrupt his life-long patterns. I think about Samuel on occasion, but I don’t miss him.

Claire, widowed in her early 30s and single for the next 30 years, had taken great pride in putting the needs of her two young daughters before her own, well into their adulthood. She thought of this as compensation for the loss of their father, whom they had adored. Now in a romantic relationship for about one year, Claire was seeking help regarding one daughter’s adamant, rageful and relentless rejection of Claire’s only sig-

nificant relationship since becoming a widow. Her daughter threatened to cut Claire out of her and her grandchildren's lives if she didn't end her new relationship. Claire was considering doing that when she came to therapy.

Claire was born one year after the sudden and traumatic death of an adored two-year-old brother. Her mother became severely depressed and withdrew from Claire. In response to her father's attempt to keep Claire's mother from any additional stress, Claire became a quiet, seemingly happy and contented child. She dutifully adapted, carrying that persona into her adulthood, her marriage and her mothering.

Falling in love and being loved was about the last thing she imagined happening at age 63. She had long before decided that her children would be enough. Claire's ability to identify and then verbalize her own wants and needs to those she loved became a primary goal in her work. Initially this resulted in her judging herself to be negligent of others and even a "bad" person. With much work and practice, she was able to let go of her judgments and find her own voice. Eventually she made clear to her daughter, who embodied Claire's disowned entitlement, that if forced to choose, her daughter would not be her choice of life partner, for however long she had left. Claire's goal was to never again sacrifice her own wellbeing for the sake of another, regardless of how much she loved and needed that other to love her in return.

Claire's work highlighted my own challenges with entitlement and my default orientation to self-sacrifice as the core of my value to others. She reminded me that my ability to do without is not what makes me special, nor does it actually serve others. In finding her truest love of another she reclaimed herself at 63. Like me it seems, Claire too had lost her presumption that most of her life was in front of her.

## Epilogue

I've come to see both my denial of aging and those rude moments of awakening as gifts. To be clear, my gratitude follows my recovery from the sometimes bloody paper cuts I've received while opening those gifts. At my best, I'm less willing to settle for the specialness that comes from helping patients and others to have more. Though these thoughts are fleeting, not yet fully jelled, I'm finding evidence of my entitlement to be more compelling, and am better at holding it as ordinary and not something that comes with being special. I'm grateful to have a portion of my practice be a community of my-age patients. It's good to have company for as long as "The Beat Goes On"...



## An Aging Therapist Goes for Therapy

ROBERTSON DAVIES SAYS THAT A MAN HAS MANY FATHERS, NOT THE LEAST BEING THE ONES HE CHOOSES FOR HIMSELF. I was fortunate enough after having lost too many to choose one who helped me end the search. At the age of 71 I went back into psychotherapy. What prompted me to do so was my concern about dealing with three major issues. Of course, there was much more, but I had no idea about that when I started. I wanted to deal with aging, loss, and a major geographical move that had an impact on how I conducted my psychotherapy practice and lived my life.

I had not been in therapy for 15 years and had not expected ever to enter it again, but life had other ideas, or I was not paying attention to the inevitable. I got older and many of the people I loved and counted on died. Especially hard in the latter category were two of the last three of my good fathers. One was a major professor with whom I maintained a close relationship for decades and the other was an English friend of great kindness and interest in me. I also moved halfway across the country to Austin, Texas, from Tennessee and began conducting my psychotherapy practice using tele-therapy when I was away from where I had been in practice for more than four decades. I was back in Tennessee in the summer which meant seeing clients in my new practice in cyberspace. Coping with all this was more than I expected and I needed help with it. Therapy was the obvious choice.

I got some recommendations, checked them out on the Internet, and made my decision. It surprised me that I chose a therapist who was 42. He also practiced in Austin so I would have to see him via tele-therapy for at least part of the year. His experience and interests seemed outside my own sphere, and were. We were different and that

MURRAY SCHER, PhD, a fellow and past president of the Academy, received the doctorate in counseling psychology from the University of Texas at Austin. He currently is in private practice in Austin, Texas, and Jonesborough, Tennessee. He is well-published and has presented extensively but still tries to figure out how he can make a useful contribution to both the profession and those pursuing psychological services. One of the joys of aging is not feeling pressured to figure out how to make the contribution quickly.  
*mhs@murrayscherphd.com*

turned out to be a good thing.

I remember telling Alex early on not to let me charm him. He responded that there was no danger of that happening. He was right, occasionally to my dismay. I saw him weekly for almost two years and it was a wonderful and very rewarding experience and relationship. I learned and grew and repaired.

Though not a Jungian analyst, he had been steeped in that world and way of thinking. I had little interest in it although I did reread a couple of my books on Jungian therapy and found more similarities with my practice than I anticipated. I also reread *The Deptford Trilogy* by Robertson Davies which is a Jungian wonderland and loved it all over again. There is an important incident in the second book, *The Manticore* (1977), when the protagonist has a dream the night before his therapy begins; in it, he intuits that the therapist he has been assigned is a woman, which shocks him.

My experience is that dreams that occur early in the therapy are about the therapy despite their manifest content. I had a dream the night before the first session. In the dream a young man is helping me clean out the attic. I assumed he was a young friend of mine. However, as I related the dream in the therapy session, I knew Alex was the young man who was going to help me clean out all the corners of the attic. And, oh my! there were a lot more corners than I imagined, and oh, it was fun and frequently painful to examine and scrub them. It is amazing to me that those shadowy corners almost never occur to me now; in fact, I have to go looking for them. If I ever wondered if insight therapy works, I lost any doubt I had.

Aging is an ongoing experience, but dealing with being aged is different. Not only do we face declines in physical and mental life, but we confront the ways in which we are seen and treated, often to our great surprise and shock. I am still 45 in my mind, and am always taken aback when it dawns on me that others see a 75-year-old man, not an attractive, youthful, vibrant man. So, hoping that therapy would rescue me from aging may have been a bit presumptuous, but it certainly did help. I remember Alex saying something about being impressed with me at my age. I thought he meant that I was still physically active and in good shape. That was not it, he said, as he knew lots of 70-somethings who were physically active. What impressed him was my willingness—desire in fact—to look at my stuff as critically and honestly as I possibly could. That intrigued me. I could not imagine doing anything else, as that would seem like surrender.

The father transference I developed was very powerful. Although I was aware of it, I had no idea of its strength. My father was a few years younger than Alex when he died; I think that had an influence. His kind, albeit restrained, distance also abetted the transference. Alex was in many ways a good father but not a good daddy. I really needed the former from him, although the latter was what I always thought I needed.

In therapy I dealt with the recent loss of the two powerful father figures in a manner that satisfied me and allowed the sting of their loss to recede and their loving supportive presence in my life to remain. Interestingly enough, I also dealt with another powerful loss, that of my long-time Chinese therapist, Bingham Dai.

I never thought of Bingham as a father, more of a grandfather or great-uncle, as he had an avuncular manner. However, in the course of my therapy with a 40-something, I realized that the 80-something also had fathered me in a most protective and loving way, even in his stubborn confrontations with me. He became a presence in the current therapy and was welcomed and adored by both of us. Once Alex said that he identified

with Bingham. I asked him how, and he replied it was in how much Bingham loved me. This was a great gift but quite painful when I terminated, as I was losing two men who nurtured and cared deeply for me.

I started therapy in early January. By mid-June it was clear to me that I wanted to send Alex a Father's Day card, and so I did. It was the first time in over 50 years that I got to do that. He thanked me; something felt finished and I had no desire to ever do that again. He was very patient and attentive with me as I struggled with all the desires a young boy, early adolescent, late adolescent, and young man has for his father. I wondered what it would be like to walk along my hiking trail with him, and then holding his hand; I wondered if he would be angry with me for acting out in an adolescent rage; I wondered if he would be proud of me; and I wondered if he would approve of my life decisions. Slowly I came to realize that it was I who had to approve or not approve of my choices and behavior, and it really did not matter whether he approved or was proud or was available. Those realizations were agonizing in their arrival but ultimately life-affirming for me.

In the course of the therapy, aside from cleaning out myriad dark corners, I also gained much that I had not anticipated. Alex was interested in and attracted to ritual, something that I usually found draining and unappealing. I did gain a new appreciation for it and found myself inventing rituals before the therapy was over. I had to rethink the way I understood rituals and to realize I had used them in my own way, often thinking of them as traditions. He and I shared some rituals as the therapy proceeded. One of the most powerful was my saying kaddish for my father during a session and his witnessing that, replete with yarmulke. It was a very moving and meaningful experience for me. When I terminated, we each created rituals to mark the end of a powerful therapeutic experience. The rituals included poetry, as it had taken on significance in the therapy.

There was much I gained in this therapy that I would never have expected. Alex introduced me to poetry in a way that opened my mind and heart; I embraced Eastern philosophy and being in the world on a path that had begun with my Chinese therapist; I learned to be more restrained with clients; I let go of a great deal of anger; I became softer; I almost completely stopped weeping; and I gained more compassion for others, especially people in my past.

As a postscript I should report what happened after the termination, which I initiated and he agreed to. I was not finished but did not really know it. In my attempt to gain more, I created a situation where I felt rejected and quite mystified by his non-response to my wish for non-therapy contact. At some point I realized, as the Buddha pointed out, that all suffering comes from desire and I desired his attention and affection too much. And I suffered.

Some 18 months after termination, I had a mild heart attack and realized I needed to talk about it with a therapist. He was the natural choice. I saw him for a single session and it was remarkably healing both in addressing my concerns about mortality and the denial thereof, and more significantly in learning that I still mattered to him and he was willing to hold me in his thoughts and heart.

I remember the Chinese therapist telling me that we never outgrow our need for mother. I think it safe to say Bingham would have agreed that it is really that we never outgrow our need for our parents. I had been cheated out of a father to guide me after the age of nine and had hungered for that most of my life. Here I found it, or at least

learned that the guidance and love I craved was mainly within me but also was present in the world. I am fortunate to have many loving, generous, supportive, and loyal friends with whom I have shared almost all my secrets, joys, and sadness, but I recognize now that I needed something more. I found that out when I experienced someone who was willing to be with me, to accept me warts and all, and to love me not because I charmed him but because I am a lovable person even to someone who knew more about me than anyone else in the world. And 75 was not too late to learn that. ▼

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## Viewpoint: Therapist in Her 60s

### Coming Out

**M**Y DAUGHTER SENT ME THE LINK TO A 2016 NPR “THIS AMERICAN LIFE” EPISODE FEATURING LINDY WEST, AUTHOR AND FAT-ACCEPTANCE ACTIVIST. She spoke about “coming out” as fat, a concept that seems on the face of it absurd. *People can see you.* People may not know if you weigh 250 pounds or 300 pounds, but they see that you are fat. What could she possibly mean by “coming out” as fat? And what could I mean by the idea of coming out as aging, as an older woman, a “woman of a certain age,” probably 60+, maybe even nearing 70. *People can see me.*

Like many women—and some men—for a number of years I’d have my hair highlighted to hide the gray. *See, these blonde/brunette highlights are just natural, right? The streaks of gray don’t dominate; they blend nicely with the more youthful hues.* Until they didn’t; until the gray roots at my temples began to announce themselves every few weeks: We’re back! With a vengeance! I’d buy those root-cover-ups at CVS, chasing the persistent gray into hiding until my next visit to Mickey, when he’d work his magic and transform me into my better, younger self.

Then I started studying women my age (I could easily pick them out in a crowd) and asking myself: Does the blonde/brunette hair really make her look younger? When I get a closer look at her aging face, what’s the cumulative effect? A youngish woman with an older face? Or an older woman trying to turn back the hands of time? In a group of women writers on our way to a workshop, I’d compare those with naturally gray hair and those with dyed hair. Finally, the naturals won out. But even then, I still felt I could hide my age as if not naming it would make any visible signs of aging disappear, like a shameful secret.

GINA SANGSTER is a Washington, DC, native who continues to live and work in the same neighborhood where she grew up. With an MFA in poetry from Columbia University awarded in 1975, she completed the MSW at Catholic University’s School of Social Service in 1986. Gina now works with individuals and couples in a diverse group private practice, along with providing clinical supervision. She continues to write both poetry and personal essays. The long and winding path of her own clinical and creative journey informs Gina’s work with artists and others who may have gotten lost along the way.  
[gshdc@aol.com](mailto:gshdc@aol.com)

Lindy West, talking about “coming out to friends and family as fat,” noted that if it was never mentioned or named, there was a shared assumption that the shame of it could be hidden. I suddenly felt that my struggle to own my experience of aging was strangely similar. For example, recently I was ill and had to miss some days of work. One of my colleagues, a man close to my age, turned to me in our next clinical meeting and asked quietly, “How are you feeling?” Not just “How are you?” in the casual way we do in passing, but “How are you *feeling*?” with a slight sideways bow of his head and a genuine expression of concern. I felt annoyed! He was outing me as a patient! A sick person! Someone to be worried about; someone who’s clearly getting older and needs care and attention a younger, more vital person would not need. He was seeing me in a way I did not want to be seen.

I lost both of my parents at relatively young ages. I was 16 when my father died; he was 59 and had become prematurely elderly due to emphysema, though his mind remained sharp until the end. My mother was diagnosed with colon cancer at 70 and died two years later, just shy of my 40th birthday. I had no grandparents growing up and though I was close with some of my aunts and uncles who lived into their 80s and 90s, I saw them less and less as I became immersed in raising my own family and launching my career. I have no experiential role models for aging well. Sure, I see the older models in Eileen Fisher ads and the Facebook videos of an 83-year-old gymnast, but these distant icons only skim the surface of my ageist shame.

I felt afraid to have my two grandsons, now ages 5 and 7, come visit me when I was ill. Though I was only in the hospital for one night and was not diagnosed with a life-threatening condition, letting them see me there was a form of “coming out.” I purposefully walked down the hall from my room as they, along with my son and eldest daughter, spilled out of the elevator. They could see me upright, smiling, welcoming them as always. They climbed onto the undulating hospital bed and scanned the room approvingly, with special appreciation for the complicated gadgets attached to the IV pole, no longer attached to me.

For the first time in my life, I had called my daughter and asked her to come help take care of me. When she heard my tearful voice on the phone, she quickly went into strategic mode and got herself and the two boys on a train early the next morning. This was a form of coming out for me, to announce explicitly and emotionally that I needed her help. At that point, I was still in the ER and what was ailing me had not yet been identified. (Turns out I had picked up the kind of intestinal bacteria well-known to Peace Corps volunteers, and with an already compromised digestive system, it made me very sick.)

And what about interactions with clients? Those I meet for the first time, those I’ve known for months or years—what do they see when I open the door? Are they reassured by a visage that suggests the wisdom of years? Or put off by the appearance of someone they may suspect is out of touch? If I’ve cancelled sessions due to illness, does this suggest a future fraught with decline and absence? Do those whom I’ve known for a while bear witness to the passage of time that can be seen in my face, the perceptible changes in posture and gait, and what does it mean to them? I have more questions than answers as I begin to come out of hiding.

Of course I know many younger people suffer from all kinds of illnesses; and many people my age (as of this writing, 66) are seriously ill or disabled in ways that I am not.

One of my close friends from college was diagnosed with lupus at 25; none of her associations with illness have to do with aging. In fact, she shared with me her sense of accomplishment in having mastered the art of living well with a chronic illness. Clearly, I'm not there yet.

I'm working on overcoming my sense of foreboding that growing older means illness and early death. So it was especially important that after a couple days' recuperation, my daughter and two grandsons and I trekked down to the Southwest waterfront (by bus, rather than walking) to enjoy the splash pool and an outdoor lunch. I needed them to see me doing something normal, something active and fun. I want to get better at coming out as older, as aging well, with family and friends, and in my work with clients, but I need some time to get used to the idea; to get used to being seen as I am, not as I imagine myself to be. ▼

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ELLEN SCHIFF, PhD  
Bethesda, Maryland  
*shockti@aol.com*

## Trade-offs

ONE OF THE WONDERFUL CONSEQUENCES OF BEING IN PRACTICE FOR 39 YEARS is experiencing the development of my work with long-term clients. I have worked with Bob for 26 years, twice a week in individual therapy and once a week in group. Over the many years, the work has had both the satisfactions and the confrontations of any long-term relationship. I have witnessed and experienced joy and laughter, tears and fears, frustration, anger and love. Bob recently afforded me the opportunity to directly confront the reality of my physical aging.

During a recent session, Bob, who is now 70, was musing about our years together and the development of our relationship. He was giving voice to how things between us have changed over time and how he saw me and the evolution of that picture. This is how it went:

“You know, early on I saw you as a mother, and as time went on I saw you as *my* mother. I felt protected and very young. I remember seeing you as young. Now I don’t see you as my mother. I don’t want to hurt you but in fact, I actually see you as old!”

I didn’t know whether to laugh or cry. The poignant description of the transference and its evolution posed a direct confrontation with the reality of my physical aging. I was quiet for a few moments, letting in the gift of the work with Bob and the challenge of embracing hard truth.

I looked at Bob and replied, “Some things are worth the trade-off.” ▼

*Editor's note: The following article is based on a chapter from the author's 2017 book, **Balancing Act: Strategies for Successful Aging**, available on Amazon.*



## Strategies for Successful Aging

IF I SAID TO YOU, “ARE YOU GOING TO DIE?” YOU WOULD ANSWER “OF COURSE.” Yet if I ask you to describe your plan for old age—do you have a DNR (Do Not Resuscitate Order)? A will? Who gets the jewelry? Where will you live? What will you do if your spouse dies first? What if you break your hip? What’s your rehab of choice?—many of you would stammer around. But something unforeseen happens, and you fight like hell against someone else making the decisions. Frankly, you’ve left them no choice.

Take responsibility while you can. Design your old age in advance. Above all, don’t make your children or anyone you love do it for you. Frankly, that’s a lousy legacy. How many times have you said: “Why should we clear out the books or clean the basement? Our kids can do it when we die.” Or, “No, I don’t have a will—lawyers are too expensive—but the kids know what we want.”

In a conversation about legacy with my husband and brother-in-law many years ago, the men expressed wanting to feel confident in having a positive impact via their contributions to Central America or their university—ideally something would have their names on it. My sister-in-law and I wanted our kids, family and friends to love us and remember us as fun to be with.

So there are, of course, different ways of defining “legacy.” Yet we all leave one. Usually, when people talk about it they are thinking money, memorabilia, jewels, a business, foundation or organization they have built—some of the tangibles of legacy that can be seen, and they are important. Equally, if not more important, however, are intangibles like values, memories, sayings, attitudes. Who do people say you were? Why were you someone to emulate (or not)? What did they learn from you? You can find the answers to questions like these by drawing both from your own self-knowledge and from asking others and hoping for an honest response. A few suggestions:

SANDRA CONANT worked in village and organizational development for 40 years, a career that took her around the world. She is now retired and lives in Costa Rica with her husband, Harry Strachan.  
[sandy@mesoamerica.com](mailto:sandy@mesoamerica.com)

1. What do you want people to remember about you? What values, qualities, achievements, attitudes, or wisdom do you hope they take from sharing their lives with you? What gifts do you want to give—letters, jewelry, family heirlooms or keepsakes, art, crafts? Are there specific people who want specific things? Clearly designate any bequests that are meaningful to you or responsive to others' wishes.

Make a list of what you want them to have, and include things like "reconciliation," "peace," "no regrets," and the like. Think about how to make this happen. One family I know is made up of four living children (in their 50s/60s) and one demented father living in a huge old falling-down home with very little money. Yet there is no consensus among the kids as to his future. One insists that he shouldn't be moved, yet resents the time she spends caretaking and managing caretakers. One insists a move to a facility is the only logical response. Two are betwixt and between depending on whom they're with. This family is in trouble, and it's hard for me to believe their father's "legacy" will be anything other than bitter and angry regret. Don't do this to your loved ones.

2. Think about how you hope to die. Yes, I know most people hope they drop dead or die in their sleep, but we may not get our wish. Is it possible to decide how you want to die—not the cause or the moment or the specifics of it—but the attitudes with which you receive death? The Buddhists recommend daily contemplation on your dying, and they cite individuals who have demonstrated quiet acceptance of the inevitable and an ability to reach out with love until the moment they lose consciousness. If a child or grandchild or good friend is sitting by your bed, what do you want them to take away from your final moments? The odd thing about this exercise is *the way it throws you back into life—and raises the question of how you want to live* knowing your "zone of control" may be tiny or non-existent at the end.
3. What conversations do you need to have with your spouse, children or friends? Are there conflicts that need to be resolved? Is everyone clear on your wishes? It's a sad experience watching a family fall apart upon the death of the person who was the glue, giving rise to conflicts that may or may not get resolved, even into the next generation. Ensuring resolution and clarity now could be of help, even though you can't completely eliminate the chance of unresolved conflicts. Every conflict has two sides, and if one side is willing to forgive and move on, and one is intransigent to the end, reconciliation is close to impossible. What do you do then? My suggestion is to write a letter, leave a gift, or do something that unmistakably signals forgiveness. One example of this was a friend who suffered three strokes in quick succession, but who stayed alive (and I think aware, in spite of being comatose) until her two estranged children arrived. Even though there was nothing said, there was closure and healing that wouldn't have been there otherwise.
4. Do you have any special requests? One friend asked that her favorite hymns be played or sung by anyone who was with her as she died. Another friend was accompanied by her family reading messages, poems, meaningful quotations sent by people all over the world as well as by a 24-hour prayer cycle of volunteers. I was struck by both the symbolic and specific aspects of these actions, both of which added a rich resolution to the event.
5. How will you communicate love and forgiveness to each person who needs to hear that from you? I had two friends who wrote beautiful letters toward the end of their lives. One died of lung cancer, the other of pancreatic cancer, one a man, the other a woman—but both chose to send out a group letter that expressed their gratitude for friendships, support given in each phase of their lives as well as their deep recognition and acceptance of the inevitability of their passing. I was profoundly moved in both instances. I hardly knew the man, was much closer to the woman, but their letters stopped my world in a positive way. You can write these letters when you're perfectly healthy and put them in a file, revising from time to time.

These examples hint at the nature of legacy—what we take away as conscious remembrances of a friend or loved one. Knowing and accepting our deaths gives us a chance to think about a legacy that actually lives in the living and keeps on giving. ▼



## The Aging Psychotherapist: Some Personal Reflections

**W**HENEVER ONE WRITES HISTORY, ESPECIALLY HISTORY AS PERSONAL AS AUTOBIOGRAPHY, one tends to transform the unrelated into the coherent, vicissitude into progress, and cluelessness into profundity. I'll do my best here to render seminal points in my professional development as accurately and honestly as possible while keeping in mind that, to paraphrase Mark Twain, I remember a lot of things as I age and some of them even happened. A guiding principle in all that follows is therapist "love," the details of which I spell out in the closing portion of the paper.

### What I Was Taught

A renowned teacher of psychotherapy, Elvin Semrad, told my entering class of psychiatric residents at Mass Mental Health Center in July, 1968: "You each have something unique: your experience as you have experienced it. You may not have elected it, you may even think it stinks; but it is yours, so value it and use it." This advice has served me well in my career. As I have aged, my experiences—both personal and professional—have become increasingly important parts of my therapeutic presence. I have come to appreciate and conclude that the emotional issues that I find challenging and difficult, many others do as well. I have published several articles on these issues in the professional literature—hostility, shame, courage, gossip, predators in families, scapegoating, and sexual abuse. Many readers tell me they have found these articles helpful because they also struggle with these difficult challenges. I was reluctant as a beginning therapist to speak about things I did well for fear of being seen as

JERRY GANS has been married for 53 years and has three daughters and four grandchildren. He is a distinguished life fellow of the American Group Psychotherapy Association and the American Psychiatric Association. The author of over 50 refereed articles, book chapters, and book reviews, Jerry has written about individual and group psychotherapy, psychological aspects of physical rehabilitation, liaison psychiatry, and psychotherapy and literature. He has lectured, supervised, presented workshops, and run demonstration groups locally, nationally, and internationally on a variety of group psychotherapy topics. He has a private practice in Wellesley, Massachusetts, where he offers individual, couples, and group psychotherapy.  
*jsgans@comcast.net*



arrogant, deluded, self-important or self-promotional. Taking my personal and professional experiences and accomplishments seriously, and successfully writing about them, has diminished such concerns.

It takes time to unlearn—or outgrow—what was taught in one’s training. Consider the following two examples.

During a group session that occurred in the middle of my career, Alice said to me, “Dr. Gans, I don’t know what you hope to accomplish by not answering my questions, but I can tell you that I feel so disrespected when you do so that I will never receive benefit from that approach.” I was concerned that if I answered her questions, the rest of my group patients would insist on having their questions answered also. That never happened. Other group members seemed to appreciate that for Alice, having questions answered would help her do her therapeutic work. For the others, a less responsive approach achieved the same goal.

Second example. In my individual work, Betty would start each session with 40 minutes of silence, despite having greeted me warmly in the waiting room. I did not speak until she did. With input from my peer supervision group, I began some sessions by speaking first. The result was a more responsive patient. Months later I asked her if my not talking first was ever helpful. The answer was a resounding “No.” Another patient told me that the silence I provided made it harder, not easier, for her to access her feelings in the beginning phase of her treatment.

In both of these examples, I was (in retrospect) following uncritically what I had been taught in my primarily psychodynamic training. In the first instance, I was taught that answering questions directly would interfere with a patient’s doing psychotherapeutic work. Answering questions directly was thought to promote dependency rather than encourage exploration. In the second example, I was taught to follow the patient’s associations and not elicit them, lest we end up talking about what was on my mind and not necessarily what was on the patient’s mind. I am sometimes embarrassed by how long it took me to appreciate the limitations in some of what I had been taught. Gradually I have learned to save from my early teachings what has stood the test of time and to modify or discard the rest. Each generation discovers its truths while some verities do endure.

What I was taught about psychotherapy in my psychiatric residency (1968-1971) has changed over time. Conveyed more implicitly than explicitly, the following teaching was prevalent: if you find yourself treating a patient differently than you are treating the rest of your patients, doing so is probably a sign of a countertransference difficulty; you should discuss this problem in supervision or perhaps obtain (further) therapy. Starting several decades later, the teaching seems to reside on the opposite end of the continuum: if you are not individualizing each treatment, taking into account each patient’s attachment style and level of psychosocial development, your therapeutic approach is deficient.

I have concluded that there is truth in both of these teachings. Regarding the first instruction, it is not helpful to treat the very, very likeable patient differently than the very provocative patient, as it is likely that both struggle with a similar yearning: a longing for attention and approval. As for the second teaching, the patient with a history of abandonment and neglect needs a different kind of responsiveness than a well put-together patient who comes in with a situational crisis.

## My Maturation as a Therapist

The mature psychotherapist, through hard-won experience, learns that certain data need to be preferentially respected as harbingers or indicators of psychic damage or distress. Examples include early loss of a parent; a history of early abuse or neglect; experience with abandonment; extreme stubbornness or passivity; invasion of the therapist's defenses in the first session; not being able to obtain a coherent history; etc. As a psychiatrist emerging from medical internship, I had no trouble deciding how *physically* sick or healthy a patient was just by inspection. Appreciating the significance of the items mentioned above helped me over time to evaluate the *emotional* health or sickness of my psychotherapy patients.

Over time, experience has taught me what does *not* constitute psychotherapy. Some patients enter therapy with a variety of potentially destructive characteristics that interfere with their functioning and/or interpersonal relations. They are contemptuous, sadistic, sarcastic, exploitative, dishonest, seductive, manipulative, etc. It is certainly their prerogative to bring such feelings and behaviors into therapy. If, however, patients merely indulge these qualities and demonstrate no interest in or intention to work on them—despite my best efforts over a considerable period of time—then what is taking place is not psychotherapy; it is a perversion of therapy. Or perhaps therapy is not what the patient is looking for. It took me time to distinguish the patient's legitimate expression of potentially destructive behaviors from my masochistic submission to essentially gratuitous attacks that served no therapeutic purpose. While there have not been many instances of this dynamic, I wasted much time and energy before arriving at this distinction. It is not good for the patient, the therapist, or the treatment to allow such a sado-masochistic dynamic to continue. Limits on such perversions of therapy should be handled with both firmness and respect for the patient.

Years of practice have taught me that psychotherapy, when it is effective, produces modest changes and gains. Psychotherapy does not change people's basic personalities. Somebody once said that an "analyzed schmuck" is still a schmuck. However, modest changes can still make a significant difference in a person's life. A person may still have problems with authority but has learned where these problems originated, has worked through the feelings involved, and can better manage these feelings when they occur.

As I have come to appreciate the limits of what therapy can accomplish, I have been able to modulate my therapeutic ambitiousness. Overreaching can lead to a therapist's failure to appreciate the modest but very important gains that a person has made. For example, as a group therapist, instead of looking for dramatic improvement in a patient who has grown up in a violent household, I have learned to appreciate the courage it takes for such a person simply to sit in a room with other people where strong emotions are experienced and discussed.

## Advantages and Rewards of Aging

The other day I interrupted one of my therapy groups soon after it commenced by saying, "I think I can do a better job this evening if I go and put in my hearing aids," thus compounding the disclosure (for some members) of my hearing loss with the admission of a memory lapse. Fifteen years ago I would not have been able to make such an admis-

sion or have done so without worrying what the group would think (of me). As aging has helped me accept and deal with my limitations, I am better able to help my patients talk about and accept their own.

As aging dulls sexual responsiveness, I have found it easier to explore the sexual feelings of my female patients than I did when I was younger. On the other hand, 30-40 years ago the environment surrounding therapy made it safer for men to explore women's sexual feelings and fantasies; in the last 20-30 years, male therapists have learned to think twice before exploring, or perhaps not explore at all, a female patient's sexual feelings or fantasies for fear of being accused of—or punished for—inappropriate behavior.

As self-acceptance replaces competition and ambition as I age, I am better able to appreciate strengths and accomplishments that my patients possess and that I do not possess or have not achieved. I marvel at a former patient's ability to analyze dreams. As a group therapist I take greater pleasure than I used to when one of my group members makes an observation that never occurred to me about another member. These occasions now become learning opportunities for me.

One of the richest rewards of decades of practice has been the opportunity to supervise, mentor, inspire, and collaborate with younger clinicians. I have supervised over 70 clinicians, written papers with 8, and encouraged many others to write professionally. Helping younger therapists discover wonderful qualities that they possess, and often don't recognize, is one of the more gratifying activities of the aging clinician. Deep down, most of us can't believe that we will be invited to the dance. Seeing folks on the dance floor, and knowing that I played some part in their getting there, has been especially rewarding. Occasionally I have received an unexpected email or letter from someone I had no idea that I had inspired, a true gift if there ever was one.

## **Fringe Benefits of the Work**

In any intimate relationship, psychotherapy being one of them, people have the opportunity to get to know each other quite well. Such intimacy provides the *therapist* the chance to be known by the patient, even though the therapist usually does not reveal a lot of personal information on purpose. It is my impression in supervising many neophyte therapists that very few receive meaningful patient feedback, especially if the feedback is critical.

Over time, I began to appreciate how much I could learn about myself if only patients felt safe enough to share their observations about my blind spots, shortcomings, and biases. One of the turning points in a treatment of a very constricted, self-critical woman occurred when, with great trepidation, she said that I should give the group two weeks' notice rather than one when introducing a new member into the group: "Dr. Gans, you are putting your business interests ahead of our emotional need to say good-bye to the old group. You know, because you have told us, that adding a new member always changes the group." It became apparent to all after I incorporated her suggestion that her sense of agency steadily increased. Midway through my career, another patient said, "Dr. Gans, I think you underestimate what you have to offer. I know you believe that insights are most meaningful when I come to them on my own. But sometimes, sharing your take on what goes on here is very helpful." I came to see that he was right.

## Occasional Regrets

Occasionally, as I silently bemoan the slow change and incremental growth and development in my psychotherapy patients, I find myself fantasizing about being a surgeon. I imagine the gratitude I would receive from actually curing my patients and the satisfaction I would experience for restoring health in such a relatively short period of time. (The pay isn't bad either.) Suddenly, I'm brought back to earth by the realization that I have neither the temperament nor the stamina to have been a surgeon. I then realize that being a psychotherapist requires a different kind of temperament and stamina. My abilities to tolerate uncertainty, welcome complexity, and allow patients to work through their pain—rather than getting rid of it—have stood me in good stead as a therapist and have put my unique talents to use for others. And while I could never stand on my feet for 8-10 hours a day or manage the impersonality of the knife, I have been able to contain, metabolize, and detoxify feelings that many people find difficult to bear. I have reaped one of the great privileges of doing a lifetime of psychotherapy: confirmation that, deep down, people are more alike than different. And when patients tell me that I know them better than anyone else in their lives, I feel grateful to have chosen a profession that allows such closeness and intimacy. This feeling of gratitude has only intensified as I have aged.

## One Eternal Verity

Aging has not changed and only reinforced one conviction I have about psychotherapy: what ultimately heals is love. My idea of what constitutes therapist “love” has evolved over the decades. As a neophyte therapist I thought good intentions, sincerity, acting naturally, and really caring about the patient were the primary healing agents. Aging has helped me realize that what constitutes therapist “love” is much more complex.

Here are some of its components. Therapist characteristics include—but are not limited to—reliability, steadiness, empathy, non-judgmentalism, curiosity, concern, a genuine interest in listening to patients' stories, and playfulness. I have been blessed with a sense of humor that along with playfulness involves a delicate blend of attunement and risk (there is no guarantee, even with the most skillful use of humor, that it will advance the therapeutic process or that it won't harm it). I realize that I possess certain qualities that allow me to employ humor with beneficial effect. These include comfort with spontaneity; trust in my intuition; neutralized aggression; not taking myself overly seriously; and judicious use of jokes. For example, to a group that is consistently denying its anger, I might suddenly mention the story about the man who made a Freudian slip while talking with his father at breakfast. He meant to say, “Please pass the salt,” but instead said, “You bastard, you fucked up my childhood!” Such playful humor, another component of therapist “love,” serves as an antidote to super-ego harshness, encourages expression of the unspeakable, and enables patients to be more fully known.

The ability to create a safe and trusting space where, over time, the other can be known as fully as possible contributes to a patient's feeling loved. Creating such a space, though, is easier said than done. I have learned that many natural reactions (to the patient) are not helpful (like pity), and that many helpful reactions don't come naturally (being empathic while under sudden, unanticipated attack). The latter point is another

way of saying that therapist “love” involves containing and metabolizing affect that in everyday life might offend, alienate, diminish, seduce, intimidate, control, and humiliate—and returning it to the patient in a detoxified state.

I have learned not to become so professional that my patients do not, at some juncture in the therapy, influence me or even temporarily destabilize and rearrange my feelings and perceptions in some way. I have found myself on more than a few occasions at my computer in the middle of the night, writing down my thoughts and feelings about the therapy in an attempt to regain my equilibrium and understand how the patient has mobilized my dark sides. Often, through this process, I am moved to a slightly new vantage point from where I can understand my patient—and myself—more clearly. It is this kind of determined devotion to arriving at emotional truth that is an important component of therapist “love.”

## Conclusion

A patient I have seen for over four decades recently mentioned the quality in me he has valued the most: steadfastness. “You have had many opportunities to give up on me and you didn’t—when many others have. You have stayed the course. You’ve taken a lot of shit from me over the years and somehow realized I was crying out, in my own way, for acceptance and love.” I felt tears in my eyes as he spoke.

There is a tendency, in summing up, to romanticize the aging psychotherapist’s journey. If one is honest with oneself, many memories serve as an antidote to such sentimentalizing; abrupt, unilateral terminations; exhausting limit setting with manic patients; demeaning insurance reimbursement; promising referrals that inexplicably don’t work out; relentless exposure to suffering; the loneliness the profession engenders; and perhaps the most destabilizing of all, a patient’s suicide.

Adding up all the pluses and minuses, I would choose the same profession again. A teacher and mentor of mine once said, “You don’t necessarily grow wiser as you grow older, but you have the opportunity to do so.” To the extent that I have grown wiser as I have aged, being a psychotherapist has contributed greatly to that process. The increasingly relational zeitgeist of psychotherapy has highlighted the fact that the way the patient is with me is partly a function of the way I am with the patient. There are no innocent bystanders in the psychotherapeutic process; both parties contribute to its outcome. In order to hold up their end of the bargain, therapists need constantly to examine their contributions to the course and outcome of therapy. Not many jobs require such self-scrutiny and honesty, and I remain indebted and grateful to these demanding requirements of the work. ▼

## The Pull To Retirement

Marilyn Schwartz

How many patients have I re-parented?  
How many of my children have I parented?  
Isn't it now time to teach freely  
the lessons of life worth knowing,  
To those precious six little ones.  
Who have entered my life.  
Whom I can love unabashedly.

They call me Mimi,  
And bring me my greatest joy,  
It's their lives now I choose to grow.

—Grandma Mimi





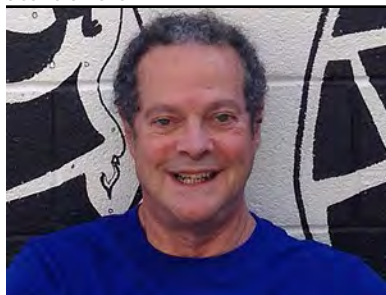


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Steve Shere



*Viewpoint: Therapist in His 70s*

**Mortality and Wonder:**  
An Automatic Writing

THE POEM BELOW CAME TO ME IN MY MID-50S in what Carl Jung called automatic writing—my only experience with this phenomenon. I was sound asleep, walked into my study, and wrote. I awoke the next morning, dimly remembering what was scrawled in my handwriting on a stray piece of paper.

STEVE SHERE has been an Academy member for many years. As a psychotherapist in the Washington, DC, area, his practice emphasizes long-term group psychotherapy and psychotherapy supervision. He also consults to a wide range of organizations and businesses. This writing relates to other pieces he has contributed to *Voices* exploring the passage of time and his mortality. Most days he is simply grateful to still be here.

*shsherephd@yahoo.com*

I Am; a configuration of energy  
the faintest slice of the universe, the briefest instant, a moment in time  
an elaboration, an expression, a reflection  
a shimmering thread of light  
a glimpse of eternity, the inverse of oblivion  
the faintest musical note  
the least discernable flicker of a breeze on a newborn baby's flushed cheek  
the last breath of my mother's waning life  
the finest speck of starshine, sunshine, moonshine  
always, never, ever  
the slightest smile in every creature's eye  
the point of contact when a raindrop touches the ocean's kinetic face  
ecstatic, incandescent, effervescent, omniscient, irreplaceable, evanescent, orgiastic,  
elastic  
ebbing, flowing, ever-knowing  
complete, replete, omni-eat  
rapid sight, rapid beat  
dancing, hopping, stomping feet  
willow blow, willow bend  
heaven's gate, ocean floor  
bound, released, entwined—evermore  
1:47 a.m., a prayer, a lovesong, a lush red-ripe tomato

It is only now, as I deal with turning 70 and opening to a new decade, that I am moved to re-read this writing and to share it. Many years ago I worked with a patient who came across a dream she had early in her treatment. It was lost in a bedside dresser and finally discovered many years later. I assume she came across the dream when she sufficiently trusted both herself and me to use it well in her therapy. Not unlike my patient of many years ago, re-reading this poem invited me to open to an aspect of myself—a capacity to feel transcendence—that was less accessible to me as a younger person.

In 1955 I watched the Mary Martin version of *Peter Pan* on my parents' small television set. I was very saddened by Peter Pan's return to meet the adult Wendy, after they had earlier flown away when she was a child and shared a timeless Never Never Land. In meeting her again, Peter Pan invited her daughter to fly off with him to this magical place. When Wendy said, "Oh, if only I could go with you!" Peter poignantly answered, "You can't. You see, Wendy... you're too grown up." Two years later, on my 10th birthday, I remember crying that I would never again be a one-digit number; young tears about the swift flight of time's arrow and death.

During my bar mitzvah preparation at age 13, again at kol nidre services on Yom Kippur with my children, and at Catholic masses at Christmas and Easter with my wife, "life everlasting" was offered as the ultimate reward for acceptable piety. I am not even close to demonstrating sufficient piety. I have always felt that "life everlasting" is probably not my destiny. My best fantasy is that I could feign piety late in the game, achieving promised immortality close to the end. My guess, however, is that a powerful Old Testament God, who could deliver on a promise of immortality, would recognize and strongly disapprove of my efficient, belated worship.

The secular religion I have steadily championed instead over the years is psychotherapy; the promise being that if you acknowledge who you are and what you actually think and feel, you will live a better life. While this won't grant you immortality, it may give you a shot at some solace while you are here. I have been happy to be a secular Rav. For better or worse, this has been my version of religion and reflects my particular bargain with death.

This poem about my mortality, more channeled than written, has re-opened me to a sense of wonder that helps soften the deep sadness of Peter Pan's return or of my 10-year-old's tears; a much-needed, long percolating 70th birthday gift. ▼



## When I Became Old

I became old the day my husband died.

Elliot had health issues; he had an irregular heartbeat; he was overweight; he smoked cigars and he was 10-and-a-half years older than I. We joked about who would go first, but we both knew who probably would.

I just never thought he would die. Suddenly. On a Sunday morning. In our home.

On that day, everything changed and nothing changed. Nothing changed because the weather was still the same in the afternoon as it had been in the morning and the sun still went down that evening. Nothing changed because I was still a working woman with our dog and dirty dishes and the mundane chores of life. What did change was that I suddenly felt old.

Suddenly, I was a widow. What a terrible word—widow. It conjures up images of poisonous spiders or wailing women in Zorba the Greek...certainly of old women. Widows wear black, move slowly and do not smile. I wore red to Elliot's service in protest of somber convention and because he lived a colorful life, but now I was a member of the widow group, a member of the walking dead. I was old.

I thought I knew about grief. My beloved baby sister had died seven years before of breast cancer. That's when I turned off the music in my car radio...for years. Both of my parents had died just a year before Elliot. I wrote their obituaries, planned their memorials and was still finishing the endless paperwork of their deaths. I knew about sister grief and parent grief; I knew about grief following long illnesses. I did not know about widow grief and I did not know about sudden grief. This was different.

It was not rocket science to understand that the lack of daily touch made me feel old. The first time I went to the doctor after Elliot's death, he put his hand on my knee,

ANN REIFMAN, PHD, is thrilled to get paid for work she loves to do. After receiving an undergraduate degree in philosophy, she decided she wanted to be less involved with thought and more with human experience. She focused on schizophrenia and on clinicians who work with psychosis. She coordinated an internship adult track, working alongside Internship Director Dr. Elliot Blum, who would become her co-therapist and husband. Now in private practice in Washington, DC, Ann also directs a program at the National Institute of Mental Health for clinicians learning about psychosis. She is grateful Elliot finally convinced her that there was room for the two of them in AAP.

*areifman@aol.com*

and I realized that the loss of touching and being touched was aging for me. When we are younger, we generally have lots of touch in our lives, but who touches old people? Often it's only doctors who touch widows...perhaps that's why they go to the doctor so often. With Elliot's death, I was no longer sharing a bed, being held, being touched. I was drained of my daily warmth. I felt starkly alone and old.

With Elliot's death, I had no one in my daily life to feel younger than. Our age difference was evident in the way we each walked down the street; I usually walked faster. This was definitely true after he ruptured his Achilles tendon a year before he died, but it probably always was true. Our walking pace was determined not only by age, but also by character. Elliot was more of a treasure-the-moments kind of guy; I was always more of a get-to-the-finish-line-first person. I walked the one flight of stairs to our office; he usually took the elevator. I ran to get to the front of the ice cream line; he languished with his cigar before joining me in line. After his death, I found myself walking slowly down the corridors of our office building and, to my amazement, taking the elevator. Of course, I was slow with grief and not feeling my usual buoyant self. Perhaps walking slowly was a way to keep him with me. But I felt older. I was not the young one in the couple; there was no couple. I had not realized the thrill of feeling younger in comparison until I lost him.

I had lost more than touch and vitality. Our lives had been entwined. For many years, we worked together to run the clinical psychology internship that he directed; we shared a private practice suite; we ran groups together; we saw couples together; we wrote papers together; we were in peer groups together. Of course, we also travelled, parented, grandparented, owned a house and dogs and did all the stuff that most couples do together.

And we talked. We talked about "big thoughts," as he used to call them, about the nature of life, love and the pursuit of happiness. We talked about our work. We talked about our students, the papers we wrote and the conferences we attended. For years, Elliot had been my cheerleader, my editor, my audience. Without that, does the paper get written; does the show go on?

Certainly, our life was not simply big thoughts and major productions. We also shared an endless stream of random observations, of little thoughts. We engaged in what a colleague of mine called "the celebration of the mundane." If I made it home without having to stop at a stoplight, I would never call friends to tell them this news, but I would proclaim it to Elliot. If he saw a deer in the early morning as he drove to our office, he would either tell me about it when we had a break between patients or he would leave a message on my machine. Suddenly, I had no voice messages about the mundane. I had no one to tell that I had two cancellations in a row at the end of the day or that I discovered a bird's nest in one of our outdoor plants. Suddenly, I heard nothing about his encounters at Starbucks or his conversations with people who loved cigars. These were inconsequential moments in both of our lives, not worthy of sharing with the "outside world." However, without Elliot and without the sharing of these moments, I felt like an old woman wandering through life, not hearing his mundane thoughts and keeping mine to myself.

I have come to believe that the celebration of the mundane—for me—is powerful, intimate and enlivening. It is part of what kept me young. There are some people, perhaps most people, who do not feel the need to share a random deer sighting or a witty

turn of phrase. But for me, I have learned that this daily sharing of moment-to-moment observations and wonder was vital. How joyous that this process was reciprocated and championed! It took the absence of it for me to appreciate its value.

Yesterday, I sold Elliot's car. About 25 years ago, a boyhood friend of his gave him an old Cadillac. Since then, Elliot only owned Cadillacs. He would laugh because we live in a progressive neighborhood and I am a Honda kind of gal. I wanted to put a sign on our front yard that said, "We are not Cadillac people!" Cadillacs were for conservatives and old people, I always said. Elliot loved those Cadillacs, so selling his last one was not easy. But I was certainly never going to drive it and it was too costly for the kids to repair. Ultimately, after a year of ambivalence, I realized that selling that car was important to my vitality. If Cadillacs were for old people, this one had to go. If I were to shed my cloak of aging, I had to stop taking the elevator to our office; I had to try to walk with a bit more bounce to my step and I had to try our son's Soul Cycle class.

Yes, I became old the day Elliot died. In the 16 months since his death, I have struggled to climb out of my hole. Yet in this aged darkness, I have been surprised by glimmers of light. I have uncovered parts of myself that I had hardly noticed. I have come to understand that my vitality rests not only in frequent touch and affirmation, but also in competition and a healthy dose of daily mundane celebration. I am stunned to see that (even with old age and profound loss) I can still learn and wonder.

I wish I could talk about this with Elliot.





GIULIANA REED, MSW  
Washington, DC and Bethesda,  
Maryland  
*gvmreed@gmail.com*

## Adjustments

UNRELENTING FEBRUARY RAINS DRENCHED SIDEWALKS AND FILLED WINTER POTHOLES, wetting the toes of my shoes despite my best efforts to circumnavigate the turbulent and glassy rivers that rushed over streets and sidewalks alike. Nothing to do but resign myself to wet shoes and damp socks for the rest of the day, and hope I would avoid the nasty winter cold that was making the rounds.

I found refuge in a café offering the respite of steaming coffee and a bar stool. From this shelter I observed a gray-haired couple on an early morning stroll, umbrellas up, rounding the soggy park across the street from where I sat. The gentleman's legs were much longer than hers and I noticed the adjustments he made in his gait to stay beside his slower partner. Micro-adjustments. I envision they've had many years together. His gait is thoughtful, almost smooth, so that one would hardly notice the adjustments. They proceeded, heads and umbrellas bowed forward against the pelting rain, eventually disappearing like ghosts into an eerie mist. A daily ritual I wondered, every morning, weather notwithstanding? I imagine that he's loved her for decades. And I wonder if she, in earlier times and in the thrall of the fires of youth, had adjusted her gait to his.

What do these speak of, these adjustments, the ones we make as colder years tumble upon our shoulders like heavy winter blankets found in the depths of an unused closet, wrinkled, ancient, unimagined? Are the adjustments ones we make when facing the craggy and steep peaks of fear at the relentless passage of time? Or are they perhaps the waning ashes of love that dance moved by the winds of fate, the origins of which are as mysterious and erratic as a flight of birds heading joyous into the dawn? Grateful perhaps to have survived another dark night.

Ah the dark night. It has its mystery, its silence. Even its mercy. Perhaps it whispers in the howling wind, so that we and the birds alike take shelter, huddle closer to make it through the storm, to another dawn. Storms require adjustments, the battening down of hatches, the stocking up of the larder, the assembly of provisions to survive the assault.

Love too requires adjustments, does it not, micro-changes, so that we keep pace, find a stride, with the beloved. So that the beloved can keep pace, find a stride with us. But in the waning light, how do we know when the adjustments are too great? Or not enough? ▼





## Reclaiming at 70

**A**T 70, I'M RECLAIMING A LONG-DORMANT PASSION FOR ANYTHING RELATED TO CHINA. I didn't realize this until I counted up the hours per week devoted to the subject: four hours of tai-chi class, a two-hour language class, two hours teaching my six-year-old grandson Chinese, and monthly events at the Brookings Institution and the Chinese government's Confucius Institute's cultural programs.

### Why 70?

It started with a profound awakening as I approached 50, my first wake-up call when I could see life's horizon ahead of me. At 50, I was never more aware of the application to my life of Erik Erikson's eight psychosocial stages (Erikson & Erikson, 1998). Surprisingly, I found myself combining the positive aspects of his last two stages, adulthood (ages 26-64) and old age (65-death). During adulthood the developmental challenges are generativity versus stagnation. Those for "old age" are integrity versus despair. At 50, I was generating a new professional life as a licensed psychotherapist, as well as needing to start integrating an important part of myself that I had left behind.

I put "old age" in quotes because in 1950 when Erik and his wife Joan formulated the stages with approximate age spans, 68 was the average American life expectancy. After Erik's death in 1994, Joan added a ninth stage in *The Life Cycle Completed: Extended Version* (1998), which she wrote at 93. She redefined "old age" to be one's 80s and 90s. I think for me, the original category of old age still holds power; 50 still felt "mid-life" and 70 signals

LENORE POMERANCE, MSW. A psychotherapist in Washington, DC, for the past 25 years, Lenore has specialized in life transitions including menopause, aging, and death. For the past 12 years she's been on the Washington School of Psychiatry's Steering Committee of the Certificate Program of Psychotherapy with Older Adults and the Study of Aging and is a faculty member for that program.

Writing this article has helped her realize that, in addition to integrating her life, she is still in the process of individuating. She hopes to become as fluent in Chinese as possible, visit China often, and be able to take her grandchildren there.

[lenore.pomerance@gmail.com](mailto:lenore.pomerance@gmail.com)

the threshold of old age.

For this reason, while launching a private psychotherapy practice, the prospect of 50 awakened an ache to return to Thailand where I had been a Peace Corps volunteer after college. I had had persistent dreams of wandering through an indoor market place in my town, stopping at a particular coffee wagon and, perched on a tippy three legged stool, drinking that strong coffee laced with sweetened condensed milk. I had haunted that market in 1964 as regularly as those dreams now haunted my 50-year-old sleep. Even though I have pictures of me teaching my students, hanging out with teachers, and offering food to Thai monks, there was a large part of me that didn't believe I had actually been there. But I had a maturing family and was just beginning a new career. How could I justify attending to an ache that was personal just to me? That felt selfish. What I did was to make it a family trip.

I spent a year polishing my rusty Thai with monks at a Thai temple in the Washington area and then took my husband and two of my three teenage children to my town and around the country. My children and I did get back to that market to sip coffee on wobbly stools. But, after the trip, what lingered for me over the next two decades was a desire for more.

At 50, it never occurred to me to try to go to Mainland China, where I had never been. It felt daring enough to return to Thailand. In addition, I was preoccupied with my adult life, so if I looked back at China at all it was like looking down the wrong end of a telescope: instead of the language and culture of China appearing closer and sharper, they were tiny and at an immeasurable distance away. That was the early 1990s, and it had been barely a decade that China had started to recover from the Cultural Revolution, launching the economic freedoms we take for granted today, allowing Chinese students to study abroad, and welcoming foreigners back in.

Suddenly 70 loomed. There are several choices a person could make at 70: some can't wait to retire from a lifelong profession and travel, paint, etc. Others see an ending: Carolyn Heilbrun (1997), a tenured history professor at Columbia, declared that she would end her life at that "biblical three score and ten." I had no intention of doing either of those things. I was going to integrate!

## Why China?

I cannot completely answer why Chinese and China have such a hold on me, but they do. Was it while wandering through San Francisco's Chinatown during high-school and college summer and Christmas vacations, before and after working a mind-numbing job as a salesgirl in a downtown department store? I was captured by the sights and smells of fish and vegetable shops. In tea shops I was mesmerized by the rhythm and the way each Cantonese speaker ended a remark with a low "aaaaaah." I marveled that they all understood each other so well, shouting and laughing! Could I ever understand what they were talking about?

At Berkeley, I decided to major in Asian history, where it was strongly recommended that I take Chinese. I was lucky enough to be in the last basic language class of a world-renowned Chinese linguist, Chao Yenren, before he retired from teaching. Among other achievements he left an indelible mark on our culinary language when he coined the terms "stir-fry" and "pot sticker" while translating his wife's Chinese cookbook.

I chose to go to Thailand with the Peace Corps in 1964 because it was as close to China as I could get. After Peace Corps, I had no other ambition but to continue learning Chinese, so I moved to Taiwan, the only “China” recognized by our country. In Taipei, Taiwan’s capital city, I was able to live with a Chinese family and continue studying while I supported myself teaching English. Now I had an entire Chinese city and indeed island, instead of just a neighborhood, around which to roam. What the Peace Corps instilled in me was the desire and confidence to travel a country as long as I had a working knowledge of a language and an openness to whatever there was to experience.

In the 1960s it was illegal for Americans to buy anything made in Communist China. In Hong Kong I had bought a teapot in a basket marked “Made in China,” camouflaging it with a scarf and pretending it was a purse. I feared its confiscation at customs, or worse, my incarceration.

Now, 40 years later, we’re in a trade deficit with China and practically everything Americans own has been made there! Now there are even Peace Corps volunteers in China. But my going? Not a chance! I was born 40 years too early! I was too old. The unspoken question was, is 70 going to be the age barrier that would hold me back from venturing into China? Or was it going to be the opportunity to start a whole new chapter in my life? Was I going to let the Eriksons’ despair of old age shut me down, or urge me on to further integration?

Sometime in my late 60s, my book group randomly chose to read “Factory Girls” (2008), by the Chinese American journalist Leslie Chang. She wrote about the phenomenon of the 140 million Chinese men and women who left their rural homes for jobs in burgeoning factory cities like Dongguan and Shenzhen, both in Guangdong province. Chang is married to Peter Hessler, also a journalist and writer who, after his Peace Corps stint in Fuling, Sichuan, wrote several books about many aspects of modern Chinese history and everyday life. It wasn’t long before I read his and every book Hessler recommended. I couldn’t stop reading. I was becoming acquainted with changing Chinese society.

In a chance conversation with a client about how she could take courses at the U.S. Department of Agriculture to enhance her work skills, I was struck dumb. I could do that too! (Isn’t it nice when a therapist can take her own advice?) I started with beginning Chinese. I was floored at how much I remembered.

I never fully appreciated my father-in-law, who was born in 1907, saying that, as a child, he remembered what the proliferation of electricity had been like. But here I am at the age when he made that remark, in awe of the world the Internet has opened up to me. Without it I would never be able to do what I can do. I have a Chinese dictionary at my fingertips. Using China’s system of romanization, I can type Chinese on my computer. From Youtube, I can teach Mandarin to my grandson with renditions of “The Three Little Pigs” and a myriad of other songs.

Yet something was holding me back from actually going. It was that I wanted to make this first trip alone. It was very hard to admit that I didn’t want to be responsible for anyone but myself. As a mother, wife and therapist, I always felt responsible, before setting out on my own, that everyone else be taken care of. This time I wanted it to be all about me! It still took a friend to say, “All right already, shut up about it. Just go!”

And at 70, I did. In China I found out that my inner Peace Corps volunteer was as vibrant as ever, in Yunnan Province, taking buses, making new friends, and feeling

very much at home. On a second trip, I took my husband to a few places I wanted to revisit but then headed off alone to a traditional tai-chi school in beautiful karst-studded Yangshuo. As I write this article at 75, I've just completed planning a third trip, with a friend—who has followed me into tai-chi and lived in China for a year with her family in 1980—back to Dali, Yunnan Province, and to Yangshuo for an intense week of tai-chi. We will end our trip in Beijing to honor a revered tai-chi master on his 80th birthday. At this time in my life I have much to be grateful for: my health, the health and support of my family, and the resources to continue my life's integration. ▼

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Kay: Any advice for those of us who haven't lived as long?

Wayne: Continue to read, continue to engage in exercise, and continue to be in groups of people...Have a good martini every night, invite people to your home, make and keep friends, and keep as active as you can. Travel to different places, meet a variety of people of all walks of life, not just people that are like you. Write. Stay as independent as you can, but realize that you may need more help in daily activities, and try to accept that as graciously as possible even though it can be very difficult, especially at first. Keep on learning and stay close to your family.

—From an interview on Wayne's 100th birthday.  
Two weeks later, Rigdon Wayne Kernodle, Kay Loveland's father, passed away.



## *Viewpoint: Therapist in His 80s*

### **No Straight Lines**

THREE OLD GUYS WALK DOWN A SUNNY BEACH. THE FIRST SAYS: "SURE IS WINDY." TO WHICH THE SECOND RESPONDS: "NO, I THINK IT'S THURSDAY." QUICKLY, THE THIRD CHIMES IN, "I'M THIRSTY TOO, LET'S GO GET A DRINK!" Here we have the flavor of getting old: no straight lines. Just when we think there is coherence and predictability, we are surprised with an unexpected turn of events, the erosion of our communal connections, the malfunction of our physical being, threats to our emotional stability, fading of our mental acuity, or another of those devastating losses that we cannot escape. Growing old is mostly about not knowing what is coming next, bouncing between anxiety and contentment.

This past week I had a session with one of the few clients I still see. We have grown old together. Several months ago she had a stroke that left her somewhat incapacitated. Thankfully her ability to think was left intact. Walking is very difficult for her, even with a walker, and her knees and back hurt when she tries to stand. So she collapses into her chair and our session begins with what is always a weighted question: "How are you doing?"

She begins with what an old friend of mine used to call the "medical report." This has been so only in the last year in her therapy as her physical maladies have claimed center stage, pushing other concerns to the side. There is no way around it. The week has been a struggle for her, with much pain. I express my regrets that the week has been so hard. Her physical therapy seems slowly to be helping her back, but her insurance has decreed that she can't get coverage for work on her knees until the work on her back is finished. She doesn't have the energy to fight

GROVER E. CRISWELL, MDIV. Grover has worn many hats in his professional life: minister, social activist, hospital chaplain, clinical supervisor, philosopher, professor and psychotherapist. By being an active participant, not entirely of his own choosing, he continues to learn the varying ways of growing old and about the healthier options. He attempts to bring this knowledge into his work as a therapist and in meeting the challenges of longevity. He is a past president and fellow of the Academy.  
[grovyale1960@gmail.com](mailto:grovyale1960@gmail.com)

them, but she does express her complaint. Any of the medications that might bring relief to her knees would be too damaging to other systems. She has also had great trouble sleeping this week, feeling constantly tired and low energy. We explore, of course, not only the medical data, but also her inner experience of what is going on, the sense she tries to make of it, and what options are open for taking care of herself.

This latter concern always morphs into discussions about her relationship to her husband. She can't drive anymore, so he is her only means of transportation. She has a hard time expressing what she needs from him and experiences him as often irritated with her. This is all complicated because they were forced last year to move out of the home and community where they lived for many years. She feels isolated from many old friends and activities that used to bring her pleasure. Our sessions are one of the few places where she enters into reflective conversation, trying to find some meaning in all that has been happening.

We focus on how she fills her time, what occupies her thoughts, and whether there is anything she enjoys. A bright spot: she is an avid reader and delights in revisiting books she liked in the past. She is thankful she remembers many of them in great detail. She and her husband go out to eat frequently and she has been able to assert her preferences there. Although I have suggested that she might find communal support and pleasurable activities at the local senior citizens center, negotiating that has seemed too heavy, and like my other attempts at being helpful, falls through the cracks. Going there does not fit her image of herself and seems too complicated to negotiate with her husband. So the session ends, always for her too soon.

The clinical question could be: "What was accomplished?" I think that in working with the elderly, the therapist has to shift expectations and walk with a much slower pace. They will have to be indulgent of repetition. Much is different for those who are older. Younger therapists may get bored or exasperated with this slow motion, but that may hide their feelings about getting old themselves. The focus may not be a matter of choice but determined by what life shoves at us.

Our culture is saturated in prejudice against the old. Like racial prejudice, the sentiment isn't voiced out loud very much, but pops up in attitudes and actions. Assumptions and bias characterize older persons as sick, weak, forgetful, dependent, resistant to change, incapable of learning anything new, and of little value. Their opinions are outdated and their presence is a tolerated nuisance. Unfortunately, we can't participate in this culture and not experience some of these attitudes. Even though people don't verbally express it, impatience with my difficulty in hearing is often obvious.

Here in my final laps, I encounter shreds of prejudice in the expectations I have for myself. My own denial of the limits old age can impose makes it hard to embrace that reality. Most of the time I don't feel old, but it is getting harder to consider "old age" as 10 years beyond where I am. I don't want to admit I *shouldn't* drive at night or climb ladders and *should* ask for help. At least I now ask those playing golf with me to watch the ball because, hitting it, I can seldom see where it goes. My need to deal with my own aging issues, of course, is a key to working therapeutically with the elderly. As I work with older clients, I keep reminding myself of how incredibly different we are from each other.

Given our diversity, there are still familiar themes that tend to recur. Health issues claim center stage. A letter in the *New York Times* (Editorial Page, 8-16-17) noted: "When we older folks go out as a group, we have limited our conversation to one ailment



per person.” Even in the best of times, concern about physical health is a prominent concern for those growing old. The therapeutic issue for older clients may well be how they respond emotionally to these changes and to the possibilities ahead. Finding the balance between taking limits seriously and not holding back more than needed is often one of the dilemmas needing therapeutic attention.

When illness strikes, a different level of fear and anxiety can engulf older people. They do not have the physical and emotional resources to combat illness as when they were younger. Some illness that is simply a bump when young is a fierce mountain to be climbed when you are older. More illness is life threatening. When illness comes to our clients, we may help them get good medical care, but we can’t fix it. Our role is to be with them in the present experience, validating their fear, and helping them to find the courage to face what is. Even when healthy, the older person knows that illness may happen at any time. None of us escapes the physical defects that eventually will pull us down. The older we are, the more we live with that knowledge and latent anxiety.

Watching someone you love suffering, especially if over an extended period, may be one of life’s most difficult experiences. Having relationships in which to share the feelings that come with those moments becomes essential.

There are other recurrent themes, to be sure, like dealing with loss, isolation, meaning and integrity. Therapy with the elderly may range through these and other unique challenges that come with age. There are no straight lines. The key therapeutic issue is not to give up on the old, as many others do. ▼

## Lines for Elizabeth

Tom Large

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It's worth saying, we were here.  
Today we assembled a table.

Later I dried the dishes.  
and you laundered the sheets.

We were here.  
Once we paddled and portaged a hundred miles

through the wild north country.  
Once we climbed with our packs to the top

of Spruce Knob mountain  
and back home dropped our gear

to unwrap our bodies  
for each other and sleep.

Our daughter is some evidence.  
we were here and loved

and struggled and fought  
fights that are now only

tiny hot embers rarely  
blown up to any flame at all.

If no one remembers us,  
if no one remembers our story,

it's only because they are  
in the midst of assembling a table.



## Age Doesn't Matter —Only Sometimes It Does

WITHIN 10 MINUTES OF HAVING DECIDED TO WRITE THIS ARTICLE, I FOUND MYSELF THROBBING WITH THE QUESTION, “WHY ME? I’M NOT OLD.” Looking in the mirror knowing I will soon turn 70 tells me something different. While youth’s beauty is gone, wiser, older, more experienced eyes look back at me. And yet, there is youth’s twinkle, as well. Inside, part of me feels not much older than 17. Spiritual teacher Marianne Williamson (2017) says the soul is ageless. Perhaps that is why we simultaneously experience two contradictory states: “I’m old,” and, “I’m not old.”

I had a similar reaction some years ago when I went to a seminar on dementia and Alzheimer’s. (I told myself it would be important to know the difference, while caring for my aging parents.) The lecturer began with the statement, “The Baby Boomers aren’t going to take aging lying down.” “Ohhhhhh. He’s talking about me!” I thought with surprise.

The paradigms of aging are changing. The members of my generation have been pioneers on many fronts: racism, voting rights, sexism, politics, the sexual revolution. Also, given that we are living 30 years longer than people just a few generations ahead of us, it is not surprising that we are pioneering uncharted territory in aging.

“This means that we have no social history to help us prepare for and live into this time in our lives. There’s no roadmap for our journey into these years,” says Jungian analyst Bud Harris (2016, p. 4). “We need to create a new vision of the future for ourselves with new horizons. In this new reality, we can be creative, accomplish new things, find new or renewed vocations, new callings, and learn to thrive, have a sense of wonder, and *a new sense of*

PAT WEBSTER, PHD, began her psychotherapy career as a psychiatric nurse and later became a clinical psychologist. She has been an Academy member for three decades and chaired the Ethics Committee for 14 years. She is a Fellow of the Academy. She lives in Oriental and Durham, North Carolina, and is in private practice in Durham. Today she reflects on the idea that change is certain, transformation optional. She hopes to keep transforming.  
[patwebster4444@gmail.com](mailto:patwebster4444@gmail.com)

*security in life...* as well as deeper emotional connections and newfound joy in living.”

The collective unconscious swirls with this budding awareness, as well as with the old paradigm. That paradigm dictates that we retire at a certain age, hopefully having saved for a life of leisure and entertainment, and then spend our later years relaxing or entertaining ourselves doing things we have yearned to do during our working years. A Native American shaman once said, “Retire. Hmmm. Sounds like getting tired twice.” And, there is a new paradigm which is whispering to us, sometimes rattling us. “Why do I have to stop working? Do I want to stop working? I have energy; where do I want to put it?”

Harris (2016, p.\_\_\_\_), says, “these years are the time for our lives to come into full bloom and for our fruits to nourish the world around us.” That is the new paradigm of aging that is emerging.

Sometimes it is difficult to discern whether we are listening to the old paradigm or to the new one, or to which one we *want* to listen! Sometimes it is useful to listen to parts of both. Sometimes it is difficult to discern whether we are engaged with the new paradigm or in denial about something to which we need to pay attention.

In 2010 I was diagnosed with Hashimoto’s illness. In this autoimmune process, the immune system attacks the thyroid gland, manufacturer of the hormone thyroxin. Thyroxin is necessary for the functioning of *every cell* of the body. Without sufficient thyroxin, cells, the building blocks of every organ and system in the body, can’t do their jobs. This includes the brain cells’ capacity to produce serotonin and dopamine, which help us think well and feel good. It took nine months after diagnosis for me to get onto a helpful medication and diet regime. During those months, I would awaken in the morning, after 11 hours’ sleep, exhausted and extremely depressed. I felt overwhelmed as I contemplated the possibility that this would be the quality of my life forever.

The illness was a huge narcissistic blow. I had named my sailboat *Warrior Woman*, and I loved being thought of in that way. I loved my physical strength and energy. Now, I no longer had energy to continue my karate classes and workouts. Other passions, such as sailing, began to take a lesser role in my life, secondary to my lack of energy and physiological depression. More than four decades of being a therapist have helped me develop many tools to deal with a situational depression or a depression summoning me to address some, heretofore unknown, message from my psyche. The physiology of this illness made the process of addressing my depressed states much more complex. Over the nine months before my doctor and I found the best treatment, I felt hopeless, believing that my life would forever be this way.

I found insight into my situation from Christian mystic Richard Rohr. In his book *Falling Upward* (2011), Rohr posits that a blow of this nature is an inevitable initiation into the second half of our lives. This initiation can purify our intentions regarding the meaning and purpose of our lives. “It is hard work. Most often we don’t pay attention to that inner task until we have had some kind of fall or failure in our outer tasks. This pattern is invariably true for reasons I have yet to fathom” (p. xv). He goes on to say that none of us goes into this totally willing, of our own accord. Life nudges us. Life pushes us. If we ignore this push toward our initiation, if we remain unconscious, we are likely only at the beginning of an abysmal downhill slide.

The great myths live and speak to us because they inform us of the universal human journey. A recurring mythological theme is that sacrifice is necessary in order to achieve

something else. Odysseus sacrifices the comforts of home and throne in order to travel to Troy. On the way home, he is beset by many life-threatening catastrophes.

In a less well-known Sumerian myth, Queen Inanna sacrifices time on her throne, her crown, her jewels and garments, all outer vestiges of power, to journey nakedly to the underworld (hell). She comes face to face with her dark sister, Erishkigal, who hangs Inanna on a meat hook by the nape of her neck. Inanna despairs of ever returning from the underworld. It is only when Inanna's shadow, the dark sister Erishkigal, is asked the question of compassion, some version of "what ails thee?" that Inanna is released.

Returning home, Inanna and Odysseus are irrevocably changed by their journeys. "The loss and renewal pattern is so constant and ubiquitous that it should hardly be called a secret at all," says Rohr (p. xix). "Such a down-and-then-up perspective does not fit into our Western philosophy of progress, nor into our desire for upward mobility..." (p. xxi).

The Odysseus myth is one of the archetypal masculine myths; it is a myth of *doing something*, of being adventuresome, processes highly valued in our culture. Inanna's myth is a more archetypally feminine myth, less known and less valued in our culture. My state of not having energy to do anything, and wondering if this would be the quality of my life for its remainder, felt very much like hanging on a meat hook. It helped some to cognitively remember that Inanna did return from the underworld. But it only helped some. Inanna also thought that her fate would be to die on that meat hook. It is not a true initiation if some part of us does not wonder if we will make it out alive. And whether we do or not, the only chance of transitioning this initiation in a way that enlarges us is to ask the question of compassion to parts of ourselves that we didn't know until we got there.

In the years since my diagnosis, I had to face my shadow, my dark sister Erishkigal. That was a shadow of believing my worth was based on what I do, how much I accomplish, and how much I give. I have travelled backwards to discover the harsh, always-busy-or-we'll-die ethos of my Scotch Presbyterian ancestors, an ethos that may well be in my DNA. That ethos was inherited from my great-grandmother, a single mother with three young daughters eking out survival after being abandoned by her husband in the North Carolina mountains in the late 1800s. That ethos was necessary for her family's survival. Maternal generations handed it down to me as if that were still true.

Now, I no longer push my body beyond a fatigue boundary just to finish a task. I take naps in the daytime if I am tired, always a taboo in my former life. In learning to love myself and respect my journey, I have developed more self-compassion and transformed my "gotta do's" to more discerning "wanna and I can" do's. Doing because I felt like I was never giving enough has turned more into doing because life calls me. Hashimoto's is in some ways a friend who has taught me to slow down, something I needed to learn.

I believe that had I not addressed the issues that my psyche was presenting, I could well have developed a more serious, perhaps life-threatening illness. My dreams validated this.

Coming out the other side, I can be so very grateful for my growth, for my initiation. Rohr (2011) reminds us that until we emerge from having made these journeys, we will not know that we have fallen upward, not as a result of our own willpower or moral perfection. We will not know for sure, experientially and authentically, that the myths about the journey are more than good stories and intellectual exercises until we

are on the “up” side. “You must be pressured ‘from on high,’ by fate, circumstance, love... because nothing in you wants to believe it, or wants to go through it. Falling upward is a ‘secret’ of the soul, known not by thinking about it or proving it but only by risking it—at least once” (p. xxvi). We must allow ourselves to be led, to surrender to that, “at least once. Those who have allowed it know it to be true, but only after the fact” (p. xxvi).

I will most likely still be working with myself, growing, integrating, in Jung’s terms, individuating, on my deathbed. I recently was visiting with a colleague with whom I get together every few months. Upon hearing about my life and my inner journey, his reflection to me was, “Pat, since I’ve known you, you’ve always been working with something, struggling with something. Can’t you relax a bit?” And my response was, “Sometimes I think that you are so *normal*, and I feel jealous!” At times I envy my friend, but that is not my journey.

The inner journey, living a life with meaning and purpose, and intimacy with others about that journey, is what I most value in life. As my life shortens, I make critical decisions about who I want to spend my time with, and how I want to do that. Sometimes I get lonely. The number of people who share my value shrinks. I so treasure the ones who are here, with me.

How am I different as a therapist, who has aged and is aging? So, I’ve been around the block a few times. Many things don’t surprise or scare me as much.

I self-disclose more. When I was younger as a therapist, I think I wanted to look more like I had it all together. Now, I share my humanness when I clinically judge that it will be helpful to my clients. As a psychotherapy client, in addition to knowing that I have been deeply heard, the knowing of my therapists’ humanness is what has been most healing to me.

In my inner and outer life journeys I have accumulated many stories. I am a good storyteller. I still weigh the ethics of whether this story is useful for the client’s time. I still ask myself whether the act of telling the story I am about to tell is self-indulgence or a clinical offering. In the Native American traditions, the healers would often tell some story about their own human journey, with the intention of helping the one being healed to more deeply connect with their own humanity.

I have a client who is dealing with the coming death of her chronically ill husband. She expressed a fear that she will never have a life partner again; that no one else will put up with her. “I’m high maintenance,” she cried. “So am I,” I said, as I looked her in the eye. She looked relieved, said nothing and went onto another aspect of her therapy. At the end, she hugged me and said, “Thanks for not being perfect.” Puzzled, I asked her which part of our session that had to do with. She said the part where I had revealed that I was high maintenance. I told her I had meant it as a compliment to her. That’s the “not normal” part. She, as am I, is a seeker.

Harris (2017) states that at this stage of our lives as therapists, we get to feel more competent at what we are doing. Sometimes I do; sometimes I don’t. Recently, working with a couple, I realized I was having a lot of fun, working felt as easy as falling off a log. I experienced myself as a master. On the other hand, with some clients, the archetype of the Innocent Fool is much with me. I sit with Zen “beginner’s mind,” as I experience myself sitting in the dark with my client, feeling through the dark with my client, not knowing, and innocently open to how I can be helpful. While a colleague reminds me that this too is a mark of a master, what is different is that I sit with beginner’s mind



at the same time that I sit with the awareness of how much I don't know. When I was younger, I felt like I knew it all. So I feel more vulnerable in my therapist's seat. I remind myself that is ok.

Compassion for myself has slowly grown as I have worked and reworked my own core material. I am simultaneously more compassionate and more detached with my clients. I trust life more; I trust the healing and individuation process more.

All the spiritual traditions focus on self-knowledge, growth and transformation. As we continue our own inner work, we can still experience our inner vitality, even as our physical bodies may slow down. And we will be doing something else. In Harris's words, "We will also be creating a new vision for the future for our culture as we transition and grow into a whole new life beyond what we have imagined for ourselves" (personal communication, 2017). ▼

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## Mid-Night

Sherri Alper

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They are not dreams exactly.  
The wind berates the shuttered window  
the clock still counts the minutes in the dark  
the cat stretches and turns.  
Your breathing next to me is predictable  
comforting and offending,  
Now come my parents, ashen still  
an old love whose eyes still tame the dark  
a friend, long dead, laughing at nothing.  
They float like the dreamscapes of Chagall  
moving languidly across some internal screen.  
And now the kindly doctor,  
the pompous priest  
a child weeping.  
Even with eyes closed  
in the dark I see them clearly.  
Outside, suddenly, blessedly,  
it begins to rain.



## Reflections on the “Evening” of a Psychotherapist

ONE YEAR AGO I ENDED MY WORK AS A PSYCHOTHERAPIST. It has been strange to have no clinical work and to contemplate, “What now?” My whole self has been geared toward the practice of psychotherapy. The “who I am” of my life has been to be the very best therapist I can be, which included many years of my own psychotherapy and psychoanalysis, post-graduate training and supervision. I believe some of my finest moments were spent in clinical hours.

Although I was certainly aware that my decision to retire at the beginning of my 75th year would bring a mix of emotions, I did not anticipate the power of my response once the wheels were set in motion. My feelings became increasingly complicated and difficult to untangle as the year commenced. In retrospect, I realize that the ending of a work life has to do, of course, with the end of life itself, however many years before that actuality. My process during that year reflected my anxiety, ambivalence, fear, avoidance, guilt and resentment. On the other hand, I also had a very positive anticipation of retirement knowing I still had the energy and health to pursue other interests. Psychoanalytic theory has recognized for decades that the therapist is not a blank screen. Although it is important to be able to work with transference and conflict as well as differing attachment styles, an awareness of the therapist’s unconscious responses to the client are a very significant focus. I have long held the belief that no matter the therapist’s theoretical orientation, the person of the therapist is the primary healing factor. That said, my clinical work with its psychoanalytic underpinnings has been intense, involving and evolving. My decision to retire was both a destabilizing and a healthy developmental

JOANNE LIPNER, LICSW, is a graduate of the University of Pennsylvania School of Social Work and holds a Certificate in Advanced Individual Therapy from Smith College School of Social Work. Joanne maintained a private practice of individuals, couples, and groups for many years in the Boston area. She also held positions as clinical director of the Boston Institute for Psychotherapy, Inc., and Region West Counseling Services. Joanne continues to provide clinical supervision and consultation. She lives on Cape Cod.

*joannelipner@gmail.com*





event. This essay attempts to capture my experience so as to benefit other therapists and their clients as the therapist contemplates and executes retirement.

So why end my practice? I was certainly not burnt out or losing interest in the deep exploration of clinical work. Why leave work that I have so loved? What can be more worthwhile than facilitating someone's journey towards a more authentic and meaningful life? How do I stay vital if not having the meaningful conversations of intense therapeutic work?

These questions were daunting and, at times, overwhelming, yet I decided it was a road I wanted to travel. Approaching my 74th year, decidedly well into the "evening" of my work, had me thinking of other aspects of myself that I might want to explore and realize while I still had the energy and health. I was also increasingly aware that, although healthy, I was of an age when I was more than less vulnerable to age-related issues that could prompt a sudden absence from my work. I wanted to be able to choose to end my practice and not have it abruptly chosen for both me and my clients. I discovered this to be a lonely journey absent a road map. I had no role models among my colleagues as most of them were not remotely considering retirement. Appreciating and understanding what this meant would come to me much later. Moreover, I was reluctant to discuss my thought process for fear that before I was fully decided, referrals would stop. Or that somehow, clients in treatment with me (some of whom were therapists) would hear the news first in the professional community. In June, 2015, I began informing my long-term clients that we had a year to complete our work together. Most were seen in once- and twice-weekly sessions, and I had not taken any new long-term clients for some time. Treatment lengths ranged from 4 to an astonishing 26 years. Introducing my agenda proved to be a disconcerting exercise, unfamiliar and uncomfortable. My announcement interfered in their processes in a way much different from the intrusions of medical leaves and vacations. The containing envelope of therapy was certainly jostled and my own attachment insecurities would be challenged in ways I had not and perhaps could not anticipate. Participating in many a planned ending in which my clients had reached a place of readiness to leave therapy was quite different from my being the one to leave.

The ensuing year was remarkable in many ways. At the end of it I was exhausted and dazed. It all felt surreal. I was overwhelmed by the intensity of affect, theirs and my own, and felt an enormous relief as though a heretofore unrecognized burden had been lifted. Looking back, I see it was too much to hold. I have thought long and hard about how I might have ended my practice in a more manageable way. Although I did "manage" it, I don't think the experience of ending an entire practice of this kind in one year is for the faint of heart. It would likely have been more beneficial had I given myself more than a year to end, or perhaps staggered the process, not ending my whole practice in one fell swoop. I have needed time to absorb this major developmental step, so in these past months I have not settled into anything other than my usual interests. I have not attempted to fill the hours, but I do believe that some other interest or purpose will evolve. It may be that the writing of this essay will herald an increased focus for putting pen to paper, a nascent interest of mine.

When I think of my clinical practice I miss particular clients. Those who most come to mind are both the ones who did not finish their work with me and those to whom I was most deeply connected. Only one person decided not to continue with me in the

final year, deciding instead to leave abruptly. She is one of the two clients about whom I write below. I chose these two because their experiences seemed to fundamentally highlight the impact of a treatment ending which they did not initiate. Their stories are composites of other clients in my practice, and of course, their identities are disguised.

Marlene began therapy quite ambivalently at age 38, having been in prior therapies with little beneficial result. Her history included physical, emotional and sexual abuse by both relatives and clergy. She did not initially recognize the importance of her extensive abuse history and heaped blame upon herself for her numerous symptoms. These included crying jags, angry outbursts, panic attacks, a sleep disorder, joint and muscle pain, fatigue and interpersonal difficulties with employers, family members and friends. Marlene was easily over-stimulated and used maladaptive defenses of dissociation and constriction to manage her stress.

The early years of our therapeutic relationship were fraught with crises and much testing. Many sessions were abruptly terminated when my interventions were experienced as offensive. To be sure, it took some time to attune myself to Marlene's exquisite sensitivity to being mistreated and/or rejected. She would often end the therapy only to return for another try.

She found it intriguing that I would apologize for missing the mark or that I would reach out and encourage her return to treatment. Marlene became curious that she was not thrown out or reprimanded for her sometimes obnoxious behavior. More importantly, she became curious about the abuse she had endured and the ways in which she had coped and survived. She gradually developed an impressively positive response to the holding environment of therapy as well as to its limits. Marlene settled into her work as an attorney and ended an emotionally abusive relationship, both examples of the new experience of claiming her life as her own.

Marlene was very dependent on our relationship and often voiced her fear of ending therapy. Termination was a terrifying thought and she found difficult the notion that this would be an opportunity to try her new wings and continue growing. Leaving her family home had been extremely difficult. Her abusive and rejecting parents were dependent on her as well as disparaging of her attempt at separation.

Fortunately, these conversations about Marlene's fear of ending therapy occurred well before the decision to end my practice. The gradual and steady development of an observing ego was critical to her ability to manage the introduction of my plan to retire. The numbing of herself to prevent too much feeling had all but been eliminated in her repertoire of coping mechanisms. The terrible anxiety and over-arousal of her earliest years occurred briefly but was short lived.

Interestingly, my countertransference anxiety was pronounced at this time, and in retrospect I believe it was primarily subjective. By this I mean that Marlene's firm and hard-won scaffolding was holding her in good stead during the early weeks after my announcement. I, on the other hand, was anticipating her regression. I was fearful, sad and wondering whether or not Marlene was even registering the news. It was as though I was not in touch with the strength of our connection and I had regressed! My confused feelings led to significant self analysis, but fortunately during this time I was still able to follow Marlene's process.

What I began to appreciate was that Marlene's deep and healing attachment to me mirrored the reality that I, too, had achieved a secure attachment base in my own ther-



apy and analysis. Like her, I was aware of the loss of my analyst at the end of my psychoanalysis many years earlier.

The client who did not continue with me once I announced retirement, of course, is different altogether. Jean had been in treatment for several years and her level of instability was such that any break in the frame had in prior years been met with suicidal ideation and self-destructive behaviors. Transferential themes were primarily negative and trust and safety issues were always paramount. These notions brought me to a visceral understanding of the magnitude of the early abuse and trauma Jean had endured.

I did anticipate Jean's response with much trepidation and was fearful of what would ensue, but I did not expect her to drop out. My telephone calls and letters encouraging her to contact me were unanswered. Her fearful and avoid attachment style prevented her from seeing the merit of being in therapy if I was going to be leaving her. I also think her positive feelings about our relationship were unbearable and that she could not tolerate being in the presence of a final good-bye. Jean would control this ending, not me. There are simply some clients unable to tolerate feelings engendered by a planned ending to their psychotherapy. My belief is that they should not be unduly pressured to end in a way that would create a risk to their emotional equilibrium.

I struggled with feelings of grief and failure in Jean's case. As much as I know I worked hard to create a safe space for her, and as much as I value the gains she did make over the years, I was weighed down by her choice to leave me first.

It is no surprise that an ending in psychotherapy very much resembles a death. While I had been thinking of this in intellectual terms, I began to consider it in a more emotional way as the year of ending my practice progressed. The awareness that I was nearer to "not being" was hard to bear. Because I chose to end with all my clients as I did—by notifying them all in the same few weeks—the actual final week found me appreciating that holding all of their feelings, as well as my own, was a heavy burden.

Much is learned in retrospect and it is humbling to remember and appreciate that I was being held by many of my clients during that final year. Their maturation over the years as well as the internalization and integration of healthier defenses enabled them to carry themselves during my more vulnerable moments. I should say here that I never expressed this vulnerability in a verbal manner but I believe my clients certainly noticed my affective states and body language.

The work accomplished in those final weeks was poignant, deep, and will always be with me. The planned ending added an urgent dimension that allowed for major and significant therapeutic gains in the experiences of abandonment, loss and grief.

I close hoping that this memoir/reflection will be helpful to other clinicians who are choosing to close their practices, as well as to those choosing to continue clinical work during their "evening" years. The reflection over the past year has me acknowledging how deeply grateful I am that I have been privileged to participate in life journeys that were courageous, resilient and inspiring. It has been an enriching and enlivening way in which to spend the "afternoon" of my life. ▼



LEONARD J. SCHWARTZ, PHD, says, "I love fishing. The experience of seeking a hidden prize has led me to search for my own hidden truths. I love to function as a psychotherapist where I can help unearth many interpersonal gems. Now that my four daughters are well-established, I find 'fishing' with my grandchildren exciting."

## Family Business

*We two, father and daughter, both therapists, sat down to have a conversation about aging and psychotherapy, and within the first five minutes we had regressed 50 years to our frustrated parent-child dynamic.*

*Ironically, at ages 90 and 63, knowing that the therapeutic process works, and knowing that psychotherapy effects change in people and relationships, we'd still gotten "stuck" in our ancient perceptions of each other.*

*We decided to take a break to write our own pieces. Then we read each other's and met again to continue our discussions. Sometimes in those meetings we connected with each other in a way that we both experience in our therapy offices: bringing our authentic selves to connect to one another—experiencing our "mature" selves.*

*Together we each described our experience to the other: "You're more mature, but you feel younger." "You feel like the uninhibited child you once were."*

## Len

**I** DON'T BELIEVE I AM AGING. Yes, I'm somewhat frail, and can no longer swing like the Tarzan of my youth, but, generally, I think, remember and behave much like I did when I was younger.

Psychotherapy, on the other hand, has changed drastically for me. I started as a student in the William Alanson White Institute for Psychoanalysis. I believed that the exploration of the unconscious would lead to the solution of all interpersonal problems. I would see my analyst for 3-5 sessions per week. Personally, I was obsessive in my exploration of my own urges, impulses and fantasies that I thought might lead to a gold mine: understanding my hidden feelings, thoughts and dreams. One day while I



DEBRA SCHWARTZ KUHN GOETZ, PhD, says, "I am a clinical psychologist working on Long Island, New York. My business is family; I am the daughter of two clinical psychologists, granddaughter of a beloved 'tea and advice' neighbor in the Bronx, and mother to a future clinical social worker." [debsk@optonline.net](mailto:debsk@optonline.net)

was flowing with all kinds of unrepressed psychic urges, the telephone next to my analyst's desk rang. My analyst waited awhile (hoping the ringing would stop), and then answered irritably, "Yes, who is it?" Then he became quiet and said a few uh huh's and hung up. I went on jabbering as before, thinking little of the interruption. However, after about five minutes my analyst said he was very sorry, but something had come up and we would have to stop the session and resume tomorrow.

The next day I arrived for my session as usual, and, to my surprise, my analyst met me in the waiting room, holding two glasses of wine. He said it was his duty to tell me about the interruption of my session the day before. He said the call informed him that the hoped-for adoptive baby, which he and his wife were awaiting for five years, finally had arrived.

I had a strong ambivalent reaction, so that even to this day, 60 years later, I can still picture the scene, and still feel my torn urges in response to his explanation. "Wow!" I thought, "how happy, relieved and fulfilled he must feel!" Then I thought but did not say, "Hey schmuck, how come you aren't sharing your joy by letting out some emotional behavior that I can respond to?" That was my last analytical session. I needed a more meaty connection to my style of living, which I then spent 60 years seeking in different psychotherapeutic models.

When I read Carl Whitaker's book on existential interactions I felt close to home, and I committed myself to studying and to being as spontaneous and honest as I could in expressing my feelings and thoughts. This is what led me to the American Academy of Psychotherapists in the early 1950s.

When I first met with George Dolger and some of the

other founders of the AAP, I felt at home with our strong, emotionally reactive responses to one another. The uncensored, spontaneous expression of feelings and thoughts felt more attuned to my personality than my psychoanalytic experience. The sharing of honest emotions became the cornerstone of how I practice as a therapist. In my work today I emphasize feelings and my connective responses to my patients.

So with that background, let me shift to how I see, understand and remember my relationship with my daughter, Debra. From the day she was born I felt there was something unique about her. Her joy in being held, her demand for attention, her crying when she didn't receive an immediate response to her needs, all left me breathless. I became super attentive to her moods and behavior. That focus, of course, motivated her to do more of those things that brought her my attention. I was mostly proud of her awareness of what she wanted and her freedom to try to get it. She would sit in my waiting room for hours just waiting for a glimpse of me while I came out to greet my clients. To amuse herself she would tell stories of events that took place in our family. She was always being innovative. One time I found her in our living room, where she had set up a desk, two chairs, and notepaper and pen. She told me she was being a therapist, and would I like a session. So I sat in the client's chair and told her how overwhelmed and inadequate I felt when each of my four daughters approached me with some need for me to fulfill. Without hesitation Debra, at age five, told me to carry little items in my pocket, a match book, a theater stub or just a plain piece of paper, and I was to initiate contact with my children by saying, "Look what I saved for you."

I could eat her up thinking how smart, intuitive, and integrated she was, with her need to spend time with me and her interest in the general workings of our family. Sometimes, while competing with her sisters and insistently wanting my attention while I was in the middle of a four-alarm fire of urgencies, she irritated me, and I would yell at her not to bother me.

As Debra and I got older I experienced myself, and us, becoming more careful and less spontaneous with one another. I remember scolding her for something I didn't like and she snapped at me, "You do the same thing all the time." I wanted to defend myself but didn't, because I so admired her comeback.

After Debra had graduated from college and spent a year in France teaching English, she returned and announced that she was enrolling in a five-year clinical psychology PhD program. Her mother, Roz, had completed such a program a few years earlier and Debra wanted to join the "family business." She asked me what I thought was the most important attribute in a good therapist. I told her that I thought unless she got something for herself out of joining the patient's struggle to attain free self-expression, she might better seek another profession. I told her she must find for herself some connection between what she and the client would be working on. I referred her to my 1965 article in *Voices* entitled, "Psychotherapy for Whom."

Debra and I would frequently talk about our work with clients. We would share insights into defense systems that are difficult to see. We talked about how clients exposed our blind spots and how much of ourselves we shared with them. It seemed that we both practiced similarly, with a strong emphasis on connecting to our clients and sharing our thoughts and feelings with them. There was a difference, though. I would make my connections by stressing spontaneity and encouraging lots of expressive emotion. Debra was better making her connections in a more bounded and rule-oriented fashion. It was

Debra who pointed out that our intervention styles were reflections of our respective upbringing. I was raised in a highly restrictive household and did my best to break out of my confines. Debra observed that she and her sisters had too much freedom and needed to set limitations on themselves.

So, as an aging father and aging therapist, I am still learning about myself. I still practice psychotherapy, and in my work I share a great deal of myself with clients. When a client talks about a struggle to take a vacation, I talk about my 60-hour work schedule, and my inability to stop thinking about my clients. We talk about what is in it for both of us to continue living this way. Occasionally, I invite a couple I'm seeing to a social event, which may include my children and grandchildren. I also have invited a music-loving client to see an opera with me. My distance from the countertransference rules of my analytic days has shifted to a search for similarities with my clients to help me connect with them.

As I write these words, I wonder what my life would have been like if, instead of debasing my analyst, I had thanked him for sharing his joy and wine with me.

## Debra

**M**Y EARLIEST MEMORIES ARE OF BEING A YOUNG GIRL, NO MORE THAN 11, RIDING MY BICYCLE. Alone, with a blanket, book and notebook in my basket, I'd ride to a nearby park or to a neighbor's yard, and spread out my blanket to read, write and daydream. This was a time in my life when I was aware of feeling safe, loved and empowered. My bike rides were adventures where anything seemed possible—a time to explore and ponder the world. I remember thinking, "I have a wonderful life."

Back then, in the early 1960s, I would hear grown-ups talking about "wealthy" families like the Kennedys or the Rockefellers. I remember spending some of my bike time trying to figure out what those super-rich families could possibly have that could be any better than my idyllic life. Eventually I came up with this answer: Wealthy families have someone who brushes their teeth for them.

In her book, *Counter Clockwise*, Ellen Langer says, "wherever we put the mind, we would also put the body" (2009, p. 5). She conducted studies with seniors by having them live for a week in a recreated environment of 20 years earlier, surrounded by products, media and entertainment representative of their younger selves. After a week of reliving (not remembering) their younger days, they performed better on physical and intelligence tests. Objective observers looking at pre- and post-experience photos rated all to be younger-looking after this exposure.

Langer's studies validate what I've experienced: living as if I'm younger makes me feel younger. And for me, living "younger" means living with the feelings of safety, love, empowerment and adventure of my bike-riding days.

I'm grateful to have spent 36 years in a loving relationship that engendered and supported those same feelings. The fact that my husband, Dieter, was 16 years older than me emphasized my sense of youthfulness. I felt more energetic and socially aware of pop culture than he. My husband was European, and the combination of background and age differences cast him in a role as the older, wiser, boundaried partner. He taught me and mentored me in his "old world" ways, and I was happy to learn from him.

After my husband's death I was surprised to fall in love again, this time with a man

I had last known as a high-school classmate. This relationship parallels Langer's senior experiment: it redeposits me in the youthful mind-place of my adolescence, as my husband, David, and I have shared reference points, experiences and memories from 50 years ago. We often comment to each other that starting over after our spouses' deaths was like a return to our 20s, when we were both last single. Together we feel and behave like the 17-year-olds we knew ourselves and each other to be in high school. There are nights when one of us wakes the other and we get on our bikes, ride to the beach, and climb the lifeguard stand to dance or watch the moon.

My professional life has developed similarly to my love relationships in that I have, for the most part, been able to maintain those same "youthful space" feelings. Growing up the daughter of two innovative psychologists in our combination home/office with my three sisters (all of us born within a five-year period) was an exciting adventure. In our daily routines of waiting for the school bus or coming home for dinner, we often intersected with my parents' patients, office staff, or the many interesting colleagues who visited and worked with them. Any family, school or friend problem that we had would often get sorted out with us in a private "chat" with one of my parents' work friends in a way that always felt warm, safe and loving.

Many of those same colleagues would be at conferences that we traveled to with my parents on their work/vacation trips. During one such trip to Puerto Rico when I was 13, all of us "therapist kids" formed and held our own groups during our parents' group times. I decided that I would become a psychologist in my elementary-school days, as I watched my mother study IQ testing or "waited" in my dad's waiting room to speak with him. The times of work/travel fueled and added to my interest and sense of excitement, adventure, love and safety that I already felt for psychotherapy.

After getting my PhD, I joined the "family firm." I saw individuals and families, but my real postgraduate training occurred while co-leading groups, marathon weekends, and family or mother-daughter workshops with one or both of my parents. I got to experience them in new ways and saw the passion and aliveness that was part of their work. I looked up to and admired them, and I was happy and eager to learn all that my parents had to offer in this exciting world of psychotherapy. We formed a professional relationship filled with closeness and intimacy.

They taught me to conduct my therapy sessions in the "here and now." I learned from my parents the importance of being connected to myself and bringing that connected "self" into every session, so that I could be with my patients in an authentic "real time" way. They gave me dicta that I continue to use. Dad: "Follow the resistance," and, "Each session has to be for you in order for it to work for your patients." Mom: "We all fall in love with someone who relates to us in the same way as our mothers (or primary caretakers) did."

As a child, and then as their adult co-worker, I experienced my parents as dynamic, exciting and passionate individuals who seemed ageless to me. Today at age 63, I understand that my sense of their agelessness, and my own youthfulness, came from places of reality as well as from adoration and denial. For years, it was unimaginable to consider that my parents would think I had something to teach them as a psychologist. I needed to hold onto my junior status in our relationship. It's only been since my own daughter began her graduate studies in social work and sexuality that I see clearly how much new information and knowledge there is to learn from our children.



As alive, youthful and fresh as I have felt in my marriages and in the professional relationship with my parents, for a long time I have felt stale and stuck in my personal relationship with my father. Working with my dad in a group I am able to feel alive, flexible and youthful, but outside of the office I experience myself with him as less free and older rather than young and vibrant. Through the years we have talked to each other about the caution and tentativeness we experience with each other. We have owned our distrust of each other, and of ourselves when we're with each other. We recognize that we are similar; we are both easily hurt, have been hurt by each other, and have stubbornly (and protectively) held onto our pain. The freeze between us began when I was a teenager, and, although we have spoken of it, outside of work we have mostly kept our distance from each other.

Within the last five years things between us have begun to thaw. After my mother died in 2012, my father seemed older and more vulnerable. When my husband died in 2015, my father reached out to me. I had been hurt by an insensitive family member's comment the night of my husband's funeral, and I felt supported and loved by my father's protective tenderness towards me.

This past November my father turned 90. In June we spent 12 hours with my cousin, Nancy, driving together to AAP summer workshop. I saw how Nancy handled my dad. She recognized his fierceness, but kept a loving watchful eye on him, and tried to make him comfortable during our road trip. Once we got to the workshop he seemed more fragile, as he had some difficulties navigating his way around the hotel property, and I saw his age. It was during summer workshop that my father got some "parenting" advice to, as he put it, "be different and nicer with Debra," and his openness during our conversation around the pool that day touched me.

But it was this assignment—to write and collaborate on our experiences of aging and psychotherapy—that seemed to melt a lot of the frost between us. My father read to me what he had written, and, when he came to the part describing me as a little girl, I began to cry. I was touched, and at the same time aware of re-feeling my childhood experience of my father. In another "Langer" moment, I relived being in the waiting room, waiting for my Dad, re-feeling my love and adoration for him. For a few seconds, as he read to me I felt my little-girl feelings and became that girl.

As trite as it sounds, I do believe that we are only as old as we feel. And others will only be as old to us as we see them. For about 40 years my father seemed 40 years old to me. Psychotherapy, a connected experience which, when it takes place in the here-and-now, is, I believe, a "timeless" process, a "youth serum" for therapist and client. ▼

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STEPHANIE SPALDING, LCSW, lives and practices in New York City. She is grateful to have found AAP 14 years ago and very proud to call it her professional home.  
[spaldinglcsw@gmail.com](mailto:spaldinglcsw@gmail.com)

## Viewpoint: Therapist in Her 90s

### An Interview with Kitty La Perriere

*The afternoon knows what the morning never suspected.*  
—attributed to Robert Frost

**Stephanie Spalding:** I want to say that you've been on my mind since I knew we were going to be doing this together, so I'm happy to be here in person with you. I thought we could start with what drew you to the field. [Kitty asks me to read out loud the Frost line from this issue's Call for Papers, above.]

**Kitty La Perriere:** I should say first that, as you read me this beautiful Frost quote about morning and afternoon, I think I need to locate myself in late evening. I was going to say midnight, but not necessarily—but maybe 11 o'clock or so. So, from that perspective, to look back, there are many, many beginnings. Let me see if I can say anything. I was always interested in the intersection between mind and body. When I was in my teens, I was trying to go to medical school. I was in Europe then and I was always curious to see how a thought commuted itself into action. So the notion of what's going on inside, this has been with me all along. Very early on, I knew that I wanted to be in some kind of clinical role.

**Spalding:** Would you say that you feel drawn to the work for similar reasons now? You mentioned several beginnings.

**La Perriere:** At this point, feeling drawn to, that is no longer an accurate statement. I'm 90 years old and if I see five appointments a week, it's a lot. So I think right now, just to be perfectly clear about it, I think I'm drawn to it be-



cause it is a great pleasure to exercise an activity in which I feel myself still retaining my competence and my skill. I may need to add that you hardly encounter me at any peak of my personal and professional being. Much as we like to think that aging doesn't happen, aging happens, and there are all kinds of declines that you watch and make your peace with. I would say that one thing that happens is that doing therapy now keeps me young because I've got to put on my thinking cap, I've got to dress, I've got to keep myself looking respectable. I can't let go, I can't slough off and slouch around in slippers and a robe or anything like that. By entering a session with patients, I enter an active working world. I also enter the world of current happenings, so it is a wonderful exchange—sometimes I feel that if my patients weren't paying me, I should be paying them for the privilege of engagement. I've also always felt that, in a sense, in a therapy session, I really get the best of people; I mean they come with their genuine self most of the time. They come with honesty, with longings, with pain, with conflict. They don't come, after a very short time, they don't come with bullshit; they don't come with self-presentations so much anymore. So that's why I continue doing therapy now.

**Spalding:** In terms of your personal style, I wonder if you're relating to time differently. You know, a sense of urgency that would bring about more directness.

**La Perriere :** I don't think it's a sense of time changing. I think if you're more experienced, you sometimes have other ways of proceeding. I think when you start out you can't be direct because you don't know what you're doing.

KITTY LA PERRIERE, PhD, says, "I was born in Czechoslovakia, now the Czech Republic. I spent my first decade there, my second decade in Switzerland, and arrived in the US at the height of the McCarthy era. Early on shaped by political events, culture transitions and search for identity. I went to Connecticut College, Yale and Washington University for an education in clinical psychology. Neil Miller, Jane Loevinger, Margaret Mahler, Nathan Ackerman, and Virginia Satir were among my many teachers. I married three times, once for security, once for making a life, and once to receive a late life reward. I have one daughter and a number of stepchildren. I was a researcher and clinician, founding member and president of the American Family Therapy Academy, and training director at the Ackerman Institute. I'm a longtime if intermittently active member of AAP.

*kittylap@mac.com*

**Spalding:** Along the same lines is the issue of how you stay vital, how you stay connected to the work, what has sustained you over time.

**La Perriere:** Well, it's not a linear line. I probably hit the pits I think six years ago. I think I was a lot older than I am now. What happened was, I had a wonderful late-life marriage. I got married when I was 72, in 2000, and my husband died in 2013. He had been ill for three years and it had been a nightmare. When he died, I was a husk, I was a nothing, I was depleted, I was alienated from myself, I was tired unto death. I had lost any connections I had had laterally and otherwise. And I thought I was done. Then it took me two years of just recovering.

**Spalding:** Were you seeing patients at that time?

**La Perriere:** Yes.

**Spalding:** How was that for you? Did suffering inform your work?

**La Perriere:** I might be kidding myself, but I would say that it was almost two different worlds. It was like, you're dragging yourself along and then you come into the office and suddenly you're in a different universe. So, did any very perceptive people notice? I don't know.

**Spalding:** I imagine it was helpful to be able to switch gears.

**La Perriere:** It was essential. It was like a little respite and a little reminder of wholeness. I won't say vitality, I don't know how much vitality there was, but there was enough there. I was very much feeling like I should get out of the field; I felt myself depleting, depleting, depleting.

**Spalding:** What changed that?

**La Perriere:** He died, and the drain on me was different after his death.

**Spalding:** Less of a drain.

**La Perriere:** Yes, it was less. There was a nothingness, and I started to think, "Where have I lost myself?" Because it wasn't only in his illness, it was also in my marriage to him. My marriage to him was a huge change for me. It was life's dessert for me. I had had one prior marriage and one prior relationship that were difficult, let's put it that way. And I think . . . that's a complicated thing . . . I made terrible choices in men, especially for a lasting relationship. So my relationship life had been—well, that's hard to summarize—hadn't been primarily happy. It had had its happy stretches, but it was not fulfilling. So, when Larry came, I had given up on men. I had been by myself for 18 years, and when he appeared I was 72. Who the heck thinks of a man showing up at 72? He was 73, and it was just wonderful. He was a very loving, devoted man. I can pick it apart and say, "Maybe he was needy, maybe he was frightened, maybe he didn't want to be alone

in old age,” but I don’t care. He delivered. I think I poured everything into that, and I probably neglected my lateral connections to people. He was also very possessive and, if I had been younger, I wouldn’t have allowed myself to be so taken up. But, at that point, it was so wonderful, I didn’t really care. So, when he died, I was left tired, empty, and with very little in my life.

**Spalding:** And you said older in a way than you are now. So how did you get from that point to where you are now?

**La Perriere:** I think life, time heals. I think I am fortunate that my health is good. I got thrown a bit of a curve with my blindness. That is not nice. That means travel is hard for me. If I think of Summer Workshop, I think, “Oh my God, how am I going to get myself there?” I have to find somebody, I don’t want to do that. It’s not a happy experience. So it limits what I can do. My task has been to learn to put up with that, to live within that thing. Can you imagine what it’s like not to be able to read?

**Spalding:** No.

**La Perriere:** All the information about life, most of it comes through what we see in some printed form, you know. I can’t scan a newspaper to see what’s playing, what’s going on. I can’t even read the fucking headlines, excuse my wording. I was struggling with that, and I think as I became reconciled, I became able to find a way to live with this.

**Spalding:** Has it informed your work, losing your sight?

**La Perriere:** No. Well, how would it do that?

**Spalding:** Well, you have less information, you know, the visual information.

**La Perriere:** Well, maybe I should say that, at this point, there are so few people. I see some people, I have an active caseload of maybe 10, but those 10 people don’t show up all the time. For some of them, I am on call, and so with them, I don’t need to see a lot.

**Spalding:** What’s their age range, those 10 people?

**La Perriere:** My youngest person is probably 50 at this point. And my oldest, well, I have one couple where the man is 85. I think I am a fabulous therapist for older couples.

**Spalding:** Can you say more about that?

**La Perriere:** I know what it’s like to get old, I know what it’s like to try to deny to yourself your failings. I know the stories you tell yourself. I know the way you try to pretend it isn’t so. I know how aggravating it is to a partner who may be a couple of years younger and who maybe is horror-stricken about what is awaiting him or her. I don’t lay all of that out to them, but I know it, and I can help them approach those things; I find ways to help let it be all right. I look back and think maybe I could have done this or that

better when my husband was so very ill. I don't think it was possible, but I know that whatever therapists we saw, they were useless.

**Spalding:** Because they didn't have that life experience.

**La Perriere:** They didn't have a clue. They didn't have a clue. But I haven't gone around advertising myself for those kinds of people. The most recent referral of an older couple—I've seen them a year and a half now—came through a friend, through a younger therapist who's in her 60s. We were in a group together and she thought I would be good for them. And somebody else sent a woman in her late 50s whose husband walked out on her. I certainly know how to deal with pain and loss and anger, and how to begin to make your own life. So those situations I feel very good in, and qualified in.

**Spalding:** It doesn't sound like this has come up for a while, but would it be a lot harder now to work with a 20-something?

**La Perriere:** Well, it would be more challenging. I would imagine that the whole self-description and relationship vocabulary is different. That young people, from what I have seen, are very intimacy-inept. They don't tolerate "witness" very readily. It might be interesting, but they also wouldn't necessarily have the patience to sit with some ancient, ancient person. Twice in my life I went to a much older therapist. When my daughter was little, I consulted a therapist because she had asthma. I think the woman I saw was Florence Goodenough—a very classic child therapist. When I saw her, she was 80. She seemed like she was hundreds of years old. And it seemed to me that she didn't have a clue what I was telling her. I was going through a difficult time. My husband was overseas somewhere and, for all practical purposes, I was a single parent. She didn't know what that was. Later on, when I was tangled up in a bad affair, I saw a retired psychoanalyst named Abe Kardiner, who had been a big name. Maybe he was in his 90s. He looked like an ancient bird of prey. He patted my head and said, "Well, if these two wonderful men were interested in you, what are you complaining about?" So I thought, "God, I hope I never overstay my viability."

**Spalding:** When you see yourself retiring, are you going to wait for everybody to go their own way, or do you anticipate being the one to say good-bye?

**La Perriere:** Every month I think it's probably time to call it quits.

**Spalding:** But then you go on.

**La Perriere:** It's very hard, you know, at this stage. I surprise myself by having a little uptick. Remember I told you I was worse off four years ago, after Larry died, when I was really down and out. I thought, at the end, at his death, I was done. And I thought that would be a gentle, or not so gentle, exit. But I find myself a little bit activated and a little better than I was. It's hard for me to imagine how long I will stick around, which you need to do, if you think of finances and all of that, you have to get an idea. I think that I may be waiting for some confirmation by my colleagues that it's time to quit. And, in-



stead, I have been getting the opposite: My colleagues send me patients. I will say I think it's time, and next thing I know I get somebody. So far, I think the referrals were good and the outcomes have been very good. You have any thoughts about that? You are half my age. If I said to you, all right, so you're from a therapy competency evaluation board... What would be your thoughts?

**Spalding:** Well, I don't sense any memory issue, I don't sense a vitality issue. I don't know, this is my first time meeting you, but I feel like you're incredibly with it and real. You're so articulate, that's very striking to me; I don't feel like I'm sitting with someone with diminished capacities. I don't know, Kitty; I don't think it's time. ▼

Bob Rosenblatt



BOB ROSENBLATT, PhD: "I have been sitting in my chair delivering individual, couples and group psychotherapy since 1974. Every day is a new adventure. I never know what I am going to learn, teach or feel in any given session. This is what keeps me coming back hour after hour — day after day. Supervision and practice consultation for other mental health practitioners in Washington, DC, and Atlanta, Georgia, make up another part of my professional life. When I am not in my office, I relish time with my family, especially my grandchildren; I enjoy traveling with my wife, golfing with friends and, now, writing about lessons learned over the years in practice."

*dr13bob@aol.com*

### Resisting Change

AS I WRITE THIS, I AM QUICKLY APPROACHING MY 67TH BIRTHDAY. This cannot be true because inside, like so many, I still feel significantly younger. On many a Tuesday night as I play first base with my over-55 softball team, I still feel 12 years old. Often in my office, I feel as if I am in the prime of my career, doing the energetic and enthusiastic work I have always done. In few ways do I feel my age in the consultation room. However, the cancer I successfully overcame and the chemotherapy I have to ingest every night are constant reminders of my age and mortality.

Doing psychotherapy with people of age brings unique issues to the forefront. Two basic concepts guide my efforts in working with older clients, and I have adopted these precepts to deal with my own aging issues as well.

The first one is from the famous Dylan Thomas poem:

*Do not go gentle into that good night,  
Old age should burn and rave at close of day,  
Rage, rage against the dying of the light.*

The other is an adage, old and simple: Use it or lose it! These two notions exemplify the individual's willingness to sustain a life force. Man's plight is like salmon swimming upstream. Although they are saltwater fish, when it comes time to lay their eggs, salmon enter a freshwater stream. They then swim to their own demise as they move upstream against the tide.

Like salmon, we are challenged to push back and contend with the losses that confront us at every stage of our

lives. Virility, loss of earning potential, infirmity, decreased energy and strength, and diminished mental energy approach us with ever-increasing speed. How we deal with these real and narcissistic injuries and continue to maintain the best quality of life are essential themes in our therapy with the elderly. When we were younger, obstacles were more annoyances to contend with and overcome. However, as we age, they become larger and more daunting. So, what is the role of the therapist in this scenario? Surely, sustained hope is one of the greatest gifts we can offer our clients and, more than likely, a significant challenge. For many of us, this challenge is made tougher by accompanying our own confrontation of aging.

This parallel dynamic can be the real rub in our work with the aging. However, just as we provide our clients companionship in their life struggles, they often accompany us as well. We are all fellow travelers on this path, with neither party ending up alone in the consultation room regarding aging. Hopefully, therefore, clients will be aided in confronting their own character struggles as they battle aging, loss and self-sustainment.

In the case study that follows, an older man examines the essence of his life as he looks backward and forward. He has great remorse and many regrets, but relentlessly continues on the same unalterable path. What could the therapist have done to lift him out of his complacency? Was the therapist working too hard by pushing the client to be different than he was? Did the therapist's way of running his life affect the work? Was the therapist too cynical with this particular client? Did his client just need to come to terms with his life's resume and be at peace with who he was as the end drew near? These are just some of the questions that the case brought up for me. Have a read, see what questions and reactions and feeling this brings up in you. *Share the craft!*

## The Case

Sam was 68 years old when he first showed up at my office, and we have worked together off and on for over 17 years. He came initially into couples work, escorted by his third-wife-to-be. She was an avid therapy consumer, and this being her third marriage as well, wanted to ensure its success. Shortly thereafter, Sam and I started on a course of individual therapy and we quickly developed a solid and meaningful therapeutic alliance. However, I never felt that I had enough leverage in the relationship to help Sam get unstuck. His lack of emotional responsiveness and inability to take responsibility for his life were lifelong issues. Sam has done just enough to get by. He was just enough of a soldier, just enough of a husband, just enough of a father, and just enough of a provider. In fact, he lived his whole life seemingly governed by a "just enough" orientation.

Unlike Sam, I have been a very competitive and entrepreneurial fellow. Just enough is not good enough for me. So, this philosophy of life is foreign and unacceptable to me. I understood this because, earlier in my life, I was living by the same code of conduct. My therapist/supervisor at the time pounded into me the following notion, "Discipline begets freedom." At first, I thought this meant that my therapist was going to punish me; then I realized what discipline really meant. I worked to develop a more disciplined life for a long time. Sam is smart, and when I presented this notion to him, he immediately understood the concept and its significance. Unfortunately, he has never been able to operationalize this approach to his life.

Many years ago, Sam attended the funeral of one of his sons, and since that day has

never been back to the gravesite. When Sam was a salesman and sold his daily quota of gizmos for that day, he would stop working and play. He was unmotivated to hustle and to pursue more sales than necessary for that day, week, or month of sales. This all seemed incomprehensible to me. How could someone with three children and two ex-wives be this cavalier? When he started a construction company with his sons, he left it in their hands and basically ignored taking any leadership in operating the business. He lived his life as if he was the back-seat passenger of a car that had no driver. He lived his life off the cuff and irresponsibly. I understood this concept, but had come to understand in my own life how self-defeating a life style this could be. He appeared to be getting away with it. Maybe I was jealous, but I could also see the costs that this incurred in Sam's life. He seemed frankly not to give a damn.

In one session Sam and I co-authored the following statement about his life—we referred to this document as his epitaph.

Here lies a selfish lazy mo-fo  
He could have been something.  
But he vehemently refused that 'til his last breath.  
He was afraid of failure, but more afraid of success.  
Sam acted as if he never knew what he was supposed to do and he was always just too frightened to make an attempt.  
He was a bright man who never really applied himself to the task of living.  
Even though he was a charismatic fellow who was appealing and likeable... most of the significant people in his life would still move away from him over time because you learned that he would rarely deliver emotionally, personally, or relationally.

Sam's wives and children had this to say about him: He never took charge of his life. This was a sad yet often repeated tale of a man who came up short because he was too terrified to be all he could be. Spouses talked about his loving kindness, but he saw himself in a totally negative light. He had a penchant for consistently selling himself short. He ignored his concern and love for children, so his children left him out of their lives.

As therapy continued, Sam was insightful, understood the implications and consequences of his actions, but refused to change. I found this to be so frustrating. It was like he was caught in an endless feedback loop. He would do the same thing over and over again and not care that it did not work. I cared for Sam but had trouble tolerating his entrenched position. I felt that I had tried everything to no avail. I started to give up hope for Sam. I did not know what to do. I think over these last years, I have just tried to rally him or encourage him to try this or that in a feeble effort to help him have more in the final years of his life. He takes it in, agrees wholeheartedly with me, but I believe nothing happens. His deep-seated resistance absolutely stumps me. I believe that is probably more my issue than his, but I kept beating on him because of my love for him. Sam rarely notices the small ways that he has changed, he only sees how far he has to go. Sam is unwilling to expend the energy to change at this point of his life. I feel sure as a result of our 17 years together Sam desperately wants to be connected but is fearful of deeper intimacy.

I present this case because I need help and supervision. What was I doing right and wrong? Was my countertransference an obstacle to providing quality psychotherapy? Is my optimism so relentless that it is a pitfall in my work? Did my positive feelings for this man get in the way? Are there some people who we just need to sit with and that is enough? Why did he stay all this time in therapy with me? Did I want to fix him too much? I look forward to your responses to my work.

THIS IS A MOST INTERESTING AND INTRIGUING MYSTERY STORY THAT LEAVES THE READER WITH SOME TANTALIZING AND UNANSWERED QUESTIONS. Among the many such questions is one having to do with the narrative being presented in the past tense. We are left to wonder if Sam died or if either he or the therapist terminated the therapy. My assumption is that the therapy ended with Sam's death. I also notice that I am assuming that the therapist is male and about 20 years younger than Sam.

Another mystery has to do with Sam's motivation for being in therapy. We are told that Sam's "lack of emotional responsiveness and inability to take responsibility for his life were lifelong issues." However, it is unclear whether Sam identified these as presenting problems at the beginning of his therapy, or whether these came more from his therapist than from him. In a similar vein, I wondered about the epitaph that was co-authored by Sam and his therapist. I can easily imagine the therapist's subtly taking the lead in this writing, and Sam's being passive in accepting the therapist's point of view. Ironically this would be the kind of passivity that the therapist found so troubling in Sam.

As I put on my Sherlock Holmes hat and go about trying to be a mystery solver, I am struck by the following clue from the therapist: "I believe that is probably more my issue than his, but I kept beating on him because of my love for him." What emerges for me from this clue is the thought that the therapist was a victim of a particular kind of double-whammy paradox. The first whammy had to do with how absolutely incomprehensible it was to the therapist that somebody could be so different from him in terms of not placing a high value on being competitive and entrepreneurial. It is a complicated place for a competitive therapist to admit he is stumped, since it is easy to imagine a more clever and insightful therapist might be more successful in understanding his client. The therapist struggles to come to grips with this dilemma by pathologizing Sam. Once Sam is seen through the lens of psychopathology, the competitive part of the therapist is activated, leading to an intense attempt ("beating on" Sam) to prove that the therapist is capable of curing such a difficult patient, winning the competition with all other imagined therapists who might have "failed" the way this therapist seems to believe he has.

This case presentation ends with a series of brave and valuable questions, to which I will attempt to give better answers than anybody else possibly could. The question of what the therapist may have done wrong is pretty well covered by what I have already noted above. What he did right, as far as I can tell, was allow himself to care about Sam and hang in there with him in spite of feeling like an impotent failure as a therapist at times. I don't see countertransference as the obstacle as much as I see a rigid view of the correct way to live one's life. Sam might have been seen as a highly evolved being, perhaps having decades of Buddhist meditation practice under his belt, who has achieved a state of equanimity in his life that sets him free from the shackles of competitive and entrepreneurial strivings. I see the therapist's "relentless" hope and optimism as something very positive, and only a problem when it gets too attached to a particular way a person should be. I don't think the therapist's positive feelings for Sam got in the way. Like the hope and optimism, the positive feelings seem to have been somewhat constricted by the therapist's personal view of what Sam should be doing with his life. Yes, there certainly are people with whom we just need to sit and that is enough, as long as our sitting is done compassionately. Perhaps this is true for everyone we see. I suspect Sam stayed in therapy because the therapist did manage to exude this kind of compassion while sitting with him. And finally, yes, Therapist, it appears that you did want to "fix" Sam too much. By "fix" I refer to your wish to make him more like you. Perhaps being competitive and entrepreneurial has brought you happiness and peace of mind, but that does not mean that this is the best path for everyone. I myself have long ago transcended any need to be competitive, so clearly I would have done a much better job with Sam.

—John Rhead

I APPLAUD THE THERAPIST'S COURAGE IN PRESENTING A DIFFICULT CASE. The patient, Sam, now 85, is apparently still seeking help after working with this therapist off and on for 17 years. Yet 17 years of therapy had apparently not yielded significant change and had resulted in utter frustration for the therapist. The therapist honestly reported, "I found this to be so frustrating...I really cared for Sam, but...had trouble...actually tolerating...his entrenched position. I did not know what to do." This is an intriguing situation. On the one hand, the therapist stated that he and Sam had "quickly developed a solid and meaningful therapeutic alliance." It has always seemed to me that I do my best work with the patients I really care about and with whom I feel a strong bond. On the other hand, the therapist wrote that he had "never felt that I had enough leverage...to help Sam get unstuck." What was happening here, where apparently both the therapist and the patient had fond feelings for each other, but the patient remained profoundly stuck?

After reading the case, I was bombarded by stories. I think my brain was desperately trying to find a way out of the mud with Sam and the therapist and needed to jump from the words of the presentation to the images of stories. The first story that leapt into my head was that of my favorite children's book, *Ferdinand the Bull*, by Munro Leaf. Briefly put, Ferdinand is a big ferocious bull who refuses to fight. Oh, how this frustrated everyone, from the matador, the picadors and "all the lovely ladies who had flowers in their hair." (These words come back to me from the book that was long ago taken by my grandchildren.) All Ferdinand wanted to do was to sit quietly under the cork tree and smell the flowers. Perhaps Sam was Ferdinand. He had first come to therapy 17 years ago with his soon-to-be third wife. If his wives, kids and therapist would just leave him alone, he might be quite content with his life.

But I had to reject the Ferdinand image because Sam kept coming back to therapy on his own. Why Sam kept returning remained a question. The therapist rarely talked about Sam's feelings—once Sam was described as having a "lack of emotional responsiveness" and another time as being "too frightened to make an attempt"—but I had to deduce that Sam was depressed, perhaps profoundly depressed. I wondered why the word depressed was never used in the presentation. I wondered if medicine had ever been suggested in the 17 years as one tool to help Sam. In any event, Sam probably was not Ferdinand because he kept returning to therapy; he was not content to sit quietly in his life.

The next image that came to me was of Aesop's fable, "The North Wind and the Sun." This story had to do with a competition between the wind and the sun. Superiority would be determined by which one could get a man to let go of his jacket. The competition began when a man walked down the street. The wind went first; it blew and blew; one sleeve of the man's coat came off and then part of the other sleeve started to whip off. But in time, the man was able to grab control of the coat and pull it tight around him. Now it was the sun's turn. The sun beamed.... and beamed... and within moments, the man (becoming hot) took off his jacket.

I wanted this therapist to stop blowing and start beaming. The therapist had discussed in the early part of the presentation how profoundly he (I assume based on many factors that this therapist is male) had been helped by his own "therapist/supervisor" who stressed the importance of discipline and action. The therapist earnestly wanted to help Sam and wanted to help Sam with what had been so vital in his own life. However, as the therapist wrote, while Sam "was smart," he had "never been able to operationalize this approach to life." With each suggestion by the therapist, each encouragement "to try this or that in a feeble effort to help him," Sam pulled his coat tighter around himself.

Sam was an expert at getting others to feel. The therapist was frustrated with Sam and I found myself frustrated with the therapist. The therapist and I were doing a lot of feeling. But rarely did Sam seem to express feelings. I wanted the therapist to bring feelings back into the room. Words like "depression" might awaken the sleeping patient. More importantly, the therapist could be curious as to Sam's feelings. What was Sam feeling? Did he feel depressed, afraid, stuck? If so, what was that like? And if Sam did not know how he felt—after all, he is an 85-year-old man who probably had never been taught that it's ok to feel—the therapist could wonder

with him what he might be feeling and what he might be getting out of being in this “entrenched position.” Together the therapist and Sam could roll around in the mud and try to understand what it all meant for Sam.

This therapist has been a constant in Sam’s life. Sam lost wives, children and friends, but he did not lose this therapist. I want the therapist to appreciate their bond, to wonder with Sam about their relationship, to assure him that he will continue to hang in there (even if he gets unstuck), and to relish in Sam’s wonderful qualities described in the presentation, his intelligence, charisma, likability and loving kindness.

In the end, I believe that Sam and the therapist would be better served not by a focus on fixing, but rather by an attention to understanding, not by doing, but by being. And again, another image came to me.... that of the Chinese torture cylinder. To take the puzzle off two index fingers, one must stop pulling and relax. When the impulse to force is stopped, the cylinder is quickly and surprisingly released from the fingers. I do believe that people can be helped to grow with guidance, attempts to fix and directions on how to bloom, but we blossom from a suspension of effort grounded in curiosity, nurturance, respect and love.

—Ann Reifman

### *Response 3*

IT IS CLEAR THE THERAPIST HAS HAD A WONDERFUL PERSONAL EXPERIENCE WITH THERAPY AND BENEFITED TREMENDOUSLY. However, I am concerned that Sam may have gotten lost somewhere. The therapist’s perspective is clear: He “came up short because he was too terrified to be all he could be.” He is described as “a back-seat passenger in a car that had no driver,” as “cavalier,” and as “fearful of a deeper intimacy.”

There is nothing in this description to make clear that Sam has decided his lifestyle is a problem for him, other than his spouse saying “he saw himself in a totally negative light.” The therapist’s frustration is focused on how Sam lives his life. The epitaph describes Sam as “a selfish, lazy mo-fo.... who never really applied himself to the task of living.” That may reflect Sam’s own dissatisfaction with his life but I’m suspicious, as it is described as “co-authored” by the therapist. The epitaph continues, suggesting that people in Sam’s life moved away from him over time because they learned that he would rarely deliver. Again, too much of this is someone else’s opinion. The therapist states that “I feel sure as a result of our 17 years together that Sam desperately wants to be connected.” I would love to hear Sam’s words.

Attunement in the therapeutic relationship is the source of therapy’s power. The therapist says that “we quickly developed a solid and meaningful therapeutic alliance, however, I have never felt that I had enough leverage in our relationship.” The therapist wants Sam to take more risks. I’m interested in what risks the therapist took in the relationship with Sam. Apart from being dissatisfied with Sam’s life outside the consulting room, was the therapist dissatisfied or hungry in the relationship? Did this get expressed? Here-and-now processing of the therapeutic relationship and events in the consulting room is invaluable, and not discussed in this vignette. This could be the beginning of a more genuine exchange about how they feel about one another and their relationship. The therapist speaks of his love for Sam, but also talks about frustration, trouble getting through, difficulty tolerating his entrenched position, and starting to give up hope. The therapist even says he is “beating on him because of my love for him.” Has Sam recreated the same kind of relationship with his therapist that he has with others in his life? If so, this presents an opportunity for the therapist to work with Sam exploring the relationship they have built and considering alternatives.

I believe that a lack of self-acceptance makes intimacy much more daunting. Both engulfment and abandonment are inherent risks only salved by belief in one’s self and the grounding that provides. If Sam has the negative self-concept referenced by his spouses, the therapist’s solution that Sam needs to change may threaten Sam, stir feelings of engulfment, and prompt resistance. I would encourage a therapist working with Sam to spend some time celebrating Sam’s identity as he stands now. I might note how much time has been spent on the importance of



ambition and striving, and wonder if there's something else we are missing. What would Sam like to see happen in his therapy and in his life that is not happening now? Self-acceptance can be fostered by a compassionate examination of Sam's values and strengths. The therapist raises the question of whether he feels envy of Sam. This envy may contribute to the therapist's persistent focus on achievement, despite little evidence that this focus is helpful.

Ethical standards suggest that we have a duty to refer someone on if we are not helping them. I'm wondering how Sam would describe the benefits of his therapy. Perhaps a 17-year relationship is a triumph for Sam. If the therapist truly loves Sam and accepts Sam as he is, that power is maximized and there is an opportunity for Sam to face the things that terrify him in relationships both inside and outside the consulting room.

I can't help thinking that I would have enjoyed working with Sam. He is smart, charismatic, and likeable. His inclination to "stop working and go play" isn't necessarily a liability. When I admire and enjoy my clients, no matter how flawed, I am more open to my own limitations, more flexible, and find taking risks less daunting, creating opportunities to leverage the power of the relationship.

—Burt Grenell

*Telephones. Cell phones. Podcasts. Facebook. Twitter. Blogs. Websites. Email. Voice Over Internet Protocol. Texting. Video chat: Skype, FaceTime, Google Hangouts. Online banking. Credit cards. Virtual therapy. Electronic records. Kindles. HIPAA Business Associate Agreements. Talk-to-text. Fax machines. Gaming. Apps. Online dating. Sent from my iPhone...*

IS TECHNOLOGY THREATENING THE INTIMACY, HEALING POWER AND VALUE OF THERAPY, or can it be used in service of the therapeutic process and the patient-therapist relationship? What are our personal and professional biases, judgments, comfort levels and attitudes about technology? As new technologies flood our lives, psychotherapy faces a host of questions. This issue of *Voices* will explore the leading edge of practice in the digital age.

Can we develop intimacy via technology rather than “in the room”? What is lost seeing someone on video chat? What is gained? In your work, are boundaries changed or challenged?

How much do you know about patients’ online identities and behavior? Is this important? How do therapist online identities and information impact a therapy? Is “blank slate” psychotherapy possible in a world of increasing social media and online disclosure, intentional and unintentional? Does it matter?

Are technology-based relationships “real”? We think here of relationships that exist only online such as through virtual reality, video games, or Twitter “friends” who have never “met” face to face. How do these patient experiences show up in the work? How do clients—or you—experience on-line versus in-person community?

How does technology impact therapist training, education and professional identity? Does it have ethical implications?

How must therapists and therapy change to adapt to new technology and communication? Do you love or detest the increasing incorporation of technology into our work? Do you foster it—or find your patients are dragging you along?

How does therapist marketing online impact therapy? How can online tools be used in therapy? How might younger generations approach psychotherapy in ways that are affected by access to technology?

Guest editors Eileen Dombo, Lisa Kays, and Rosemary Moulton welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography on the theme of the intersection of technology and psychotherapy. We invite your personal reflections, clinical experiences, and exploration of areas of “not knowing” that emerge when reflecting on these questions. ▼

**Deadline for submission:  
January 15, 2018**

Direct questions and submissions to the editor, Kristin Staroba [kristin.staroba@gmail.com](mailto:kristin.staroba@gmail.com) or to the guest editors. See Submission Guidelines on the AAP website: [www.aapweb.com](http://www.aapweb.com).

**Spring 2018**

**Guest editors:**

Eileen Dombo, PhD  
[dombo@cua.edu](mailto:dombo@cua.edu)  
Lisa Kays  
[lisa@lisakays.com](mailto:lisa@lisakays.com)  
Rosemary Moulton  
[rmoultonlicsw@gmail.com](mailto:rmoultonlicsw@gmail.com)

***Deadline for submission:***

***April 15, 2018***

Direct questions and  
submissions to the editor,

Kristin Staroba  
*kristin.staroba@gmail.com*

or to the guest editor.

See Submission  
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***Summer 2018***

***Guest editor:***

Elizabeth Field  
*elt.therapy.elizabethfield@  
gmail.com*

**S**ILENCE: that which is unspoken, unaddressed, avoided, ignored, left unconscious, and otherwise erased from ourselves, our patients, and our work together. Also, what may be held, embodied, or shared without sound or words. This issue of *Voices* will explore the nature of silence in psychotherapy.

In your work, what do you side-step—sexuality, spiritual beliefs, addiction, issues you haven't yet worked out yourself? When the previously unspoken comes to light, what transpires between you and clients?

If quiet is wrapped in shame, what are the threads of that fabric? What is your experience as you unravel yours? Your patient's? What are the sources of silencing directives or rules? How does it go when we break those rules?

How have you used or experienced silence beneficially? Can silence bring relief and restoration?

The Summer 2018 issue will include articles related to the 2018 Institute & Conference theme, "Sounds of Silence: Working the Edges of the Unspoken" (see the AAP website for details), as well as a focus on the relationship of sexuality and spirituality. The editors welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography. ▼

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Each issue has a central theme as described in the call for papers. Manuscripts that fit this theme are given priority. Final decision about acceptance must wait until all articles for a particular issue have been reviewed. Articles that do not fit into any particular theme are reviewed and held for inclusion in future issues on a space available basis.

**Articles.** See a recent issue of *Voices* for general style. Manuscripts should be double-spaced in 12 point type and no longer than 4,000 words (about 16 to 18 pages). Do not include the author's name in the manuscript, as all submissions receive masked review by two or more members of the Editorial Review Board. Keep references to a minimum and follow the style of the *Publication Manual of the American Psychological Association*, 5th ed.

Submit via email, attaching the manuscript as a Word document file. Send it to Kristin Staroba ([kristin.staroba@gmail.com](mailto:kristin.staroba@gmail.com)). Put "Voices" in the email's subject line, and in the message include the author's name, title and degree, postal address, daytime phone number, manuscript title, and word count. Please indicate for which issue of *Voices* the manuscript is intended.

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**Poetry.** We welcome poetry of high quality relevant to the theme of a particular issue or the general field of psychotherapy. Short poems are published most often.

**Book and Film Reviews.** Reviews should be about 500 to 750 words, twice that if you wish to expand the material into a mini-article.

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Our vision is to be the premier professional organization where therapeutic excellence and the use of self in psychotherapy flourish.

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The mission of the American Academy of Psychotherapists is to invigorate the psychotherapist's quest for growth and excellence through authentic interpersonal engagement.

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- Courage to risk and willingness to change
- Balancing confrontation and compassion
- Commitment to authenticity with responsibility
- Honoring the individual and the community

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Full Membership in the Academy requires a doctoral or professional degree in one of the following mental health fields: psychiatry, clinical or counseling psychology, social work, pastoral counseling, marriage and family therapy, counseling, or nursing, and licensure which allows for the independent practice of psychotherapy.

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