THE OMNIPOTENCE OF THE PSYCHOANALYST: THOUGHTS ON THE NEED TO CONSIDER RETIREMENT

O let not Time deceive you,
You cannot conquer Time.
—W. H. Auden

The issue of retirement in the psychoanalytic profession is a rather delicate and usually unspoken matter. In fact, a recent paper by Norman Clemens (2011a) is titled “A Psychiatrist Retires: An Oxymoron?” On many occasions nonpsychoanalytic colleagues and friends have asked about my own plans for retirement, but I cannot think of one instance when a psychoanalytic colleague asked me when I was planning to retire. It is a question that had never occurred to me until rather recently. I had thought that my practice would eventually close through attrition. In fact, over the past several years I was working only twenty to twenty-five treatment hours a week. I had stopped accepting new analytic patients about fifteen years ago, except for some time-limited reanalyses, and was still working with some long-term analytic patients and several psychotherapy patients, as well as a few candidates and graduates in supervision. Finally, though, a series of noncatastrophic personal and family medical problems made me realize that it was time to formally end my psychoanalytic practice of fifty years. Analysts apparently plan to keep working until they are no longer able to function—and here lies the major problem. There are isolated stories of their continuing to work past the age of one hundred. More frequent are stories of elderly analysts or supervisors falling asleep, forgetting important material about the patient, and keeping the focus of these errors on the patient. Confrontation by the
patient often results in the analyst’s getting angry. When candidates have reported such incidents to advisors, they have often been told to take it up with the analyst. What procedures are available to monitor an analyst’s quality of work, we might ask, and how should it be enforced? Some societies have established committees to interview older analysts, but these have presented rather awkward situations when a failing individual is involved.

There is a rather sparse literature on the retirement of psychoanalysts. Most of the works in this area deal with serious or catastrophic illness in the analyst (e.g., Abend 1982; Clark 1995; Dewald 1982; Fajardo 2001; Hurwitz 1992; Lasky 1990, 1992). Galatzer-Levy (2004) deals with the death of the analyst. Tove Traesdal (2005) describes her experience as a patient following the deaths of two of her training analysts. The first, upon learning of his incurable illness, abruptly closed his practice and allowed no follow-up appointments. Traesdal describes her mourning as “profound” and says she continues to miss him. The second analyst, a woman, died suddenly and unexpectedly four and a half years into the analysis. Traesdal’s description of her experience, followed up eight years later (Traesdal 2013), is poignant and disturbing. Since her original reason for entering analysis was “the premature loss of attachment figures, and the attendant consequences” (2013, p. 83), the successive losses of her analysts left her in an especially vulnerable state for further treatment. After a period of time, she started a third analysis, again with a woman, that led to an integration of her earlier gains and proceeded to a successful termination.

It is vitally important, she suggests, that we as therapists are able to handle the fact of our mortality and to work thoroughly through our fear of death and dying so we can handle the topic in an undefended way when working with patients (p. 86). Traesdal goes on to discuss analysts’ handling of patients’ fantasies about the analyst’s death: “The topic of the possible illness or death of the analyst may be circumvented, consistently interpreted as separation anxiety or treated as fantasy. . . . but, in my view, the reality aspect of death should not be denied altogether when working with our patients” (p. 86). She feels that this should be handled realistically when it occurs early in the analysis for the first time, a position taken also by Kaplan (1994, p. 41) and Eissler (1993). An experience somewhat similar to Traesdal’s first experience is described by Evelyn Carlisle (2013). Her training analyst, having informed her that his wife had cancer, began forgetting appointments,
would fall asleep during sessions, and appeared very unkempt. He began
to discuss his other patients with her. At one point he “yelled at her,” and
she became too frightened to use the couch. After his wife died and
Carlisle came to her session, he called through the door and told her the
session was canceled. That was the end of the analysis, as there was no
further contact. She was totally devastated and developed a number of
somatic symptoms, as well as doubts about the professional and institu-
tional structure of the field: “on the one hand,” she writes, “I am left with
the mourning of an unsuccessful ending, on the other hand, I hold a
grudge against the responsible people at the institute, for instance, the
education committee, or the executive board, that nobody proactively
approached me although it was known how ill my training analyst had
been. People looked away, denied or misinterpreted the miserable situation
of the abuse. In my view, the denial of the events . . . continues until today.
My motivation to become active and engaged in the institute has suffered
from this omission (p. 81). Carlisle realized that she spent the last year of
her analysis with a training analyst who suffered from progressive demen-
tia. She received no help from senior colleagues at her institute.

The sudden death of her psychotherapist is described by Ellen Pinsky
(2014) in a poignant account of her experience. She too calls for greater
acknowledgment of the reality of the analyst’s mortality, as does Peter
Fonagy (2009). His paper gives a rather sobering view of the aging of the
psychoanalytic profession, as well as of older analysts’ denial of the
impact of age on their work: “Over one third of the members of the British
Psychoanalytic Society are over 70 years old. Over half (54%) of British
psychoanalysts are between the ages of 50 and 70. At a specially con-
vened meeting of the society a year ago, there was agreement that the
society should approach the problem of an ageing and declining member-
ship by making efforts to grow” (p. 6).

It is rare for the healthy older analyst, of whatever age, to plan for
retirement; only when catastrophic illness intrudes does the need present
itself. Clemens (2011a,b) makes the same point. In the second of two
papers he describes his decision to retire and how he implemented his
plans. Significant to note is his description of mourning for his patients
and for his office, an important experience of working through and reso-
lution that I have not seen discussed elsewhere in the literature but that I
myself have experienced personally. Having gone into my office every
morning for five decades, and having seen the same people daily for
many years, I experienced a profound sense of loss upon retiring that lasted several months.

The issue of the analyst’s fantasied immortality and omnipotence (a fantasy shared by not a few patients) has been addressed by many analyst-writers. Some feel this is related to the “timeless” quality of the experience of psychoanalytic treatment and becomes a shared, protective fantasy for both parties. The consensus seems to be that analysts need to feel wanted and need to feel connected through their work with patients. Psychoanalysis is viewed not solely as a profession but as a way of life.

George Pollock’s two volumes (1992, 1994) on the aging psychiatrist contain very little material on retirement. The volumes were based on his contacting a number of senior psychiatrists and asking them their thoughts and reactions to their experience of aging. The resulting essays are a mixture of their professional and personal history, reminiscences, and reports on how they became psychotherapists. In only four instances—Hurwitz (1992) and Bandler (1992) in volume 1; Norman (1994) and Eisenstein (1994) in volume 2—are there serious discussions of retirement and related issues.

Mervin Hurwitz’s report (1992) discusses a critical issue that faces every aging or ill psychoanalyst, namely, that someday one must confront the reality of being unable to work. How does one prepare for it and prepare one’s patients? “I had never planned to retire from practice,” he writes. “In my mind my abilities as an analyst would go on forever. In fact, I expected them to improve with experience ad infinitum” (p. 98). He goes on to describe closing his practice, and the conflicts that arose in the separation from patients, his office, and his life style. He suggests that retiring analysts return to treatment during this time—a suggestion made by Clark (1995) with regard to catastrophic illness.

Bernard Bandler (1992), having retired, became a consultant to NIH and, following that, a literary scholar with an interest in Jane Austen. He spent a good deal of his retirement researching her work and that of other female British authors.

Haskell Norman (1994) is something of a rarity. He planned his retirement over a period of eight years. His approach was a gradual one in which he stopped taking analytic patients, completed analyses in progress, and then maintained a part-time psychotherapy practice until full retirement. He decided to retire before “age impaired the quality of my work” (p. 258). He began to spend more time in his avocation of bibliophile.
For the most part, analysts resist retirement not only because of the rewards of analytic work, but because they fear boredom and loneliness, not having an alternative life style that would help them deal with the loss of narcissistic supplies.

Samuel Eisenstein (1994) thinks that “if the analyst is in reasonably good mental and physical condition and if he still likes what he is doing, there is no reason why one cannot take on a patient whose therapy may be long” (p. 139). He notes that “the fact that [analysts] are still needed by their patients contributes to their well-being and self-esteem” (p. 150).

This kind of thinking to me seems rather one-sided; it basically ignores the reality of the analytic situation and the patient’s needs. The odds of an older analyst’s becoming ill and dying are not much greater than a younger one’s being “hit by a truck,” as a colleague told me in defense of his taking on new analytic patients at the age of seventy-five.

An informative paper in the second Pollock volume is by Nathan Segel (1994). The paper discusses the rules regarding training analyst reappointment at the Michigan Psychoanalytic Institute, where a requirement of reappointment every three years was initiated for analysts over sixty-five. Following the enactment of this requirement, the Education Committee voted to eliminate it. Segel closes with a plea:

Training analysts and teachers have not included in our curricula the array of subjects relating to aging and its termination. Most institutes of the American Psychoanalytic Association do require of their graduates that they get some supervision during the termination phase of their work with a patient, but none that I know of requires any special knowledge of, or plans for, our own termination and the problems that precede it. It is my hope that some day every institute will see fit to do this, along with encouraging the establishment of ongoing study groups available to all graduates, of any age [p. 177].

In the time since Pollock’s volumes were published over twenty years ago, some procedures have been put in place to address these issues, but implementation and cooperation from senior analysts has been most difficult. There has been strong resistance to acknowledging the effects of aging and to stepping down.

Gabriele Junkers, a senior training analyst in the German Psychoanalytic Society, has edited and contributed to a major work in this area: The Empty Couch: The Taboo of Ageing and Retirement in Psychoanalysis (2013). As chair of the IPA Committee on the Aging of
Patients and Psychoanalysts, she put the volume together to get colleagues to think and reflect on the “unthinkable” and “unspeakable.” Her personal contributions are the strongest essays in this wide-ranging book. In her words, “This book is about the significance of ageing for psychoanalysts. It addresses a wide range of topics such as the effects that ageing has on our professional stamina or the grief inevitably caused by the losses we must endure in later life. It also inquires into the role that institutions (the relevant psychoanalytic institutes or societies) can play in this context” (p. xii). Thus, this outstanding volume deals with three major concerns, reflected in the titles of its parts: Growing Older as Psychoanalysts, Illness and Ending, and Institutional Parts of Ending.

Junkers addresses the fundamental issues of the analyst’s narcissism and the need to be regarded as an omnipotent figure—a crucial factor in keeping in play the magical protection attributed to the analyst. Her work focuses not on illness but on the need to step down and allow the next generation to take over. In my reading of her contributions here, I have come to regard them collectively not only as a plea to the analytic community to take into account the issue of aging, but also as an excellent treatise on development and the working out of transitions experienced by older individuals in any walk of life. Junkers deals nonjudgmentally with analysts’ need to keep working despite limitations and deterioration in their functioning. Her approach to her subject is clear, insightful, and straight to the point. Had I come across her work a good deal earlier, I would have had a better understanding of the issues I faced in closing my own practice. My feeling is that every analyst should read this book.

Early in the book she notes that “we psychoanalysts sustain a ‘fantasy of immortality’ within ourselves which is occasionally reinforced by the covert conviction that our own analysis has made us immune to illness and ageing” (p. 4; for a similar observation, see Dewald 1982, p. 360). And a little further along: “For us as psychoanalysts, every confrontation with the termination of an analysis activates our own separation anxieties, so that we must renounce the wish not to end an analysis until we think it complete” (p. 21).

Junkers observes that more than half of today’s analysts are over the age of sixty (p. 176). Similarly, in the same volume, Leena Klockars (2013, p. 102), in a demographic study of European psychoanalytic societies, found that two-thirds of training analysts are between sixty and eighty. She also found that in most societies there is no age limit requiring
older members to give up their positions (p. 103). Klockars offers a word of caution:

As psychoanalysts, in our practice, working with patients, we have to keep on believing in mutuality, in shared understanding, in deep emotional relationships, emotional interchange, even unconscious interchange. . . . We have to agree to wander on an unrealistic ground. We have learned to be needed by our patients. These professional qualities are in danger of also becoming part of our own personal identity and they are difficult to give up with age and with termination and retirement. Our professional work can perhaps heal our own ageing and our work saves us from uselessness and loneliness. As ageing analysts we are in danger of keeping analysands longer than necessary, either by binding them to the analysis or even by offering them a more friendship-like contact. [pp.108–109].

There is a great deal of concern as to how to address this problem. Klockars thinks ethical guidelines should be established regarding these issues, not only for training analysts, which some societies have, but for all analysts.

Audrey Kavka (2013), also in the Junkers volume, discusses this issue further in describing the operation of Psychoanalyst Assistance Committees (PACs). Such committees, made up of psychoanalysts, are “charged by the regional institute, society or centre to develop, implement and maintain a programme responsibly to identify and provide assistance to analysts who may be functioning at an impaired level due to illness” (p. 130). She notes that these PACs, which are in place in most societies of the American Psychoanalytic Association, meet a great deal of resistance from members in denial of their aging and impairment. It is difficult, she observes, for younger members to discuss or confront these issues with senior colleagues who have been their teachers, supervisors, and mentors. And it is difficult for senior analysts to acknowledge that it is time to make room for the next generation. In sum, “It seems evident that PAC work is perceived as dangerous business on many levels. To meet this serious concern, PAC’s must establish the capacity to contain the individual and community sense of danger and unbearable pain in order to assist the analyst of concern in making contact with knowledge of his or her capacity or incapacity to function as an analyst” (p. 143).

While these issues apply to analysts who are “impaired,” there remains the question of retirement for the senior analyst who is still functioning at a fairly good level. Danielle Quinodoz (2013a,b) addresses this
question in detail. She wonders what preventive measures should be taken to deal with the problem, particularly when the analyst denies any weakness. Her proposals range from a termination date that the analyst imposes upon himself, to a regular assessment of analytic skills, clinical seminars attended by colleagues of varying levels of experience, to intervention by the society’s ethics committee. Not completely satisfied with any of the proposals, she refers to them as “good enough” in the Winnicottian sense. Her proposals are thoughtful ways of responding to a most delicate problem, and she is aware of the pitfalls. “When they are old,” she laments, “some analysts refuse to . . . risk [taking on new patients] . . . even if they happen to be at the top of their form . . . and would like patients to benefit from their long experience” (2013a, p. 10).

Quinodoz’s book on aging (2009) presents a developmental view of the aging process and emphasizes growth and greater self-discovery as against deterioration. In his review of the book, Stanley Leavy (2010) points to an epigenetic unfolding. In a comment relevant to our discussion, he notes that “an analyst needs to be on the lookout to discriminate fantasy from reality [regarding how he or she is seen by the patient]. One’s real aging, like that of every other person, may induce patience, wisdom, the longer view generally, but it also calls for candid appraisal of one’s present capacities and considerations of retirement” (p. 791).

We are clearly confronted with a dilemma. Committees cannot do their job and help older analysts make the transition from psychoanalytic practice into retirement unless the latter agree to participate. Older analysts need to prepare themselves for a new life style that does not involve their continued work with patients and their ageless roles as transference figures. The interaction between patient and analyst and their mutual transference fantasies play into the analyst’s difficulty in accepting the reality of aging and the need to step down. This interaction continues to feed the shared fantasy of omnipotence and immortality and results in a great deal of narcissistic gratification. Analysts are reluctant to acknowledge their mortality, and they take great satisfaction in feeling they are so essential in the lives of their analysands. If life outside their work is not fulfilling, they see no alternative to continuing to practice. Freud (1915) offers a keen insight in this regard: “in the unconscious, every one of us is convinced of his own immortality” (p. 289). This major narcissistic problem, I feel, requires the aging analyst to assess realistically any loss of function and to come to terms with the reality of mortality. If these
problems have not been worked through in one’s analysis, a return to the couch may be in order. We are, after all, human beings, though our patients may see us otherwise.

REFERENCES


