

# Seattle Psychoanalytic Society and Institute

## Aging

Four Year Psychoanalytic Training

Fall Trimester 2019: 1:45 to 3:15

Instructors: **Piyale Cömert, Ph.D.** and **Ann De Lancey, Ph.D.**

### Introduction and Overview

Welcome to our seminar on Aging. When we meet, we would like to discuss our goals and objectives, find out yours, and assemble the final version of the course.

### Content of the Course

We are looking forward to the course. Mainly we'd like to focus on the joys and fears of working with the elderly. We have found that much of the literature focuses on our feelings about facing our own transience and mortality. Several of the authors have been quite revealing in what for them constitutes the keys to being able to face one's own and another's transience (be it facing a loss, change, retirement, death or death of a loved person or patient) with peace, integrity, and equanimity.

We have tried to select articles from the last 10 years from a variety of different theoretical viewpoints and on a number of different topics. Although "aging" itself is considered as a type of diversity we looked for articles on other dimensions of diversity but were minimally successful.

We'd like to approach each topic with an emphasis on our own feelings evoked by the topic, article, or issue. As much as possible, we hope that we all bring in our own clinical material, reactions, thinking.

Our interest is to allow us to develop and expand our sense of what it means to be working with an older population. What are the primary concerns of the elderly? What are the major obstacles in our working with them? What are the benefits and joys of being with them? What questions come to mind? Does our usual way of thinking about development fit or are there better models? How can we grow in working with the elderly? What does the transference and countertransference look like? How does culture, race, disability etc. affect our patients and our own attitudes toward the elderly? What is mutative in working with this population? We are equally interested in considering our own reactions to aging and ultimately our own death. In all of this our aim is to have us expand our own vision of what it means to be an elderly analyst and to be an analyst to the elderly.

## The Process of the Course

As always, our group process is key. We would like us all to pay attention to creating an atmosphere of safety. We want us to build a space for optimal, intimate, personal, emotional, and intellectual exchange. We would like to remind us all about confidentiality concerning clinical material discussed.

We would like to ground the course in the emotional moments between you and the person with whom you are working and/or your emotional response to the readings. We hope you will let us know what articles were helpful, useful, deepening of your thinking and which were not. Please feel free to challenge and critique anything you read or we or anyone says.

We would like to divide responsibility for the articles among the group. In a few sentences [elevator pitch], what are the key take away points of the article? And we MEAN elevator pitch – not a long drawn out summary of the article, which can be hard to attend to. One or two sentences would suffice. Beyond that here are some other possible items to consider:

- What are one or two key questions that the article raised?
- What was your response to the article? Did it bring up anxiety? Delight?
- Did it bring up clinical examples?
- Did it bring up personal reflections?

## Overall Learning Objectives

1. To enable clinical associates to cite one aspect of countertransference that is different in working with elderly patients than younger patients
2. To name three modes of protecting ourselves from facing one's transience and three affective experiences we defend against
3. To describe or imagine one aspect of being an elderly analyst either working, retiring, or dealing with illness
4. To name three new pieces of information about various aspects of aging, including the experience of aging in diverse populations

## Clinical Impact of the Knowledge or Skills Gained

1. Clinical Associates will have a greater ability to name, tolerate, and put into perspective their patients, and their own, defenses against and feelings about their own mortality.
2. Clinical Associates will be able to face their own mortality with a greater sense of peace and tranquility
3. Clinical Associates will open themselves to the satisfactions and joys of working with the elderly and do so more often
4. Clinical Associates will enact more creative responses to aging

### **1. September 13, 2019**

An Enhanced Look at Life Long Development.

- a) Chodorow, N. J. (2018). Love, respect, and being centered Upon: Loewald's image of development in childhood and the consulting room. *The Psychoanalytic Study of the Child*, 71, 224-233. [PDF](#)
- b) Rizzolo, G.S. (2019). The life cycle (without regression). *The Psychoanalytic Study of the Child*, 72, 207-227. [PDF](#)

## 2. September 20, 2019

Adaptation at Midlife.

- a) Strenger, C. (2009). Paring down life to the essentials: An epicurean psychodynamics of midlife change. *Psychoanalytic Psychology*, 26, 246-258. [PEP-Web Link](#)
- b) Kolod, S. (2009). Menopause and sexuality. *Contemporary Psychoanalysis*, 2009, 45 26-43. [PEP-Web Link](#)

## 3. September 27, 2019

Working with Diverse Populations. Personal Reflections by All of Us in Class.

- a) Akhtar, S. (1995). A third Individuation: Immigration, identity, and the psychoanalytic process. *Journal of the Psychoanalytic Association*, 43, 1051-1084. [PEP-Web Link](#)
- b) Bonovitz, C. (2009). Mixed race and the negotiation of racialized selves: Developing the capacity for internal conflict. *Psychoanalytic Dialogues*, 2009, 19, 426-441. [PEP-Web Link](#)
- c) Drescher, J. & Fors, M. (2018). An appreciation and critique of PDM-2's focus on minority stress through the case of Frank. *Psychoanalytic Psychology*, 35, 357-362. (Read only the case: pages 357-359). [PDF](#)
- d) Zitter, J. N., (2019). The lifelong mistreatment of black patients. *The New York Times*, June 29, 2019, 5. [New York Times](#)

## 4. October 4, 2019

The Analyst's illness.

- a) Kaplan, A. (2017). Man on wire: Walking the therapeutically transformative tightrope of the analyst's cancer. *Psychoanalytic Dialogues*, 27, 218-226. [PDF](#)
- b) Buechler, S. (2017). When the analyst suffers illness and loss. *Psychoanalytic Dialogues*, 27, 237-240. [PDF](#)
- c) Cooper, J. (2017). On visitations: The appearance of sustaining thoughts when processing the therapist's illness with patients. *Psychoanalytic Dialogues*, 27, 227-236. [PDF](#)

## 5. October 11, 2019

Embodied Communication, Cognitive Changes in Old Age. Discussion of the Case of a Physician with Declining Cognitive Capacity (Piyale presents a vignette).

- a) Sherman-Meyer, C. (2016). Swimming lessons: Aging, dissociation, and embodied resonance. *Psychoanalytic Perspectives*, 13, 201-213. [PDF](#)
- b) Pines, D. (2014). Stroke and the fracturing of the self: Rebuilding a life and a practice. In *Clinical Implications of the Psychoanalyst's Life Experience*. Ed. S. Kuchuck, New York: Routledge, 234-236. [PDF](#)
- c) Junkers, G. (2013). Containing psychoanalysis: The analytic institution. In *The Empty Couch: The Taboo of Aging and Retirement in Psychoanalysis*. Ed. G. Junkers, New York: Routledge, 95-100. [PDF](#)

## 6. October 18, 2019

Working with a Dying Patient.

(Dr. Elizabeth Kiyasu, M.D., Director of Hospice Care at Evergreen Health Medical Center, Kirkland, will join us to answer questions and participate in our discussion.)

- a) Allan, M. (2017). Working with a dying patient and the power of the patient analyst bond. *Psychoanalysis, Self and Context*, 12, 131-143. [PDF](#)
- b) Gawande, A. (2014). Letting go. In *Being Mortal, Medicine and What Matters in the End*. New York: Henry Holt and Company, 149-190. [PDF](#)

## 7. October 25, 2019

Gerontophobia and the Fear of Death.

- a) Segal, L. (2014). Temporal vertigo: The paradoxes of aging. *Studies in Gender and Sexuality*, 15, 214-222. [PEP-Web Link](#)
- b) Frosh, S. (2014). Temporal vertigo: Mourning, loss, and survival. *Studies in Gender and Sexuality*, 15, 223-227. [PEP-Web Link](#)
- c) Frommer, M.S. (2016). Death Is nothing at all: On contemplating non-existence. A relational psychoanalytic engagement of the fear of death. *Psychoanalytic Dialogues*, 26, 373-390. [PDF](#)
- d) Gerson, S. (2016). Psychoanalytic engagements with death: Discussion of Martin Frommer's "Death Is Nothing at All: On Contemplating Non-Existence." *Psychoanalytic Dialogues*, 26, 400-403. [PDF](#)
- d) Junkers, G. (2013). Later, perhaps. . . Transience and its significance for the psychoanalyst. In *The Empty Couch: The Taboo of Ageing and Retirement in Psychoanalysis*. Ed. G. Junkers, New York: Routledge, 17-31. [PDF](#)

## 8. November 1, 2019.

Remaining Creative in Old Age.

- a) McWilliams, N. (2017). Psychoanalytic reflections on limitation: Aging, dying, generativity, and renewal. *Psychoanalytic Psychology*, 14, 50-57. [PDF](#)
- e) Bergmann, M. S. (2014). Psychoanalysis in old age: The patient and the analyst. In *Clinical Implications of the Psychoanalyst's Life Experience*. Ed. S. Kuchuck, New York: Routledge, 237-241. [PDF](#)

Other Recommended Reading: See Appendix