Psychoanalytic Reflections on Limitation: Aging, Dying, Generativity, and Renewal

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In this written version of a talk given to a Division 39 audience, the author reflects on issues of limitation, including mortality. She addresses the evident reluctance of many analysts to engage at a personal level, both clinically and theoretically, with aging, loss of function, and dying and invites a conversation about how elderly therapists may prepare for the impact on their patients of their eventual decline and death. She attributes part of the widespread avoidance of such issues to implicit Western—especially American—cultural ideologies, which are replete with Lockean-era assumptions that resources are boundless, that problems are all fixable, and that individual entitlements are more concerning than communal needs and obligations. She contrasts such attitudes with dominant psychoanalytic sensibilities and clinical knowledge, drawing some inferences for the profession. She considers the positive aspects of limitation, including some ways it opens up possibilities for creativity and generativity. Finally, she takes up specifically the aging of members of Division 39 and other psychoanalytic groups, the accomplishments of the current generation of analysts, and the challenges to be faced by psychoanalytic professionals in the next generation.

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When I was asked what I wanted to talk about in this keynote, mortality was on my mind. I was about to turn three score and 10, and I was going through a health crisis. A tiny spot on my right cheek had been diagnosed as Merkel carcinoma, a rare, aggressive skin cancer with a bad prognosis. Mercifully, it had been caught early enough that my own prognosis was deemed excellent, provided I had immediate surgery and then a long course of daily facial radiation. I was lucky. I had a good dermatologist, a fiancé (now husband) who pushed me to see the doctor sooner than I had intended, and a pathologist who knew enough to check for the unusual Merkel tumor. Because my face was visibly damaged by the surgery and then by the radiation, my health issues immediately invaded my clinical work, ready or not. Just as when I was diagnosed with an aggressive (and also ultimately treatable) breast cancer 22 years ago, I was shaken by this cameo appearance of the Grim Reaper. I had virtually no risk factors, and I was assuming my good health habits were somehow protecting me.

My patients were upset, too. Several of them, even those in my age range who had been with me for years, had not thought much about my inevitable decline and death. Or their own—at least not in a realistic, clear-eyed way. Although I am optimistic about recovering this time around, I can now see my funerary writings on the wall, and so can they. Thinking about mortality at 70 is different from thinking about it at 3, when I first learned about death and greeted the new knowledge literally kicking and screaming, or at 9, when I lost my mother, or at 35 (the year John Updike referenced as our “Midpoint”), or when I reached the respective ages at which my parents had died, or when I lost my husband of 40 years. And no doubt different still from thinking about it at 80 or 95.

A different kind of experience also went into my deciding to talk about this topic. A couple of years ago, a student in my graduate school supervision group directed a general question to her 20- and 30-something classmates, asking advice from any of them who had worked with geriatric populations. What had they learned about doing psychotherapy with the elderly? Several students engaged in the discussion. I began to notice that they were giving me furtive glances as they pooled their knowledge, and I asked if they were feeling self-conscious about talking about the aged with an aged professor.

With some embarrassment, they nodded. I began talking about both the up- and the downsides of the years past 65, the point Erikson (1950) originally denoted as the beginning of old age. Incidentally, in his later years, Erikson stated more than once that if he were then writing his developmental theory, he would have subdivided the years after 65 rather than lumping together the psychology of 95-year-olds with that of 65-year-olds. Accordingly, in 1997, Joan Erikson added material to their book The Life Cycle Completed, addressing the stage of the “old-old” and the concept of “gerotranscendence” (Erikson & Erikson, 1997). And in 2001, Marcia Spira and Barbara Berger, in yet another needed correction of the historic masculine tilt of psychoanalytic theories, and a protest against the cultural consignment of postmenopausal women to the developmental dustbin, postulated a “penultimate”
phase in women between 55 and 70 in which generativity predominates (Spira & Berger, 2001).

Some weeks after our discussion in the supervision group, my students told me it was eye-opening to learn of the positive aspects of getting old—the increased self-acceptance and acceptance of others, the relief in not being pushed around so much by hormones, the loosening of the grip of vanity, the easing of competitiveness, the pleasures of grandchildren, the enjoyment of age-mates with shared memories, the serenity, the sense of proportion. I told them about Hedda Bolgar who, at 104, commented on how nice it was to have nothing to prove now, to be more deeply comfortable with herself and more tolerant of other people. Contemporary Western culture had given my students very little in the way of a vision of late-life gratifications. No one had ever talked to them about a positive side of aging.

And finally, another event in the past decade, one I found quite amusing at the time, prompted me to think and speak today about mortality and limitation in general. In 2007, just after Stanley Greenspan published the first edition of the *Psychodynamic Diagnostic Manual* (PDM; PDM Task Force, 2006), he and the leaders of the project’s committees asked readers for feedback, both about anything they found useful in the PDM and also about what seemed wrong or lacking. One of the first responses was from a geriatric psychiatrist in Los Angeles, Daniel Plotkin, who queried, “You frame this as a biopsychosocial, developmentally sensitive document, and you cover issues of infancy, childhood, and adulthood. What about the elderly?” The main architects of the PDM turned to one another in clueless surprise, as if to say, “The elderly? What elderly?!” Not an uncommon reaction to such an omission, given how little attention there has been in any taxonomical system to those who are well along in years, but a particularly arresting one in this case, given that the modal age of the people involved in leading the PDM effort was, by my calculation, about 75, and several were pushing 90. We were a study in denial.

**Mortality, Limitation, and Psychoanalysis**

At this age, as I hear the waterfall in the distance, the shortness of time frames all my plans and expectations in new ways. As you can imagine from hearing a bit about my childhood, I have thought about mortality and its ramifications for a very long time. Now I have a large cohort of psychoanalytic age-mates who, whatever their early histories, are also thinking about it, and in perhaps similarly new ways. It occurred to me that as psychoanalytic professionals, we should be talking together, as analysts traditionally do, about topics that are hard to keep in consciousness and that are not welcomed by our social conventions. And we should be talking in the presence of colleagues of all ages—about getting old, dying, and other unalterable realities.

Increasingly, I notice that we are doing so. At a recent conference in New York City, Martin Stephen Frommer, Malcolm Slavin, Sophia Richman, and David Newman engaged with questions of mortality and psychoanalysis. At this Spring Meeting, even though the conference theme seems to invite topics more in the area of eros than thanatos, there has been repeated attention to the relationship between limits and creativity; for example, in Yudit Jung’s masterclass on perversion as dying in order to live, and in the panels on aging within psychoanalysis, on termination, trauma and creativity, sex in the elderly, loss and resilience, and illness in the analyst.

I see no evidence, though, that psychoanalysts as a group are any more comfortable with the reality of death than anyone else, as is evident in the anecdote about the PDM. Still, it is a core part of our professional ego-ideal to get our minds around the implications of all disturbing human experience. Several decades ago, Ernest Becker (1973) took Freud to task for not fully engaging with the consequences of the human terror of no longer existing—a reality that Freud, probably rightly, believed was not comprehensible to the vast unconscious part of the mind. I remember Erik Erikson once commenting on what he called the “ego chill” by which one is afflicted when one tries to put aside other thoughts and think specifically about not going on being. Try it: it’s terrifying.

In the early 1980s, considerably before there was much psychoanalytic literature about serious illness in the analyst (e.g., Pizer, 1997), my colleague Peggy van Raalte (1984) wrote a doctoral dissertation on what happens to people whose analysts die during their treatment. One of her most arresting findings was that in cases of an analyst’s long and eventually terminal illness, those bereaved clients who had noticed a change in their analyst and whose questions been answered honestly tended to do better after the loss. Those whose analysts had tried to continue as usual, without addressing their health issues with the patient, tended to have difficulty trusting any therapist after their analyst’s death and were also more likely to struggle with self-blame for the loss (“If only I had been more interesting . . .”). In the case of sudden demise of the analyst, some went afterward to another professional, whom several then devalued and left (perhaps out of identification with the aggressor, abandoning that therapist as their analyst had abandoned them); most of these settled more or less comfortably with a third person, who helped them with their grief. Overall, the analysands who did the best after the loss were those to whom an “intermediary person” had reached out to offer a consultation in the wake of their bereavement.

Such findings have important clinical implications. Psychoanalysis establishes a powerful attachment. We need that power in the therapeutic relationship in order to help people free themselves from profoundly overdetermined suffering. But the relational power necessary for healing has just as much potential to do harm. Given that our death risks traumatizing those who have depended upon us, I was particularly interested in an ancillary set of conversations that van Raalte had with several very elderly analysts, whom she interviewed about their attitudes toward their mortality. Most of them emphasized that they didn’t have to worry about that yet; they were healthy, they ate well, they exercised.

So it is pretty evident that a central way that all of us, analysts and nonanalysts alike, deal with death is by dissociating any self-state in which it is visible. Additional evidence for this avoidance may be seen in our reluctance, which I can see in myself and numerous colleagues who have admitted a similar procrastination, to make plans for our patients if we should die or become unable to work with them. Periodically, we all hear from the American Psychological Association (APA) that we should have a professional will. “A very good idea,” I always find myself thinking, as I keep transferring that task from one to-do list to another.

Another way human beings historically have dealt intellectually with the certainty of their eventual demise is to claim that our knowledge that we will die is a distinctively human insight and
curse. One example, among many, of that assumption is a statement that my friend George Atwood is fond of making, attributing it to Pascal: “Man is the most magnificent creature in the universe because he is the only one who perceives his own wretched destiny to be extinguished.”

Such beliefs offer the consoling conceit of human exceptionalism. Our species has a long history of trying to find “the way” in which we differ qualitatively from other animals—it seems to be important to our species-narcissism to protest our uniqueness. Many qualitative differences have been suggested—use of tools, use of language, use of symbols, capacity for abstraction, theory of mind—all of which have been eventually shown to be differences of degree, not differences of kind, from at least some other creatures. Are we the only ones who have a concept of death, of the inevitability that we all die? I doubt it. Elephants clearly grieve, and crows take turns sitting with a mortally ill bird in their flock until the bitter end. We will have to look for other consolations.

Aging

Putting aside temporarily an explicit focus on dying, what about the aging process? It may begin at birth, but it certainly becomes harder to ignore at my time of life. The physical decline is a nuisance, but it is the mental part I find most distressing. I somehow never expected not to be able to depend on my own mind. I could not have imagined this loss at a younger age—my mind is “me” and feels ongoing. But now, I am an exemplar par excellence of Billy Collins (1999) poem “Forgetfulness,” which I cannot resist quoting in its entirety for anyone not familiar with it:

The name of the author is the first to go
followed obediently by the title, the plot,
the heartbreaking conclusion, the entire novel
which suddenly becomes one you have never read,
ever even heard of,
as if, one by one, the memories you used to harbor
decided to retire to the southern hemisphere of the brain,
to a little fishing village where there are no phones.
Long ago you kissed the names of the nine Muses goodbye
and watched the quadratic equation pack its bag,
and even now as you memorize the order of the planets,
something else is slipping away, a state flower perhaps,
the address of an uncle, the capital of Paraguay.
Whatever it is you are struggling to remember,
It is not poised on the tip of your tongue,
not even lurking in some obscure corner of your spleen.
It has floated away down a dark mythological river
whose name begins with an L as far as you can recall,
well on your own way to oblivion where you will join those
who have even forgotten how to swim and how to ride a bicycle.
No wonder you rise in the middle of the night
to look up the date of a famous battle in a book on war.
No wonder the moon in the window seems to have drifted
out of a love poem that you used to know by heart.

For me, it is names that I cannot always depend on surfacing,
nor can I count on retrieving nouns in general. I have “senior moments.” I lose my watch, my glasses, my car keys. I forget whether I have turned down the heat or sent a thank-you note. I cannot recall why I came upstairs. I have to ask my students if I’ve already told them a favorite story or joke. When I see at this meeting people I’ve known and liked for years, their names sometimes make a terrifying pause before percolating from my underground storage tank to my tongue (thank God for nametags). Only a young Freud could have ascribed all forgetting to unconscious conflict.

I used to remember the patient that a supervisee presented a week or two ago, but now I have to ask for a nutshell recap before the descriptors of the client kick in and activate the constellation of knowledge, images, and associations that were starting to make sense in my mind of his or her suffering and how it was appearing in the intersubjective space of therapist and patient. I wonder how many years I have before these small, accumulating deficits become a qualitative detriment in my capacity to do effective psychotherapy, teaching, and supervising. (Already I try not to schedule patients at 3:00 p.m., because I need a nap.) And yet at the same time, I see ongoing evidence of the usefulness of my knowledge base to the people with whom I consult.

I am reminded of a supervisor I had in the mid-70s who was disturbed by a colleague’s mental deterioration, probably from Alzheimer’s, and alarmed by her insistence on continuing to practice. He entreated his students to let him know when he should be put out to pasture. We felt dismayed by that request; we idealized him and couldn’t envision him as mentally deteriorating. But we learned something valuable in his anticipating both an eventual loss of function and his probable loss of judgment about its most painful implications. He is still practicing, by the way, at 90,
like many analysts we have all known, is still able to make brilliant, intuitive, therapeutic connections despite whatever mental limitations he is managing.

The idea that wisdom is somehow the consolation prize for getting older, and that it compensates for the less benevolent effects of aging, is not entirely a wishful fantasy; neuroscientists are beginning to describe for us in biological and chemical terms the specifics of that trade-off. We are unusually fortunate in our field in that, unlike most professions in a rapidly changing global technological culture, analysts are generally considered by their colleagues to be more rather than less useful as they get older. And, on average, analysts (at least male analysts—females have not been studied) live longer than other people, including other professionals (Jeffery, 2001). Not all loss of function equates with total loss, and some loss may even leave room for newer capacities. And yet I think we should be talking together about late-in-life perspectives that can include, as we have seen all too clearly in the current election season, a sense of exceptionalism, invincibility, and baselessness that can be overcome with a temperate, cautious, mature European intellectual perspective very much at odds with more adolescent American sensibilities. And, on average, analysts (at least male analysts—females have not been studied) live longer than other people, including other professionals (Jeffery, 2001). Not all loss of function equates with total loss, and some loss may even leave room for newer capacities. And yet I think we should be talking together about late-in-life perspectives that can include, as we have seen all too clearly in the current election season, a sense of exceptionalism, invincibility, and baselessness that can be overcome with a temperate, cautious, mature European intellectual perspective very much at odds with more adolescent American sensibilities.

Limitation is an old emphasis for psychoanalysts, going back at least to Freud’s framing of maturation in terms of giving up the pleasure principle for the reality principle, the ultimate prototype of which is the reality of death. His attention to limits is consistent with a temperate, cautious, mature European intellectual perspective very much at odds with more adolescent American sensibilities that can include, as we have seen all too clearly in the current election season, a sense of exceptionalism, invincibility, and baselessness about how everything will come out okay if only we apply a can-do attitude.

As George Makari (2015) is only the most recent scholar to argue, the United States was founded on a radical Lockean meta-psychology that assumed unlimited resources, boundless potential, the inevitability of progress, and a confidence that all problems can be solved with common sense and individual ingenuity (and, one might add, with denial about the genocides necessary to support that mythology). We Americans burden our children with the psychologically omnipotent message that they can be anything they want to be, can accomplish anything they set their minds to do—a setup for depression when the reality of one’s limits becomes clear.

Another way of depicting our cultural surround, and noting the divergence of psychoanalysis from the mainstream, is that most Americans subscribe to a version of the comic rather than the tragic vision of human life, the pursuit of happiness rather than the coming to terms with inevitable pain. Many of you know Messer and Winokur’s (1984) helpful distinction in comic-versus-tragic terms between the mind-set of psychologists from the American behavioral tradition, on the one hand, and that of European-influenced psychoanalytic thinkers, on the other. In the comic narrative, limits are challenged and overcome, complex difficulties resolve themselves in the end, and people live happily ever after. Give us a symptom, and we’ll apply a technique that will fix it. Problem solved. Steven Reissner (2016) has memorably called this phenomenon the “commodification of the symptom” and noted how it obliterates the possibility of seeing any larger meanings in suffering. Not exactly the vision of the ancient Greeks, who venerated the constraints of time, fate, and acts of the gods, and ascribed the most painful life outcomes to hubris, the human tendency to deny limitation. Temperamentally, most analysts are skeptical about comic visions and prefer either the tragic sensibility, or, as Frank Summers (2011) has articulated, the romantic view, which has also emphasized limitation.

All of this is intimately connected with our cultural attitudes about mortality. If we have scant shared language for our essential limitation, and we also surround dying and death with practices that embody various versions of denial (as Jessica Mitford, 1963, and many others since have noted), there is not much room for appreciating what our limitedness might offer us psychically, or what space the ultimate closing off of life might open up. It occurs to me that part of our problem is that we have no lived experience of a contrast class or “control group” to mortality. We have no emotional sense of what we would be in a world in which we lived forever. But I suspect that James Grotstein (quoted in K. Gentile, 2016) was right in speaking of the “agonizing sense of the infinite.” Immortality just might be unbearable. And we do occasionally get a glimpse of the idea of death as deliverance. When one gets sufficiently old, or tired, or in pain, death may be greeted as a blessing. I am told that when the playwright Arthur Miller was asked, in his advanced years, if he would like to live forever, he replied in the negative, saying that eternity would give him “nothing by which to measure my life.”

The individualistic ethos that pervades American mythology is a problem for our relationship to mortality. In cultures whose members venerate ancestors, or keep the tribe’s oral traditions alive generation after generation, or have more geographical stability than our restless, rootless civilization, there is presumably some sense of the continuity of the larger human group when particular selves exit the scene. In contrast, in a society that organizes its politics according to individual rights and offers little language about communal obligations, much less about sacrificing for the common good, people tend to think of themselves as isolated, entitled units. The prospect of death is consequently the loss of everything valuable.

The consumerism that has dominated American economic life since the middle of the 20th century has exploited our tendency to think in terms of unlimited gratifications. Public discourse is replete with the implication that getting what one wants—what one is “entitled to,” what one “deserves”—equates with life satisfaction. This appeal to our allegedly insatiable drive and limitless narcissism, which is especially striking in commercial ads and other efforts to get us to buy things, has been fed by both behavioral assumptions and psychoanalytic ones. For example, John Watson (1930), after losing his academic position at Johns Hopkins because of a personal scandal, became an executive in the J. Walter Thompson ad agency, where he participated enthusiastically in efforts to shape the preferences of the American consumer via conditioning. Freud’s nephew Edward Bernays (1928), often called the Father of Public Relations, was the original advocate of selling products via their implicit promise of more and better sex. As a contrast with this American consumerist pathology, consider the Japanese adage that true happiness is not getting what you want, but coming to want what you have—not a naturally resonant observation to most Westerners, but not an unfamiliar concept to most analysts, given what we witness again and again in our offices.
Implications for Psychoanalytic Professionals

How do these musings bear on our functioning as psychoanalytic therapists, supervisors, consultants, scientists, and teachers? Although many contemporary researchers in psychotherapy define progress in terms of measurable behavioral changes, analytic therapists are distinctively interested in helping people to accept what cannot be changed. While the American positive psychology movement puts most of its emphasis on attaining happiness, psychoanalysts believe that a critical element of psychological health is the capacity to bear suffering. Freud was not joking when he defined psychoanalytic healing as the replacement of neurotic misery with ordinary human unhappiness. Surrender to what is larger than we are is, as Emmanuel Ghent (1990) elegantly elaborated, a necessity of human life that is not entirely devoid of satisfaction.

This appreciation runs across all the major psychoanalytic orientations, from Freud’s recurrent reminders that our memories stimulate our creativity, through Kernberg’s work (e.g., Kernberg, 2008) on how the healing of disabling narcissistic pathology involves the acceptance of death and the finiteness of time, through Lacan’s (1989) concept of the “name” or “no” of the father (punning “nom” and “non”), to the concept of the “third” that interferes with the doer-done to polarity and opens a transformative space (Benjamin, 2004), to Lichtenberg and Wolf’s (1997) self-psychology manifesto, whose first principle connects a strengthened sense of self, the development of creativity, and the acceptance of mortality. Carlo Strenger’s (2009) writing on midlife similarly relates creativity to the acceptance of death and limit. So does Spyros Orfanos’s (2006) exploration of the Prometheus myth. And Leanh Nguyen’s (2007) reflections on victims of trauma and with it. We find this sensibility in collected writings of diverse psychic authors, such as in the 2007 book edited by Brent Willock, Lori Bohm, and Rebecca Curtis, On Death and Endings (Willock, Bohm, & Curtis, 2007).

Analytic therapists understand the process of accepting what cannot be changed as involving the creation of a relationship in which we can name our desires, rage at the gratifications we may have desired but did not get, and go through a grief process that culminates in moving on to satisfactions that are possible—rather than staying frozen in either resentment or chronic victimhood. When our patients respond to adversity with the complaint “Why me?” we may be sympathetic, but we also tend to convey “Why not you? Bad things happen to us all.” Freud is the first writer I know of who framed mourning as “work”—to my mind one of his most brilliant insights. The “mourning labor” is a kind of toil that we both resist and seek out when we engage in the process he called “working through.”

Martha Stark (1994) and others have gone so far as to say that psychoanalytic therapy itself is an extended process of grieving. In an earlier era, Hendrik Ruitenbeek (1983) talked about the task in psychoanalytic therapy itself is an extended process of grieving. In the paranoid-schizoid position, sadness about limits stalks every developmental accomplishment. Instead of coming to an eventual halt, mourning becomes the background of the capacities for gratitude, empathy, and generativity. Rupture generates possible repair.

Creativity and Generativity

The great spiritual and religious wisdom traditions have emphasized the gains that come out of loss, the appreciation for what is that results from the mourning of what is not, the serenity that comes with not striving after what cannot be, and the ways that creative phoenixes can arise from the ashes of devastation. Acceptance of limitation, via the grief process, seems to be the best cure we have for narcissistic fantasies of omnipotence and boundlessness. We are probably doing even our most talented children no favors when we emphasize their unlimited potential. Limitlessness is too vast a frame for structuring a meaningful life.

In very practical clinical ways, disappointment can benefit people. This is not an easy lesson to learn for those of us with big hearts who hate to disappoint our patients. As I grew as a therapist, I had to learn to get comfortable with confronting patients with limits and tolerating their rage and grief. Initially, I tended to see neurotically unhappy or traumatized people more as hungry children needing to be adequately fed than as angry, aggressive ones needing to react to realistic limitation with pained protest that had to be accepted and even embraced—especially when I was the target of their enraged protestations.

Parenthood helped me with what the cognitive behavioral therapists call a “cognitive reframe.” For example, when one daughter was about seven, I told her she’d have to clean up her room by the end of the day. She flounced angrily out of the house into the backyard, yelling that she hated me. I called after her, “You can hate me, but you still have to clean up your room.” She came back to the kitchen door, stuck her head in, and announced, “And what’s more, I’ve never liked you!” and slammed the door behind her. But she did clean up her room. More importantly, she seemed to feel a new pride in how she decided to organize her belongings.

I was also helped in my maturation toward more comfort in setting realistic limits by psychoanalytic writing, perhaps especially Winnicott’s (1968) idea that young children need to “destroy” the mother and then to absorb emotionally the fact that she survives their destructiveness—one of his most vivid depictions of the relationship between limits and maturation. The growth that comes with giving up the fantasy that one can have everything, including mutually exclusive things, is precious.

Michael Balint (1979) believed that the area of creation is essentially objectless, and hence, because it cannot be studied in the context of the transference, is more mysterious than either the oedipal area or the area of the basic fault, which present themselves directly in the clinical interpersonal space. I agree about the mystery, but I’m not sure that Balint was right about that object-
lessness. If my own sojourns in the area of creation are typical, they involve a clear, ongoing relationship with an internalized object, my idealized dead mother, whose “mission” I am carrying on, a process characteristic of normal mourning described in depth by Otto Kernberg (2010) in a touching paper written after the death of his wife, Paulina. The limit of death created a space for something reparative and ongoing.

There are empirical grounds as well for inferring a connection between early experiences of the reality of death and later creative activity. My former student Annalisa Erba, who wrote her doctoral dissertation (Erba, 2003) on the relationship between childhood parental loss and creative activity, discovered an American Psychologist article (Eisenstadt, 1978) and a later coauthored book (Eisenstadt, Haynal, Rentchnick, & De Senarclens, 1989), in which J. M. Eisenstadt reviewed massive evidence that childhood bereavement correlates with creativity in the older years. In this context, by the way, I recommend also the book by Phyllis Cohen and Mark Sossin: Healing after Parent Loss in Childhood (Cohen & Sossin, 2014).

In losing a major love object at any age, survival guilt kicks in, and one carries on, on behalf of the dead person as well as the self. Undoing guilt is certainly partial way of bereavement can foster vital activity. If a child believes that his or her hostile fantasies have somehow killed a love object, there would be some need to atone by compensatory good deeds. This effort at atonement is perhaps especially true when there is realistic as well as unconscious omnipotent, neurotic guilt. Adlai Stevenson was once prevailed upon to comfort a boy who had accidentally shot and killed a young friend. He had been asked to do so because he had had a similar experience: Stevenson, at the age of 12, accidentally shot and killed a 16-year-old friend of his sister at a party at his home with a gun that was thought not to be loaded. His comment to the mother of a boy with a similar story was to tell her devastated son, “He must live for two” (McKeever, 1991).

And there is also the simple fact that without a living parent, one has to sort of “make it up”—a very practical kind of creativity necessitated by the absence of a model for one’s life. My own generation, now living, on average, an unprecedentedly long and healthy life, finds itself having to make it up in a comparable way. There are enough of us charting this new territory of health and vitality beyond 70 that we may find we have something to say about what the good life looks like in the advanced years.

But I think that the largest contributor to the creative mobilization of resources in response to loss and limit is the indelible lesson that life is capricious, that anything can happen to anybody at any time. Live now, for tomorrow, quite literally, you may die. Death of beloved friends and relatives may cause some survivors to feel that life is meaningless—we often see such depressed people in treatment—and yet it seems to impel others to conclude that one had better live fully in the truncated time one has. And when we can work with the more deadened survivors of what feels to them like unbearable loss, the mourning process may restore them to vitality.

In a similar phenomenon, individuals diagnosed with terminal illnesses often say that they now enjoy life with a heightened sense of its preciousness. Or they have a burst of creativity like the one we recently witnessed from David Bowie. Eric Fair, the National Security Agency intelligence officer who just published a searing memoir, Consequence, about his involvement with torture in Iraq, has a serious heart problem from which he almost died, and a consequent heart transplant that extended his life but probably at most for a couple of decades (Fair, 2016). The looming sense that “the clock is ticking” created in him a deep urgency to get his book done in the time he had.

One wonders what have been the complex psychological consequences for people in our era of, for the first time in human history, not living in a world with high mortality for women bearing children, or with the predictable loss of offspring to childhood illness, or with the much shorter lifespans of the penicillin generation. One consequence is a sense of relief and safety, but is there also possibly more ennui, sense of existential despair, and lack of a sense of urgency to live life to the fullest? None of us would likely trade our long average life span for the mortality rates of a previous era, and yet few changes are entirely without some loss.

Most of us have treated patients who may not have obviously suffered in crippling ways but who get stuck psychologically and seem to feel an odd absence of pressure to get on with their lives. They may passively wait for us to tell them how to do so, or spend their sessions complaining about the unfairness of life, or get lost in questions of “What if?” rather than “What is, and what options are possible, given that reality?” They wait for something external to change. They destroy time. They drag on in therapies that sap both parties of their vitality, in the hope that the gratifications they should have had at a younger age will spontaneously come about in treatment, and they experience us as hostile, depriving, and/or incompetent when we tactfully suggest that this is not going to happen. Despite the fact that time may be the only nonrenewable resource we have, they seem to have no sense of time as passing.

Until such clients get some kind of wake-up call—until they “bottom out” in some way, or suffer an unexpected illness, or become inspired by a different narrative from the standard American version of getting and spending as salvation—they seem to be very hard to help. In contrast, some patients with calamitous histories and disabling limitations can use therapy in the service of remarkable progress in adapting to their considerable challenges. Our depressed patients often say to us, “What does it matter? We’re all going to die anyway.” And yet it may be precisely the fact that we are all here on borrowed time that gives our lives meaning.

Implications for the Division of Psychoanalysis

The modal age of members of Division 39 is, as we have noted with worry at several Board meetings, continuing to increase. As in many areas, the population bulge of post-World War II babies has dominated our era; those who follow are less numerous and also less inclined to fall in line with various boomer initiatives. In the past decade we in the immediate postwar cohort have lost many of our cherished elders, both members of the Division and other seminal analysts, including, among others: Ann Appelbaum, Martin Bergmann, Sidney Blatt, Hedda Bolgar, Norbert Freedman, James Grotstein, Harold Searles, Gerald Steckler, Hans Strupp, Johanna Tabin, Robert Wallerstein, and Elisabeth Young-Breuhl. Not to mention that poster-child for the value of long-term treatment (as in, 30 years in psychoanalysis, with a brilliant career and graceful life well lived to show for it; Oliver Sacks, 2015). To my knowledge, there is no one left who knew Freud as a real person, at least as an adult. A big piece of the lived history of psycho-
analysis has become the ghost that we now need to turn into an ancestor.

In 2000, when Steven Mitchell was suddenly taken from us, we tended to see it as a freakish calamity. He was only 54, my age also at the time. Now, mortality seems a lot less jarring. The generation of analysts with whom I identify is starting to face the ultimate limitation. Muriel Dimen left us this year. Several notable colleagues are coping with severe chronic and/or terminal illness. At a recent dinner party of seven analysts, we realized that only one of us had not had cancer. My close friend and age-mate Sandra Bem, in her later years a psychodynamic therapist, systematically pursued and carried out a suicide two years ago rather than “stop being Sandy” when her Alzheimer’s was beginning to destroy her sense of self-continuity.

It is a time-honored task for elders to try to pass on their wisdom to their successors. I find myself thinking about what my own cohort of analysts in this Division has contributed, and about the ways in which we are now generative, in that newer way of fostering the capacities of the next generation. Many of our own accomplishments began in a context of limitation: As psychologist-analysts, we were originally not acceptable to the reigning powers in organized psychoanalysis. Instead of licking our wounds, we founded our own creative spaces, and ultimately, we opened psychoanalysis up beyond an insular, self-reinforcing community.

In addition, Division 39 was the original home of what became the “relational turn.” Our members normalized countertransference, called for a new appreciation of the intersubjective, democratized the tone of analytic treatment, and attested to the inevitability of enactment. They challenged the pathologizing of sexual difference and opened up new ways of thinking about gender, desire, and sexuality. They critiqued the logical positivist bias of academic psychology and looked at psychoanalysis from new angles of vision: phenomenology, hermeneutics, postmodernism, fallibilism, constructivism, general systems theory, field theory, neuroscience, and numerous philosophical perspectives. They rejected a metapsychology that excludes the arts, literature, and humanities from the legitimate sources of our knowledge and practice.

Even by a narrow definition of science, we have accomplished a lot. Psychoanalytically impelled investigations into attachment have had a significant impact on academic thinking about both development and psychotherapy, and ultimately on our general cultural understanding of what young children need. We have created, tested, and improved short-term psychodynamic models of treatment, and we are empirically testing long-term models of therapy for personality disorders. And it has been preponderantly our members who have relentlessly attacked organized psychology’s latest descent into the narcissistic attractions of colluding with the powerful at the expense of the weak. We have insisted that APA acknowledge crimes committed in the name of psychology, and we continue to try to hold their feet to the fire.

We have kept alive the moral vision of analysts who have insisted that psychotic patients deserve sensitive therapy, not just medication for their “chemical imbalance.” We have developed services for the poor, the disenfranchised, the addicted, the homeless, trauma survivors, veterans, and their families, and those in foster care. We have integrated Buddhism and other Eastern disciplines with Western psychoanalysis. Although we have a long way to go in this area, our meetings look a lot more diverse than those of most other psychoanalytic bodies, or, for that matter, of our Division at its inception, which was overwhelmingly dominated by white, putatively heterosexual, older, urban, Jewish males.

All of the above notwithstanding, it is only fair, I think, to cop to some ways in which we have failed the next generation. We have not sufficiently preserved a psychoanalytic presence in academia, agency practice, counseling centers, hospitals, accrediting procedures, and the differentiation of professional ethics from risk management, as Stephen Soldz (2016) has eloquently noted. We have been blind to many dimensions of majority privilege. We have preferred to talk to one another, and to fight with one another, over talking to the wider world and fighting for the value of an overall psychoanalytic sensibility. We have sometimes behaved with the smugness about our superiority as psychologists that we used to resent when psychiatrists treated us with similar arrogance. Boomer narcissism has been indulged and fed for decades by companies trying to sell us things, from records in the 1950s to Botox more recently. We like to see ourselves as the creative generation—after all, we’re the ones who “invented” sex, drugs, and rock ‘n roll. People who see themselves as perpetually young may pay insufficient attention to the needs of those who follow.

It is my fervent hope, though, that despite our failings, my generation has passed on to the next era of psychoanalytic psychologists the fire in the belly that ignited all the areas of creativity of which we can be legitimately proud. Analysts have been legitimately accused of being highly individualistic, like the culture in which we have grown up. But we are also part of a community, a set of social links, a historical movement, and from that larger perspective, not everything about us dies when we die as individuals. Let me don the mantle of my own psychoanalytic era for a final moment and address those who are coming of age in this weird profession where it takes forever to be an elder—or sometimes even to be seen as a grown-up—but where the individual and communal satisfactions of becoming experienced and seasoned are far from insignificant.

Younger colleagues face a tougher professional world than we did at your professional age. You will have different fights from the battles of which we are veterans. And you “get” things about the contemporary world that we do not. Do not wait to start working creatively on the basis of your knowledge and your own psychoanalytic experience. Launch peer supervision groups, study groups, new sections of the Division, new political efforts. And please write. You do not have to have mastered the whole vast psychoanalytic canon before contributing to it. How psychoanalysis looks 40 years from now will doubtless be a lot different from how it looks now, but its core focus on the power of unconscious processes and its viscerally shared sense of limitation and relational good-enough-ness can provide the basis for numerous new and vital metaphors and integrations. That is all you have to have to begin a journey whose end will be unknown but certain, and whose paths can be inspiring beyond our limited imaginations.

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