

Less Time Ahead, More Behind: Being a Psychotherapist in the Last Third of Life

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For those of us in the last third of life, there is less time ahead and more time behind. The greater proximity to death can lead not only to expansions of the self but to a profoundly revelatory lowering of defenses: it can allow us to acknowledge reality in a way not before possible. The recognition that “life is short” leads to a pruning of activities. The accumulation of years behind us increases perspective and offers a greater sense of the whole. We have ever more “ages inside us,” allowing empathy with ever more patients of different (actual and internal) ages. We are more pragmatic, self-regulated, integrated, simply human. There is greater freedom from the rules. The psychotherapy profession, by its very nature, encourages these and other emotional transformations through aging.

As I sit in my Berkeley psychotherapy office, my second home, I know that at 62 I am very different than I was when I began doing this work 30 years ago, or, for that matter, 10 or 20 years ago. I am in the last third of my life—although where in that last third is as yet undetermined. Two things are incontrovertibly true of me now as compared to then. I am closer to death and I have lived more; that is, I have less time in front of me and more time behind. It is these two simple facts that I wish to elaborate in what follows.

Less Time Ahead

When death comes may it find you alive.

—African proverb (2005)

My greater proximity to death brings with it a growing awareness of my own mortality and, if I do not run from it, a greater acceptance of it. As I move inexorably closer to death, it becomes harder to deny its inevitability. [Calvin Colarusso \(1998\)](#) writes:

In late adulthood, the subjectively perceived *distance from death* is for many a more important organizer of subjective time sense than chronological age. As we age, we look towards death, and we look away. Freud ascribes his companions' inability to feel joy in the beauty of the summer scene around them to "a revolt in their minds against mourning." (p. 306)

I too find myself looking at death, then looking away ... looking, looking away. In his famous 1973 book, *The Denial of Death*, [Ernest Becker \(1973\)](#) writes that "*consciousness of death* is the primary repression, not sexuality" (p. 96) and argues that the "terror of death" is a primary motivator of human activity:

The idea of death, the fear of it, haunts the human animal like nothing else: it is a mainspring of human activity—activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man. (p. ix)

In our contemporary culture, we are in a veritable frenzy to try to find "solutions" to the "problems" of aging and death—antiaging serums, life extension programs, age reversal cream—so that we can live "happily ever after." In his essay "On Transience," the 59-year-old [Freud \(1916\)](#) exclaims (through the character of "the poet"):

No! it is impossible that all this loveliness of Nature and Art, of the world of our sensations and of the world outside, will really fade away into nothing. It would be too senseless and too presumptuous to believe it. Somehow or other this loveliness must be able to persist and to escape all the powers of destruction. (p. 303)

The sages agree: the anticipation of death, which informs the later stages of life, leads to a narcissistic crisis. How we respond to this challenge determines in large part how well we will do in the final third. Our various adaptations to this narcissistic crisis, which have been much discussed by psychologists and poets alike, seem to fall into two categories: first, the defenses, which include denial, dissociation, sublimation, bitterness, materialism, and realistic attempts to reverse the appearance of aging and/or to prolong life; and, second, the so-called

transformations of narcissism, like creativity, generativity, and expansion of the sense of self.

Expansions of Self

It is the expansion of self-experience that interests me most. The most often discussed way of extending the self, explored first by [Erik Erikson \(1950\)](#), is through “generativity,” which he defined as “the interest in establishing and guiding the next generation” (p. 231). Erikson makes it clear that we become generative not only through parenthood but also through other forms of altruistic activity and creativity—among which, I would argue, is doing psychotherapy. [Heinz Kohut \(1966\)](#), in his paper on “Forms and Transformations of Narcissism,” introduces the idea of “cosmic narcissism.” He argues that those who are able to accept “transience” (i.e., having a finite existence) “do so on the strength of a new, expanded, transformed narcissism: a cosmic narcissism which has transcended the bounds of the individual” (p. 268) and which can, as it were, cushion us in later life from the fear of our personal mortality. He also sees the acceptance of transience as an essential part of wisdom, which he views as the crowning human achievement. Kohut leaves this idea of cosmic narcissism frustratingly vague, but he clearly intends his concept to go beyond generativity to an expansion of self that includes the world and that has as its precursor the early primary identity with the mother. Recently, Charles Fisher (2008) has taken up the concept of an expanded sense of self and how it can provide a creative response to the emotional crisis of facing one’s mortality. He argues persuasively that such an expanded self, which can include one’s intimates and/or extended clan and/or the world at large, constitutes a “new emotional configuration” in which

self and object partially overlap without confusion or blurring of boundaries. Mutual interests overshadow competing interest—not merely because it is useful to the person to cooperate with others—but because others are taken as being part of oneself, while still remaining themselves the other is treated as a valued part of oneself. (p. 17)

It is my belief that we as psychotherapists are privileged to both live and practice an expanded self more than people in most other professions. The very nature of the work we do helps us negotiate, in a number of ways, the narcissistic crises of older age and impending death. For one thing, doing psychotherapy is a powerful form of

generativity. I can feel a great deal of investment in and attachment to my patients as well as pride in their accomplishments—at the same time that my professional training hopefully dissuades and protects me from unhealthy narcissistic investment and overidentification. I do, in certain ways, take my patients into me, and I do in some ways live through them. Moreover, my long years of training and experience in empathy and containment allows and encourages me to both enter into the worlds of my patients and to receive, “hold,” and metabolize their unformulated experience in my very being. More contemporary theory on intersubjectivity gives us further metaphors with which to understand ongoing mutual, reciprocal influence within the analytic dyad—that is, all the ways in which we and our patients interpenetrate, on unconscious as well as conscious levels. Complexity theory, or nonlinear dynamic systems theory, takes us one step further into an expanded self as we imagine ourselves embedded in whole systems and fields of mutual influence, to the point where it is hard to conceptualize any longer where one person or entity ends and another begins.

Seeing Things As They Are

The ideas I have discussed thus far remain in the psychological realm, assuming that an expanded self, however felicitous, is an *adaptation* to a narcissistic crisis. There is, however, another way to approach our fears of death. The greater awareness of death that comes with aging can lead not only to adaptive new defenses (including expansions of self) but, even more importantly, to a profoundly transformative *lowering of defenses*. I suggest that the shedding of the veils that accompanies a true encounter with our own mortality allows us to see into and acknowledge reality in a way that is not before possible. There is a new ability to see things as they are.

If, as [Becker \(1973\)](#) argues, all fears are built around our fears of death, and death anxiety is a central part of all anxiety, then, as we become more comfortable staring death in the face, we become more able to meet head-on the other rudely unsettling challenges of life. Picture, if you will, our defenses against our mortality as a much too large lid, one that covers not only death but all manner of difficult, overwhelming, or intolerable experience. If we can crack the lid on death, we may be more able to see and acknowledge our many other fears, doubts, and regrets. Alongside awareness of death, our other challenges may appear more like blips on the radar screen. If we can confront the enormity of our own personal dissolution, then we are much more able to be with what *is*. We become “sadder but wiser.”

There is a touch of resignation and of the tragic but, hopefully, not too much depression.

In Buddhist thinking (e.g., [Buddhaghosa, 1999](#)), Death is one of the Four Messengers whom Prince Siddhartha (later to become the Buddha) encountered when he first explored the world outside his palace gates. The messengers (which also include aging and sickness) are teachings, harbingers of the reality we all have to face. The awakening of the mind to old age and death occurs when we realize at a gut level that these experiences are actually going to happen to us and not only to those other people. The Buddha sent his followers out to the charnel grounds to contemplate the state and decomposition of the body as the first step toward imagining the state and decomposition of one's own dead body and the awakening of the mind that can ensue. For Buddhists, the meditation on death is the supreme meditation.

We are fortunate as psychotherapists to be able to practice, many hours a day over many years, the containment of difficult emotions and truths, including aging, sickness, and death. With this ongoing practice comes a more profound understanding of the reality of human existence. [Hedda Bolgar \(2006\)](#), a psychoanalyst and political activist, says in a film interview conducted when she was 97 years old:

I live by one idea now, which is that in analysis we don't try to avoid things, we don't try to hide things. We are committed to uncovering things and dealing with it. And I think that needs to be true of the relationship with the patient and it needs to be true of how you live and it needs to be true in every way.

It is this increasingly open-eyed relationship to life (and death) that can make us more and more useful to our patients. We can become more able to *be* with whatever they bring to us. We are less vulnerable and reactive. Our own defenses are less easily mobilized in reaction to our patients' material. Our empathy can deepen, and our ability to provide containment can become more effective, encompassing, and reliable. If we, as older therapists, are able to stay with our awareness of the inevitability of death and our own finitude and not be carried away into manic defenses, I believe we have lifted a major veil and can better help our patients accept "the way things are." We are not truly alive until we can feel ourselves a part

of the ongoing cycle of birth, aging, and death that reveals itself all around us and that is the truth of existence.

And till thine this deep behest:
Die to win thy being!
Art thou but a dreary guest
Upon earth unseeing.

—Johann Wolfgang von Goethe (1828)

As we age, moreover, we experience the actual deaths of loved ones. I have recently experienced the once-unthinkable death of my mother. Now, no member of my lineage stands between me and my own death. I have seen friends and mentors die. I have discovered that I can endure these painful experiences and survive. The first time I saw death was at the burning ghats in Varanasi, India. I was 27. Since I had only seen death in movies, I somehow expected the experience to be accompanied by sudden, terrifying organ chords. But there were none. I saw bodies burning and melting and falling apart. There was a horrible stench. But the process was undeniably natural, and I felt great curiosity and excitement and especially relief to actually see death with my own eyes. I knew at that time (and I was right) that I would never again look at death—or life—in the same way and that I myself would never be the same. Similarly, as I watched my mother decline during her final few weeks, I experienced firsthand the revelation of the Hospice movement (2006): death is as natural a process as birth. Death proceeds through predictable stages. Activity slows. There is a turning inward. Bodily processes start shutting down. Need for food and drink decreases. Sleepiness increases. Breathing becomes intermittent and finally stops. Heart rate becomes irregular and finally stops. The body cools.

Truly opening oneself to the reality of death can lead to dramatic changes not only in one's sense of self but also in how one chooses to live one's life. From the Kleinian perspective, our confrontation with death gives us another chance to work through the depressive position (e.g., [Jaques, 1965](#)), leading to further relinquishment of unconscious omnipotence. We can become more able to tolerate loss and dependency and to sustain love for the important people in our lives despite their shortcomings and destructive aspects. Even death itself can be held as a good object rather than a persecutory one. All this brings greater serenity and emotional stability.

These and other transformations of the self through the aging process are, of course, not always possible. We may not have the internal resources to allow such psychic transmutations, and our later years may be filled—as [Erikson \(1950\)](#) suggested—not with increasing integrity but with despair. But if we are fortunate, our recognition that the future is circumscribed and that time and energy are limited (“life is short”) can lead to a pruning of our activities to include, as is possible, only the most crucial and enjoyable. [Freud \(1916\)](#) writes, “Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment” (p. 304).

As we increasingly acknowledge “scarcity value in time,” we come to know that there is limited time for our patients as well as for us. With my patients, I have more of a sense of cutting to the chase. Why wait? I myself live closer to what is important and valuable to me. The essential question beckons: what am I called to do in the time that remains?

More Time Behind

Only at the end, can one see what it's all about.

—Margaret Atwood (year unknown)

I have been considering the impact of living in a subjective universe in which there are many fewer years ahead of me than behind and in which the closeness of death and the shortness of time are constant companions. I would now like to turn my gaze backward to the years behind me. What do I find? A huge accretion of experience. As I continue to move inexorably through the unique arc of my particular life, there is more and more to look back on. More and more of the lifecycle opens out behind me. As I see the endless repetitions of my own behavior patterns and those of humankind-at-large, it is harder and harder not to notice and take stock. I have a greater sense of the whole. I recognize patterns. I gain “perspective.”

“Only at the end, can one see what it’s all about,” asserts Margaret Atwood (year unknown). in an interview on the novel-writing process. Similarly, as I advance toward my own end, I can almost see my own life as a story with by now well-developed themes, style, “voice,” and characters—a story that I am continuing to write and revise, adding new themes and characters and stumbling on surprise plot twists and unexpected character development. As the years pile up behind me, the essence of my life—with its unique contours, textures and hues—comes increasingly

into focus, like a photographic image emerging from the developing bath. Parenthetically, I find a parallel in my own writing: I have come to expect that I will not really understand my own papers until years after writing them.

As I age, I am aware of more and more ages inside me. I contain and am constituted by all the ages that I have lived, and I can experience them simultaneously within me, with their different needs, feelings, quirks, abilities, vulnerabilities, behaviors, and preferences, and I can feel the synergy of their ongoing negotiations, struggles, and collaborations. This knowledge offers a tremendous advantage in doing psychotherapy, as in life. Our awareness of having ever more different-aged selves within us allows us to better empathize with and identify with ever more patients of all different ages—and with all of their different internal ages—as well as with the parents, children, and all the other people in our patients' lives. The more parts of us that we have available—and of course I don't just mean ages—the more we can find analogies between ourselves and others and the many, deep streams of connection.

“Simply Human”

As I get older, there is the deepening understanding that “life is hard.” This sobering realization allows me to more easily resonate with the troubles of others with a sense of shared humanity and less sense of distance or separation or (in clinical terms) pathologizing. We are all brothers and sisters in this dark night. The gradual accretion of experience and understanding over the lifespan can give us more compassion, which Buddhist psychology understands as the trembling of the heart in the face of suffering. Compassion, if we are fortunate, flowers as we age. With my patients, I find myself referring to [Harry Stack Sullivan's \(1947\)](#) famous comment, “We are all much more simply human than otherwise” (p. 7). I have also found myself saying something (I don't know where I got it) about how we are not perfect, but perfectly human. These truths are so simply and profoundly comforting. Why withhold them?

Accordingly, I allow myself more freedom to make “simply human” interventions. Alison, a 65-year-old professional woman who lives alone, was speaking one day about her fear of feeling terribly lonely over the holidays. “I'll always be lonely. ... I've gotten nowhere in therapy,” she cried. “I'm too wounded.” After some moments of silence, I simply said to her, “You know, I think that practically everyone who lives alone has trouble over the holidays.” The comfort my comment provided was

palpable, and it helped rather than hindered her in going on to explore her own particular feelings around these holidays and holidays in general.

My greater comfort with being simply human as a therapist also allows me to show my true feelings with more spontaneity—grief, joy, shock, whatever I am experiencing. My language is also more matter-of-fact, “regular.” I am more likely to share a fantasy arising from nowhere when I think it may shed light on the patient’s material. I am more likely to say, when the particular situation calls for it, “I would feel that way too.” As an older person, I feel more connected to all living things—animals and plants, as well as people—and less interested in the products of “society,” with the exception of the arts, which grow ever more precious. Relationships with others are now of utmost importance, and this, as a psychotherapist, is my privileged focus day after day after day.

Pragmatism

As a therapist in the last third of life, I am also more pragmatic. I try to do what “works” rather than what is deemed appropriate according to contemporary psychoanalytic technique or fashion. There is greater freedom from the rules. Again, I think of my work with Alison, who spent much of her time feeling painfully isolated and lonely. When she was separated from me over weekends or vacations, she would, in her words, “spiral downward.” While some success was made over the first two years of treatment, her internal life did not really begin to shift until we modified our treatment structure in a very significant way. With my encouragement, she began calling me regularly and leaving me messages when she felt an urgent need for connection. Sometimes I would get as many as four messages a day, sometimes none at all for several days. Over time, Alison began to feel a little better and to make use of therapy more. She reported that leaving messages was helping her feel “less empty.” She reported feeling that “something was happening inside her” and that it was getting easier to imagine that I could actually keep her in my mind when I was away from her.

How do I feel about her leaving so many messages? Honestly, I feel delighted most of the time. I am relieved to have more contact with Alison because it is “working.” It is also important that we have found a way of having more contact that does not overburden me. Her brief messages do not intrude on my life; nothing is expected of me except to listen to the messages when and if I have the time. As a therapeutic couple, we feel better because we are more effective. When I told Alison that I too

felt better having more contact, my comment reassured her immensely, not only because she had been worried about depleting me but because it countered a lifelong anxiety about being “too much” for those around her.

As the years accumulate behind me, I understand more about the cyclical and contextual nature of all personal and societal problems. As a therapist, I am not so surprised when things appear to be going swimmingly, then suddenly fall to pieces, then, just as inexplicably, resolve themselves into some unforeseen level of integration. A wider perspective reveals the impossibility of accurate diagnosis or prognosis, since all symptoms and problems arise out of the dynamic systems in which they are embedded. A striking example comes from my work with Joe and Frieda. When we began, Frieda described Joe as a narcissistic brute (and it was hard not to agree). When Frieda would come home struggling under a heavy load, Joe would not move a muscle and would act surprised and put out if she asked for help. When she was sick in bed, Joe would refuse to acknowledge her illness or take care of her in any way. Then, one weekend, the couple went to visit Joe’s parents for the first time, and, lo and behold, Frieda discovered that Joe’s mother is fiercely and pathologically “independent” and that she bristles and becomes insulted by any effort to help her. In a different picture frame, Joe suddenly looks like a different person—that is, like a man trying to be a good son by accommodating to his mother’s urgent need to feel autonomous.

Emotional Integration

Research on aging (e.g., [Carstensen, 2004](#)) suggests that our emotional stability, optimism, and self-regulation do indeed increase as we get older. These enhanced abilities, which I recognize to certain degrees in myself, are enormously important in our work. As my own emotions have become more stable and consistent over time, I have become a better “container” for my patients’ overwhelming emotional experience. Because my worldview is generally optimistic, I can better “hold the hope” for my patients when they are going through a rough patch and have lost a sense of a future for themselves.

As I have learned better self-care, I understand more about how to help my patients with their own self-regulation. I am more clear that my ability to self-regulate is determined only in part by my early experiences of affect attunement or my attachment status—those aspects that have been emphasized in psychodynamic thinking—and that self-regulation is also something I have *learned* over the years

through repeated and challenging experiences as well as my own psychoanalytic treatment. Moreover, as my body ages and becomes less resilient and needs more care and attention, I must continually learn anew how to self-regulate according to my particular (and changing) needs. All this has helped me become more adept at helping my patients respect and manage their unique bodily and emotional requirements.

Having so many years behind me, I am more realistic about myself. I know more about my own limitations as well as the limitations of even the best and most loving relationships. In my 20s, I vaguely believed that I should be able to become or achieve anything I wanted. In my 30s, I became more aware of the boundaries imposed by my emotional, intellectual, and physical inheritance and by my upbringing and later life experience. That understanding has only increased with the years, bringing with it, yes, certain disappointments and wistfulness but also, more importantly, a sense of being able to use myself more fully as I *am* rather than as who I might be. I know now that I do best when I go with the river rather than against it. With the wider and clearer perspective of older age, I am if anything more aware of the mistakes and poor choices I have made in the past, and it takes a certain ongoing effort to tolerate, forgive, and integrate these more regrettable aspects of myself. I rely less on manic defenses. I am sadder and wiser, more philosophical and more contemplative. I think less about my role as therapist or professional and more about being me. There is less often a “they” that knows more than I do. I can finally do what I want.

All of the above changes and modifications in sense of self and other, which I have suggested can accompany aging, speak to profound inner transformation. Our internal object world, as well as our external world, changes as we age. As we grow older—if all has gone well enough in our development—our internal objects become less parental and godlike, hence less idealized and less feared. We experience them as more “with” us and more forgiving. The demands of these superego figures become more realistic and based increasingly on who we are rather than who we should be. One might say that there is, in our internal world, less distance between our internal parental objects and our internal selves as we ourselves to a greater and greater extent assume the parental function. The internalized parents with whom we have spent a lifetime—whether they have been robust, weak, loving, hateful, vital, or, in Kleinian terms, “dying” or “dead”—become less powerful in our psyches as we ourselves become parents to ourselves.

Aging and experience, of course, are not the only factors. Psychotherapy is often enormously helpful. And our becoming parents ourselves increases our identification with our own parents, both actual and internalized. When our actual parents die, particularly if their deaths are somewhat timely, anticipated, and mourned, our sense of being parents at the apex of the family pyramid is further enhanced.

The Clinical Work

And what of the clinical work itself? My work continues to feel, much of the time, like the greatest adventure I could pursue. It combines intimate emotional connection, service to others, intense intellectual stimulation, scientific discovery, artistic creation and, to boot, my own personal development. I feel like I am still growing, as a therapist as well as a human being, as a result of the work. It is a profession in which, as a woman, I can be strong, authoritative, smart, successful, and enterprising as well as nurturing, vulnerable, tender, and loving. How could I ask for more than this?

Of course, there are the downsides. At this age, I sometimes find myself less stimulated or challenged by the work than I was as a newer therapist, and I can get a bit complacent. The best corrective is professional enrichment of some kind—consultation, workshops, reading, writing, teaching—to help keep me at my cutting edge. The isolation of private practice strikes me as even stranger now than when I began; there is something unnatural about sitting in a room behind a closed door all day. As a countermeasure, I try as often as possible to build in lunches with friends or other occasions where I can just blither away without constraint. Moreover, since I am constitutionally a very active person, I find the physical passivity of our work difficult, which I try to remedy with trips to the gym and walks with the dog.

At this moment in my life cycle, despite the falling of the flesh and the clouding of the memory, I am grateful to be an older person, and particularly an older therapist. It is a wonderful profession to grow old in. So many of the things that come with aging that I've discussed—increased awareness of death, expanded sense of self, enhanced ability to “see things as they are,” wider perspective, multiple ages “inside,” increased self-acceptance, a sense of shared humanity—continue to develop and deepen as a consequence of our uniquely challenging work and to the benefit of my work. I am a much better therapist than I was 10, 20, or 30 years ago.

This is undoubtedly why so many of us never stop working and why, at this point, I have no plans to retire. I feel blessed to do what I do.

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