

Later Life Stages—Generativity Versus Cultural Stereotypes: Treatment Considerations

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Abstract This work addresses divergent perspectives about the later life stages and elaborates upon the many-sided conflicts and challenges for those in their later years, which I choose to call “the Age of Wisdom and Experience”. It also addresses treatment implications in our work with those in their later stages, and the confusions and possible impasses which can occur when patients and their therapists are in the same later life stage.

Keywords Generativity · Cultural stereotypes · Development · Aging

Separation and change are ageless. As each life stage and the multiplicity of factors therein occur in our lives, the excitement and enlivening of new facets can provide a hopeful and enduring notion of the future. (Ruderman 2002)

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can occur at every stage of our lives, and, those in the Age of Wisdom and Experience can produce exciting and innovative ideas and bring new contributions to society.

Erickson’s (1950, 1986) eight stages theory of identity and psychosocial development gave us a partial template for better understanding the life stages of human development and the evolving journey toward the later stages of life. He framed the stages of a person’s life as a natural phenomena, each with its own implications for ongoing identity formation, each having its own set of tasks, and each carrying its own concerns. By so doing, he enabled us to reduce a sense of shame imposed upon the aging individual in a youth oriented society. While “ego integrity” was the developmental goal to achieve, he also spoke of “generativity”—an evolving and hopeful notion that suggests an operating creative force and the transmission of gifts, like wisdom, to the next generation.

In contrast to Erickson, Bette Davis, who worked as an actress into her sixties and beyond, offered a different perspective about aging. Without mincing words, her more negative attitude about the physical and emotional pains of the advancing years was summed up in these words, “Getting old is not for sissies!”

Are these divergent perspectives capable of being reconciled, or might they each define aspects of the many-sided challenges for those in the later life stages. Both perspectives hint at the positive and negative aspects that may confront people in later life. Both are addressed in the work to follow, and by my two case examples.

Negative attitudes and cultural stereotypes about age, aging, and the aged, abound in contemporary America. Witness the chronic ageism in the medical treatment and patterns of health care of those in their later years, in triaging, getting health insurance, and lingering attitudes of ageism remaining in the medical profession. Not recognizing and

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encouraging an individual's subjective human experience and desire for change after a certain age, becomes a cultural stereotype. The idea of the ability to grow and change long into later life is not supported by ideologies within a socio-economic and political system that continue to reinforce the notion that "old people" are static and ready to die. In this view, life belongs only to the young.

Contrary to the notion that seniors past their sixties become extinct, wither, and die, in my professional work, I have encountered exceptional people from every walk of life who long into their 80s and 90s continue to write, to practice, to volunteer, to mentor etc. etc. It is clear to me that they live their lives to the fullest extent and continue to show strong mental acuity, bringing to their personal relationships and respective professions added wisdom. They also become models to the rest of us for positive living beyond the 80s.

Often many seniors are labeled "obsolete." Their personhood and functioning in the world are disregarded. The fact is that many seniors face the challenges of their life stage with dignity and grace while remaining involved in meaningful personal and professional ways. They are the seekers and doers despite stereotypes.

Two dynamic individuals I've seen in my practice illustrate the dichotomy between their internal feelings and their external persona, i.e. how they are viewed by others as they age. I will discuss the many challenges they've faced as they begin to go through their later life stages. I will also include my internal feelings and many epiphanies which, in the process were opened for me—their therapist.

Carolyn, a 74-year-old "lady in purple" was, for many years part of a group of women that recoiled at the concept of aging. Dan, in his late sixties, a former corporate executive who was forced into retirement for dubious reasons and saw himself "put out to pasture." In my vignettes about these two determined individuals, I will illustrate the dilemmas, challenges, and positive experiences possible in their later stages of life, and highlight how each turned their life around.

For many years Carolyn defied the aging process. She was a highly successful executive of a non-profit organization dedicated to helping women who had been imprisoned rehabilitate and re-enter society. She dressed very theatrically, wore bright pink and purple blouses and chartreuse slacks to match. She had boundless energy, traveled incessantly and often quipped that airplanes had become her home. She had no desire for marriage or children.

Life could have gone on for her in an exciting and productive way had it not been marred by an unexpected turn—a calamitous accident on the Hollywood Freeway which resulted in injuries to her back and legs so severe that she needed two canes to walk. She came to see me in a severely depressed and anxious state. In therapy, her

feelings focused on the accident and the subsequent loss of bodily prowess and emotional stability. "I am," she said, "your classic walking PTSD person." In time, our work together reactivated deep memories of severe losses from her childhood. Her body began to heal, her anxiety began to reduce, and her depression lifted, but the losses that remained to plague her described as "totally assaultive and unexpected" were mainly the limitations caused by her aging process. She entered a long phase in her treatment where she focused on other kinds of painful losses—of her past, of her youth, and of her yearnings for what was and how much she wanted to recapture what she called "my vital self." She went from PTSD into a long state of mourning for what she used to be.

As she approached her mid-seventies, she labeled this phase of her life, "the age of disaster" as it also brought with it the loss of her omnipotence. "I was fine," she said, "with what I was doing at 40 - multi-tasking, productive, accomplished, able to complete five tasks in a day and feel good about all of them. Age 50 was a little challenging because the cultural stereotype of 50 was Mary Worth portrayed in the comic strips as a dowdy old lady with grey hair worn in a bun. Age 60 was still fun—writing, producing, traveling, eager for new experiences. But 70? Forget it! What I experienced with my physical injuries pale in comparison to what I was feeling inside—losing a sense of myself and how I was. I don't know any more how others see me, but of utmost importance, I am thrown into my own identity confusion. Inside, I feel vacant and like a displaced person, totally lost and searching for who I am now. I no longer have what were life-long characteristics—enormous confidence in myself—a fearless abandon to try anything and do anything. Now, it's like I am a kite flying around looking for my own patch of sand. You have to help me find me! I am whirling around in search of a new definition for myself!" So, the loss became the gain—the opportunity to redefine herself and seek the road she wished to travel on.

Meanwhile, my inner process issued a warning—she and I were kindred spirits. Her feelings of aging coincided with mine, her experience was so similar to my own that I began to question how I would manage my empathic identification with her while keeping our worlds separate. The first signal to me that this would pose challenges for me was one of my first internal associations—I trust these spontaneous associations because they tell me about both patient and therapist. My spontaneous association as Carolyn spoke of her ageing process was to recall "my bus episode," significant here because it provided one of the beginning awakenings for me about my own aging process.

When I was in my late 60s early 70s, I went to a UCLA Writer's Weekend. I had decided I needed to fulfill my life's dream (since 12 years of age) to write a historical novel. I had to take a bus because my car ran out of gas.

Determined to get to UCLA for what I anticipated being an exciting experience, I left my car at the place where it died, hood up, and ran for the first bus.

The bus was crowded with students and four young people bounded out of their seats to offer me one of theirs. While impressed by their kindness, I was startled. I looked first over my left shoulder, then my right. Who are they doing this for? Certainly not me! But if by any chance it is me, then why me? It made me feel old and unrecognized for who I was. It robbed me of a certain sense of dignity. Surely, I thought, they do not realize that while I may be in my 70s, I am only 25 inside? Are they not aware that I have a life where I enjoy the warmth of family and close friends, and a successful career that I continue to find challenging and rewarding? I wanted to remind them about my vitality—that at age 46 I went back to school and got a Ph.D., that at age 65, after writing over 30 published professional articles about many areas of interest in the mental health field, I published my first novel—*Chasing the Red Car*, a historical-fictional novel about growing up during the McCarthy Era (Joe, not Eugene)—the realization of my life's dream? I, of course, did not openly discuss my internal echoes but thanked them, and sat down in one of the offered window seats.

In Carolyn's treatment, it became quite apparent that an essential part of the work with her would be an ongoing need to examine my own feelings and conflicts about the stage of life we shared. Therapists' need attentiveness to their own feelings and conflicts in any stage of life, but, as my work with Carolyn suggests, when the analyst and the patient are in the same stage of life, it becomes even more pressing (Casement 1991; Ruderman 2002). My "bus episode" opened up a new inner door and led me to a stream of consciousness about my own age which accentuated the parallels in Carolyn's and my life stage. Together, we could reflect on the feelings of disorientation this stage could bring. We could shake our heads in common understanding of how sensitive we were to the treatment and attitudes of those around us. In the end, we were both able to reformulate a positive mind set close to what we previously had.

Katz and Genevay (1987), Pollock (1992), Jacobs (1999), urged that therapists' recognition of their own attitudes and feelings about aging, retirement and death need to be examined, as do the feelings and concerns patients may have about the analysts age. In later life stages, the therapist's age may evoke two kinds of feelings in a patient. The therapist may be viewed (or idealized as the case may be) as the keeper of all experience and wisdom. The therapist in a later stage may also activate maternal transferences (or grandmotherly transferences) in her patient. The therapist may often be seen as the "rock." On the other hand, the age of the therapist may also evoke anxieties and arouse intense feelings of impending loss in the patient. So it was with Carolyn. Her childhood

had been filled with unexpected abandonments and losses, which left her with a catastrophic anxiety that I too, like so many of the loved ones in her life, would precipitously leave her without explanation. When I needed to be away from a session her over concern was demonstrated by: "How are you feeling today?" "You look okay, but a little pale?" "You're not having a medical problem, are you? As the session progressed and she could en vivo see I was alert, she felt relieved.

Concerns of patients like Carolyn about their therapist being ill, leaving, retiring, or dying may not only have archaic underpinnings, they are also based on reality—they are aging and their therapist is aging. The therapist's age may serve to exacerbate the patients' anxiety. It poses a question—how can patients deal with what they perceive as waning functions in their analyst? Green (2014), in his poignant paper, describes this kind of awakening in him as he began to sense, then saw evidence of his beloved analyst's confusion and loss of memory. Difficult as it would be, Green knew he had to address this with his analyst. How aware are therapists of their own changes as they go through later life stages? Can this become an open process as patients like Carolyn air their concerns?

This also applies to the therapists' illness. Strean (1959), addressed his own serious illness to his patients and discusses in his work the countertransference implications—the essence for Strean was the analyst's authenticity and the right of his patients to know.

Over a year ago I decided to reduce my practice from full time to part time. Carolyn became aware of my change when she asked for an additional session and, unlike her past requests, I was unable to give her extra time that week. When I shared with her that I had reduced my hours, Carolyn's anxious response led her to worry that either I might be considering retirement, or that I was ill. She continued asking me at the beginning of each session: "How do you feel?" "Are things going well with you?" "You seem tired today, are you?" What was she seeing? Did I look older? Did I look strained? I don't remember yawning at all. Had I made mistakes which she attributed to age? It could be. I exacerbated her concern when I inadvertently double-booked a session. When I went out to the waiting room to get her, I saw her chatting amiably with two patients I was seeing in conjoint therapy. I had misread the date they were to return from vacation and gave her their appointment. While she graciously said to the couple, "I'm comfortable with you two taking the appointment, I'm feeling okay," she brought to her next session the anxiety it aroused in her.

Carolyn felt I had always possessed a keen memory. How could I have forgotten her appointment? She knew I cared about her and said she did not feel rejected. She wanted to reassure herself she was not losing me as she had

lost her mother to Alzheimers. Would she lose me before she was ready to let me go. Carolyn demanded authenticity, and was relieved when I told her some of the reasons for my reducing the practice, none of which had to do with ill health. This also became an opportunity to deal with her tendency to personalize and blame herself for so much of what had happened in her early relationships. I shared that this wasn't a "her thing," it was "my thing," an urge to fulfill certain other needs (writing and teaching). Later, she expressed concern that she had hurt my feelings by bringing this up. I was able to let her know that her questions were real and understandable. And anyway, she had the right to question anything.

Greenson (1967) spoke of the 'real' relationship between the patient and the analyst. In Carolyn's situation, while her anxiety was connected to the reactivation of early painful experiences of abandonment and being rendered invisible by two alcoholic parents, it was also based on the very real experience of what this stage of life would bring for her.

Carolyn was often left precipitously by her mother. She now came back to her concern that I might leave her without warning if I were to retire. Would it be sudden and without warning as were many of her earlier losses? I was able to somewhat reduce her discomfort by letting her know that I had no plans to retire, but if there were any changes in the future, she would be informed in as timely a manner as possible. Indeed, we would discuss them as soon as I was aware of them. She then asked the question that was like the elephant sitting on the table between us. "If you leave here, how will I know? How will I know when or if you die?" At this point, she began to weep. While I must admit to being stunned by the question, and even further stunned for I had never been asked this before, nor had I really consciously even considered my own death. I let her know that I understood her concerns and admired the forthright and honest way she expressed them. Later, I appreciated what I had learned from her and particularly the message she imparted, I'd better open the door to dealing with my own feelings about retirement and death. I owed Carolyn a debt of gratitude for I learned so much from her, for this experience convinced me that I needed to take steps to protect my patients. From a personal and professional experience I had in my office when a cherished colleague died unexpectedly without leaving instructions or the code names of patients to be called, I knew how difficult it was to announce to her patients who arrived without knowing of her demise, that she had died. With these considerations in mind, I went home and wrote a long overdue Professional Will.

Carolyn was in treatment for 6 years. As she prepared to leave therapy, she announced she needed to return to something she had earlier discussed with me, namely who would let her know about my retirement, or even my death. I then spoke of my Professional Will in which I designated the colleagues

who would notify her, each selected because they were sensitive and of high professional quality. They would be able to give her, with my permission, more information and, more importantly, if I died, help her with her feelings of grief.

After working through her feelings about the issues she had raised, she was free to turn her lens on the future, and what kind of role she wished to have in the world. We proceeded to take what she later called "What if..." journeys, her favorite kind of traveling." "What if," I asked her, "you could do or be anything you wanted to be?" Carolyn, always active in political activities rejoined with "You mean besides becoming Hillary Clinton's vice-president?" We spoke of her prodigious experience with helping women to improve their lives—here in the U.S. and abroad. We recalled how, in past sessions, she often spoke of her desire to help women achieve more education, increase their self-esteem, and find ways to make a statement in the world. Her political prowess might come in handy.

The "What if..." journey resulted in her announcement that she had applied to two major universities to obtain a degree which would prepare her for entering the mental health field. She hoped to use this route to establish a clinic for women and increase her abilities to be helpful in a creative "mentorship" way, using both her CEO experience and her political experience to achieve her goal.

When Carolyn thanked me for helping her journey out of confusion and disorientation to a new appreciation of herself, we both could see how she had changed her view of her stage of life. Her mid-seventies, she saw, need not be an ending, but a beginning. She was already re-defining her aspirations, and could reclaim some of the vitality by giving in the ways she wanted to give. I shared that being involved with her and reflecting on the mutual journey we had taken together was meaningful and rewarding for both of us. It was special!

Later, when she had been accepted and prepared to leave for the Columbia School of Social Work, she said, "I can see now why retirement was a concept unknown to you. You seem in some way younger than the students I met when I visited the campuses." I smiled and went back to the time she asked about my retirement. As she had indicated that one of her goals was to have a private practice, I shared with her how meaningful my practice was to me. It was one of the central parts of my life. The interaction, the challenge, the ability to know another in an intimate way as I had come to know her, the discoveries she made by the opportunity given in psychodynamic therapy to go deeply into her world inside and allowed me to be a part of a process opened her doors to growth and change. My belief, I told her, was that people could learn, grow, and change until the day they died. And while so many things might have to end for us, they can lead us to many new things to explore. She was a living example.

Dan's story. Dan had enjoyed a long and successful career as CEO of a large computer corporation when at age 69, without warning, he was forced to retire. In the carefully honed words of the Corporation President, "You are now ready to pursue more relaxing undertakings." Dan saw through what he called "the baloney." He knew the score—that a major factor of his dismissal was that he earned too much and letting him go before he reached 70 allowed the corporation to deprive him of a large portion of his retirement funds. In a deeper and more emotional vein, Dan felt he was "let out to pasture." The dismissal rocked his whole sense of self. It brought up life long feelings of insufficiency. It unearthed him. He lost confidence in his abilities and had a slight nagging feeling that he was inadequate and therefore had deserved the dismissal. In addition he was extremely upset with the precipitousness of the dismissal and the refusal of the corporate executives to sit down and discuss it with him. Whenever he tried to get an appointment with the seniors in charge, he was turned down. "It was the worst form of being discarded and thrown in the waste basket."

Dan's distrust and anxiety accompanied him into every session. His anxiety that I, too, would hurt him, that I would find him insufficient, that ultimately I would drop him. He was exquisitely sensitive to my every move, my every word and shared intense feelings each time he was told it was time to leave a session. Timidly, almost in a whisper, he would ask "Did I do ok today?" "Did I say enough." Was I disappointed with him for not bringing more to the session. I told him that when he chose to share his feelings with me, he would. Meanwhile, I would wait for him. And wait I did. A considerable amount of time elapsed, some of his sessions in total silence. He withheld his feelings while sitting in a position with his arms crossed over his chest, eyes fixed on anything but his therapist. The question that was unexpressed but actively there—would I stay with him no matter what.

One day he came into his session and announced, "I am ready to embark." Following his announcement he did not stop talking from the moment he entered his session to the end when time was up. He had come to realize that he was bringing into his sessions his feelings of anger—but underneath was pushing away his anxieties about himself and the pain he felt about the precipitous dismissal from the corporation. He recognized that he was displacing many of those feelings onto me. That I would find him lacking, that I would be bored with him, that someday I would dismiss him without ever telling him why. But there seemed to be more—something else that was in the way. His feelings were confusing to him and he wanted to sort them out. We both wondered if they were also too wounding to be attributed only to the dismissal from the corporation—as-saultive as that might have been. I commented that perhaps this was touching on feelings buried in a deeper layer—a more painful layer, like a wound that was opened in

addition to the one left by his premature dismissal from the corporation. Dan left the session but called that evening to ask for another session the next day.

The next morning, Dan sat on the couch but this time he did not assume his characteristic position. He looked straight at me and began to cry. "I don't know why this never came to me," he sobbed. He told me he thought he had reached the door to that deeper layer I had referred to in the session the day before. In a great storm of emotion, he shared traumatic memories related to the sudden death of his mother when he was 12 years old. On the day of her death, the family gathered. He knew his mother lay dead in another room. He recalled sitting for hours while his family stoically kept their silence. He longed for someone to talk to. He longed to go into that room and hold her. He was desperate to know what had happened. No one would tell him anything. He loved his mother and had always felt very close to her. He was told by his maternal grandmother never to talk about his mother again. She wanted him to move on. "Don't dwell on it," she said. His father, who had a severe drinking problem, was no help at all. Rather than soothe Dan, he soothed himself by drowning in liquor. The loneliness Dan felt was painful and anguishing. Only his older sister, in what seemed a misguided attempt to help him, said, "Don't be sad Dan. She was going to get old and useless and die anyway." He laughed. "I now realize why I always went to such ends to portray myself as young. All kinds of treatments on my face, surgeries to rid myself of all belly fat, wanting only to date younger women so people would associate their youth with me." Getting "old" was a horror to Dan.

As Dan began to process the mourning he had never been allowed to feel, no less express, his whole demeanor lightened. He had a wonderful sense of humor, and opened up so many other aspects of himself and his life. He played the flute—something his mother, a music teacher, had always encouraged and praised him for doing and he was interested in inventing new and original products for computers. He had several patents, two of which were being solicited by a major computer manufacturer. But, at this time, inventing things no longer interested him. He wanted to search for who he really was and stop hiding behind the mask of what was beginning to look like a superficial past life. He shared with Carolyn the wish to be a real and authentic person, and find others who could relate in a real way.

As he approached seventy, Dan felt he had been set adrift. He felt that in his life's work, all that he had given was deemed worthless. He lost a sense of his own vitality and, like Carolyn, his identity was thrown up for grabs.

Dan was angry and hurt by the colleagues he had worked with for so many years. He felt betrayed. "I will never work for anyone again. I want to branch out on my own." I questioned whether he had every considered newer

or different pathways which led to many productive sessions in which he began to explore other things he might want to do with his life.

When particular doors are closed, others may be opened. Dan's story is a reminder that in our society there is an underutilization of our older and wiser populations. Utilizing experienced and more seasoned people like Dan, is turning to those who have much to give and much to teach. In his therapy, we explored how much he knew, how much he had to give, how many younger people could benefit from what he knew. It resonated with him to such an extent that he began to volunteer his time with young people, often from very economically disadvantaged backgrounds—who were lost and wanted to enter the work force in a productive way. He even enlisted colleagues and friends in this worthy endeavor. He personally helped the youngsters he took under his wing by coaching them and encouraging them to decide on which kind of work pursuit they desired, then, how to produce effective resumes. He showed them how to reach out for work, and often modeled for his younger learners his own concept of successful techniques in an interview with a potential employer. He even designed a unique motorized chair for those of “his special needs kids” who could not easily get around. Dan had found his niche. Age no longer mattered.

We practice in a profession that keeps many of us feeling young. Helping others to remove the barriers to growth and change in the openness of a “special room of their own” has a quality of agelessness. We offer a novel kind of sanctuary where there is a unique kind of listening and understanding, and, through a process of exploration and inquiry, we help another to open internal windows that allow for many self-discoveries. This is buoyant and exciting and, like the unconscious is a timeless process.

Learning is both ongoing and mutual in the treatment situation. From Carolyn and Dan I learned considerably about myself, and my own aging process. Being a therapist can be an awesome responsibility and has its varying pressures, but it is also rewarding in that it not only opens new vistas for our patients, but also for ourselves, regardless of one's life stage.

Another aspect of our therapeutic endeavors is that we attempt to help individuals explore, then define who they are, what they believe, and help them through deeper explorations to find their authentic selves. I stated in many of my early papers (Ruderman 1983, 2002) my belief that one must avoid becoming embedded, but not unaware, of the outside societal ‘culture.’ The culture is historically slow to accept difference and diversity, and has a resistance to change when new and often exciting ideas are offered. Using the examples of Carolyn and Dan, and many other patients, their explorative journey in therapy might make it less likely that they will be enveloped in the culture of conformity and a kind of

“homogenous thinking” that robs one of the freedom to question and to entertain unique notions. And this would apply to how they view their aging process as well.

Followed by age-old stereotypes, older people in our society face considerable discrimination and ‘culturally induced stereotypic certainties’. Services such as home care, proper medical and mental health treatment, housing facilities, readily available to seniors and retirees in European and Scandinavian countries, for example, are not available to many seniors in the United States—one of the wealthiest countries in the world. But the most painful experiences of seniors is that so many are marginalized.

Many people are threatened by growing older and must deny the inevitability of their own aging process by pushing away the “elderly” as they are called, in an attempt to render ‘old age’ itself invisible. Some years ago, I gave a presentation in northern California about women and the aging process. A woman in the audience was a good friend of the author of “The Shipping News” E. Annie Proulx. She recounted that the author told her that when she was asked how she got the old-timer sailors in the Newfoundland café, portrayed in her novel, to share so many personal recollections in her presence, her reply was: They could go on openly sharing their experiences because they didn't even see that she was there. She was an older, grey-haired lady who was ‘invisible’ and could easily be dismissed.

Americans are wedded to a youth-oriented culture. They are threatened about aging and some with reason. An experienced and successful writer from one of the major film studios once told me that at age 40, in the eyes of his studio, he was too old! Valued as his writing was, 40, in the teenage-young adult culture surrounding him was considered ‘ancient.’ However, there is also a positive side. AARP and other organizations are determined to illuminate more about the person behind the age. Assisted Living residences are increasingly recognizing the need for the brain to be stimulated no matter what the age—thus, in many of these Assisted care facilities, seminars, discussion groups and lectures etc. are being added to the daily activities of the residents. As I ponder nowadays about my “bus episode” and my sense of indignity, I now realize there was something far more essential that I could not see at that time. My age consciousness had caused me to overlook that those four students were sensitive and kind enough to offer a comfort to another that they themselves were willing to give up.

Recently, a colleague who is in my stage of the age of wisdom and conquest, told me she never hangs up from a phone call with a friend without saying, “I love you.” Not only is this a very warm sentiment, but her action illuminates awareness that we do not know what, when, or how something will happen to those we love and cherish, or to ourselves. (Ruderman 2007) This internalized feeling walks with us wherever we go. It also reminds us that time

is precious and life is fleeting—the message: live it as much as you can, involve yourself with people and events you enjoy, seek out new kinds of learning. Do the things you promised yourself you would do. A personal example. Earlier in this work I mentioned writing a novel. When I was 57 years old, I awakened 1 day to the memory of myself at 12 years of age saying—with Betty Smith's novel, "A Tree Grows in Brooklyn" in my lap, "Someday I will write a novel – I may not become famous, but it will bring me great satisfaction to bring to reality a lifetime wish." It took me 8 years, but I wrote it, it was published, and it did thrill me. I saw it not as a great tome, but as a reflection that I still had an active mind, ideas to share, and the vigor to take on new challenges.

In the stage I call "new vistas," many cite the reparative and re-invigorating joys of grand parenting. For Carolyn and Dan, it is a new direction in their career, for some, a new and soothing relationship, and for others it is engaging in vital and stimulating new learning experiences. In Los Angeles, many join the Plato Society or Sage, two societies responsive to the ongoing needs for intellectual stimulation of retirees and those in later life stages who seek ongoing learning and need a forum for hearing new ideas and sharing their own. And finally, for many dynamic individuals, it is simply learning how to slow down and enjoy parts of life that heretofore had passed by too quickly. How many of us say, as Villon (circa 1440) cried *Ou' sont les neiges d'entin* "– Where are the snows of yesteryear? How many of us reflect upon the past. If only I knew then what I know today – how different life would have been". It is a time for reflection while it is also a time for moving on with the seasoned knowledge we have.

It is an inevitability that we will be faced, with losses as time goes on. The loss of important family members, dear friends and colleagues, sometimes loss of the energy and stamina that accompanied us through past life stages. Facing the sadness, the fatigue, the memories of what was, we now need something to balance ourselves in our world and perhaps that is facing the future and the road ahead in a creative and self-fulfilling manner.

Two remarkable professional women come to mind. They were known for their keen minds, their creativity and the enormous contribution each made to the mental health field, and, they were prime examples of successful balancing in the later life stages.

Jean Sanville, an esteemed social work psychoanalyst in Los Angeles who practiced well into her 80s and beyond, balanced her old age with an ongoing vitality and a continuing interest in new and productive experiences. Among her many other achievements and connections, she was also a founder of The Sanville Institute (formerly The Institute for Clinical Social Work). Always true to the definition she had of her own aging, she summed it up in this way:

"One of the tasks of old age is to make peace with both the agony and the ecstasy" and maintain "vital involvement in Love, Work, and Play." (Sanville 2002)

Hedda Bolgar, a psychologist, psychoanalyst, and Founder of the Wright Institute, lived in Los Angeles and practiced beyond the age of 100. Her sharpness, mental acuity and numerous professional activities were amazing to many. Hedda saw her own aging in this way:

"Aging is a balancing act on the tightrope of time, living in the present, in the past, and in the future. The language of aging is "still" "no more," and "not yet." (Bolgar, 2002)

Both of these stellar women were known for what they brought to the lives of so many they touched—friends, students, colleagues, patients. They also became models for the vitality and "generativity" one can have in later life. I suspect Jean and Hedda would have agreed with me that if there has to be a thing called LATER life—it's your life at any stage and it is what you do with it that truly matters. Further, I speculate that they would also agree that while later life can be a time of loss and of sorrow, it can also be a challenging time of reintegration and redefinition leading to new pathways in ones life.

References

- Bolgar, H. (2002). When the glass is full. In E. Ruderman, & E. Shane, (Eds.), *Psychoanalytic inquiry* (vol. 22, no. 4). Hillsdale, NJ: The Analytic Press.
- Casement, P. (1991). *Learning from the patient*. New York: Guilford Press.
- Erickson, E. H. (1950). *Childhood and society*. New York, NY: W.W. Norton and Company Inc.
- Erickson, E. H., Erickson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age*. New York: W.W. Norton.
- Green, L. (2014). *Accepting one's own and one's analyst's Limitations*. Updated version of unpublished manu-Script. (Original presented in 2004 at the fifteenth annual interdisciplinary conference of the International Federation for Psychoanalytic Education), Chicago, IL.
- Greenson, R. (1967). The "real" relationship between the patient and the psychoanalyst. In M. Kanzer (Ed.), *The unconscious today* (pp. 213–232). New York: International Universities Press.
- Jacobs, T. (1999). On the question of self-disclosure by the analyst: Error or advance in technique? *The Psychoanalytic Quarterly*, 68, 159–183.
- Katz, R., & Genevay, B. (1987). Older people, dying, and countertransference. Special issue: Death and bereavement. *Generations*, 11, 28–32.
- Pollock, G. H. (Ed.). (1992). *How psychiatrists look at aging*. Madison, CT: International Universities Press.
- Ruderman, E. (1983). *Gender related themes of women psychotherapist in their treatment of women patients: The creative and reparative use of countertransference as a mutual growth experience*. Berkeley, CA: Institute for clinical social work.
- Ruderman, E. (2002). As time goes by: Life experience and their effects on analytic technique. In E. Ruderman & E. Shane (Eds.),

- Psychoanalytic inquiry* (Vol. 22, No. 4, pp. 495–508). Hillsdale, NJ: The Analytic Press.
- Ruderman, E. (2007). *Life stages and the blind curves they throw you: From vulnerability to dynamism*. Presented at the American Association for Psychoanalysis in Clinical Social Work Conference, 'The Examined Life' in Chicago, IL.
- Sanville, J. (2002). When therapist and patient are both in Erickson's eighth stage. In E. Ruderman, & E. Shane, (Eds.), *Psychoanalytic inquiry* (vol. 22, no. 4, p. 627). Hillsdale, NJ: The Analytic Press.
- Strean, H. (1959). Resolving some therapeutic impasses by disclosing countertransference. *Clinical Social Work Journal*, 27, 123–140.
- Villon, F. (circa 1440). *Le Grand Testament. Ballade des Dames du Temps Jadis*.

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