Edited by
Gabriele Junkers

ROUTLEDGE

The EMPTY COUCH

The taboo of ageing and retirement in psychoanalysis

THE EMPTY COUCH

The Empty Couch is an introduction to the challenges and obstacles inherent in ageing as a psychoanalyst. It addresses the previously neglected issue of ill health, as well as the significance of ageing for psychoanalysts, exploring the analyst's attitude towards getting older, transience and sense of time and space.

Covering a wide range of topics Gabriele Junkers brings together expert contributors who discuss the problems of getting physically ill and how to conduct psychoanalysis as an ill therapist. Chapters also address the effects that ageing has on professional stamina, the grief inevitably caused by the losses endured in later life and inquires into the role that institutions (the relevant psychoanalytic institutes or societies) can play in this context.

Setting out to encourage discussion on this vital topic, *The Empty Couch* brings this neglected area into sharp focus. It will be of interest to psychoanalysts, psychotherapists, counsellors, gerontologists and trainees in the psychoanalytic and psychotherapy worlds.

Gabriele Junkers, PhD, is a trained psychologist, psychoanalyst, training analyst and member of the German Psychoanalytic Association (DPV). She is a gerontologist with more than 30 years experience in treating older adults and providing institutional counselling for mature people.

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FOREWORD

Antonio Ferro and Giuseppe Civitarese

Translated by Philip Slotkin

This book, conceived and edited by Gabriele Junkers, casts light on a subject that is often denied or remains in the shadows: the time of the ending of an analyst's life. Year after year the analyst lives in a kind of cyclical temporality. One analysis comes to an end and is succeeded by another; analytic children or grandchildren are joined by others, newly born or as yet unborn, on the waiting list. All of a sudden this circularity of time is shattered. A year has passed, five years, a decade, several decades, and we realise that we have more or less unaware returned to the realm of linear time. This is sometimes due to a trauma, or on other occasions may be like awakening from a dream of eternal (at least mental) youth.

What do we do when this awakening takes place? How do we react? How do we notice it? Do we just deny it again? Do we accept our transience? Does the painful awareness of the limit of existence depress us, make us fall ill, or impart a new and different fullness to our lives?

To these questions, which we have long forbidden ourselves to answer and perhaps even to ask, *The Empty Couch* seeks to give sincere and creative responses. These also include consideration of the corollary of disavowal of the limit so as to reassure ourselves about our weaknesses and the infantilisation of candidates and young analysts. It is as if the passage of time were measured by different clocks at institutes of psychoanalysis. But is it meaningful for this situation to be perpetuated? Is there any point in doing so?

When faced with an 'examination', it is as well to come prepared. Having helped so many patients to accept the temporality of life and hence the ineluctability of death – how can we not recall Searles's fine essay on the subject in his writings on schizophrenia! – we should espouse the attitude described by Wolf Erlbruch in his splendid book *Ente, Tod und Tulpe* [The Duck, Death and the Tulip]. A duck finds that Death has crept up on her from behind, telling her that he will accompany her for the rest of her days. They gradually get close to each other and an almost affectionate relationship forms between them. Then one day the duck says to Death: 'I feel cold; would you mind warming me up a bit?' Shortly afterwards the duck breathes her last. Death lays her down gently on the water, and the book ends as follows: 'He watched the duck for a long time as she floated off down the river. On losing sight of her, Death almost felt sad. But that was how life was'.

However, the contributions assembled in this volume are not devoted solely to the ageing *of the analyst* and the illnesses that might befall him or her. Its field of interest extends far beyond its declared subject matter. Problems such as the sequence of generations, old age, illness and death were key aspects of everyone's existence long before becoming important issues for the analytic profession. Most often, we approach these matters through the medium of great literature. Examples are the loneliness of Ivan Ilyich in Tolstoy's extraordinary eponymous tale, or the same author's powerful and dramatic image of Prince Andrei dreaming of Death knocking at the door – or the agonising elegy to life, which never seems more beautiful than when its end is seen to be at hand, being crafted by Philip Roth in his latest books.

The book is admittedly a meditation on life as a sequence of separations and on the transience of all things, but also one on the sense of beauty and on the beauty of analysis: as Dr Junkers reminds us, it is not a profession but a passion. Things move us because they are ephemeral. How many times have we felt sorry that not a trace remains of all the beautiful things that occur in analysis, except in the increasingly feeble form of memories?

The various chapters offer a vision of all these aspects from a number of perspectives, thus focusing on them with extreme precision. The reader observes an interweaving of private and professional life, the life of psychoanalytic institutions and of psychoanalysis as a discipline (which, if it wishes to survive, must now renew itself and accept the harsh challenge of competition).

However, illness (time fragmented) and old age (time pressing) can ultimately also be seen as a telling metaphor of temporality as an essential component of the institution of consciousness and the process of construction (and destruction) of the subject and of the mind. Every symbol, every word, is redolent of absence, mourning and separation. We should not forget Walter Benjamin's adage that it is the end that confers meaning on life. So too the biblical paradigm of the Apocalypse as final revelation. Psychoanalytic truth, whether it is called the selected fact, *Nachträglichkeit*, or καιρός, is always retrospective, backward-looking, an effect of posteriority. But every word is already a little end; meaning arises every time as the revelation of a minimal (tolerable) apocalypse.

PREFACE

Gabriele Junkers

When and how do psychoanalysts terminate their professional careers? Do we bow out gracefully while the going is good? Or do we hang on like grim death until we have no choice in the matter?

This book is about the significance of ageing for psychoanalysts. It addresses a wide range of topics such as the effects that ageing has on our professional stamina or the grief inevitably caused by the losses we have to endure in later life. It also inquires into the role that institutions (the relevant psychoanalytic institutes or societies) can play in this context.

I first talked about my plans for this book with a number of international colleagues, many of whom have since become firm friends. To my surprise, almost all of them unhesitatingly agreed to contribute to the volume. In their societies they had all experienced many instances of successful withdrawal from professional life and smooth transitions from one generation to the next. But they had also witnessed distressing situations connected with illness, old age and the death of colleagues. And they were all agreed that the desire not to hurt anyone's feelings had placed something very close to a taboo on the discussion of these matters in their own professional circles.

At this point, perhaps my readers will welcome a brief personal account of the reasons why this book was so long in the making and why the articles cover so much ground that they may initially appear to cover different points.

In the 1990s it struck me forcibly that my interest in the specific problems posed by the psychoanalytic treatment of elderly patients found little response from my European colleagues. When I proposed organising a panel on this topic at one of the EPF conferences, my proposal was rejected as irrelevant for our scientific work. Psychoanalysts such as Pearl King (1974) and Anne-Marie Sandler (1984) had already commented on this widespread refusal to engage with the elderly patients' issue, and the head-in-the-sand mentality that I came up against aroused my curiosity. The first thing I decided to do was to round up the few articles discussing this topic in the *International Journal of Psychoanalysis* and to make a reader out of them (Junkers, 2006). At the same time, I ignored the lack of overt encouragement that I had encountered and established a discussion forum at every European Federation conference, where colleagues could discuss the specific features of psychoanalytic treatment for elderly patients.

In the course of exchanges with colleagues, the 'other side' of the analytic twosome soon came into focus as well. What happens to ageing analysts arriving at a point in their lives at which inevitable losses, illness and the prospect of death can preoccupy them to such a degree as to throw them off balance? One of the major assets of the conferences of the European Psychoanalytical Federation is the opportunity they provide for participants to talk to colleagues about difficult, confidential and potentially distressing issues without risking a violation of abstinence or discretion, as might be the case 'at home'. Against the background of my long years of experience as a gerontologist and a member of our Society's ethics commission, I was surprised to learn that many colleagues were obviously at a loss about how best to address the issues of retirement for an analyst. On the other hand, this very fact confirmed me in my determination to investigate the question in greater depth. There appeared to be a general taboo on talking about the difficulties experienced by colleagues whose work was apparently no longer 'good enough' as a result of age or poor health. As if by common consent, this issue was passed over in silence. In my consternation, I sought advice from experienced older colleagues such as Betty Joseph (London), Anne-Marie Sandler (London) and Terttu Eskelinen de Folch (Barcelona). The idea they came up with struck me as a very daring one indeed. The proposal was to organise – in the framework of the EPF – a joint session of the ad hoc Group on Ageing, which I had set up in the meantime, and the Group on Ethics. I admit that I was apprehensive. It seemed only too likely that I would be pilloried for pointing the finger at my colleagues. But Betty Joseph (then 86) was adamant. 'You youngsters have to do something', she insisted (I was almost 60 at the time). Accordingly, in 2004 we organised a session on the topic of ageing and psychoanalysis, with support from Sandler and de Folch. We were completely bowled over by the huge number of participants and their willingness to talk about the subject. Many expressed their relief that a topic was to be aired that 'although it was so distressing' was completely out of bounds at the institutes they came from. They bewailed the absence of investigations on this matter, insisting that only with outside help (a lecture, an article, a book) would it be possible to get a discussion going at their respective institutes.

At one of our EPF conferences, I set out to amass more material on the subject by following up a very well-attended round table on 'The *First* Five Years as a Training Analyst' with the offer of a similar exchange of views on 'The *Last* Five Years as a Training Analyst'. Of the approximately 480 participants at the conference only one turned up.

Ultimately it was as chair of the 'IPA Committee on Ageing', established by the then president of the IPA, Claudio Eizirik, that I had the opportunity to talk to many international colleagues about ageing and its implications for patients and analysts alike.

I hope very much that my readers will regard this collection of articles as an invitation to get together with others in their societies and reflect on a subject that has widely been considered 'unthinkable' and quite definitely 'unspeakable' for so long. The next stage would then be to inquire how innovations and changes might develop from this engagement and become part and parcel of the lives of our institutes. This

would benefit our generativity, improve the quality of our work and help keep psychoanalysis alive and well in a world where quick results are rapidly becoming the operative criterion for success. The book sets out to encourage group discussion, not to provide ready-made answers. But I have my own very definite views on the subject and leave my readers in no doubt about my convictions.

I should like to express my heartfelt gratitude to all those colleagues whose contributions and support have made this book a viable proposition. My very special thanks for their unflagging willingness to talk and listen go to Isolde Böhm (Cologne), Betty Joseph (London), Helmut Hinz (Tübingen), Maria Teresa Hooke (Sydney), Audrey Kavka (San Francisco), Leena Klockars (Helsinki), Richard Sherry (London) and Antje Vaihinger (Giessen).

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PROLOGUE

Mourning and the empty couch: A conversation between analysts

Giuseppe Civitarese and Antonio Ferro

The 'empty couch' accompanies us in our job as analysts no less than the 'occupied couch'.[1] At the beginning there is an empty corner to be filled in the room selected to host it. There isn't an analyst who wouldn't remember when he acquired his first couch.

I remember it perfectly.

I imagine that you too had to choose from different styles and wanted to satisfy different needs. It would be interesting to find out if different theoretical tendencies have as much influence as aesthetics.

Couches searching for patients

I chose mine on the base of two impulses. It was a day-couch similar to my own analyst's (who had Sicilian-Austrian origins). On top of which, it looked like the one that my Sicilian grandparents had in their bedroom. As a child I spent so many hours on it!

Where did you find it?

I bought mine through a second-hand goods magazine, 'Seconda Mano'. At the time I owned a Citroën Diane and I loaded it on the car roof to take it from Milan to Pavia. I had it restored so it acquired the look of a proper day-couch. It lay there empty for a few months until I was registered by the Board and I was able to take my first patient. I had not wanted to corrupt its status of sacred object with patients in psychotherapy. Therefore for one full year I only used it four hours a week. The hours became eight with my second patient and, once I was registered, multiplied quickly.

A couch by now fully occupied

Yes, but every now and then I had the experience of the 'empty couch' again – when a patient would skip a session and each time the 'emptiness' would be pregnant with meaning.

It would remain empty on weekends and holidays . . . But I did not take any notice.

And what has changed?

Now, it's a little bit like it is with children. It's like when we start thinking that they

will be leaving home. We begin to look at their rooms as something very precious that we did not notice for a long time until we discover that it's going to be over!

The famous 'empty nest' syndrome!

But let us go back to the couch. It has been empty also in the case of some seriously ill patients who couldn't agree to use it until the magic moment when they decided to 'move in'.

No, not the couch!

Of course, there are patients who aren't trusting enough to lie down. Your couch is different from mine. I have a *chaise longue*, one of those designed by Le Corbusier (but bought only because, as the patent had expired, it was dirt-cheap). It's special because it is a reclining couch. For this reason it is also suitable as a 'half-empty' couch. Year after year S, at the beginning of each session, insisted on raising the back so that her bust would be practically as straight as if she was sitting on the chair opposite her. I don't need to tell you that I tried to interpret this in a million ways. Without any success. Today, having concluded the therapy by mutual agreement, and with very mixed results, sometimes I feel that I only treated 'half' a patient.

Maybe the distance between Dr Jekyll and Mr Hyde was so great that it defeated all the effort invested in the case. Perhaps she couldn't afford to overcome a split, however deep, that provided her with a sense of security.

This is also what I tell myself. In the end, among the last things I told her, I think I said rather fondly about her having defied her father.

And what was her reply?

She smiled.

The supervisions empty couch

She had only 'half-moved' into the couch. I could even expect a 'low-intensity' transference . . .

However, on the topic of removals, my couch moved with me when I moved houses and when I opened my professional rooms in them. Altogether, three times. Throughout the years, it was always occupied many hours each day. Then, without me even taking notice, it began to be lighter. Once I became a training analyst, I very slowly began to increase the supervision hours and to decrease the hours of work behind the couch.

The emptiness again.

Not only that but the rhythm of the empty/full couch also marked the happy and sad moments of my life when I had to cancel a session because of one of the many events that can occur.

Now, as I find myself working more and more as supervisor, the couch is even emptier and lighter. At this stage I am inclined to think that, totally irresponsibly,[2] I must have used some defence mechanisms.

Or do you mean 'unconsciously'?

Ah, I would like to know that!

Anyway, as you know better than I, Ogden, our Californian friend – I don't know how but he always manages to surprise me – emphasised that, like analysis, supervision is a new and unprecedented form of relationship invented by Freud. He also added that, as when analysing a patient, it's a matter of dreaming his dream never dreamt – it is the same for the analyst's interrupted dream while supervising him.

You mean to say that ultimately it's a case of making an effort to see the couch occupied, only *apparently* empty, which means also to interpret the supervision session as a dream.

Even where you think you should be adopting only effective teaching or good 'pedagogy'.

I can see that you are starting to learn the lesson!

Where did the analyst go?

On the topic of defences sometimes it is not the couch that is empty but the analyst's chair. In fact you could see this as a particular example of the previous one, which means that in both situations what goes missing is the relationship. There are many studies on *burn out* of psychiatrists when they have to deal with serious pathologies, with chronic cases, with lack of resources or conflict with the institution in which they operate, but I believe there is not enough research on *burn out* of analysts, especially in its most insidious forms.

Of what kind?

The symptoms are lack of enthusiasm for a job that he had originally chosen with passion, the feeling of living a routine that is not gratifying, the tendency to drag along at the expense[3] of patients, an emotional withdrawal that is dangerous for him and for the others.

Would you say that another aspect of these problems is the rivalry among groups and individuals due to power issues within the institutional organs of psychoanalytic societies?

You read my mind. The status of the analyst is precarious. He feels that he has little social recognition even if he has gained a good reputation for his scientific achievements. He regrets not having followed other careers and he simply needs to be able to put a feather on his cap or to pin a medal on the lapel of his coat every now and then.

At that stage he ends up confusing a scientific society with a convent (with all its consequences: see what happens in Eco's *The Name of the Rose*) or with a political party.

I agree. An analyst's career does not offer many possibilities. It's kind of stuck. Year after year one is forced always to do the same things. And with time, a feeling of fragility takes over and the horizons of one's life begin to close. One can clearly see it in the puerile narcissism of many colleagues. Freud got that right as well: we should follow his advice more and every now and then go back to analysis.

And don't you dare to tell me now that Freud understood it all!

Why?! Isn't it true?!

The multiplication of couches

Anyway, you make me reflect . . . I realise only now that we are talking about it that the multiplication of couches is a defence mechanism that I have unconsciously put into practice. I added one at home. I justified it by telling myself that, should I become ill, I could continue to work from home without going out (*I never did it!*). I also put a second one in my rooms in Milan where I work on weekends and where I hold only supervision groups.

And there, you don't know what to do with it.

Yet, even there, where I don't need it, I convinced myself that it was necessary to have a couch. It helps to prove that I am an analyst.

After all, if I am allowed to say it, what analysts 'invest' in a piece of furniture is comic! Even more so as we said that what really matters is the internal setting of the analyst, not the material one.

To tell you the truth I believe that, both in my life at home or in the professional rooms where I meet my groups, it was a way to make it more a daily presence, not strictly connected to my job, but with a domestic usage, disconnected from the patient, as it was in my grandparents' house: the day-couch for the afternoon nap. Maybe it's a trick to prevent the grief of the empty couch by restoring its function as a piece of daily furniture.

An overcrowded couch

Of course, we should know it well, we sometimes use defences against depression that become manic. Think of when one works too much. Unfortunately this only produces one result: when one sees too many patients, the couch appears to be empty because one ends up not seeing anybody.

You mean: one really doesn't see them, even if they are there?

That is exactly what I mean. The same happens if, in between patients, one does not take a long enough pause. He loses himself maybe because he is chased by the ghosts of age and of financial crisis, by the needs of growing children, by the need to be reassured of his own worth through the dependence of his patients. Subtle forms of perversion can then creep into the relationship. It's easy to become distracted, restless, bored.

Let the one who is guiltless be the first to throw a stone . . . as the Gospel says. It must be for this reason that some time ago I happened to book two appointments at the same time, a new consultation and a catch-up session that had been decided a long time before.

It's a possibility, for sure. However, even in this case every cloud has a silver lining. The key is finding an analytical perspective to the event. Accidents of this kind, although embarrassing, push us to exercise a little auto-analysis and, if possible, to straighten the situation. Furthermore, if it is coincidental, it's also useful for analysis.

In fact, so it was. The two patients who arrived at the same time – I realised later on – from a certain point of view were the same person or, even better, carried dif-

ferent aspects of the same patient. As always, one must never give too much credit to the senses, and instead must rely on intuition. The famous, should I say infamous, Bion's 'Faith'!

By saying so, you make me realise that there are many ways to do that. For instance, as the couch becomes lighter the configuration of the 'chairs set in a circle' becomes more important; the chairs make the activity of supervision more relevant and at the same time they fill the room with many 'patients'. Two birds with one stone.

The supervision groups

Yes, and you shouldn't delude yourself. It's not really that the groups work so well to deny grief. I find myself playing the role of 'grandfather' and uncle to these people on supervision who come like grandchildren to fill a space.

Do you mean that it's like the feeling of rheumatic pain when the weather changes?

More or less. On the other hand, it is reasonable for the analyst gradually to lighten the couch weight. Over the years, I arrived at an extreme when I had 13 patients four times a week instead of the five sittings that I have now. I also know that in my future there are four or five new patients who are waiting for analysis but that after these I have decided to take no more.

At some stage one realises they are too old to have another child because there wouldn't be enough time to reasonably expect to bring it up to the age at which it is independent.

But since I am one of those people who think that for them to be an analyst there has to be both a '*setting*' and a patient – I ask myself *what will* I be when I do not have any more patients on my couch.

The empty chair

The problem brings another question: what will become of my analyst's chair? When, gradually, I will leave my seat vacant and I will begin the exile from my ex-kingdom, even if it is a voluntary one, what will I call myself? Ex-analyst? I could say: Member of the Psycho-Analytical Society. And I could add: with old lost functions (the couch and the chair) and with new acquired functions (groups, teaching, writing). But how will I define myself, what will I call myself? My father was a surgeon . . . Let's see . . . How did he introduce himself when he stopped operating in the theatre? Maybe 'retired doctor' . . . Maybe we, too, could call ourselves . . .

Don't say it!

I will not say it.

My father, instead, is a farmer. At 77 he does not want to hear about retiring. On the contrary, he just bought vineyards that belonged to his father, a very Freudian choice!

Turning 70

Be careful, turning 70 is a daunting finishing line!

As you always say, a 'pivotal moment'.

Like turning 60.

Why not also 50?

And 40 then?

Don't exaggerate!

True.

I have a confession. When I printed the notes you sent me for this work and I saw the words '70s'[4] written on it, I actually read '170s'! Yes, a wish! When one talks about the unconscious . . .

Analysis as practice for mourning

It is something worth wishing for ourselves! The point is that, for the analyst, analysis implies a sort of 'continuous mourning', from abstinence to non-acting in the context of *setting* and time; the time of sessions, holidays, mourning for the end of analysis and for letting the patient go his own way. Then other kinds of mourning come with the end of our own analysis.

We could also add to this list the mourning implicit in changing one's institutional status, the mourning of not understanding and the mourning related to the different stages in life that continuously end.

Who is afraid of the empty couch?

Let's go back to our story. Why do analysts find it so hard to age? In all psychoanalytical societies the powerful roles are in the hands of the most senior members, the gerontocracy, who put their brain to rest a few decades ago. Airline pilots retire and so do academics, bus drivers, surgeons, teachers, hairdressers and bank employees.

Not the analysts.

Not the analysts.

Does this mean that they feel they belong to a church or a political party more than to a scientific society? Or do they nurture a subtle and very insidious lack of faith in the method? As if their role was more important than their function?

You would need a totally secular psychoanalysis.

Yes.

But you well know that politics is not foreign to the struggle of ideas within the scientific community.

It goes without saying, but isn't it possible to see the victory of a kind of politics that aims for quality of research, for originality and creativity less than for the principle of authority?

Trips

I wonder if the trips made on invitations by psychoanalytical societies might not carry the same meaning. In fact they are an instrument of politics because of the net of relationships that they allow you to establish but they also constitute a further defence mechanism. Also the famous administrative 'offices' may well have a consolatory value. Even those give you the chance to escape the claustrophobic climate that can subtly surround you when you have such a solitary job.

Interruptions

This topic brings us back to the theme of mourning. Is it the case that we have a job that from its beginning confronts us with the theme of mourning? We establish a strong bond with somebody who eventually will leave us. Obsessively, analysts refer in all they do to the mother-child relationship model or anyway to the Oedipal family model. Loewald goes to the extreme and says that curing with analysis means ending up loving a patient as you would love your own child.

But there are different types of children . . . some never want to leave home. Others go when we feel they are still too fragile to venture into the real world. Others again abandon us suddenly and these are the most painful situations. Moreover, often they were the ones whom we loved the most . . . Maybe this is exactly the reason . . .

Looking at an empty couch in the time slot of a patient who has stopped analysis is one of the hardest things to accept. We feel guilty and angry. Sometimes this all remains an unconscious feeling.

The analyst is forced to come to terms with his own limits.

Bion affirms that it is a miracle after all that a patient continues to come back day after day.

It's important for me to say this, not because it's necessarily true, but because it tears us away from the psychosis of every day banalities, when the thing has already taken its own course.

What one feels is not very different from when a romantic relationship is severed. Even the steadiness of personal professional identity starts shaking.

Sometimes our patients make us understand through the smallest clues how hard it is to deal with separation. Did it never happen to you, for example, to notice that a patient, leaving at the end of a session, left something on the couch?

Lost objects

Let me think . . . You just took a patient to the door. You go back to the room and you realise at a glance that there is something on the couch: a key, a mobile phone, a handkerchief, a few coins or a match.

That happened with A: a few days after the death of his beloved mother, when the session ends, I see on the empty couch the red and black beads of a bracelet from a not-for-profit shop that he used to wear on his wrist. The sight immediately gives