



WOMEN AND THERAPY IN THE LAST THIRD OF LIFE

THE LONG VIEW

Edited by VALORY MITCHELL

ROUTLEDGE



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Women and Therapy in the Last Third of Life

What is distinct about the last third of life, about women, that makes psychotherapy different? In this diverse collection, the psychological meanings and challenges of the last third of life are explored, as the capacity of the psyche expands, sense of time changes, and some questions take on new vibrance and urgency. Some chapters shine their light on women therapy clients – on their precarious sociocultural predicament in a sexist/ageist time and place, on intrapsychic changes that follow from changing bodies, relationships, involvements and emergent needs of the self. Other chapters enter the largely unexplored territory of changes in the therapy process itself – where some decide against therapy altogether, while others describe a rich revision of familiar elements of therapy, greater authentic presence, a changed standpoint on the power of the therapeutic relationship.

Standing inside the 'last third' and looking back on their own lives, several women psychotherapists offer a rare window into their private experience across time and their perspectives on the challenges and the gifts that they, and other women, may realize in the last third of their lives as they consider who they have become, who they are, and who they can be.

This book was previously published as a special issue of *Women and Therapy*.

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Foreword: The Long View

VALORY MITCHELL

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The theme of this book—women doing therapy in the last third of life—suggests that there is something distinct about that time of life, and something distinct about women, something that makes doing therapy different. But what?

One difference is the sweep of the therapist's personal and professional experience. Standing inside the "last third" and looking back on her own life, each of the "autobiographical authors" (Buxton, Curtis-Boles, Flores, Jordan) in this volume recognizes that she has a view backward some 50–60 to 70 years. Similarly, those taking stock of how the therapy process has changed for them (Bermann, Loeb, Mason, Pennington, Sands) seem almost to be looking back through a photo album of "old school" practices, some that have stood the test of time, and others that are outmoded, discarded now.

Informed by the early feminist recognition that none of us is "objective," these authors have spent many years aware of their personal and cultural contexts and how these situate them and affect their work. Now, they add an age-linked identity to the other intersecting dimensions that have created the standpoint from which they take perspective. This recognition parallels Greene's (2003) understanding of women's development, in which she says "time [is] a conceptual linchpin for understanding development. Time is central to both our being and becoming" (p. 15).

Intriguingly, many of the changes that these therapists have observed and described are manifestations of achievements that lifespan developmental theorists might expect to come with time. For example, the style and concerns that characterize their therapy process today are similar to the style and concerns of people who have, across their lifetimes, managed to expand the ego—the synthetic function of the psyche—toward its full potential (Loevinger, 1976).

The desire to help others and to leave a better world for future generations, Erik Erikson's (1960) concept of "generativity," is inherent in the

psychotherapeutic endeavor. But, in this last third of life, it takes on many of the characteristics of Erikson's final stage: ego integrity. Embodying this sense of integrity, several authors have experienced a radical acceptance of the person they've become and the life they've led (Curtis-Boles, Flores, Mason). Another component of ego integrity is the recognition of our own transience, without a sense that death is to be feared. This quality is reflected in the work of those authors who can and do bring death into their work and their planning and do not need to deny its presence (Sands, Henry). The person who has attained integrity is buoyed by a sense of some greater order and resonates with that sense across time, culture, and generations. At the same time, they embrace their own slice of historical time and hold to their style and ways of being. Several authors feel deeply connected with cultural values (their own or others') and spiritual experiences and practices that convey this sense of meaning and transcendence. In all, and facing many directions, these authors have acquired the capacity to take in this long view.

WHAT IS THE LAST THIRD OF LIFE?

A few authors chose to take up the task of asking a potentially key question: What *is* the last third of life? We can approach this question from many angles.

When is the "last third"? Sands notes that we cannot know the parameters of the last third of our own life until the day our death comes. Still, she acknowledges that there is "less time ahead, more behind," and she considers how that ambiguity of "how much time" changes the psychological landscape. I have presumed, in a sort of rough-and-ready way, that age 60 demarcates entrance to the "last third." Others would disagree. Amity Pierce Buxton, who, at 79, is our oldest author, asked that she write about herself in the "third quarter of life" because she expects to continue into her hundreds, as have her kin.

Whatever comes, though, a central feature of the "last third" is that it is the last. Several authors (Bermann, Henry) have encouraged us to confront this, not only in its spiritual and psychological implications but in its very practical and relational implications for our clients and colleagues.

In the last third, there is more to integrate. In this volume, many ideas about the psychological concerns of the last third of life have been put forward. The psyche may have a different and enlarged capacity to look within and to accept the nonrational (Loeb). The self-concept, too, expands, as the younger self and the aging self stand side by side. There is a changed sense of the passage of time. There is loss, and the need to mourn for those who've died, for physical losses. Some questions seem to take on a vibrance during this phase of life: What is possible now? What is meaningful? What do we make of all this living we've done—our imperfections, what's been left

undone, what we've accomplished and achieved, what's emerged in us over time, what is (or isn't) important to us about any of it? And who are we *really*, distinct from what we've done? What will old age be like? And death?

WOMEN IN THE LAST THIRD OF LIFE

Most of the authors in this volume were just entering adulthood as second wave feminism reached its crest in the early 1960s. Like Zucker and Stewart's (2007) sample of women, these authors have felt feminism shape their lives and perspectives in profound and enduring ways. Some (Pennington, Flores) identify themselves as "feminist foremothers," but even among those who do not put it into words, the evidence of a permanent feminist perspective imbues their writing and their practice.

"Scrutiny with a feminist eye has led to the development of a psychology that, for the first time, includes . . . women's diverse experiences . . . how women perceive themselves or others . . . who women are, and especially . . . who and what women can be" (Kaschak, 1992, p. 10). This promise of a psychology that can result from "scrutiny with a feminist eye" is realized throughout this volume. Here are reflections on an array of different experiences of women, now aged 50–79, who have lived through the late 20th and early 21st centuries. They present distinct perspectives on the challenges and the gifts that they, and other women, may realize in the last third of their lives; they consider who they have become, who they are, and who they can be.

THERAPISTS IN THE LAST THIRD OF LIFE

Several authors took the theme of "women doing therapy in the last third of life" to mean that the "women doing therapy" were therapists in the last third of their lives. These authors have courageously reflected on their personal and professional journeys that led them to today. As a result, we readers get a rare and valuable window into the private experience, across time, of professional women doing this unique, complex work. They are a varied lot, and the themes and roads traveled reflect their variation. And yet, when we step back, their stories share patterns of psychological change and dimensions of inner development that they feel have enriched and enlarged their therapy work.

Each of these authors has "ripened" with time. Some say that they are "more themselves" or allow themselves to use more of who they are and what they have personally known to inform their work. Therapists who are members of nondominant cultural groups describe the years of work they've done to integrate their cultural knowledge and identity with the monocultural professional socialization they endured as students and

trainees (Curtis-Boles, Flores). Others have recognized the centrality of early life experiences that shaped them, but which, in earlier years, they had needed to deny or avoid (Mason). Many have grappled with the personal and professional consequences of their gendered socialization. For example, Jordan's autobiographical account of her struggles to have a "voice" makes clear the contact between her work as a creator of developmental theory and her own developing self.

Several authors note how their spiritual practice has informed their work. Bermann and Buxton describe different, yet overlapping, belief systems that have deepened their work. Curtis-Boles tells us that she had first to accumulate sufficient confidence and maturity to override the constraints of her university training and allow a place for her spirituality and thus to be more fully herself as a therapist. Other authors (Mason, Flores) recall powerful spiritual experiences that took place outside of the United States and aided them, upon their return, to claim themselves and their knowledge more fully in their therapy practice.

Several feel that they have softened, become "more comfortable with discomfort," questioned parts of their training that asked them to be less flexible or humane. As a result, they've noticed that their clients have less need to protect them, that the work can go more places than it could when they were younger.

Many believe they have become increasingly able to focus on what is really important and let the rest recede to the periphery. They feel more able to see beneath the surface, to take their time, and to be honest. They report that they have expanded some of their ideas about what is possible, and, in other areas, recognized more limits to what is possible. They have revised their ideas about the meaning and relevance of "curing people"; one author (Bermann) wryly describes her recognition that we all have "fantasies of cure," and hers is that continuing to dye her hair will "cure" her of aging. This more nuanced way of thinking about cure, recognized in both herself and her clients, has helped her differentiate the real possibilities from the illusions.

Several authors have given examples of the way their own psychological development and increased maturity has benefited their work. Some describe that they have discovered structures and practices that help them to listen, remind them of a very large perspective on human joy and suffering, and comfort them.

These realizations are consistent, though not identical, with the research on the characteristics of "experienced" or "expert" therapists. Findings show that experienced clinicians differ from less mature practitioners in being more responsive to the different needs of their clients, being less handicapped by their own "bad moods," being more able to improvise, having stronger self-regulating skills and more flexible repertoires, paying more attention to the client (less self-preoccupation), having a more innovative

perspective, and being more likely to make technique decisions that are based on the client's need (Norcross, 2002).

As Loeb (in this book) writes:

Over these four decades, I've learned a great deal about character structure and about conflict, defenses, and intersubjective experience. I've learned a great deal about listening for the unconscious, about transferences, about timing and interpretation. More than any of all the theory and practice, however, I've learned from my own life experiences. I have a deeper sense of the "human condition," more compassion, more confidence in individuals' innate resilience, and definitely a longer perspective on life's course. (pp. 30–31)

Several authors have been concerned with an even longer view. They may express it in a spiritual way, as though today's healing in a psychotherapy contributes something positive to the whole human condition. Recognizing that by the time we have reached our last third of life we have weeded out much of the "debris," some authors find themselves thinking about the legacy they might leave to a future generation of women and therapists. In this last third, the length of the view extends out past the boundaries of our personal deaths. As Buxton (in this book) writes:

The core questions for me at this juncture of my life are: Of what value is wisdom that comes with age? To whom is it of value—only to the person who has become wise? If the wisdom of age is of value to others, how can one impart it so that it can help those who survive us to create more enriched lives for themselves and help our professional successors to generate more effective counseling practices? (p. 133)

CLIENTS IN THE LAST THIRD OF LIFE

Other authors (Gergen, Loeb, Mitchell) presumed that the "women doing therapy" were therapy clients in the last third of their lives. Some shone their light on the precarious sociocultural predicament of older women in a sexist/ageist time and place (Gergen), who have undoubtedly internalized these prejudices and stereotypes and will use them against ourselves. Others focused on the intrapsychic changes that follow from changing bodies (Loeb, Bermann, Henry), changing relationships (Flores, Namir), changing kinds of involvement in our communities (Buxton), and changing emergent needs of the self (Loeb, Mitchell, Sands). These authors have given us a sort of composite snapshot of our clients, a glimpse of them in their current moment of life, and they have considered their unique concerns, priorities, and ways of being. Another approach has been to consider a cross-time perspective: What has emerged, or developed? What have the years brought?

THErapy IN THE LAST THIRD OF LIFE

A third group of authors (Pennington, Henry, Sands) focused on the therapy itself, involving both women. Entering this largely unexplored territory, they tell us about how their vision of therapy has changed. Reflecting on their own practice, they see that they have revised their definitions for familiar elements of therapy—the frame and the therapeutic contract, for example. Some (Namir & Moglen) have even questioned whether women—therapists or clients—*should* be doing therapy in this last third of life.

As varied as they are, *all* of these authors share a view that the development of their therapy work has centered on their ability to be increasingly present in the relationship. They say they are more “themselves” (Flores, Curtis-Boles), more honest (Sands), more comfortable (Bermann), less judgmental and demanding of themselves and their clients (Pennington, Buxton), and more focused on their shared humanity (Mason). They couch their views in “Relational/Cultural Theory” (Jordan) or “Intersubjective Theory” (Henry, Loeb), but, however they say it, they tell us about the power, the value, the almost sacred quality of relationship, and their satisfaction and pride in becoming more and more skilled at it. These authors are all women, but would a group of male therapists say the same? Or is this a women’s perspective, a feminist standpoint? Carol Gilligan (1982) posited that women’s moral judgments were (more often than men’s) based in an ethic of care, and that a facet of women’s lifespan development was the expansion of the circle of care to include oneself as well as others. She did not call the centrality of this ethic “relational/cultural” or “intersubjective,” and yet these sets of ideas are so congenial with each other and so strongly associated with “women’s work,” inside and beyond psychotherapy.

Jane Loevinger’s (1976) lifespan theory focuses on the development of the mind’s internal structure. Describing the later stages of development, she speaks of a sense of internal autonomy in which the psyche is neither driven by affect and impulse nor is it captive to super-ego judgments. The therapists writing in this volume recount their experience of the changes in therapy in a way that resonates with these ideas, too; they speak of spaciousness and stillness, with “more room to breathe.”

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