

from Murray Stein, Jungian Analysis

ANALYSIS WITH THE AGED

Bruce Baker and Jane Wheelwright

*If at the end of life, you have only yourself,
it is much. Look, you will find.*

—Scott-Maxwell

JUNGIAN theory suggests that the greatest potential for growth and self-realization exists in the second half of life. The demands of the ego lessen, much experience awaits examination, and time is short, making contact with the Self more likely, as well as more necessary. "For a young person it is almost a sin, or at least a danger, to be too preoccupied with himself," Jung wrote, "but for an aging person it is a duty and a necessity to devote serious attention to himself" (1930-31, p. 399). He also suggested that only a mature person, having a developed ego and plenty of experience, can face the Self, and thus individuate fully. Along the same lines, Joseph Wheelwright has pointed out (in a personal communication) that young people by nature focus on the goals of life, but older people, with less concrete goals to look forward to, tend to see life as an ever-changing process to be experienced. Fordham states that concern about

Bruce Baker, M.D., is a graduate of the C. G. Jung Institute of San Francisco and a member of the Society of Jungian Analysts of Northern California; he maintains a private practice in San Francisco. Educated at Bucknell University and Temple Medical School, he served his psychiatric residency at Langley Porter Neuropsychiatric Institute in San Francisco. Dr. Baker worked for several years as community consultant in geriatric psychiatry for the Northeast Mental Health Center in San Francisco.

Jane Wheelwright is in private practice in San Francisco. A former student and analyst of C. G. Jung, Toni Wolff, and Erna Rosenbaum, she is a founding member of the London Analytical Psychology Club, the San Francisco Analytical Psychology Club, the Northern California Society of Jungian Analysts, and the C. G. Jung Institute of Northern California. She is a former chairperson of the certifying board of the C. G. Jung Institute of Northern California and is the author of "Women and Men," *Death of a Woman*, and *Ranch Papers* (in progress).

individuation begins in the second half of life and necessitates maturity, although he also believes that the process of individuation starts unconsciously at birth.

The idea that the old as well as the young continue to grow psychologically toward fulfillment of their psychic potentials distinguishes the Jungian approach from many other therapies. Freudian theory, for example suggests that analysis with older people is unlikely to effect much change because there is not enough libido in them for a strong transference. Moreover, Freud wrote that "near or about the age of fifty the elasticity of the mental processes on which treatment depends, is as a rule lacking—old people are no longer educable—and, on the other hand, the mass of material to be dealt with would prolong the duration of treatment indefinitely" (p. 264). King comments that Freud was forty-nine years old when he wrote this.

Although old age is supposed to be the psychological culmination of life for Jungians, very few old patients are written about in the Jungian journals. According to King, and from discussions with colleagues, it seems that most analysts do not work with them. In a recent survey of Jungian analysts (Bradway and Wheelwright), twenty-nine percent of the respondents stated that they try not to accept patients over seventy, and only twenty-three percent felt they worked well with this group. We talk and read a lot about midlife crises, but what about the people beyond middle age, who make up one of the largest sections of our population?

The paucity of old patients in psychotherapy may reflect the fact that, in general, older people do not know enough about psychotherapy, and so do not understand its healing potential. Many people who are old today were more concerned in their younger years with the Depression and with World War II than with their inner lives. In their youth, the only knowledge many people had about psychotherapy was associated with "asylums," where people were locked up for years on end. At the time that they were defining their values, furthermore, psychology was seen as a radical assault upon the established values of society. In addition, older people may think that analysis deals primarily with childhood, and they see little to be gained from examining that long-past stage of their lives. So it is little wonder that older people, except for those receiving inadequate help in geriatric wards in state and federal hospitals, today represent such a small proportion of voluntary patients in psychotherapy.

On the other hand, little organized effort is made to explain to older people the possibilities inherent in such treatment, or to counteract their shame in even needing such help. Perhaps some unconscious resistance inhibits therapists from seeking or accepting old patients. We are a youth-

oriented culture, and we tend to overlook these older, "unproductive" people. This is reflected in the "economic argument" that analyzing older people is almost a waste of time because they have fewer years to live. Putting people's lives into such a quantitative frame of reference only reflects our society's present basic denial of the worth of wisdom and experience.

THE PRESENTING PROBLEMS OF OLDER PATIENTS

At the heart of many psychological problems in the troubled elderly lies an inability to adjust to the profound changes, both internal and external, that are inherent in aging. The only constant in life is change, but the changes that age brings are so basic and so numerous that sometimes old defenses and solutions no longer silence the new kinds of anxieties that come with them. Our society's emphasis on youth compounds these anxieties immeasurably. In older people, time and energy run out, independence lessens, long-cherished goals remain out of reach, lifelong relationships break off, unsolved problems grow urgent, unresolved past transgressions become ever more painful, and former paths to satisfaction appear less and less accessible. New adjustments are called for, but unfortunately the awkwardness that any old person inevitably feels when developing latent abilities and new attitudes usually makes the less conscious old person too uncomfortable even to think about them. And, as Jung said, "It is hard to see what other goal the second half of life can offer than the well-known aims of the first" (1930-31, p. 400).

To increase these difficulties, many old people with conflicts often feel constrained to be silent, in order to spare younger people their painful knowledge of old age. And so, often, the past seems the only comfortable place of refuge. Routine and habit rule the day, meaning flees, and despair instead of hope takes its place in the heart.

New adjustments and new attitudes can be developed, however. Jung believed that "the very frequent neurotic disturbances of adult years all have one thing in common: they want to carry the youthful phase over the threshold of the so-called years of discretion" (1930-31, p. 396). And, he went on, "whoever carries over into the afternoon the law of morning must pay for it with damage to his soul" (1930-31, p. 400). But, while he described the problem, he was also intimating a solution to it. He said, for instance, that the disturbances of the second half of life were due to an incapacity to be in touch with those unconscious feelings and images that, if fully experienced and examined, could insure a closer relationship to the

Self. Such a viewpoint implies the necessity of a more profound change within the psyche of the older person than in any prior time of life; this is a difficult, but not impossible, task.

Major growth-oriented changes in the psyche are often temporarily or permanently blocked, however, or so slow in coming that symptoms emerge. These may include depression, tyrannical convictions of superiority, defensive dogmatism, cynicism, hypercriticalness, denial, quiet despair, suffering designed to guarantee guilt-generated concern, obsession with the past, boredom, exhaustion, stagnation, and all the physical and psychic woes arising from unacknowledged physical and psychic tension. Many patients are also debilitated to the point of illness by their bitterness over the fact that, having obeyed all of society's mandates, they still lack a sense of fulfillment.

This is a bleak picture, and it illustrates the worst that can happen. On the other hand, many older people show their unique strengths in their satisfactory adjustments to aging, especially those who are by nature more deeply and instinctively in touch with their inner selves, who are religiously oriented, or who have had some analysis. A greater percentage than we commonly suppose thus find in old age the best part of their lives. Even the isolation that some old people experience, while abhorrent to most younger people, is at times savored as an opportunity for reflection, rest, self-knowledge, and creativity, as well as a preparation for meeting death alone.

When analysis is undertaken by older people, they often bring to it richer, if not happier, remembrances of the past, with more obviously repetitive patterns of behavior, than younger people do. (Perhaps this is why Jung once said that a person without a past is hardly a complete person, and preferred working with patients in the second half of life.) For instance, if a woman has had seven divorces by the age of sixty-two, she is much less likely to argue that her failure at marriage is due to "bad luck" or a poor choice of partners. She is almost forced to admit that there is something unusual going on that bears self-examination.

Old people who have been coping with life over many years also often bring into analysis a strong and flexible ego, an indispensable asset if they are to relate to the Self during their analysis and avoid the pitfalls, enumerated by Edinger (p. 3), that occur when the ego is engulfed by the Self. Old patients, their childhood complexes now less affect-laden, do not worry so much about what others think about them. They feel they have "nothing to lose" by trying a new way of problem solving. Painful insight, once reached, can often be more easily integrated because of lessened resistance. In addition, many older people describe an increase of intensity

in their feelings and in their connections to the world that makes them more reflective. And, as death draws closer, patients often feel the pressure to solve their problems and realize themselves. As one patient put it, "I just hope I can grow up before I die." With their ego-involving problems of "doing well and getting ahead" relegated to the past, their relationships often less idealized, and their lessened energies forcing them to be more selective, old people can face the profound questions that age poses. Thus old age, especially with the help of analysis, can be a fertile ground for growth.

WORKING WITH OLDER PATIENTS

There are many ways in which the process of analysis with older patients differs from analysis with younger ones. Older patients are more likely to have medical problems or to be taking medications that affect their mental state. These factors have to be taken into consideration and allowance made for them. A headache may be the result not of a marital disagreement but of high blood pressure; stabbing pains may be caused not by someone disappointing the patient and stabbing him or her in the back, but by arthritis or a gall bladder problem. A depression may be worse because the patient is now taking reserpine. Consultation with patients' physicians, or a referral to one, may be needed. Energy and attention can lag at times, and the pace of analysis, like the pace of everything else, can be slowed. Missed sessions are more common, as are tardy arrivals, because unexpected physical problems arise. It may even be necessary to terminate sessions early because of fatigue. Also, it can be harder for older patients to put their insights into words. In general, more patience is needed. Much life has to be relived. But results can be just as profound, if not more so, than with younger patients.

Resistances, however, can be quite strong, especially at the start, for they have been built up over a lifetime in a society that has turned its back on death and old age. Some older patients seem to want to echo the words of Scott-Maxwell, who said, "I know my faults so well that I pay them small heed." Another resistance is "At my age, what does it matter?" Often, too, an older patient has so much of his ego committed to a certain point of view, and so little faith in his ability to change, that an interpretation given too soon may induce categorical denial, even panic. A cherished point of view, however inapplicable, can be clung to like an old and trusted friend.

Independence is of paramount importance to most older patients be-

cause they see it, rightly, as the keystone of their existence; they also see their emotional, physical, and financial problems as a threat to this independence. They can thus view analysis, and the possibility of dependence on the analyst, as one more threat to their independence. The methodology of analysis in general needs to be discussed with the patient.

The process of transference may also be different with older patients. Hinton advises the analyst to be prepared for the transference to be focused on the actual process of searching for new meaning itself—that is, on the archetype of the way or quest—rather than on the analyst him- or herself (p. 538). The analyst, Hinton adds, may be seen as "a stern initiator into a new world, or as the ideal person . . . containing infinite knowledge and wisdom" (p. 539). The reverse, however, can also happen, and older patients may see the therapist as one of their less competent children, or, in a parallel way, as a beloved child who was somehow lost to them. The former type of transference, unless it is resolved, can inhibit progress in analysis; the latter, positive transference can aid it. It can be vital to the process that the analyst accept some of this positive transference and allow the projection to stand unchallenged, sometimes for a long time. Older people, especially if living alone and thus deprived of touching, may also find it helpful to make contact in a physical as well as an interpersonal sense. Actual physical contact, such as shaking hands or even holding hands while the patient reveals a particularly difficult thought, memory, or feeling, can be quite helpful. For most older patients, the sexual implications of touching are much less significant than the human meaning of such a gesture.

Older people who see the younger generation as brusque, impatient, and hurried, as well as lacking in experience and expertise, may find it hard to believe that a younger person actually wants to listen carefully to them. In a recent Hollywood movie, an old man commits a robbery and then hides the money. When apprehended, he chooses to go to jail rather than reveal where the money is hidden, because he knows that as long as he keeps his secret, some people besides salesmen will want to talk to him for the rest of his life.

Often older people find it humiliating to have to turn to a younger person for help, feeling they should have transcended their personal problems. They may feel they should not reveal their failures—especially to people younger than themselves. Later in analysis, extreme envy of the analyst's perceived competence in life can emerge, as well as the desire to frustrate the analyst and the process.

Many therapists tend to want to protect older people from harsh realities, either because they see them as "frail" or because they have guilt

feelings themselves. In fact, as Castillejo points out, there is no such need to shelter older people: grief does not shatter them, because of the wisdom they have gained through the years. She goes on to point out that older people who are given too much not only become weakened but can constellate a poisonous bitterness in the young. Williams speaks about the analyst's unconscious assumptions about death as a cause of problems in analysis (p. 30). These assumptions protect either the analyst, the patient, or both. One such assumption is "Neither of us is going to die." Another is "You're going to die, but I'm not." The only helpful resolution to this problem obviously lies in making conscious the reality "We are both going to die, but much remains to be done."

Older patients can represent parental figures to therapists, and can thus evoke many unconscious feelings, including anger, idealization, and a wish to deny such clients' problems or to avoid older patients in general. Some therapists want to deny their own future selves as seen in older clients, or they are uncomfortable with such clients' proximity to what they see as the ultimate failure of therapy—that is, death. Some therapists, moreover, may not yet have faced the issue of their own inevitable death. Older people also represent in living form another coming crisis for the therapist—that is, finding the meaning of his or her own life. Often those older people who have gained a sense of meaning for themselves are seen by others, including some therapists, as unscientific and subjective. Their gift of seriousness is thus spurned, and some valuable, far-reaching insights are lost. When old and retired as an analyst, Scott-Maxwell wrote: "The purpose of life may be to clarify our essence, and everything else is the rich, dull, hard, absorbing chaos that allows the central transmutation. . . . I ask all those who like me seem to do nothing: Does the passion in our hearts somehow serve?" (p. 129).

When seen to be ill, weak, or helpless, old people make therapists feel similarly helpless and ineffectual. To regain their potency, therapists overprotect their patients, withhold painful insights, avoid conflictual interpretations, console too much, and are drawn into helping solve concrete problems in the outer world that are better left to the patients or others. The idea that older patients are weak and helpless, simply because of their age, fits into the collective modern prejudice that age itself is some kind of incurable disease rather than a natural, somewhat limiting, process that holds great potential for growth and happiness. This collective viewpoint that death must be resisted as a defeat and insult to our being puts us all in a hopeless struggle against the natural tides of life and death.

Old age is not a stage of life with many common characteristics, as most suppose. The only things all old people seem to have in common are a statistical closeness to death, a gradual reduction of physical energy, and

more leisure. The many other supposed attributes that are projected onto old people arise out of stereotypic thinking that is in part a device used by younger people to protect themselves from the reality of their own advancing, individual old age. Since stereotypic thinking is usually applied to others, not to oneself, anxiety can be at least temporarily allayed by seeing everything bad as "old" (not me), and everything good as "young" (like me). Stereotypes are also used by old people to escape the demands of old age.

Extraverted patients are more easily seduced by our outward-oriented society and "get along in the world more easily in the first half of life" (Jacobi 1943, pp. 25–26). When faced with the isolation old age brings, they may have the hardest time. Many extraverts in our society have had little incentive during their lives to be contemplative. In analysis it becomes necessary for them to look inward, even to archetypal levels, and often this process produces great resistance in them. Old age may be easier for introverts, on the other hand, who are more naturally geared to the inward view. But the challenge of the archetypal level of the unconscious can be threatening to any person who has not had prior experience of the inner world.

Problems presented by the negative animus and anima (cf. chapter by Bradway, below) in all unanalyzed patients not only continue to be present, but also can become more urgent. Incidentally, those who have been in a creative connection with their contrasexual component feel that in old age the animus and anima are more and more integrated into the personality. But an older man who is possessed by his anima, and is moody, irritable, and depressed, is in greater trouble than a younger man with the same problem. Projecting his anima onto a much younger woman may help for a while, but sooner or later this projection becomes disastrous. And an animus-ridden, domineering, and harsh older woman becomes still more rigid and at odds with cultural and family expectations as she ages. Some of these old people actually identify with the contrasexual components and, more often than not, cannot be helped unless disaster strikes.

In a similar way, a serious shadow problem in an older person can also lead to painful ostracism, for the unconscious and denied aspects of the personality, such as hate, greed, and envy, begin to dictate a person's actions. But, as many therapists note, such shadow problems have often been tempered by experience or lack of energy. Fordham states that in old age the sharp distinctions among ego and shadow and anima can no longer be maintained so rigidly. Other analysts find the shadow, in the face of imminent death, the worst problem of all. Discomfort, fatigue, debilitation, and weakness let loose the shadow. An example of what can happen

is given in Jane Wheelwright's account of a terminally ill patient (1981).

Psychological typology applies to old people, but in a different way than it applies to younger people. Young and middle-aged people tend to operate mostly through their superior functions. This is logical because they have to orient themselves to their conscious world and achieve success in their communities. During these stages, they become more and more aware of their third, less developed, function. When it surfaces from the unconscious, it becomes their best and most available channel to the unconscious and keeps them refreshed with new life, new ideas, new understanding, and more awareness of themselves (cf. chapter by Quenk and Quenk, above).

As old age sets in and the patient needs to turn inward for more and more insight, it is necessary to draw on the fourth, most undeveloped, function. Apparently nature intended this development, because if old people are sensitive to what is happening to them they will realize that their fourth function wants to surface naturally. They may have to be guided toward this development, even though nature favors it, because our society has not paid much attention to what goes on in old age. Old people tend to be afraid of their most unavailable (inferior) function because through their earlier years they have experienced it negatively. What breaks through prematurely from the unconscious tends to be negative. For example, a sensation type can, in early life, be seized and totally riveted by his or her inferior intuition's gloomy preoccupation with the inevitability of death, a problem best dealt with later. But if old people are patient, they will learn that the inferior function is potentially their most valuable channel to the unconscious and the royal road to the Self, the source of their creativity. If they heed the fact that the fourth function wants to be heard, they will be greatly rewarded. In fact, their individuation will also be enhanced because creative acts increase consciousness. At one time, Jung saw the process of making the functions conscious as equivalent to the individuation process in the second half of life.

One qualifying note has to be added. As the superior functions are superseded by the inferior ones, the former become less viable and less functional. There comes a time when it seems that the fourth function absorbs the other three, and the person lives more and more as a whole being.

One great difference between older patients and younger ones lies, as might be expected, in their dreams, which are less ego-related and reflect a more collective level of the psyche. Many dreams tend to be vague and unstructured, especially for those people who are stuck in neurotic patterns. The elements of space and time may even be missing. There is a

shadowy underworld quality in others. Von Franz remarked in a private conversation that the dreams of old people are difficult to interpret because of this fact. It has been mentioned that the dying, at any age, have collective dreams. Jung speaks of older patients' dreams as dealing not only with death and the hereafter, but also, at times, with a final love affair or marriage, symbolizing the coming together of the opposites and indicating something new in the offing. Old people often dream of going home, going on a trip, packing, visiting with those who have died (Wheelwright 1979), or of a breakthrough of some sort, such as being led through a waterfall into some beautiful hidden world.

One apparently physically healthy American Jewish woman in her sixties, who had been estranged from her religion, described a dream in which a white ship with Israeli markings on it lay at anchor nearby to take her to Israel. She thought the dream might refer to her loss of faith, and she seriously investigated joining a synagogue and becoming involved in a Jewish discussion group. Her efforts, however, were so alienating and unsatisfying that she gave them up. Within a year she was dead from an unsuspected cancer. The white ship had come to take her home in a much more literal sense than she realized.

Sharp describes a dream that a very old woman had just before her death—so close to it, in fact, that there was no time to interpret it. In the dream, the woman said, "I saw all my sicknesses gathered together, and as I looked they were no longer sicknesses but roses, and I knew the roses would be planted and that they would grow" (p. 200). Perhaps, as Scott-Maxwell says, "We suffer as we change, that life may change in us" (p. 141).

THE TASKS AND STAGES OF AGING

"From the middle of life onward," Jung states, "only he remains vitally alive who is ready to *die with life*" (1934, p. 407). Or, as Jung said elsewhere, if you are lucky, you will live yourself out of life! In order to live fully as we age, we must meet and acknowledge, if not master, at least seven specific tasks. These tasks are more evident, more urgent, and perhaps more possible in the autumn of life. But it must be remembered that these tasks of aging are also the tasks of living, for old age is not separate from life. Old age is, rather, the time for finding one's essence. These tasks also reflect the basic demands of analysis. There is a saying that older people are the same in old age as they were in their youth, only more so. Perhaps analysis, too, is the same for old people, only more so.

The seven tasks of aging introduce themselves at different stages of life, and the work of completing them occurs to some degree in all the stages. The first task typically begins in the fifties, when the first half of life is definitely over and the certainty of death must be faced. Many people in their fifties, even those who have done well and had analysis, fall into a chronic state of panic as the startling reality of death sinks in. For some, it is the ultimate insult or betrayal by life. But as the fifties progress into the sixties, if the reality of death is accepted, further demands of life pull people onward. For when life is threatened, at any age, there is a need to live more deeply. (Terminally ill people, including the young, are challenged the most, but can, with interpretation of messages from the unconscious or with some kind of religious support, also find meaning in the time left to them.) Younger people almost always associate any age over sixty with death, but most of the less neurotic old seldom think about it, focusing instead on living and accepting death as a part of life. They might be aware, however, that death is always at their shoulder and can be a confidant, an advisor, even a friend and source of power. Death then becomes, as Goethe put it, "nature's expert advice to get plenty of life."

Jung spoke of the psyche at the end of life as seeming virtually to ignore death. He also said, however, that a person who cannot face death is often childishly greedy, fearful, defiant, and willful, much like a young man who refuses to embrace life (1930-31, p. 402). Jung spoke of death as both a focus of life—"man goes through analysis so he can die" (McGuire and Hull, p. 360)—and as a goal—"It is hygienic to discover in death a goal towards which one can strive. Shrinking away . . . robs the second half of life of its purpose" (1930-31, p. 402). He suggested that perhaps death is as pregnant with meaning as birth (1934, p. 408). It may be that life is a pregnancy, and death a birth. Simone de Beauvoir makes the point that if time stretched out indefinitely, there would be no measure and no meaning. Clinically, one of the best signs that the idea of death has been assimilated is that a patient makes arrangements for his or her funeral.

The old need to review, reflect upon, and sum up their lives, and this reflection is a second important task of aging. If people are alert, they will feel this urge, off and on, throughout their old age. Jung comments that neurosis in older patients can be secondary to the act of repressing the natural development of reflection (McGuire and Hull, p. 108). Reviewing his own life, Jung wrote: "In old age one begins to let memories unroll before the mind's eye and, musing, to recognize oneself in the inner and outer images of the past. This is like a preparation for an existence in the hereafter . . ." (1961, p. 320). He goes on to say: "I try to see the line

which leads through my life into the world, and out of the world again."

It is remarkable how many old people feel an urgent need to tell their story or state their case before they die. Many people have written their life stories and then died shortly thereafter. Jung himself died shortly after writing *Memories, Dreams, Reflections*, and Ernest Becker wrote his major work, *The Denial of Death*, unaware that he would shortly be dying. It is not hard to see the true value of the frequent reminiscing in the aged, for it is essentially an act of witnessing one's own life. "A life needs to be seen for what it was before it can be laid reverently aside" (Hine, p. 50). Butler and others have spoken of the therapeutic advantage of the life review. To paraphrase Santayana, one who can't remember an emotion is doomed to repeat it.

This process brings to light a third task of aging. As we witness our own lives, reviewing our goals and accomplishments, we come face-to-face with a fact that heretofore we have denied for the sake of extending our abilities and expanding our experiences—namely, the reality that our lives have finite limits. These limits have gradually become more obvious as life has gone along, but they now demand conscious acknowledgment. For time, in its relentless advance, makes certain experiences unattainable. Some children will never be born; some careers will never be followed; some relationships will never be resolved; desired achievements in one's chosen field become improbable, if not impossible. Cherished goals must be abandoned, perhaps with grace but most certainly with pain, for time and energy are ebbing and the noon of life has passed.

And so one must draw some conscious mental boundaries beyond which it is not reasonable to extend the remainder of one's time and energy. This feels at first like a painful constriction of potential, a loss of a part of life's promise. But seen from another perspective, it is an unloading of self-imposed burdens and a deliverance from exhausting efforts toward unlikely goals. Perhaps it is also a relinquishing of some only half-wanted rewards. Consciously letting go of these burdens and aspirations lets one focus total attention and energy not only on what is attainable, but on what is one's truest concern. A middle-aged patient once took to Jung a puzzling, numinous dream that consisted of just the image of a circular clearing in a forest. Jung spoke of this image as symbolizing the necessity of drawing limits in our lives, and of how even the Romans had to build walls in southern Germany and northern Britain to mark the outer limits of their hegemony; he mentioned also their ritual of plowing a furrow to mark the outer limits of a new city. If empires demand boundaries to thrive, then surely also do human lives.

Unless one at least begins to review and honor the past, acknowledging

what has been left undone, one will find the subsequent, fourth, task of old age much more difficult. This next step consists of a letting go of the dominance of the ego, a process that already begins to occur naturally as one follows the thread of one's life and sees one's fate revealed. (Of course this assumes that the ego has already been well developed.) Jung spoke of this letting go process, which occurs after much of the unconscious is assimilated, as "an approximation of conscious and unconscious where the center of the personality no longer coincides with the ego, but with a point midway between the conscious and the unconscious" (1966, p. 221). In his own life, Jung's partial letting go of the dominance of his heroic, ego-bound thinking function illustrates the beginning of this process. As Fordham describes it, when the ego no longer needs to be so significant, as happens later in life, it gets drained of part of its energy and archetypal activity increases (p. 129). The Self then eliminates the ego's position of preeminence.

The process of letting go, if it happens at all, varies for different people. A successful, unretired business magnate may persevere in ego-dominated actions far too long, and then be laid low by depression or physical symptoms that are messages to let go and contact the Self. The more rewards such activities have afforded such persons, and the more society's esteem for productivity influences them, the harder and less likely it is for them to give up the ego's dominance without a struggle, because to them the process of looking inward seems self-indulgent, weak, and nonproductive. In all fairness, one has to admit that for such persons, it is indeed a discouraging, negative experience at first. Because of the prolonged emphasis on the outward "persona" life, the shadow within has become autonomous and powerful, and therefore frightening. To avoid facing this threat from the shadow, they hopelessly push on, in an effort to compensate for their growing sense of personal and social inferiority. At the other extreme, some people are only too willing to turn toward the inner world in order to escape what is for them a legitimately challenging life of external struggle and disappointment. Many others want to let go, but their friends and relatives insist they stay involved with the outer world, forcing them to turn inward defiantly if they are to meet themselves. Still others have a shattering life experience, such as the death of a loved one, that forces them to reassess their priorities and focus on their own inner reality. As Scott-Maxwell put it, "Life does not accommodate you, it shatters you. It is meant to, and couldn't do it better. Every seed destroys its container or there would be no fruition" (p. 65).

Once death is accepted, the past honored, limits drawn, and the ego allowed to become relative, there is the fifth task of aging: encountering

and honoring the Self. This is, of course, the great goal of any Jungian analysis. As Jacobi points out, the ego, in the second half of life, turns back to the source, to the creative archetypal background, for a new rooting in the Self (1952, p. 101). Meanwhile, neglected potential forces in the unconscious are summoned to awareness. By bringing together the opposites, the Self creates a sense of wholeness, and the ego receives a growing ability to see all sides of issues (Wheelwright 1979). And, more and more, the ego's relationship to the cosmos is revealed. Jung saw the ego's relationship with the Self as a dialogue between the conscious personality and the all-inclusive voice from the depths, establishing an "ego-Self axis." He saw the Self as "God within us" (1966, p. 238), "our life's goal" (ibid., p. 240), the most complete expression of our wholeness, which is also our uniqueness. Fordham sees the realization of the Self in each individual's consciousness as the problem of our era and a manifestation of an ongoing historical process (p. 127).

Most Jungians would agree that one of the most vital tasks of life, especially of old age, and one that comes with the realization of the Self, of God within, is the articulation of our own *raison d'être*, and, through this process, of life in general. This is a sixth step in our development as we age. Jung believed that if people follow their fate, they find life meaningful, and he wrote that the "lack of meaning in life is a soul-sickness whose full extent and full import our age has not as yet begun to comprehend" (1934, p. 415). Finding meaning involves an honest attempt to examine and experience one's inner being, as well as the person one presents to the world, and this can result in an answer to the modern problem of meaninglessness for oneself and also, perhaps, for society. It is a contribution that differs from what talented younger people make because of its far greater scope. The growing interest in old age today may, in fact, reflect society's nascent awareness of the need to find meaning. Medicine's extension of life, moreover, which is increasing the number of old people in our population, may be accelerating society's interest as well.

Adler believes that "the synthesis of nature and consciousness is the key to the real meaning of human existence" (p. 152). This corresponds to Jung's statement that wisdom is the agreement of our thinking with the primordial images of the unconscious (1930-31, p. 403). In these images, too, there are messages about the future, and this gives life continuity. Old people need to trust them. By coordinating, in old age, one's important subjective memories, bit by bit, with important outer happenings, a sense of one's archetypal ground plan is revealed, and through it a reason for existence. This matching of outer and inner aspects of life can link us to our fate and connect us to historical and universal meaning. Fordham

states, "A philosophy of life is a transpersonal manifestation of personality," and part of individuation (p. 118).

Jung wrote: "A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species" (1930-31, p. 399). (Undoubtedly he was not thinking of those people who have to live many years to learn anything at all!) He went on to muse: "Could by any chance culture be the meaning and purpose of the second half of life" (p. 400)? Perhaps old age is important for our species because it is the period when this whole question can be addressed. The fruit of biological life is children, but the fruit of psychological life is meaning.

About his own life, Jung wrote: "The meaning of my existence is that life has addressed a question to me. Or, conversely, I myself am a question which is addressed to the world, and I must communicate my answer . . ." (1961, p. 318). Jung saw humanity's task as "to become conscious of the contents that press upward from the unconscious" and "to kindle a light in the darkness of mere being" (1961, p. 326), in the hope that this might influence the unconscious, just as the unconscious influences us. He believed that the meaning of life lay in cultivating and enlarging consciousness in the universe, perhaps as partners with God, in helping Him to realize and know Himself. He saw God becoming manifest in the human act of reflection, and the unconscious as God's link to us.

The most far-reaching, and most often uncompleted, aspect of aging is the engagement of unused potentials, a process that can make "dying with life" even more a reality. If courageously met, this seventh task can transform life into a highly creative process through contact with the archetype of the child, the symbol of rebirth. Those who age most successfully, in fact, emerge from this encounter with a playful approach to life, using all the possibilities that life has to offer, not in an ego-dominated way, but as a creative artist, or as a child at play. Through a no longer dominant ego, these old people make just enough order out of the profusion of life manifested by the Self to let this happen. Living itself becomes the point, and the unexpected becomes the raw material of its exploration. If one ages in this fashion, renewed by the archetype of the child and other life events, and recognizing and honoring one's most inferior function, old age becomes a time when one can be one's own authority and make a unique contribution. This process is well exemplified by Grandma Moses, whose art originated in her old age. Its childlike freshness appealed to the sophisticated art critic as well as to the average art lover. Her art shows that a certain quality of newness and vitality, a prerogative of the old, is conveyed by the fourth function, which is itself new and vital, having only recently surfaced. Many people would feel that Jung himself became more

creative as he aged. His last and most widely read book, *Memories, Dreams, Reflections*, demonstrates his fourth function, feeling, through its human, personal quality.

Gordon has written extensively about the relationship of creativity to death. She believes that the imminence of death increases the tension of the opposites, especially the major pair, life and death, making us more conscious not only of the gift of life but also of what transcends and reconciles life and death—that is, creativity. She sees many similarities between the psychological constellation that favors a good and peaceful dying and the constellation that favors creative work. Rorschach tests taken by people who were dying, but who did not consciously know it, showed, when compared to others, a symbolic relationship to death, less importance of the ego function, a surrender to emotional and imaginal inner events, and more creativity. These productions were similar in some ways to the productions of psychotic patients, only more cohesive. The relationship to death was a mixture of resistance and surrender.

Gordon concluded that creativity can allow one to say yes to the finality of death, and in so doing, discover what transcends death. This creativity, it seems, can be expressed in subjective understanding—an increase in consciousness—as well as in actual achievement. She states that "those who would die well and those who would create well are people who must be capable of being open and available both to the life forces as well as the death forces" (p. 165). In other words, these are people who could strive for control but let go of it without panic or resentment.

Jung spoke of death in opposition to life as an essential energetic component of libido and saw the creative potential lying in the tension between life and death. The final task of aging, creativity, is intimately connected with all the great tasks of aging, including facing death. In fact, all four stages of creativity that Gordon describes in her recent book, and that are also enumerated by Wallas, correspond closely to the tasks of aging detailed above. These four stages of creativity and the related tasks of aging are (1) immersion in the problem (facing death, reviewing the past, drawing limits); (2) incubation, or creative emptiness (letting go of the ego); (3) inspiration (contacting the Self); and (4) verification, in which inspiration is given relevant form and expression (finding meaning). Aging, analysis, and life itself, when entered upon fully, one could say, are all basically processes of creativity and of its counterpart, the increase of consciousness.

With Jung's phrase "dying in life" in mind, one might take Gordon's findings a step further and realize that a creative individual approach to death transcends both life and death. In the employment of unused poten-

tials in old age, one might actually achieve, in words of wisdom, in relationships, in images or movement, or in insight into one's own being, a certain meaningfulness that goes beyond the life-death polarity. Through contacting our unused potential, much of which comes to us via our fourth, most undeveloped or unused, function, we can find that essence of ourselves that can create a bridge between the world of life and the world of death. To understand better what is meant by "essence," one might observe the behavior of certain unconscious people. Like undomesticated animals who fight to the death to preserve the species, some people, through certain archetypal identifications, do die creatively. The soldier who dies as a hero for his country; the man who refuses to give up and dies with his boots on; the aging, still working farmer who unconsciously sees his land as the embodiment of his essence and continues to work it right up to his death—these are examples of people unconsciously seeking and living their essence.

Virginia Hine, an anthropologist, has written a beautiful account of a man dying of cancer, called *The Last Letter to the Pebble People*. It is the story of a man in his fifties, probably a feeling type in Jungian terms, who was able to choose death positively. Through the love and caring of his extended family, as well as through his love for them, he experienced a transformation such that his death became a positive choice. His was not a psychological approach of any specific persuasion. It was, instead, an individual, conscious effort to follow and articulate his own instinctive, spontaneous impulses. He followed these impulses all the way to his final struggle and confrontation with death, and his conscious acceptance of it. The life flow engaged in his creative transformation was what carried him over from his living to his dying. A conscious transcendence as described in this story is certainly more satisfying than the more unconscious variety, but it probably follows the same archetypal patterns that govern the behavior of more unconscious people. The latter are also "dying with life" and are unconsciously transcending the life-death polarity.

Jung's final years are an example of transcending death by "dying with life," and of living out one's creative essence to the very end. His final complete work, the autobiography, was a sharp departure from his prior work, and something he had always vowed he would not do. But a dream convinced him of the rightness of this project. The Self was demanding creative fulfillment. Acknowledging the imminence of his death, and the limits of his existence, he recalled in great detail and with great intensity his entire past, immersing himself in it thoroughly. He approached the project with characteristic courage, candor, and thoroughness, trusting in the rightness of this painful and tiring procedure. And by allowing his

inferior function—that is, feeling—to come to the fore, he created a moving human document, a testimony to his own essence and to the value of the human soul in general. It is his most powerful, creative, and widely read book, a personal summary and living testament of his own theories. He transcended his death by relating creatively to the Self, thus finding the meaning of his own life. And, in doing so, he helped others to find the way to their own essences as well.

REFERENCES

- Adler, G. 1969. The ego and the cycle of life. In *Studies in analytical psychology*, pp. 120–53. New York: Putnam.
- Bradway, K., and Wheelwright, J. 1978. The psychological type of the analyst and its relation to analytical practice. *Journal of Analytical Psychology* 23/3:211–25.
- Butler, R. 1963. The life review. *Journal of Psychiatry* 26:65–76.
- Castillejo, I. 1961. *The older woman*. Lecture 115. London: The Guild of Pastoral Psychology.
- Edinger, E. 1960. The ego-self paradox. *Journal of Analytical Psychology* 5/1:3–18.
- Fordham, M. 1958. Individuation and ego development. *Journal of Analytical Psychology* 3/2:115–30.
- Frankl, V. 1963. *Man's search for meaning*. New York: Washington Square Books.
- Franz, M.-L. von. Archetypes surrounding death. *Quadrant* 12/1:5–13.
- Freud, S. 1905. On psychotherapy. In *Standard edition*, vol. 7, pp. 255–68. London: Hogarth, 1953.
- Gordon, R. 1978. *Dying and creating: a search for meaning*. London: Society for Analytical Psychology.
- Hine, V. 1977. *The last letter to the pebble people*. Santa Cruz: Unity Press.
- Hinton, L. 1979. Jung's approach to therapy with mid-life patients. *Journal of the American Academy of Psychoanalysis* 7/4:525–41.
- Jacobi, J. 1943. *The psychology of Jung*. New Haven: Yale University Press.
- . 1958. The process of individuation. *Journal of Analytical Psychology* 3/2:95–114.
- James, W. 1902. *The varieties of religious experience*. New York: Longmans, Green.
- Jung, C. G. 1930–31. The stages of life. In *Collected works*, vol. 8, pp. 387–403. 2d ed. Princeton: Princeton University Press, 1969.
- . 1934. The soul and death. In *Collected works*, vol. 8, pp. 404–15. 2d ed. Princeton: Princeton University Press, 1969.
- . 1961. *Memories, dreams, reflections*. New York: Random House.
- . 1966. *Two essays on analytical psychology*. *Collected works*, vol. 7. 2d ed. New York: Pantheon.
- King, P. 1974. Notes on the psychoanalysis of older patients. *Journal of Analytical Psychology* 19/1:22–37.

- McGuire, W., and Hull, R. F. C., eds. 1977. *C. G. Jung speaking*. Princeton: Princeton University Press.
- Maduro, R. 1974. Artistic creativity and aging in India. *International Journal of Aging and Human Development* 5/4:303-29.
- Scott-Maxwell, F. 1968. *The measure of my days*. New York: Knopf.
- Sharp, E. F. 1937. *Dream analysis*. London: Hogarth.
- Wallas, G. 1926. *The art of thought*. New York: Harcourt Brace.
- Williams, M. 1958. The fear of death (part 2). *Journal of Analytical Psychology* 3/2:20-40.
- Wheelwright, J. 1979. Old age and death. Unpublished paper.
- . 1981. *The death of a woman*. New York: St. Martin's Press.

GENDER IDENTITY AND GENDER ROLES: THEIR PLACE IN ANALYTIC PRACTICE

Katherine Bradway

A businesswoman is fired from her job. A man is left by his wife. Both bring their pain of failure—she as an office administrator, he as a husband—into their analytic hour. For reasons that will be discussed later in this paper, it seems clear to them that their experience of failure in an outer role penetrates to the level of gender identity: Am I adequate as a woman? Am I adequate as a man? Many of the wounds brought to analysts for healing have been inflicted at points where people are vulnerable about being a male or a female and about the roles they take in the outer world. Before considering the healing of such wounds in analytic practice, and the place that gender holds in the individuation process, I would first like to offer some facts and reflections on male-female and masculine-feminine differences.

GENDER DIFFERENCES

Male-Female

It has been commonly observed that men are, in general, more aggressive than women, and that women tend to show more nurturance and concern for people; but the extent to which these differences are a consequence of

Katherine Bradway, Ph.D., maintains a private practice in the San Francisco Bay Area. Formerly an associate professor at Stanford University, she is a founding member and past president of the Society of Jungian Analysts of Northern California and a founding member of the C. G. Jung Institute of San Francisco. Dr. Bradway is the author of "Hestia and Athena in the Analysis of Women" (1978), "The Psychological Type of the Analyst and Its Relation to Analytical Practice" (1978), and "Sandplay in Psychotherapy" (1979); she is also a contributor to *Sandplay Studies: Origins, Theory and Practice* (1981).