

FROM RESISTANCE TO ATTACHMENT: PSYCHODYNAMIC THERAPY WITH A SEPTUAGENARIAN

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Learning Objectives

1. Name Defense Mechanisms used by the highly resistant elderly patient
2. Recognize that, despite historic psychoanalytic beliefs, it is possible to do psychodynamic therapy with patients over 50 years old
3. Identify different ways that geriatric patients could demonstrate their evolving attachment to the therapist

"Near or about the fifties, the elasticity of the mental processes, on which the treatment depends, is as a rule lacking. Old people are no longer educable...the mass of material to be dealt with would prolong the course of treatment indefinitely."

Freud, Sigmund: On psychotherapy, Standard Edition VII:255-268, 1905

The Case of Mr. A. – Early Years

Details have been changed to protect the patient's confidentiality

- Only child, born in Austria
- Father was a physician, mother was a teacher
- Parents actively spoke out against Nazis in WW2
- Father in an accident that left him with significant physical limitations
- Had to move to a Displaced Person's (DP) camp when patient was 3yo
- Left DP camp when patient was 6yo, moved to rural America

The Case of Mr. A. – Boarding School

- Father was away from home most of the time, cold and aloof when home
- Mother deferred decisions and authority to father
- Despite not speaking English, patient was sent to military-style boarding school
- Punishment oriented motivation, difficult for his neurotic temperament
- Suffered from bullying by other students
- Pleaded to come home, but was denied by father

The Case of Mr. A. – Substance Abuse and Advanced Education

- Started to drink alcohol to cope with the stress of boarding school, his anger & anxiety, and his insomnia
- Father prescribed him a barbiturate, which he abused
- Went to college at Johns Hopkins, poor performance
- His father developed brain cancer and rapidly decompensated
 - father passed away during brain surgery
- Stopped using drugs/alcohol
- Began medical school at Johns Hopkins, but dropped out in the 4th year

The Case of Mr. A. – Career, Marriage, and Beyond

- Life revolved around substance abuse
- Went to PA school, graduated with a specialization in a surgical subspecialty
- Practiced surgery for >20 years, frequently operating while intoxicated
- Decided to get abstinent from drugs and alcohol
 - Had delirium Tremens, multiple psychiatric hospitalizations for psychosis
 - Remained abstinent for >30 years
- Retired from PA job after he got sober
- Met his wife in AA, got married, had a tumultuous relationship
- Moved to Europe for 13 years
- Came to therapy at 76 years old

STARTING TREATMENT: RESISTANCE, RESISTANCE, RESISTANCE

- ## Resistance, Resistance, Resistance
- Inability to talk about himself, deflect to talking about his wife
 - Intellectualizations, isolation of affect
 - Teaching me about his psychological readings
 - Recount the activities of the previous week
 - Didn't know any emotion words

- ## Resistance, Resistance, Resistance
- Sessions grew repetitive
 - I developed negative countertransference
 - Started to not look forward to sessions
 - Doubted my skills as a therapist
 - Discussed case with my supervisor - Said switch to supportive therapy
 - I thought he could work dynamically, but I needed to do something different
 - Started to confront the resistance and work in the transference

EH: "Do you recall ever talking about this with me before? Does this feel familiar to you?"
Mr. A: He stated that he knew he had talked about those topics generally, but it seemed to him to be a brand-new conversation.
EH: "Would it surprise you if I said that this session is almost the same as last week?"
Mr. A: He laughed, and he could see that this was true.
EH: "What do you imagine it is like for me during session with you?"
Mr. A: "Well I imagine that would be frustrating and annoying."
EH: "If you can understand that, then why do you think you continue to use the time in this way?"
Mr. A: "I'm afraid to say anything that would make you not like me."

Resistance, Resistance, Resistance

- First time he demonstrated his capacity to mentalize
- He cared about my opinion of him, and wanted to maintain his relationship with me
- He was able to work in the transference

THE BEGINNING OF FLEXIBILITY... BUT THE CONTINUATION OF RESISTANCE

Flexibility Amongst the Resistance

- His wife disclosed her homosexuality
- Sessions again grew repetitive
- He continued to repress his emotions, lead to increased somatization
- He began to be more open about depressed feelings and anxious ruminations
- Prescribed Mirtazapine, he didn't take it
- 9 months into treatment: Talking about meds became his new method of resistance
 - Dynamics around medications are complex
 - We were stuck in a reenactment

Mr. A: "I'm afraid the medication will make me not be myself... I will be gorked like all the old people you see in nursing homes."

EH: "Do you believe, that if something went wrong, I would notice and do something to stop it?"

Mr. A: "I can't be sure."

Flexibility Amongst the Resistance

- Started to have discussions about trust
 - Has difficulty trusting others due to his lack of attachment to his parents
- Moved forward by discussing how he feels about meds, rather than focus on the need to take the medication
 - Something his father never did, changing the pattern established in his childhood

**ONLY TIME WILL TELL:
THE BEGINNING OF CHANGE**

- The Beginning of Change**
- Starting year two of treatment was different
 - The therapy developed a rhythm, less repetition
 - As a therapist, I was more consistent and predictable
 - "I know what you're going to say"
 - He started to begin sessions where we left off the week prior
 - He continued to intellectualize, but started to be more open and included more emotion words

**METAPHORS & DREAMS:
TESTING THE WATERS OF VULNERABILITY**

Mr. A: "It's like vomiting but someone is holding a hand over your mouth."

Metaphors & Dreams

- He used this metaphor to describe feeling very emotionally vulnerable and shut down
- Metaphors allowed to him to describe his emotions in a more vivid, descriptive, and specific manner than previously
- He continued to defend against his emotions, but by using language in this way he could test how I would react to him expressing his pain

Metaphors & Dreams

- He shared a dream about falling off a boat
 - Many ways to understand this dream
 - First expression of his helplessness, and hopelessness, depression
- He began to talk more in session about his loneliness and mortality
 - He questioned his future, whether his wife would really be there
 - He expressed passive SI
 - He was communicating more directly about his emotions
- I could really recognize his growth

CONNECTING TO HIS PAST: CURIOSITY ABOUT HIS EMOTIONS

Connecting to the Past

- He developed more flexibility to talk about his past
 - He spoke about past in detached way
 - It seemed that connecting to the pain would be too overwhelming
- Empathized with him about the traumas he had lived through
 - Frightening in DP camp
 - Lonely to move to new country and have emotionally unavailable parents
 - Difficult military school with threats of violence
- He heard me say that what happened to him wasn't right, it's reasonable to expect his past to have effected him

Connecting to the Past

- He reflected on the idea that he experienced trauma as a child
- He began to try to make connections between the past and his emotions
 - *"Maybe this is because of what happened when I was young."*
- He shared more details about his childhood
 - DP camp experiences:
 - Laughing at bombs falling
 - Mom leaving him in a ditch
 - Child getting their ear bit off
 - Military school fears:
 - Standing at "Attention"
 - Sexual assaults
- He became curious about his first time detaching from his emotions
 - *"That had to be scary, right? So why would I laugh?"*

PERMISSION TO NOT CRITICIZE: STRENGTHENING THE THERAPEUTIC ALLIANCE

Strengthening the Therapeutic Alliance

- He started to talk more about the painful situation with his wife
- 15 months into treatment he used the word "separation"
- He demonstrated acceptance but was also still in denial
 - He was constantly ruminating on their marriage
 - He believed this wouldn't have happened if he were a better husband
- He became very self-critical in session
 - He was feeling too vulnerable to be direct about emotions
 - He was showing me his suffering through his self-criticisms

EH: "What purpose do you think the criticisms are serving? Imagine how you would feel if you were to come to session and not criticize yourself."

Mr. A: "I can't imagine what that would feel like. But you saying that means a lot."

INTIMATE ADVANCES: THE DEVELOPMENT OF A SECURE ATTACHMENT

Intimate Advances: Developing a Secure Attachment

- In future sessions, the self-criticism continued, but recognized he was defending against rejection
 - He was receiving a lot of external criticism from his wife and AA sponsor
- 19 months into treatment we had a trajectory changing discussion

Mr. A: "It's really difficult when the only two people in my life who can influence how I feel about myself say such hurtful things."

EH: "It's curious to me that you only mentioned two people as being able to affect you. I would've imagined that our work together would have had some impact on how you feel about yourself."

Mr. A: Quickly laughed and replied, "Oh, well, you're implied."

EH: "I'm not sure that it is implied. It's ok if you feel that I'm not someone who can affect you, but I think that's something we should explore further."

Intimate Advances: Developing a Secure Attachment

- He spent the remainder of the session undoing that statement
- In the next session he said he felt bad
 - He worried that he had hurt my feelings
 - He started to declare how much I meant to him

Mr. A: "I really appreciate what you do. I often feel I want to call you Emily, but I want to keep it formal. I do appreciate what you do for my head."

Intimate Advances: Developing a Secure Attachment

- He perseverated about not wanting to hurt me
- The beginning of being able to talk about his feelings about our working relationship, and his feelings about me
 - He expressed that he cared for me through doorknob comments

Mr. A: "Thanks so much, I really appreciate it..."
"That was a really good session..."
"You really know what you're doing..."
"What would I do without you?..."
"I appreciate you making time for me."

EH: "We'll stop there, I'll see you next week,"

Mr. A: "Thank you so much, that means so much that I could just hug you...maybe next time I will."

Intimate Advances: Developing a Secure Attachment

- The vocalization of his urge to hug me was provocative and forward
- The safety, acceptance, and intimacy of therapy was starting to get reenacted in the transference
- Never had a secure attachment to a parent or his wife
 - He was as misinterpreting his attachment to me and acting out feelings of intimacy
- I sought out supervision
 - Less likely to act on these unconscious urges if they were brought to the conscious mind
 - Explored ways to talk about these urges in a non-rejecting way

ABSENCE MAKES THE HEART
GROW FONDER

Absence Makes the Heart Grow Fonder

- I left supervision prepared to address his comments, but I had no opportunity
- Only one more session before I was leaving the country for 3 weeks
 - He was able to express that my absence would be difficult for him

Mr. A: "You can't leave town! How am I gonna survive?... I feel sad and scared about you leaving ... I haven't been so good at relationships in my whole life. Our relationship has changed since we first met. I can kind of talk to you now, and before it was just barriers."

Absence Makes the Heart Grow Fonder

- He spoke about feelings of shame and guilt for his deceitful behavior from the past when he was abusing substances
- Since he has been sober, he has avoided emotionally connecting to that period in his life
- He understood that 30 years of dishonesty has made it difficult for him to have a healthy relationship
- He was very vulnerable
 - This was the first time he was direct in sharing something that would make him "look bad"

EH: "We will stop there. I'll see you in 4 weeks"

Mr. A: "I'll try to survive until then. You have a good time. You mean a lot to me."

*** Handshake

EH: "I'll see you next time."

Absence Makes the Heart Grow Fonder

- My time away was extended
- Coronavirus required us to meet virtually
- He jumped back into things quickly, but then he said he didn't know what to say

EH: "Does it feel harder to communicate virtually?"

Mr. A: "It's like going from 4 dimensions to 3 dimensions...physical presence changes things... it's not as close."

EH: "Are any of these feelings also because I was away for so long?"

Mr. A: "Well, you being away brought up some of the abandonment issues I have. I felt more alone in this world."

Absence Makes the Heart Grow Fonder

- He had feelings of abandonment, loss
- thoughts of his mortality re-surfaced during my absence.
- He spoke about feeling like I would reject him when I returned, and that his self-confidence was low.
- He was able to acknowledge a strong urge to “go on a tangent” to avoid talking about these painful emotions, but he resisted that urge and stayed in the moment.

Mr. A: “Well I missed you. I missed the time...but I was happy for you.”

EH: “You can both be happy for me and sad for yourself at the same time.”

Mr. A: “Yeah, I can, and I was. What you’re saying is that I can have two different feelings at the same time?”

Absence Makes the Heart Grow Fonder

- This was remarkable progress
 - The man who didn’t know any emotion words when we first met, could now appreciate the complexity of being able to experience two opposing emotions simultaneously.
- He demonstrated that the elasticity of his mental processes is not too rigid to do dynamic therapy
- Psychodynamic therapy with a septuagenarian can be a very active, exciting, and rewarding process.


