

On Letting Go: With Age Comes Renunciation

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The writer uses the example of parting with a beloved sailboat to highlight the accumulating losses that come with advancing years. They necessitate interpersonal and narcissistic readjustments in one's relationships, occupations, avocations, and especially physical and mental sense of self. The psychological defense mechanism of denial has its uses and its limitations. The process of mourning is inevitable. Its resolution may bring with it surprising new opportunities and satisfactions. Religion or its absence may play important roles. The culmination of the narcissistic line of development in wisdom, humor, and creativity may facilitate adaptation. (*Journal of Psychiatric Practice* 2014;20:370-372)

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Blue Goose II is on the block. The decision came after a dramatic day in early July. My two grown sons were with me for the 4-hour, 14-mile trip from the boat yard in Jamestown, NY, where she spends the winter, to the mooring in Chautauqua Lake in front of our cottage. We had motored a couple of miles up the outlet to the open lake, where we found a fine wind and were beating hard to windward under mainsail and genoa jib. We were having a wonderful conversation, a rare frank discussion about our individual lives. Then the forestay broke loose from its fitting high on the mast. We switched to emergency mode and hustled about. Using the spinnaker halyard to guy up the mast, we dropped the jib, used its halyard as a second guy line, reefed the mainsail to about half its area, and tried unsuccessfully to restart the motor. We sailed on a reach to a marina a mile away. We berthed her there for the night and got a tow back to the boat yard the next day. But there could be no next day when my sons or anyone else could crew with me to take her back up the lake after repairs could be made. At long last the decision I had been dreading had to be made. It was time to close out 44 years of deeply pleasurable sailing in this boat.

I'm now 81 years of age and in very good health with the aid of modern medicine. But my strength and endurance are not what they used to be. Sailing single-handed is very challenging off our exposed mooring; it's fine while you're out sailing, but coordinating what needs to be done at bow and stern simultaneously is tricky as you cast off—and downright frantic as you steer back to the mooring buoy and pick it up in a wind-blown sea. At the end of last summer I had suffered a rotator cuff injury while bringing a surging bow together with a pitching mooring. A fall or head injury could be life-threatening.

Sailing with a crew is a lot easier, but available crew persons are now few and hard to find. My old sailing buddies are as old as I, or more infirm. The former co-owner of the boat left the lake three years ago. My sons live at a distance and are rarely free from other obligations. Neighbors and friends who visit have also aged and feel uncomfortable crawling around a boat. Even the twice yearly sail to or from the boat yard is a challenge. So there have been many days when the weather and the wind have been fine but I have had to look out longingly at the moored *Blue Goose* pitching with the waves into the wind. I had decided to give it one more summer, but being stranded in the middle of the lake far from home base underscored the obvious. My denial broke down. I had to swallow my pride. It was time.

The ad is on the Bullseye Class Association website; it takes a rather special kind of sailor to be searching for this kind of boat. She's a classic Herreshoff Bullseye design, almost 16 feet long with a 750-pound built-in keel that draws only two and a half feet, a sizeable cockpit with beautifully varnished wooden seats and trim, a cuddy one can crawl into, a mainsail and self-tacking jib that allow one to single-hand comfortably, built-in flotation, and a sturdy fiberglass hull designed to handle Buzzards Bay and other offshore Atlantic waters. She was built

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in 1957 in Marion, Massachusetts, and came to Ohio and fresh waters behind a friend's car in 1968 when he and I became co-owners. After braving Lake Erie for a few years, we brought her to Chautauqua Lake in western New York in 1973, where she has sailed magnificently ever since. With a blue deck and white topsides and graceful, curving lines, she is always pleasing to the eye.

The last paragraph strikes me as a kind of obituary. But the *Blue Goose II* hasn't died; my joy in sailing a fine boat through the wind and water has passed away. I don't think this will be the end of her, but it's a significant loss for me. My denial and avoidance of facing the obvious had been defending me against having to mourn—not only for the end of the pleasure of sailing, but also my loss of stamina, agility, and physical strength. I had to face the facts about myself and my body. It's a blow to one's self-image and self-esteem—one's narcissism. We all need a healthy amount of narcissism, but when it interferes with facing the facts and making adjustments, pride becomes a problem.

The amount of thought that I have given the *Blue Goose II* this summer feels like the process of mourning. Even writing this column is helping to work through the loss. I feel sadness and longing as I contemplate the empty mooring buoy or watch the Chautauqua fleet heeling in the weekend races up the lake. It's not a complicated mourning—no ambivalence here as there so often is with people—and it will be resolved along with some pleasure in the many satisfying things to do in lieu of being out on the lake. Busy work with advertising the boat and fitting out the trailer helps to fill the time.

Then too, as a psychoanalyst, I recognize that the preoccupation with the boat is a displacement from thinking about much more significant losses. It's so much easier to write about a boat than about losing treasured people. A very close friend from college died this spring, someone my wife and I had often visited or traveled with, a deep and stimulating thinker who had become an English professor. A psychiatrist I had trained with who became a valued colleague in an adjacent office recently died, as have several internists with whom I had often exchanged referrals. Another close friend is slipping into dementia, and others are precariously ill. Two high school girl friends have succumbed to breast cancer. College, medical school, and high school classmates are slipping away. All too often my wife and I are

wishing we had had another chance to see them before they left us. Our cohort is dying and we feel it.

We wonder too, of course, when it will happen to us. Any day now? Ten or fifteen years? Are we ready? What about all the clutter in the attic? How will we be able to close down the house and move to a retirement center? What about the Chautauqua cottage? Why do I forget little things I intended to do? Why can't I immediately recall a name, although it pops up 10 minutes later? Is one or both of us going to be demented? Will our savings last? All natural concerns—but now very present, almost imminent. This recital may seem quite remote and banal to you younger readers, but your older patients will join me in saying it is very real indeed. At class reunions it generates a cascade of gallows humor. It can be the stuff of sleepless nights.

Some professionals in my cohort are still working, taking responsibility for patients or clients. Questions then arise that involve the welfare of others. If we are still working in a responsible position, will we know when it is time to stop before harm is done? Is there a reasonable likelihood that we will be alive and fully functional, with good judgment and up-to-date expertise, throughout the treatment process to which we ask a patient to commit him- or herself? Will our accumulated wisdom be matched by openness to new ideas and ways of doing things? This especially applies to engagement in a long-term treatment with deep interpersonal involvement, such as psychoanalysis or intensive psychotherapy. I retired from clinical practice 3 years ago because of this concern and the cost of maintaining a private office while tapering down my patient load,^{1,2} but other psychoanalysts with offices in their homes often elect not to do so. Such is the intrigue and satisfaction of doing that work. But the questions must be asked.

Fortunately one can still enjoy one's professional expertise through keeping up with the literature, teaching and supervising in training programs, writing for professional publications, taking leadership or advisory roles in professional organizations, or doing part-time, short-term clinical work. I find that the real danger in this is juggling too many balls in the air at once. With more leisure time, there is so much to read and learn in the many fascinating fields outside of medicine and science—literature, history, the natural world. Health permitting, travel beckons and is not constrained by a work schedule.

Psychotherapy

One can spend real time with far-flung families, and sometimes they need you to be there.

Of course neurosis plays its part in coping with advancing age, as may an inclination to anxiety or depression or its manic counterpart. My mother had an anxiety disorder that worsened late in life, causing much distress. In my identifications with her, I feel the pressure to be a worry-wart or a hypochondriac. (Medical students never quite outgrow medical student disease.) My father intellectualized things; I can do that, too, and am probably doing it as I write. People can attribute all sorts of illogical meanings to the changes in their lives, which compromises the ability to cope with them. Psychotherapy has an essential place in the care of geriatric patients. On the other hand, I have lived through terminal illness with a number of longstanding patients who had struggled for decades with neurosis or psychosis, and often they seem to have risen to the challenge in a surprisingly mature way. As a psychiatrist, I admired them and felt privileged to live through it with them. And I grieved for them.

Throughout our lives we have looked to the future. We plan and prepare for it, we have hopes that we bestow on our children and then our grandchildren. The thought that we will not know what happens to them—what they become, what they experience, what they accomplish, what could bring joy or tragedy into their lives—is truly painful. We also won't know what happens to our nation or our physical world. We are aware of promise and of foreboding. Global warming will extend far beyond our time; will we humans stop making it worse? We see that democracy in a civil society is vulnerable to irrational, self-centered, or self-righteous forces, and nothing guarantees that the United States of America as we know it will endure indefinitely. Violence is rampant under our veneer of a highly developed culture. Technology beyond imagination will emerge and be subject to the highest or lowest human motivations. We wonder what will happen to mankind's highest aspirations for human civilization. But we will not know.

Religious belief is a comfort to many people, because it promises a benign providence and purpose. It gives meaning to our existence and says death is not the end. A person's body may be resurrected (in what condition?), or conscious awareness will exist as a spirit free of its corporeal subsistence,

or at least one's identity and life force will flow into a universal entity or life force in a spiritual realm independent of the physical world of atoms and energies. One can hope for eternal bliss in fusion with the Creator.

This consolation is not free of neurotic influences, particularly in the realm of conscience. The sadistic superego will exact its toll through eternal suffering, or at least purgatory. "Dies Irae", the wrath of God, will come to pass. As we psychiatrists come to understand the neurotic belief systems of such patients, they may ultimately trace the role of their own cruel consciences to its origin in formative relationships. Although it is hard work over time, this in turn can free patients to accept the forgiveness and mercy offered by their faith.

For the non-believer, it is simpler. There is no complicated theology, no mysterious meaning or purpose to reckon with—or to reinforce defensive denial of death as the end. At some future time, determined by random accident, error, or disruption of some vital, life-sustaining system, life will slip away. The process of dying may be instantaneous or it may be long and painful, but at the end there is a void. It is over. There is no mental entity or identity, no "I". Our atoms return to the pool. Our moment in the saga of human and biological history is done. It is hard to hold in mind the concept that "I won't exist." But it may also be comforting.

None of us is free of regret, remorse, or wish that we had done some things differently with our time. That we must accept. But we have striven and we endured. If we have been fortunate and tried hard to understand life and cope with it, we may have reached a point of maturity that is far along the line of development suggested by Erikson³ ("ego integrity") and outlined by Kohut,⁴ in which our sense of self or healthy narcissism is sustained by wisdom, humor, and creativity.

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