

# Developmental Issues in Maturity: Finding a Future Different from the

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## Present

Sheila Hafter Gray, MD, FABP

Adjunct Professor of Psychiatry, Uniformed Services University of the Health Sciences  
Chair, Committee on Professionalism and Ethics, Group for the Advancement of  
Psychiatry

President, Accreditation Council for Psychoanalytic Education, Inc

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### *Developmental Issues in Maturity*

Twentieth-century psychodynamic theorists tended to view emotional growth as fully accomplished upon the transition from adolescence into adulthood. This is mistaken conception. It reflected and also supported sociocultural pressures for rapid movement from adolescence into adulthood. Erikson, Jung, and some others, however, described young adulthood (youth) as a stage interposed between adolescence, and adulthood. From this point of view, young adulthood is a time for exploring the world and relationships from a secure emotional base. The developmental task is actively to consolidate an identity and a capacity for intimacy, in preparation for an adult life of care of others. Similarly, transitioning from adulthood to maturity – formerly regarded as ‘old age’ – involves shifting out of the adult virtue of care of others and taking time and energy for reflection to develop wisdom, satisfaction with a life well-enough lived, and integrity adequate to sustain self-esteem in the face of physical deterioration.

### *Issues confronting mature individuals*

The lingering notion that adulthood represents the culmination of emotional growth burdens the normative transition to maturity. The consequent challenges to this

normative transition may impede development of adaptive skills, limit pursuit of stage-appropriate aims, and retard transition from adulthood to full maturity.

Physicians may experience profession-specific difficulty leaving clinical practice because medicine is not an occupation but a lifelong vocation. Care of others is a core element of the physician's identity — his or her sense of self. Maintaining an integrated sense of self in the absence of clinical practice may require redefinition of how we understand our profession.

A drive to continue practice is difficult to resist for several reasons. There is the temptation to sustain self-regard that arises from decades of caring for others. We are needed! We wish to assure the availability of our expert care both to underserved populations or areas and to our own long-established patients. The wish to continue in practice, we tend to deny the risks of harm to the patients we intend to serve. Even subtle cognitive defects may lead to suboptimal care. The inevitable death of elderly clinicians will expose their patients to avoidable trauma. Further, we seem willing to deny the risks even when they poses harm to the profession. Continuing in practice, we may deprive younger colleagues of access to good employment opportunities. As volunteer faculty and clinical supervisors, we help justify inadequate training programs, poor planning, and inadequate compensation. These problems raise questions. Should we drag out adulthood until we can no longer think clearly or we are referred to a physicians' health committee by our peers, or summoned before a licensing agency? Or, are there other ways?

### *When to Retire from Practice*

Certainly, one should retire upon becoming aware of emerging deficits in the competent practice of clinical work. This requires conscientious self-assessment, self-awareness and the capacity to take responsible action. These depend in turn on having preserved higher-order mental functions. An alternative is to retire when it is developmentally appropriate even if one's mental status is perfect. Retirement with intact mental functions leaves time and effort to pursue wisdom.

An awareness that the time has come to retire is a clear sign of emerging wisdom. This awareness entails a process of mourning — reflecting on and consolidating the memory of one's practice. Within medicine, we may engage in several activities to facilitate mourning and promote the transition from care to the pursuit of

wisdom. These include documenting the clinical intelligence that one had accumulated over the course of practice. Narrative-based medicine and memoirs are two ways to give that intelligence a life beyond one's own. This may include engaging in conceptual research by writing review articles and participating in professional practice guideline projects or sharing our knowledge through consulting, teaching, and serving on editorial panels.

### *Conclusion*

Wisdom is the successor virtue to care. It may develop optimally only after ending practice. Normative mourning tends to lead to a secure and integrated sense of self-worth. This makes it possible to look in the mirror to see a psychiatrist who is not only good but also wise and strong enough to confront a future different from the past.

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[shgray@post.harvard.edu](mailto:shgray@post.harvard.edu)

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