Therapy for the Middle-Aged: The Relevance of Existential Issues

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Middle age is a normative developmental stage. Although further research is still required, there is general agreement in the literature as to the principal changes, conflicts, and tasks that are characteristic of this stage in life, and in particular, as to the nature of the transition to the second half of life, or what is commonly known as “midlife crisis.” The dynamic psychotherapeutic approach to the middle-aged patient does not differ in essence from that adopted toward adolescents or the elderly. The current paper suggests that introducing existential issues and the existentialist therapy approach into analytic-oriented therapy is especially appropriate to the psychotherapy of individuals in midlife. The central themes of middle-age psychology are presented, and the relevance of the existentialist therapy approach is discussed in this context, with reference to four fundamental elements of the “existential discourse”: death, isolation, freedom, and meaning.

“All of a sudden I'm scared that the end will come and I'll be all alone and I'll have to decide what to do with myself. How come everything was fine up to now?” or The Relevance of Existential Issues to Therapy for the Middle-Aged

The therapist is ten minutes late for her session. When she arrives, she finds the patient (a 42-year-old man with narcissistic personality traits in a maniform state) is obviously angry. This is not the first time she has been late, and he always responds with anger, interpreted by the therapist as an expression of his feeling that other patients in the ward are more important than he is, a regression to the childhood experience of rejection by his family. As a rule, the patient grows calmer in the wake of interaction with the therapist. The therapist presents the session to her supervisor, reporting that this time the patient refused to calm down, and she felt he was incoherent, while the therapist (aged 30), continued to respond with seeming empathy to the patient’s sense of insult. She reported that the patient insisted that in those ten minutes he could have gotten a lot done (he is an artist who has

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recently displayed a frenzy of non-stop painting, working even throughout the night). He quoted Salvador Dali, who the patient said claimed that people like them (Dali and the patient himself) should not have to die. He went on to ask the therapist if she had any idea what it is like not to read old books so that you have time to read new ones. The therapist again interpreted his response to her tardiness in terms of a narcissistic offense; the patient ignored her, continuing to speak about “lost time”.

THE TRANSITION TO THE SECOND HALF OF LIFE

Several theorists have contributed to the understanding and study of middle age as a separate developmental stage with characteristic changes, tasks, and goals. A short summary of these theories is warranted before proceeding to the specific subject of the discussion here.

Jung (1971) was one of the pioneers in conceptualizing what happens in the inner world of the individual during the second half of life, theorizing that highly significant changes take place, which are universal and emerge from inner sources. He claimed that in midlife, men and women tend to expand their gender boundaries. Women become more connected to the masculine aspects of their psyches (animus): rationality, competitiveness, and investment in goals outside the family circle, while men become more connected to their feminine elements (anima): emotionality, intuitiveness, and greater attention to interpersonal relations. This can be a positive process for those who manage to integrate the change by expanding their personality. However, for people who cannot readily accept or acknowledge the masculine/feminine aspects with which they are confronted in middle age, it may be difficult, constricting the personality or even leading to psychopathology. A further process, described by Jung as part of midlife development, relates to the archetype of the “shadow,” the inner construct that represents all the qualities of one’s personality that are perceived as undesirable, immoral, or so unacceptable as to be deserving of punishment. According to Jung, in middle age the contents of the shadow, which were previously repressed, increasingly rise to consciousness. Again, at this stage in life these aspects must be integrated, or else the personality must be constrained and obsessive mechanisms adopted in order to deny the existence of threatening inner drives. These and other processes aid in the primary task of the midlife transition, which is individuation. In Jung’s view, individuation involves the transition from collective behavior and ideology to active, conscious, “self-fulfillment”, whereby people commit themselves to developing their unique characters.
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This process occurs in middle age not only because of the greater freedom from the obligations to family and career characteristic of young adulthood, but also because it is part of an innate inner process that one can, again, either accept or fight. In essence, individuation is the way to cope with the fear of personal mortality.

The term "midlife crisis" itself is generally attributed to Elliott Jaques (1965), who suggested that its principal theme is coping with the realization of one's own mortality. Jaques based his theories on a biographical study of 310 creative artists, finding a change in their work as they age, moving away from a "lyrical descriptive" content in an impulsive "hot-from-the-oven" style to a "tragic philosophical" content in which they display a much more reflective style, with the work first "carved out" in the artist's mind. He explained this transition in terms of the theory of Melanie Klein, claiming that midlife crisis is a reprocessing of the depressive position. The concept of coping with the awareness of death might be rephrased as coping with all that the "void" represents: restrictions, injustice, and illness.

Levinson (1978) studied four groups of Western middle-aged men from different socio-economic environments, and he also concluded that this period is characterized by negotiation with the idea of death and finality. He argued that in midlife people have to deal with three major tasks: 1) reviewing and reassessing young adulthood in terms of what one has accomplished; 2) taking the first steps toward the second half of life, i.e., the focus gradually shifts from the past to the future; 3) dealing with the polarities of young/old, destruction/creation, masculine/feminine, and attachment/separation. While these pairs are not mutually exclusive, in the first half of life they are less well-integrated as the distinctions aid in functioning ("I'm a real man;") "I am forever young;" "I only create, never destroy;" etc.). Awareness of the conflicts aroused by the polarities stimulates development toward the second half of life, primarily because of the need to reconcile oneself to the fact that there is no solution to these dilemmas.

Vaillant (1977) conducted a longitudinal study of college graduates over the course of some 35 years, and found that around the age of 40, the respondents felt they now had the opportunity to break free of the bonds of the conventions of young adulthood. In this period, the intergenerational aspect of midlife (dealing both with adolescents and elderly parents) also came to the fore. The implication of this twofold circumstance involves the awakening of ideals, values, and drives that had seemed to
have been abandoned or repressed, while at the same time being confronted with a reality of illness, old age, and finality.

Gould (1978) investigated adult development by studying different age groups in order to discover the major issues typical of each age. She formulated her conclusions as the “misconceptions” that are characteristically challenged and refuted at each period in life. The most common misconceptions proven false in midlife are: the illusion of immortality will endure forever; death will never touch me or my loved ones; there is no life beyond that which I am living; and for women in particular, there is no existence save for providing care and protection. In short, the transition to middle age entails separation (here perhaps from the ideas and values held in young adulthood) and the notion of mortality.

Neugarten (1964) contributed considerably to our understanding of the individual in middle age by, among other things, describing the process of growing “interiority,” which is not identical to Jung’s “introversion”. Rather, it refers to increased attention to one’s inner emotional world and decreased dependence on external expectations. The individual focuses more on the objects and processes in inner life and becomes more introspective.

No survey of adult development theories would be complete without Erikson’s (1950) views on maturity. The developmental task most suitable to the transition to the second half of life would seem to be “generativity vs. stagnation”. “Generativity” refers to the concern for the future reflected in mentoring a new generation, not in the instrumental sense, but on the cognitive and emotional levels of allowing for mutual individuation while assuming responsibility for the set of transcendental values cherished by each side. This task thus differs from that of young adulthood, self-fulfillment, by shifting the focus of one’s responsibility from the individual to the family, society, and the community.

THE EXISTENTIALIST APPROACH

There is no simple definition of the existentialist approach. I will attempt merely a brief account of its major principles as relevant to our discussion here, borrowing mainly from Yalom’s Existential Psychotherapy (1980). Yalom defines existential psychotherapy as a type of dynamic psychotherapy in the sense that it maintains that all mental processes, thinking, emotions, and behaviors, both adaptive and non-adaptive, derive from internal forces and the interactions between them, and that these forces operate on different levels of consciousness. In order to identify them, existential psychotherapy uses the same tools as other dynamic
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approaches: introspection, dreams, psychotic experiences, or child behavior. According to the existentialist approach, the essence of the inner conflict is the struggle between awareness of the human condition and the attempt to repress this anxiety-producing awareness. Defense mechanisms are employed to avoid painful consciousness of what is termed the “ultimate concern.” While the “ultimate concerns” in the existential situation are not categorized, those considered central in terms of personality organization and clinical relevance are death, meaning, isolation, and freedom/responsibility (again, according to Yalom). The conflict with reality occurs primarily, although not solely, in “border situations,” that is, situations such as illness, which confront individuals with the notion of death and isolation and typically cause them to consider questions of meaning, freedom, and responsibility in the context of the future.

Following is a brief discussion of the four focal points of existentialist theory and therapy, the defense mechanisms employed to protect against the anxiety they arouse, and the way in which existential issues intersect with the concerns of the second half of life and especially the transition to it. Finally, I will attempt to show the relevance of existentialism to therapy, particularly in the treatment of the middle-aged.

DEATH AND THE FINITE

“Salvador Dali said that people like us shouldn’t have to die. Do you have any idea what it is like not to read old books so that you have time to read new ones?”

Death is central to existentialism; it is the cause and driving force behind everything else. However, awareness of death is not used in the narrow sense that we all know we are mortal and will some day depart this world, but rather in the broader sense of the finite, the incomplete, and the limited. The other existential elements, such as isolation, meaning, and responsibility/freedom, all emerge in the shadow of this finality. It is a barrier that dictates choices, or as Jaspers (1951) defines it, a reassessment of priorities. This task, which takes place in border situations, is similar in substance to the task Levinson found for the transition to the second half of life. When a person becomes painfully aware that “in those ten minutes [when he had to wait] I could have gotten a lot done,” in the words of the patient in the example at the start of this paper, this (despite its seeming banality) is a “border situation”. More than merely an expression of a desire for efficiency or an insistence on the importance of the patient’s time as opposed to that of the therapist, it constitutes a confrontation with the
idea of finality. What is needed is indeed a reassessment of priorities, as Levinson (1978) described in his studies.

According to Yalom (1981), death can be dealt with by means of two main, and ostensibly contradictory, mechanisms. The first is the sense that "I am inviolable", that is, the rather narcissistic, omnipotent, and grandiose perception that the individual stands above everything else and has a personal specialness. Therefore, "nothing can happen to me" and "I deserve to get everything". The second mechanism is based on the fantasy of the ultimate rescuer, a nearly symbiotic dependency on some omnipotent object (husband, boss, institution, truth). Thus there is always something to lean and rely on, and "even if I am helpless, there is someone who will save me whatever happens". (Gould (1978) presents similar statements as false illusions that are shattered in midlife.) On the whole, these two mechanisms lose their effectiveness in middle age in the wake of the external events typical of this period, such as physical changes, personal illness or the illnesses of others of the same age, the aging and death of one's parents, and the need to take on new responsibilities (in the case of those dependent on an ultimate rescuer). People are forced to face the difficulty of confronting finality, if only in order to make new choices, which will presumably be better as they will be more adaptive and, what is most important, more personally authentic (an existential concept) that those made in the past.

The issue of finality is not only the prime mover in existentialism. It is also central to the developmental theory of middle age. The very awareness that time is passing and "I am getting old" is, as Neugarten demonstrated (1964), linked primarily to the perception of death as personal. Jaques coined the term "midlife crisis" in the context of confrontation with the idea of mortality, which requires a reprocessing of Melanie Klein's depressive position. Similarly, Vaillant (1977) and Levinson (1978), who conducted longitudinal studies of adults into their '60s, both quoted their respondents as stating that the motivating factor for their development was the realization when they were in their 40s that finality also applied to them personally.

Consciousness of the transition to the second half of life, or in other words, of the fact that time is running out, is an important element in the treatment of older adults who gain this awareness mainly from being confronted with the notion of the finite. The notion of Death is also present in the treatment of younger patients, but it is not a central issue because of the deeply rooted denial and the yet to be shattered illusion that "I and my loved ones will live forever". Thus, although present, it is not an
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intimate personal theme. For younger people, the sky's the limit, there are no boundaries (subjectively speaking), no incompleteness, and no limitations. Suffice it to note the remark commonly voiced by middle-aged individuals: “At this age, my classmates are starting to get sick and even dying, and that’s frightening.” “Starting?” Everyone who reaches middle age had high school classmates who were diagnosed with leukemia, or were killed in accidents, or, in the sad reality of Israel, fell in the line of duty in the army. It would seem, then, that “starting” relates not to objective facts, but rather to the newborn awareness that death and mortality are intimate personal concepts. This explains why therapy for patients in midlife seems to call for different emphases.

Meaning

“Yes, it's a sunset... The sky is a blue tinted with green, tending toward grayish white, and on the left... crouching, curled up, is a cunning hazy in a dead pink. There's a deep serenity which isn't mine... I suffer from not having the vague pleasure of assuming that it exists. But in fact, there is no serenity and no lack of serenity: there is only sky, sky in all the swooning colors” (Livro Do Desassossego (The Book of Disquiet), Fernando Pessoa; translated by Sara Kitai, pg. 182).

Pessoa's description illustrates Camus's (1955) remarks on the absurd and the tension between the attempt to create a meaningful value system and the indifference of the cosmos, which appears to lack any immanent meaning. The search for meaning is an integral part of life from adolescence (if not earlier) to old age. It is a quest for logic in a world that is essentially meaningless. Border situations, which occur with greater frequency in midlife, inevitably lead to the need to contend with questions of meaning.

According to Yalom (1980), the defense mechanisms that enable us to cope with the menacing void of meaninglessness are of two types: the ritualization of meaninglessness by adopting a consistently cynical nihilistic attitude; or the ritualization of a certain meaning (religion, ideology, institution) which gives one's life the apparent semblance of altruism and accomplishment (also helping the individual to cope with the sense of emptiness). The characteristic features of middle age also put these defense mechanisms to the test. Cynicism and nihilism are challenged by isolation from family and society. The exertive altruist realizes that his or her gods, whether they be parents, a regime, or an ideology, have feet of clay, making it hard to continue “doing” because of both waning motivation and waning strength. Thus in midlife, these processes force people to contend with the
terror of emptiness and lack of meaning without the protection of their familiar defense mechanisms.

Viktor Frankl (1963) speaks of the “existential vacuum” created in states of disidentification, when there are no apparent clearly-defined demands and expectations from the environment, and individuals themselves are unsure of their role (a familiar phenomenon on weekends). The situation generates anxiety by requiring decisions that must come from the self and the inner world. Middle age, which follows on the construction and settling down of young adulthood, constitutes a kind of existential vacuum in which personal existential meaning must be found without the context of external demands or expectations, either because they are too heavy a burden or because they have ceased to exist, as in the case of the “empty nest”.

This may be linked to Neugarten’s process of “interiority,” (1964) which, as we have seen, develops in midlife and involves a focus on inner reality from whence the solutions must come. The quality of the contents of meaning differ from adolescence (e.g., communism, developing a new computer program, etc.) to late adulthood (e.g., self, family, etc.) In adolescence, meaning has a cosmic aspect, based on theories and justifying principles; in midlife, even if it is grounded in ideological or moral elements, meaning has a personal perspective that reflects the individual’s experiences, and contains components of personal insight, an aesthetic, and a harmony associated with very particular choices. As the essence of existentialism is personal experience rather than collective rules or principles, it is more appropriate, in developmental terms, to the emotional world and search for meaning of the middle aged. This, too, explains the need for a difference in the focus of psychotherapy of younger and older adults. Border situations of loss and distress require a degree of maturity and experience if they are to lead to the search for personal answers to questions of meaning. It is difficult for younger people to formulate questions or doubts regarding the reason for their existence when they are convinced that “I get up in the morning and work hard and make sacrifices because I’m supposed to provide, support, and help, just like my parents and their parents before them. I am acting as my beliefs, my education, and my principles dictate”, or “I am guided by the good of humanity/my country/the army/my family”. With a younger adult, using the existential language of personal meaning as detached from the social context generally engenders confusion and resistance. There can be no discussion of pros or cons, especially if this meaning contains elements of a personal aesthetic, a harmony, or poetic justice.
FREEDOM

S., a 46-year-old physician, presents in a severe depressive state, for which she requires hospitalization. She has served as the deputy head of an internal medicine ward for many years, has an excellent reputation, and is very popular at work. When the head of the ward retired, it was only natural that S. be offered the position. To everyone’s surprise, she took a long time to decide, eventually accepting the post. Two months later she is hospitalized. In retrospective processing of the experience, S. explains: “I couldn’t fire people, and I couldn’t hire new doctors because then I would have to reject other applicants. It was a nightmare. I suddenly understood that my whole life up to now, which I had believed was based on only doing good, was actually full of failures, destruction, and disappointing others, and I couldn’t bear it.”

The issue of personal freedom, including the concepts of responsibility and free will, is central to existential philosophy and psychotherapy. The anxiety aroused by freedom is repressed in various ways. The most banal of them is the avoidance of responsibility for one’s actions and failings, what Erich Fromm (1941) calls the “escape from freedom.” This might also take the form of transference of responsibility to some other factor within or without the family, along with adoption of the role of victim who has lost control over his or her life. Yalom (1980) describes a similar mechanism, compulsivity, whereby individuals seemingly can not help but repeat behaviors such as extramarital affairs or losing jobs, and have the sense that they would like to behave differently but are incapable of doing so. The most sophisticated mechanism, to my mind, is replacing dependency on others in late adolescence with their dependency on you. One then hears that people can not fulfill themselves and take responsibility for their lives because “my parents/my family/my employees depend on me and I can’t abandon them and betray their trust”. These arguments are particularly persuasive for both individuals and those around them, as they sound altruistic and appear to imply the assumption of a great deal of responsibility. This mechanism in particular breaks down in midlife, when the people involved have grown and developed and are no longer as dependent on the individual as they were in the past, making the issue of responsibility and free will relevant to the therapy of people at this age. In general, existentialist therapy stresses the subject of free will at every crossroads in life, especially at times of adversity. In such situations, people must make new choices, realizing that they can not “hedge their bets”, that every option will always have its disadvantages, whether for them or for others. Middle age is replete with adversity (physical changes, illness, aging parents, blocked career paths, etc.), forcing individuals to contend with the
significance of their choices and the sense of guilt and destruction they incur. In effect, this is the essence of free will and responsibility. According to Jung, it is at this age that the "shadow" rises to the conscious level. This circumstance cannot help but generate a struggle with the issue of freedom and taking responsibility for the "shadow," as it is part of the (authentic) self, even if it contradicts the spirit of the society, expectations, and values on which one has been brought up. The sense of guilt is therefore inevitable. While there is something esoteric about the concept of the "shadow", support for it can be found even in such a "mainstream" theorist as Kernberg.

In two papers on the normal and pathological narcissism of midlife, Kernberg (1980) describes very similar phenomena, and speaks, among other things, of the newfound "discovery" that evil exists in the individual and in the world. Jaques (1965) also relates to a situation not unlike consciousness of the "shadow" when he discusses the reprocessing of the depressive position in midlife. All these theorists share the perception that the painful awareness of the presence of evil in ourselves and the world is part of normative development at middle age and requires making new decisions and assuming responsibility.

Each of these issues is also raised in the clinical setting with younger adults. As I see it, however, the main difference between early and later adulthood in respect to the question of evil lies in the solutions. The solutions found in young adulthood derive from the perception of the distinction between good and evil. This enables the individual to opt for the "good," usually in relation to principles involving the family, the workplace, and society, which are ostensibly absolute unquestioned truths without any reference to probity or malice. In middle age, the polarity of destruction/creation, as Levinson defines it, and the perception of the tragic elements of existence, dictate choices that are more similar to those described in the existential model. Through these choices, one must take responsibility not only for the positive, but also for the negative, for the evil within and the harm one's decisions may cause to others. In the clinical situation, any attempt to make a younger person aware of the "shadow" and take responsibility for it is likely to result in the sense that the therapist is being critical and hostile, and to engender guilt feelings that will lead to choices less fitting to the desires of the self. In existential terms, these are not authentic choices.

The same issues can also be viewed from another angle: the need to revise moral codes after the change in dependencies and the pressures of external reality (achievement of financial independence, gaining an exec-
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ute position, children marrying and leaving home, the growing dependency of parents, etc.). These changes, which occur in midlife, compel individuals to reexamine the values and moral codes by which they have lived thus far. Experience has taught me that very young adults find it difficult to accept the fact that there may be a need to examine and modify moral codes, which they see as eternal and unaffected by circumstances or changes in one’s inner world; they are like planets whose existence can not be questioned. From this perspective as well, existential discourse is more suitable to a dialogue with a middle-aged patient.

ISOLATION

On one of the walls in my therapy room hangs a framed poster with “Je me sens seul” (I feel alone) in large letters. Patients fall into three categories: those who blurt out with a sigh “How true that is” as soon as they come in; those who make some sort of reference to the poster after two or three years of therapy; those who ignore it entirely. With no exceptions, the patients in the first group are above the age 70, in the second group between 40 and 70, and in the third group below 40.

Existentialism speaks of isolation neither in the physical sense, nor in respect to the alienation between various parts of the personality. Rather, in existential terms, isolation means the inability to escape pain and the notion of finality. Closeness is thus limited by its very nature, as is any type of support, empathy, or help. The defense mechanisms that enable people to cope with isolation can be characterized on the concrete level as various forms of relationships with others, and on the abstract level as attachment to the collective by means of ideological or emotional identification. In normative development, losses begin to appear early in midlife, as parents age and die, children leave home and marry, and ideologies are found wanting. These partial or total losses confront a person with the concrete form of isolation. Similarly, the illnesses which begin to appear in this period reveal one’s personal vulnerability and the fact that even when surrounded by a loving environment, the individual alone must contend with the pain and fear they generate, as Tolstoy described so tellingly in The Death of Ivan Ilyich.

Erikson (1950) defines the basic issue of the stage of young adulthood as intimacy vs. isolation. In their 30s, people learn to enjoy intimacy. However, gradually, as they reach middle age, they become aware of its limitations and discover what they can not get from others. As consciousness of the limits of intimacy grows, they retreat, at least to a certain degree, into isolation. Personal development and disillusionment in adult-
hood also inevitably lead to the need to contend with isolation on the level of emotional or ideological identification with the collective. Indeed, the developmental terms employed to characterize midlife all appear to contain an inherent sense of isolation. Consider, for example, Neugarten's "interiority," Jung's "individuation," and Levinson's "becoming one's own man" or "the loneliness of being one's own parent." In effect, any new choice aimed at individuation from the collective, integration of aspects of the opposite gender, or assuming responsibility for evil reveals the isolation that is immanent in every interaction with the self.

As with the other issues we have examined (death, meaning, freedom), the theme of isolation is also present in the therapeutic situation in the case of younger adults. However, there we tend to "cooperate" with the manic defenses in order to promote the process of socialization or to focus on the capacity for intimacy as a goal of therapy. Consequently, we create the illusion that there is a way out of isolation and that this is indeed the meaning of growth and maturity. Paradoxically, for a person in the second half of life, psychotherapy is meant to lead to the insight that, as Existentialism maintains, growth and maturity mean coping with the fact that isolation is one of the fundamental elements of the human condition, with only a partial solution at best.

CONCLUSION

A basic assumption of this paper is that normative development extends beyond young adulthood. While the validity of this assumption does not necessitate the formulation of a new theory of personality or a new therapeutic technique, it clearly requires a redefinition of the emphases in the therapeutic situation. I have attempted to offer a brief outline of the major developmental trends in midlife. In short, in middle age finality becomes an intimate personal issue, and as a result there is a renewed search for the meaning of life which confronts the individual with questions of freedom and responsibility, along with a painful sense of isolation. It is the conjunction of these elements that I have sought to stress, thereby demonstrating the importance of existential emphases in psychotherapy for the middle-aged.

REFERENCES

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