



What happens when a psychotherapist is ageing?

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ABSTRACT

Many psychotherapists continue to work beyond retirement age. In this article, I discuss this topic in relation to previous articles on the death or incapacity of a psychotherapist, and research focused on the ageing psychotherapist by Orlinsky and Rønnestad, as well as ethical and professional considerations and my own experience as an ageing practitioner.

ARTICLE HISTORY

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Death

Twenty-five years ago, I wrote an article with Petrůska Clarkson, 'What Happens If a Psychotherapist Dies?' (Traynor & Clarkson, 1992). Five years later, I contributed additional information and discussion topics when the article was selected for publication in *Counseling: The BAC Counselling Reader* (Traynor & Clarkson, 1997). Later still, and three years after Petrůska's own death, I updated the information in the original article for a final version published in *EATA News* to reflect the then new *Code of Ethics* published by the European Association of Transactional Analysis (Traynor, 2010).

'What Happens If a Psychotherapist Dies?' concerned the ethics, practicalities and responsibilities towards our clients should we die or become incapacitated. The article concentrated on the psychotherapist's unplanned termination of the psychotherapeutic relationship and advocated the appointment of a psychotherapeutic executor who would contact the clients, safeguard their confidentiality and aim to reduce any trauma caused by the rupture in the relationship. It stressed the importance of making a will, a willingness to face up to one's own death and dispensability.

It is particularly important for psychotherapists to do this so that they can help clients to deal with issues of death, dying and mortality. In order to be able to leave, I need to ensure that my affairs are in order. By bringing this into focus for the client, the therapist is, among other things, modelling self-support. (Traynor & Clarkson, 1997, p. 484)

On re-reading the articles, I was surprised to discover that I/we had advocated destroying client notes. In fact, the legal executor(s) of the estate should keep notes of current clients and those who have left within the last six years in sealed envelopes in case the client wants a copy or wishes to bring a malpractice claim against the estate. The material may not be disposed of until six years after the last psychotherapy session.

One thing I regret about what we wrote is the use of the term 'psychotherapeutic executor' because it may be misleading. The will is administered by the legal executor

(s). It is therefore essential that they be informed of the contact details and duties of any 'psychotherapeutic executor' so that both parties can complete their responsibilities in an ethical and responsible manner.

The articles focused on death, which of course can happen at any age. In my experience, people do not generally comment directly on signs of ageing when they encounter people from their past. Often the meaning is expressed implicitly. For example, when I attended a gathering to mourn the loss of a beloved trainer and psychotherapist, nobody said, 'Barbara, you've aged'. What they did say was, 'You look so young in these photos'. When ex-clients re-contact me to work on some new issue that has arisen in their lives, they often begin by asking, 'Are you still working?'

Aspects of performance such as memory and learning are affected by ageing, but research shows that the same standards achieved by younger individuals can be attained with more time and, once learned, retained at the same levels (Gregory, 1987).

Growing older

In 2015, Orlinsky and Rønnestad published an article 'Psychotherapists Growing Older: A Study of Senior Practitioners'. Cultural attitudes to ageing vary. Orlinsky and Rønnestad used data from psychotherapists from North and Latin America, Europe, Australia and New Zealand in their study, but excluded data from Asia and the Middle East because they considered that the cultural attitudes towards different life stages and ages in those countries might be different.

In the study, they compared practice-related characteristics of 'Senior Adult' practitioners with younger colleagues. The entire group numbered 11,710 and the senior practitioners 1,102. The younger groups were termed 'Young Adult' (21–29 years), 'Prime Adult' (30–44 years) and 'Mature Adult' (45–59 years). The Senior Adult group were aged between 60 and 90, and of these, 61% were female.

The Senior Adult group had a larger percentage of members in private practice (74%) and over a third were working more than 15 client hours per week. The group rated themselves highest for clinical efficacy, warm, affirming working alliances with clients, coping constructively with difficulties as they arise and work satisfaction. Carl Rogers (1980) said that ageing favoured several psychotherapy abilities, specifically patience, spontaneity and acceptance.

The Senior Adult group had between 24 and 29 years' clinical experience. They accepted the realities of old age: 'I think old age is not best by any means. As far as I can tell being old and wise is not better than being young and innocent' (p. 1135). However, they still enjoyed their client work: 'I am more myself than I have ever been' (p. 1136). Their high results may also have been affected by the fact that practitioners who enjoyed the job less may have opted to retire earlier.

The Senior Adult group rated themselves slightly lower than the other groups for a sense of growth, mastery and a deepening understanding of therapeutic process. Orlinsky and Rønnestad suggest that this may be because mastery has been attained at previous stages.

The Senior Adult and the Young Adult groups rated equally highly for energy. I can understand this. There is something energizing in knowing that you are working well in a profession that you enjoy. While acknowledging the physical deterioration

that accompanies ageing, Carl Rogers (1980) said, 'So, I am well aware that I am obviously old. Yet from the inside I'm the same person in many ways, neither old nor young' (p. 72).

Orlinsky and Rønnestad refer to Erikson's work on identity and the life cycle. He identified the ages of 40 to 65 as a time of struggle between generativity and stagnation. The focus of generativity is on creativity, nurturing people who will outlive them and contributing creatively in the home and wider world. He identified the age range of 65 to death as a time of reflection, when the struggle is between integrity and despair, with the main gain being wisdom. The Senior Adult group rated themselves highest of the groups for current quality of life and wisdom.

The article was interesting but I had one concern: that the Senior Adult group were less likely to be in personal psychotherapy or supervision, with the exception of the counsellors in the group (92% of whom were in supervision). Since so many of the group were not in psychotherapy or supervision, their self-perspective may have lacked healthy challenge.

In its *Ethical Framework*, the British Association for Counselling and Psychotherapy (BACP, 2016) states that, 'Supervision is essential to how practitioners sustain good practice throughout their working life', in order to 'reflect in depth about all aspects of their practice' and 'work as effectively, safely and ethically as possible' (Good Practice Section, p. 11).

I empathized with the Young Adult group, who experienced the greatest sense of frustration and difficulties and the lowest level of job satisfaction, and found it understandable that these difficulties lessened through each of the successive age groups.

Training in psychotherapy is complex and personally and professionally challenging. It is also costly. The initial findings of the BACP *Annual Membership Survey* (2017) indicate that the top two challenges identified by counselling professionals were the cost of training (42%) and finding paid work (40%).

When I began my training in the early 1980s, there were few reputable counselling and psychotherapy trainings compared with today. Back then, there was a growing interest in issues brought to public attention by organizations such as Women's Aid and Rape Crisis Centres. There was a lot of media interest and public debate on issues such as child abuse. Childline was set up in 1986 after a BBC programme on the topic was inundated with calls. In this environment, I did not have a problem finding placements or later setting up in private practice. Now there are many providers of psychotherapy training and subsequently more competition for placements and private clients. Most of my clients worked for local authorities, in health, social work or education. At that time, those jobs were generally considered 'jobs for life'. Such a concept sounds strange in the era of the zero-hour contract.

I did feel stressed as a beginning practitioner, partly because of my inexperience but also because of the personal issues that emerged through my client work. In addition, just as I had assumed as a child that my family of origin was normal, I made similar assumptions about my training institute. The most difficult aspect of this was that I both adopted and discounted the impact of the organization's approach to psychotherapeutic practice, for example the workaholic culture.

Backwards and forwards

Life can only be understood backwards, but it must be lived forwards. (Søren Kierkegaard, 1843, Journals IV A, p. 164)

Turning 70 seemed like a milestone event to me in a way that turning 50 or 60 did not. I see this period of transition as a chance to learn from and let go of things of the past. One of my priorities is to reflect back on my development on my own, in supervision and with my peers. I see this as part of the task of Erikson's last stage of identity: integrity. I have found that a useful way of doing this is by looking at the changing pattern of my working practice shown in the annual but more especially the five-year plans and reviews of continuing professional development. It enables me to understand choices I have made, celebrate what I have achieved and let go of projects that I am unlikely to complete. It helps me to clarify what I need to sustain me in my role, and embrace the new. I work to maintain my own physical and psychological health so I can work effectively. I have a couple of age-related medical conditions, one of which is sometimes evident when I walk to the door at the end of the session. Following discussion in supervision and with peers, I decided, in the interests of transparency, to share this with my clients and supervisees and this in turn engendered useful discussion.

I am more selective about the work that I do and have factored out work that I find tedious and unrewarding and veer towards work that is challenging, stimulating and creative. So, for example, I am very invested in assisting the next generation of psychotherapy students on their journey towards qualification. This is about professional community service and professional generativity.

It is important for psychotherapists of all ages to take care of themselves, but I think it is vital for the older practitioner, as it is essential to sustaining good practice. In its *Ethical Framework*, the BACP (2016) states that practitioners should sustain good practice by:

- a. taking precautions to protect our own physical safety
- b. monitoring our own psychological and physical health
- c. seeking professional support and services as the need arises
- d. keeping a healthy balance between our work and other aspects of life. (Self Care Section of Ethical Framework for the Counselling Professions, p. 13)

None of us knows how long we can continue to work effectively.

There is a question for the ageing practitioner. Have I got the skills and stamina to do the job and do it well? A good place to start is an examination of psychotherapy core competencies – see, for instance, the EATA (2014) *Training and Examinations Handbook* (Section 5). Psychotherapy is generally a sedentary profession. If you still retain the qualities and experience to facilitate the client's journey towards psychological health, the role of psychotherapist is not physically taxing. Post-qualification, it is rare to have an externally imposed assessment of one's abilities. The BACP is in the process of changing its structure. If I wanted to retain my membership, I was required to take a proficiency test to assess if I was competent to practise. I was surprised at how nervous I felt.

I know that I have aged. I have to write things down. If I don't exercise, my movements are stiff. I have experienced this article as more challenging to write than the one I wrote a quarter of a century ago. It may have been that I have forgotten the struggles or that there was an energizing structure of discussing it in supervision with Petrůska, but I wonder if the difference may lie in the fact that at 70 I am more involved in the realities of ageing, ambivalent about retiring, and in touch with my mortality than I was at 45.

In his seventies, Yalom (2010) wrote that as he got older, his clients worried about his health and their dreams focused on his death: 'It is dark. I come to your office but can't find you. Your office is empty. I enter and look around. The only thing there is your Panama hat. And it is all filled with cobwebs' (p. viii).

I still enjoy my work and am invested in my clients. I am not ready to stop being a psychotherapist yet. When I am, I want to retire well, both in terms of process and health. I have witnessed the void that people can sometimes experience on closing their practice, and its consequences. I am reading a lot of material about psychotherapists' experience of retirement, taking more holidays and exploring options outside the world of psychotherapy.

I am referring clients who require long-term psychotherapy to younger colleagues. I have cut my practice back to three days a week and told my clients that I will be retiring at some time and will give them six months' notice when I do. My clients and I may then deal with our ending creatively and furthermore other endings in their lives.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor



Barbara Traynor worked for many years as a teacher before training and qualifying as a person-centred counsellor, Gestalt psychotherapist, and Transactional Analysis psychotherapist, supervisor and trainer. She is an executive coach and mentor and has a psychotherapy practice in West London, UK. Recently she was awarded an MA in Creative Writing from Brunel University.

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