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Ending?

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Today, exactly 10 years after having published the book ‘The empty couch’, I will focus again on problems of ending in the analyst, as they may have a strong impact on the analyst himself, his analytic tools, on his analysand and the analytic process, and that may also involve colleagues and psychoanalytic institutions, as well as our analytic reputation in general.

Analysts are known to be members of an “ageing profession”. They have often already passed a peak in their lifetime when ending their analytic training. It is all too understandable that at an age when some people in midlife are already beginning to mourn that finality comes into view, we put this aside because as recently qualified analysts we feel the “magic of a new beginning” (Herrmann Hesse).

Some analysts rave about our profession: ‘we can work as long as we want’, not feeling restricted by rules from outside. And I remember a young colleague who voiced passionately in his admission interview: “I want eventually to die behind the couch!”. What does this tell us?

Having held a number of different posts in analytic institutional life, national and international, I have witnessed, observed, experienced and discussed my



impressions with many colleagues that as analysts we tend to do exactly what Freud describes 1915: we eliminate our own ending from our sight, behaving as if everything will go on as usual.

This led me to the conclusion that many analysts show a tendency to turn a blind eye to aging, to vulnerability, to finality, and especially to thinking about and preparing ahead for an eventual death, instead they say: “Later, perhaps..”. Let us try to understand this taboo:

It was a long road, first to achieve our basic profession and then our psychoanalytic training, full of privations but lucky enough to know that we needed an analysis. Having qualified we became members of a group, a society or association, that we intensely longed to belong to. As members we have agreed to conduct ourselves and to treat patients according to professional principles within the frame of a code of ethics. This includes having agreed to ensure that we only work when we are in good enough health.

In our analytic work we are used to concentrating on the inner world of our patients throughout our working day, only focussing on ourselves in respect to countertransference. I guess it is exactly this that leaves us little time or energy to taking care of our private selves.

I formed the impression that as analysts we strongly dislike monitoring our own bodily grounding, in order to attentively detect if something is not well or has changed in comparison to earlier times (not only delegating it on doctors but feeling it ourselves). With ageing this monitoring becomes ever more important, but at the same time it requires more daring, because it involves the risk of realizing the loss of what we were used to, and of the possibility of falling ill, which could turn into an experience of “disaster”.

Preparing for an eventual ending we need to keep in mind a wide span of time, possibly the 10 years of work before ending. This requires a sense of time and a vision of an end, in order to be able to plan ahead: when do I want to take my last patient? How can I know in what state I will be in 5-10 years? In an EPF conference, comparable to the seminar on “The training-analyst in his first years”, I offered a seminar titled: “A training analyst facing his last years of analytic work”: What does this tell us that 1 colleague showed up?



I have heard analysts saying: ending their work is too hard, it is like dying; do they doubt: “Who am I if not an analyst?” It is as if they visualize the space beyond professional life as a black hole. Honestly facing my own process of ageing implies letting the notion of finality enter my personal inner world and beginning to mourn what I feel is or will be lost. At the same time, I have to acknowledge the intense resistance to doing precisely this, without secretly escaping from the task, when it is left to me to develop a vision of my own ending.

Doing analysis requires a healthy body. Theoretically, all of us know that every *organ of the body contributes to the well-functioning of the brain*. In daily life we easily forget to apply this to ourselves. Too easily we forget that our analytic tools, including our *awareness, listening, taking in, thinking, reflecting, remembering, and feeling*, depend on the well-functioning of our body as well as our brain. Our analytic mind would not exist if we would not have a body, a somatic hardware that enables us to think, to feel, to supply us with an emotional life as well as the possibility of orientating ourselves during the fire of our work. It is not well known that the onset of neurological problems, possibly finally developing into dementia, is often announced by a so called ‘premonitory depression’, which is mostly resistant to medication. I have been surprised by how helpful the analytic tool of countertransference can be in identifying a possible onset of a dementing process behind depressive symptoms.

In guaranteeing the requirements of professional standards in respect of good enough health, we are dealing with a very difficult and complex situation. The assessing authority is given to the individual analyst, yet as analysts we should know that exactly the required judgement might be subjected to wishful thinking or repression, or might be impaired by a somatic illness or by the onset of neurological disturbance that smooths the way to forgetting about these requirements.

A supporting and caring institutional frame, in the form of rules and limitation, is indispensable. But the necessary monitoring tools are often ineffective due to a lack of positive support: analysts tend to fear any restrictions



of their so called 'private rights' and tend to show a lack of confidence in colleagues and the reasoning of an institution. The argument is: *this is totally private*.

This introduces another question of a taboo: the discussion of what is private and what is official or institutional, belonging to the group and needing to be regulated. There is a great need to shed more light on the question of how we are living and working together, in order to finally reach an institutional clarification of the question: what is private and what needs to be of concern to the profession, if guarantees of the quality of our work are backed by the institution we wanted to belong to.

Ending is closely related to separation and finality.

The ability to actively decide on a conscious act of Ending requires a sense of factual reality, a vision and anticipation of a future development, eventually unpleasurable while at the same time being convinced of its necessity. I then have to face the passage of time, not only in relation to the world, but also from a third position in relation to myself, monitoring my own ageing and mourning what needs eventually to be given up, what feels lost and will never come back.

Our professional credo, that we always have plenty of time, does not stand up to reality now, yet we often behave as if it would. How can we take in this reality? There is a big difference between reading or discussing an analytic paper on illness and death and really facing the passage of time in relation to myself. I am afraid we mostly prefer the former and avoid the latter.