The Bottom Line—Aging is Not for Sissies

Judith Logue—Private Psychoanalytic Practice

Abstract: *This essay highlights an older woman's life-changing personal medical crisis. It discusses how a psychoanalyst prevented post-traumatic stress disorder with immediate and ongoing psychoanalytic treatment that led to not only surviving but also "thriving" in her "Golden Years."*

Keywords: *acute PTSD, aging, anal cancer, chemotherapy, chronic PTSD, golden years, post-traumatic stress disorder (PTSD), psychic trauma, psychoanalysis, psychohistory, radiation*

"Doctor, I'm About to Be Traumatized. Will You See Me When I'm Done?!"

I am a psychoanalyst long in the tooth, comfortable with most things medical, graphic, and even perverse, and I am a straight White cisgender heteronormative older female. Until 2008, my anus was an exit, not an entrance. By 2008, at age 66, I'd managed painful losses and traumas. But nothing was as surprising or strange to me as a diagnosis of a Stage III B-C anal cancer with a squamous cell tumor that had found its way into two lymph nodes. It was galloping quickly, and I was about to be kicked to the curb.

I was not a happy camper, angrier and more scared than I'd been since I was 19. That was when I was certain we were all going to be demolished in a nuclear attack, thanks to the Bay of Pigs invasion, air raid shelters, and regular air raid drills since elementary school. But in the summer of 2008, the anger and fear were different. I put my affairs in order, lit votive candles in the Catholic church, and enlisted my sister to drive an hour each way to make me laugh by reading *Fractured Jewish Fairy Tales* to me in bed. They were pee-worthy and helped me retain my sanity and perspective.

My husband, Doug, was first trained in surgery by a medical pioneer, Dr. Al Blalock, who ushered in the modern era of cardiac surgery. Doug then became a psychiatrist, psychoanalyst, and forensic physician. His experience turned out to be a blessing for me. Not only did he find my lesion, but he also rushed me through three weeks of scans and tests in record time. He put everything in "forensic order," and we sent the file to Dr. Douglas Wong, Chief of Colorectal Surgery at Memorial Sloan Kettering Cancer Center (MSKCC) in New York City. Once my radiation was scheduled for August, I had a chemo port inserted in my arm by a wonderful local interventional radiologist who pioneered the procedure.

I was seen within a week, thanks to my husband's forensic skill at putting together the files required to get emergency treatment. His ability to charm administrative staff into scheduling and obtaining essential CT and other scans helped to speed up the process. Dr. Wong answered my many questions directly. He was straightforward. No sugar coating. He let me know what I was in for. I knew I might not survive the radiation and chemotherapy. He told me that if I did, there would be irreversible changes to my health. To me, this was a prescription for firetorching and poisoning. It was almost impossible to believe I'd survive it. And if I did, I couldn't see how I'd want to live without a sex life and all the probable residuals of "radiation injury disease." I also immediately knew I was at risk for post-traumatic stress disorder (PTSD), not just "acute" but more than likely "chronic." What The F_ _K could a psychoanalyst do?

I called the most prominent trauma physician analyst I'd heard was any good. When Dr. Ira Brenner answered, I said, "You probably don't remember me from a previous communication on a professional topic, but I have a personal problem: I'm about to be traumatized. Will you see

me when I'm done?" He said to call him when I finished treatment, which I did in October. Thanks to excellent psychoanalytic treatment, I did not endure acute PTSD. Moreover, I escaped chronic PTSD too.

My experience, and the recommendation for psychoanalytic treatment, isn't for everyone, of course. However, because of my success, I am eager to suggest that there is value in addressing our psychology—and the expectable and "normal" (normal average, not normal ideal) fear and rage induced by the assaultive and barbaric treatment required to keep us alive. If not for my ongoing and *pro re nata* (as needed) availability of good psychotherapy assistance, it would not be possible for me to be grateful for being alive and understand with insight that it's possible (and better) to address all the feelings that go with the diagnosis and treatment of anal cancer.

Preventing Post-Traumatic Stress Disorder (PTSD)

It's impossible to convey in a few sentences how one prevents PTSD in analytic therapy. The best I can do here is superficially "butcher" the experience. One must connect the feelings in every situation with other situations, fantasies, and feelings—including those with physicians, nurses, and technicians—and what it feels like to lie in a dark, cold radiation room cave alone and half naked while requesting your techs to please turn off the music. You then talk about this with someone who can bear witness to your feelings and thoughts to help you better understand who you are and have been—and how this new trauma triggers previous traumas. Your analytic therapist understands, listens, validates, and interprets who you are, who you have been, and what you want to do. When I quit my six-week treatment after three weeks because of unbearable burns, it replicated an earlier psychological "temper tantrum" when I was 20 years old. I stubbornly quit college as a senior to avoid my comprehensive examinations. The good news is that with determination and psychoanalytic help, I completed both.

The Golden Years?

Psychoanalysis and psychoanalytic psychotherapy are different from cognitive behavioral therapy (CBT) with its mantras, techniques, and positive sayings, which are excellent tools. Being open to help and support from friends, family, and others, especially when older and disabled, is essential. Pseudo-independence and insisting on doing everything alone rarely work.

I have found CBT, self-hypnosis, auto-suggestion, and the "havening" self-soothing techniques used in hypnosis to be helpful. However, psychoanalytic depth psychotherapy was better at preventing PTSD because I could talk to my psychoanalyst about everything and anything that was socially unacceptable, previously unconscious, and politically incorrect. For me, addressing internal, not external, reality made aging with 17 years of cancer into "golden years" that I did not imagine or expect. Writing this brings back a precious memory. My mother, then in her 60s, told me: "Judy, I am not in my golden years—YOU are in your golden years, so enjoy them." If Mother were alive today, the good news is she would be thrilled to know that she was wrong.

Judith Logue, PhD, is a psychoanalyst, psychotherapist, and professional coach in private practice in Port St. Lucie, Florida. She is a member of the Center for Psychotherapy and Psychoanalysis of New Jersey, the Contemporary Freudian Society, the American Association for Psychoanalysis in Clinical Social Work, and a former board member of the American Psychoanalytic Association, Divisions 39 and 51 of the American Psychological Association, and the Society for Psychoanalytic Training. She has published and presented clinical and

research papers, book chapters, book reviews, and online programs. She can be contacted at judith@judithlogue.com.

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