

mindovermatter

by Professor Gordon Parker

A late-life crisis

Just as 60 is now the new 50, midlife crises are being taken up by a more elderly cohort.

HISTORY

Xeno, a 78-year-old retired businessman, presented with his 35-year-old wife, Cynthia.

Each stated that the other had bipolar disorder and that the consultation was to ensure that their diagnosis of the other was endorsed by the consultant.

Initially, they were interviewed together at their request and, during that time, neither looked at the other, while each sighed or seethed as the other described their partner's behaviours.

Each vehemently denied any mood disorder and appeared determined to scarify the other, relating incidents of the other's vicious anger, erratic behaviour and excessive drinking – all positioned as proof of a bipolar disorder.

Cynthia changed from warm and attentive to Xeno-phobic

As the heat rose, the interviewer elected to talk to each separately.

Xeno had been a highly successful businessman, required to resign when his business was taken over. He went from a 60-hour working week to days at home throwing hissy fits at his then-wife of 40 years.

These disputes escalated until he decided to take a two-week cruise. Here he met Cynthia, who – at her separate interview – detailed her longstanding difficulties with men.

Sexually abused as a child, she had never learned to trust men, having had two previous marriages and a number of partners, but with no relationship lasting more than two years. She had joined

the cruise, paid for from the proceeds of her last divorce, to secure her next provider.

Xeno found Cynthia, his dinner companion on the first night, wonderfully attentive. She was warm and bubbly, laughed at his stories and touched him affectionately – so different to his wife.

By the time they reached Fiji, Xeno had proposed.

On returning to Australia, he organised a rapid divorce, ignoring the hurt of his wife, and cutting through his children's anger by stating he would disinherit them if they interfered. He married Cynthia a few months later.

The predictable occurred. Cynthia changed from warm and attentive to Xeno-phobic, avoiding him as much as possible. She spent most of her days shopping and organising further overseas trips.

Their earlier sexual adventures, which had made him feel like a “young man”, petered out. Arguments increased and Xeno progressively expressed his frustration with temper tantrums. Cynthia seemed to encourage him to hit her.

Each considered the other to be volatile and unpredictable, and on Cynthia reading to him about an increase in bipolar disorder, each immediately viewed the other as having such a condition, hence the consultation.

MIDLIFE CRISIS

The midlife crisis – with its signature features of solitude, detachment and self-doubt, and its tasks of searching for the ‘self’ and re-attachment – is well recognised.

A common expression is for an individual to detach from their familiar partner and become infatuated with another (usually younger) who soothes their sense of frustration and need, and evokes a powerful distracter, in the form of Eros.

Here, such reawakened eroticism is a coping repertoire, encouraging the indiv-

idual to escape solitude and seek intimacy or union, be it with another person or via other strategies. Such reinvigoration acts as a circuit breaker to established patterns and attachments.

Following an infatuation phase, the ‘reconstituted’ individual may press on to consolidate their sea change.

However, the process most often leads to disappointment and dissolution of the relationship as the fantasy is replaced by unpalatable realities, leaving a wake of personal hurt, multiple financial and social problems, collateral damage and, commonly, depression.

We are now seeing more of these reactions in older people, presumably reflecting determinants similar to those observed in middle-aged individuals (concerns

about life ‘closing down’ and opportunities narrowing). The outcome of such a complete shift is rarely satisfactory.

MANAGEMENT

Xeno and Cynthia wanted the interviewer to validate their diagnosis of the other. This request was rejected.

Any psychiatric ‘label’ would clearly be used by the other as ammunition in the escalating war. Any recommendation for one to become involved in treatment would, similarly, invite accusations of “you’re the one with the psychiatric problem”.

The options were either a blunt recommendation about separation, or more temperate options, such as marital counselling.

As Cynthia was a survivor and had adroit coping repertoires, she was unlikely to

require assistance nor respond to such counselling.

Xeno, on the other hand, was a proud man, and had experienced a number of major setbacks over a short period. He was disaffiliated from Cynthia, from his previous longstanding marriage, and from his family, while his finances had taken a battering.

Once a forceful man, used to being fully in control, he was clearly at risk of depression and precipitous aggression – either at Cynthia or self-directed in a suicidal attempt. He was referred – without it being drawn to Cynthia's attention – to a skilled counsellor. ☺

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