Only connect—
the links between early and later life

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... Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

[Shakespeare, As You Like It, II. vii, 163–166]

These are the final words of Jaques's disquisition on the Seven Ages of Man in As You Like It. His reflections are prompted by an (off-stage) encounter with Touchstone (Duke Senior's clown), a meeting that is described at the beginning of the same scene. Jaques is exceedingly taken with Touchstone. He delightedly reports to Duke Senior and the outlawed court the "motley fool['s]' pronouncements on "how the world wags":

And so, from hour to hour, we ripe and ripe,
And then, from hour to hour, we rot and rot;
And thereby hangs a tale

[II, vii, 26–28]

The "tale" is the most significant of all tales—it is that of the human condition. A central theme in this play, as in many of the comedies, relates to the necessity of incorporating the reality of endings (i.e., of loss, of relinquishment, and ultimately of death) into the spirit of beginnings, and of potential beginning into the sense of an ending.

The "tale" that Shakespeare so often re-tells, explicitly and implicitly, is, at its barest, that of the importance of encompassing debility and death in any story of renewal. The straightforward statement is that "second childishness and mere oblivion" are facts of life; that every stage and age, must be recognized and understood, not sequestered and denied, if any genuine development or understanding is to occur.

The inextricable relationship between beginnings and endings is one that I shall be tracing in quite literal terms, in order to link together the ways in which psychoanalytic theories, clinical experience, and observational work with early "childishness" may contribute very immediately, even practically, to an understanding both of "second childishness" and of how to work with impaired and enfeebled states of mind. As is made so clear in As You Like It, ripening and rotting are, in one sense, a straightforward matter of time, of chronological time, and although time is absolute—the next hour follows the last (Touchstone's assertion that Jaques is so taken by)—yet, as life in the Forest of Arden makes so clear, the important issue is what you do with those hours. In terms of development, the psychotherapist is always aware that at any age what matters is what the hours mean, and how they are spent, in relation to the possibility of furthering or prolonging psychic growth, or of limiting and foreclosing it. In this sense, time is not absolute, for the extent to which we "ripe and ripe", only to "rot and rot", is dependent on the indissoluble relationship between physiological/neurological and psychological factors—between body/brain and mind. As a person physically deteriorates, early problematic psychological constellations, if unresolved, are likely to be replayed; infantile defences, if underlying anxieties remain unmodified, are re-erected; childlike needs, if unmet, resurface. These things tend to occur the more as coping abilities fall away, and raw, even abject, dependency asserts itself.

It is a full century since Freud established that a person could become mentally, even physically, sick for emotional and not just organic reasons—an idea that prompted a furious response from the medical establishment, to be met by Freud's famous statement: "I understood that from now onwards I was one of those who have disturbed the sleep of the world" (1914d, p. 21). A hundred years later we are nowhere near as far as we should be in understanding the emotional component in what are considered the organic origins of psychiatric, developmental, and behavioral disturbances. Within psychoanalysis, perhaps the most significant of the theoretical innovations have been Wilfred Bion's elaborations of Melanie Klein's conceptual framework—in turn rooted in Freud's. Bion explicitly linked emotional and cognitive deficits and thus initiated a much more extensive and confident basis for exploring deeply troubled—indeed, psychotic and schizophrenic—adult states and, of especial significance, areas of developmental disturbance in infants and young children. Bion's psychoanalytic model now underlies much current thinking about the nature of troubled child and adult worlds, and their roots in the emotional deficits and traumas of infancy and young childhood. Work with children's fractured mental states (e.g., Rustin, Rhode, Dubinsky, & Dubinsky, 1997), and, in particular, areas of developmental arrest, has yielded extensive understanding not only of the puzzling conditions themselves—for example, of autistic and Asperger states—but also of the non- or undeveloped aspects of all ordinary personalities and, as I am suggesting here, of the troubling mental states of the very old.

In many areas, the draw of the organic, medical explanation for such states still remains strong, and, of course, with the very elderly the actual deterioration is real and has to be taken centrally into account. But latterly neuroscience is itself coming up with evidence that strongly supports the research and intuitions of the so-called folk psychologists, those of us who have long recognized the complex intimacy of the links between cognitive and emotional deficit, between organic impairment and affective disorders, between the functioning of the brain and of the mind. The issue is not only that the brain affects the mind, but that the mind affects the brain (e.g., see Schore, 2001).

With some important exceptions, little psychoanalytic work has been done towards a greater understanding of the predicament of the very elderly—work of a kind that might have been the insights of those most skilled in understanding the mind's capacity to grow and develop and also its propensity to become stuck, deformed, or fragmented. Those who have worked with the more severely disturbed adult patient, and also, in particular, those involved with the disordered and arrested development of young children, will be drawing on clinical and observational skills that are centrally relevant to the present problems.
The psychoanalytic picture of middle and late life stresses the way in which a person’s ability to face loss of all kinds, ultimately death, is rooted in very early capacities to bear psychic reality (e.g. see Jaques, 1965; Waddell, 1998). There is a sense—to draw on George Eliot—that

“it is never too late to become the person you might have been.”

This chapter addresses that time in life when it is too late, in any obvious sense, and yet when the quality of mental and emotional life may still, if only very temporarily, be rendered a lot more bearable, meaningful, even enjoyable, than is often recognized. Those same models of work with early infantile and childlike states which have contributed to an understanding of the “later years” are particularly pertinent to the last years—those of “second childishness”—especially in relation to the joinings and fracturings involved in organic impairment, whether as a result of cortical vascular trauma (strokes) or of Alzheimer’s Disease, or of senile confusional states more generally. (A distinction between any or all of these different states is very hard to make.)

Case description: Mrs Brown

I shall recap on a vignette that I have recounted elsewhere (Waddell, 1998, pp. 8-10)—that of 89-year-old Mrs Brown and her husband, Eric. Basing my thoughts on detailed descriptions by their family, I shall then trace their lives further as, over the following two years, Mrs Brown steadily lost her lively, creative, and enquiring mind to the depredations of Alzheimer’s.

The vignette described how Mrs Brown had become painfully jealous lest her recently widowed friend, Gladys, be simply waiting for her (Mrs Brown) to die so that Gladys could move in with her husband, Eric. The emphasis was on how swiftly Mrs Brown became beset by a persecuted certainty of betrayal and abandonment by her husband. This certainly bore all the hallmarks of an infant or young child’s jealous belief of having been supplanted in the affections of the person who matters most. The child is forced to realize that that most beloved person also has important relationships with others, be it their partner or their children. Mrs Brown was unable to hold in mind the kind of person she knew her husband to be. She ignored the real Eric and saw only a polarised and persecuting version of what she feared. It was as if she had lost her capacity for depressive concern and had become caught up in a paranoid-schizoid state, one that was more characteristic, in development terms, of a three-months-old baby than of an 89-year-old adult. In this state of mind, Mrs Brown could turn even the most loyal and caring figure into a fickle tormentor. [p. 9]

It may be helpful to clarify what is meant here by the Kleinian terms “depressive concern” and a “paranoid-schizoid state”. Aspects of the first are characterized by the capacity to bear separateness, to understand things from the other’s point of view, to tolerate another person or interest temporarily coming first. The second state, by contrast, is dominated by a persecutory fear of loss or displacement and a defensive need for omnipotent control. The seeing of things in extreme and unmodified terms—all good, or all bad—is also characteristic, often resulting in imperious and demanding, or abject and terrified, behaviour. The distinction between the two is beautifully drawn by George Eliot in Middlemarch, written in 1872. Eliot contrasts those who can recognize that someone may have

“an equivalent centre of self, whence the lights and shadows must always fall with a certain difference”

With those who

“take the world as an udder to feed their supreme selves.” [Middlemarch, chap. 21]

At this point, the source of Mrs Brown’s anxiety was fairly clear to any sensitive and attentive observer. She could still be reassured and given some peace of mind. Her ability, even then, to take an interest, albeit selectively, in “how the world wags” to a large extent remained. At times she would talk about death and recommend that her children be preserved from what she referred to as a “too ripe old age” (implicitly drawing an interesting contrast with what she clearly considered to be a reasonably positive “ripeness” in a degree of old age) and be allowed to rot a bit earlier than she herself, for she hated what she called “dying bit by bit”.

This chapter explores that later stage, when ordinary communication had ceased to be possible for Mrs Brown and the central issue had become the struggle with an ever-recurring collapse of the characteristics of depressive-position thinking back into a much more paranoid-schizoid state. Unlike previous years, when Mrs Brown could swiftly re-emerge from a persecutory state, she was now in danger of remaining cut off from those about her by the seemingly impossible roadblocks of extreme old age—roadblocks to memory, recognition, or
shared meaning. She was becoming cut off not only from others, but also from herself.

This is a poignant picture. Yet my point is that even these states may be much less impenetrable than they seem, as the following brief examples indicate. There is increasing evidence that the anxieties and mental disturbance of later years are often quite specifically linked to the nature of early emotional struggles (e.g., see King, 1999). As the foregoing vignette suggests, in Mrs Brown’s case there seem to have been underlying oedipal difficulties that had never been resolved, despite many decades of steadfast marriage and familial devotion. Following Bion, Segal, Britton, and others, the psychoanalytically minded are especially alive to the ways in which the very early capacity to form symbols (and therefore independently to think) is rooted in the ability to bear separation, to cope with the loss of the phantasy of sole possession of the caregiver, and to tolerate being, at times, excluded from the primary pair. These are tasks of early infancy and childhood. Such capacities for “triangular” relationships—capacities that begin to develop in the first year of life—are, in turn, dependent on the relative security and mutual understanding of the primary dyadic relationship between infant and caregiver—usually the mother.

The very early managing of triangularity has much to do with later ways of negotiating oedipal constellations of whatever kind. If these earliest interactions are too disturbed, the development of thinking may itself be impaired, as well as emotional and social capacities, and a person may, for ever after, be struggling with the pains of love and loss, with fears of rejection and exclusion.

Many aspects of so-called senility offer close resemblances to early disturbances of thinking, relating, and communicating. For present purposes I shall focus on a limited number of the many relevant psychoanalytic and developmental concepts: from psychoanalysis, those of projective identification, reverie, container-contained (processes and mechanisms that, in my view, belong quite as much to the last as to the first), and, from the field of developmental psychology, those of, for example, “joint attention skills” and “gaze monitoring”. In the first or the ninety-first year, or in any year in between, cognitive and emotional growth in the individual depends on the quality of emotional exchange between self and other. Whether in extreme youth or extreme age, a person has the impulse, one might even say necessity, to project feelings from the self into the other—be it in order to communicate those emotions or to get rid of them. Much depends on whether the person acting as “container” can tolerate the disturbing projections and still go on thinking about the meaning of the experience.

It is when verbal communication is not yet developed on the one hand, or is all but lost on the other, or when it is put in abeyance by psychological catastrophe, that a caregiver’s capacity to render meaningful the raw data, or sensa, of experience can determine the difference between “ripening” and “rotting”. Following Bion’s model, it is the mother’s mental and emotional capacity to render the raw elements of the bodily and feeling states of her infant manageable, bearable, and thus comprehensible to the infant that enables him or her mentally and emotionally to develop. This capacity of the mother’s was called “reverie” by Bion. The emotional intensity about which the baby is unable to think is projected into the feeding, nurturing, caring aspect of the mother—the “breast”. The taking-back-in of that passionate, disturbed emotionality now, because it is unconsciously understood and thereby rendered amenable to meaning, forms the basis in the personality of a sense not only that emotional states have a shape and a form—and are not some long, utterly bewildered, terrifying internal or external scream—but also that the function (originally the mother’s of bringing about that transformation) can itself become part of the developing personality. This process, what Bion calls alpha function, is a therapeutic one. A later carer, too, can provide a setting and a mental attentiveness that renders him or her available as a thinking, containing presence whose functions can be internalized.

To return to Mrs Brown. What little her family knew of her childhood was that she suffered (like Bion and so many others) the emotional deprivation of being born in India during British Colonial rule, to be raised by others, albeit initially lovingly by her ayah, and sent off to school in that unthinkably distant place, “England”. Mrs Brown scarcely knew her mentally disturbed, sadistic mother (for so she was described), nor her adored but remote, and often absent, father. Her childhood fate was to be constantly uprooted, relocated, re-disrupted, and denied any consistent care or attention. During her youth and adulthood, she had drawn on the resources of class and education to find ways of socially accommodating to what was expected. Yet she had never felt personally secure.

Mrs Brown once confided to one of her daughters the painful details of her own mother’s fierce—almost delusory—jealousy of, and competition with, what she felt was too close a relationship between her husband and daughter from very early days. Soon after the husband’s early death, the mother seduced her daughter’s young lover.
Mrs Brown felt for ever scarred by this betrayal and by the loss of a man to whom she was, at that time, so deeply devoted. She described herself as constantly having struggled, even as a child, to conceal her terrors over exclusion and her tendency towards “self-relegation”, as she put it, to the league of those who “service”, by contrast with those who “exercise power”.

It is certainly true that fear of abandonment and inability to bear separateness are characteristic of dementia sufferers, and that these persecutory states of mind increase with organic impairment. It is nonetheless striking that, in Mrs Brown’s case, it was precisely the complexity of the triangularity, and the assaults of jealous rage and anxiety, that caused her particular distress. The horror of being pushed out and replaced had undermined her confidence since early childhood and had never quite been laid to rest. In advanced years, as she lost her acquired social skills, it was these same old infantile insecurities that began to reassert themselves, with an intensity that was scarcely manageable.

I shall briefly discuss a few commonplace situations in which Mrs Brown’s relatives’ capacities for containment enabled them to render inchoate, or apparently random, fragments of communication not only meaningful, but also of evident support in maintaining contact, and even in re-forging old links, thus momentarily reigniting the embers of a former self.

The situations describe Mrs Brown in her ninety-first year. She had lost the capacity to remember or to think in any sustained or obviously recognizable way. She was becoming averse to anything new, and often to life itself. She had long been losing words, except for the most formal or learned, habitual response. These were the last to go—the relatively mindless attention to proper enquiry and concern: “You must be so tired”, “Did it take you long to get here?”—a lifetime of practice in “how-very-kind-of-you”—the mores of polite society. She could still take her cues for response from details of her companions’ expression and intonation, based on her exceptional sight and hearing, which remained blessedly unimpaired. This ability of hers often obscured how little she was in fact understanding.

As has long been established in the context of infants and children, changes of surroundings or of caregiver cause anxiety, and with Mrs Brown it began to be acute. The understanding accorded to the very young over matters of separation from the loved and dependable one, or from the familiar setting, has, as yet, had little impact on the care of the elderly. For them, too, searing and destabilizing “homesickness” for the site of psychic security can set in within an instant of any alteration of context. One of Mrs Brown’s much-loved daughters unexpectedly arrived to stay for the weekend. The setting was immediately different. Mrs Brown looked at her husband with intense anxiety: “Are we still at home, Eric?”

At some point later that day, Eric got up to leave the room. In his turn challenged by his own forgetfulness, he paused halfway to the door and clasped his hands behind his back, indicating self-irony as much as frustration—his characteristic pose when having lost track of his original purpose. Mrs Brown pointed to his hands and gazed at her daughter with what was later described as “almost youthful delight”. Insistently she pointed at Eric’s posture, her finger crooked for emphasis. Her daughter said, smilingly, “Yes, good old Dad, he’s forgotten something.” Mrs Brown laughed. Eric collected himself again and left the room, shutting the door behind him. Mrs Brown looked suddenly terrified: “When is he coming back? Where has he gone?” “I think he’s remembered something he wants in the kitchen.”

Mrs Brown remained anxious. Her daughter wondered aloud, “Would it help if he told you what he was doing, and where he was going, so that you would know?” Her mother nodded.

In this simple set of interactions, one can trace the almost moment-by-moment shifts in states of mind so characteristic of the infant or young child. The shared, humorous understanding between mother and daughter of the meaning of Eric’s gesture of uncertainty occurred within an assured sense of available and communicable meaning. The daughter was able rightly to interpret her mother’s mood, gesture, and gaze and to articulate it—much as a sensitive therapist might speak to a wordless child, or a parent to a baby. It was clear, however, that when the door shut, Eric’s unexplained absence made his wife feel utterly cut off from her base and as terrified as any infant registering loss of the object, and feeling, as a consequence, overwhelming abandonment and dread: “He’s gone . . . He’s never coming back . . . I’m all alone in the world . . .” and so on. What was needed, and what, as a result of her daughter’s observation, subsequently became a habit in the household, was some simple explanation of the kind that a mother might offer a young child: “I’m just going to do X; I’ll be back in a minute.”

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Mrs Brown’s emotional state could be described as shifting from depressive to paranoid-schizoid and back to depressive again, in a way that was exquisitely related to the psychically disturbing experience of being, at one moment, safely held within a shared triangular psychic structure (husband–daughter–self) and, at the next, feeling severed
from her source of safety and, as a result, in some kind of emotional free-fall.

Mrs Brown’s unresolved oedipal anxieties, and the associated guilt, fear, and longing, had, despite impressive social accommodation, nonetheless persisted throughout her adult life. As her social defences—and, more importantly, her memory—fell away and actual mental impairment compounded the underlying emotional difficulties, she became anguishingly prey to her tormenting jealousy and increasingly incapable of negotiating the hazards of relating to more than one other.

Her son recounted an occasion on which, just before lunch, her mother was sitting by the fire with a glass of wine beside her, but not, as yet, her customary once-daily cigarette. Son and husband were holding an animated conversation. As so often, they included her, but only by eye contact. Her son observed his mother agitatedly reaching for a matchbox. As she struck successive matches with her right hand, her left hand moved, scarcely perceptibly, towards her mouth. She would glance at the “couple” with apparent irritation, shake the match to extinguish it, and cast it into the fire. This occurred many times over.

Her son, who was observing these details while yet discoursing with his father, came over to her, smiling: “Is it that by lighting a match, you think that the cigarette you are hoping for will somehow materialize?” Mrs Brown looked uncertain, smiled, and then nodded as if in affirmation. (What he did not register was the likelihood of his mother’s unconscious wish to extinguish or burn up one or other of her rivals.)

These examples particularly bring to mind a recent study, “Me, You and It” (Burhouse, 1999), looking at the significance of “joint attention skills” and “gaze monitoring”, which is effectively what was going on here between Mrs Brown and her husband and son. Anna Burhouse brings together concepts from cognitive psychology, child development research, and psychoanalysis, with her own work of observing young infants. She focuses, in particular, on impairments in the formation of triangular mental space with special reference to the severe mental difficulties characteristic of the autistic spectrum. Many aspects of this research have an important bearing on the understanding of the kinds of mental problems associated with the very elderly, as the following examples indicate:

Lost for words, Mrs Brown would characteristically point to a focus of stimulation and interest and then look to a secure companion, as if sometimes anticipating a shared response. At other times, more anxiously, she would look for confirmation or enlightenment. When she encountered an emotional presence of mind that could appreciate and engage with the substance of her communication, or when she could find a meaning where as yet there was none, she was able to make something of it—to enjoy the fact that something had been understood. This was particularly the case when she seemed to be wishing to articulate her sense of beauty—that of the sky, of birds, or of flowers—aspects of the natural world that were among her few remaining sources of interest. Almost as if holding a wand, she would wordlessly and gently sweep a wafting hand in the direction of some object that attracted her. This would be followed by an intense and often quizical look at a companion, and back again to the bird or flower, and then, in turn, back to her companion. When she sensed that the meaning of her gestures was articulated in simple terms—“Isn’t the evening sky absolutely lovely”—Mrs Brown would break into a smile, with a kind of serene pleasure.

These were, indeed, moments of intense communication between herself and one other. But when a third factor was involved, things were different. The following incident was described by her son. It occurred on a day when Mrs Brown’s jealous anxiety about exclusion had already been aroused. The occasion of this disturbance was a card addressed to Eric from an elderly widow, wishing him a swift recovery following a recent medical problem. Mrs Brown was to be observed staring at the card, opening and shutting it for quite long periods of time, and repeatedly muttering to herself, “Love from Lily”—the words written in the card. She seemed to become irritable at Eric’s temporary, unusual debility and was herself more physically dependent than usual. At one point, she limped across the room, leaning heavily on her frame. Eric was observing her. He looked stricken and sad but was unable to help. When he said to her, “Mind the carpet” (meaning “Don’t trip over the carpet”), she commented crossly to her son, “All he can think about is the carpet.” She proceeded on her way, looking back every few steps to scrutinize her husband’s face—half mocking him and, it almost seemed, half jeering. Was this change of mood related to trying, as a defence against her anxiety, to gang up with her son against her unusually fragile husband?—seeking to make Eric feel useless (“He can’t help”), to crow, for once, over his helplessness?

The next day, husband, wife, and son were in the kitchen. Mrs Brown was sitting holding a yellow checked washing-up cloth. There was a bit of rubbish lying in front of her on the table. She pointed to it questioningly, as if to say, “Where does this go?” and looked at Eric. Misunderstanding her “question”, and thinking that she was referring...
to the rubbish, Eric replied, slightly impatiently, “Over there!” nodding towards the bin. His wife stared at him uncomprehendingly—seemingly to know that something was wrong, but not being able to work out what it could be. She demurred. Fleetingly she glanced down at the cloth, and then at herself: “That’s a terrible thing to say!” (clearly thinking he had meant that she herself was a piece of rubbish). Ignoring this comment, Eric insisted irritably, “In there, in the proper place!” She looked unhappy and continued to dither, arousing further irritation in her husband, who quite suddenly left the room, without, on this occasion, the emotional resources to pause and try to understand what the problem really was. Later, Eric found the yellow cloth carefully folded and placed on top of the bin. Recalling the incident, he described himself as feeling very guilty: his wife had so wanted to be obedient, to do the right thing, but had been unable to sort out the muddle between the rubbish, herself, and the cloth. She had tried to follow instructions but was mystified by her residual sense that the yellow checked cloth was not something that should be put in the bin and nor, indeed, was she herself—although her life-long tendency to feel like rubbish had temporarily taken on a concrete reality for her.

The following morning, Eric had to go to hospital for the day for a further check-up. Despite having been carefully prepared for his departure, Mrs Brown was intensely anxious, repeating angrily, “He didn’t say he was going. He didn’t tell me.” There was an exceptionally strong wind blowing that day, and Mrs Brown stared into the garden, distraught at the swaying, cracking branches of the nearby trees. She turned to her daughter with an air of a terrified child and said, pleadingly, falteringly, “Home [long pause] . . . Where’s home? [another long pause] Take me home . . . please.” Instead of swiftly reassuring her (“You are at home, Mum. Look, here are the flowers I bought this morning!” or some such thing), her daughter tried to understand something of her mother’s state of terror. She talked to her quietly about the crashing and the banging. She remembered that her mother had also been terrified on the night of the mighty 1989 storm, telling her afterwards that she had thought it wartime again. She suggested that her mother might be feeling that she was back in London, that the War was on, and that “Home” meant the Old Brompton Road flat. Mrs Brown looked momentarily puzzled and then murmured “Yes. [pause] . . . But I can’t see anyone with guns out there.” As her daughter drew the curtains and talked to her mother about why the high wind in the trees felt so distressing, the old lady’s anxiety began to subside. It was as if the room became itself again in her mind—not an alien place where she was stranded and desolate.

In their different ways, these examples show how glimmers of light can be thrown on the nature of impaired and confusional states. One facet of the picture which these glimmers reveal is the fact that, whether in infancy or in old age, development runs unevenly, that the situation is not quite as Touchstone had described it—a steady process of ripening, followed by a steady process of rotting.

From the incidents described, it is possible to see how helpful to an understanding of the opaque mental states of old age might be the skills of those who work with similarly opaque mental and emotional states in childhood. Such professionals have a very particular experience of the power of infantile transference, of the way in which a mother’s unconscious registering, reflecting, and thinking gives meaning to the infant’s world—a meaning that is communicated in her responsive care—or of how, in the language of developmental psychology, “gaze-monitoring” may yield insight into an infant’s needs and intentions. By the mechanism of projective identification the baby/child/elderly person who cannot understand, think, or talk about his or her fragmentary or fragmenting experience may nonetheless be able to engender in the caregiver some version of that basic experience. If, as we have seen, the caregiver can offer a mentally receptive state of mind, conscious or unconscious, the communication can be received, modified if it is one of pain and rage, appreciated if one of love and pleasure, and re-communicated, whether in more manageable or in reciprocal mode. The caregiver’s mind functions as a container for, and a sorter of, the projected emotional fragments, which, as a consequence, become “the contained”. Care of the elderly—those so often lacking the capacity to speak, yet so intensely riven by extreme emotional states—requires a painful reversal of the original pattern of container-contained (the young now struggling to offer states of reverie to the old).

We are familiar with observing how the behaviour of the baby is fostered by its relationship with its primary sources of love and care, but the foregoing describes the same sort of value of receptiveness to elderly as to infantile emotional experience. The turbulence of feeling—whether of joy, frustration, hopelessness, rage, fear, pleasure, persecution—is quite as intense as in the old as in the young and tests the caregiver in equivalently extreme ways. In these situations the carers, too, have much to learn and may themselves be enriched. As Rustin and Trowell (1991) say: “The capacity to contain and observe
emotionally powerful psychic phenomena is the basis for knowledge of oneself, and for that contact with psychic reality which is at the core of an authentic personality" (p. 244).

Mrs Brown was fortunate to have, in Eric, a loving, sensitive, and deeply patient husband who had an unusual “untrained” capacity to bear his wife’s states of mind. She was also fortunate to have children who were, in their different ways, experienced in the so-called caring professions. They were “good enough” at knowing when her insistent pointing to an object indicated, for example, a request or a plea for enlightenment; or whether it asserted a demand; or whether, by contrast, it was a communication of affect in a situation of shared intimacy. At such times of inwardsness with her specific state of mind it was possible to observe a distinctive renewal of cognitive capacities in Mrs Brown’s now very limited range. That is, despite in all obvious respects “rotting”, Mrs Brown was still able, however briefly, to “ripen”—to a point that could, at times, even feel like a momentary late flowering.

Each time this occurred, it was as if mental pathways that had seemed to be totally overgrown, or mysteriously to diverge where once there had been a single track, had for a moment cleared or miraculously re-joined (and doubtless this was literally the case). For her, as we have seen, the times of greatest anxiety were those of being unable to tolerate feeling at the lonely point of the oedipal triangle, fearing that two others could come together only if one, usually herself, were excluded. Unable to speak or to think clearly at such times, Mrs Brown would seek, as in the cigarette incident, primitive reassurance (as if from breast or dummy). At other times she would become angry and, on occasions, abusive. To hold mentally these latter states required immense emotional resources on the part of her carers. They had to bear their own impatience, anger, even hatred, as part of their love.

The kinds of interaction described above became more and more rare as Mrs Brown’s Alzheimer’s made ever more destructive claims on her mental capacities. She deteriorated physically, became wholly dependent, and was increasingly silent. Eventually, this protracted “second childishness” yielded to “mere oblivion”. By the time that point was reached, the “mere” of Jaques’s account seemed less stark and challenging, and more appropriate than first reading suggests. For after so long a struggle in life, Mrs Brown’s death seemed, to her loved ones, and almost certainly to herself, to be a matter of lesser importance, a comparatively easy thing. She had had enough. She had lived out Jaques’s “last scene of all".