

are faced and put against the reality of what is still available to do and to enjoy that new strength and hope are able to come to the fore.

Being more aware of our limited lifespan encourages us to consider our priorities and to pursue the goals that we wish to, and can still, achieve, internally as well as in our relationships to others. It may also awaken an interest in our roots and make us appreciate the richness of wisdom we have inherited from previous generations. Being in touch with our vulnerability may bring with it a greater capacity to empathise with and try to help others who are needy and lonely. Acknowledging that we are mortal causes us to feel helpless, infinitely small and unimportant and yet at the same time makes us conscious of the fact that what we do or don't do, and the way we convey our love and concern, makes a difference to other human beings, to the environment, to future generations—as well as, indeed, to the poverty or richness of our own lives. Perhaps surprisingly, living a fulfilling life makes it more possible to accept that we shall one day die.

## CHAPTER THIRTEEN

### Growing old and facing death

"All the world's a stage,  
And all the men and women merely players:  
They have their exits and their entrances ...  
... Last scene of all,  
That ends this strange, eventful history,  
Is second childishness and mere oblivion,  
Sans teeth, sans eyes, sans taste, sans everything."

This is the grim picture of old age Shakespeare paints in a monologue from *As You Like It*, sometimes known as the "Seven Ages of Man". It is true, of course, that becoming old raises the spectre of loss of physical and mental abilities, going on existing "without" so much of what one had before. We know that even if we escape severe chronic physical and/or mental illness, our bodily strength will diminish with increasing age; our sight, our hearing, our mobility, our short-term memory is likely to be impaired or possibly lost altogether. We may have to put up with pain and dysfunction of some part or parts of the body. Not only do we have to face our own decline and death but also often that of our partner and, frequently, the loss of our home. But in spite of all this, does old age, even very old age, have to be "sans



everything"? While we are prone to becoming needy and requiring physical assistance—in many respects similar to young children (and, if we are very incapacitated, to infants)—this does not necessarily have to go hand in hand with becoming childish. Nor must some loss of memory be equated with being oblivious of happenings in the inner and outer world. Advances in preventative medicine have extended the number of years people expect to live and new technology has helped to alleviate some, though by no means all, of the pains and physical disabilities of the elderly. Yet the fears associated with old age have not diminished. On the contrary, longevity makes us more fearful of living for years in a depleted state. There is the added anxiety that we will be left isolated and lonely, for the times are past—in the Western world—when spinster aunts and uncles as well as grandparents became part of the family household.

In *King Lear*, Shakespeare shows us an old person's agonising inner state, as he fights against the loss of power, status, and strength, demanding flattery and submissiveness. The feelings of helplessness and hopelessness in the face of decline and death can, as with *King Lear*, lead to one becoming dictatorial, exerting tyrannical control in order to counteract feelings of powerlessness; raging against one's fate, planning revenge against those who are felt not to show enough caring love. Shakespeare shows that this way leads to lies, feelings of persecution, a lack of trust in anyone. We have all met old people who exhibit such traits and are full of complaints (the conversation at meetings of elderly people has jokingly been called an "organ recital") but some of us have also had the good fortune to encounter old people who have continued to grow in emotional strength, wisdom, and love, right up to the moment of death. Some show great courage and achieve serenity at the last moments of their lives. The question therefore arises: what makes it possible to accept the transience of life, to bear increasing losses, face the loss of one's own life, and yet go on growing, gaining, or at least maintaining, emotional and spiritual strength?

It would seem that what is required in the first place is the capacity to let go of omnipotence and possessiveness and instead to attain humility, gratitude for the love and the life we have had and for all that is still available to us. The struggle to let go as well as to integrate the destructive aspects of self—such as envy of the young—may be especially hard for some who have held positions of power and achieved great success in their younger days. On the other hand, gratitude for the

richness that life has provided in the past may make it easier for some to face increasing physical limitations as well as to accept that their life is nearing its end. I have had the good fortune to have known some individuals whose appreciation of the beauty of nature and of the miracle of so-called ordinary, simple things in life, which we tend so easily to take for granted, has been heightened in their old age.

A few years ago I met with a group of men and women in their seventies and eighties who welcomed the opportunity to share their thoughts and feelings about the challenges of old age. In the course of getting to know the individuals within the group, I learnt that every one of them had suffered one or more serious losses: losing their country of origin and with it the culture they were brought up in; losing a parent at an early age; losing a child, losing a partner; losing all those friends with whom they had shared memories of their past lives. I believe that their experience of having been able to mourn previous losses enabled them to address the losses that ageing had brought with it so openly and to think about the difficulties to be encountered on the journey of life that still lay ahead. Each individual had his or her own particular anxieties about the future but one thing that we all feared, more than anything else, was losing our mental capacity. "As long as my mind is O.K.," everyone was saying, "life can be worthwhile". Yet to be fully aware, mentally and emotionally in touch but imprisoned in a non-functioning body, unable to move or speak as a result of a major stroke or in the later stages of motor-neurone disease, seems to me equally terrifying. As I listened, it struck me how severe mental and physical impediments stir up anxieties first experienced in infancy and early childhood: being unable to communicate what one needs, wants or does not want; unable to understand much of what is happening; being helpless, afraid of dying; fearing not being understood, not kept in mind; having decisions made about one's life without being consulted. In addition to the fear of losing one's mind or control of bodily functions, there was the dread that one would be remembered in this deteriorated state rather than as the person one had been before being struck down by disease, disabilities, and all the shortcomings which we may suffer in old age.

As well as the fear of the pain and handicaps one might have to endure, we spoke about the dread of becoming a burden to family and friends. We all wished to remain useful and needed. This was equated with being appreciated, while being needy caused us to fear that we would be felt to be a nuisance, tolerated rather than loved or, worse still,



being left isolated and lonely. It became clear that in as far as the old become less able to contribute to family, friends, and society at large, they are plagued by doubts about being valued; it goes hand in hand with viewing oneself as useless and unlovable. While we treasured our independence, we realised that we did need more practical help and longed for physical and emotional support, especially when undergoing intense physical and/or emotional distress. In fact, we could not imagine how we could have managed at such times in the past without the love and care shown by family and/or friends. We were convinced that most old people want to remain in their own home and that frequently not enough is done to help them do so. It is easier to put them into an old people's home, even when this is not essential. We knew of cases of neglect, stealing from residents, and abuse in such homes. It is common knowledge that moving into a home, unless it is an exceptionally caring one and provides interesting activities, leads to deepening depression, mental decline, states of disorientation and confusion. Might confusion be a way of escaping from full awareness of what one has lost and is losing?

We spoke about the wish to be, at least some of the time, in the company of younger people. We found ourselves feeling inwardly young quite a lot of the time. On the other hand, the onset of a chronic illness or disability could make one suddenly feel years older. Even recovering from an operation took much longer than before. Some of us felt that we were sometimes made to feel old by being segregated, put at a table for the "oldies" at social gatherings or not included in young people's conversations. Perhaps it is hard for young people to realise that a person in their seventies, eighties, nineties and beyond may still be active and have an alert mind; that they are interested in the present, in new discoveries, in young people's ideals, even in sex, and may be enthused by beauty. We may in fact appreciate some things more than before. Since finding walking more difficult, I have, for instance, suddenly become more aware of, and enjoy watching, the delightful way little children move their feet and legs as they toddle or skip along. We bemoaned the fact that little consideration is given in Western society to how enriching it can be for young and old to mix and learn from each other. I look back with great pleasure at my stay in a Quaker college during my time of studying at university. It accommodated adults whose ages ranged from their late teens to their eighties. We helped and supported each other, had fun together, were stimulated and enlivened by each other's

experiences as well as by differing reactions to what was happening in the world.

Members of the group acknowledged having less energy. Everything required more effort than before: shopping, preparing meals, sorting papers, having guests to stay, although that was such a pleasure. We had sometimes to give ourselves a push to get enough exercise or go out, especially in the evening. We were frustrated at being slower, unable to accomplish as much as in bygone days, needing more rest as well as sometimes feeling in too low a state to do much, while at the same time being acutely conscious of time and our lives slipping away. Someone mentioned being irritated and more upset by little things. It made me think of getting quite panicky when I mislay something, afraid that I must have lost it. Such minor mishaps set off fears about bigger issues: losing one's memory, one's mind disintegrating. We spoke about restrictions imposed on us by loss of motor ability: not able to run for the bus, drive a car, not able to walk far, fly, or undertake long journeys. We had, as far as possible, to find alternative ways of managing but also had to accept and be sad that we would never again be able to engage in some of the activities that had in the past provided so much pleasure; in my case, not being able to play my beloved cello, not being able to ski, having to avoid high altitudes, and missing being in the mountains I love. We admitted to, at times, feeling envious of those who were young and fit enough to follow such pursuits.

The will to go on and struggle with whatever limitations old age imposes brought to my mind the true story I had read of a lone mountaineer who, with great courage and determination, cut off part of his left arm which was stuck in the ice, as this was the only way to keep alive and continue on his path down the mountain. Similarly, if we are not to get stuck, we have to accept cutting ourselves off from many things we could do before, accept inevitable losses, however painful, and make the most of the life that is still available to us.

Some of our group felt that being old had its compensations: it was easier, for instance, to give oneself permission to have a nap after lunch, to watch television during day-time, even to do nothing without feeling unduly guilty. They felt they could allow themselves such freedom, no longer being admonished by parents for being lazy or wasting time. It made us aware of the demands we had, in the past, made on our parents, not sufficiently allowing them time to rest and enjoy their leisure time.



The question of where one felt at home, where we felt we belonged, was an important issue. Some spoke with nostalgia of having felt held, in their childhood and youth, within a closely-knit family, a good school or work environment and social network. This was thought to be to some extent replaced by having children and grandchildren. But the need to belong and be contained extended to being part of a social group: it could be a group of friends, a group based on shared interests; the warmth and care of a religious community with which most members were associated was mentioned as being of immense importance.

For many in our group, tracing their roots had become an important task. Some had travelled to places where their mothers and fathers had lived, had tried to find people who had known their parents, had visited the graves of grandparents and other family members. Some had become interested in genealogy, engaged in constructing a family tree, going back many generations; engaged also in writing family history and the story of their own lives. Those who had missed the chance to ask their elders questions about the past, and those whose parents had refused to talk about the painful as well as the joyful events in their lives, harboured deep regrets that all such knowledge was lost forever. We discovered that we all had the experience of owning old photographs, some of them inherited, but being unable to identify the people pictured. All these activities seemed to indicate an urge to place oneself within the generational chain, to know about one's forebears, internalise the past, and the wish to preserve such knowledge for the coming generation. There was a great desire to pass on family values and traditions. Great concern was felt that some of these were already being infringed by one's children and/or grandchildren and there was a fear that they might be lost altogether after one had gone. But how could we ensure that what we treasured was preserved without imposing our views, invading our offspring's freedom to develop their own style of life and learn from their experience?

Throughout our four meetings, serious thought had been interspersed with lighter moments. It was recognised that while a sense of humour was a great asset, joking at times also provided a necessary escape from too much emotional pain. The latter was particularly evident when we touched upon the subject of death. It seemed possible for everyone to accept the idea of mortality but thinking about the actual process of slowly dying raised acute fears of suffering unbearable physical pain, getting into states of panic, being overcome by catastrophic

anxiety. We hoped, but were not at all sure, that we would have the courage and inner strength to bear whatever we might have to suffer. What came to my mind at this point in our discussion was the courage shown by an explorer who undertook the arduous and dangerous journey to the North Pole all on his own, though in radio communication with a support group. My associations clearly show that, even with support, I was visualising approaching death as an extremely challenging journey which one has ultimately to undertake on one's own.

We wondered about the nature of the difficulties we might encounter before we died and how we would be able to deal with them. It led to the question of whether there was anything we could do to prepare ourselves. Apart from practical matters such as making a will (or updating it) and sorting out one's finances—which everyone thought important but was reluctant to do—we all felt the wish to part in a loving way from those we knew. This involved looking at severed relationships, thinking about whom we had hurt, neglected, or been hurt by and had not forgiven. It meant trying to repair relationships in as far as it lay within our power to do so: overcoming long-harboured resentments, trying to forgive, asking to be forgiven, showing our love—and thus parting in peace.

While we cannot know how we shall cope with dying, it was felt that we could try to prepare ourselves spiritually. This spiritual journey had for many started long ago; for some in childhood, for some in adolescence, for many in mid-life. For some it was something that had lain dormant for a long time but was now returned to; for others, it was only now that it had become an urgent matter. The paths chosen to enhance the spiritual side of our nature took various forms. Some found it through participation in religious services and studies of religious texts; others, though not believing in a personal God, in prayer; some in trusting some loving creative force; for quite a few through meditation. All these were felt to be ways of getting in touch with some part within ourselves that connected us with the ongoing process of life and creativity beyond the self. It meant accepting at one and the same time our personal significance in contributing to the welfare of others (as well as to the environment) and our insignificance within this huge, expanding, evolving universe. This link to life beyond the self provides moments of hope at being able to attain the strength to accept and endure whatever the end of our life might bring. It makes it possible, at times, to attain tranquillity in the midst of outer and inner turmoil.



What is this turmoil? Is it a protest against having to give up life, greedily asking, like one of my patients: If there is death at the end, what is the point of living? Are we raging against fate, against those who are felt to be insufficiently caring, as Shakespeare so movingly demonstrates in the tragedy of *King Lear*. The feeling of catastrophic anxiety in the face of decline and death can so easily lead to us demanding attention from others, complaining that they do not care enough, don't show enough love. And if they don't, we may turn against them, punish them, rob them of their freedom and happiness. Such attacks in the outer and inner world may result in being thrown into the wilderness where hatred and persecution reign, falling into despair, descending into madness, unable to distinguish good from bad, truth from lies, raging against fate and God or alternatively feeling punished for our sins. Yet when there is someone strong and understanding enough, still showing tender care and love, like *Lear's* daughter Cordelia, faith in goodness makes helplessness and pain more bearable and may open the way to a more loving relationship.

We have a choice: avoid or face our fear of suffering and death. Far from taking us away from ordinary life, merging us with an ideal object, and providing an oceanic experience, as Freud thought, spiritual intouchness inspires awe at the mystery of life, greater awareness and appreciation of what we encounter everyday: the scent of flowers, the glorious autumn colours, the moving clouds, sunset, dawn, the song of birds; it enables us to feel connected to all that has life in it and be glad that it will continue after we have gone. Consideration of our finite life can urge us on to make the most of the time available to us. I cannot remember a time in my adult life when I was not aware of the words of the 90th Psalm: "Teach us to number our days".

I remember how even as a five-year-old I was very aware of death and its inevitability; the fact that there was no escape from it left me feeling terrified. (As I am writing, it occurs to me that it might have been the way my mother was affected by the death of her mother, after whom I was named, that made me so scared at that time.) The fear of dying is ever present, right from infancy, although we may repress it for much of the time. I remember asking my mother to save me from war and death; she had to promise to do so before I would go to sleep. What an impossible demand! My father tried to allay my fears by saying that I might be less afraid when I was a grown-up and that in his experience most people died peacefully.

I am impressed by Donald Winnicott and agree with his saying: "Oh God! May I be alive when I die" (cited in C. Winnicott, 1989). My father was like that. A few days before his ninety-fourth birthday, in full possession of his mind (never afraid of death, in spite of his experiences in World War One and the concentration camp), he had a philosophical discussion on "the meaning of time" with a friend who had phoned. Within moments of putting down the phone, he was gone, his heart just stopped. What a blessed life and a good way to die. Unlike him, I am sure my mother was afraid of death. She was full of vitality even when her strength ebbed away. I feared that she would fight against death and that there would be an agonising struggle at the end. But during the last six weeks of her life, I noticed a change, an acceptance of death. As she woke from sleep, she seemed sometimes to be talking to my father who had passed away many years before. She just slipped away, with my sister and I holding her hands, telling her we were right beside her. I feel deep gratitude at her having died so peacefully.

I have no experience of analysing very old patients, unlike Segal (1958) who was able to help an old man with his fear of death. I have, however, seen very elderly people for a few consultative sessions. In the majority of cases, the fact that they could share their thoughts and felt helped to understand the nature of their anxieties, brought considerable relief.

It was Mrs. A.'s daughter who suggested that her mother should come to see me. She was a pleasant-looking, nearly ninety-two-year-old lady who managed to come up the stairs to my consulting room in spite of her severe arthritis. She told me that she sometimes had attacks of pain that made her terrified of not being able to move. Asked about her family, she said her children were wonderfully kind and helped with shopping and visits to the doctor. They often invited her for meals although she was able to cook and bake for herself. When I encouraged her to tell me about her background, I learnt that she had come to England just before the outbreak of World War Two. Her sister had survived in Norway. This sister was described as being a very difficult person, aggressive and forever quarrelling with her parents and her siblings. Four years earlier this sister was found to have cancer; it had been diagnosed too late for her to benefit from treatment and she had died some months later. Mrs. A. told me that she found herself thinking of her often these days and of the pain she must have suffered. She paused and remained silent. I remarked on her having fallen silent and



asked whether she could tell me more about her relationship with her sister. Mrs. A. said that she had been thinking how lonely her sister must have felt, cut off from the family. I asked whether she had visited her. "No," she said, "I didn't." She went on to say that she now feels that in spite of their strained relationship, she ought to have gone to see her. I said she seemed to regret that she had not done so and seemed to feel guilty about this. After a further silence, I ventured to say that she had described the recurring pains and inability to move as "attacks"; maybe she felt that it was her sister attacking her, causing her such pain as she had suffered and making Mrs. A. as inert as her dead self. Mrs. A. pondered what I had said and then told me that the idea that her panic was linked to her sister had not occurred to her but she would think about it.

At our second meeting a week later Mrs. A. told me that she still had episodes of feeling she cannot move but she had not got into any further states of panic. Her daughter had asked her to come with her and her family for a holiday in France. Her doctor said she was fit enough to travel but she was too frightened to leave home, afraid she might again have panic attacks if she went abroad. We established that she would be with her family and within reach of good medical care if the need for it arose. I then spoke about travelling being perhaps quite especially linked to her guilt at not having travelled to see her sister when she was alive; and hence perhaps she feared that she would be punished by having an attack of panic and would die if she went on holiday abroad. Mrs. A. thought for a while and, looking sad, said my words made sense.

I was very happy to learn that she did go abroad with her daughter's family and when she returned, she let me know that although she had been at times anxious, she had been able to enjoy much of her trip.

Mrs. B. also came to see me at the suggestion of her daughter. The latter was concerned at her mother having given up almost all social life. A neat, smartly dressed but extremely worried-looking lady of eighty-six, Mrs. B. immediately told me she could not go out any more, neither to the University of the Third Age nor to a discussion group for seniors where current political issues were debated. Her memory had lately got so much worse that sometimes she could not find the right words to express what she wanted to say, had to stop in mid-sentence because her mind went blank. I said she seemed to be terrified of losing her mind and asked whether she had spoken to her doctor about it. She told

me that she had and that the doctor had reassured her that her degree of memory-loss was not uncommon at her age and was nothing to worry about. I said she appeared to be extremely worried all the same. I got the feeling she was afraid that others in the group would notice her being lost for words. She said that was it, everyone would know and they would talk about her and tell others in her social circle. I said she seemed to regard her problem as something to be very ashamed of. I asked about how she spent her time at home. She told me that she is very house-proud and is busy with keeping her home clean and tidy. She loved to see her grandchildren but they made such a mess, it upset her. She also read a great deal and kept up with current affairs. Thinking about her very neat appearance and her emphasis on order and cleanliness, I wondered whether she needed everything, including herself, to be perfect (in an obsessional way). Maybe this made it impossible to accept that her memory was not as good as before, which is inevitable as one gets older. I wondered whether it was her own non-acceptance of her mental imperfection that led her to believe others would be critical and not respect her; she even seemed to fear they would laugh at her losing her memory and take pleasure in gossiping about her. Surely, I said, there were others in this group of senior citizens who had age-related problems of one sort or another. I also pointed out that she had not had any difficulty in talking to me. She said she would think about what I had said and we fixed another appointment for the following week.

At our second meeting, she told me that the leader of the discussion group had written to her, saying she hoped Mrs. B. would come back soon. In spite of this, Mrs. B. told me: "I have definitely decided not to go there any more, I am not going to risk making a fool of myself." It was too shameful and she was sure people would tell others and so she would lose all her friends. I said it seemed such a pity to withdraw from something that she obviously enjoyed. Perhaps her anxiety about not finding the right words contributed to her mind going blank. I said it seemed to me that we needed to think some more about her feeling so intolerant of any shortcomings. She was treating her problem with disdain rather than with compassion and feared that others would be equally critical and contemptuous.

She was quiet and seemed to be thoughtful but then sat up, holding herself very straight and told me that she had made up her mind not to go back to any group and there was also no point in coming to see me



again. I said I felt very sorry that she felt talking with me to be pointless. She repeated that she did not want to see me again. I said I was sorry not to have been able to help her. I would, of course, be very ready to meet with her again if she changed her mind. Or, if she preferred to see someone else, I could give her the name of another therapist. I told her that I felt it was important for her to have help. Her fear of others treating her loss of memory with the same disdain as herself was making her lead a restricted life and that was such a big loss.

I considered Mrs. B. to be at breaking point, depressed and persecuted, as her perfectionism, her feeling in control of her physical and mental powers, could no longer be maintained. I was very worried about her. Without breaking confidentiality, I decided to speak to her daughter, saying I was worried and asking her to encourage her mother to continue to get ongoing therapeutic treatment.

Bion pointed out that a breakdown can be a break-through. In the above case, the break-through of looking at and bearing the painful truth of signs of ageing would be more realistic and healthy than feelings of shame and persecution. Mrs. B.'s anxieties are likely to increase. I fear that she will become increasingly depressed, persecuted and isolated. If she could be helped to accept and mourn her losses, she could attain greater emotional strength and be capable of a richer life.

Mr. C., aged seventy-five, said that it was Mrs. A. who had recommended him to come to see me. He told me that he was extremely upset. His grandson had been involved in a car accident and though the ambulance was called for and came quickly, the doctors could not save him. He was severely brain-damaged and died within a few days. Mr. C. was hardly able to hold back his tears; he apologised. I said it was alright to cry, offered him paper handkerchiefs and when he became calmer, asked when the accident had happened. "It was three months ago but it feels like yesterday," Mr. C. said. "Actually I feel even worse now than when I first had this dreadful news."

I asked Mr. C. to tell me about his grandson. I learnt that Tony was twenty-three, intelligent, had a very loving nature, and had many friends. Since leaving university, he had often come to help Mr. C. with his gardening and to teach him to use the computer. Mr. C. spoke for some time about his beloved grandson and then told me that Tony had taken a degree in business studies. He went on to say that his own father had designed clothes and built up a firm that was well-known

for the quality of its products and the reasonable prices he charged his customers. Mr. C. had helped his father and eventually taken over as managing director of the firm. Mr. C.'s children and granddaughters had other interests but Tony had been helping him at work and had enjoyed it. Mr. C. had hoped that he would, in time, be ready to run the family business. "But now there is no one to hand it over to, it feels like the end of the line, with the family firm's name lost forever," he said. Mr. C. was again in tears.

We sat in silence for a few minutes and I then said: "It seems that this grandson was the joy of your old age and great hope was invested in him. As well as missing him and mourning his death, you are telling me that he was to have continued to keep the family firm running and that now there will be no one to keep the firm's name alive. So Tony's death also brings back to your mind the loss of your father and what he achieved. And there is the approaching death of the family firm that you have spent your life building up further and are not able to hand on. I think you are feeling all these losses and this makes it so utterly unbearable." Mr. C. nodded and we sat in silence until the end of the session. We shook hands at parting, having arranged to meet again a fortnight later.

When I saw him next, Mr. C. said he had cried less at home but felt very upset right now, though it was good to be able to talk about his grief; his son and his family were suffering and he did not feel he could burden them further by talking about his own feelings. I suggested it might actually be helpful for everyone to share their precious memories of the boy they loved. I added that it must be very hard for him not to meet with the family and Tony's friends although I could see that his particular concern about the firm was his private affair. Mr. C. said Tony had brought some of his friends to his house and they used to have fun together; maybe he could try to keep in touch with them.

I saw Mr. C. a third time. He felt very sad but was trying to accept that he would need to sell the family firm when he was no longer able to manage the work. He told me that he had been seeing more of his family and had invited two of Tony's close friends to his house. These had been very emotional meetings but it had been good to share memories and feel that Tony remained alive in all their minds.

It seems to be typical of the elderly that they tend not to seek therapeutic help unless someone else encourages them to do so. I wonder

why this should be? Do they feel that they are not worth it or think they are too old to be helped by talking to a therapist about what worries them? Reaching old age and facing the end of our life evokes earlier, undigested, primitive anxieties related to loss. Such stirrings in the unconscious often bring with them a receptiveness to explore the meaning of the emotional pain in depth.

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