

## Tavistock and Portman E-PRINTS Online

### BOOK CHAPTER

**Original citation:** Waddell, Margot (2009) *[Discussion of Sandra Evans' chapter "Where is the unconscious in dementia?"](#)*. In: The Organic and the Inner World. Psychoanalytic Ideas series . Karnac, London, pp. 103-108. ISBN 9781855756519

© 2009 Margot Waddell

This version available at: <http://repository.tavistockandportman.ac.uk/>

Available in Tavistock and Portman E-Prints Online: 2010

The Trust has developed the Repository so that users may access the clinical, academic and research work of the Trust.

Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in Tavistock and Portman E-Prints Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain. You may freely distribute the URL (<http://repository.tavistockandportman.ac.uk/>) of Tavistock and Portman E-Prints Online.

This document is the published version of *'Discussion of Sandra Evans' chapter "Where is the unconscious in dementia"*. It is reproduced here with the kind permission of [Karnac Books](#). You are encouraged to consult the remainder of this publication if you wish to cite from it.



*CHAPTER EIGHT*

## Discussion of Sandra Evans' chapter: "Where is the unconscious in dementia?"

*Margot Waddell*

**F**rom the arresting opening two paragraphs of this chapter, there can be no question about where the unconscious is in dementia: it is everywhere; indeed, its workings could be said to be especially evident at this point in a person's life. By the end of the chapter we are left in very little doubt about the significance of psychoanalytic insight into these opaque states of mind. Perhaps that would have been to Freud's surprise, but more recent psychoanalytic developments into the origin and nature of deeply disturbed mental states offer considerable insight into both the states themselves and into ways of engaging with them. None the less, it has to be said that we remain in the foothills in terms of understanding this perplexing and challenging area. Both Sandra and I are in agreement that one way forward is through the application of psychoanalytic understanding.

The first example of the dementing old lady and her capacity to be alone—"she has herself to be with"—gives evidence of an internally supportive presence who relieves any sense of loneliness. The terrified, persecuted elderly man has no such benign internal figure. It looks very much as though he has dealt with anxiety, perhaps all along, by extreme splitting and projection, leaving him now at the

mercy of what are felt to be hostile and attacking external enemies, in reality reflective versions of himself. There could hardly be a more poignant and graphic representation of extreme projective identification, for here, in his demented state, it is the actual self who is experienced as the malign intruder rather than the other. Here, the person into whom those threatening and unwanted parts are being projected is literally and wholly identified with the projecting self.

The process described here with such clarity is one that will be familiar to any of us who have worked or lived with dementia. As parts of the mind are lost, and with them the ability to reality-test, not only does the capacity to remember, to think, to speak, break down, but also those well-honed "defences" which have, in their respective ways, protected the personality from "too much reality" and have enabled a person to develop in his or her own unique way.

Some would call what happens "the return of the repressed", of that which, by relegation to the unconscious, enabled the personality to survive more or less intact. In dementia, or perhaps I should say in the dementias, this defensive mechanism gives way, leaving the person a prey to all manner of torments. If protected by securely established internal objects, and if, in turn, supported by sufficiently receptive and responsive external ones, some of the impact of the collapse of secondary processes, in Freudian terms, back into primary ones, can be withstood. Without this protection the person is left at the mercy of utterly chaotic, uninhibited, and persecutory internal forces.

Sandra Evans speaks with great sensitivity about the impact of these very disturbed states on the carers; often, as she points out, ill-trained and underpaid shift workers if institutionalized, or hard-pressed and distressed relatives, if at home. She mentions the carers' own life experiences with child-rearing as relevant. This I would certainly wish to confirm and to elaborate by drawing on a rather different, but in my view very helpful, psychoanalytic model: that is, Bion's theory of thinking (1962a,b) and his notion that the development of embryonic thought is lodged, initially, in the container-contained relationship between infant and mother.

The degree to which early anxieties have been projected, modulated in the mind of a reflective mother (who is, in turn, drawing on

her own internalized parents), and then reintrojected by the infant in manageable form, is crucial. For, in good circumstances, the baby takes in not just the fears-made-tolerable, but also that same maternal function that has made the process possible in the first place. The individual can then draw on these same maternal capacities in nurturing relationships with his or her own children and can, perhaps, later on, better bear the angry/hostile/needy/helpless projections of the elderly, too. To a degree, such a carer may be able to understand what the projections signify and respond to them in a meaningful way. To the attentive observer, it is quite clear that this hunger for meaning extends throughout life—with particular poignancy in old age. Understanding the feelings of those with little remaining capacity to express them is an essential element in the caring role, for only so can there be any sense of what mental activity is going on (*such* a puzzle when relying so centrally on that special capacity for observation which can take into account both external and internal-world phenomena), the kind of binocular vision described by Bion.

A carer for those in later life can provide a setting and a mental attentiveness that renders him or her available as a thinking, containing presence. Thus, the care-giver is, or can be, a container for, and a sorter of, the projected emotional fragments which, as a consequence, can become the “contained”, even though, at this stage, that function may be only very temporarily sustained. The care of the very elderly and demented, 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 younger now struggling to offer states of reverie to the old).

As Sandra Evans so rightly points out, “attempts to understand through empathy another’s experience is, arguably, the most important aspect of our humanity”. She also rightly draws attention to the characteristic and all too frequent “tendency towards projecting unwanted or disavowed feelings into, or on to, the most mentally vulnerable, whether in hatred, frustration, or at times disgust”. This is often on the part of the carer, but it may also be on the part of the elderly themselves, those who are terrified of falling into a similar condition or who, as Evans interestingly suggests, are, at times, aware of the special status of people with dementia who are allowed “freedom not to conform”.

Of particular importance in the present context is Evans' recognition of ongoing mental activity even in very advanced stages of dementia. Mysterious and perplexing experiences by many people attest to all manner of phenomena which defy tidy explanation or conceptualization. I was told by a patient recently that two days before she died, her mother, who had lived speechless, apparently mindless, and wholly dependent for well over a year, held a relatively coherent "conversation" with her. It was about whether the nurses in the care home were fond of her. This kind of anxiety, I was told, had beset my patient's mother all her life (although it was normally carefully concealed beneath the social *mores* of middle-class English society). It was New Year, and she thought she would fancy a glass of wine, the old lady said. There followed a tender enquiry into my patient's own well being, betokening a concern and interest not expressed for some years.

I cite this moving account in the context of the attention that Sandra Evans draws to Seiffer, Clare, and Harvey's work (2005), suggesting that part of the apparent lack of awareness on some people's part of what is happening to them is "functional" and may represent a process of denial, an ego defence mechanism in operation to reduce the anguish of frustration and irreversible loss, the anguish of unbearable psychic pain. It might be, when very near death, that this particular defence mechanism can be relinquished, allowing much more recognizable aspects of the personality briefly to emerge. This patient's mother died only two days after the rather lucid conversation just described, having meanwhile lapsed into a semi-comatose state.

In my own experience, it is often an unresolved oedipal situation that emerges when the protections of habit and assumptive ability and capacity fall away. A brief example will corroborate Sandra Evans' descriptions of the way in which unconscious phantasies of abandonment, insecurity, or abject dependency can re-emerge and exercise a similar kind of persecutory grip on the personality as they had in infancy and young childhood.

I shall clarify this tendency with a brief vignette, which I have written about elsewhere. (Waddell, 2002). I bring it not just for its illustrative value, but because it draws attention to a crucial tool for understanding obscure mental states: that of reflective observation. It describes how eighty-nine-year-old Mrs Brown suffered intense

jealously over her belief that her husband, Eric, ninety years old and faithful for nearly sixty years of marriage, had become attracted to their recently widowed eighty-year-old friend, Gladys. When asked, one Sunday lunchtime, why she was being so uncharacteristically quiet, Mrs Brown described "the miserable time she had had the previous evening at dinner". Mrs Brown had set forth with her husband to try to cheer Gladys up. She said that the evening had been dreadful because it was clear that her hostess was "just waiting for me to die so that she can move in with Eric". As Mrs Brown reported her suspicions, she looked anxiously at her husband, who seemed puzzled, apparently not understanding what she was suggesting. He simply commented that he would not want to put up with "all Gladys's awful relatives". Mrs Brown was far from reassured. Only on close and explicit questioning did her husband add that the widow, too, was awful, and absolutely out of the question as a potential partner. His wife relaxed and began to talk animatedly and coherently about the current political situation.

A year or so later, most ordinary communication had ceased to be possible, and the central issue for Mrs Brown had become an agonizing struggle with an ever-recurring collapse of the characteristics of depressive position thinking back into a much more paranoid-schizoid state. Unlike earlier times, when Mrs B could swiftly re-emerge from a persecutory state, as we have just seen, she was now in danger of remaining cut off from those about her by the seemingly impossible road blocks of old age. Not only was she becoming cut off from others, but also from herself.

On this occasion the observer arrived to find Mr and Mrs Brown and one of their sons pottering 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 the cloth 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, seeming to know that something was wrong but not being able to work out what it could be. She demurred. Fleetinglly, she glanced down at the cloth and then at herself. "That's a terrible thing to say," she muttered. Ignoring this comment (Mrs Brown clearly thinking that he had meant that she herself was a piece of

rubbish), 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. Her son put the rubbish in the bin and also 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, checked 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 and to do the right thing, but had been unable to sort out her 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 confused but all too concrete reality for her.

What Sandra Evans' paper so effectively lays out is something of the ways in which psychoanalytic knowledge of early development and of the nature of conscious and unconscious mental functioning have a place in, and can contribute very immediately to, the care and understanding of enfeebled or demented states of whatever kind, and to finding meaning in some of those opaque and bizarre ways of communicating that might be all that remains.

### References

- Bion, W. R. (1962a). A theory of thinking. *International Journal of Psychoanalysis*, 43: 306–310. Reprinted in Bion, W. R. (1967) *Second Thoughts*. London: Heinemann.
- Bion, W. R. (1962b). *Learning from Experience*. London: Heinemann.
- Seiffer, A., Clare, L., & Harvey, R. (2005). The role of personality and coping style in relation to awareness of current functioning in early-stage dementia. *Aging and Mental Health*, 9(6): 535–541.
- Waddell, M. (2002). *Inside Lives: Psychoanalysis and the Development of the Personality*. London: Karnac.