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CHAPTER TWELVE

Intimacy and sexuality in later life

Andrew Balfour

From a train window, I recently spotted an advertising hoarding for life assurance that showed a face made up of two halves. On one side it was youthful, and on the other it was aged. I thought that this captured something essential about a psychoanalytic view of old age, the sense of the older and younger faces so closely linked, the older one containing the stamp of the younger one. It is, of course, a developmental model, and sexuality and its vicissitudes are a central part of that development. What, then, of the changing face of sexuality as we get older? When thinking about this topic we need a complex view of sexuality, linked to our psychic development and to the development of our capacity for sustained intimacy with other people, something that has been a central concern of psychoanalysis since the inception of Freud's revolutionary thinking, which began with sexuality, and with infantile sexuality in particular, more than a century ago. The question I want to address in this chapter is whether sexuality is subject to particular developmental pressures in later life.

Louis Noirot, a French physician, observed in 1873 "... in old age, like our hair, our desires should wither" (quoted in Stearns, 1979, p. 243). Ruth Rendell, a novelist now aged seventy-six, said in

an interview published in the *Guardian* (16 September, 2006), "With age a lot of things go that one loved. Sex, of course, but I think its departure is proper and natural and not to be mourned". Contrast this with a poem written by Thomas Hardy when he was an old man, which conveys the persistence of sexual longing in later life:

I look into my glass
 And view my wasting skin
 And say, "Would God it came to pass
 My heart had shrunk as thin!"

For then, I, undistrest
 By hearts grown cold to me,
 Could lonely wait my endless rest
 With equanimity.

But time, to make me grieve,
 Part steals, lets part abide;
 And shakes this fragile frame at eve
 With throbbings of noontide.

Changes associated with ageing

As ever, in regard to matters related to ageing, Freud himself was pessimistic. In a letter to Lou Andreas-Salome, dated 10 May 1925, he wrote:

As for me, I no longer want to ardently enough. A coat of indifference is slowly creeping around me. It is a natural development, a way of beginning to grow inorganic. The "detachment of old age" I think it is called. It must be connected with a decisive turn in the relationship of the two instincts postulated by me. The change taking place is perhaps not very noticeable; everything is as interesting as it was before . . . but some kind of resonance is lacking; unmusical as I am, I imagine the difference to be something like using the pedal or not. [Freud, Freud, & Gubrich-Simitis, 1978, p. 237]

Freud confided quite a lot in his letters to her about his feelings about his ageing and the physical illness that accompanied it. For example, when he wrote to her to acknowledge her congratulations on his seventy-fifth birthday, he commented that he found it

wonderful that she and her husband could still enjoy the sun. He added, "But with me, the grumpiness of old age has moved in, the complete disillusionment comparable to the congealing of the moon, the inner freezing" (Gay, 1988, p. 525).

There are inevitable losses associated with ageing. There can be a loss of role or status in society, the deaths of peers, and the coming into view more sharply of the end of one's own life, as well as the loss of youthful attractiveness and sexual potency. In addition, the threatened or actual experience of what Hess (1987) has described as the "catastrophes of old age", particularly stroke or dementia, impinge as possibilities even if they do not become realities. They threaten to bring increased dependency on others and loss of the autonomy of younger adulthood, threatening, at least in phantasy, if not necessarily in reality, a return to the dependency states of earliest infancy. We also see how for older couples—unable to use work or career and the structure this has afforded them to disperse difficulties, or to contain projections of parts of themselves—an equilibrium they have found earlier on can be upset. As retirement arrives, there is a sense for some couples of being thrown back upon themselves, and of the relationship having to bear or contain things that it had not had to before. Couples can experience this as a demand for increased intimacy and contact with aspects of themselves (possibly experienced as residing in their partner) that have been avoided earlier on. The return to "two-some-ness", and the loss of a wider circle of professional activities and colleagues, can bring a return of claustrophobic anxieties associated with the most intimate relations between mother and infant, of early babyhood and childhood. I shall return to this theme shortly in the clinical material that follows. But, lest this sounds too negative, emphasizing only what is lost in ageing, "Getting older", by Elaine Feinstein (2001, p. 53), strikes a different note:

The first surprise: I like it.
Whatever happens now, some things
That used to terrify have not:

I didn't die young, for instance. Or lose
My only love. My three children
Never had to run away from anyone.

Don't tell me this gratitude is complacent.
We all approach the edge of the same blackness
Which for me is silent.

Knowing as much sharpens
My delight in January freesia,
Hot coffee, winter sunlight. So we say

As we lie close on some gentle occasion:
Every day won from such
Darkness is a celebration.

What is likely to influence whether ageing brings “sharpened delight”, as Feinsten puts it? What factors help to allow a creative engagement with the developmental challenges of old age that will affect whether experience continues to be engaged with in a lively way (which links to the capacity to sustain intimacy later in life)? Freud’s early view was that less sexual expression, a decline in genital sexuality, left a problem of undischarged libido, leading to anxiety and other difficulties in old age. In 1895, he wrote about “the anxiety in senescent men at the time of their decreasing potency and increasing libido” (p. 102), referring to his view that libidinal energy could no longer be discharged via genital sexual activity in the same way any more, and that this would lead to anxiety and other psychological problems. This was developed by Deutsch (1984), focusing on female sexuality, and the menopause in particular. Like Freud, she believed that in later life the libidinal motor of development essentially goes into reverse gear, bringing psychological problems consequent upon a pathogenic damming up of libido, leading to regression. Deutsch, for example, saw depression as an inevitable feature of the menopause (Bemesderfer, 1996). However, subsequent psychoanalytic thinkers have instead taken the view that the impact of such changes will depend upon the individual’s capacity to bear loss and the extent to which losses are experienced predominantly in depressive or paranoid–schizoid states of mind. This, it is argued, will determine the extent to which experience can continue to be engaged with creatively and intimacy, including sexual intimacy, can be sustained. This links the capacity to adjust to inevitable age-related changes in sexual functioning, and the ability to bear the grief that time, in Hardy’s words, “part steals, lets part abide”. The ageing process, with its physical

signs, such as changes in sexual functioning, taxes the defences that may have been used throughout a lifetime to protect against the spectres of vulnerability, need, and dependency awakened by the experience and prospect of loss.

A common loss for men, for example, can be erectile ability. King (1980) points out the importance of the fear of impotence and the impact this may have on relationships in later life. In a review commissioned by the Pennell Initiative for Women's Health, and carried out by the Tavistock Centre for Couple Relationships (Vincent, Riddell, & Shmueli, 2001) it was pointed out that Havelock Ellis's view in the early twentieth century regarded the menopause as a cut-off point in the sexual life of women, and that in many ways society's attitudes to sexuality in later life have moved on very little since this time. In fact, a number of large-scale research studies have been carried out in recent years showing that, although sex may decrease in frequency in old age, older people remain sexually active. These studies highlight how many people adapt to changes in physical health and functioning, sustaining a sexual intimacy that may be expressed in different ways. So, an over-emphasis on genital sexuality would give a distorted view of sexuality in old age. The importance of the capacity to adapt and adjust to the changes and losses of old age and to sustain intimacy is highlighted in research that shows that marital closeness moderates the negative psychological impact of functional disability in later life in terms of depression, anxiety, and self-esteem (Mancini & Bonanno, 2006).

The passage of time, which presages mortality, is a profound loss to be borne. To paraphrase Hardy, time makes us grieve. Freud's view was that we cannot really conceive of our own death, that in the unconscious there is no reference to time, and at an unconscious level we all believe we are immortal; even as we try to imagine our death we are there as observers of our own funeral. However, Money-Kyrle (1971) suggests how, while we might not be able to imagine an abstraction such as death or non-existence, we might nevertheless inherit a "pre-conception" of it, to use Bion's (1962) term, and we can therefore recognize instances of it. He shows how temporality, the fact of things not lasting, which is a fundamental dimension of all of our experience from the beginning of life, faces us with the threat of the death of our objects and

ourselves, and is for everyone an instance of the experience of mortality. This fact of life, that nothing good (or bad) lasts forever, is difficult to accept. It is the capacity to face depressive anxieties that influences our ability to tolerate this, and ultimately affects whether reality is retreated from, with consequent damage to our capacity to engage in a truthful way with our own experience and to sustain intimate relationships with others. Clinically, we can see individuals for whom the mental pain of loss and vulnerability associated with facing the passage of time, and ultimately death, seems impossible to bear. There can be a retreat into rigid and paranoid states of mind, which in couple relationships can present as two partners living in a world peopled by their own projections into one another, resulting in polarized and rigid ways of relating. I shall illustrate what I mean by this in the following clinical example.

The "no-change couple"

He was a successful lawyer, the senior partner in a commercial law firm. She had been an architect. Things had been bad since her retirement two years previously. He was still working, running his firm. They had bought a retirement house and came up to London during the week, staying in their flat while he worked and she tried to occupy herself with charity work and trips to galleries and theatres. Their retirement plans had stalled: he had kept working despite promises to the contrary, and they had never properly moved into the beautiful retirement home in the country that they visited at weekends. What they vividly conveyed to my co-therapist and me when we first met them was how they could not move into and inhabit together the territory of their old age.

At the Tavistock Centre for Couple Relationships, we send self-report forms to each partner before their first appointment. When this couple came, they told my co-therapist and me how neither of them had read the other's forms, which were sitting, out of sight, side by side on our desk, "in parallel", so to speak. These forms, each one unknown to the other, sitting like this on the desk, seemed to reflect the parallel lives that the couple lived. This was echoed in the way they each took it in turns to address us in the session, having no direct contact or exchanges with one another. On their forms, each had complained that

the other was depressed; she, in particular, had emphasized her worry about his depression.

We had expected, therefore, to meet up with a withdrawn man. In fact, he presented initially as a rather chipper, quite commanding figure, and we were struck instead by her considerable grief and sadness. She was tearful and aggrieved, and it was our feeling, much to our surprise, that she was the depressed one, left waiting for him and frustrated by his unavailability. We thought that feelings of grievance and depression had been lodged in her, and this had been partly provoked by his behaviour and withdrawal into the world of work. He seemed to be keeping a distance both from her and from the depressed part of himself in her through projective identification, such that she was carrying a "double dose" of depression, his feelings as well as her own. What was striking, as we worked with them over time, was how this depression could move between them, with first she and then he appearing to be the depressed one.

At this early point in our work with them, we wondered about the timing of their seeking help, and in relation to this we wondered about the role of retirement as a trigger. It seemed to us that retirement might have threatened a defence that they had previously maintained between them—their parallel lives—where work could function to provide for their need for distance from each other. It was as if, in retirement, they feared being left only with one another, as though their relationship now had to contain all those aspects of themselves that they feared being overwhelmed by, and that they had previously managed by dispersal, in their parallel tracks, taking care that they were never both at risk of being depressed when they might "both go under at the same time", as they later said.

It was against this background that he presented their dilemma to us: that he felt empty of feeling for his wife. He cared for her, but his feelings of love had vanished. He could not force them to come back, and now he felt tortured. He was, he said, on the brink of separating from her, and yet, for some reason, was unable to do so. She seemed to be in an equally tortured position, endlessly waiting for him to make up his mind and to commit to her. The situation was bleak and, as they put it, ". . . the past is grim, the present is grim and the future is grim". We referred to this active process of keeping things stuck and unmoving as the act of "grimming" their experience. The therapy often had a timeless quality, with no sense of urgency or need to sort things out. Although there might be a bit of liveliness or a hint of movement in one session, this would be lost by the next, and we were constantly faced

with the complaint that things were just the same, they were stuck in the same old groove. They could not separate and they could not come together. Feelings seemed to be emptied out, particularly spontaneous feelings, and especially any expression of aggression.

Interestingly, things were a little different when one of them was unable to come to a session and the other came alone. At such times each of them would comment on how much freer they felt than when they were together, that they could say things that they could not say when the other one was present for fear that they would be devastated if they were to hear it. While their revelations never felt particularly remarkable, what was striking was their mutual attribution of vulnerability and devastation to the other one. On one such occasion, he commented on what he felt was his difficulty in "speaking from the heart" to her. I felt there was an echo here, in the way he talked of having to be careful with her, of his treatment of my co-therapist and me. For example, we noticed that when he was angry with us he would comment, quite out of the blue, that it was not that he felt furious, not that he felt he was going to explode . . . when no one had said that he was. This negation was often our first sign that this was precisely what he felt. When we took this up with him he said that he could easily devastate my co-therapist and me. We put it to him that he tended to think of himself always as potentially devastating, never devastated. It then emerged that he had been very upset recently when she had been the one to comment angrily that they should split up. He said that he had been surprised by a comment of his son's, that he thought his mother would manage if they split up, but not his father. This was not how he thought of himself. Then, for the first time, he commented on his uncertainty about himself and what he really felt. It was at this point, when he seemed to glimpse some of his own vulnerability, that his feelings about retirement emerged for the first time. This material led us towards an understanding of their shared underlying fear, or anxiety, that emotional contact could lead to a devastating explosion. It also captured how the fear of a destructive explosion seemed to be closely linked to an underlying fear of loss and separation. It seemed that at some level there was a phantasy operating: that if nothing changed then nothing could be lost.

After a lot of work, it emerged very painfully, and with great difficulty, that he had recently had an illness that had left him with sexual difficulties. This was something they found very difficult to speak about. The problems themselves could have been ameliorated by medication, but this would have entailed a reliance upon "artificial" means to

enable sexual intercourse between them, and this was too shameful. His response to his loss of functioning was to feel that he had to work harder than ever. There seemed to be an accusation in his own mind that he was not "up to it" any more. He struggled ever more desperately to prove his potency as a manager at work, while avoiding the issue of potency in the sexual relationship. He had withdrawn into an idealization of self-sufficiency, away from his vulnerability and dependency. He nurtured fantasies of being off on his own. His only imagined future was of himself as a kind of existential anti-hero, on his own in some romantic foreign city. He could not envisage a future where they were together. Increasingly, it became evident how unreal these fantasies were. In reality, he could not achieve any separation at all, not even to go away for a holiday, something that she gradually had become able to do. For him, the only separation that was possible was into the world of work, to which he felt equally shackled. Indeed, what we noticed over time was how, when she moved away from her position of being the one who "wanted" the relationship, and became, in his words, "more negative", he became "more positive". And so they kept themselves in what he termed a zero-sum situation, in which any movement in one direction or another was quickly cancelled out.

How could we understand this situation, where he threatened to leave but where it seemed that no separation at all was possible? Keeping themselves apart in this way seemed to us to be an attempt to obviate any knowledge of the losses that they had already experienced, and that might be facing them. There could be no real discussion of the loss it was clear that at some level he feared if he did retire. This was unthinkable. His response was to work ever more frantically to ablate any knowledge of the reality of his impending retirement. It was very difficult indeed for him to recognize his limitations and the point he had reached in his career, with others expectantly waiting for him to cede his power in the firm to them. He was being asked to give up his potency in his managerial role at work at the same time that he felt he was losing it on so many other fronts.

In our work with this couple, who had for many years been such high achievers, we had a painful sense of the difficulty for them in giving up a lifetime of striving, and moving together into retirement, of realizing that the baton, so to speak, is to be passed on now to the next generation. Of course, generational differences and their recognition are central to the story of Oedipus, and this leads us to the question of whether there are particular qualities of the Oedipal situation as it is encountered in later life.

Oedipus and ageing

The *New York Times* (25 November, 2007) ran a piece describing an increasingly familiar scenario: a former Supreme Court Judge found that her husband, who had Alzheimer's disease, was having a relationship with another woman. The judge was reportedly thrilled "... and even visits the new couple while they hold hands on the porch swing, because it is a relief to see her husband of 55 years so content". The story explores what the paper called "Old Love", illuminating the relationships that often develop amongst patients with dementia and how the desire for intimacy persists even when dementia takes so much else away. The film *Away from Her*, based on a short story by the Canadian writer Alice Munro, portrays a man watching his wife slip away from him as she is overtaken by the depredations of Alzheimer's disease only to have to witness, as she moves into residential care, her romance with a male patient in the nursing home. As he struggles with this, he eventually moves to a position of accepting the relationship, and arranges for his wife's new love to return to the nursing home after he sees how devastated she is when he is not there. The meaning of this "acceptance" is understood in relation to his own affairs earlier in the marriage, to his expiation of guilt and remorse, and the reworking of a familiar dynamic in the marriage with him now having to bear the pain of being the excluded one, the witness to the coupling from which he is left out. Here, of course, we are touching on the Oedipal situation, the lifelong struggle to tolerate exclusion, originally from the parental coupling, to recognize that one is not at the exclusive centre of mother's mind but in a position of "linked separateness" to the parents and their relationship with one another.

The Oedipus complex is never "resolved" once and for all; we encounter it at different points in the lifespan.

Mrs Jones, a woman in her late eighties, had lost her husband of many years. He had looked after her at their home for some time following her diagnosis of dementia. What had been striking at the time was how she experienced his death. She became convinced that he was not dead at all but that he was alive and seeing another woman instead of her. The delusion that he was still alive but betraying her with another woman might be seen as reflecting unresolved infantile oedipal struggles,

underlying difficulties which re-emerged as Mrs Jones's adult cognitive capacities deserted her.

Our current understanding is that earlier problematic emotional constellations do not "grow old" in the sense of diminishing or fading away, but persist and become more powerful as dependency increases and adult coping falls away, "... because the unconscious does not participate in the process of growing older" (Grotjahn, 1940, p. 97).

Ageing is a powerful site for Oedipal anxieties, with the inversion of the earlier Oedipal configuration: for the young it is the parental couple that is procreative, for the old it is the younger generation; the envied object moves from the parents' intercourse to that of the next generation. Something of the challenge that watching children develop into young adults can present for parents is conveyed by a man in late middle-age describing the experience of an attractive young woman calling at the house to see his teenaged son:

At that moment I realised with envy that this young woman hadn't come to see me, she had come to see my son. That was a bit of a shock. A feeling of loss and nostalgia descended on me. I acknowledged to myself that my own days of sexual exploration were over ... If I do allow myself to compare my body with his, I feel more of a sense of loss. Often, it feels like a loss of energy. I can't play football like he does, I feel worn out a lot of the time. [My wife says] I am a grumpy git, so that may well be my unexpressed anger around all of this. [*The Guardian*, 16 December, 2006]

What is being described here is the experience of one generation's displacement by the next, and the reworking of Oedipal anxieties that accompanies experiences of loss and displacement in later life. Klein (1959) comments that identification with the younger generation can help to mitigate these anxieties in older people, just as for the infant identification with the parents' happiness can help to mitigate the painful Oedipal anxieties that are stirred up by the recognition of the parental sexual relationship that excludes the child. She writes,

This attitude becomes particularly important when people grow older and the pleasures of youth become less and less available. If

gratitude for past satisfactions has not vanished, old people can enjoy whatever is still within their reach. Furthermore, with such an attitude, which gives rise to serenity, they can identify themselves with young people. For instance, anyone who is looking out for young talents and helps to develop them . . . is only able to do so because he can identify with others; in a sense he is repeating his own life, sometimes even achieving vicariously the fulfilment of aims unfulfilled in his own life. [p. 250]

The Riddle of the Sphinx that Oedipus must solve is the task of recognizing generational difference, which so often we can try to escape from or triumph over. Shakespeare gave dramatic representation to the Oedipal issues involved in growing older in *King Lear*. At the opening of the play, Lear brings together his three daughters and the Court to hear his announcement of his retirement, “handing over the baton” to the next generation:

To shake all cares and business from our age
Conferring them to younger strengths . . . [1.1 (39–42)]

But there is a catch: this is not a gesture born of the serenity that Klein describes. Before they can inherit a third each of his kingdom, his daughters must make a public declaration of their love for him. However, this is not just any declaration of love; they must tell him that they “love him all”. He must be reassured that he is at the centre of their world and of their affections, rather like the Oedipal child seeking evidence that he is at the centre of his mother’s world, wishing to disavow the Oedipal reality that she has other concerns or interests, and a relationship, ultimately, to his father, that excludes him. Cordelia, Lear’s youngest daughter, refuses the pressure to repudiate generational differences:

Why have my sisters husbands, if they say
They love you all? . . . Sure I shall never marry like my sisters
To love my father all. [1.1: 96–104]

Lear rejects the triangular situation in which his truthful daughter faces him with the reality that she loves him, but she also loves her husband to be. This Oedipal situation cannot be managed by Lear, at this point in his life, and so the tragedy of the play unfolds. A place in a triangular relationship is rejected and hated by Lear,

and he takes refuge in the delusional appearance of love, an apparent acceptance of increased dependency and loss of power, but "giving space for younger generations" in an attempt to triumph over and control it.

The play becomes an increasingly nightmarish world of fathers being plotted against by the next generation who wish to displace them. As Edmund, the illegitimate son of the Duke of Gloucester puts it: "The younger rises when the old doth fall" (III. 3-4: 23). What is ushered in is a version of painful loss and relinquishment from one generation to the next that is coloured by the anxieties of the paranoid-schizoid position, devoid of gratitude and serenity. The more benign and mature version of the older generation handing over and identifying with the younger, which Klein describes as another developmental possibility, is absent. Lear takes refuge in a delusional world, with a collapse into narcissistic, paranoid, and, ultimately, psychotic states of mind, following on from the point where the reality of generational difference and boundary cannot be recognized. One could see the fears of older figures in *King Lear* of murderous attacks to be a projection of hatred at their own displacement, at the reversal of the original Oedipal configuration, the older generation now giving way to the young, and having to recognize their youthful potency and face a sense of exclusion from the world that goes on without them at the centre any more. The universal theme of the play is testimony to how painful and difficult this "passing on of the baton" can be, and how much can go wrong at this developmental phase.

Such dramas are not, of course, confined to the stage, but appear in the consulting rooms of psychotherapists working with couples, as my final clinical example illustrates. There are some similarities with the first couple that I described, and, indeed, I find that couples frequently come for help in later life when they can no longer use sexuality and work as they did in younger days to manage difficulties in sustaining intimacy between them.

When a couple's familiar defences no longer hold up

The couple were just entering later life, and facing depression as life-long defences were wearing thin, he having had affairs throughout the

marriage and now confronted by impotence as a consequence of treatment for prostate cancer. Ostensibly, the couple came for help because of his affairs over the course of their forty-year marriage. However, pretty quickly it became clear that it was not the affairs, so much, that were the reason for their seeking help at this point. They had made a lifelong defensive use of sexuality, he through his numerous affairs and she in both tolerating the situation and, at the same time, investigating and seeking to expose them. And the experience of prostate cancer triggered a response in the husband that was the same as at other points in his life when he had had difficulties: he had another affair. It was short-lived, and, though it re-ignited the compelling drama between them (which, in reality, did not seem to need an actual "other woman" to sustain it), it also exposed their difficulty in facing the loss, vulnerability, and dependency brought into prospect by the beginning of old age, a prospect that for each of them threatened a traumatic return of the dependency of their infancy and childhood where each had, in different ways, lost their opposite-sex parent.

The couple had met when they were both very young, and had come to the UK as adults, where they had raised a family. They rarely returned to their country of origin, though spoke, on occasion, about moving back to live in the "mother country". He was a man who had barely seen his mother for the first seven years or so of his life, as she had constantly been ill, hospitalized in isolation wards for fear of infection. She had lost her father at the age of eight, and subsequently the family home had broken up and the children were sent away to boarding school.

In the marriage, each partner showed a profound difficulty in tolerating their dependency on the other, a fear of dependency that had worsened with age and his experience of a failing body. His prowess, both on the sports field and in his capacity to attract women sexually, were very important to him. Yet, with the onset of old age, he had had two hip replacements and prostate cancer in quick succession, the treatment of which had left him with erectile difficulties: "I am old from the waist down," he explained to me.

His wife was always kept guessing, worried about where he was, fearful of abandonment by him, so reversing his early childhood situation of abandonment by mother. Now, he was the desired object of attention and she the abandoned one, never able to trust in his dependability. Even with the rugby teams he played for he would agree to appear in two or three matches on the same Saturday afternoon, and at the last minute he would let them down, feeling himself to be the

indispensable, much-wanted player, with all the teams vying in his mind's eye to have him. When I first saw them he was still going on three-mile runs, trying to prove to himself that he could do the same things as ever, even though he had been told that this was damaging his hips and causing him serious physical problems. Later life had faced him with a very difficult readjustment. Defences that he had used throughout his life—his use of sexuality and manic activity—could not be sustained in the same way any more. Between them, they repeatedly enacted a very familiar situation of accusation and cover-up, investigation and exposure. This had a timeless quality, and together they would go around and around this well-trodden ground. The situation in the therapy seemed to be one where each made representations to me, as though I were the judge in a courtroom investigating their respective accusations of the other. More contact with need and dependency quickly got turned into an investigation that would expose one or other of them: he as having been "caught at it", exposed as a liar and cheat, she as being "mad" and pathologically jealous. This seemed to be an excited dramatization of their painful Oedipal struggle. Consciously, they hated it, but at the same time there was a triumph in this state of mind over more painful feelings.

They started to recognize the pattern, and a different picture of him began to emerge from the self-confident "Casanova" that both of them had encouraged me to see. When this was taken up, he would quickly get into a superior, contemptuous position. Indeed, they would join together to position themselves as the couple with all the resources, a triumphant, omnipotent state, where they felt envied by other people of whom they were contemptuous, "people who drive old cars". They joked about their contempt for people with Clarks' shoes, a symbol of being old and sensible, they said (shoes that I was clearly wearing), that they were not ready for yet. He commented that he needed to be different from his parents' flat and nothing life. In this omnipotent state of mind he reduced his parents to flat and lifeless figures, in the same way as he denied the existence of the vulnerable aspects of himself by triumphing over his need and dependency on his internal good objects and his therapist.

As time went on, he reported feeling more depressed, and she spoke of feeling more trusting of him. It felt to me that he was able to be in a more truthful contact with himself. On one occasion she described how she had tried to touch him affectionately and he had not responded. This quickly turned into an argument between them in the room, but the atmosphere shifted when he became able to talk about his fear that

more intimate contact between them might lead to sex. "I have to get this bloody thing—the pump—out, it's a bloody great thing, not very attractive. It's not like me, not to try things to help myself," he said. But it faced him with what had changed, and with having to depend on something else for help, and to acknowledge his need for it. I thought that this linked to his sense of shame and exposure in recognizing his need for the therapy, and for his younger therapist.

He then commented on how he could not use the pump at home because his (grown up) children would see it, and spoke of how the onset of his feelings of depression were linked to envy of a younger couple who did not have to work so hard, and who seemed to have it all. In the transference, I thought he was communicating something important about how it felt to be showing me his fears and what was failing him, and his envy of my relative youth. When I took this up, he spoke of his fears that if he did try these aids they might not work, and then he would be left feeling that there was nothing that could help him. What he conveyed was how he no longer had access to defences he used to rely on, and that he feared he would be left with nothing in their place, exposed by his sense of need and dependency, which I thought were linked to feelings of shame. He imagined using the pump, and it taking half an hour or more to have an effect. He said he could imagine her getting fed up. He was anxiously looking at her while he talked, scrutinizing her face for her reaction. And then he spoke movingly about his fears about what she felt about the changes in him. It was very difficult for him to put these into words, but when he did so there was a glimpse of an emotional contact between them, which they found very difficult to sustain. Towards the end of the session, when I took up how they moved away so quickly from the point of contact between them, he commented, "They are losses aren't they, it's like a bereavement really, losing your potency."

They described going for a walk together on a beach, on holiday. As they got to the beach they had had an explosive row, something that came on very suddenly and violently. She had gone off in the other direction, away from him. The row had been sparked by her trying to look after him, telling him they should get out of the wind, and he had felt controlled by her. It was a poignant image of the possibility of intimacy between them, of being able to look after one another, but, in the face of this, an explosive row, each moving off in opposite directions, sitting far apart from the other, on different rocks, looking at the sunset. They conveyed the difficulty in facing the evening of their lives together, in helping each other and allowing an intimacy with one

another in which they would have to face their own and the other's ageing and losses, the changes in themselves also reflecting the changes in the other.

In such couples, who have encountered profound difficulties in facing the passage of time, it is as if they find themselves living with images of themselves in their partner that they find increasingly difficult to bear. In this way, the partners in the couple reflected to one another the reality of their ageing, literally represented by the older body now in front of them that contains the truth of time passing, confronting them with all the difficulties of facing this "fact of life".

Ageing, oppression, and opportunity

I shall conclude this chapter by returning to my starting point, to the poem by Hardy, and his sense of being oppressed by the changes of age, "wasting skin", the difficulty of still having a full heart and desires and at the same time knowing about the changes and losses of age. It is, as Hardy puts it, the "part stolen/part abiding" that brings forth grief: the continued life of the body and the mind, the awareness of desires and, at the same time, of physical changes such as the loss of youthful physical attractiveness and potency. A solution can be to wish away the desire, to "shrink the heart", in Hardy's words, to withdraw from bringing to life sexual desire or involvement and intimacy, which also then brings to life the grief at what is no longer. This was frequently the solution of the couples I have described, reflecting lifelong difficulties with intimacy that were compounded by the developmental pressures of later life, the difficulty in mourning the losses that were facing them.

In his marriage, Hardy had "frozen" his heart for many years before the death of his first wife (Tomalin, 2006a). It was his wife Emma's death, at the age of seventy-two, that produced an outpouring of poems about her, and established his reputation as a poet. These poems work and rework his feelings about the marriage, which seems to have become an increasingly estranged one with the passing of the years. In them, one glimpses the pain of his

attempts to make reparation to her after she has gone, with the memory of early love and intimacy between them that has become hard and cold in their withdrawal from one another in later life. This poem he entitled *Penance* (in Tomalin, 2006b, p. 134):

Why do you sit, O pale thin man
 At the end of the room
 By that harpsichord, built on the quaint old plan?
 It is as cold as a tomb,
 And there's not a spark within the grate:
 And the jingling wires
 Are as vain desires
 That have lagged too late.

Why do I? Alas, far times ago
 A woman lyred here
 In the evenfall; one who fain did so
 From year to year;
 And, in loneliness bending wistfully,
 Would wake each note
 In sick sad rote,
 None to listen or see!

I would not join, I would not stay,
 But drew away,
 Though the fire beamed brightly . . . Aye!
 I do to-day
 What I would not then; and the chill old keys,
 Like a skull's brown teeth
 Loose in their sheath,
 Freeze my touch; yes, freeze.

Hewison (2006) has pointed out how, in this poem, Hardy conveys the painful recognition of his retreat from the possibility of emotional warmth with his wife, and his guilt for killing her off, in his heart, many years before her actual death. What strikes me is how Hardy describes his own "inner freezing", as Freud put it, recognizing the part of himself that withdrew from the life between them, and which now becomes linked to the chill thought of both her life that is gone and his own death to come. As the reader, this puts us in vivid contact with the difficulty of facing what we have

done with the possibility of intimacy and life in our relationships, a struggle that we all have throughout our lives, and one that is given a particular quality and intensity in old age when faced with finality and the limits of reparation, of the years having passed, and with actual death. How difficult it can be to allow insight, to take responsibility for our own destructiveness, and to face depressive anxieties when the scope for actual repair may be gone: when these difficulties, which we all encounter at significant points of change or loss in our lives, cannot any more be dealt with by projecting into the future the thoughts of what we will do differently, reassuring us of our potential for reparation. While this may make for great difficulty and challenge in later life, born of the fear that now it is "too late", it can also be the case that an awareness of the limits of time passing, and of time remaining, can bring an urgency and motivation to the wish to work through past losses and to face future ones.

Hardy's poems, written late in his life, bring home with great poignancy how, although the opportunity for real repair of his relationship with his wife had passed, the work of internal reparation was given its greatest urgency, and he is brought into sharper contact than before with his inner situation, and with his need to face this, his reparative wishes bringing the flowering of a creative lyrical outpouring in his last years. Needless to say, sexuality, with all of its vicissitudes and significance in relational terms, continues for us throughout life, with familiar age-old conflicts as well as the demands of adjusting to changes in functioning and tolerating the waning of capacities. These painful realities, particularly Oedipal ones, as I have tried to show, have new coinages in old age, yet they reflect what at heart we struggle with all of our lives.

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