

Editorial

“Without tenderness, we are in hell”

Kate Brown

Welcome to this edition of the *Attachment* journal, a special edition on the theme of ageing and eldership and my second edition as editor-in-chief. I hope that you will enjoy it. I have taken this editorial’s title from a line in a poem by Adrienne Rich (2013), “without tenderness, we are in hell”, which seemed to have resonance for an edition on ageing and need for tenderness and understanding as we age.

First, I wish to thank Gülcan Sutton Purser, for the suggestion that the theme of ageing and eldership would be an interesting and important subject for this edition of the journal. The suggestion sprung from a conference which took place earlier in 2025. I am delighted that speakers at the conference were able to contribute such moving and important articles. I also wish to thank Brett Kahr for his thought-provoking article on the history of psychoanalytic understanding of ageing.

I also wish to extend my heartfelt welcome and thanks to the newly formed editorial team. Our deputy editor, Sally Rose; book review editor, Christian Howes; and poetry editor, Sue Wright. It is of massive comfort, excitement, and reassurance that such a high calibre of individuals have stepped forwards to ensure the journal’s continuing survival and ongoing growth, development, and move towards thriving.

We have also decided to reprint two seminal articles from the journals rich back catalogue and to continue to celebrate the journal’s history. We chose Mark Linington’s “Attachment, trauma, and organisations” and Giovanni Liotti’s “Infant attachment and the origins of dissociative processes: An approach based on the evolutionary theory of multiple motivational systems”. Both have relevance to the theme of age and ageing, as frequently care of the elderly happens in institutions (hospitals, care homes, hospices, etc.) and dissociative processes which may have their seeds in infancy rear their heads again in later life (Henley, 2019; Sherwood, 2019).

The return of the poetry section of the journal is a reflection of the skills and interest of the editorial team and an awareness of the place of poetry within psychoanalysis. We wished to offer the opportunity to our community to publish creative writing relevant to psychotherapy, alongside more traditionally academic writing

and research. This decision to revive the poetry section stems from a recognition of both the emotional and the cerebral aspects of our work which can and should coexist alongside each other, with poetry occupying an important space and ability to pack an emotional punch far above its word count.

The opportunity to continue to review books that our readers may find of interest also remains an important feature of the journal. The sharing of ideas and knowledge about new developments and publications in the field to enable our continuing growth and deepening understanding can only be to our benefit. We continue to welcome suggestions of books to review, and offers to write reviews. This can also include films and theatre reviews.

The theme of ageing is something that will have different resonances with our readers depending on where we each are in our life's journey, but is a theme that should not be ignored. Ageing is something likely to come to us all in one way or another. Attachment theory is known to be a model that informs our understanding of human behaviour and emotional relationships "from the cradle to the grave" (Bowlby, 1979, p. 154). Arguably, attachment theorists have been paying more attention to the cradle than the grave, and this needs to be remedied.

Attachment theory recognises the impact of parental attachment styles on outcomes in child well-being and emotional health (Steele & Steele, 2005), including the role of parental reflective functioning (Luyten et al., 2017), and the negative impact of parents putting pressure on children to meet the parents' emotional needs, thus encouraging the child to become "parentified" (Gibson, 2015). However, attachment theory can also help examine how attachment styles may impact on how one faces the challenges of ageing (Bowlby, 2019; Sinason, 2019; White, 2019). This includes the challenges of providing practical and emotional support to a parent towards their end of life where dependence may be reversed. The child no longer depends on their parent, and the parent depends on their now grown up children for certain aspects of their life and to meet various needs. An attachment-informed perspective might help illuminate how able we feel to seek, receive, and give care.

Bowlby was called the "Dickens of psychoanalysis" (Laschinger, 2012). What comes to mind is whether the literature of Dickens might hold some wisdom of use to us as we approach ageing from an attachment-informed perspective. Dickens was renowned for masterpieces which can be read as morality tales, social commentary designed to prick at our conscience (Brown, 2014). Part of ageing involves coming to terms with our own mortality and what it means to live a well lived life. In Dickens' 1843 novella, *A Christmas Carol*, Ebenezer Scrooge is visited by the ghost of his business partner, Jacob Marley, in scenes depicting the ghosts of Christmas past, present, and Christmas yet to be. In seeing the consequences of his selfishness in his dreams of the Christmas yet to be, that he will not be mourned if he carries on as he had been, he is transformed. It is a message that we "reap what we sow", and that one is never too late for redemption and for repair when there has been rupture.

Ageing often means confronting the finality of life, and how we do this might be profoundly influenced by our attachment style. Someone who is avoidant, might refuse to accept the reality of the inevitability of death, and not talk about necessary practical or emotional matters such as putting one's affairs in order, making a will, granting power of attorney, planning for a funeral, etc. In doing so, they may leave others to address matters they have avoided. Those who have a more preoccupied or anxious attachment might find themselves consumed with unresolved issues, worrying about practical matters before there is an actual need, or emotional matters where there is not the opportunity for repair, ruminating on regrets. Regarding secure attachment, Holmes (1993) writes,

On the basis of ... secure attachment it is possible to face the inevitable losses and failures, the essential transience of things, and to recognise that, if circumstances allow for due grief and mourning, then out of difficulty can come a new beginning. (p. 216)

In this circumstance of secure attachment, there is the allowance of both grief, loss, and facing the finality of things as well as making space for new beginnings in time.

Winnicott's attitude towards death and dying is revealed in a comment he wrote on a notebook close to the time of his death, which read "Oh God! May I be alive when I die" (Goldman, 2012). This sense of aliveness implies being in relationship, interrelated and interconnected. We know that we are alive because others recognise our aliveness, and we are able to share experiences. We share our joys and sorrows with others to whom we matter and who matter to us, and if we are fortunate can find some comfort in being loved and loving in return. This sense of aliveness prior to death is worthy of much more exploration.

An attachment-informed perspective on ageing might also shed some light on the complex web of feelings aroused by caring for an ageing relative. Trauma can be retriggered by a sense of obligation or social and familial expectation to care for elders who were once traumatising and/or unable, for their own reasons, to become a secure attachment figure. There are also the multiple caregiving responsibilities that those whose relatives are ageing and becoming more in need of practical and emotional help might have, such as caring for children and/or caring in their professional lives. There might also be fear of being judged harshly as being negligent or avoidant, in particular at times when contact with an elder is very painful. For example, if the older person is critical or does not recall times that they have visited or even know who they are. Or the times when a person may choose not to conform to social and cultural pressure to play the role of dutiful son or daughter providing limitless care and support to a once traumatising elder.

Ageing (including dementia) might also present an opportunity for reconnection or resolution of sorts. In my own family, during preparations for my own wedding I became acutely aware of my mother's health, including her dementia. She was not as able to help with practical wedding plans as I'd imagined or hoped she might be, and asked the same questions repeatedly. But she was able to tell me that on her own wedding day, they had to be very aware of the time of day and daylight, as

my parents were marrying during the three-day week and electricity blackouts (introduced by Edward Heath's Government in response to the miners strikes in the early 1970s). She also told me that my grandparents married in haste in the height of the Second World War, while my grandfather had very brief shore leave from his role as a navigator in a Lancaster Bomber.

I hadn't known before then that directly after getting married, my grandmother had been informed that my grandfather was missing in action and I suspect thought not to have survived. Had my mother been involved in the minutiae of wedding plans, we might not have had that conversation. I felt profoundly grateful to be getting married in a place of relative peace, celebrating a long-established relationship. I was also glad that my hope that my mother would be making my bridal bouquet came true and was realised, complete with Sweet Peas that my father had taken great care to carefully nurture over a hot summer.

Of course, we read about, and are impacted by, ageing in very personal and individual ways. As I approach my half century I am mindful of my future. I am fortunate to continue to enjoy good health, and that those I love also continue to enjoy reasonable health. Hearing about my husband's compassion for his stepfather, as he lay in his deathbed moved me greatly. He sang to this gentle man as he lay in that hinterland between this earthly world and the next. His singing reminded me of a lullaby of sorts. It was sung with the same gentleness, care, intensity, and emotion that one would have for a newborn. A deathbed might be worthy of just as much attention as a cradle.

As the articles for this edition were received and read with interest, I reflected and thought about my own experience of what ageing meant. My mother worked as a physiotherapist in a day hospital for older people, a village hospital, one of the last of its kind. Her specialism was helping the clients she worked with exercise arthritic hands. Sometimes I was allowed to accompany her to work if I was off school for some reason, and to weave baskets with the older people. I loved sitting in quiet companionship with those attending the day centre as we wove our baskets, but was under strict instructions not to weave my basket too quickly as resources and materials were limited. Through my child's eyes, the day hospital was a place of strange smells and sounds, and unfamiliar furniture and equipment. As far as I could tell, it was also a place of compassion and quiet dignity.

As I moved beyond the days of needing to accompany my mum to her work and became more independent, I began to think of what I might want to do with my life. I remember responding to this question by saying, "I might want to be a nurse, or a teacher, or a scientist." We began to undertake work experience placements as part of our schooling. I was given a placement working in a dementia ward of the local hospital. I felt totally out of my depth, and ill prepared for the experience. I noticed a frail woman sitting on her own, and was curious about her. I was told to sit and be in the day room, the nurses were busy on their rounds and likely did not have time to induct a very green inexperienced schoolgirl. My task was to help with the tea round, provide companionship, and generally try not to get in the way.

I asked the nurse in charge whether I should sit with the woman I'd noticed on her own, and was told "you can do, but she will not talk to you, she does not talk." I was also told that she was from France. I duly sat next to her and she began crying. She clutched my arm, and to my horror I noticed that I was inclined to recoil, as if I did not wish for her to touch me, and felt ashamed about this. I allowed her to hold my arm, her skin was very dry and frail, but there was a strength and intensity about her grip that I had not expected. Her tears fell on my forearm, and it felt like a very unexpected intimate moment.

I remembered that I'd been told that she was French, so in my schoolgirl French whispered "*Je suis désolé*" (I'm sorry). To my English ear, it almost sounded as if I was saying "I am desolate." She began talking to me in French, but my French was not good enough to fully understand what was being said, other than "Mama". The supervising nurse passed me, and looked surprised that she was talking. I mouthed to the nurse "what do I do?", she patted me on the arm and said "just stay with her." As I left at the end of my shift, the same nurse said, "you did well today, she hasn't spoken in days." It seemed that although I had much still to learn about staying and being alongside those in distress (and still do), I had made a start.

The next day I was greeted by the same nurse who had encouraged me, who just said "your task today is to just sit with the woman you were with yesterday. The speech and language therapist said that it is important that she tries to talk as much as possible." This made sense to me, the voice-box or larynx is a muscle like any other, and like every other muscle needs using or risks wasting away. On the one hand I was pleased to be made to feel useful, I'd found my niche, and wasn't made to feel in the way or that I was being a nuisance. But I was also uncomfortable, I could not understand what this woman was saying in her raspy and wavering voice in a language that was not my own and in which I was not fluent. I also wondered about this woman's history and her family, what had she been like in her younger years?

There are several things which struck me about this interaction with this woman. It occurred to me that perhaps she hadn't spoken because she feared that no one was listening, no one would listen, though I could not reproach those working in such an environment who also had many practical tasks to see to and multiple competing demands on their time. It also occurred to me, that listening had fallen to me, a teenager on work experience. There are not always students on work experience, and I felt as if simply having time to listen was not valued enough. Later in my life, my first paid job was working providing personal care to older people, and I experienced how time and practical care is often strictly rationed. Perhaps time to listen to those working felt like a luxury they could ill afford, but speaks volumes about how we as a society make space for those towards the end of life and in most need. I never did find out more about this woman's family, and don't know if she had any living relatives or whether they'd ever visited.

I shall end with a reflection about the ethics of listening by Frank (1995):

One of the most difficult duties as a human being is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message, particularly in their spoken form before some editor has rendered them fit for reading by the healthy. These voices bespeak conditions of embodiment that most of us would rather forget our own vulnerability to. Listening is hard, but it is also a fundamental moral act; to realise the best potential in post-modern times requires an ethics of listening. I hope to show that in listening for the other, we listen for ourselves. The moment of witness in the story crystallises a mutuality of need, when each is for the other. (p. 25)

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