

Long life or old age? (Working with the elderly)*

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Held just a short distance from the Freud museum, this conference addressed an issue only considered by Freud in relation to himself – psychoanalytical work with the elderly. I suspect psychoanalysis is far from the minds of many old age psychiatrists labouring away in busy clinics. This is perhaps a shame. A consideration of analytical ideas could enhance the breadth and depth of old age psychiatry.

Two examples of psychoanalytical psychotherapy with the elderly were presented. Professor Peter Hildebrand from the Tavistock described individual therapy and Brian Martindale and Mark Ardern from St Charles Hospital in London described group analysis. A recurrent theme was that the flavour but not the substance of psychodynamic work with the elderly differs from that with the young. The elderly face many losses and need to renegotiate family relationships. The process of psychotherapy itself may have a different emphasis – transference and countertransference issues between a young therapist and an older patient are likely to be different. Much good sense was spoken throughout; shorter sessions may be needed and the rigidity of the analytic consulting room may need to be softened. An elderly

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woman with arthritis who cannot rise from her chair needs a helping hand before an interpretation. Not all psychotherapy is analysis, however, and Jane Garner, a Consultant in Old Age Psychiatry, described the family and couple therapy that is increasingly part of the service at Chase Farm, and indeed many other services.

In an erudite paper, the psychoanalyst Michael Conran struggled with death in general and the death instinct in particular. Using a psychosomatic allegory he argued that the death instinct, so contrary to our views on the perpetuity of life, is an anti-inflammatory process. Inflammation is the rejection of that which is foreign, the boundary between self and other. With the approach of death, ideas about the life beyond grow stronger and the boundary between self and other becomes blurred. The circle, which started when baby and mother were one, nears closure. It is against this instinct that doctors struggle, not always to the benefit of their patient. It is against this too that Dylan Thomas urges his father to “rage, rage against the dying of the light.”

This was a stimulating meeting that moved deftly between the realms of ideas and practice. A dialogue was established between the practitioners of psychoanalytical psychotherapy and old age psychiatry. This is surely of benefit to both – the inner world, the unconscious, does not disappear with old age.

Military psychiatry training day: Operation Granby*

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The purpose of this training day was to examine the psychiatric support of British Forces during the Gulf War (Operation Granby) and to consider how this would affect future planning. The majority of those deployed with psychiatric units to the Gulf attended, along with service mental health workers in the United Kingdom (UK) and the British Army of the Rhine (BAOR) who had been involved in Operation Granby.

The first morning session was dedicated to psychological debriefing. Members of the individual teams

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were encouraged to review their impressions and reactions in small groups facilitated by service personnel experienced in such work.

The remainder of the morning was chaired by Professor Watson, Honorary Civilian Consultant in Psychiatry to the Army, and dedicated to three research reports presented by Army Psychiatrists present in the Gulf.

Lieutenant Colonel Coogan, Senior Military Psychiatrist in the Gulf, presented a paper discussing the principles of management of the psychiatric casualties of war, tying this in with the Gulf experience. In summary, early forward intervention was used successfully in both World Wars, but seemed to have