



## Approaches of psychoanalysis in the care of the elderly: an integrative review

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### Abstract

*Objective:* to map publications about the clinical psychoanalytical care of the elderly and describe their characteristics. *Method:* an integrative review was carried out, considering the period 2008 to 2017 using the following databases: Index-Psychology, LILACS, MedLine, PubMed, SciELO and RedALyC, irrespective of language. The terms Elderly (*Idoso*), Aging (*Envelhecimento*) and Psychoanalysis (*Psicanálise*) were used. The guiding question was: what scientific literature exists about the elderly and psychoanalytical clinical care? A total of 33 articles were considered. *Results:* five categories were constructed: "Elderly clinical care with a psychoanalytical approach" (15), "Psychoanalytical Approaches in old age" (9), "Psychoanalytical Interventions in long-term care facilities" (6), "Representations of old age for health professionals in the light of psychoanalysis" (2) and "Generationality and psyche" (1). The concern of psychoanalysis for the elderly is incipient and precedes epistemological issues, meaning that production regarding clinical practice is greater; in turn, there are fewer research studies, as most of the articles are reflective in nature. *Conclusion:* the published studies indicate the possibility of employing psychoanalysis with the elderly, as the unconscious does not age and symptoms are continuously updated. The timidity of psychoanalysis in contrast to the increase in the numbers of elderly persons may be criticized. It is also emphasized that the losses, the effects on the body and the reduction of social ties require adjustments in clinical care, such as the inclusion of group activities and activities beyond the analytical setting, especially hospitals, homes and LTCFs.

**Keywords:** Aged.  
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## INTRODUCTION

The United Nations Fund for Population Activities estimates that there were 15 million elderly people in the world in 2010, and that this number will climb as high as 20 million by the year 2051<sup>1</sup>. This development could hardly be overlooked by the field of psychoanalysis. While the effectiveness of this approach among people over 50 was initially questioned, such an idea is no longer valid.<sup>2</sup>

Psychoanalysis has introduced a new form of understanding human beings. The human psyche is formed by the preconscious/conscious and unconscious systems, which is understood by subjectivity. To speak of the psychic apparatus leads rapidly to a reference to the drives that make up the same, in its articulation to the registering of the symbolic and, therefore, to language<sup>3</sup>.

The elderly are prone to suffering losses of all natures: bodily changes, retirement, the loss of social status, the death of loved ones, and the ghosts of death itself<sup>4</sup> which can be elaborated by psychoanalytic practice.

Finitude emphasizes feelings of helplessness and distress. Remembrance may emerge as a way of dealing with this distress, through the re-signification and reconstruction of identity<sup>5</sup>.

One of the main issues of the psychoanalytical treatment of the elderly is the fact that the timelessness of the unconscious intersperses with chronological time, where the presence of bodily alterations<sup>6</sup> (whether through senility or senescence) is frequent. To this we must add a certain distancing from the psychoanalytic field that precedes the Freudian orientations of the past when dealing with psychoanalysis for those aged over 50<sup>2</sup>.

In considering contemporaneity and the rapid aging process, there are aspects that cannot be overlooked when using psychoanalysis in the care of the elderly. The present study therefore aims to map publications that deal with the psychoanalytic care of the elderly and their specific characteristics.

## METHOD

An integrative review was carried out. This allows the synthesis of knowledge and the incorporation of significant studies in the practice, and is considered an instrument of Evidence Based Practice<sup>7</sup>. The guiding question was: *What scientific literature exists about the elderly and psychoanalytical care?*

The search was carried out in February 2018 and considered the period from 2008 to 2017, using the following databases: Psychological-Index, LILACS, MedLine, PubMed, SciELO and RedALyC, in any language. The following descriptors were used: elderly (*idoso*), aging (*envelhecimento*), psychoanalysis (*Psicanálise*), composed as follows: (elderly OR *idoso*) AND (aging OR *envelhecimento*) AND (psychoanalysis OR *psicanálise*).

Repeat articles, editorials, books, course papers, studies where full access was not possible, those that did not respond to the guiding question or which were published outside the period considered were excluded. The selection of the articles occurred in three stages:

- 1) search for articles according to listed descriptors, period and databases. This phase identified 198 articles;
- 2°) application of exclusion factors. A total of 51 articles remained;
- 3°) interpretative reading of the 51 articles, where 18 were excluded, as they did not address the guiding question, leaving 33 articles.

The articles were read in full and categorized based on thematic similarities.

## RESULTS

A total of 33 articles were considered, of which 14 were published in LILACS, seven in the Psychology Index (VHL Psi), seven in PubMed, three in SciELO and two in RedALyC. The numbers of articles per year were as follows: 2008-3, 2009-1, 2010-1, 2011-8, 2012-4, 2013-1, 2014-6, 2015-6,

2016-2 and 2017-1. The following types of article were identified: 19 Reflections, six Case Studies, five Surveys and three Experience Reports.

From the survey, five categories were created: "Elderly Clinical Care with a Psychoanalytical Approach" (15), "Psychoanalytical Approaches in Old Age" (9), "Psychoanalytical Interventions in Long-term Care Facilities For The Elderly" (6), "Representations of Old Age for Health Professionals in the Light of Psychoanalysis" (2) and "Generationality and the Psyche" (1).

### Elderly Clinical Care with a Psychoanalytical Approach

The articles in this category are described in Chart 1 and discuss the clinical pathways in the treatment of the elderly.

### Psychoanalytical approaches in old age

The articles in this category are described in Chart 2, and address the psychoanalytic views about the elderly individual.

### Psychoanalytical Interventions in Long-term Care Facilities For The Elderly

The articles in this category are described in Chart 3, and address the psychoanalytic work in Long-Term Care Facilities For the Elderly (LTCF).

### Representations of Old Age for Health Professionals in the Light of Psychoanalysis

The articles in this category are described in Chart 4 and deal with how health professionals see old age.

**Chart 1.** Clinical treatment of elderly persons with a psychoanalytical approach. Uberaba, Minas Gerais, 2018.

Title	Proposal of Study	Synopsis
Care of the elderly as an intersubjective field: ethical reflections <sup>8</sup> .	Reflection on the care of the elderly with a basis in intersubjectivity.	Four types of intersubjectivities were described: transobjective (difference between the Self and the Other), traumatic (the other in a constitutive and traumatic relationship), interpersonal (symmetrical/horizontal relationship between the Self and the Other) and intrapsychic (based on psychoanalytic theory – the relationship between the Self and its introjected psychic objects). The ethics of caring is described in the sense that the elderly should assume self-care as much as possible.
Clinical Considerations The psychoanalysis of aging in the SUS: the CRI-Norte <sup>9</sup> .	Experience Report on the management of a Winnicottian psychoanalytic clinic in the SUS.	The use of brief psychodiagnosis and individual and group psychotherapy and thematic therapeutic groups. The dependence of humans themselves is described. The valorization of feeling oneself in the cycle of real life, and being alive (in Winnicotti), which is beyond the determinism of diseases.
Aesthetics and poetics of old age in autobiographical narratives: a study in the light of psychoanalysis <sup>5</sup> .	Reflection on autobiographical writing as a technique.	Autobiography is defended as a technique for proposing sublimation, desexualization, and the use of written words to give vent to the drives of the elderly. The use of group workshops in which the elderly recall facts for the resignification of identity and the remaking of their social place and relations is described.
Directing clinical treatment of the elderly <sup>10</sup> .	A reflection on psychoanalytical care for the elderly, focusing on the symptom.	Analysis is performed with the unconscious which does not age and not with the aged body and, as such, the symptom brings up to date the inscribed marks. There are no symptoms of the old but rather old symptoms, which are primary marks. Many elderly people have many bodily symptoms that are a form of pleasure, of weaving a bond with the "other".

to be continued

Continuation of Chart 1

Title	Proposal of Study	Synopsis
Psychoanalysis and aging: clinical considerations <sup>11</sup> .	Case study with elderly woman in panic syndrome and "delicate surgery".	After surgery, the elderly woman requested medical care, since she now has an "artificial organ". This "signifier" referred to existential questions. The analytical work allowed resignification and the search for activities to give meaning to her life.
Older Adults and psychoanalytic treatment: it's about time <sup>12</sup> .	Case study with elderly woman hospitalized in a Geriatric Psychiatry Clinic.	Analysis sessions three times a week for 18 months in the hospital and then for three further years after discharge. Transfer was observed with the patient feeling herself motivated to change, tolerant towards her frustrations and searching for new meanings in life.
Winnicotti and the challenge of care for elderly patients in a confused state <sup>13</sup> .	Qualitative research with categorization performed with four elderly women in a confused state, in an orthopedic hospital.	Two categories were elucidated: "characterization of the clinical picture" and "performances of the Psychotherapist". In the former the patients suffered attention and consciousness disturbances, memory loss and confusion. In the second category, the condition of the patients prevented traditional analysis using holding, from the perspective of reception and support. Like with the care of the psychotic, listening, reception, guidance for the family and team had an effect.
Special problems for the elderly psychoanalyst in the psychoanalytic process <sup>14</sup> .	Reflection on the special conditions of elderly psychoanalysts in the therapeutic process.	The condition of the elderly psychoanalyst as a context requires awareness of his or her existence and continuous monitoring of transference and countertransference, avoiding silent, dangerous and unconscious interaction with his or her patients.
Psychoanalysis and old age: are the elderly obsolete <sup>15</sup> .	Psychoanalytical reflection on the elderly in a University hospital outpatient clinic.	The patient gives authenticity to his or her illness as much as he or she can, and the doctor contributes to this antidepressants that instead of "elaborating his or her context" makes the patient numb. In the analytic perspective, pain, recurrent falls, forgetfulness should be seen in the elderly in the subjective dimension.
Pour une approche intégrative de la maladie d'Alzheimer: pertinence et limites <sup>16</sup> .	Reflection of the need to combat Alzheimer's beyond neurological issues.	The concept of a memory trait from psychoanalytic and neuropsychological theories is described. Forgetfulness in Alzheimer's disease may be a defense mechanism that is rooted in a "desire for forgetfulness" associated with traumatic loss, leading to real psychic suicide.
Aging in the light of psychoanalysis <sup>4</sup> .	Reflection on losses experienced by the elderly.	Argues that the age of neurosis is more important than chronological age, necessitating the elaboration of loss, mourning, and reinventing life.
The aging of Anna Freud's diagnostic profile: a re-examination and re-application of the psychoanalytic assessment for older adults <sup>17</sup> .	Case study of the applicability of the Anna Freud diagnostic profile in the elderly	Case study of a 70-year-old woman using Ana Freud's diagnostic profile technique for greater clarity, intrapsychic diagnosis or understanding.
The workshop of letters, photographs and souvenirs as a group psychotherapeutic intervention with the elderly <sup>18</sup> .	Winnicottian psychoanalytic research, developed in a group of six elderly people.	The mediating materiality was used. Patients were invited to bring letters, photographs, or other souvenirs. There were 16 weekly meetings of 90 minutes each. The objects were placed on a magnetic board and the group talked about what they brought up. They were then photographed and recorded for a new memory. The socialization of the meanings of the objects allowed affective exchanges and projection of the future.

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Continuation of Chart 1

Title	Proposal of Study	Synopsis
Clinical observations on the value of reminiscences in the aging process <sup>19</sup> .	Case study with a 89-year-old woman on historical reminiscences that broke the barrier of repression .	The children (50 years old or older) ask the elderly woman to reveal past love stories that involved guilt caused by religious values. She has a "blackout" and a spell of anger and crying. In the past, her husband died and she was left with five small children, experiencing moments of depression and suicide attempts. The analysis took around two months with two sessions per week, and conflicts over the forbidden themes emerged, giving way to a reconciliation with herself, showing that there is no time limit for the return of repressed memories.
Psychoanalytical diagnostic <sup>20</sup> .	Case study with David Libermam Algorithm (DLA) psychoanalytic diagnosis.	The case presented is of an elderly writer, and relates to fragments from an interview about a dream and a literary work, with drive stagnation and various physical (respiratory) symptoms. Phallic genital eroticism and intra-somatic libido fixation is demonstrated in a poem. In the dream there is a smaller and dramatic intra-somatic component. The interview focuses on economic issues, the will to live and breathe the air on a ranch. The DLA is cited as an instrument that orders words, phrases, rhetoric, narratives, intonations and provides the semiological ordering of discourse.

**Chart 2.** Psychoanalytical approaches in old age. Uberaba, Minas Gerais, 2018.

Títile	Study Proposal	Synopsis
The silencing of old age: social erasure and processes of subjectivation <sup>21</sup> .	Reflection on subjectivities of the aged body and social imaginary.	Prejudice as everyday attitudes: social exclusion, subjective erasure, disinterest in life history and fear of contact with old age due to link to death. Terms like "the best age" mask the difficulty of accepting this cycle. The passage of the "ideal of the self" regulates the subject with marks of the insignias of the "other", in the hope of recognition.
The "third age", subjectification and biopolitics <sup>22</sup> .	Reflection of the concept of the third age as significant in the reading of biopower and biopolitics.	The significant "third age" brings new modalities of subjectivation in the field of old age – such as the "end of life" for a "new time of life". In the figure of biopower and biopolitics and the control of vital processes, there is the medicalization of social space, the prevention of diseases and the promotion of health.
Body and aging: a psychoanalytic perspective <sup>23</sup> .	Reflection on the body, aging and psychoanalysis.	An unconscious body image is created, with identity, despite the changes of the body over time. It is the phase of the "negative mirror". There are losses in subjectivation, the reduction of the libidinal flow, the search for ways out (diseases, therapeutics, use of medication); ways of re-creating links and contacts with the "other".
The shadow of a body that declares itself: body, image and aging <sup>24</sup> .	Reflection on old age and impacts on the subject from the psychoanalytic gaze.	There is a mismatch between the timeless unconscious and the body, within the scope of temporality. The reduction or loss of libido causes the elderly to seek a certain narcissism, focusing on memories, fantasies and pain.
Symptoms of the elderly <sup>25</sup> .	Reflection about symptoms in the elderly.	The symptom in psychoanalysis contrasts with the biological and cultural view of aging. The symptom may be old but not specific to the elderly. Psychoanalysis does not deal with pathologies, but with the subjectivated symptoms, in which the subjects are implicated. There are no "symptoms of the old" and in the real and symbolic the symptom can also be "enjoyed".

to be continued

Continuation of Chart 2

Title	Study Proposal	Synopsis
"Old age? I think it's great considering the alternative ": reflections on old age and humor <sup>26</sup> .	Reflection on humor and old age, from the starting point of psychoanalysis.	Old age is seen and lived through in a negative way and there is an incessant search for happiness and a denial of suffering and death. Examples of Freud's life are presented with the use of humor for the relief of suffering and tolerance towards the ambiguities of life.
Old Age and Death: Reflections on the Grieving Process <sup>27</sup> .	Reflection on death and aging in the light of psychoanalysis.	Death of friends and companions, loss of work, family and social relations refer to real and symbolic losses. Death is not accepted as natural, and religious ideas and beliefs are born out of the need to make helplessness bearable. In suppressing the loved object, the libido needs to be directed, a somewhat painful and slow process.
Vieillir en terre étrangère: une nouvelle épreuve de l'exil <sup>28</sup> .	Reflection on aging in the LTCF* and migratory situation.	Being old and outside the cultural context can generate suffering of the social and psychic order. Foreign elderly people in the LTCF experience psychic suffering because of the proximity of death and because they do not see possibilities for the reformulation of life. Listening spaces that see uniqueness as a conscious or unconscious investment in culture are necessary, considering the symbolic resources.
Encounters and solitudes of our time <sup>29</sup> .	Reflection on the relationship between Psychoanalysis and modern Philosophy, highlighting: adolescence, the elderly and love.	Adolescence, aging and love are described as moments of transition, which are difficult to live through. With analytical work, it is possible to assume "responsibility" for one's own destiny, which allows the emancipation of the lived past, opening up the future through human freedom, which is however limited.

\* Long-Term Care Facility for the Elderly

**Chart 3.** Psychoanalytic Interventions in Long-Term Care Facilities for the Elderly. Uberaba, Minas Gerais, 2018.

Title	Study Proposal	Synopsis
Too much love: institutional care for old age <sup>30</sup> .	An ethnographic case study, based on a psychoanalytic study of an LTCF* on representations of old age.	Love, care and attention were understood by the professionals as requirements for the proper exercise of the task, conceived as a gift (talent) and independent of technical knowledge. The idea of this talent as a disinterested action evidences care in a relationship of "charity" and power.
L'apport de la psychanalyse aux soins en institution gériatrique <sup>31</sup> .	Reflection on contributions of psychoanalysis to caregivers.	There is transference and countertransference from the professional in relation to the elderly; in addition, the same experience frustrations in the constant losses of autonomy and death. Psychoanalysis can contribute to the understanding of the care practice for both the elderly and the caregiver.
The foreign relative: the care of the other in the geriatric institution <sup>32</sup> .	Quantitative-qualitative research, based on psychoanalysis and on cultural representations.	The foreign workers in the LTCF* were women, with a mean age 39, from South America and Eastern Europe, had more than 13 years of schooling, had resided in Italy for 10 years, were mostly nurses or nursing technicians, 25% had already suffered discrimination. In interviews with 13 nursing directors, three categories emerged: " <i>safety for us</i> " (aspects that unite and reassure), " <i>familiar but threatening</i> " (fear of relatives and family members) and " <i>radically strange</i> " (leaving one place and arriving in another). The group activities showed that through the symbolic one can reduce the sensation of strangeness to "ourselves", elaborating it, without living in the denial of this "other".

to be continued

Continuation of Chart 3

Title	Study Proposal	Synopsis
Institutionalization of old age and regression: a psychoanalytic view of old people's homes <sup>33</sup> .	Reflection of practical reality in two LTCFs in partnership with universities, with use of "Psychology workshops", and trips.	The infantilization (speech, type of care) and psychological regression of the elderly was observed through prostration, apathy towards a routine; and also among caregivers, because only basic needs were valued, the stimulus to self-care was non-existent. There is a mortification of the 'Self' through the loss of subjectivity and the notion of territory. The departure from the institution (trips) sought re-signification, contact with the external world.
Old age as a brand today: a psychoanalytic view <sup>34</sup> .	Report of experience of working in a group in a LTCF*.	Activity carried out with four to six elderly women in four meetings of a total of 16 residents. The narratives revealed the silence of the institution regarding symptoms, an attempt to protect desires, in contrast to the drivers of life and death. There was a devaluation of the knowledge of the elderly; a feeling of abandonment and helplessness; communication that was not tolerated by the LTCF*; deletion of individual traits; and, repetition of stories.
The unveiling of old age: the contributions of psychoanalysis in the search for meanings for the experience of aging <sup>35</sup> .	Experience report of the relationship of psychoanalysis, aging and old age, with six elderly persons.	Experience has shown that there is an emotional, psychic life, and the existence of unconscious processes that govern the behaviors, actions and symptoms of very old people.

\*Long Term Care Facilities For The Elderly

**Chart 4.** *Representations of Old Age for Health Professionals in the Light of Psychoanalysis.* Uberaba, Minas Gerais, 2018.

Title	Study Proposal	Synopsis
Collective imaginary of mental health professionals regarding aging <sup>36</sup> .	Qualitative survey on the collective imaginary of mental health workers.	Two fields of affective-emotional meaning emerged: "suffering and loneliness" and "age does not matter". This shows that being old is seen as sad and lonely, but few professionals see the possibility of creative and healthy lifestyles.
Death from the view of a cleaning team <sup>37</sup> .	Survey of views of cleaning workers in a geriatric nursing ward on death.	Four categories were observed: <i>perception about death</i> (repetition, fear of fragility); <i>death and religion</i> (religious practice for managing helplessness); <i>death of the elderly</i> (acceptance in this age cycle, penalty); <i>space offered to participants</i> (reflection of finitude).

### Generationality and the psyche

The article in this category is described in Chart 5, and deals with generationality and the psyche.

**Chart 5.** Generationality and the psyche. Uberaba, Minas Gerais, 2018.

Title	Study Proposal	Synopsis
Transmission of the psyche between generations <sup>38</sup> .	Reflection on a case in the transmission of the psyche.	Elderly woman with a history of generational repetitions including events such as: incest, denial and hiding facts, showing that unprocessed psychic traumas can pass to future generations.

## DISCUSSION

Elderly population growth in comparison with the general population<sup>6,9</sup> and the distance from the Freudian gaze of "proscribing" psychoanalytic care to the elderly cannot be denied<sup>11,18</sup>.

Aging occurs from birth, but for psychoanalysis old age is the stage where the elderly are to be found<sup>4</sup>. If the main subject of psychoanalysis is the unconscious, and if this does not age, in addition to the fact that "symptoms of the old" do not exist, the symptom itself brings the direction of analysis up to date<sup>6,10,19,37</sup>. One study showed that analysis with the elderly allowed the construction of knowledge of the real, through the elaboration of the process of guilt<sup>19</sup>. Thus, it is up to the analyst to create a relationship with their patient, so that the symptoms presented connect with healthy elements<sup>39</sup>.

The articles show that the classic approach needs to be reviewed when providing care in old age. There is a possibility of group actions, including the elderly individual, their family and the professionals who take care of them<sup>5,9,15,18</sup>.

Through varied contexts, old age is the cycle that occupies the most hospital beds. In this period the elderly receive clinical care while their unconscious remains active. Their symptoms bring up to date their psychic condition, their life history (and their neurosis) and their drives, all of which are there; it is, therefore, a unique analytical moment<sup>11,13,16</sup>.

Another niche is the home. An elderly person may be hospitalized (in conditions of intermediate or palliative care) in their home and, if there is no significant cognitive impairment, such an individual can be subject to psychoanalytic care<sup>12,19</sup>.

The non-aging of the unconscious and the maintenance of structure in the elderly, despite the physical and emotional condition that old age denotes, require other instruments of psychoanalytic intervention.

The intersubjectivity and importance of the subjective dimension, especially in the meaning of pain, recurrent falls, forgetfulness and dependence on care can adopt an empathetic route<sup>8,15</sup>. Or in the projective identification, passing from one affect

to another, which may occur between the elderly and caregiver<sup>8,15</sup>.

The representations of old age in a social panorama bring a contrast of advances in various areas (sanitation, health, economy, politics, education) that extend life expectancy, access to goods and services, perspectives of well-being<sup>40,41</sup>. But these advances can create other issues of suffering, especially psychic.

The "ideal of the Self" regulates the subject with the insignia of the "Other", in the search for recognition and being loved, but not fulfilling this requirement can bring the haunting sense of failure; so that unprocessed changes reveal something we want no contact with, old age<sup>21</sup>.

Achieving old age (even from a biological point of view) for the present day (considering the past) is a success; and brings about a new symbolic and social experience.

Elderly men and women tend to become castrated with age, through difficulties in getting erections and menopause, which bring distress to the subjects; who may not want to give up what they were, and still less readjust to new life projects<sup>23</sup>. But to medicalize the social space, prevent health problems and promote health without subjectivation and the elaboration of life scenarios is unproductive.

Symptoms subjectivated in diseases, or as a form of pleasure, can make old age tragic and more acute, and the elderly may stop caring and become more and more detached from life. In this case, the analyst's function is to listen to human beings who speak, in an attempt to build a bridge between the real and the symptom<sup>38</sup>.

We are talking here of a subject with desires but a weakened body, which will require the revision of narcissistic ideals and the search of projects, to the limits of the body and to social and cultural questions, influencing daily life. It is the dilemma of the temporal body with a timeless unconscious<sup>24</sup>.

The loss of a loved one or an object that replaces it can generate grief with a high instinctual investment, and thus the libido needs to be redirected<sup>27</sup>.



The fact of being in an LTCF reveals several contexts of institutional insertion: the decision of the family, an elderly person with multimorbidities and polypharmacy, dependent on a great deal of care.

The distress of the institutionalized elderly person is beyond the distress of the life cycle. There are losses in the body, but especially in the symbolic and imaginary dimensions, which generates introspective behavior and absence of openness to speech. One study showed that the notion of charity as a gift and the need of the elderly converge towards the intention of the "Other," which transitions from the power of the caregiver to the dependence of caring<sup>30</sup>.

However, LTCF professionals tend to suffer from psychic suffering, so they can receive psychoanalytic support for the constant experience of loss, lack of autonomy and proximity to death<sup>31</sup> experienced by caring for elderly people.

Infantile and psychological regression, overvaluation of basic needs (analogous to childlike dependence), discouragement of self-care, lack of interaction between the elderly and the external world, and monotony through routines are described<sup>33</sup>.

The disinterest towards the elderly on the part of psychoanalysis as a whole, makes its contribution to the LTCF a distant reality; but there is much to be done in this space, whether through the elderly, family members or caregivers.

The view of the health professional about old age does not tend to be very different from the social perspective. Even if different visions were hoped for, they are usually negative. Research on social

representations of old age and a good old age from the view of the elderly was due to being active or not and, of the people around them, by valorization or devaluation; and for both by economic, family and behavioral dimensions<sup>41,42</sup>.

The issue of sexuality and the support of social services (especially health) are not mentioned. Studies claim that it is not old age that determines the absence of desire or the diminution of sexual relations, but the complexity of desire that imposes new hues for sexuality in old age<sup>43,44</sup>.

## CONCLUSION

Among the main gaps found in the literature are: the need for more clinical studies of psychoanalysis with the elderly, the mapping of experiences, knowledge of what psychoanalysts think in this clinical area, cognitive capacity in old age, psychoanalytic actions and psychoanalysis in Long Term Care Facilities for the Elderly.

Essential supports of psychoanalysis widely used in other life cycles (sexuality, free association, the symptom and its time and temporal chronological relationship, specific or more creative approaches) need to be adapted to the care of old age.

The scientific community and journals need to create pendular movements (of dialogue, of coming and going, of criticism) that stimulate not only the production and the interest of psychoanalysis, but also the training of psychoanalysts focused on actions in old age, a contemporary demand.

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