

SOCIO-ECONOMIC CULTURAL TRANSFORMATIONS AND DEPRESSION IN ELDERLY PEOPLE

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SUMMARY

The socio-economic and cultural evolution in the last decades encouraged a significant process of transformation of the life conditions in advanced societies, particularly the average duration of the life of the elderly population, which since the second half of the past century has increased by about 60%, becoming from an average of fifty years to about eighty two for women and eighty for men. This phenomenon enables scholars and in particular demography scholars, to assume that in 2030 the number of elderly persons will reach about two billion worldwide. This development of an increasingly longer life expectancy, justifies the trust in the great progress that characterizes our society.

The rapid growth of this segment of population, due to the improved living conditions and the related progress in science, technology and medicine, in addition to its positive aspects, also includes negative elements, which already affect the Welfare State and, more generally, the public administration that is called to fill the gaps that the transformation of the family and kinship networks have treated with indifference.

The problems of the increasingly long-lived, is not freed from new elements of negativity related to the physical and mental decline that leads to the development of new diseases in addition to those already present, and is increasingly motivated to seek the best remedies to shorten or eliminate the diseases of the elderly. In this context, Depression assumes a central dimension which will surely be a central concern for the economic, social and health impact and for the multitude of changes that put in crisis many of the traditional institutions.

This work aims to analyze through a careful review of the scientific literature, the causes of the spread of this disease, the diagnostic difficulties and possible solutions for prevention and care.

Key words: *depression - social transformation - old age*

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GENERAL OBSERVATIONS AND CLINICAL EVALUATIONS

Although seniors who maintain a good state of physical and mental health are more and more numerous, it is also true that over the years chronic and disabling diseases are becoming more and more frequent among the elderly. Among these disorders, Depression is present in 10% of the elderly population in a significant clinical state, exceeding 40% in the less severe forms. This validates the estimates of the World Health Organization, which states that in 2020 Depression will be the second leading cause of inability and disability in the world after cardiovascular disease.

Although the causes of this disorder are the same as in the general population, in the elderly the genetic predisposition plays a less significant role: the most important vulnerabilities are due to the physiological process of aging, in particular the reduced availability of the neurotransmitters at the synaptic level, to the modification of the receptor sensitivity, to an increase of metabolizing enzymes, to degenerative processes such as organic dementia, strokes, Parkinson's disease and diminished plasticity and adaptability of the brain, that is damaged by chemicals that are produced in response to stressful life experiences.

Comorbidities, increasingly present in the elderly, plus social, existential and environmental factors there-

fore appear to be the main influences in causing depression in the elderly. The concept of loss, constantly experienced by the elderly, is closely linked to the concept of depression even if a state of misery or sadness feelings and temporary fluctuations in mood, which are common in the lives of the elderly, and in the experiences of the losses are not sufficient to determine a significant clinical disorder. Other etiological factors more specifically related to the personality of the subject, to his ability to adapt, to genetic predisposition, to having had other depressive episodes, appear indispensable. The possibility to rely on valid psycho-social and emotional supports, is a necessary condition in the prevention and treatment of this disease.

The philosophy of the postmodern society, changing the scale of traditional values and their solidity, asserts mainly the values of materiality, of pure functionality and usefulness, so that "the other is considered not for what he is, but for what he possesses, makes, does".

The new culture in which individuals live, specific of the global village, as Harvey validates in "*The crisis of modernity*", is inscribed in a process of transformation that highlights the new era, namely the post-modern.

The differences between the cultural and economic models of modernity, largely based on the value of the norms and patterns of post modernity, record a change of attitudes and interests that justify new production systems, new beliefs and new social behaviors.

The condition of deterioration of significance in our society, although common to other Western societies, registering an alarming impoverishment of moral energy, as is confirmed by the widespread condition of de-creativity or existential entropy marks the transition from one era, the modern, to the next, the postmodern. The passage from the modern to the postmodern society, that is, from the stronger to the weaker society, includes the exclusion of some characters that were the basis of modernism. The strong characters of modern society stood out in a system of symbols, norms, values and masters, who, though susceptible of violation and irreverence, used to qualify themselves as essential and characteristic for cohesion and social harmony of all citizens.

As the sense of magic and ritual defaults, the process of transformation, which fostered the role of the elderly as a link between the past and the future, is part of the weakening of the traditional family, or rather the nuclear family, which leads to a clear reduction of consent and value of parental authority. Depreciation and devaluation of old age and the resulting glorification of childhood, adolescence and youth, as an age of consumption and production, record the emergence of new ways of life, based on hedonism and narcissism, where the traditional consideration of a measured, sober and contemplative life of the elderly is marginalized and poorly considered.

Postmodernism, freed from the ties of the rules of the past, affirm a break with the rigorous models of modernism. In its call for the weakening of standards, such significant process of change highlights its creative crisis and marginalizes the traditional values that are no longer adhering to new ideals and new ideologies. New trends are found in the triumph of the apparent climate of uncertainty and in the gradual emergence of lifestyles widely labeled by hedonistic ethics, as a metaphor of devaluation of past ethical norms. The new era puts in oblivion the society of rules and historical values and enhances flexible norms and values affected by a widespread relativism, where what is biologically desired is ethically justified. The legitimacy of these new processes strengthens fragmentation, the widespread climate of crisis, such as that of parental authority and the sense of shame, as well as widespread conflict, confusion and de-socialization.

In this direction, family transformations are one of the settings where the most complex change of social variation is shown, situated in the cultural climate of insecurity, risk and indifference that characterizes our era. The family of the past, particularly established on elements of continuity, certainty and stability, which as Parsons stated, guaranteed to its members an atmosphere of psychological stability and exercises a unique role of socialization for the emerging generations, is now widely obsolete. Both functions themed by the American sociologist and shared by sociology scholars and pedagogical sciences seem delivered to oblivion and the traditional monogamous nuclear family with its

functions is gaining more and more space in the world of drift. The solidity of the nuclear family, founded on stability propitiated by romantic love, celebrates its instability and its agony. The new cultural dynamics, originated by explosive revolutions of the Twenties, or by the consumer revolution and the sexual revolution, enriched by the subsequent production processes and scientific and technological progress, which have reached their mature age in the Eighties of the last century, have devalued and in some cases totally invalidated the previous convictions. When cultural and social changes are limited, generations claim behaviors that reproduce the traditions and the culture of the past. The linearity and cultural continuity lowered the conflicts and tensions between generations, in the presence of similar values that were shared by several generations.

In this situation, referring to those societies where all institutions contributed to maintain the *status quo*, values and attitudes necessary for the production, the cohesion and survival of the group were jealously guarded by the elders, who qualified themselves as the guardians and the agents of transmission of the culture of the group. The intergenerational relationships were structured in a hierarchical manner with the peak figure of the elderly, respected and revered by the whole group. The suggestions of the elderly were essential to the organization of social rituals and irreplaceable for cohesion and cultural reproduction as they represented the leading figure in the political, religious and professional fields.

The criteria of "surveillance and training", specific of the orderly and disciplined society are exceeded and the principles of rigor and austerity surrender to pleasure and liberalism.

On this line, the post-modern era changes the society structure, which, no longer solid, qualifies itself as a society of fragmentation and disorientation, in which family ties and even more, social ones become weak, marked by the search for a momentary gratification, not modulated on the criteria of sacrifice and responsibility, but on the pursuit of individual pleasure and exclusion of any suffering or long-term commitment.

These new trends and beliefs, based on flexibility and liquidity characterize each type of relationship, from a parental/friendship to love. The respect accorded to the adult and elderly parental figures is invalidated by an emotional democracy without rules, where these are subservient to the "liquid bonds" or even worse, to "disposable" connections. The care for the sick, the respect for the elderly, the kindness and attention for the weakest, no longer coincide with the traditional culture of sacrifice and of loving donation.

Secularism, the emancipation movements, the spread of post-materialist values and skepticism towards the institutions are all aspects of a change of values that would drive people to choose to live their lives freed from the bonds of the past.

Wild competitiveness and spread individualism propitiate a climate of de-socialization that involves the elderly and other vulnerable people, who are dispersed in the universe of deviance and suffering, where social norms and legal ones suffer an evident process of devaluation. In this situation, the older person lives a destabilized condition, as it is stripped from traditional identifications. The speed and the virtual not just of images but also of the relationships that today's reality transmits, together with the physical change of the surrounding environment, generate in the elderly a sort of discomfort that does not allow them to live in a functional manner to the "limelight area", ideal for young people and for adults and less functional for the elderly, often already widely affected by the ravages of time and therefore socially insignificant, because they do not fit the requisits of the dominant culture.

With the end of the ethical family, where the same relationships until the Sixties demanded the children to use the plural (respectful) address when talking to the father, the love family took over where the hierarchy of the past centuries is fully invalidated by a new philosophy, that reversing the order stated in past centuries recognizes to children the privileges and the consideration that were once recognized to the elderly and adults.

In a climate of apparent reversal of past behaviors, in the context of contemporary families, there was a new big concern: to prevent suffering of the children, who indulged in their needs and demands, growing freed from those commitments and obligations which existed in the children of the past. With the transition from cumulative periods, recording a perfect harmony between old and new generations, to modernism in which new generations are committed to overturning the *status quo*, there has been a profound change in the population structure and social relations. Among the "sacred" societies characterized by slow changes and almost immutable values, the old man, worthy of consideration, was almost sanctified and became a model for wise and sage living for emerging generations. In the new scenario, the elderly, freed from their links with the world of work and often deprived even of the friendships that the world guaranteed, constitute the main characters and are more exposed to de-structuring of social, emotional and family ties, that the seriality of new bonds entails. The release from work, long desired as the moment of freedom enjoyment, qualifies itself as the period of life where there is the gradual marginalization by the society resulting at the end of the work, which can be described as a social death. The loss of role as well as the loss of ties with the working environment, changes the position of the pensioner-old individual both in the family and in society where the perception of the contraction of *eterostima* linked to the exit from the working world, often triggers a tendency to let himself drift, in full assurance that aging means reducing capacity and

existing skills, reduction of its value and reduction of friendship and affective relations.

The important process of transformation, although playing against all the weakest ones, particularly involves the elderly, in which a sort of discomfort or "dysphoria" is induced, as Goffman would say, that qualifies itself as a source that primarily affects those who no longer are "mobilized to support the role" and are definitely "out of play".

While technology and modern communication systems seem to obviate the difficulties that people today record in solving many of their problems, on the other hand, the same technological systems such as communication ones, dematerialize relationship and "face to face" meetings. The present time virtuality of communication does not invalidate the state of solitude in which many older people, are and the technology amplifies the discomfort of the loss of the interpersonal relationship, since, as Riesman notes, the means of mass communication are the foundation and origins of etero-directed personality and loneliness in the crowd.

On this line, the *senex* which represented the center of gravity around which developed, according to a process of a pyramid, a community of families that linked more families, in a network of solidarity and deference to the wisdom baggage and to the moral authority that he represented, today lives the remainder of his life in a painful condition of a solitary marginality, which often leads to various diseases.

In contemporary society, the elderly, isolated, lost and insecure lose the strong link with the traditional family unit, now only residually present, and are convinced of their overall insignificance.

Many are the diagnostic difficulties in the recognition of Depression in the elderly: the prejudice that Depression accompanies the normal process of aging, the fact that the elderly person rarely complains of being depressed, because he is convinced that being old makes it normal to feel this way, the frequent comorbidities in this age tends to an underestimation of this disease, triggering a vicious cycle that complicates and exacerbates the overall clinical picture.

Depression is an illness that involves emotions, cognitive function, behavior and body. The mood is chronically oriented in negativity, similar to an anguished psychic and vital pain, nothing seems to change this condition and nothing is able to experience pleasure; letting go and suicide are therefore the most frequent complications in a person with an undiagnosed and untreated depression. The increased incidence of neurological and internist diseases, together with the social, existential and economic condition, which as we have seen in industrialized societies have been significantly transformed for the worse towards the "old", helps to determine the "atypical" depression in the elderly, characterized by a chronic course with a worse prognosis and a greater diagnostic and therapeutic difficulty.

The assumptions made in this work do not mean that elderly Depression cannot be cured, nor that the elderly need to resign themselves to the inevitable course of life. As demonstrated by the scientific literature, 85% of elderly patients with depression respond well to a therapy that must take into account all the variables discussed so far. The use of antidepressants in the elderly must proceed with caution, starting with low doses: it is necessary to have an exact knowledge of any ongoing therapies and interactions between antidepressants and other prescribed medications for concomitant diseases. Particular attention should be made to adherence to therapy: old people tend to refuse treatment or otherwise to abuse it; the management should be multidisciplinary in consideration of the various concurrent pathologies. General practitioners should be trained to recognize and treat these diseases which are often undervalued and not recognized; the psychological approach is certainly central and crucial both in prevention and in treatment of this disorder.

CONCLUSIONS

Depression in the elderly is very widespread: in old people with organic diseases the incidence ranging from 25 to 40%, in those hospitalized it is 50% and in those in long-term care to 60%.

The socio-economic and cultural aspects of postmodernism, with the marginalization of the elderly, and with the disappearance of those values and points of reference which placed the "old" at the center of the society, enormously contribute to the triggering of the processes that lead to depression.

Elderly depression can be treated successfully.

There is the need to approach depression in a multidisciplinary way and to invest in the training of general practitioners.

Cicero's quote from "*De senectute*" *the old age is mild to me, not only it is not troublesome, but also joyous*" can become reality and counterpose to Seneca's

quote: "*Senectus ipsa morbus est*" (old age is a disease) if the states will invest in the elderly population, and provided that depression, which is the disease of this century, will be regarded and treated appropriately and if the "old" will be able to use more and more over the years, that sense of defense mechanism of denial, meaning the ability to adapt, to search for affections in the claim of his role and a refusal to resign oneself to the inevitable destiny of every man, death.

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