DEPRESSION AND PERSPECTIVES OF LIFE OF THE ELDERLY IN GREECE

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Abstract:

Depression is a common and painful reality for a large percentage of older people. The way depressive symptoms are managed and perceived, is a strong predictor of the quality of life of the elderly with depression. The purpose of this qualitative study is to investigate depression definition and how it is managed by the elderly in Greece. The sample consists of 5 men and 6 women (N = 11), aged 65 to 73 years. Semi-structured interview was used for data collection and thematic analysis was applied to examine them. The results indicated that older people experience depression as a negative period compared to their past periods that were functional, as they mention that they developed psychosomatic symptoms, negative emotions, and a negative change in their relationships with others. The way depression is perceived is intertwined with the way it is managed. Feelings of frustration, denial, and pessimism lead to a passive attitude, shifting the energies of healing to external factors. Awareness and acceptance lead to active action, which refers to the identification of functional ways of management, a fact that could aim healing. The provision of support to the elderly from their family environment, a procedure that is very commonly used in Greece, in collaboration with health services, seems to be related to active action and adaptation. Lack of support is associated with denial and avoidance, reinforcing passive attitude, and reducing their levels of adjustment.

Keywords: Depression, Elderly, Geriatric Depression

1. The Phenomenon of depression

Depression is considered as a critical psychological condition, which affects a large part of the population, as it alters the normal functioning of the individual, affecting him physically, socially, and emotionally (Danampasis & Lysandrou, 2011). The term depression is used to describe mood, which can range from a normal psychological state to the onset of more severe symptoms (Davey, Yücel, & Allen, 2008). According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), a person should be depressed and lose interest in previously interesting activities for at least two weeks (American Psychiatric Association, 2013) and depending on the symptoms, are divided into several types. Other approaches, oriented to the way in which such a psycho-emotional state is interpreted socially, and by the individual himself (Rose, 1999, 2007), underline the importance of the cultural condition. From such a perspective, depression and, more broadly, mental disorders are understood not only as psychological or medical issues, but also as major social and political issues. For instance, depression has been interpreted as a "problem" that permeates all institutions (family, school, business, etc.), as it is linked to the institutional ways of producing subjectivity and becomes a new disease “a la mode”, with the epidemiological but also the symbolic meaning - in proportion to the hysteria of the beginning of the 19th century (Ehrenberg, 1998). Depression as a biopsychosocial event, is associated with historically defined processes of individualization in the second half of the twentieth century (Ehrenberg, 1995; Giddens, 1991), which explains the rapid increase in its

rates (Gavrila-Ardelean et al., 2019; Ehrenberg, 1998, 2010) where depression is also understood as “initiative failure” and “disease of responsibility”, something that is expected to occur more in the elderly. The psychiatric services that are called upon to manage similar situations in “open” environments, where Community Psychiatry has developed to a minimal extent, have reoriented treatment practices accordingly of the counselors’ competencies for the professional integration of people (Ehrenberg & Lovell, 2001; Davis, 2012; Gavrila-Ardelean et al., 2016; Tzanakis, 2008, 2012, 2014).

Major depression is considered as the most serious type of depression, as it impairs a person's functionality. The person is possessed by a series of depressive episodes and manifests at least five of the following. Feeling dizzy for all or most activities for most of the day, weight change, decreased physical activity, lack of energy, feeling unworthy, lack of concentration and suicidal ideation for a period of at least two weeks (American Psychiatric Association, 2013). Minor depressive disorder occurs in people who have depressive symptoms, but do not meet the criteria for major depressive disorder. Individuals have significant functional impairment and low quality of life (Strakowski & Nelson, 2015).

Finally, persistent depressive disorder (Dysthymia), is a seemingly less serious form of depression. However, it is chronic and refers to the existence of a depressed mood for at least two years (Niculescu & Akiskal, 2001) significantly slowing down the functioning of the individual.

1.2. Causes of Depression

Research into the causes of depression is extensive, but its etiology is not yet fully understood. Biomedical research findings, suggest that depression is inherited. However, even if the wider socio-economic conditions are not considered, some people did not develop depressive symptoms, concluding that children of depressed parents inherit increased susceptibility to developing depression but not the disease itself. (McGuffin, Rijsdijk, Andrew, Sham, Katz, & Cardno, 2003; Wray, 2018). Environmental factors that contribute to the manifestation of depressive behavior, include unpleasant events such as abusive environment, parental divorce, any kind of loss, and low socio-economic status. Therefore, it is concluded that depressive disorder is a multifactorial phenomenon that combines biological and environmental factors.

1.3. Epidemiology of Depression and Cultural Differences

Regarding the epidemiology of depression, the variation of the incidence rate per country is significant and the depression rates occur in populations of high social strata, as in these countries the economic, educational, and social inequalities are strongly evident (Kessler & Bromet, 2013).

In addition, while depression is a universally recognized disorder, cultural differences in etiology, interpretation, and treatment have been observed. Culture plays a significant role in shaping beliefs about depression. Regarding the etiology and interpretation of the disorder, people from minority groups either deny this psychological discomfort, or interpret depression as a personal weakness or a pathological illness of a physical nature. People from non-Western cultures, as well as minority groups in the western world, perceive depressive symptoms as social problems or as normal emotional reactions to serious social and personal situations (Brohan et al., 2011), while focusing strongly on stigma, which is an obstacle. in the search for treatment (Conner et al., 2010).

In terms of how to deal with depression, it seems that people from non-Western countries are less likely to seek therapeutic support than people from the West. The Western population interprets and treats depression as a disorder that requires therapeutic rehabilitation, because people in developed countries are more exposed to relevant information (Karasz, 2005).

1.4. Therapeutic Approaches

The main therapeutic approach is pharmacology, which aims to restore the hormonal balance of the brain (Rogers & Pies, 2008). Another form of treatment involves psychotherapy. The most suitable methods applied in depression are Psychodynamics, Cognitive Behavioral and Systemic therapy, which focus on finding the causes of depression and its management (Young, Rygh, Weinberger, & Beck, 2014). There are various therapeutic approaches, however, the combination of medication and psychotherapy is widely suggested.

2. Depression in the Elderly

Depression in the elderly is one of the most common mental disorders, as it can have significant individual and social consequences due to the coexistence of other diseases (Alexopoulos, 2005). In contrast to younger adults with depression, older adults exhibit cognitive deficits and physical symptoms that could easily be misinterpreted (Vink, Aartsena & Schoeversb, 2007).

2.1. Depression Symptoms in the Elderly

Unlike younger adults, elderly with depression do not have an obvious depressive mood, as they deny the existence of symptoms. More specifically, they report feelings of physical helplessness and irritability, sleep and appetite disorders, a feeling of weakness and lack of interest in their daily activities, resulting in the inactivation of daily functionality. Moreover, the elderly with depression report anxiety, nervousness, irritability as well as a burdensome behavior towards people in their immediate environment. These symptoms usually coexist or are a consequence of the difficulty of managing daily life. What is more, the thoughts that they are a burden for the family, result in not asking for help and apparently in the lack of awareness of the family about the seriousness of the situation (Vink et al., 2007).

2.2. Causes of Depression in the Elderly

Researchers on the etiology of depression have been concerned, as many older people have no history of depression or have not experienced depression at a younger age, suggesting that some pathological mechanisms may be involved. The occurrence of depression in old age without a previous history, seems to be associated with factors such as the coexistence of chronic disease and impairments in cognitive brain functions (Baldwin, 2000).

Factors that exacerbate the development of depressive symptoms in old age, are usually like those that affect younger adults. People with neuroticism, anxiety, or people who have experienced stressful situations, the feeling of loss as well as social withdrawal, are factors that can be critical to the development of depression (Jeronimus et al., 2016). The role of stressors and social withdrawal is particularly evident in recent years, due to the pandemic of the new coronavirus disease (Tsianta & Paraskevopoulou, in press). In particular, the loss of a partner as well as social isolation, are significant factors that could lead in the development of depressive symptoms. Comorbidity with other conditions such as heart disease, heart attack, Parkinson's disease and diabetes are predictors of the development of depression (Noël et al., 2004). Significant to mention, is the fact that prevention strategies can help improve living standards. Various strategies have been proposed, targeting the high-risk elderly group. Research suggests that the prevention of depression in the elderly may be more effective, when it focuses on the elderly who are at particular risk of developing depressive symptoms due to another illness (Okereke et al., 2013).

2.3. Treatment of Depression in the Elderly

The most common therapeutic approach to depression in the elderly is to provide different types of antidepressants depending on the severity. Although drug treatment is widespread in the treatment of depression as it is more accessible to the national health system, it is not necessarily the most effective (Paraskevopoulou, 2017). Scientists claim that it can cause side effects, as most older people take medication for other diseases (Frank, 2014).

Another effective method is psychotherapy (Raue et al., 2017), where cognitive behavioral and psychodynamic therapy could give positive results in reducing depressive symptoms (Cuijpers et al., 2014).

The support of the elderly from the family environment is remarkable. Through interaction and support from friends and relatives, the adjustment of the elderly to daily life is sought in a smoother way, gradually overcoming the depressive symptoms (Martire et al., 2008; Paraskevopoulou, 2012).

2.4. Research overview on managing depression in the Elderly

The management strategies of patients with depression have been explored in many studies worldwide. The main result of these studies is that the type of strategy that the person will adopt is significantly related to the way of understanding the disease, its symptoms and the negative events that occur in his or her life. Management techniques can be divided into two categories. Adaptive techniques include organic support, acceptance of the new reality, and individual management of the new situation. Non-adaptive techniques include behaviors such as disconnected behavior, denial of reality, and self-blame (Kasi et al., 2012). Studies have shown that the adoption of adaptive behaviors leads to lower levels of depression, while the application of non-adaptive techniques is associated with higher levels of depression and feelings of loneliness (Raut et al., 2014). Belief in God is a functional way of managing, as timeless studies suggest that engaging in religion is directly related to lower levels of depressive symptoms (Pokorski & Warzecha, 2011).

These findings are the conclusions of studies abroad. In Greece, there is a lack of studies focusing on how to manage feelings of depression in the elderly. Most relevant studies conducted in Greece, examine the prevalence of depression in the elderly as well as the effectiveness of therapeutic interventions.

2.5. Purpose and research questions

The emotions experienced by the elderly with depression as well as the strategies they adopt to deal with it are data lacking in the Greek literature. Therefore, the need to study these issues arises to fill this research gap. The aim of this study is to highlight the experience of the elderly with depression by exploring their personal perceptions, in order to have an in-depth understanding of their condition. Medical staff and family members will become more aware of the experiences of the elderly during the depressive period. Specifically, the research questions concern the investigation of how older people experience depression, the extent to which it affects their lives and everyday life, as well as the management methods they adopt.

3. Methodology

3.1. Study design

In the present study, a qualitative methodology was adopted, allowing the investigation of the social phenomenon under in depth study. Regarding data analysis, thematic analysis was used.

3.2. Sample

In this present study, the participants were 11 elderly people, 5 men and 6 women, aged 65-73 years. The sampling method chosen is intentional sampling. Moreover, the sample was taken from the community of Chios, and in order to be selected and participate, they had to be officially diagnosed with depression, without the coexistence of other serious diseases or disabilities. Most of the participants have been officially diagnosed with depression in recent years, especially after retirement, while only one participant has been officially diagnosed with chronic depression, mainly due to some unexpected, ongoing, and adverse for his health events in adulthood. such as loss. The elderly had to have a full understanding of the purpose of the research, the full consent to participate, as well as to adequately understand the Greek language.

3.3. Data collection tool

The data collection tool used is face-to-face semi-structured interviews. The interview includes questions about how older people experience depression, how depression affects their lives and everyday lives, and questions about how to manage depression.

3.4. Data Collection Procedure

To begin with, the purpose of the study was announced to mental health specialists of the psychiatric hostel at the hospital of Chios, in order to nominate people with the required criteria for participation. Following the suggestions of the specific seniors, the subject of the study was announced through a brochure. The seniors who agreed to participate signed a consent form informing them of their rights based on formal ethics.

The interview took place at each patients' place at a time and day that was co-decided. Due to the sensitivity of the issue, a non-critical attitude was adopted towards the participants' responses, to encourage them to express themselves. In addition, active listening techniques were applied. The interview was recorded in agreement with the participant and stored on the researcher's computer. The researcher had direct access and the supervising teacher had indirect access. The audio recordings of the interviews were carefully recorded and analyzed, including the non-verbal messages of the participants.

3.5. Data analysis

The method of analysis used is thematic analysis. The analysis process followed includes six steps as suggested by Brown and Clarke (2006). During the first stage, the researcher read each interview several times in order to get acquainted with the data and to have an initial understanding of each interview, noting the first impressions from each interview. In the second stage, coding was performed to gather the necessary meaning. The analysis of each interview was done in order to answer the research questions, therefore only the relevant information was coded. In the third stage, the initial codes were categorized in groups, in order to formulate the main topics. In the next step, the codes and the issues that arose as to whether they covered the research questions were checked. Finally, after the definition of the topics, the writing of the results was implemented.

3.6. Validity and Reliability

This research has the validity of production methods, as the research questions are in line with the principles of qualitative research. In addition, it has data interpretation validity, as it was performed by a researcher specializing in psychology. Moreover, the analysis process was tested by another researcher with experience in qualitative research, as well as in the subject of the present research.

For the purpose of ensuring credibility, the researcher conducted interviews with people she already knew and trusted her. In addition, the participants were selected after careful

observation, in order to meet the criteria. It is important to note that the whole process was reviewed by a colleague with experience in qualitative research, but had no relevance to the subject, to avoid any bias. Finally, the results were checked by the participants, where the main points of their answers were summarized and they were asked for their opinion, in order to ensure better understanding.

4. Data Analysis Results

The analysis of the interviews revealed four topics. The first topic, concerns the change for the worse, including sub-topics: ‘I am not who I used to be’, development of psychosomatic symptoms, difficulty in social relationships and development of negative emotions. The second topic is ‘How do I perceive depression’ with sub-topics that include the fear of mental stigma, ‘What led me to depression’ and the treatment of depression. The third topic includes ‘How Depression Affected My Life’ with sub-topics, ‘My Life Has Changed’, ‘My Everyday Life Has Changed’ and ‘My Social Relationships Have Changed'. Finally, the fourth topic is 'Managing My Depression' with sub-topics that have to do with the passive and active attitude towards depression, and the non-acceptance of depression.

4.1. Change for the worse

For some of the participants, depression was a sudden change. Most participants reported living a fully functional life. The sudden change with the onset of depression was described by all participants as a 'for the worse' change, with signs of lethargy and lack of interest in previous activities, where some participants outlined: 'I could not get out of bed'.

4.1.1. ‘I am not who I used to be’

Most participants reported that depression has created a negative situation with complete cancellation and inactivation of their lifestyle. All participants described in detail the way they lived in the past as opposed to the present. What became apparent from the participants' statements is that they now have a different self that is completely different from the older one. For one participant, in fact, depression takes the form that ‘takes over and determines your feelings and behaviors’, feeling unable to manage it.

4.1.2. Development of psychosomatic symptoms

Most participants reported some physical symptoms which were examined by several doctors, but no pathological findings were identified. For instance, one participant reported that her preoccupation with her health was particularly stressful as no doctor found anything abnormal.

4.1.3. Difficulty in social relationships

For the majority of participants, depression had a negative effect on their socialization. Most reported gradual social isolation, seeking to distance themselves from friends and relatives. One participant stated that ‘I do not want to be seen in this situation’ as she is upset that her family should take care of her. Another participant stated that she avoids contact with other people as emotions related to past unpleasant situations are triggered.

4.1.4. Development of negative emotions

All participants reported that depression causes negative emotions and thoughts. All these emotions cause a 'great mental burden'. Guilt is also a feeling that was mentioned, as one participant said that she is overwhelmed by guilty thoughts about the course of her life so far. Some participants described depression in charged and darker colors, using words such as 'blackness', 'black cloud', 'gray' and 'black sky'. In addition, one participant reported experiencing 'depression as a constant fall into a deep, dark bottomless water well’ and hope

for rescue. Another main emotion was also a sense of emptiness, without the existence of substance and emotions.

4.2. 'How I perceive the situation'

During the interview, participants were asked to describe what they consider as depression. Most participants could not define how they understood the meaning of depression. However, some have tried to define it based on the emotional state they are going through.

4.2.1. The fear of mental stigma

An important element that emerged was the fear of mental stigma, as the diagnosis of depression caused significant fear, indicating that the 'label' of depression has important consequences for them. This fear caused the refusal to accept the diagnosis, avoiding the proposed treatment.

4.2.2. 'What led me to depression'

Participants were asked about the causes they believe, that contributed to the development of depressive symptoms. Most participants, while initially stating that they were unaware of the causes, then tried to cite some factors. The factors were either external or internal. For most participants, depression arose as a reaction to difficult situations in the past such as the loss of a partner or job due to retirement. In addition, for some participants the close environment contributed to the development of their depressive symptoms. Instead, some participants attributed the cause to themselves. For example, the feeling of failure, the excessive stress, and the way of perceiving the situations.

4.2.3. Treatment of depression

Participants were asked if they believe that they could be cured of depression. Depending on the severity of the depression, some participants were more optimistic than the others. During the interview, it was observed that the most pessimistic participants depended exclusively on the doctor and drug treatment, without giving any personal effort. On the other hand, there were participants who pointed out the significance of the role of personal motivation in treatment, which indicates that they believe that there is a possibility of treatment.

4.3. 'How depression affects my life'

4.3.1. 'My life has changed'

During the interview, participants were asked about the impact of depression on their lives, all stating that depression has completely affected their lives and they can no longer rejoice in things they used to enjoy. Moreover, some participants reported that their only occupation now is thoughts about the past pleasant situations, a fact that makes things even more difficult for them.

4.3.2. 'My everyday life has changed'

All participants reported that their everyday lives have been impacted. Daily obligations are a burden and excessive pressure from themselves or from people around them. In fact, some of the participants feel that they are no longer able to handle even basic daily tasks, such as housework.

4.3.3. 'My relationships with others have changed'

All participants reported changes in relationships and interaction with others. Most reported that they started developing a behavior of social isolation. There were participants who wanted to maintain friendly and family contacts, but the obvious symptoms of depression formed in others an unpleasant feeling resulting in alienation from them.

4.4. 'Managing my depression'

Participants were asked about their personal way of managing depression. From the answers, it was observed that some have adopted a passive attitude towards the depressive symptoms, and they were just waiting for the symptoms to be cured. However, these participants reported that the management of their illness and symptoms is impossible without them trying, to overcome the depressive symptoms.

On the contrary, there were participants with a more active attitude towards depression which, in addition to psychotherapy, also includes their personal effort in order to overcome it. These participants reported that they took the initiative to do psychotherapy, while trying to manage their depressive symptoms on their own as well, by going out and communicating with others, because if they are not in the mood, they try doing activities that satisfy them.

There were also two participants who reported that even after diagnosis, they found it particularly difficult to accept that they were depressed. Consequently, this poses an additional obstacle to the effective management of depression. For example, a participant, who was a fully functional person as he was working in a key position, said he still disputes the diagnosis made to him.

5. Results discussion

The main purpose of this study was to investigate the experience of the elderly with depression, aiming to investigate the way in which depressive symptoms are experienced, how they believe that depression has affected their lives and the ways they have adopted to manage depression.

5.1. The experience of the elderly with depression

One of the main findings of the present study is that the elderly considers the depressive period to be a particularly negative condition. For most, depression is a drastic change in their lives. In fact, the elderly reported that they do not feel themselves, claiming that someone else, a non-functional self has interfered in their lives.

Participants described depressive symptoms, reporting headaches, body aches, abdominal and stomach aches. Numerous studies have reported that psychosomatic symptoms are a common phenomenon in the elderly (Grover et al., 2019; Vink et al., 2007). In addition, the elderly reported that their symptoms included an inability to cope with daily tasks as well as appetite and sleep disorders, confirming many studies that claim that these symptoms are part of the depressed mood of older people (Chan, Chien & Thompson, 2006).

Finally, some participants reported experiencing feelings of worthlessness in life and sometimes being overwhelmed by suicidal ideation, which is a common symptom of depression in the elderly (Conejero et al., 2018). More specifically, some negative events, such as the loss of a partner and retirement can be factors in the development of depressive symptoms (Scocco & De Leo, 2002).

5.2. How depression affects the lives of the elderly

According to the findings, depression greatly affects the lifestyle of the elderly. The difficulty of managing the various situations as well as performing simple self-care actions, lead to negative manifestations in everyday life, fact that has been suggested by numerous studies (Birrer & Vemuri, 2004).

The social sector was also negatively affected, as according to the participants, their relationships with people around them changed, as they themselves no longer want and seek contact with them. A significant number of previous studies have suggested that depressive symptoms are the cause of their social withdrawal (Barger, Messerli-Bürgy & Barth, 2014). In addition, some participants reported fear of stigma, which worsened their already sensitive psycho synthesis.

5.3. Ways to manage depression

According to the findings, there are two categories on how to manage depression in the elderly. The first concerns passive management, which is characterized by feelings of resignation and denial considering that treatment does not depend on themselves but on medication. Feelings of frustration, denial, and pessimism lead to passive management, shifting healing energies to external factors. These patients are completely dependent on their doctor as they hope for a more positive outcome, without giving any personal effort to improve. In contrast, participants who take an active approach to the disorder have visited a psychologist, acknowledging that medication by itself is not the key to treating depression, as it requires willpower, acceptance, and personal effort. In addition, the elderly seems to experience depression with more optimism when the treatment is tailored to their needs, while the compulsion of an individual treatment method leads to an attitude of avoidance and denial.

Support from the immediate family environment in collaboration with the wider health services, seems to be related to active action (Tzanakis et al., 2019). Family, friends, and especially mental health services push older people to explore themselves and find ways to deal with the situation, so that they become more active (Kelemen, Gavrila-Ardelean et al., 2018). These sources of support, seem to lead to awareness, acceptance, and adjustment, experiencing depression more positively. Significant to mention is the fact that this process seems to work the other way around as well. On the contrary, lack of support is related to the denial and avoidance of the situation by the elderly, reinforcing their passive and non-adaptive attitude, resulting in being overwhelmed by feelings of frustration and pessimism.

Past studies indicate that the way each person manages depression, is significantly related to the way they understand and handle the symptoms of their disease (Kasi et al., 2012). Findings, agree with the results of this research, as they also suggest that individuals are divided into two categories depending on how they manage the various negative situations in their lives. Adaptive techniques are especially helpful for a more positive and active attitude of the person towards the disease, improving his quality of life. Non-adaptive techniques are characterized by a passive and negative attitude towards the disease, which prevents them from adapting to the new reality.

5.4. Limitations and Suggestions for future research

This present study is significant as it investigates the management of depressive symptoms in the elderly, an issue that has not been investigated in Greece, despite the existence of numerous studies in the international literature. However, this study also has some limitations. To begin with, elderly who had already consulted a mental health professional about their depression participated. This does not take into account the way in which depressive symptoms are managed by individuals which have not reached out to a specialist. For the present study, it was not possible to study people with undiagnosed depression because it is very difficult to be identified accurately, especially when it comes to participants from the community.

Another significant result is that the fear of stigma can create an additional barrier for older people to seek help either from a mental health professional or from people around them. Especially in Greece, there is an important lack of how stigma and self-stigma can affect the elderly with depression. Therefore, a study is proposed on how the stigma of mental illness affects the elderly with depression, and on the ways in which can be adopted by the elderly themselves and by the staff who contribute to the therapeutic rehabilitation and care of the elderly, in order to find an effective therapeutic approach. It is now known from

previous studies, that older people who receive substantial support from their environment are less likely to experience feelings of stigma (Lyberg et al., 2013).

The development of depressive symptoms is a common reality for a large number of older people. An important factor that plays a key role in the quality of life of the elderly with depression, is the way they manage their depressive symptoms and therefore should be given more consideration in the research and medical community.

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