# On Social and Interpersonal Risk Factors of Major Depressive Episode among the Elderly Population at 55 Years of Age or Older

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According to DSM-5 published by American Psychiatric Association, the average onset of major depressive episode is stated to be within a person's adolescence or teenage years – However, this might be the most significant occasion inside DSM-5 where we are confronted by structural challenges against statistical inference. The chief problem with this statement for major depressive episode is that the "bell curve" for its average onset in the population is not exactly "normal," but is skewed to the left instead, with its "bump" on the right and its "tail" on the left, (De Veaux et al. 2009) which basically indicates, with the x-axis standing for different age groups, that the rather brief statement in DSM-5 per se underrepresents the onset of major depressive episode in the elderly population. Therefore, the focus of this article will be specifically on the need for cognitive therapies for this rather underrepresented, yet serious phenomenon of elderly depression especially in the scope of its social risk factors including bereavement overload, generational conflict, and how the elderly tends to be "dehumanized" in the modern society.

According to a number of studies, 10% of the population with major depressive episode to have shown their first episode of the illness are 55 of age or older. (Durand et al. 2016) As much as this high prevalence of major depressive episode among the elderly population is directly related both to the well-being and the interpersonal issues that might arise towards one's stage of lifetime as the elderly, it might be very treacherous not to specify the causes of this elderly depression, especially in this 21$^{st}$ century where there exists the ever growing population of the elderly citizens worldwide. Now, there have been endeavors to identify the reasons behind the elderly depression in terms of hormonal differences between the youth and the elderly, which especially stemmed from this idea that the elderly have experienced their "menopause." However, since this article shares

the concern about these endeavors that their focus on the hormonal issues among the elderly, especially (and rather unfortunately) in the scope of their sex hormones could convey the sub-intentional stigmatization of the elderly citizens, this article will instead focus on social and cognitive risk factors behind the phenomenon of elderly depression, exactly in order to avoid and discourage the significant danger of stigmatization against the elderly and their status as "Total Patient." (Durand et al. 2016)

The first risk factor that is usually exclusive to the elderly population in the scope of how they develop elderly depression is the phenomenon of "bereavement overload" in the lifetime lived by the elderly. Bereavement overload literally stands for how the elderly citizens tend to lose their loved ones and acquaintances from deaths over the course of their lifetime, and thus, going through the innumerable experiences of grief, which eventually "overloads" as they reach the phase of their life as the elderly. Now, one may question how this bereavement overload may act as a significant risk factor towards elderly depression as much as death and grief are a "natural" part of one's life, but physiologically, situations are not as simple. According to the Bill of Mortality in the 17th century London, as confirmed by William Heberden, (1657) 10 citizens at the time were concluded to have died from "Grief," after their autopsy could not find other significant physical reasons as to explain their deaths except for their sudden failing health from the recent experiences of grief. Now, one may question if this might be still the case in the 21st century, as much as, when this statistic came up in 1657, situation were wildly different, especially for the fact that minor infections were common for everyone these days without specific means to cure them clean, hence the possibility that the experiences of grief merely put a bit of filth on the immune systems. However,

according to recent studies, one's physiological situation when confronted by an experience of grief is not as simple, either: There are now studies on the pathology of "Broken Heart Syndrome," in the scope of how one's experience of acute grief might be lethal to oneself. Physiologically, "Broken Heart Syndrome," formally known as acute stress-induced cardiomyopathy, is primarily characterized by transient ballooning of the left ventricle and chronic heart failure. (Glamore et al. 2012 January) The Syndrome is now studied especially in terms of grief experiences, which stems from the observational facts that this Syndrome usually happened despite the normal coronary arteries among its patients, and that its prevalence was the most notable among elderly women in their mid-60s, with the mean age of onset shown exactly as 65. (Pfeferman, 2005)

Now, going back to the theme of elderly depression, it is deducible from the physiological observation that bereavements themselves might even bring lethality upon one's body, that the accumulation of bereavements as it happens in bereavement overload does act as a significant risk factor for the health issues within the elderly population, and these health issues are certainly bound to include elderly depression as well, especially when considering how American Psychiatric Association has been making endeavors to remove the distinction between "somatic" disorders and "psychological" disorders for the latest two decades. (Durand et al. 2016) In addition, as much as the phenomenon of death itself is characterized by universality and irreversibility, bereavement overload does also act as a risk factor for so called "learned helplessness." Now, this article will discuss yet another social risk factor for elderly depression, which is even more deeply related to the theme of "learned helplessness."

Another risk factor that might lead to elderly depression, especially when it comes to the members of the "Greatest Generation," who were born in 1920s and 1930s, is the serious form of generational conflict between this Generation and the newer generation of their grandchildren, which is unfortunately growing even more as a societal problem over time. The chief problem stems from the historical fact that the Greatest Generation was the generation within human history to have lived the most rapid phase of urbanization worldwide, (In the 19th century, only 3% of the global population lived in urban centers with the population over 20,000. By mid-1960s, when the Greatest Generation was in their middle age, 25% of the whole global population have settled in urban areas.) and the serious misunderstanding upon this urbanization in their time in terms of their life decisions. (Urbanization, 2016) Grandchildren of this Greatest Generation are now the victims of the ever arising socioeconomic problems in large cities, which is also shown psychiatrically from the statistic that 0.2% of the US population have traded crack cocaine, while the increasing proportion of the abusers are young, unemployed adults living in urban areas. (Durand et al. 2016) Yet, the serious problem arises in terms of a generational conflict as our new generation begins to blame their grandparents in the Greatest Generation for their past decisions to move their households to urban areas back in the early 20th century, possibly considering their past decisions to be the root of all "exclusively urban" socioeconomic problems they have to face as the newer members of the same households. Now, this is where the theme of "stress management" in terms of learned helplessness and depression is bound to be our next discussion.

For this next discussion, we have to mention "Denial" especially in the scope of its double-sidedness; when it comes to one's level of stress, even while the excessive

amount of denial may worsen the situation in relations to cortisol, the appropriate amount of temporary denial may become a very effective way to handle one's stress. The reason why this article mentions "Denial" for this part is because this was exactly what the members of the Greatest Generation lacked in entirety. As for economic demise that the Greatest Generation and their families had to experience towards the end of the 20th century and the beginning of the 21st century, most of them were due to the societal fact that, primarily because of their extended life expectancy and rapid, whimsical political changes in the 20th century, the Greatest Generation happened to experience both the rapid development of urban centers worldwide and their equally rapid dissolution inside their own lifetime as individuals. (Brokaw, 1998) Yet, despite this verifiable attribution, the chief problem with the Greatest Generation is that they never managed to use the tactic of denying their own responsibilities to these socioeconomic changes even when confronted and blamed by their younger family members, because, cognitively speaking, they almost never "learned" properly how to deny personal responsibilities to something as they spent their youth fighting in the deadly battles of a global war and starting their own careers from the ashes of the war. (Brokaw, 1998) Nonetheless, exactly because this complete lack of, or almost, this complete incapability of denial might be striking to a human being in the scope of one's level of stress, this is bound to mean that the Greatest Generation is actually one of the most vulnerable generations in human history to the phenomenon of "learned helplessness."

As for the other side of this learned helplessness among the elderly that acts as a significant trigger of the elderly depression, it also has to be mentioned clearly that the elderly themselves, sadly enough, are often being abandoned by their family members

towards the final phase of their lifetime. It is clear from a number of studies that some of the elderly genuinely have the idea, at this point of their life, that "death is preferable to living." (White, 2004) In fact, this is yet another occasion that we might discover an intrinsic limitation of statistical inference, especially in how a statistic itself does not reveal the procedural categorizations before its own appearance, (De Veaux et al. 2009) because even the statistic about elderly depression does not fully show us the fact that this elderly depression is disproportionately more common among the elderly in non-familial institutions than the elderly being cared by their own family members. In fact, this problem of how the elderly citizens are abandoned by their acquaintances is now bringing the problem of "solitary death" as a new social issue, as it has been expressed from the national survey in Japan where 1/3 of the Japanese population responded that they are somewhat or very concerned about their own chance of having solitary deaths, while this anxiety towards solitary death was one of the most negatively correlations with happiness. (Kohlbacher et al. 2015 May) Because a survey of this kind has not been conducted outside Japan at this point, one might question the possibility of this "solitary death," or *kodokushi* as a culturally exclusively phenomenon, but the fact that Japanese culture is highly Confucian instead casts a doubt if this might be culturally exclusive to Japan. Meanwhile, according to the New Economics Foundation, Japan has the highest life expectancy among 170 countries on the globe, whose average is measured up to 83.4 of age. Therefore, it is deducible that this high prevalence of solitary death in the Japanese society at the moment is more heavily due to the extended life expectancy among the Japanese citizens, and hence the possibility that this phenomenon of solitary

death is actually becoming a common societal problem around the world, as long as the human life expectancy in general is increasing over time.

Finally, in the scope of how to develop more effective means of therapy for elderly depression, upon the risk factors we have identified in this article, it first has to be noted at all cost that elderly depression is certainly an ongoing social problem of our century – The reason behind this statement is actually that elderly depression tends to be exacerbated additionally by the ignorance per se that "some level of depression is normal for old people." It is not. In fact, this idea of the "Elderly Mystique," also acts as a medical risk factor for elderly depression in itself, primarily because it blinds even the trained medical professionals from the chance to notice that an elderly citizen might be showing the symptoms of depression. (Rosenfelt, 1965) After we clearly identify major depressive episode in an elderly patient as it happens, the next thing we have to focus is the adaptation of cognitive therapies for the unique generational situations within the elderly citizens of our time. In short, cognitive therapy for the major depressive episode among the elderly needs its own adaptations with the focus on providing the elderly with the reliefs that, thanatologically speaking, bereavement only ends the physical part of a relationship, (Atkinson et al. 1997) and that, sociologically, a generational conflict is never due to any specific guilt on the part of the elderly themselves.

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## Appendix

This appendix is included, to be straightforward, with the intention to advocate the elderly population from the blame as mentioned above that their past decisions to move into cities as a part of rapid urbanization of the early 20th century was the reason behind the socioeconomic demise of the current generation. From various studies, in fact, it is now suggested that such is not the case, and the decisions that the Greatest Generation made back in the early 20th century to be a part of the increasingly urbanized population at the time was a completely rational decision.

It is actually very misleading to conceptualize that the members of the Greatest Generation had other choices available when they decided to move to cities. One may have this misleading conceptualization especially because of apparent statistics that the unemployment issues in rural areas look way less severe than their counterparts in large cities, but once again, this is yet another occasion where one might become misguided by statistical inference alone. The primary reason why statistics regarding unemployment in rural areas tend to be numerically minimized is only because of the conventional phenomenon in which even the most marginalized members of the labor force in rural areas are still administratively registered onto farmlands usually owned by their close acquaintances, even if their labor contribution in real-life literally converges to zero. This phenomenon is called "Disguised Unemployment," and mostly attributed by social scientists to be the most crucial reason why the Greatest Generation in the early 20th century actually had no other choice available except for moving to urban areas. (Disguised Unemployment, 2015)

In addition, this also implies that, in contrast to how younger generations of our time tend to imagine, socioeconomic problems in rural areas are not less severe than the ones in urban areas. For instance, even if this article mentioned the substance problems in urban areas especially in relations to crack cocaine in order to depict the socioeconomic exacerbation in large cities, that does not mean that there is no substance problem in rural areas. Instead, according to the same source that has depicted the substance problems in urban areas in this article, the abuse of inhalants in the United States tends to be the most prevalent among Caucasian males living in rural areas. (Durand et al. 2016) In fact, if one considers the fact that inhalants are usually more inexpensive and easily available than crack cocaine, it is even deducible that substance problems in rural areas are not in a better shape compared to the substance problems in cities, but actually in a slightly more distorted situation, on the contrary, for it means young adults in rural areas are only using the "inferior good" for their substances of choice to be abused. In this broader context, it is a form of misunderstanding, at best, to blame the elderly of our time for socioeconomic challenges against the generation of their grandchildren. It must be noted that this generational conflict at the moment has no destination to speak of, as long as the factual communication is completely disabled between the two generations in conflict.