

## DEPRESSIVE STATES, MOURNING AND COGNITIVE IMPAIRMENT IN ELDERLY ADULTS, A CLAIM TO HELP FROM HERMENEUTICS

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**Summary:** A qualitative, hermeneutical research was carried out, whose objective was: To test the resources of conversation and listening to identify cases of cognitive deterioration, depression and grief in the elderly and channel the cases of detected pathologies for their attention. . The observation unit was people aged 60 and over, both men and women. Two in-depth interviews were carried out where free expression was channeled so that the participants could verbalize their pain, their emotions and particular circumstances, without prior selection, judgment or censorship. The second interview followed the path of the first and the Minimal State Examination (MMSE) was applied in order to detect possible cognitive impairment. The research was carried out at the Centro de Salud Urbano Toluca, the Health Institute of the State of Mexico.

**Keywords:** older adults, depression, grief, cognitive impairment, free association, floating attention.

## INTRODUCTION

Among the various age ranges of human beings, in terms of health care, the one corresponding to the elderly turns out to be the least attended, from this derives the interest of attracting the attention of those responsible for health, to remedy this oversight.

In this work, supported by neohermeneutics and psychoanalysis, conditions suffered by older adults are detected and described, specifically depressive states, grief and cognitive deterioration.

Worldwide, there is an accelerated increase in the population of older adults (60 years and over). A report by the United Nations stipulated that the population of older adults would grow from 11% in 2014 to 21% in 2050. This phenomenon, present in practically the entire world, has become a social fact of great concern in recent years. developed countries

and also in developing countries.

The decrease in the level of fertility and the increase in the survival of the population have brought about a process of demographic aging, which entails a demographic change in the distribution by age that generates an increase in the percentage of elderly people. . (“World Report on Aging and Health”, 2022)

In the Republic of Mexico, the accelerated growth of the population over 60 years of age is no exception, this can be seen in the following statistics: for the second quarter of 2022, it was estimated that there were 17,958,707 people aged 60 and over. (Statistics on the International Day of Older Adults”, 2022)

## CHARACTERISTICS OF OLDER ADULTS

Older adults present changes in the type of life, which are reflected in the relationships they carry out, both in their immediate environment and in the social context; all this influences the different areas of their daily lives and activities. Aging is not only permeated by the social, cultural, economic and political context, but also by gender and the theoretical constructions around it and also by physical, psychological, social, cultural and spiritual changes. (LULLIAN, 2019)

Biologically , aging is the result of the accumulation of a wide variety of molecular and cellular damage over time, resulting in a gradual decline in physical and mental capacities, an increased risk of disease, and ultimately, the approach to the death. However, these changes are not linear or uniform, and their relationship with a person's age in years is rather relative. The diversity that is appreciated in old age is not a matter of chance. Beyond biological changes, aging is often associated with other life transitions, such as retirement and other types of losses that occur during that stage of life. (WHO, 2022)

Old age is also characterized by the appearance of various complicated health conditions that are commonly known as geriatric syndromes. These syndromes are the consequence of multiple underlying factors including, among others, frailty, urinary incontinence, falls, delusions, pressure ulcers, depression, cognitive impairment and dementia (WHO, 2022).

## DEPRESSION AND MOURNING

In Mexico, depression is a frequent disorder in older adults with known consequences in the field of public health, such as higher rates of use of health services by older adults, and increased costs associated with the low proportion accurate diagnosis and treatment. (WAGNER; GONZÁLEZ, 2012)

Depression is a group of symptoms characterized by loss of interest in activities and experiences of daily life. On the other hand, the “DSM-5™ Diagnostic Criteria Consultation Guide”, 2014 shows that for a person to be diagnosed with depression they must present at least five of the following symptoms: depressed mood most of the day, anhedonia, hyporexia or hyperexia, insomnia and hypersomnia, psychomotor disturbance detected by an external informant, fatigue, difficulty concentrating, constant thoughts of death, suicide attempt or planning. He also maintains that for the existence of a depressive state to be considered, five of the above symptoms must exist daily or almost every day for 2 weeks.

The intensity of depressive symptoms can be mild or severe, making it difficult to carry out daily tasks and the ability to face problems.

Depression in older adults is the result of awareness of what has been lost and a process of preparation for the possibility of one's own death. Depression in this age group, if left undiagnosed and untreated, causes unnecessary suffering for these individuals

and their families, however, with proper treatment, an enjoyable life could be achieved.

Depression and mourning are two ostensible elements due to their direct connection, since mourning is the reaction to the loss of a loved one or an abstraction that takes its place, such as the homeland, freedom. (Freud, 1993. p 2), since due to this loss the person may manifest depressive symptoms.

Mourning according to FREUD, 1917 is directly linked to depression and melancholy, in which relationships with others, with objects, are the fundamental element of the loss experienced in him, that is, when he loses affectively something or someone significant, a part of the self, of the internal world, of the personal structure is lost.

The duels are not linear, regular or of equal intensity; they can be very intense, then disappear, return at an unexpected time, or be absent on an occasion when one would expect them. Although bereavement slowly fades over time, it is not uncommon for it to last for several years if the loss has been very significant to the person.

Grief in older adults has peculiar characteristics, since it depends on some vital situations that occur during aging and require the grieving process, these are: widowhood, changes in the couple, changes in sexuality, retirement. The economic decline, the loss in sensory and cognitive abilities, the concern for the change of image, the fear of illness, disability, and death, among others.

The modalities of expression, evolution and duration of mourning vary according to the characteristics of the person, the sociocultural group they belong to, and the historical moment. In many older people, the duel is prolonged in an excessive way, prevailing a feeling of endless sadness. (RODRIGUEZ, 2022)

Depression manifests itself with the same signs as grief --in this case they are called

depressive symptoms-- except that the depressed person is not fully aware of what they have lost, even though they feel a lack of vitality and motivation.

Depression is as non-linear as grief: it can come and go for no obvious reason. What differentiates a depressed person from someone who is grieving is that depression does not fade over time. The depressed individual, since he is not aware of what is causing the depression, cannot undertake the long work of elaborating the feelings to resolve the duels; consequently, depression tends to become chronic if it is not treated. This chronification can result in cognitive deterioration; On the other hand, if it is detected in a timely manner, it can be treated to avoid further cognitive deterioration (FIGUEROA, 2021).

The different types of grief can be grouped into two broad categories: adaptive grief and non-adaptive grief, including in the latter group a conglomerate of processes that include traumatic grief, complicated grief, and spiritual grief. (GARCIA, 2021)

There are no more duels in old age, what does exist is a greater difficulty in the process of preparing them. Every speaking being is constantly in need of resolving their duels, as experiences, things, loved ones are being lost and acquired, and given the greater difficulty of meeting new people and acquiring new things, the elaboration of said duel is made difficult. thus increasing melancholy.

## **COGNITIVE IMPAIRMENT**

Other diseases that must be detected for prevention and treatment in older adults is cognitive impairment. Cognitive impairment (neurocognitive disorder) is classified as minor and major according to the Diagnostic and Statistical Manual of Mental Disorders ("Guide to the diagnostic criteria of the DSM-5 TM", 2014)

Evidence suggests that depressive symptoms interfere with correct cognitive processing and, at the same time, dementia is a risk factor for depressive symptoms to appear, that is, these two factors maintain a fairly marked correlation.

Data from the WHO, 2022 indicate that more than 20% of older adults suffer from some mental or neurological disorder, with depression and dementia being the ones that most affect this population group. On the other hand, the WHO estimates that 3.8% of the population experiences depression, including 5% of adults (4% among men and 6% among women) and 5.7% of older adults. 60 years old. ("Depression", 2023)

Cognitive deficit, being a multifactorial pathology, requires public health policies in which the elderly patient is evaluated comprehensively, facilitating early detection of neurological deficit. (FIGUEROA, 2021)

Depression and mild cognitive impairment are common conditions in older adulthood. Both are factors that reduce the independence of the elderly to carry out activities of daily living. These conditions are also risk factors for the development of dementias, especially dementia of the Alzheimer type. In addition, they increase the risk of mortality when connected with other chronic diseases.

Cognitive impairment, depression and grief are frequent entities in the elderly, but many times they are not diagnosed and less treated. The importance of such disorders is not yet recognised, their diagnosis is complicated by their insidious onset, for example, the lack of clear borderlines between the normal cognitive decline of older adulthood and mild or major pathological impairment or of the timely detection of depressive disorders and the pathological symptoms of grief.

There are some instruments for the detection of cognitive deterioration, depression and grief in adults, but one of

the best alternatives for their discovery results from the implementation of dialogue, conversation and listening, which are resources of the interpretive process proposed by hermeneutics. This is how the research aimed to: Test the resources of conversation and listening to identify cases of cognitive impairment, depression and grief in older adults and channel the cases of pathologies detected for their attention.

## DESIGN OF THE INVESTIGATION

To achieve this objective, the work was carried out under a qualitative methodology with a hermeneutic approach, since hermeneutics as the art of interpretation affirms that, from particularized language, the sphere of experience is expressed. Man expresses his experience based on his own vision of the world. Taking this into account, 2 fundamental resources of psychoanalysis were used: floating attention and free association. These techniques of psychoanalysis belong to the "hermeneutic field"; *"We will always understand by hermeneutics the theory of the rules that preside over an exegesis, that is, the interpretation of a singular text or a set of signs capable of being considered as a text ."* (RICOEUR, 1990)

(RICOEUR, 2006) He maintains that narrative is life lived. Therefore, the human experience has a narrative dimension, that is, it has a narrative structure and any effort that wants to account for the human will have to rely on the narrative. For this reason, when applying free association and floating attention, they are also exercised in hermeneutics, since, as Ricoeur affirmed, psychoanalysis is interpretation from beginning to end.

## PARTICIPANTS AND SAMPLE SELECTION

The selection of the participants was made through convenience sampling. The participants were those older adults who agreed to participate in the study.

The sample consisted of 15 people, 5 men and 10 women over 60 years of age, who signed the informed consent. It is important to mention that at all times the ethical categories of respect, solicitude, commitment and responsibility were exercised, also, it was explained to the participants that the research was supported by absolute professional secrecy, which guarantees anonymity and confidentiality in data processing. Likewise, the investigation was approved by the investigation committee of Jurisdiction No. 1, Toluca, State of Mexico. It is important to mention that the research did not present a conflict of interest and was financed by the Mexican Council of Science and Technology (COMECYT).

## DATA COLLECTION TECHNIQUE

An average of 2 in-depth interviews were carried out with the participants, in which dialogue based on free association by the participant and floating attention by the interviewer were used. It should be mentioned that each of the participants was given the mini-mental test (MMSE) to detect cognitive impairment.

## ANALYSIS OF DATA

Data processing and analysis followed the path of inductive qualitative content analysis. The previous and inductive process of interpretation and synthesis of results through listening and selecting the narratives allowed for a thematic content analysis. A second listening and rereading allowed the supervision and segmentation of data, organizing them into units of meaning that

included those narratives that share the same semantic content and allowed them to be regrouped into categories. It is worth mentioning that a categorization was carried out at the beginning of the study, which was readjusted once the interviews were finished, therefore, the categories obtained at the end were: 1. Depression and Grief and 2. Depression and cognitive deterioration. To carry out this activity, the data was triangulated between the researchers and a highly experienced psychoanalyst, which allowed the choice of narratives, as well as the validity and reliability of the results.

## RESULTS

A total of 22 in-depth interviews were carried out, and the application of 15 MMSE tests. The interviews lasted 45 minutes, although in some cases the participants requested to extend the time of the interview. The most representative narratives in the 2 categories are presented below.

### CATEGORY 1 DEPRESSION AND GRIEF

*Rosa: "I don't get along with death, I think about it and I get depressed, I'm 73 years old and I know that I could die at any moment, thinking about death scares me, I feel that my hands are sweating and my heart beats very fast When that happens to me, I can't even sleep."*

Life experiences determine the meaning that people give to death and the process of dying, which is related to the context in which the person finds himself. In this sense, when people prepare for and accept death, they can face this process in a positive way and live the last stage of their lives with greater serenity.

*Gabriela: "My husband is ugly and after 32 years of marriage he still doesn't give me money, he buys my groceries, he decides what to eat, he puts gas in the car; The doctor tells*

*me that I have to resolve this, so that I can feel good and not have that sad and lonely face. I told the doctor, doctor if no one listens to me or pays attention to me, how can I get rid of my depression".*

This dialogue expresses how unresolved grief leads to depression, and the lack of listening and attention from a professional prevents resolving the conflict, because, as Freud stated, grief has to be worked on.

*Mario: "I had a lot of money, I was Luis Donaldo Colosio's personal photographer, but it wasn't enough, now I don't even have enough for the trucks. I've been taking Sertraline for 7 years because if I don't take it, I can't be calm and I get attacks of depression and melancholy".*

*María: "All my life I had been packing up and moving, until we arrived in Toluca and we no longer changed, but not changing made me get depressed and then the doctor prescribed Citalopram and now I took it without being given it, and If I can't find it in the pharmacy, I even take Escitalopram, because if I didn't take it, I feel like my life is worthless. By the way, I already told you that I had 2 suicide attempts, one about 5 years ago and the last one 2 years ago.*

In both stories you can see the appearance of chronic depression, because in the first case he has been taking Sertraline for seven years, this medicine that is used to treat depression, as well as annoying thoughts that do not disappear. ("Sertraline", 2021)

In the second case, the narration shows the presence of chronic grief, with persistent depression that forces the person to undergo medical treatment based on Citalopram. Citalopram is an antidepressant, which must be prescribed by a doctor. Long-term use of this medication in older adults can worsen depressive symptoms. ("Citalopram", 2019)

*Ana: "I don't want to get home, many times I get out of the truck because I feel anguish when I get home and I start crying out of despair, I miss my family, my daughters went*

*to work in the United States and I don't I see and that is not enough, one of them does not speak to me, loneliness is terrible, doctor, you cannot imagine the good that speaking does me and that someone listens to me”.*

This paragraph distinguishes the symptoms of mild depression and presents the stressful episodes that generate it, such as the family environment, triggering it, in the same way, it shows the human need to speak and be heard.

*Miguel: “My wife died 4 months ago, what I miss is the food, my clean clothes, the tidy house, because I come to eat and there is no food, I don't have clean clothes. I tell myself every day that I'm going to be fine, but this fucking sadness doesn't go away.”*

The story reveals the sadness and loneliness that occurs in mourning due to widowhood. In this type of mourning, in addition to an emotional experience, widowhood also has a physical and cognitive impact on the elderly.

*Silvia: “Seven years ago in 2015 my husband died, and that's where it all started, his death ended my economic, physical, and head health, with everything. My son was 22 years old at the time, after his father's death he left home, then he came back, but he was already smoking marijuana and getting into everything, six months ago it began to enter the glass and that drives him crazy, and one day he came to my house and wanted to kill my granddaughter and his daughter, and we always live in fear that he might do something to us. I don't know why I'm telling her this, I never tell anyone, maybe I don't know her and someone needs to listen to the fear I have”.*

The case presents a critical situation with all kinds of risk, with good reason the depressive state and fear are at full volume, this case is symptomatic and can represent many other similar cases; that's why it leaves a lot of teaching.

The result obtained from the application of the MMSE test was the following: Of the 10 participating women, 3 of them presented possible cognitive impairment and mild-

moderate cognitive impairment. Of the 5 men who collaborated in the study, one of them presented possible impairment and the other mild-moderate cognitive impairment.

The most representative dialogues and the result obtained in the MMSE are shown below.

*Mónica: “Many times I feel so sad that I don't even feel like getting up, I think I have to shake and mop to make it look a little better where I live, which is a room with a bathroom and a tiny kitchen, and they came to drop me off . I've been here for about six months, and I've felt that way ever since. I think that sometimes I don't even know what day it is, I'm forgetting how to write, it's very bad how I feel ”.*

In this narrative you can hear the symptoms of depression such as anhedonia, sadness and melancholy, it is important to mention that in the application of the mini-mental test the participant obtained a score that diagnosed a possible cognitive deterioration.

*Jaime: “I don't like what I see in the mirror, I see an old man, with wrinkles and a paunch and I think what woman could like such an old man, that makes me not want anything, I don't read anymore, I don't watch television . Notice that he has been without a woman for more than 5 years, do you think someone can pay attention to me, I can't deal with loneliness anymore”.*

The body is the privileged scenario of various problems that are located in old age, because time becomes a body in old age and is presented as ruthless, and for this reason it imposes psychological work, which can lead to depression. The representation of the aged body is tied in a stereotyped way to the idea of deterioration, which is marked by a prevailing ideal of the young, active and productive body. The perception of this body “requires” the elderly to face the acceptance of finitude. (COLANZI, 2019)

It is important to mention that the participant obtained a result of possible cognitive impairment in the application of the

## MMSE

*Aurora: "My children tell me I'm crazy, because I tell them that an angel accompanies me and talks to me, tells me what to do and how to comb my hair, that's why I keep dyeing my hair and combing my hair up. I need the angel to talk to me because that way I feel better, if the angel doesn't talk to me I don't get hungry. I live alone, the angel accompanies me.*

This paragraph talks about desire, the desire for the other to recognize their own desire and the desire to be recognized, to feel and be accompanied by the other. Likewise, it shows a split self, which speaks to her and gives her the sensation and security of feeling accompanied. This beautiful woman scored mild to moderate cognitive impairment on the MMSE. (BECERRA, 2017)

## CONCLUSIONS

Old age is that stage that can be talked about until it is reached. None of us have been old before and so we don't really know how older adults feel. This research showed the importance of listening and paying attention to the narratives of the elderly, since, through them, it is possible to detect depression, cognitive deterioration and the presence of grief in this age group.

Depression and cognitive impairment are two common conditions in the elderly. It may happen that they present only symptoms of the cognitive sphere, or only symptoms of the affective sphere, in which case it would be necessary to speak only of dementia or depression, respectively, the above could be observed in category 2. Depression and cognitive deterioration.

It was possible to observe that depression

and mourning go hand in hand, they feed each other. Loneliness, abandonment by the family, the lack of listening to their needs, the violence that appears in their lives are part of the losses that contribute to generating mourning and depression.

It was also possible to perceive the lack of health care suffered by the elderly, since, during the interviews, a series of diseases that were not being recognized could be detected in them, it is important to mention that once these conditions were detected, they were channeled with the corresponding specialist doctor for your due care

Something of great importance that the study left is that listening is fundamental in the relationship that must be practiced with the elderly. Without listening there is no communication and this is essential to understand their world of meaning.

The information and clarification obtained through listening is very valuable, and shows the path of accompaniment necessary for the elderly. It is this active listening that allows the transference to take place, which is the way in which the human mind relives certain experiences related to ties (which have been fixed in the unconscious) when interacting with someone in the present, according to Freud.

In this way, active listening becomes the pillar of accompaniment for older adults, which implies understanding the situation and the experience that the person who speaks and narrates is experiencing in order to accompany them effectively and rehearse more or less pertinent responses and accompaniments. That is why it is essential to carry out this work with older adults, especially with those who present the symptoms discussed here.



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