

# Inside Trauma



## A Word from the Editor

Ageing - a word that evokes many feelings. Quite often these feelings are unpleasant. To state the obvious, the longer we live the older we get. It is part of the Life Cycle. Is the current preoccupation with Medical Interventions /Medication, Botox/Cosmetics, Fitness Regimes and Diets is a symptom of the denial of the ageing process? Little effort is made to embrace the positives of ageing, hence the potential for trauma.

The articles in this issue deal with the problems, for the individual and their friends and relatives, associated with 'being old'. However, there are advantages to ageing. For many people the 'twilight years' provide an opportunity to pursue activities which were previously unavailable to them. How often do we read of the 'Grey Nomads' travelling the country, the Grandparents who now enjoy the time they spend with their Grandchildren? Others appreciate the time to study for Degrees or Ph.Ds in a subject of interest to them. Some develop their interests in the arts and crafts through Book Clubs, Musical Societies, Workshops etc. Many local Councils provide facilities and opportunities to engage in a wide variety of activities which provide physical and mental stimulation, companionship and social outings.



The positive contributions made by the senior members of our population should not be overlooked. How many Care Agencies would be unable to function without the extensive Volunteer workforce? How many would be denied the benefits of Mentors? How often does the older, mature person provide a calming influence in stressful situations? In many cultures the Elderly are respected and deemed to be worthy members of society.

It is not the purpose of this article to dismiss the very real problems that many people experience as they get older. Ill-health and Financial problems frequently occur, causing distress and precluding any possibility to engage in activities. However, the life span has increased for both males and females and there is a need to address this situation, preferably with optimism. Increased Government funding, improved Medical intervention, better Health Care Services etc. will only do so much. Perhaps what is required is a more realistic acceptance of the advantages as well as the disadvantages of 'getting older'.

## Inside Trauma Newsletter

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Trauma Centre Australia  
Suite 211, Princess Towers  
1 Princess St, Kew, VIC,  
3101, Australia

(03) 9205 9488

[reception@traumacentre.com.au](mailto:reception@traumacentre.com.au)

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## Adjustment Trauma in Ageing

The concept of adjustment of people getting older is complex. This article seeks to place emphasis on the preventative mental hygiene that may help people to make a better adjustment in their later years. We all wish to reduce the stress and subsequent trauma that faces each person during the Odyssey of life. There have been two main avenues of psychological investigation in ageing. Firstly, to get an accurate description of people's behaviour in old age. Secondly, what causes maladjustment and what appears to reduce the trauma of maladjustment that can appear.

Perhaps, adjustment and balance is a critical concept in life's function. Each of the domains including cognitive, emotional, physical, social environment must attain balance. Many psychologists argue that ageing can disturb the balance, therefore, it is the rebalancing of domains that need to be attained. If that fails and the individual is unable to succeed, then unhappiness may result.

Modern society continues to extend life. Medical sciences have halted life threatening illness, therefore, as life extends, people are faced with functional decline. The goal is to seek a new balanced order. Society must not leave behind the care of our Aged by simply investing in increased longevity. If man continues to lengthen the life cycle without any notion of the quality of life in man's new-found life-span, society will have to invest money and resources to combat potential aged maladjustment.

Life, from the beginning to end, is a continuous series of adjustments and changes. Unless these adjustments are made by individuals and couples in a satisfactory way, then people cannot adequately relate to society. Barrett (1971) argues that no two people will experience the need for adjustment in the same way. Therefore, successful adjustments are an individual and unique proposition that lead to happiness and fulfilment.

To help the aged person to attain balance, certain strategies need to be developed to meet ageing challenges and assist with coping and adjustment. The following key elements help with this balance:

- a) Attitude of flexibility to adopt to life's pressures;
- b) Ability to explore new ways of coping with life events;
- c) Use of info-seeking and problem-solving rather than withdrawing;
- d) Increase in self-confidence about strengths and weaknesses;
- e) Expanding social networks, via clubs, organisation and social groups;
- f) Involvement in Grandparenting to promote self satisfaction.



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**Wisdom doesn't automatically come with old age. Nothing does – except wrinkles. It's true, some wines improve with age. But only if the grapes were good in the first place.**  
**(Abigail Van Buren)**

**Ageing is not 'lost youth' but a new stage of opportunity and strength.**

**(Betty Friedan)**



Further interventions for the aged quality of life are:

1. Insight into one's behaviour
2. Reduction of Anxiety and Depression
3. Adaptation to current situations
4. Improved self-care skills
5. Encouraging activity
6. Facilitating Independence
7. Accepting one's weakness and difficulties
8. Improving relationships

*Peter Horton*  
*Founding Director of Trauma Centre Australia*

## **Anxiety and Depression Associated with Ageing**

Just like any other stages in the human life, if unexpected situations outside a person's coping ability occur during old age, then mental disorders such as Depression and Anxiety can develop. There are many things that can lead to depression and anxiety in old age such as financial issues, retirement, death of loved ones, isolation, medical problems and side-effects of certain medications. Most people in our modern Western society believe that Depression and Anxiety in old age are normal and a part of ageing. They are not. They need to be treated in order to ensure that the older person still gets a good quality of life. Although Depression and Anxiety are different disorders (Depression – sadness, fatigue, low self-worth; Anxiety – agitation, fear, feelings of detachment), they often occur in conjunction with each other.

If families do not know the signs to look for, they may not be able to recognise that the elderly person is depressed and has anxiety problems. Elderly people with depression in general report more physical symptoms like aches and pains, and less sadness when compared to younger people with depression. This problem can be made worse if Healthcare providers make a mis-diagnosis about the condition. If the elderly person does not get the proper and required treatment this can make it very difficult for the family and can cause conflict in the family dynamics. This in turn can lead to the elderly person experiencing more trauma and suffering from further depressive and anxious states.

One way to combat depression and anxiety in old age is to be aware of potential life changes this may bring. Rather than pretending or denying that such events will occur, an awareness of, and planning for possible significant traumatic events, can help alleviate the severity of this trauma. Older age can present issues which may need to be planned for. These can include setting finances in order, or anticipating any future medical conditions so that one can create strategies to reduce



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### **PUZZLES**

Take one letter away each time and make a new word

SPARKLE

.....

.....

.....

....

...

..

S

(There is more than one solution)

How many words of 4 letters or more can be made from;

**A W A R E N E S S**



Putting the Pieces Back Together  
**AUSTRALIA**

their potential impact on daily living. The loss of an individual's physical or mental abilities, or the same to a partner, can put a great strain on the rest of their life. The death of a partner will also be a traumatic event for the life of the other. Prior planning around support systems and learning how to use coping techniques in difficult situations may help avoid severe trauma. Always trying to better ourselves should be something we should do when we are younger, rather than trying to find the Elixir of life. Doing it will greatly increase the quality of life.

*"Fear of ageing is the single most powerful agent creating exactly what we fear. Just as our fear of memory loss can create actual memory decline, the dread of ageing may be taking its toll on many other body systems."* - [Jere Daniel](#)

*Christine Bali  
Undergraduate Counsellor*

## The Effects of Trauma within a Diagnosis of Dementia

### Dementia

Dementia is a term which describes a wide range of mental disorders that reduce an individual's ability to perform everyday tasks. Alzheimer's disease is the most common type of dementia and accounts for 60 to 80 percent of cases (Dementia and Alzheimer's Association of Australia).

Symptoms of the disease include memory loss, inability to focus, impairments in communication and language, reasoning and visual perception. These impairments may result in the patient being unable to undertake daily tasks, as dementias are progressive and may worsen as time passes. Therefore, the importance for early diagnosis and intervention is paramount for maximum benefit of available treatments (Dementia and Alzheimer's Association of Australia).

### Transfer Trauma

Diagnosis of dementia often results in patients experiencing stress, sometimes severe, when a transfer from a familiar home environment to an Aged Care or other supportive facility is required. This stress is usually temporary and is reduced when the patient builds a trust within their new environment. However, in some people, it can be a very stressful and traumatic experience which can last days or weeks (K. Warchol, OTR/L).

Patients who experience this Transfer Trauma can be at a high risk of developing depression, anxiety, resistance to care and behavioural disturbances. Furthermore, there is often a feeling of abandonment experienced by patients who are within this transition phase. It is therefore, imperative to develop a proactive plan when patients are moving location, in order to minimise the effects of the trauma (K. Warchol, OTR/L).

During the time of change, there are significant challenges and



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**A man growing old  
becomes a child again.  
(Sophocles)**

**Age does not diminish  
the extreme  
disappointment of  
having a scoop of ice  
cream fall from the  
cone. (Jim Fiebig)**

**Age is an issue of mind  
over matter. If you  
don't mind, it doesn't  
matter. (Mark Twain)**



stressors for family members including feelings of guilt. The role of a therapist is important, to help reduce the transfer trauma. Treatment centres on educating caregivers to create routines that acknowledge the patient's preferences, and adapt tasks to induce self- performance (K. Warchol, OTR/L).

### **Psychological impacts of a diagnosis of dementia in couples**

Research suggests that early detection and disclosure of a diagnosis is important in a couple's appraisal of the illness within the early stages. Research has identified several themes within a couple's experience of receiving a diagnosis of Dementia which may impact on the relationship. This specifically relates to where only one person in the relationship has a diagnosis of Dementia. The impacts include; a reduction in shared activities, loss of emotional support from partner, and reduction in quality of verbal communication between the couple, all of which may have negative effects on the role of care-giver and marital intimacy/satisfaction (Baikie, 2002).

Couples, who have received a diagnosis of Dementia need to be supported to help them make sense of the situation, develop coping strategies to adjust, identify new roles and manage the loss and associated grief during the early stages (Robinson et al, 2010).

*Samantha Hyatt  
Provisional Psychologist*

## **The Impact of Ageing and the Resulting Trauma**

The process of ageing is a multidimensional phenomenon which occurs from the moment of conception through to the last breath taken by an individual. Intriguingly, development sees humans progress from highly dependent newborns, to largely independent adults who have advancing abilities, skills and knowledge. Unfortunately, more often than not, ageing brings with it a decline in the independence experienced in adulthood, as mobility and sensory function become reduced and chronic health conditions become increasingly life threatening. Few models provide insight into old age, therefore, knowing the best means of providing care for the older individual becomes an area of concern. Balancing the need to provide care with the desire to maintain the elderly individual's sense of self can often be difficult, as the older person finds reductions in their independence threatening and disheartening. Below, the impact of ageing and the trauma caused will be briefly discussed.

As the body ages people can become more susceptible to a variety of problems including the loss of bodily functions. Most commonly this comes in the form of incontinence as a result of frailty, limited mobility and illness. There are a number of organisations that can provide assistance and advice in relation to the challenges faced as the result of loss of bodily function and GPs are able to assist in relation to prescribing medications that are easy to ingest and can help with issues such as incontinence. See: [www.continence.org.au](http://www.continence.org.au) for further information.

In addition to the loss of bodily function there is also the

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**There is no old age.  
There is, as there  
always was, just you.  
(Carol Matthau)**

**Anyone who stops  
learning is old, whether  
at twenty or eighty.  
Anyone who keeps  
learning stays young.  
The greatest thing in  
life is to keep your  
mind young.**

**(Henry Ford)**



decline in ability to provide care for oneself. This can be traumatic for both the individual and those who are called upon to provide care for the ageing person. The older individual may become resistant to the level of care provided or find it more difficult to swallow medications. Another hardship for the carer is the making of decisions on behalf of the older person. These decisions may range from the mundane to the incredibly difficult. Knowing the wishes of the older person, and where possible by including them in the decision-making process, may lessen this burden. However, when considering this, it is important to take into account safety issues, emotional wellbeing, physical ailments, and cognitive lucidity. See: <http://ezinearticles.com/?Caregiving-For-Elderly-Parents---Decision-Making&id=4486018>

A particularly common trauma experienced by the ageing person comes as a result of having to move into an Aged Care Facility. This also holds the potential for those caring for the ageing individual to experience symptoms of trauma, as moving a loved one into an Aged Care setting may result in feelings of anguish, guilt and betrayal. However, it is important to note that Aged Care facilities provide companionship and a sense of community for those more mobile members, providing clubs, activities and an environment wherein support is available around the clock, potentially reducing feelings of isolation and loneliness within these individuals. In contrast, older people will often elect to stay in their own home as they age, as this is the place with which they feel most familiar and often a place filled with memories from their lifetime. Whilst it may be a desire of the carer to fulfil this wish, caring for an elderly person in their own home can often be challenging. This is especially so when the older person has experienced a decline in mobility and where there is a need for continual assistance. [www.agedcareaustralia.gov.au](http://www.agedcareaustralia.gov.au) provides information on caring for loved ones in the home.

The impact of ageing is at its most evident when an older person is deemed to be in need of admission to a high care facility. High care is needed by those who are suffering from conditions requiring 24 hour care by professional staff and who need assistance with most tasks of daily living, for example, mobility, bathing, dressing and toileting. Low care is offered to those who are still able to perform most aspects of daily living, but require assistance with personal care, rehabilitation and household tasks. It is often a less negative experience for the families of an older person who is assisted in this manner. It removes from the carer the worry of ensuring the simple things are provided for. Conversely, high care may result in feelings of anxiety, fear and sadness as the responsibility for the older person is handed over to services and professionals who may be unknown to the carer and/or the older individual. This is especially so when the need to utilise high care is sudden and unexpected. There are a number of organisations which are able to provide information and support to those who find themselves in this situation. Please see the links below:

**Aged Care Assessment Team**  
**1800 500 853**  
[www.agedcarer.com.au](http://www.agedcarer.com.au)

**Department of Health and Ageing**  
**1800 200 422**  
[www.agedcareaustralia.gov.au](http://www.agedcareaustralia.gov.au)

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Trauma Centre Australia in association with TAPIG is offering a prize of a \$50 book voucher and free entry to a year of TAPIG events.

Just write a 300-500 word article for the Winter edition 'Inside Trauma'.

The topic is;

*Trauma of Modern Living*  
(NOISE)

Entries are due by  
1<sup>st</sup> of May 2013.

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## **Help Referral Hotlines**

**Life Line – 13 11 14**

**Odyssey House - (03)9420 7600**

**Direct Line - 1800 888 236**

**Trauma Centre – (03)9205 9488**



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*Katie Reid*  
*Post Graduate Counsellor*

