

Our Veterans: Posttraumatic Stress Disorder and Third Age Learning

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After more than a decade of war, Canada has finally ended its combat military engagement in Afghanistan, bringing the last of its troops home in March 2014. During the period following this combat mission, one can hypothesize that the number of cases of combat related Posttraumatic Stress Disorder (PTSD) will increase dramatically. As a veteran of the Canadian Armed Forces (Royal Canadian Air Force), I have observed, amongst my colleagues, an increase in PTSD symptoms, with many coming forward to request diagnosis and treatment for trauma related injuries, myself included. This paper intends to discuss ageing adults and combat veterans with PTSD, and how their military experiences in combat leads to wisdom in later life, along with the implications for Third Age learning opportunities within the veteran community.

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is considered an anxiety disorder and is diagnosed using the criteria found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), usually three months post trauma (American Psychiatric Association, 1994, as cited in Franco, 2007). The criteria stipulates:

an individual must be exposed to a traumatic event that evoked an actual or perceived threat to the person's life or physical integrity, and continues to elicit intense fear, horror and/or helplessness. Traumatic events can include combat, child abuse and neglect, terrorism, rape and sexual assault, motor vehicle accidents, disasters, community or domestic violence, captivity and torture (Franco, 2007, p.105).

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Symptoms vary and may include reliving the traumatic event (i.e.: nightmares or flashbacks), avoidance of reminders (numbing) including people and places associated with the trauma, detachment from family and friends, hyperarousal (i.e.: easily startled, sudden irritability/anger, emotional outbursts, difficulty concentrating, difficulty sleeping/staying asleep), anxiety and/or depression, and an inability to deal with real experiences (Franco, 2007; Graziano, 2003; Sherwood, Shimel, Stolz & Sherwood, 2003).

Veterans and Ageing Adults

Often in ageing adults, PTSD symptoms are overlooked or misdiagnosed, with diagnoses of schizophrenia, antisocial personality disorder, depression and alcoholism being prevalent (Graziano, 2003). Cognitive impairments are noticeable in ageing adults with PTSD, including delayed free recall, and reductions in total learning including difficulty with the ability to encode and consolidate new information, along with degraded performance in recognition (Yehuda, Golier, Tischler, Stavitsky & Harvey, 2005). Interestingly, “decrements in rate of total learning may be related to aging in trauma survivors, whereas delayed recall may be specific to combat-related PTSD” (Yehuda et al., 2005, p. 512), suggesting that exposure to combat further exacerbates the effects of PTSD on ageing adults, and that cumulative exposure to trauma also increases the effects of other acute or chronic health conditions (Franco, 2007) and increases the possibility of comorbidity with other psychiatric conditions (Yehuda et al., 2005).

Graziano (2003) considers individuals who have (a) been victims of interpersonal violence; (b) served in combat including former prisoners of war; (c) immigrated from countries with large scale social disruption (i.e.: war, genocide, political violence, civil unrest); and (d)

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have survived natural disasters, to be the most at risk for the development or worsening of PTSD symptoms in later life.

Many changes occur over the lifespan (i.e.: retirement, loss of spouse, illness, physical incapacitation) that have the potential to act as stressors that may cause the emergence of PTSD symptoms in previously well adjusted and functioning adults (Graziano, 2003; Sherwood et al., 2005). Loss of social, human, and identity capital (Findsen & Formosa, 2011, p. 51), have the potential to further exacerbate PTSD symptoms.

Women. There is very little literature on studies relating to the effects of PTSD on ageing women, yet women are considered to be more at risk for the development of PTSD across the life span (Franco, 2007). Findings suggest that women are more likely to be misdiagnosed, and often present showing signs of poor physical health, anxiety and depression, leading many healthcare professionals to overlook trauma reactions or fail to ask about trauma histories (Franco, 2007). Reviewing the literature related to veterans, combat exposure, and combat-related PTSD, there is no reference to women having been studied. With our current veteran demographics in Canada, women with combat-related PTSD will become more prevalent as the population ages, raising the question: Will our female veterans be faced with gender stereotypes and ageism (Findsen & Formosa, 2011), as they seek diagnosis and treatment for their combat-related PTSD across their lifespan?

Comparing Coping Strategies and Geragogical Perspectives on Wisdom Attainment

Treatments for PTSD include coping strategies that focus on reflection and making meaning from traumatic experiences, including the challenges to an individual's worldview following

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a trauma (Beckner & Arden, 2008). Coping strategies include self-monitoring (Lawhorne & Philpott, 2010); training in coping skills to “understand their experience and know what to do about it” (p. 97); challenging world beliefs (Beckner & Arden, 2008); and revising and accepting belief in faith and life purpose (Beckner & Arden, 2008), to make meaning of the traumatic experience, reconstructing the damaged belief systems and worldview, with the intent to bring the individual back to a state of mind that existed prior to trauma exposure (Nash & Baker, 2007). Coping strategies for PTSD are surprisingly similar to educational perspectives on wisdom attainment.

Epstein (1991) claims that from trauma, two actions are possible - human growth or human diminishment (Jennings, Aldwin, Spiro & Mroczek, 2006). The ideology of Stress-Related Growth (SRG) emerges from focusing on the positive notion of growth in the sense that the combat veteran has the option to learn from the traumatic event and adapt to a radical change in worldview, thereby making new meaning of life's events (Jennings et al., 2006). Furthering this ideology is the Posttraumatic Growth (PTG) model and its three domains of change, “perception of self, relationships with others, and one's philosophy of life (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004)” (Weiss, 2014, p. 204), which mirror closely gerotranscendence theory's three dimensions of change, “self, social relationships, and worldview (Tornstam, 2005)” (p. 204). Personal transformation not only factors in to trauma resiliency and coping, but also factors in to the attainment of wisdom, closely linking itself to principles of geragogy in adult education literature.

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From a geragogical perspective, adult learning shifts its focus toward the attainment of wisdom through educational opportunities that focus on learning activities intended to “develop a reflective mode of thinking, contemplate the meaning of life, come to terms with their past, and hone their quest for self-fulfillment and spiritual advancement” (Findsen & Formosa, 2011, p. 74). Wisdom attainment also carries a spiritual component, “for age to produce a sage, a process of spiritual reasoning is needed” (Leder, 1999, p.38); trauma recovery also contains a spiritual aspect, as one of the affects of PTSD is a crisis of faith brought about by the traumatic experience (Beckner & Arden, 2008). Combat-related trauma would tax this further, leaving the veteran questioning her self-worth in the eyes of her spiritual Higher Power (Beckner & Arden, 2008). As a coping strategy, seeking wisdom in the form education and empowerment (Leder, 1999), brings the veteran and the adult educator together, with the implication that Third Age learning can have a positive impact on recovery from combat-related PTSD. On a broader scale, Third Age learning has the potential to assist any trauma survivor in making meaning of the events and traumas in life, further aiding coping across the lifespan.

Conclusion

There is surprisingly limited research on the affects of ageing on veterans diagnosed with PTSD, with the predominant focus being on World War II and Korean War era veterans. The demographics of these studies have been limited to ageing white male combat veterans, and as such do not provide adequate details on the affects of ageing across the demographics of the veteran community. With the recent acceptance of women in combat roles, there is a great necessity

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to further the study of ageing on combat-related PTSD in veterans including females and minorities in the studies.

Trauma recovery and PTSD treatments include coping strategies that are found to be similar to the geragogical principles of wisdom attainment in later life, suggesting an area for future research to focus on adult education and Third Age Learning initiatives developed specifically for military and combat veterans that employ strategies for wisdom attainment along with PTSD recovery. Utilizing an interdisciplinary approach, adult educators are able to collaborate with colleagues in psychiatric, psychological, sociological, and spiritual roles, for the purpose of developing Third Age learning materials to assist ageing adults in transformational learning leading to trauma recovery and life-fulfillment.

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