The ageing veteran & the search for meaning

Bruce Boman
Concord Repatriation General Hospital
Why should the imagination of a man
Long past his prime remember things that are
Emblematical of love and war?

WB Yates
A Dialogue of Self & Soul
Claude Choules
Our last WWI combat veteran
1901–2011
Enlisted in the Royal Navy as a Boy on 10th October 1916
Our youngest WWII veterans are now 92
Korean War
84
Vietnam War
67
DVA estimates there are currently around 75,000 veterans over the age of 65 who’ve seen active service.
Much of the literature on the ageing veteran emphasises a lifespan approach

- So I’ll focus on Australian veterans from three conflicts, Afghanistan, Vietnam & Korea to illustrate the natural history of war related psychiatric disorder through the life cycle

- Essentially a journey through Erikson’s stages of intimacy, generativity & ego integrity
Afghanistan & Iraq and what our youngest veterans have taught us about the early development of war related psychiatric disorder
2001–2014
26,000 Australian Defence Force (ADF) personnel served
41 killed
261 wounded
Road side IEDs, the simple but deadly signature weapon of the conflicts in Iraq & Afghanistan
How did they fare after returning home?
Review three data sets:
ADF Mental Health Prevalence & Wellbeing Study
Middle East Area of Operations Health Study
ADF serving & ex-serving suicide statistics covering the period 2001–2015 collected by the Australian Institute of Health & Welfare
National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update

PHE 222
Released 21/09/2018


From 2001 to 2016, there were 373 suicides in serving, ex-serving and reserve Australian Defence Force (ADF) personnel. Compared with all Australian men, the age-adjusted rate of suicide over the period was 51% lower for men serving full time in the ADF, 47% lower for men in the reserves and 18% higher for ex-serving men. In 2014–2016, ex-serving men aged under 30 had a suicide rate 2.2 times that of Australian men the same age.

Latest findings

1. In 2001–2016 there were 373 suicides in serving, reserve & ex-serving ADF personnel with 1 day of service since 2001
2. In 2002–2016 the age-adjusted suicide rate was lower for serving and reserve men than for all Australian men
3. For 2002 to 2016 ex-serving men had an age-adjusted suicide rate 18% higher than for all Australian men
4. Ex-serving men aged under 30 had a suicide rate 2.2 times that of Australian men the same age, for 2014–2016
Almost two thirds of ADF members at the time of the Mental Health & Wellbeing Study had been deployed, 43% had had multiple deployments...

While the 12 month prevalence of any mental disorder was 22%, essentially the same as an age, gender and employment matched Australian sample..
The ADF had a significantly higher 12 month prevalence of depressive episodes & PTSD than matched population controls.

<table>
<thead>
<tr>
<th>Condition</th>
<th>ADF</th>
<th>ABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive episodes</td>
<td>6.0</td>
<td>3.0</td>
</tr>
<tr>
<td>PTSD</td>
<td>8.0</td>
<td>5.0</td>
</tr>
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</table>

Australian Bureau of Statistics
But a significantly lower 12 month prevalence of any alcohol disorder and harmful drinking.
Rates of PTSD in the ADF were comparable to that of NATO allies in Afghanistan.
Impact of combat

- Levels of overall psychological distress, depression & PTSD were greater among personnel deployed in a combat role, deployed for longer periods of time & exposed to traumatic deployment experiences
These data were similar to the 2013 Canadian Armed Forces Mental Health Survey
Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015

In brief summary report
Currently serving ADF males had a significantly lower suicide rate than matched population controls.
Summary

- The overall ADF prevalence of any mental disorder was similar to matched population controls.

- The ADF had significantly higher rates of depressive episodes and PTSD, but...

- Significantly lower rates of any alcohol disorder, harmful drinking & suicide.
While the ADF survey may have reassured that the mental health of the heavily deployed ADF was robust and resilient.....
Inevitably there’s the transition back to civilian life—which we’ve learnt from our young veterans is a high risk period
Transition from soldier to civilian

- Often a lonely, difficult & stressful period of loss, relearning & readjustment

- Everything that gave you status & identity like your rank, military competence, medals & social network are gone & you have to painfully relearn how to be a civilian again

- What happened after transition?
Let’s look at data from the Transition & Wellbeing Research Program on ADF personnel who’d transitioned during 2010–2014.

Three separate studies:

- Mental Health Prevalence Impact of Combat Study
- Family Wellbeing Study
The Transition & Wellbeing Research Programme (TWRP)

- The most comprehensive study undertaken in Australia to examine the impact of military service on the health of serving and ex-serving personnel and their families

- Conducted by Adelaide University’s Centre for Traumatic Studies & the Australian Institute of Family Studies
MENTAL HEALTH AND WELLBEING TRANSITION STUDY

Mental Health Prevalence

2018
1. Mental Health Prevalence

- Results highlight that the transition from ADF to civilian life is a high risk period

- And that it’s more than a year into civilian life before the wave of major mental health problems begins to emerge

- Let’s compare 12 month prevalence of mental disorders in the ADF with that post-transition
<table>
<thead>
<tr>
<th>Mental disorder</th>
<th>ADF</th>
<th>Post-transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental disorder</td>
<td>22%</td>
<td>46.4%</td>
</tr>
<tr>
<td>PTSD</td>
<td>8.3%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Depressive episodes</td>
<td>6.4%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Any alcohol disorder</td>
<td>5.2%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>
TRANSACTION AND WELLBEING RESEARCH PROGRAMME

IMPACT OF COMBAT STUDY

Impact of Combat

Summary Report

2019
2. Impact of Combat

- Number of traumatic deployment exposures was associated with elevated PTSD symptoms.
- Ex–ADF personnel who had high traumatic exposures were 3.3 times more likely to have elevated PTSD symptoms than low exposure personnel.
A similar pattern of mental disorder emerged from the US DoD Millennium Cohort Study, a prospective study examining the health effects of deployment to Iraq & Afghanistan.

Over 150,000 military personnel have been enrolled in the study.
Post transition homelessness—another lesson we’ve learnt from our young veterans.
Data from a joint TWRP & the Australian Housing & Urban Research Institute study

The twelve month prevalence of homelessness among transitioned veterans was 5.3%, significantly higher than the general population 1.9%

Equates to 5,767 veterans, 1,440 of whom were chronically homeless
What distinguished homeless veterans?
More likely to have had an operational deployment
To be experiencing higher levels of psychological distress, anger & PTSD
To use recreational drugs & have a higher alcohol consumption
Less likely to have contact with family & friends
More likely to be unemployed, and..
To have been arrested or convicted of a criminal offence
Which raises another troubling question...
Are ex-ADF veterans more likely to be convicted of violent offending than males from the general community? We just don’t know
However, there are data on UK ex-Servicemen who’d been deployed to Iraq & Afghanistan
Compared to the UK general prison population, UK ex-Servicemen were more likely to...

- Be held in a maximum security prison
- Be serving a longer sentence
- Be in prison for the first time
- Have been convicted of a violent crime
Having been in a combat role

Exposed to a traumatic combat-related event

Having PTSD, especially with marked hyperarousal symptoms

Post-deployment alcohol misuse
A high risk group

- There’s a close overlap between the profile of our homeless veterans and those UK veterans convicted of violent offending.

- Suggests homeless veterans are a high risk group requiring specialised and targeted intervention programs.
Let’s now look at the suicide data on ex-ADF personnel
The warning bells ring

- The suicide rate of 18–29 year old males trebled after transition from the ADF to twice the community rate.

- The highest risk period was in the first 6 years after transition.
Age–specific rate of suicide death by broad age group, ADF populations and all Australian men, 2001–2015
Involuntary versus voluntary discharge

- But the suicide rate post ADF was markedly higher for 18–29 year old males who’d been involuntarily discharged on medical grounds, often for mental health reasons.

- Almost five times the rate of serving ADF.
2001–2015 suicide rate of 18–29 year old ex-serving males discharged involuntarily from the ADF

ADF

ABS

Ex-ADF overall

Invol admin discharge

Invol med discharge

0
10
20
30
40
50
60
70
80
90
100
110
120
130
140
150

ADF

ABS

Ex-ADF overall

Invol admin discharge

Invol med discharge

ADF

ABS

Ex-ADF overall

Invol admin discharge

Invol med discharge
The 2018 update has only added to the concern about the suicide rate of young ex-ADF veterans

A progressive increase in rates from 23/100,000 in 2007 to 43/100,000 in 2016
2007–2016 suicide rate of 18–29 year old ex-serving males

Per 100,000 population
We’re not the only country troubled by the high rate of suicide amongst young veterans
Across the male veteran populations in Australia & the US, young veterans have the highest suicide rate

18–29 year old males
34/100,000 (expected 20.5)

18–34 year old males
44.5/100,000 (expected 22.7)
TRANSITION AND WELLBEING RESEARCH PROGRAMME

FAMILY WELLBEING STUDY

Part 1
Families of Current and Ex-Serving ADF Members: Health and Wellbeing

Part 2
Military Family Approaches to Managing Transition to Civilian Life

2018
3. Family Wellbeing Study

- Contained a worrying data blip suggesting intergenerational transmission of mental disorder to the young adult children of serving & ex-ADF personnel
Young adult children of serving & ex-ADF personnel

- 29% reported high to very high levels of psychological distress in the past four weeks
- 12% reported high levels of PTSD symptoms
- 18% had thought about taking their life or made plans or attempts in the past 12 months
- 18% had problematic levels of alcohol consumption
The lessons learnt from Afghanistan & Iraq

- The key role the military environment has in containing mental health problems among serving members returning from deployment.

- Discharge from the ADF is a critical transition period & needs to be a focus of active intervention & support from both the ADF & DVA as well as ex-serving member organisations.
The combat veteran in mid life—the lessons learnt from Vietnam
Conscription

FOUR OUT OF FIVE
OF THESE MEN
CHOSE THEIR CAREERS

ABOLISH CONSRIPTION NOW
VIETNAM MORATORIUM SEPTEMBER 18
Anti-war protest
1962–1975, 50,000 served, 521 killed, 2,398 wounded
So how fared this generation of young returning servicemen?
Towards healing & reconciliation

Welcome Home

3rd Oct 1987
Mr Frank Hunt
Welcome Home Parade

Frankie of John Schumann’s “I was only 19”
Mental health of Australian Vietnam veterans was examined in

- Eight major studies published in the 1990s & early 2000s

- One of which, The Australian Vietnam Veterans Health Study (AVVHS) examined the lifetime prevalence of mental disorders two & then three decades after the War’s conclusion (O’Toole et al 1996, 2009)
The Australian Vietnam Veterans Health Study: III. Psychological Health of Australian Vietnam Veterans and its Relationship to Combat

Original Contribution


Brian L. O'Toole, Stanley V. Gats, Sue Outram, Katherine R. Rees, and Jill Cockburn

Initial submission February 24, 2009; accepted for publication May 9, 2009.

The long-term health consequences of war service remain unclear, despite burgeoning scientific interest. A longitudinal cohort study of a random sample of Australian Vietnam veterans was designed to assess lifetime post-traumatic physical and mental health 36 years after the war (1970–2006) and to examine its relation to Army service, combat, and post-traumatic stress disorder (PTSD). We followed 14 years previously (1990–1996). Prevalences in veterans (n = 450) were compared with those in the Australian general population. Vietnam Army service and data from the first assessment were evaluated using multivariate logistic regression prediction modeling. Vietnam general health and some health risk factors were absent and medical consultation rates were higher than Australian population expectations. Of 67% long-term conditions, the prevalence of PTSD was lower and the prevalence of 4 were lower compared with population expectations. Most of all veterans took some form of medication for mental health problems. The prevalence of psychiatric disorder exceeded Australian population expectations. Military and war service characteristics and age were the most frequent predictors of physical health outcomes, while PTSD was strongly associated with psychiatric diagnoses. Deceased had better physical health than veterans with no mental health problems but no better mental health. Army service and a related PTSD were associated with a lower level of life later among Australian Vietnam veterans.

Keywords: PTSD, military service, Vietnam, mental health, physical health, veterans

References: ABS, Australian Bureau of Statistics; CAPS, Clinician Administered PTSD Scale; CIC, Confidence Interval; CIDI, Composite International Diagnostic Interview; CRI (C), Confirmed that a Unit Record Flag; DSM-IV-R, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised; CPR, confidante PTSD; PTSD, post-traumatic stress disorder; STD, standard deviation.

Australian military forces were deployed to Vietnam from 1963 to 1972, making it the longest military conflict experienced by Australia to date. The conflict placed Australian men into longer periods of risk and contact with the enemy than any time in Australia's history since the Gallipoli Campaign (1). More than 50,000 Australian service in Vietnam over 500 lost their lives, and more than 2,300 suffered wounds.

Evident was the growing evidence of a delay in health (2) that has accumulated from postwar studies of military service members from World War II (3–11), the Vietnam War (12–15), the Middle East Conflict (16–18), and the Persian Gulf War (22–31). Cross-sectional epidemiologic studies have been conducted in Australian veterans of the Vietnam War (15–17), the Persian Gulf War (28, 29), and the Korean War (32). Each study showed that chronic mental health problems, particularly post-traumatic stress disorder (PTSD), anxiety, and depression, are prevalent in postwar military cohort. This is broadly consistent with findings from studies carried out in other allied countries, including the United States (33) and the United Kingdom (26, 30). The summary of Iraq and Afghanistan conflict and the timing of earlier military and the Vietnam conflict have concluded follow-up periods to relatively

1996

2009
<table>
<thead>
<tr>
<th>Mental disorder</th>
<th>1996 Prevalence</th>
<th>2009 Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive disorder</td>
<td>30%</td>
<td>54.9%</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>42.6%</td>
<td>28.3%</td>
</tr>
<tr>
<td>PTSD</td>
<td>18.7%</td>
<td>24.7%</td>
</tr>
<tr>
<td>GAD</td>
<td>7.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

The prevalence rates of all the above disorders exceeded age & sex–matched Australian population expectations & were associated with severity of combat exposure.
The pattern was similar among NZ Vietnam veterans (Long et al, 1992)
And US veterans
Data from the 1989 CDC Vietnam Experience Study found...

- Similar rates of PTSD, alcohol abuse & dependence, GAD & depression to the AVVHS
Suicide among Vietnam veterans

- A contentious & statistically complex question
- SMRs for suicide and MVAs were **not** elevated compared with aged matched Australian norms
- Deaths from homicide were significantly lower than expected
But you have to factor in the “healthy soldier” effect, so a better comparison group...
Deaths from:
Suicide (RR 1.43)
Homicide (1.75)
Motor vehicle accident (1.31)
were significantly higher for
National Service Vietnam
veterans compared with National
Servicemen who had not been
deployed to Vietnam
Findings almost identical to the CDC Mortality Study

In the first 5 years after discharge, US Vietnam veterans had a significantly higher death rate from
Suicide (RR 1.72)
Homicide (1.52)
MVA (1.93)
compared to Vietnam-era veterans who had not been deployed to Vietnam
(Catlin et al, 2004)
PTSD emerged as a risk factor for violent death among US Army veterans

- Vietnam veterans with PTSD were over twice as likely to die a violent death compared to Vietnam veterans without PTSD.
Reminiscent of data from the TWRP Family Wellbeing Study, evidence of an intergenerational transmission of trauma to the children of Vietnam veterans comes from three Australian studies....
2014 Vietnam Veterans Family Study conducted for the DVA

Vietnam Veterans Family Study

VOLUME 1
Introduction and Summary of the Studies of Vietnam Veteran Families

October 2014
2000 AIHW report into suicide among the children of Vietnam veterans
Consequences of War

The mental health of sons and daughters of Australian Vietnam veterans

Brian I O’Toole,1,2 Mark Dodda,1 Sue Outram2 and Stanley V Catte1,3

1Brain & Mind Centre, University of Sydney, Sydney, NSW, Australia, 2Health Behaviour Sciences, University of Newcastle, Newcastle, NSW, Australia and 3Department of Psychiatry, University of Queensland and Royal Brisbane Hospital, Brisbane, QLD, Australia

Abstract

Background: War service increases the risk of post-traumatic stress disorder (PTSD) to combatants, and has been shown to increase the risk of PTSD in their offspring. The extent to which there is an excess compared with the general population is not yet established, nor whether PTSD increases the risk of other psychiatric problems.

Methods: A national sample of 133 sons and 162 daughters of a cohort of 175 Australian Vietnam veterans’ families were assessed in person, using structured psychiatric interviews. The prevalence of trauma exposures, DSM-IV (Diagnostic and Statistical Manual of Mental Disorders Fourth Edition) diagnoses and suicidality were compared with the Australian Bureau of Statistics’ 2001 National Survey of Mental Health and Wellbeing data matched for age and sex. The risk of mental health problems potentially attributable to PTSD was also assessed.

Results: Sons and daughters were more likely than population expectations to report exposures to natural disasters, fire or explosions and transport accidents, and sons more likely to report exposure to toxic chemicals whereas daughters were more likely to report sexual assault. Sons and daughters had higher prevalences of alcohol and other substance dependence, depression and anxiety, and PTSD, and children’s PTSD was associated with substance dependence, depression and suicidal ideation. There were strong associations between children’s PTSD and somatic conditions of substance use disorders, depression and anxiety.

Conclusions: Higher rates of mental health problems in veterans’ families, together with comorbidity with PTSD and the link between veteran and child’s PTSD, suggest that the effects of trauma may continue into subsequent generations.

Key words: Epidemiology, PTSD, Vietnam veterans, offspring, intergenerational

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PTSD in Vietnam veterans’ adult children, why?

- Adult children had a higher risk of exposure to natural disasters, fire and explosions and transport accidents than their peers in the general population.

- Daughters had a higher risk of sexual assault.
To summarise

- The adult children of Vietnam veterans experience significantly elevated rates of mental disorder
  - Particularly alcohol & substance use, depression, anxiety & PTSD
  - Sons of Vietnam veterans have a significantly elevated suicide rate, in the AIHW study it was 3.2 times that expected
Lessons from Vietnam

- Vietnam veterans in their fifties & sixties continued to experience a similar pattern of mental disorder to that observed in young Afghanistan veterans.

- There has been a crossgenerational transfer of this symptomatology, including PTSD, on to their adult children.
Does old age bring peace and acceptance?
Fifty years after the 1953 Armistice Agreement, what was the mental & physical health of the 7,500 surviving Australian Korean War veterans?
1950–1953, 17,000 served, 339 killed
1,216 wounded
AIHW Mortality Study

Compared mortality rates from repatriation to the time of the study with matched population controls

Korean War veterans had experienced a 21% greater mortality rate than expected

The death rates from homicide, accident & suicide were elevated 37%, with suicide by 31%
Monash University Health Study

33% currently met criteria for PTSD
31% for anxiety
24% for depression

5–6 times higher than matched community controls

Three times more likely to have a history of problem drinking

Veterans reported poorer quality of life & life satisfaction than controls
The Health Study found a strong relationship between the severity of combat which occurred 50 years earlier & the current prevalence of mental disorder......
Percentage of Korean War veterans with specified mental disorder against combat severity

- PTSD
- Depression
- Anxiety

Percentage distribution for:
- No combat
- Light
- Moderate
- Heavy combat

Bar chart showing increasing percentage of veterans with mental disorders as combat severity increases.
Lessons from Korean War veterans

- Fifty years after the Armistice, Korean War veterans were still experiencing a similar cluster of depression, PTSD & alcohol use as recently transitioned veterans from Afghanistan & middle aged Vietnam veterans.
- They’d experienced an increased risk of violent death including suicide, and currently had a...
- Poorer quality of life & life satisfaction
The Korean veterans’ PTSD prevalence was comparable with that of elderly US POWs......
A Longitudinal and Retrospective Study of PTSD Among Older Prisoners of War

Cynthia Lindman Port, Ph.D.
Brian Engelbach, Ph.D.
Patricia Frazier, Ph.D.

Objectives: The authors examined the longitudinal changes in posttraumatic stress disorder (PTSD) symptom levels and prevalence rates over a 10-year period among American prisoners of war (POWs) from World War II and the Korean War. Retrospective symptom reports by World War II POWs during the 10 years following their release from capture were compared with current symptom reports by older POWs in order to examine the extent to which memories of trauma may influence PTSD symptoms.

Methods: PTSD symptom levels were measured by the Hippo-Scalp and the Posttraumatic Stress Disorder Symptom Inventory. Retrospective reports of stress were obtained from POWs who were interviewed 10 to 20 years after their release from captivity.

Results: The authors found that PTSD symptom levels declined significantly over the 10-year period, with the highest levels occurring in the first year after release. Retrospective reports of stress were also found to be significantly correlated with current PTSD symptom levels.

Conclusions: The findings suggest that PTSD symptom levels may be influenced by memories of trauma, and that the long-term effects of military service may persist for many years after discharge.

*Note: The article includes additional text and references.*

Lifetime prevalence PTSD 53%

Current prevalence PTSD 29%
Reinforcing the chronicity of post traumatic psychiatric illness, the 1986 Concord Study of ex-POWs of the Japanese
Compared almost a thousand POWs with a large cohort of veterans who’d fought in the Pacific (Tennant, Goulston et al, 1986)

Forty years after their release, POWs were experiencing levels of psychiatric symptomatology greater even than combat veterans

They’d also had more post war psychiatric illness & a high rate of post war suicide (Freed & Stringer, 1968)
John Cade, POW Changi
1942–1945
Suicide amongst elderly veterans

- We’ve seen the increased suicide rate of veterans from the wars in Afghanistan, Vietnam & Korea & amongst the sons of Vietnam veterans

- Are elderly Australian veterans more likely to suicide?
The older Australian veteran has a significantly lower rate of suicide than his community counterpart.
Older veterans have the lowest suicide rate of all US & Australian veterans & both are below population expectations

55–84 year old males
9/100,000 (expected 19.1)

55–75 plus year old males
22.5/100,000 (expected 27.5)
Is there a trajectory of war related PTSD symptoms through a veteran’s life span?

Clearly a difficult question to research longitudinally, but two studies attempted to do this using retrospective accounts, producing similar results (Zeiss & Dickman, 1989, Port et al, 2001)
Percent US WWII POWs seriously troubled by PTSD symptoms by decade after release (Port et al, 2001)
So what do we know about combat related PTSD in older veterans?
PTSD in older veterans

- The phenomenology is basically the same as younger veterans, perhaps with more of a focus on somatic symptoms.
- Combat related PTSD which develops for the first time in late life is relatively uncommon (Frueh et al, 2009).
- But the reemergence or exacerbation of preexisting PTSD in late life is not at all uncommon.
- Two overlapping explanatory models for PTSD reemergence, cognitive decline & phase of life transitions.
There’s a two way connection between cognitive decline & PTSD.....
Over a seven year follow up, older US veterans with PTSD were almost twice as likely to develop dementia as matched veterans without PTSD

Association held even when substance & alcohol use, head injury & depression were excluded (Yaffe et al, 2010)
Similarly, PTSD is a risk factor for MCI among 9/11 first responders (Sean et al, 2019; Clouston et al, 2016)
Possible explanation, PTSD is associated with...

- Hippocampal atrophy
- HPA axis dysregulation
- Increased levels of pro-inflammatory cytokines and T helper cells
- All of which might predispose to dementia (Rafferty et al, 2018)
Are veterans from Afghanistan at an increased risk of dementia as a result of concussion from IED blasts?
In the TWRP Impact of Combat Study, half of ADF personnel reported a TBI, the most common cause being a blast or explosion.

Greater blast/explosion exposure was associated with reduced thickness of primary motor cortex on MRI.
There’s also evidence that multiple episodes of concussion from IEDs can trigger chronic traumatic encephalopathy, a progressive degenerative condition leading to dementia (Goldstein et al, 2012).

Exactly as occurs in boxers & footballers.
Early dementia can trigger the release of PTSD symptoms
(Johnson et al, 2000, Martinez–Clavera et al, 2017)

A possible mechanism...
Frontal impairment can weaken emotional control & hippocampal atrophy can lead to an upsurge of memories from the distant past.
But role transitions, losses & confrontations with mortality also play a key part in late life reemergence of PTSD symptoms
Traumatic memories & emotions can be kept in check by the routine of everyday life, marriage, raising children & work
So that war remains a private, compartmentalised, life-defining experience which can only be shared with other veterans & maybe only on the 25th of April
But that coping strategy only works for so long
With age..

- Work & raising a family are no longer there to help repression

- Like in combat, the elderly veteran is once again confronted with his own mortality....

- Seeing family & friends getting sick & dying & perhaps experiencing his own serious illnesses
All of these post-retirement, phase of life changes can lead to a return of combat related memories & emotions with a surprising vividness and freshness.
Perhaps coloured by survivor guilt

Why did I survive & have such a full life when so many of my comrades didn’t?
Later-adulthood trauma re-engagement

- Concept formulated by Eve Davison

- Sees the reemergence of war related emotions & memories triggered by the losses & role transitions of late life as a normative process

- Unlike PTSD, it’s mainly characterised by re-experiencing symptoms not so much by avoidance
The veteran now has the opportunity of incorporating these vivid reminders of the past into an Eriksonian life review process.

Working through and integrating them into a meaningful life story & at last attaining the goal of ego integrity.

Erik Erikson
Perhaps, for the very first time, allowing him to share his war time experiences with loved ones.
As it is for younger veterans, intimacy is strongly associated with mental health and resilience.
A paradoxical question

- Could war related traumatic experiences actually have a long term positive impact on mental health & resilience?

- Concept of post traumatic growth (Tedeschi & Calhoun, 1996)

- Let’s look at some evidence..
The VA Normative Ageing Study demonstrated a relationship between combat exposure and psychological wellbeing & “wisdom” in later life (Jennings et al, 2016; Lee et al, 2017).
A series of studies on US POWs of the North Vietnamese, 35 years or more after release, provided evidence that the traumas of captivity could lead to altered priorities, stronger relationships & increased personal strength & self-knowledge (Feder et al, 2008; King et al, 2015, Sledge et al, 2018)
The Harvard Grant Study

A 75 year follow up of 268 Harvard sophomores from the classes of 1939 to 1944, many of whom went on to serve in WWII

One part of the study compared veterans who’d experienced heavy combat in WWII with veterans who’d not seen any combat
Severity of combat exposure during WWII predicted the presence & severity of psychological disorder both at War’s end & 42 years later, but, and a very important but..... (Lee et al, 1995)
That relationship between combat and long term psychological disorder was not inevitable

Men who exhibited mature defences like altruism, sublimation and humour at War’s end & in subsequent years were less likely to experience psychological symptoms
In fact, combat could act like an Eriksonian developmental crisis, triggering either long term mental disorder or personal growth.
About half of the Harvard men who’d seen heavy combat experienced increased resilience, self-confidence and maturity as a result, going on to successfully achieve Erikson’s midlife goal of generativity (Ardelt et al, 2010)

Then in late life they experienced greater wisdom & well being compared with veterans who’d not witnessed combat
That meaning, coherence & sense of pride luminously shines through in the 6,500 portraits of WWII veterans taken as part of the Reflections Project in the AWM.
Sister Olga Anderson
Signaller John Evans
Captain Sir Ian Turbott
AO CMG CVO
Joe and Jock
Private Edward Abbott
LAC Ian Prior
Corporal Edwin Love
Private Ross Foreman
“I stand there looking at my child
He says to me that I am his hero
And that he loves me very much
I am rooted to the spot
I cannot move for I am close
to tears
My child reaches out and holds
onto my hands
As I have held his so many times
over the years
And he says to me
I love you dad
Stay safe”
Warrant Officer John Sinclair
2011 Afghanistan