

How Trauma Can Affect the Person with Dementia

Because people with dementia have both memory loss and trouble thinking, there is a tendency to think that past events are 'lost' to them, and have little or no impact on their lives in the present. However, although experiences or emotions from the past can sometimes be expressed in surprising or unfamiliar ways, and most memories do eventually disappear, the past can still remain very much a part of the lives of people with dementia.

Hearing a familiar song, for example, can result in someone's suddenly remembering all the words and singing along. At one home, a woman in the advanced stages who had been a nurse was welcome to sit at the nursing station whenever she wanted, where they gave her paper and a pen. A familiar activity in a familiar place. A school principal kept taking the elevator to another floor, which had the same number as where his old office had been located.

At the same time, troubling experiences and emotions from even the distant past can also recur. Our emotions (our unconscious) don't know what time it is—past trauma can feel very real and present. Veterans, for example, can have symptoms of PTSD re-emerge. Survivors of the Holocaust may experience distress if certain difficult memories are triggered by something in the present. Fear and anxiety related to abuse suffered as a child can return.

Sometimes there are specific triggers for these recurrences of past distress; sometimes, it is simply that the person is feeling generally more vulnerable, and it is this feeling which returns them to a time in their lives when they also felt very vulnerable. **Because past traumatic events can be the source of present anxiety, anguish and suffering, it is helpful to understand possible triggers associated with these events that, if addressed, can bring relief and comfort.**

Survivors of the Holocaust

There are still more than 125,000 people living in the United States who survived the Holocaust, including nearly 60,000 who live in New York State.* Because of their advanced age, many have also by now developed dementia. For some, this has meant the return of old terrors. For others, anxiety, fear and grief have never left them, although their dementia may cause them to express this in ways that are not immediately obvious.

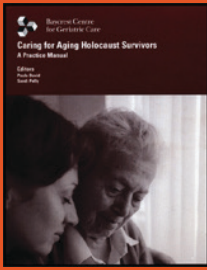
While people with dementia often experience upset when bathing, that distress may be even more intense for the person who spent time in a concentration camp. There, many watched relatives and friends sent to the gas chamber where prisoners were first lined up and told they were about to shower. Similarly, undressing or standing in line itself may cause anxiety, and may even be refused. **The important thing is not to force the person against their**



will. If gentle persuasion doesn't help, there are many alternatives, including sponge baths, bed baths, hand-held showers, having a family member present, etc.

Other circumstances that may evoke fear or anxiety for someone who experienced the Holocaust include: ambulance and police sirens, loud announcements or crying/screaming; unusual fear of dogs which were used to guard, intimidate and attack; classical music which was played on loudspeakers in concentration camps; uniforms, high black boots; clothing with wide black and white stripes similar to what prisoners were made to wear, and the bright yellow color of stars worn; foreign accents which may trigger distrust or fear; due to crowding and unhygienic conditions both strong toileting smells and strong cleaning product odors; haircuts as hair was shaven upon arrival to camps; unwillingness to admit to feeling ill because illness and disability frequently meant being singled out for death; fear of

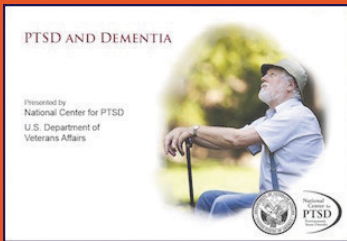
RESOURCES



Caring for Aging Holocaust Survivors: A Practice Manual

This publication is available for download here:

<http://holocaustsurvivors.baycrest.org>



Kovod – Honoring Aging Holocaust Survivors: A Professional Journal for Care Providers and Families

Journal and taped teleconferences are available for download here:

<http://kavod.claimscon.org/multimedia/>



U.S. Department of Veterans Affairs
National Center for PTSD

https://www.ptsd.va.gov/professional/continuing_ed/dementia_ptsd.asp

<https://www.ptsd.va.gov/professional/trauma/war/index.asp>

<https://www.ptsd.va.gov/professional/trauma/disaster-terrorism/index.asp>

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doctors who conducted medical experiments on prisoners; hoarding of food and overeating; Jewish holidays as Nazi raids often took place at these times, when family members could be found together; alternatively, heightened awareness of murdered family members at holidays; inability to let go and say goodbye at the end of a visit and/or being depressed after someone leaves, and worrying about their safety—they never knew when a goodbye was their last one.

Veterans of Combat

Veterans who suffer from PTSD may be more likely to be diagnosed with dementia because they are already being monitored by mental health practitioners. Symptoms of PTSD can include nightmares, flashbacks, intrusive thoughts, feelings of chronic stress, depression, and anxiety. **Earlier in their lives veterans can learn to cope with difficult memories or emotional distress, and can develop ways of avoiding or distracting themselves from these troubling thoughts or feelings, but with dementia they can lose that ability.**

Loud noises, violent scenes on the news or in movies, for example, can cause memories and anxieties to return. There have also been reports of veterans with underlying uneasiness, worrying about ‘fulfilling their responsibility to the country,’ and needing reassurance that they have honorably completed their work...one home arranged for a veteran to receive a certificate of appreciation he could look at each day, as affirmation.

Survivors of Abuse

Past experience of abuse or neglect, while sadly not uncommon, can be hard to trace, in part because very often it was kept a secret at the time, and sometimes never spoken of at all. Nonetheless, people can still suffer from its effects even at the very end of life. Someone who doesn't like to be touched, for example, may be giving a clear signal of distress that is based on an earlier, fearful experience. **The important thing here is to recognize that this is a signal of distress, and our job is help the person find a way to be comfortable.**

The story of Opal** is instructive: She came into the nursing home when she was 86, convinced she was in charge, as she had been an office manager. She didn't like to be touched, which is unlike most people with dementia, and she didn't like to sleep in her bed, and would sometimes crawl out of her low bed and curl up under her roommate's bed. She liked to park herself at the nurses' station, and once when she was sliding out of her wheelchair (which she often did when fatigued), she oozed into the little space under the desk where she fell asleep instantly. Staff brought her a foam mat, a sheet, a pillow and her afghan and created a bed for her under the nursing station. Soon staff saw that Opal was in a dying process. For the last two weeks of her life, Opal allowed staff to hold her, rock her, and cuddle her. After she died, the nurse spoke with her son, who was estranged from her because he had been severely abused by her as a child. From what we know of her behavior about not wanting to be touched, or to sleep in her bed, it may be that she was also physically and sexually abused. The staff, by following Opal's lead without understanding her behavior, let her heal the hurts of a lifetime before she died.

In all these situations, the goal is to recognize when someone is in distress, and help them find a way to be comfortable. Knowing as much as possible about someone's past can help us do that.

*Data obtained from the Conference on Jewish Material Claims Against Germany (Claims Conference).

**Adapted from “The Story of Opal” from Joanne Rader, RN, MN, Rader Consulting.