

IMPACT OF DISASTER ON OLDER ADULTS

Older adults (65 years and older) also respond to trauma with symptoms of re-experiencing, emotional numbing, behavioral avoidance, and increased physiological arousal. However, stress reactions may also be indicated by a deterioration of functioning or a worsening of an already existing disease process. Consequently, older adults should be considered among the high-risk groups following a disaster. The Disaster Preparedness Manual (U.S. Administration on Aging and Kansas Department on Aging, 1995) describes several factors associated with adaptation to disaster by the elderly:

- Elderly persons may experience particular reactions to trauma as a unique function of their stage in the life cycle. Faced with the potential losses of loved ones as well as their own abilities, older individuals can experience such feelings as increased insecurity even during normal, everyday living. After encountering the devastation wrought by a disaster, some older adults can find their natural feelings of insecurity and vulnerability magnified by the destructive, out-of-control nature of the disaster. They may react with feelings of increased hopelessness since they do not know if they will live long enough to rebuild their lives.
- The impact can also trigger memories of other traumas, thus adding to an increasing sense of being overwhelmed. Many of the anchors to the past such as their home of many years, photographs and treasured keepsakes - so much a part of their identity - are gone. Poor health and social isolation can only add to the ordeal.
- In the process of recovery, it is important for older people to reaffirm attachments and relationships. While they need to have access to familiar faces such as old friends and neighbors, often these supports no longer exist. If older people do not have significant others available, it is critical that contact be made via assertive outreach programs such as support groups. It is important that older Americans feel as though they still belong in the community.
- Older adults need a sense of control and predictability. Re-establishing routines and having a permanent place to live can help increase a sense of security, stability and control. Relocation and emergency sheltering may be unavoidable. However, retraumatization can be minimized by helping survivors remain as close to familiar surroundings as possible.
- Older individuals also need to restore feelings of confidence and self-worth. Self-worth can be enhanced by talking about past successes. Confidence may be nurtured via guidance in setting manageable goals. Self-direction is essential to one's sense of integrity.
- Because so much has been lost, older individuals also need to restore feelings of connectedness. Many will be left with little more than memories. Activities as simple as remembering and talking about their life can be a starting point that helps them reconnect with their unique perspective as a part of the history of mankind.

Factors Associated with Stress in Older Adults

Several factors common to older people may affect the stress level of an older adult (U.S. Administration on Aging and Kansas Department on Aging, 1995).

1. **Sensory limitations** Stevens & Dadrwalla (1993); Wysocki & Gilber (1988).
Older persons' sense of smell, touch, vision and hearing may be less acute than that of the general population. A hearing loss may cause an older person not to hear what is said in a noisy environment or a diminished sense of smell may mean that s/he is more apt to eat spoiled food. Because the process of deterioration progresses gradually, many elderly are unaware of the degree of loss.
2. **Delayed response syndrome** Babins (1987); Cohen (1987); Cunningham (1987); Thompson (1987).
Older adults may not react to situations as quickly as younger adults. Disaster service centers will need to provide outreach and be kept open longer if older persons have not appeared.
3. **Generational differences** Cole & McConnaha (1986); Rosenmayr (1985); Stahmer (1985); Zissok et al. (1993).
Older adults are not a homogenous group. Religious/social/cultural pluralism in the United States as well as the wide age range of older adults affect service delivery. What might be acceptable to an 80 year-old-person may not be to a person 65 years of age.
4. **Chronic illness and medication** Kalayam et al. (1991); Katz et al. (1988); Oppedard et al. (1984); Rosen et al. (1993).
Higher percentages of older persons have arthritis. This may prevent an older person from standing in line. Medications may cause confusion in an older person or greater susceptibility to problems such as dehydration. These and other similar problems may increase the difficulties in obtaining assistance.
5. **Literacy**
Many older persons have lower educational levels than the general population. This may present difficulties in completion of applications or understanding directions.
6. **Language and cultural barriers** Applegate et al. (1981).
Older persons may be limited in their command of the English language or may find their ability to understand instructions diminished by the stress situation. The resulting failure in communication could easily be further confused by the presence of authoritarian figures, such as police officers.
7. **Mobility impairment or limitation**
Older persons may not have the ability to use automobiles or have access to private or public transportation. This may limit the opportunity to go to disaster assistance centers, obtain goods or water, or relocate when necessary. Older persons may have physical impairments which limit mobility.

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8. **Welfare stigma**

Many older persons will not use services that have the connotation of being on "welfare." Older persons often have to be convinced that disaster services are available as a government service that their taxes have purchased. Older persons need to know that their receipt of assistance will not keep another, more severely affected, person from receiving help.

9. **Mental health stigma** Bumagin & Hirn (1990); Dubin & Frank (1992); Fink & Tasman (1992); Henry & McCallum (1986); Lundervold & Young (1992); Nelson & Brabaro (1985); Peterson, Thornton & Birren (1986); Williams & Sturzl (1990).

Many elderly have negative attitudes and lack of knowledge about mental health services. Fear of stigma often stops the elderly from seeking mental health treatment. Education is an effective way to alter the perceived stigma of seeking or receiving mental health services. Linking mental health and physical health services together may also be an effective means to reduce perceived stigmatization. Initially focusing on pragmatic needs may help build the elderly's trust in a counseling program.

10. **Loss of independence**

Older persons may fear they will lose their independence if they ask for assistance. The fear of being placed in nursing home may be a barrier to accessing services.

11. **Crime victimization** Stafford & Galle (1984).

"Con artists" target older persons, particularly after a disaster. Other targeting by criminals may also develop. These issues need to be addressed in shelters and in housing arrangements. Con artists often use home repair to victimize the elderly following a disaster. Education at disaster centers about these crimes may help prevent further victimization.

12. **Unfamiliarity with bureaucracy** Salive et al. (1994).

Older persons often have not had any experience working through a bureaucratic system. This is especially true for older women who had a spouse who assumed responsibility for bureaucratic matters.

13. **Transfer trauma (sudden and unexpected relocation)**

Sudden and unexpected relocation can result in inadequate information about individual medical needs. In addition, the psychological tasks associated with adjusting to new surroundings and routines can lead to depression, increased irritability, serious illness and even death in the frail elderly.

14. **Memory disorders**

Environmental factors or chronic diseases may affect the ability of an older person to remember information or to act appropriately. An older person may not be able to remember disaster instructions. If interviewed, the elderly may have difficulty relating details in logical order due to age-related impairment of temporal and spatial memory.

15. **Multiple loss effect**

Thompson et al. (1984); Kekich & Young (1983); Lindgren et al. (1992); Pfeiffer (1987).

Many older persons have lost spouse, income, home, and physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow making recovery particularly difficult for older persons. This may also be reflected in an inappropriate attachment to specific items of property.

16. **Hyper/hypothermia vulnerability** Collins (1988); Kenney & Hodgson (1987); Thomas (1988); Watson (1993).

Older persons are often much more susceptible to the effects of heat or cold. This becomes more critical in disasters when furnaces and air conditioners may be unavailable or unserviceable.