

## Research Update

### Early and Late Life Exposure to Trauma and Biopsychosocial Well-Being in Centenarians

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#### Overview

Centenarians, persons aged 100 years and older, represent one of the fastest growing age demographics in the United States. An estimated 546 centenarians residing in Oklahoma (Census, 2010). Centenarians represent persons whom have witnessed historical change, survived numerous adverse and traumatic events, and endured normative age-associated changes in physical, functional, and mental health. Empirical evidence based on centenarians can be easily translated into education and demonstration programming designed to help young and middle age adult live healthier and happier lives. This has implications for enhancing programming opportunities for Family and Consumer Research Extension.

#### Project Objectives and Goals

The overall goal of this study was to understand the unique impact of lifetime trauma on the well-being of Oklahoma's oldest living citizens. In particular, a key objective of this study was to clarify the extent to which traumatic events occurring before or after 60 years age impact reported well-being among persons living 100 years and longer.

#### Methods

A total of N = 154 community-dwelling centenarians residing in Oklahoma participated in the study. All participants reviewed and signed a university IRB approved informed consent document. The surveys used were all given by trained members of the research team. First, the participants had to prove that they were cognitively able to complete the instruments by being screened with the Short-Portable Mental Questionnaire. The cut-off score of 4 or less was a recommended standard. Once participants met these criteria, they were asked to complete a one-to-one semi-structured interview with a research team member.

In addition, five primary measures were used to assess participants including: (a) the Brief Trauma Interview (Schnurr, Spiro, Vielhauer, Findler, & Hamblen, 2002) was used to assess participant exposure to traumatic life events, (b) the Older Americans Resources and Services (OARS; Fillenbaum, 1988) self-care capacity scales were used to examine, functional health (c) the Social Provisions Scale (SPS; Cutrona & Russell, 1987) was used to evaluate the extent of socio-emotional resources and connections among participants (d) a 45 item checklist of recently experienced health conditions was used to assess self-reported health status and, (e) the Geriatric

Depression Scale - 10-item form (e.g., Sheikh & Yesavage, 1986) was used to evaluate affective mood state.

### **Results and Discussion**

Results indicated that lifetime trauma involves a “recency effect” among persons living 100 or more years. In other words, lifetime traumatic events occurring after the age of 60 appears to have a unique underlying impact on well-being outcome among persons living 100 years and longer. More recent exposure to lifetime traumatic events involving personal injury accidents, sudden/violent death of family members, major/natural disaster, and lethal/life-threatening illness occur appear to significantly impact the well-being of centenarians. In particular, exposure to such traumatic events are associated with significantly greater self-reported health problems and a more depressive mood state at 100 years of age and beyond. These results appear to be most evident among centenarians exposed to lifetime traumas within the previous four decades of life leading up to one’s 100th birthday.

Results from this study have implications relative to helping practitioners devise comprehensive methods and programs for promoting resilience for long-lived trauma survivors. Some limitations of this study included: (a) all data was collected from single accounts of past events, (b) the sample was conveniently gathered from a unique population and may not generalize across all older adults and, (c) results should be not be interpreted as causation due to trauma but associated influences of trauma.

### **Implication for Extension**

Centenarians are a special population within the increasing group of older adults. They have lived 100 years in Oklahoma and that accompanies all the natural disasters and their personal success and adversities. Yet, results have implications relative to understanding that past life events influence positive quality-of-life for persons living 100+ years.

## References

- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in personal relationships, 1*(1), 37-67.
- Fillenbaum, G. G. (2013). *Multidimensional functional assessment of older adults: The Duke Older Americans Resources and Services procedures*. Psychology Press.
- Oseland, L. M., Bishop, A. J., Gallus, K. L., & Randall, G. K. (in press.) Early and late exposures to trauma and biopsychosocial well-being in centenarians. *Journal of Trauma and Loss*.
- Schnurr, P. P., Spiro III, A., Vielhauer, M. J., Findler, M. N., & Hamblen, J. L. (2002). Trauma in the lives of older men: Findings from the Normative Aging Study. *Journal of Clinical Geropsychology, 8*(3), 175-187. doi:10.1023/A:1015992110544
- U.S. Census Bureau. (2010). Centenarians 2010. *2010 Census Special Reports* (Publication No. C2010SR-03). Washington, DC: U. S. Government Printing Office. Retrieved from <https://www.census.gov/prod/cen2010/reports/c2010sr-03.pdf>.
- Yesavage, J. A., & Sheikh, J. I. (1986). 9/Geriatric Depression Scale (GDS) recent evidence and development of a shorter violence. *Clinical gerontologist, 5* (1-2), 165-173