



by Professor Gordon Parker

mind over matter

The years should not condemn

Childhood trauma has a long-term and devastating impact for an elderly woman.

"We do not grow absolutely, chronologically. We grow sometimes in one dimension, and not in another; unevenly. We grow partially. We are relative. We are mature in one realm, childish in another. The past, present, and future mingle and pull us backward, forward, or fix us in the present. We are made up of layers, cells, constellations."

— Anais Nin

HISTORY

HELEN, in her early 70s, was referred with a "treatment-resistant" depressive disorder, having trialled all antidepressants released in Australia over the past 30 years, as well as numerous other psychotropic drugs.

Symptom review suggested a primary state of "insecurity in life" (not a formal DSM diagnosis), comprising a number of differing anxiety conditions – with depressive symptoms smouldering over the decades and occasionally flaring into moderately severe episodes lasting weeks.

In DSM-IV terms, the review suggested a diagnosis of dysthymia with superimposed major depressive episodes (so called double depression).

THE 'REAL' HISTORY

Asked about her early years, Helen detailed how her mother had left her husband and children for another man. Helen's father had reassured his children that their mother would return from "her holiday".

Over the ensuing years, Helen would sit on the balcony for hours each day, waiting for her mother. Her grandparents, shamed by the event, ignored her.

Fellow pupils and a teacher also played a part in her distress, ridiculing her over her mother's infidelity.

On leaving school, Helen moved to another city and trained as a nurses' aide in a convalescent home, where, for the first time, she experienced some contentment.

In her mid-20s she met the love of her life, but rejected his proposal without offering him an explanation.

She feared that he would one day leave her and, rather than facing such a possibility, she chose to reject him first.

Two years later, complications of an appendectomy led to a hysterectomy, and she knew she would never have children.

In her 30s, she married an uncaring, perfectionistic older man – seeking some security, but receiving cold indifference. He refused to allow her to work.

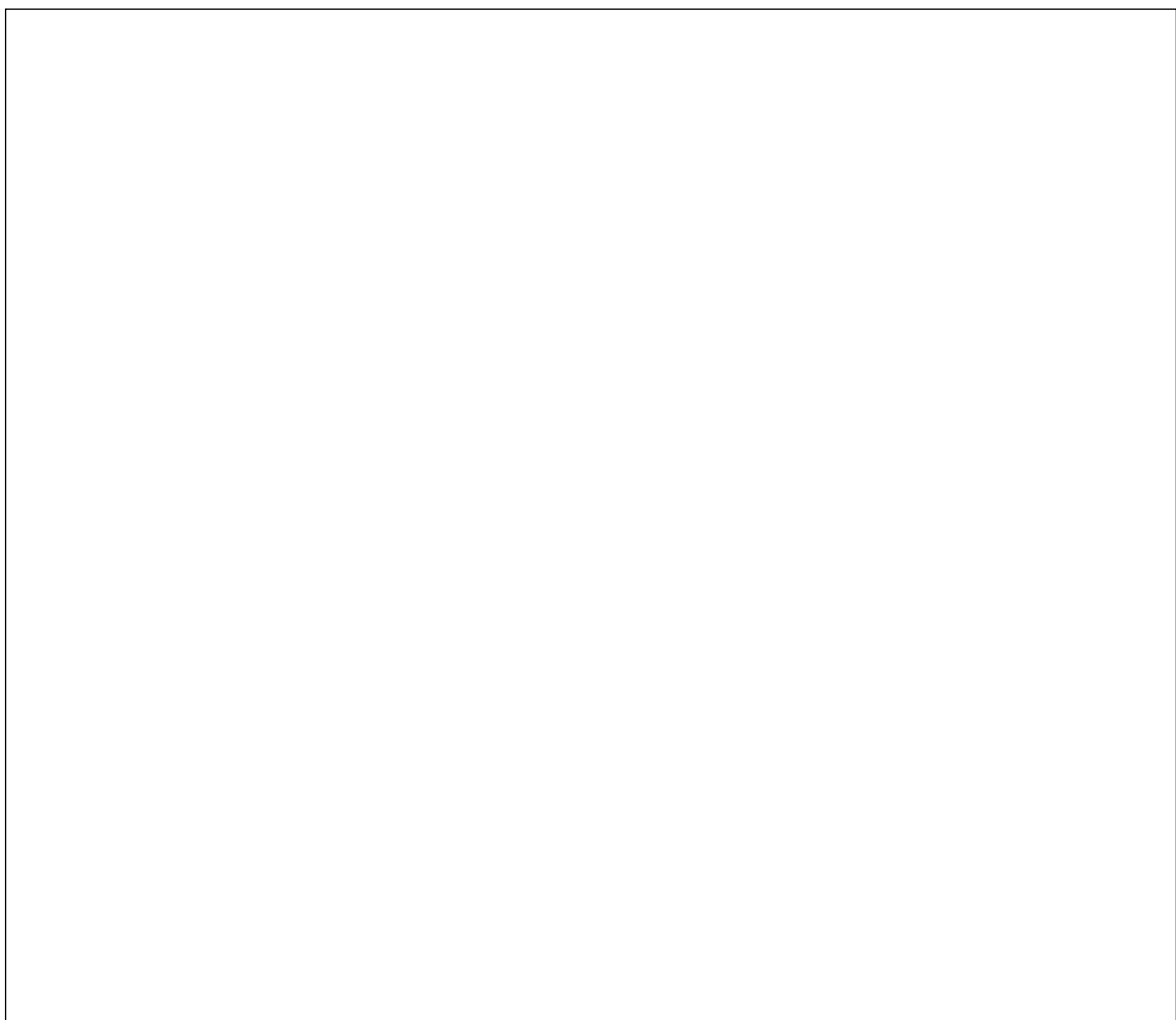
Thus, in essence, the deprivational experiences in childhood, together with her failure as an adult to obtain any support from her partner and a lack of any conduit for her naturally caring personality, contributed to her ongoing sense of meaninglessness – and depression.

She had consulted many practitioners over the years, but pride and deep reserve prevented her from telling her story, with most practitioners tending to trial medication to alleviate her symptoms.

MANAGEMENT

As she did not show any evidence of a primary biological disorder (e.g. melancholia), and as she had not demonstrated any significant response to psychotropic drugs, a treatment-resistant model weighted to physical treatments appeared inappropriate.

First, she needed to tell her story.



Not only did she have to describe the traumatic events of the past, but their immediate and delayed impact needed to be worked through. This clearly involved a significant amount of therapist time, eased somewhat by having her write some of her story between sessions.

This included a letter to her mother letting out her real feelings, knowing that the letter would never be sent, but it would be considered at the next session.

At this session her retributive anger and hurt about abandonment could be discussed.

Secondly, while she had appeared to be blighted at every turn, courage, resilience and great care for others permeated her life story. She needed to have these strengths identified,

nurtured and expressed.

She was encouraged to take on a volunteer role, where her innate capacities were quickly evident, and where she gained distinct personal satisfaction.

Thus, rather than explicitly or implicitly suggesting that she should be reconciled to her fate, a new life role was set as a target.

The elderly are often the most appreciative and receptive

Paradoxically, as time went on, the reconciliation was chosen, but more in peace than as a defeat.

Thirdly, her age requires consideration. It is often assumed that the elderly are resistant to psychotherapy or counselling –

or worse – that other age groups should be prioritised. In reality, the elderly are often the most appreciative and receptive of any age group, whether therapy is brief or extended.

They have a sharp antenna for any subliminal 'there's nothing more that I can do for you' message, and reciprocally, appreciate the chance to review their life's course.

They often present demoralised by a lack of options for the future. Identifying and outlining options may have practical advantages for the elderly, but, more importantly, they appreciate the freedom that comes with choices.

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clinicaltrials

Insomnia studies

THE Woolcock Institute of Medical Research is commencing research studies into a new drug for insomnia.

The studies will investigate whether the drug, which has a similar mode of action to the naturally occurring hormone melatonin, improves sleep if used over a long period

of time, and whether it affects balance and postural stability.

Insomnia is the most common sleep disorder affecting about 30% of the population. At present, people with chronic insomnia can only receive medication for use over a short period.

As part of these trials, researchers will look at the effectiveness and safety of treating

people with chronic insomnia over a seven-month period.

To be eligible for these studies, volunteers need to be older than 18 and to have trouble getting to sleep and staying asleep through the night. They will need to be able to attend the sleep laboratory at the Woolcock Institute, Sydney, and stay overnight, so shift workers will not be eligible.

Study volunteers will have physical examinations and laboratory tests, as well as a medical evaluation of their symptoms and general health.

The study will run for seven months and involve about 480 people from 45 research centres across Europe, Russia and Australia.

To register interest in this study, contact 1800 828 717.