



Longitudinal Urban Cohort Ageing Study

Funding: Bundesministerium für Bildung und Forschung (BMBF)
(Federal Ministry of Education and Research)
BMBF Förderkennzeichen LUCAS-Verbund 01ET0708-12
Universitätsklinikum Hamburg Eppendorf (UKE) (01ET0710)
Summary of the first funding period 01 October 2007 – 31 December 2010

Subproject 4: Psychosocial adaptation and subjective health in older adults with and without displacement after World War II (FORCED)

The current state of science: Recently, in Germany there is keen academic interest in the generation of former second World War children. These people are now over 65 years old and the long-term effects of the 2nd World War (WW) can be investigated.

Aim of the investigation: In subproject 4 of the LUCAS study the long-term effects of war-related trauma on the mental health are studied in displaced and non-displaced persons of the 2nd WW. The influence of psychological factors on the construct of "frailty" is investigated in the overall study.

Methods: Quantitative and qualitative methods were applied. The quantitative questionnaire captured aspects of mental and physical health, the use of medical care services, the psychosocial environment, and aspects of biographical events and their consequences. The qualitative approach consisted of a semi-structured interview focusing on the biography of the subjects, especially childhood and youth during World War II with a focus on flight and displacement experiences in the sample.

Results: It was shown that displaced people have a higher level of traumatic experiences and perceive more psychological distress. Displaced people consider their health worse than non-displaced and indicate more chronic conditions. No differences were found regarding the cognitive performance, social integration and the perceived quality of life of displaced and non-displaced people.

Conclusion & applications: The focus on the events flight and displacement during and after the 2nd World War showed to be important towards the psychological health of participants. The biographical aspect of this study was very well accepted by the participants. The need for processing and analysis of the individual history is part of the second granted period of this study. Therefore, a biographybased writing intervention with a control group design is planned and will be implemented.

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Ernst-Moritz-Arndt-University Greifswald (01ET1002B)

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Subproject 4:

Prevention of frailty in older adults through autobiographical narrative intervention (BIOGRAPHIE)

1. State of the art: Previous studies have shown that older people have a strong need for autobiographical narration. There is a close connection between biographical events and health outcomes. Reflecting one's life can have positive effects on self-reported health in old age.

2. Aim of the study: The current study examined the effects of an autobiography-based intervention on health status, frailty, and other psychological health outcomes (such as quality of life, social support, resilience) in older adults. It is hypothesized that the biography-based interventions have positive effects on the frailty-status.

3. Methods: The study is designed as a prospective, controlled intervention study and includes four measuring time points (pre-, post-intervention, 3 and 9-month follow-up). The intervention compares different modi of autobiographical narrative: structured vs. free writing, diary, and oral narratives with a control group. The intervention was conducted in two study centers (Hamburg, Greifswald).

4. Results: The interventions, biographical writing / narration and diary led to an improvement of the various outcome variables. Based on all study participants a short-term improvement in quality of life was seen. There were no significant benefits of oral or written biographical conditions compared to the daily writing. Both groups showed positive short-term effects on quality of life, depressive symptoms and self-efficacy. Though there are no significant differences, there are considerable effects of the intervention on frailty.

5. Conclusions: In summary, it was found that older people without clinical mental illness benefit from a biography-based intervention, regardless of whether the entire life or the daily life is reflected over several weeks. There was an improvement in various health outcomes that are further analysed in connection to frailty. In this study, no adverse effects of the biographical procession, such as trauma reactivation were found. The strong commitment of the participants in the intervention groups indicates a strong desire to tell their own life story.

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