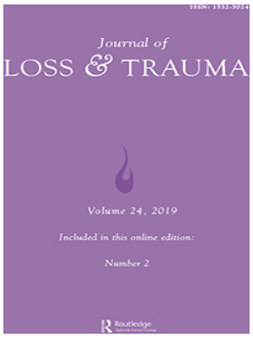

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Coping Styles and Aggregate Coping Styles: Responses of Older Adults to a Continuous Traumatic Situation

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ABSTRACT

The current study examined the coping styles of older adults in a continuous traumatic situation. We explored subjective descriptions of coping behavior during wartime among three focus groups with 43 participants. The findings suggest that, when older adults face threat situations, they use a variety of coping styles simultaneously. Most of the participants used a combination of two coping styles. The use of multiple styles and the absence of a single dominant one are indicative of the flexibility of self in old age, and point to the potential of older persons as an important resource for the community and society at times of threat.

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Continuous traumatic situation; coping style; older adults; trauma; war

Comparative studies conducted among older adults have revealed inconsistent findings regarding their responses and preferences for coping with trauma-related stress (Clapp & Beck, 2012; Hansen & Ghafoori, 2017). The findings oscillate between those showing that older adults are more vulnerable than younger people (Carballo et al., 2004), and those showing that older adults are more resilient to symptoms of illness and are less afraid, desperate, and worried than younger people following traumatic events (Norris et al., 2002). Others have argued that the responses of the aging population are no different from the responses of other populations (Bleich, Gelkopf, Melamed, & Solomon, 2005; Kohn, Levav, Garcia, Machuca, & Tamashiro, 2005). These contradictory findings raise questions about the ways that older adults adapt to adversity and how they perceive and manage continuous threat situations.

Based on Lazarus and Folkman's transaction theory (1984), and in light of gerontological studies (Aldwin, 2007; Eisenbarth, 2012), we argue that in order to understand the strategies for coping with a traumatic event, it is necessary to consider the dual role of the nature of the event and the coping resources that shape individuals' appraisals of the situation, as well as the cognitive and behavioral means by which they manage the situation,

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change themselves, or change their environment (Böttche, Kuwert, & Knaevelsrud, 2012; Folkman & Lazarus, 1988; Whitbourne & Whitbourne, 2014). These cognitive and behavioral means, which are also defined as coping resources, are internal as well as external. According to the literature, *internal resources* include the way one assesses or thinks about an event, one's exposure to previous events, and personality components. *External resources* are the systems surrounding the individual, that is, community or state systems, as reflected in the extent to which they offer and supply social support services and assistance during the period of adversity (Folkman & Lazarus, 1988; Hobfoll, 1998; Smyer, 1995; Ungar, 2006, 2011). Coping strategies are characterized as dynamic responses to specific situations, where an effort is made to reduce or avoid the effects of a stressor. This can be done by regulating distress (emotion-focused coping), or by self-managing the problem that causes distress through information seeking or action-oriented tasks (problem-focused coping; Carver, Scheier, & Weintraub, 1989; Chung, Werrett, Easthope, & Farmer, 2004; Lazarus & Folkman, 1984). Both emotion-focused coping strategies and problem-focused coping strategies involve attempts to change the external source of stress, and are often considered to be functional or adaptive for maintaining well-being (e.g., Carver et al., 1989; Lazarus, 2001).

Research findings have shown that all of these resources usually contribute to better coping with threats, including continuous threat situations (Mancini, Prati, & Black, 2011). Overall, the findings of research attempting to understand constructs that contribute to age differences in managing distress related to trauma are inconsistent, and range from no differentiation to a significant impact for older adults as they age (Böttche et al., 2012; Chung et al., 2004; Clapp & Beck, 2012; Lohr et al., 2015), particularly among older adults in continuous traumatic situations (Dekel, Mandl, & Solomon, 2011; Regev & Nuttman-Shwartz, 2016). As such, the first aim of the current study was to explore ways of coping among the older population living in a continuous traumatic stress situation.

Ways of coping and continuous traumatic situations

Ways of coping are basic units designed to capture how people respond to real-life problems (Skinner & Zimmer-Gembeck, 2007). Although this is a well-known concept, the question of how elderly cope and what constitutes a good way of coping is still subject to debate (Eisenbarth, 2012; Regier & Parmelee, 2015). Studies on the coping styles of older adults have indicated that direct coping (problem-focused coping) enhances elderly people's sense of personal well-being, and improves their mental health as well as their ability to cope with stressful situations. In contrast, emotion-focused coping

has been associated with negative effects, especially decreased coping abilities (Nunes, Melo, Silva, & Carmo, 2016). Other researchers have shown that, as people grow older, their coping style becomes more adaptive and they even combine different coping strategies (Diehl et al., 2014; Molton et al., 2008; Nunes et al., 2016; Regier & Parmelee, 2015). Those studies have mainly focused on developmental stressors or individual stressors, usually isolated events that can be as mundane as being stuck in traffic, or life-altering events such as chronic pain or divorce (Segal, Qualls, & Smyer, 2011). A unique stress situation is exposure to war and terror, or living with an ongoing security threat.

Several studies have attempted to capture the uniqueness of those situations, and to explore how older adults cope with such adversity. Findings have revealed that continuous exposure to threat generates stress, which threatens the residents' emotional state, affects their sense of physical and emotional security, and can cause adjustment difficulties (Bayer-Topilsky, Dekel, Itzhaky, & Marmor, 2013; Bleich et al., 2005). Other studies (Dickstein et al., 2012; Gelkopf, Berger, Bleich, & Silver, 2012; Palgi, Shrira, & Shmotkin, 2015b) have shown that older adults are able to deal effectively with a one-time or short-term traumatic event, but find it more difficult to do so under conditions of ongoing stress. Kimhi, Hantman, Goroshit, Eshel, and Zysberg (2012) and Nuttman-Shwartz, Dekel, and Regev (2015) examined elderly people living in a situation of continuous war. Those studies revealed that more of the elderly participants reported posttraumatic stress disorder (PTSD) and posttraumatic stress (PTS) symptoms as well as lower levels of recovery than did younger persons living in a continuous traumatic stress situation. In the same vein, Palgi, Gelkopf, and Berger (2015a) claimed that age is a risk factor for developing PTS symptoms under prolonged exposure to rocket attacks.

Given the lack of the empirical data on ways of coping among elderly persons living in a continuous traumatic stress situation, the second aim of the present study was to explore the variety of coping styles that older people use in the face of an extreme threat to their safety during wartime.

The research context

Since 2001, the Western Negev in the southern region of Israel has been the target of continuous, intense missile attacks. In the summer of 2014, a war broke out between Israel and Hamas. During the hostilities, known in Israel as Operation Protective Edge, the local population, including elderly people, became exposed for some 50 days to a barrage of missiles and mortar shells. Most of the elderly residents in localities near the war zone decided not to leave their homes, whereas the majority of young families

with children left for more quiet regions of the country. In light of this situation, we sought to conduct a psychological assessment and hear the voice of the elderly people who remained in their community despite the adversity. Specifically, the elderly people's decision to remain at home during the difficult days of the war raised the question about the coping styles that enabled them to stay. As such, the present study was designed to gain insights into the internal world of the participants, by exploring their subjective descriptions of the coping behavior they adopted during wartime.

Method

Data were collected in three semistructured focus groups held in September and October 2014, in the aftermath of the war. Focus groups are considered a comprehensive, effective, and economical data collection method (Kitzinger, 1995). The groups were conducted in two rural communities and at the regional center for the elderly. Sessions lasted 2–3 hr. The first focus group meeting lasted almost 3 hr due to the large number of participants. The second and the third group meetings lasted about 2 hr. The researchers prepared a manual for conducting the groups, which consisted of several questions. The questions were similar for the participants in all three of the focus groups. First, the participants were asked to describe their experiences during the war. Then they were asked about their decision to stay or to leave their place of residence. They were told by the researchers that they could react to one another's stories and add to their own story later on. The group sessions were conducted in Hebrew. They were recorded, transcribed, and translated into English.

Participants

The sessions were attended by 43 participants aged 65 and over; 29 of them (67%) were women, and 14 (33%) were men. All of them were permanent residents of the region. The majority (42) were living independently at home, except for one participant who was accompanied by an aid-care worker. The first group was attended by 25 participants, of whom 16 (64%) were women; in the second group, all 9 participants were women, and of the 9 people in the third group, 4 (44%) were women.

Procedures

Written invitations to an open meeting were distributed by workers in the regional welfare department to all of the elderly residents of the rural localities in the region. Participants were notified that the meetings would be recorded for accurate documentation and for future learning.

The researchers came to the meeting, introduced themselves, and described the aim of the meeting and their research. They invited the staff members to participate in the study, and asked for permission to record the group sessions.

Following this explanation, the focus groups began. Both researchers facilitated the first two sessions, and the second one facilitated the third session. The researchers are social workers: One is an expert in the field of aging, and the other is an expert in the field of trauma. Both of them are expert professionals, who are familiar with the people in the region. The authors were careful to ensure that all of the interviewees had an opportunity to express themselves to a reasonable extent (this was mainly important in the first groups, due to the number of the participants who attended the meeting).

Ethical considerations

The researchers requested approval for the study from the regional welfare department. All of the participants voluntarily consented to participate in the meetings and in the study. The social workers and welfare workers explained the aims of the study, and distributed written invitations to the participants. The results were also shared with the participants. Confidentiality was maintained by changing the participants' names in the reports and anonymously presenting their descriptions.

Data analysis

The researchers conducted deductive content analysis of the transcribed session, which included an examination of the coping style categories. In the process of deductive content analysis, we created a matrix of three categories—in this case coping styles—and entered the data according to the three categories based on Carver's ways of coping model (Carver et al., 1989; Elo & Kyngäs, 2008; Graneheim, Lindgren, & Lundman, 2017). Specifically, following data collection, a four-stage procedure began (Bengtsson, 2016). Stage 1: Each of the researchers read the transcripts of the focus groups several times. Stage 2: The researchers created a list of what each of the 43 participants had said, according to the procedure suggested by Charmaz (1995). Stage 3: The researchers searched for coping themes mentioned by each participant, which were grouped into three clusters of coping styles: *problem-focused coping,* that is, an attempt to control or manage the problem or the cause of the problem in a cognitive or behavioral way; *emotion-focused coping,* that is, an attempt to regulate annoying emotions; and *dysfunctional coping*, which refers to negative

Table 1. Frequencies of coping styles: Single-style versus clusters of coping styles.

Type of coping style	Dysfunctional	Emotion-focused	Problem-focused	Total
One style only	8	3	2	13
Two styles: 1 + 2 (dysfunctional + emotion-focused	9	9	–	9
Two styles: 2 + 3 (emotion-focused + problem focused	–	12	12	12
Two styles 1 + 3 (dysfunctional + problem focused)	5	–	5	5
All three styles 1 + 2 + 3	4	4	4	4
Total				43

reactions or avoidance that hinder one's ability to cope with a problem or its cause. Stage 4: The researchers mapped and summarized each participant's coping style, noting whether the participant used a single style or a combination of two coping styles. In the latter case, the combined styles were noted. (See the summary of results in Table 1).

The two researchers then conducted separate comparisons of the coping styles that emerged from the analysis. Both of their analyses showed a high level of matching, with differences in interpretation. For example, one of the women said: "We have to do some serious self-reflecting. We may have been wrong in the way we handled things here. I'm worried about everyone who decided to leave." One researcher saw this statement as an expression of active coping, whereas the other viewed it as an expression of emotion-focused coping. Another example: "In our community, there was a spirit of involvement and mutual assistance. The war room was above and beyond anything else; it was heartwarming. Members helped with cooking and baking. It was important to be active." Here, too, the researchers adopted different perspectives, as they had done in the previous example. Following these differences of opinion, they discussed their interpretations, and the few points of discrepancy related to a combination of two and sometimes three styles. In our view, these comparisons represent a cross-validation of our major clusters, and thereby enhance the reliability of our findings. Moreover, in order to enhance the reliability of the findings, the statements were presented to the participants, whose feedback and critique were taken into account in formulating the final conceptualizations, which will be presented shortly.

Rigor

In order to maintain an objective, inquisitive, and unbiased attitude (Finlay, 2009), the researchers had not been acquainted with the participants prior to the study. In addition, the researchers used a manual to help them stay focused on the subject during the groups (Patton, 2015), and they used Carver et al.'s (1989) COPE inventory for the analysis (p. 278).

Results

The findings will be presented by type of coping style, and will include excerpts of the participants' statements. As can be seen in Table 1, 13 participants used only a single coping style, as reflected in their descriptions of their experiences during the war. Of those who used a single coping style, 8 had employed a *dysfunctional style,* and expressed difficult emotions and problems with coping. This group's descriptions of their war experiences were negative in comparison to the others, and they had also decided to leave their place of residence during the war period.

Using a single coping style

One female participant cried as she spoke:

> *I went to Berlin with my husband and daughters. I had no idea what I'd see when I got back. My resilience just cracked.*

Another female participant said:

> *I couldn't do a thing. I found myself under the table. There's no intimacy. No marriage. My body was constantly reacting to stress. I was jumpy the whole time and my kids said, "Mom, you're posttraumatic."*

A male participant talked about experiencing "terrible fear":

> *I felt like I'm on a volcano. I began to doubt whether the protected area at home really helps. I was scared, and I didn't leave home.*

His words focused on venting emotions that are part of the dysfunctional cluster (Carver et al., 1989).

Another female participant recounted:

> *About four or five years ago [in 2008], Jimmy [a kibbutz member] was killed. I've been terrified ever since. I jump at any noise. The [missile] noise bothers me, causes me mental harm. I went to see a psychologist and she convinced me that I'm normal.*

The researchers also classified her words as focusing on venting emotions. Only two participants adopted the emotion-focused cluster as a single coping style. One of them said:

> *I have many grandchildren; they called every day and asked me to come* (seeking social support for emotional reasons).

The same woman said later on:

> *I want to bridge between the generations. I believe in bridging* (positive reinterpretation and growth). After that she added:
>
> *I used to work in the garden. It is a beautiful place, and I prefer to die in this beautiful place [the garden]* (positive reinterpretation and growth).

Two participants adopted the problem-focused cluster as a single coping style. An example of this coping style was found in one female participant's statement:

> *I lay down; put my hands on my head. I tried to remain calm. I was not afraid when I was on my way to the public dining room. I calculated how to arrive at the shelter if I hear the alarm* (active coping and planning).

Using multiple coping styles

As can be seen in Table 1, the majority of participants ($n = 30$) used more than one coping style simultaneously. The finding indicates that the most prevalent combination was emotion-focused and problem-focused coping. This combination was used by over 25% of the participants ($n = 12$).

One female participant mentioned the combination of these two styles. First she said:

> *During the entire war I was with the emergency team and I had things to do—visit, care. We called every day, and that made it easier for me.*

The researchers grouped this statement with the problem-focused style. Then she added:

> *It's hard to fully digest what happened here. In my mind I saw two trains running on parallel tracks that are about to collide.*

The researchers grouped this statement with emotion-focused coping. Another woman said:

> *I was busy meeting friends in the community, I was creative, read, and watched movies* (problem-focused style). Then she added:
>
> *We have to do some serious self-reflecting. We may have been wrong in the way we handled things here. I'm worried about everyone who decided to leave.*

The combination of these two styles was repeated by other participants. One of them said:

> *Both gardeners left the area. I understood that I would have to do the gardening. I lay down on the lawn when there were sirens—but the work needs to be done.*

This is a clear expression of active coping. Right afterwards he added: "When people return, they need to see that they have a place to come back to." These statements reflect the emotion-focused cluster, and are a mainly a way of positive reinterpretation *of the situation*.

The least prevalent aggregate was the combination of dysfunctional coping and problem-focused coping, which was adopted by only five participants, perhaps because of the contradiction between the two styles. The findings showed that all of the participants who used this combination had

experienced or were experiencing a previous traumatic event, and used this experience to explain their dysfunctional style.

One male participant said:

I felt helpless, I couldn't do a thing. Unfortunately, during the war I went through a very rough period. My son passed away (dysfunctional focus on emotions and venting emotions).

However, he also said:

The way the community organized was outstanding. They helped me during this time, brought meals, and helped with all of the arrangements (problem-focused style, seeking social support for instrumental reasons).

A female participant said:

I had a hard time. I'm a Holocaust survivor. I lost my husband three years ago. I was very scared (dysfunctional).

But she also said:

You pull through. Instead of crying I opened the door, I found my strength (problem-focused style).

Another female participant said as she wept:

I didn't eat. I lost weight. It was like a slap in the face (dysfunctional behavioral disengagement).

But she also said:

I helped my daughter by taking care of the grandchildren (problem-focused style, active coping).

The second frequent combination was dysfunctional and emotion-focused coping. This combination was used by nine participants, who expressed functional as well as emotional difficulties. Unlike the previous examples, where the emotion-focused coping style also included positive emotions, here it had negative and at times even fatalistic implications.

One female participant said:

When they found the tunnel that had been dug not far from us, I was in a state of deep anxiety, real panic. I needed psychological help. My home was threatened. It was silent as a graveyard here, and I needed tranquilizers.

Her words express a dysfunctional coping style, which was blurred with an emotion-focused style that includes seeking emotional support. Later in the group session the same woman said:

Everyone around helped me a lot. There was a feeling of solidarity, and it really helped me.

Another female participant said:

Every time I hear something it sets me back, and it's very difficult.

Her statement reflects the dysfunctional coping style, as expressed through a focus on venting emotions.

However, she also said: "Sometimes it helps when I talk." This statement reflects the emotion-focused cluster, and allude to the need to seek social support for emotional reasons.

Her friend added:

I preferred to be at home, but it was very hard for me. I have no support. I was afraid. Whenever there was a siren I left [my house] and went to friends and neighbors. I wanted people to be with me. I felt alone.

Here, too, the participant mentioned a combination of two clusters: On the one hand, her coping behavior focused on her feelings of distress and tension. On the other hand, her statement highlights a desire for social support, understanding, and empathy.

The participants' most positive descriptions of their life during the war were expressed in a combination of emotion-focused and problem-focused styles. In fact, most of those who used one of these styles also used the other. Many of the participants who used both the emotion-focused and problem-focused styles either did not express a sense of fear or described ways in which they overcame their sense of fear (emotion-focused style) and took action (problem-focused style, especially active coping).

As one of the men said:

I'm not afraid. What I went through in 1973 [the Yom Kippur War] made me resilient. I'm optimistic about the future. We'll get through the crisis (emotion-focused style, positive reinterpretation and growth).

He also commented:

What helped me was that I had a task to fulfill. I accompanied English-speaking journalists who'd come here (active coping).

Another female participant said:

I have faith that there's a power that helps us. Right now, our village is focusing on receiving new young members, and I believe that the day will come when things will be good here (emotion focused).

She further stated:

Being active helps me: cooking, baking cakes for neighbors. . . . There was involvement and wonderful mutual help.

Another male participant said:

When the sirens went off we hid under the beds. So there was a man under the bed (smile). Better to be here than to go away (emotion-focused with use of humor).

He added:

I worked in the field even during those days (problem-focused style).

Discussion

The findings presented here point out that in order to adjust to situations of ongoing danger and adversity, the majority of elderly participants tended to use a variety of coping styles simultaneously, including contradictory styles. This finding contradicts the few studies that have examined coping throughout the life cycle, particularly those that have focused on the stage of late adulthood. Notably, these studies argued that elderly people prefer to use one coping style that is usually part of their personality attributes and remains stable throughout the life span (Eisenbarth, 2012). Our unique finding might be related to the specific situation of the participants, who live in a region characterized by a continuous traumatic reality and who faced an extended period of war. This kind of situation leads not only to high levels of tension and distress, but also poses challenges for the residents. In that situation, long-term coping may have required them to use several coping styles simultaneously. These findings highlight the need for a new conceptualization that reflects the complex combination of coping styles.

These results can also be explained by the dynamics of the self in old age, which often reflects an inner dialog among various parts of the self that allows for contrasting behavioral expressions, and is in the line with the term *possible selves* (Marcus & Nurius, 1986). This term is the basis for understanding the complex ways that elderly people perceive themselves at times of threat and loss. This complexity determines the elderly people's perceptions of their self and their ability to create a mosaic of multiple coping styles that results from changing circumstances, as described by Ryff and Marshall (1999). In the same vein, Diehl, Coyle, and Labouvie-Vief (1996) claimed that combined coping styles are indicative of older people's greater mastery of urges and more efficient management of conflict situations. These explanations may provide the rationale for the way the older people handled themselves during the war. In contrast to the younger generations, they chose to stay at home and continue their daily routine, and they even maintained their routine of community activities.

In addition, our results indicate that the older participants' simultaneous use of several coping styles in situations of ongoing threat attests not only to the flexibility of self but is also consistent with the concept of *a-integration* (Lomrantz, 1998). This concept reflects the ability of elderly people to contain contradictions, contrasts, and ambivalence of thoughts, emotions, and behaviors as they grow older, which they can implement at times of ongoing adversity. As such, based on Marcus and Nurius (1986) and Lomrantz (1998), the current research findings regarding aggregate coping styles indicate that the older participants employed an adaptive coping

strategy during the war, and after decades of being exposed to a continuous traumatic situation (CTS).

Nonetheless, about one-fourth of the participants in the study (13 interviewees) used only one coping pattern. Of those, eight participants used a dysfunctional pattern. Concomitantly, this group of participants expressed difficult personal feelings: helplessness, inability to function, and revisiting earlier traumatic events. Accordingly, it can be concluded that this was a group at risk, and it is possible that the past events made them more vulnerable. It is also possible that the current events combined with past events, which caused the participants to recall earlier traumatic experiences and restricted their use of coping styles in addition to harming their ability to cope with a situation of war (Ayers, Copland, & Dunmore, 2009; Morris, Kouros, Fox, Rao, & Garber, 2014). Another possible explanation is based on personality theories, which argue that the tendency to recall negative events is a personality trait of these individuals, and accompanies them throughout their lives. Thus, the theories that assume it is possible to identify continuity and permanence in coping are supported with regard to this group of participants.

The present study confirms previous findings, which indicate that using a dysfunctional coping style increases the vulnerability of older adults (Kraaij, Pruymboom, & Garnefski, 2002; Yu, Xu, Chen, & Liu, 2016; Ziarko, Mojs, Piasecki, & Samborski, 2014). The elderly participants' descriptions of their behaviors during the war reflect feelings of helplessness as well as behavioral and mental disengagement, which are typical of the dysfunctional coping style. The use of this coping style and the distress expressed by those who used it may also be explained by the prominence of previous stressful events, which are manifested by repeating stories of past traumatic events such as memories of the Holocaust, the death of a spouse, and the death of a child in the community who was hit by a missile. Past traumatic events are stressors that affect the ability of individuals to cope with present-day events (Aldwin & Yancura, 2010; Nuttman-Shwartz & Shoval-Zuckerman, 2016).

As mentioned, most of the participants showed a combination of two coping styles. The findings reveal three combinations. Twelve participants combined emotion-focused coping and problem-focused coping. These participants also expressed positive feelings, future thoughts, and personal satisfaction together with practical solutions, which mainly included social and communal activity as a means of dealing with the stress situation (e.g., "People who come here [after the war] will see that they have a place to come back to"). This finding is quite surprising, because studies have indicated that the emotion-focused coping style was associated with negative effects (Nunes et al., 2016). Therefore it seems that the ability to oscillate

between two coping styles creates different outcomes, which are expressed by optimism and a sense of capability.

A close look at the participants' ways of coping sheds light on their ability to be active and to take responsibility in the community, as well as to allow themselves to express emotions. This way of coping may have helped them stay in the war zone, and may also reflect a sense of collective efficacy, which was found to reduce stress in addition to increasing social cohesion, mutual assistance, and feelings of mutual trust at a time of war and adversity (Heid, Pruchno, & Cartwright, 2017; Regev & Nuttman-Shwartz, 2016). Moreover, the members of this group expressed optimism; they were able to construct scenarios for the future and talk about how their community will become stronger after they have passed through the rough period. They also used humor as they expressed worry, anger, and self-reflection at the same time.

Thus, for example, the roles that some of the participants played in the emergency team (the team that helps community members by disseminating information), as well as their roles in supporting the members who remained or moved away from the community, maintaining the gardens, and providing information, were of great significance to them during the war period. These activities highlight the importance that older people attribute to having meaningful duties in situations of threat, which enable them to contribute to the community as a whole. The second-largest group, which consisted of nine participants, was found to combine two coping styles: dysfunctional coping and emotion-focused coping. Comparison of the research groups reveals that this group was most vulnerable. The combination of these two coping styles was accompanied by negative and even fatalistic emotions, which were mixed with functional difficulties. The process of combining those two coping styles did not seem to have advantages. Nevertheless, it reflects the fluidity of coping styles and the flexible self in late adulthood.

The third group, which consisted of five participants, used a combination of the dysfunctional and problem-focused coping styles. All those who used this combination had experienced or were experiencing a previous traumatic event, and used this experience to explain their dysfunctional style. However, unlike the previous group, which used the dysfunctional and emotion-focused coping styles, the participants in this group also described solutions and active (problem-focused) coping. They were also less desperate and helpless than those in the previous group (which use a combination of dysfunctional and emotion-focused coping styles). Thus, it seems that the use of problem-solving coping alleviates the severe impact of the dysfunctional cluster.

Before concluding, several limitations of the study should be mentioned. The elderly participants do not reflect the residents of all of the localities in

the region. In addition, they were quite heterogeneous in terms of their age distribution, which covered a wide range of older participants between 65 and 90 years of age. In addition, the use of focus groups instead of individual interviews was due to immediate postwar needs. As a result, the first group consisted of a large number of participants. In light of this situation, the researchers extended the duration of this focus group in comparison to the other two groups, in order to enable each of the participants to share their thoughts and emotions. Owing to the lack of a control group, the results presented here are preliminary, and largely rely on differences in the behavior of the younger and older generations with regard to remaining in the war zone or leaving.

Notwithstanding these limitations, the findings of the current study make an important contribution to understanding the intrapersonal and interpersonal ways of coping that characterize elderly people at times of war and in continuous threat situations. Moreover, the findings indicate that coping patterns are more complex and flexible when a person reaches old age and faces a war situation. This complexity forces them to take their life stage and the traumatic situation into consideration. Hence, it would be worthwhile to conduct further research in order to examine whether aggregate coping styles are a new way of coping, and whether these coping styles derive from one's developmental stage and from intergenerational differences, or whether they are a personality attribute.

To conclude, the present study sheds light on coping styles and on combinations of coping styles used by elderly residents of a war zone in continuous threat situations. The study revealed that over the lifetime, elderly people develop flexibility and are able to use a variety of coping styles, including aggregate coping styles that help them cope with CTS and extreme war situations. This ability is an important resource for the elderly people themselves as well as for their families and their community. In this respect, the prevailing view of elderly people as a distressed and vulnerable population that needs help and support should be reassessed. As such, it is possible that older people may be a harbinger of new possibilities, and that they can have a beneficial impact on younger groups, communities, and societies at times of adversity, in addition to serving as an effective resource in routine situations. In conclusion, the time has come to view older people as a significant asset to their community.

Notes on contributors

Dr. Irit Regev (PhD, MSW). Dr. Regev is a lecturer at the Department of Social Work at Sapir Academic College. Dr. Regev established and manages the Tzmatim Institute–Consultation for the Aged Population and Their Families. Her work includes consultation and short-term interventions with individuals, families, and groups. Dr. Regev's

work focuses on understanding and consulting multigenerational families during transitions and loss. Her main research interest is in the area of intergenerational relations in later life and the implications of traumatic events on older adults and the family. Present research is a study on "The Psychosocial Effects of Exposure to Acts of Terror on Elderly People."

Orit Nuttman-Shwartz (PhD, MSW, and GA). For over two decades, Dr. Nuttman-Shwartz has been conducting research on various topics related to personal and social trauma, particularly trauma resulting from continuous exposure to missile attacks. These studies have been conducted among various age groups including aging populations and in different types of communities. In addition, Dr. Nuttman-Shwartz has examined the implications of traumatic events for providers of assistance and for organizational and educational systems (e.g., research on exposure of students, researchers, therapists, clients, and family members to shared traumatic reality). These studies have yielded 70 academic publications in leading international and local journals and in book chapters, which reflect her professional contribution. Since 2011 she has also served as the chairperson of the Israeli National Council for Social Work. In 2014, she was awarded the Katan Prize for Academic Scholarship in Social Work, and in 2016 she received an award of distinction for her groundbreaking efforts to integrate academic work and work with needy communities.

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