

Aging in a Hostile-World: Resilience or Vulnerability?

An investigation of physical and mental functioning in the aging process of people in poverty, people with physical disability, bereaved parents, and gays

Based on a study funded by Israel Ministry of Science

Monday, 3 July 2017, Tel Aviv University

Abstracts of the conference lectures

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Abstract of the lecture in the conference:

The pursuit of happiness in a hostile world along adulthood and old age

Prof. Dov Shmotkin

Scholars, all along history, have traditionally regarded human happiness and human suffering as dichotomous entities, often depicted in opposite terms such as good versus bad fortune, blessing versus curse, heaven versus hell. It is puzzling to see this separation also at the scientific level, as in the apparent conflict between two prominent bodies of psychosocial research. The first one encompasses a multitude of surveys worldwide, demonstrating that the majority of respondents report higher than medium levels of subjective well-being. As conveyed by the intriguing title “Most people are happy” (Diener & Diener, 1996), happiness indicators prove to be high enough even among people in disadvantageous conditions such as those who are old, poor, disabled, or have endured severe misfortunes. When the concept of happiness is not conceived in terms of satisfaction and pleasantness, but rather as positive meanings that people attribute to their lives, most people indeed prove to adopt benevolent assumptions about themselves and their world. The other body of research, subsumed under the title “Bad is stronger than good” (Baumeister et al., 2001), indicates that undesirable, harmful, or unpleasant outcomes in life have a greater impact than desirable, beneficial or pleasant ones. Thus, the effects of loss, failure and punishment are not easily counteracted. Moreover, traumatic, and otherwise adverse, experiences may produce long-lasting distress and damage that may even perpetuate their harsh

impact all through life. How then can most people be happy if the bad in their lives is stronger than the good?

The studies reported in this conference address these divergent messages through a unifying conceptual model, entitled *the pursuit of happiness in a hostile world* (Shmotkin, 2005, 2011; Shmotkin & Shrira, 2012, 2013). Adopting a dynamic and dialectical viewpoints, this model asserts that people are constantly immersed in ever-active interactions between happiness-promoting systems (notably *subjective well-being* and *meaning in life*) and the *hostile-world scenario*. The hostile-world scenario designates an image of actual or potential threats to one's life or, more broadly, to one's physical and mental integrity. Every individual has in mind such an image of threats, which practically constitutes a system of self-beliefs about possible catastrophes and inflictions, such as accidents, violence, natural disasters, wars, illness, abuse, breakup of close relationships, loss of beloved ones, aging, and death. An essential function of the happiness-promoting systems is to regulate, or else to reconstruct, the hostile-world scenario, so that individuals can maintain a favorable state of mind, and still, at the same time, keep vigilant to major threats that may come about. Nevertheless, in certain severe circumstances, these adaptive arrangements may fail, as when the individual's hostile-world scenario is aggravated up to the notion of living a disastrous life, or, oppositely, is shut down and leaves the individual recklessly blind to imminent dangers.

As illustrated in this lecture, an array of empirical studies, both published and yet unpublished, have tested the compositions of the hostile-world scenario as well as major propositions ensuing from this conceptual model. Notably, these studies have delineated certain psychological mechanisms by which the model's components (the happiness-promoting systems and the hostile-world scenario) seek to reach an adaptive balance in volatile life conditions. Thus, in case of an overly activated hostile-world scenario (as in the face of danger or distress), subjective well-being and meaning in life may act as *complementary* systems (amplifying each other by a higher-than-normal correlation between themselves) or *compensatory* systems (when either one is low, the other one takes a more active role in relating to adaptive functioning). Such dynamic mechanisms ameliorate the apparent contradiction between the intimidating and merciless world represented by the hostile-world scenario on the one hand, and people's efforts to sustain generally happy and meaningful lives on the other hand. Also, various studies have explored a variety of sub-populations, whose happiness, as well as their hostile-world scenario, may have been altered, or disrupted, by exceptional life experiences.

In the current conference, we present a broad investigation focusing on older adults (aged 50 and above) living under the burden of trauma or social pressures. Presumably, getting older accentuates self-beliefs concerning actual or potential threats, and hence strengthens the salience of the hostile-world scenario. Nevertheless, older adults largely succeed in living normal lives at a period of functional decline and loss. Yet, the reported investigation aims to further examine particularly challenging trajectories of aging, where the ability to pursue happiness in a hostile world becomes an acute test of resilience, or rather vulnerability. The choice of the sub-populations for the current investigation was not random, as they represent human challenges of broad existential significance. While the conference’s time limit allows a presentation of only selected results, the investigation’s reports offer a fruitful opportunity to discuss the underlying conception and the emerging findings.

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Presenting the study's results

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Older bereaved parents

The current study focused on older bereaved parents who lost their child in an accident or a disease, rather than in armed-forces service, terror attacks, or suicide. Snowball sampling approach was applied whereby potential participants were identified by older bereaved parents who had participated in the study. The reluctance of several older bereaved parents and organizations that work on their behalf to cooperate with the researchers may point to a prevalent coping style among bereaved parents who choose to avoid social exposure (Dr. Irit Bluvstein addresses this issue in the current conference).

In order to characterize older bereaved parents and identify mental-health concomitants among them, statistical analyses were conducted in a sample of 116 older bereaved parents who participated in the current study. Most of them (73.7%) participated in a face-to-face interview, and the rest filled-in online questionnaires via computer or mobile phone. Their age ranged from 48 to 93 ($M = 64.6$, $SD = 10.4$), and most of them were women (72.4%). Most of the participants were secular (61.2%), had partial or full academic education (58.3%), reported having good or very good health (71.3%), and rated their economic status above average or higher (51.3%).

About half (52.8%) of the participants lost their child in a car accident, more than a third (37.9%) lost their child in a disease, and the rest (9%) lost their child in another type of accident. Time from the child’s loss ranged from 0 to 46 years ($M = 11.1$, $SD = 9.6$).

As indicated next, multiple regression analyses that controlled for socio-demographic variables (age, gender, education, economic status, couplehood, religiousness, and health) revealed signs of both vulnerability and resilience.

Signs of vulnerability:

1. **Negative engagement with the hostile-world scenario** (a decreased sense of competence vis-à-vis images of actual or potential self-perceived threats to one’s physical or mental integrity) was marginally associated with higher comorbidity ($\beta = 0.18$, $p = .08$) and was associated with higher complex grief (distress and functional decline related to the loss of one’s child, measured by 18 items, rated on a 1 [*never*] to 5 [*always*] scale, such as: “I think about my child so much that it’s hard for me to do the things I normally do,” $\beta = 0.47$, $p < .001$).
2. **Negative attitudes toward aging** were associated with higher complicated grief as well as lower personal growth and purpose in life ($\beta = 0.24$, $p < .05$; $\beta = -0.47$, $p < .001$; $\beta = -0.56$, $p < .001$, respectively).
3. **Neuroticism** was associated with higher complicated grief and was marginally associated with higher comorbidity ($\beta = 0.38$, $p < .001$; $\beta = 0.17$, $p = .09$, respectively). Moreover, Neuroticism was associated with lower personal growth and purpose in life ($\beta = -0.30$, $p < .01$; $\beta = -0.33$, $p < .01$, respectively).

Signs of resilience:

1. **Positive engagement with the hostile-world scenario** (proactive coping with images of actual or potential self-perceived threats to one’s physical or mental integrity) was associated with lower complicated grief as well as higher personal growth and purpose in life ($\beta = -0.20$, $p < .05$; $\beta = 0.25$, $p < .01$; $\beta = 0.29$, $p < .01$, respectively).
2. **Number of significant losses** (of a parent, spouse, sibling, grandchild, or other close one) was associated with lower comorbidity and was marginally associated with lower complicated grief ($\beta = -0.32$, $p < .05$; $\beta = -0.26$, $p = .065$, respectively).

3. **Agreeableness** was associated with lower complicated grief as well as higher personal growth and purpose in life ($\beta = -0.23, p < .05$; $\beta = 0.34, p < .001$; $\beta = 0.40, p < .001$, respectively).

Interestingly, conscientiousness, openness to experience, and extroversion did not associate with complicated grief.

In sum, the older bereaved participants of the current study had a rather high socio-economic status and showed signs of both vulnerability and resilience. Vulnerability was evident in debilitating images of threats, attitudes toward aging, and personality features. Resilience appeared when older bereaved parents proactively approached the threats they experienced, had gone through previous losses, and showed specific personality inclinations. These results imply that coping with past losses of significant others may facilitate coping with the loss of one's child (crisis competence). Diverging from studies that emphasized the negative impact of accumulated trauma, this preliminary finding should be examined in the context of other traumatic experiences.

Older gays and bisexuals

A targeted sampling of gay, bisexual, and heterosexual men was applied in the current study where undergraduate seminar students approached participants via the internet and organizations catering to the gay and bisexual communities.

In order to characterize the older gay and bisexual participants and identify their mental-health concomitants, statistical analyses were conducted in a sample of 152 gay, 68 bisexual, and 120 heterosexual men who filled-in online questionnaires via computer or mobile phone. Participants' sexual orientation was identified by a self-rating scale ranging from 0 (*exclusively heterosexual*) to 6 (*exclusively gay*, Kinsey, Pomeroy, & Martin, 1948). Gay and heterosexual participants were identified by marking 6 or 0 on this scale, respectively, while bisexual participants were identified by marking 1 to 5 on the scale. Participants' age ranged from 50 to 87 (gay $M = 57.5$, $SD = 6.8$; bisexual $M = 58.5$, $SD = 6.6$; heterosexual $M = 62.2$, $SD = 8.0$). While a minority of the gay and bisexual participants were in a romantic relationship (23.6% and 36.8%, respectively), most of the heterosexual participants were in such a relationship (77.5%). Whereas about half of the gay participants (49.7%) were parents, most of the bisexual (74.6%) and almost all of the heterosexual (96.6%) participants were parents. Most of the gay, bisexual, and heterosexual participants were secular (86.2%, 77.9%, and 71.7%, respectively). Most of the participants had partial or full academic education (76.3%, 58.8%, and 68.3%, respectively), and most of them reported having good or very good health (80.9%, 78.0%, and 80.0%, respectively). About half of the gay and bisexual participants (52.0% and 48.5%, respectively) and most of the heterosexual participants (65.8%) reported on average or above average economic status. Most of the gay and bisexual participants accepted their sexual orientation to a high or very high degree (93.3% and 68.7%, respectively). While most of the gay participants disclosed their sexual orientation to a high or very high degree (60.8%), only a minority of the bisexual participants did so (15.0%).

Analyses of covariance comparing the gay, bisexual, and heterosexual groups while controlling for socio-demographic variables (age, education, economic state, country of origin, living in a city, couplehood, parenthood, and religiousness) showed no significant differences between the groups in subjective well-being measures, the hostile-world scenario, meaning in life, anxiety, depressive symptoms, and negative attitudes toward aging.

Table 1. The associations between self-acceptance of one’s sexual orientation and well-being indicators (after controlling for socio-demographic variables)

Dependent variable	Gays	Bisexuals
	(<i>n</i> = 152)	(<i>n</i> = 68)
	β	β
Life satisfaction	0.28***	0.15
Positive affect	0.18*	-0.05
Negative affect	-0.25**	-0.47**
Negative engagement with the hostile-world scenario	-0.33***	-0.08
Positive engagement with the hostile-world scenario	0.19**	0.07
Personal growth	0.17+	-0.07
Purpose in life	0.26**	0.02
Anxiety	-0.25**	0.02
Depressive symptoms	-0.30***	-0.26+

Note. +*p* < .10 **p* < .05 ***p* < .01 ****p* < .001

Table 2. The associations between self-disclosure of one’s sexual orientation and well-being indicators (after controlling for socio-demographic variables)

Dependent variable	Gays (<i>n</i> = 152)	Bisexuals (<i>n</i> = 68)
	β	β
Life satisfaction	0.07	0.25*
Positive affect	-0.02	0.05
Negative affect	-0.06	-0.27+
Negative engagement with the hostile-world scenario	-0.38***	-0.15
Positive engagement with the hostile-world scenario	0.13	-0.05
Personal growth	0.04	0.07
Purpose in life	0.01	0.17
Anxiety	-0.13	-0.07
Depressive symptoms	-0.12	-0.23+

Note. +*p* < .10 **p* < .05 ***p* < .01 ****p* < .001

Multiple regression analyses controlling for socio-demographic variables showed that sexual orientation (gay / heterosexual) moderated the association between negative attitudes toward aging and mental health indicators (depressive symptoms, happiness, and neuroticism, *B* = .29, *p* < .01; *B* = -.21, *p* = .07; *B* =.42, *p* < .001, respectively). As demonstrated in Figure 1, the consistent pattern of results showed that negative attitudes toward aging had stronger associations with worse mental health among gay, as compared to heterosexual, older men. A division of gay versus bisexual orientation did not moderate the associations between negative attitudes toward aging and mental health indicators.

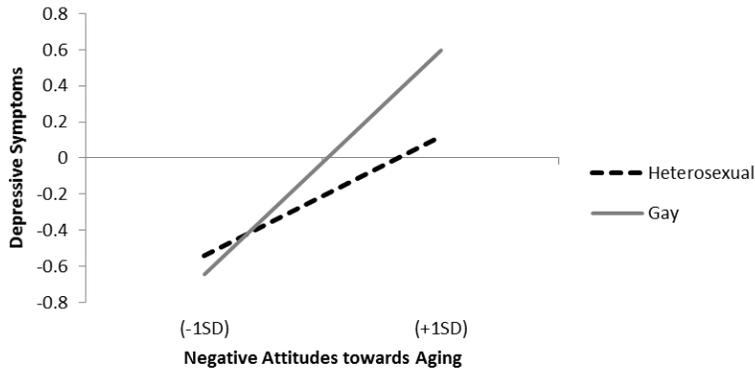


Figure 1. The relationship between negative attitudes towards aging and depressive symptoms as a function of sexual orientation.

In sum, the gay, bisexual, and heterosexual men who participated in the current study had a rather high socio-economic status. The gay and bisexual participants were less likely to be in a romantic relationship and to be parents as compared to the heterosexual participants. The comparable levels of well-being evident in the sexual orientation groups may point to the resilient capacity of sexual minorities to maintain positive quality of life in spite of social and psychological challenges they might face. While self-acceptance of older gays was associated with better well-being across various indicators, bisexuals' self-acceptance associated with lower negative affect and lower depressive symptoms only (see Table 1). The small number of associations between self-disclosure and well-being indicators among older gays and bisexuals may hint to the decreased relevance of this variable to aging individuals of sexual minorities (see Table 2). Finally, the current results point to the unique connection between attitudes of older gay men toward their aging and risks to their mental health.

Poor older adults

The data were taken from the Israeli part of the Survey of Health, Aging and Retirement in Europe (SHARE-Israel), which presents a national sample of Israelis aged 50 and over and their spouses, regardless of age. SHARE was designed as a multidisciplinary survey of the aging population, with data on health, socio-economic status and psychosocial functioning. SHARE-Israel conducted a probability sample of households in 150 representative statistical areas, which were delineated in geographical and socio-demographic criteria. In the third wave, whose data were collected during 2013, 2,600 Israeli participants were interviewed.

For the purpose of the study, three indices of poverty were used: *objective poverty* (income of less than half of the median monthly income in Israel), *subjective poverty* (low ability of a household to make ends meet) and *behavioral poverty* (avoiding consumption of basic services such as heating in winter or dental treatment).

Two comparison groups of poor versus non-poor were constructed for each of the three indices. In the three indices, the size of the poor group ranged from 189 to 253 participants, and the size of the non-poor group ranged from 885 to 1275 participants. The average age of the three poverty groups ranged from 67 to 69, and in the three non-poor groups it was 67. The proportion of women in the three poverty groups ranged from 54% to 65%. The proportion of women among the three non-poor groups was 59%.

The three poverty indices had low to moderate correlation with one another: objective poverty with subjective poverty ($r = 0.13, p < 0.001$), objective poverty with behavioral poverty ($r = 0.09, p < 0.001$), and subjective poverty with behavioral poverty ($r = 0.40, p < 0.001$).

From a vulnerability perspective, a number of regressions were conducted to examine the relationship between each of the three poverty indices, functional indicators, and the *pursuit of happiness in a hostile world* model's variables. In the poor versus the non-poor comparisons, the objective, subjective and behavioral poverty indices were respectively associated with the following functional indicators: The poor reported more difficulties in daily functional activities ($\beta = 0.16, p < 0.001$; $\beta = 0.07, p < 0.001$; $\beta = 0.08, p < 0.01$), more depression ($\beta = 0.11, p < 0.001$; $\beta = 0.25, p < 0.001$; $\beta = 0.22, p < 0.001$), more anxiety ($\beta = 0.08, p < 0.05$; $\beta = 0.18, p < 0.001$; $\beta = 0.18, p < 0.001$), more loneliness ($\beta = 0.12, p < 0.001$; $\beta = 0.07, p < 0.05$; $\beta = 0.14, p < 0.001$), and less activities in social orientation ($\beta = -0.13, p < 0.001$; $\beta = -0.09, p < 0.01$; $\beta = -0.10, p < 0.001$). Also, when comparing the poor to the non-poor, it was also found that only

subjective and behavioral poverty were respectively associated with the following functional indicators: The poor reported more difficulties in daily extended-functional activities ($\beta = 0.08, p < 0.01$; $\beta = 0.15, p < 0.001$) and more memory problems ($\beta = 0.09, p < 0.001$; $\beta = 0.09, p < 0.001$).

In addition, three of the *pursuit of happiness in a hostile world* model's main variables were respectively associated with the objective, subjective and behavioral poverty. The poor reported less life satisfaction ($\beta = -0.13, p < 0.001$; $\beta = -0.18, p < 0.001$; $\beta = -0.23, p < 0.001$), less meaning in life ($\beta = -0.23, p < 0.001$; $\beta = -0.22, p < 0.001$; $\beta = -0.08, p < 0.05$), and more hostile-world scenario representations ($\beta = 0.16, p < 0.001$; $\beta = 0.19, p < 0.001$; $\beta = 0.11, p < 0.01$).

From a resilience perspective, an interesting finding pointed to the dialectical relationship between the happiness-promoting systems and the poverty indices that constituted actual or potential threats by themselves (hostile-world scenario representations). This finding showed that in disadvantageous situations of distress there was an amplification effect, whereby the positive systems maintained a stronger correlative relationship between themselves, such that they revealed an increased co-variation in situations where their involvement was critical. To examine this effect, three hierarchical regression analyses were performed. After controlling for socio-demographic variables, there was a stronger association between life satisfaction and meaning in life among the poor, compared with the non-poor. Three significant interaction effects were respectively found with the objective, subjective and behavioral poverty ($B = 0.19, p < 0.01$; $B = 0.31, p < 0.001$; $B = 0.25, p < 0.001$). For illustration, it can be seen in Figure 2 that there is a stronger association between life satisfaction and meaning in life among the poor (the continuous line) compared to the non-poor (the dotted line).

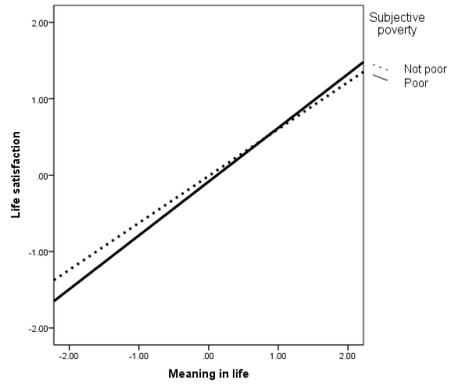


Figure 2. The relationship between life satisfaction and meaning in life as a function of subjective poverty.

Older adults with physical disabilities

The data were taken from a sample of 225 adults with physical disabilities that were interviewed for this study in the years 2015-2017 (individuals with physical disabilities that occurred during military service were not included). It was a convenient sample of Hebrew-speaking Israelis who were recruited from all over the country. The selection criterion of adults with physical disabilities was the constant use of mobility aids such as wheelchair, crutches, walker, or walking stick. The participants were recruited through day centers catering to the elderly, social clubs, support groups, assisted living for the elderly, nursing homes, associations for the disabled, and social media (Facebook pages and websites directed to older and disabled individuals). In institutional frameworks, participation in the interviews was conducted after the local management provided permission and access to the potential participants. Most of the data (79%) were collected in face-to-face interviews, and the rest by online questionnaires through computer or cell phone. The participants' age ranged from 42 to 96 years (average age = 78.15, standard deviation = 10.87), and most of them were women (60.4%) and secular (53.8%). Most of the participants had a full secondary education or higher education (58.9%), an average or even higher economic condition (60.7%), and a moderate to severe disability (80.4%). The age at which the physical disability occurred ranged from 0 to 95 years (average age = 66.93, standard deviation = 21.37). Time since the physical disability occurred ranged from 0 to 91 years (average years since physical disability occurred = 11.98, standard deviation = 15.98). A weighted physical disability variable was computed by the product of the dominant mobility aid according to its severity level (walking stick = 1, walker = 2, wheelchair = 3) and the level of dependency on it (on a scale of 1-5). The weighted physical disability variable ranged from 2 to 15 (average = 8.41, standard deviation = 4.03).

Three core aspects were examined:

1. The *age at which the physical disability occurred* and its *self-reported severity*.
2. The *pursuit of happiness in a hostile-world model's variables: subjective well-being* (life satisfaction, positive affect, and negative affect), *meaning in life* (purpose in life and personal growth) and the *hostile-world scenario* (positive and negative engagement with the hostile-world scenario).
3. The *physical self-concept* variable.

Physical self-concept refers to the way we experience our bodies and the thoughts, wishes, sensations, and emotions that our bodies evoke in us. Physical self-concept is a multi-dimensional variable that includes four factors: body attractiveness (e.g., *I look good*), endurance (e.g., *I can be physically active for a long time without getting tired*), sport ability (e.g., *I have good sports skills*) and physical strength (e.g., *I feel physically strong*). Physical self-concept has not been sufficiently researched in the elderly population, especially among older people with physical disabilities. Physical self-concept is especially relevant for people who are assisted by mobility aids because their disability is visible and affects not only the perception of their own bodies but also the way the society perceives them.

In order to examine the relationship between physical self-concept and the *pursuit of happiness in a hostile-world* model's variables, seven hierarchical regression analyses were performed. After controlling for socio-demographic variables and the weighted physical disability variable, it was found that physical self-concept was associated with life satisfaction ($\beta = 0.34, p < 0.001$), positive affect ($\beta = 0.44, p < 0.001$), negative affect ($\beta = -0.16, p < 0.05$), purpose in life ($\beta = 0.33, p < 0.001$), personal growth ($\beta = 0.27, p < 0.001$), positive ($\beta = 0.50, p < 0.001$) and negative ($\beta = -0.18, p < 0.05$) engagement with the hostile-world scenario.

From a resilience versus vulnerability perspective, the results showed a positive correlation was found between physical self-concept and the age at which the physical disability occurred ($r = 0.19, p < 0.05$) and a negative correlation between physical self-concept and the severity of physical disability ($r = -0.18, p < 0.05$). No significant correlation was found between the age at which the physical disability occurred and the severity of physical disability. To examine this in depth, a hierarchical regression analysis was performed in which the dependent variable was the severity of physical disability (on a scale of 1 *not severe at all* to 5 *extremely severe*). After controlling for socio-demographic variables and the weighted physical disability variable, a main effect was found for physical self-concept ($\beta = -0.19, p < 0.05$) as well as an interaction effect ($B = -0.19, p < 0.01$) according to which physical self-concept moderated the relationship between the age at which the physical disability occurred and the severity of physical disability. In Figure 3 below, it can be seen that physical self-concept was associated with a lower rating of severity of physical disability when the physical disability occurred at an older age. In other words, physical self-concept was more relevant to positive perception of functioning as the age at which the physical disability occurred was higher.

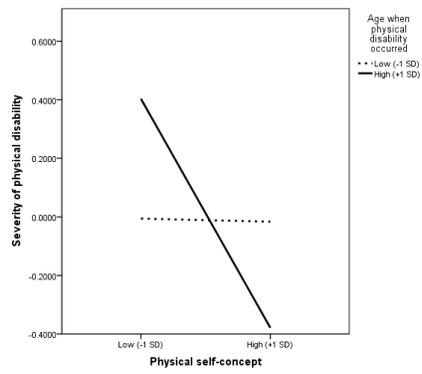


Figure 3. Two-way interaction between physical age when physical disability occurred and physical self-concept predicting the severity of physical disability among participants with physical disabilities (standardized scores).

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Coping with trauma as the time from its onset goes by: Findings from samples of older bereaved parents and older adults with physical disabilities

Dr. Rinat Lifshitz

Many studies deal with the negative effects of a traumatic event. Such an event, defined as an occurrence that changes the way people perceive the world and their emotional state (Janoff - Bulman, 1992), may be, for example, the loss of a close person or the loss of basic abilities of functioning. Researchers show that significant distressful symptoms are common immediately after the trauma occurs, but, in the course of time, their incidence declines for most people. However, time is not necessarily a cure and may even be a preserving factor of the trauma.

The first sample presented here focuses on bereaved parents who lost a child in an accident or illness. In the case of parental bereavement, it is more difficult to use general assumptions regarding normative and adjusting processes of separation, since the loss of a child is considered a unique loss with profound and long-lasting effects on the parents (Lieberman, 1989; Rubin, 1993). The present study shows that, after controlling for socio-demographic variables (age, gender, education, religiosity, marital status, health perception, and economic situation), longer time from the loss of the son/daughter is associated with lower life satisfaction ($\beta = -.301, p < .05$). However, longer time from the loss of the son/daughter is associated with lower depressive symptoms ($\beta = -.232, p < .01$), lower anxiety ($\beta = -.189$, marginal significance: $p = .60$), lower

complicated grief ($\beta = -.385, p < .001$), fewer diseases ($\beta = .249, p < .05$), and less neuroticism ($\beta = -.242, p < .05$).

A possible explanation for this complex signs for both resilience and vulnerability can be based on the two-track model of bereavement (Rubin, 1990, 1999). Accordingly, it is possible that bereaved parents report improvement in their functioning over time since the loss of the child, but still maintain a significant relationship with the child who died. It may be said that in this study, too, there is a constant dialectic tension between resilience and vulnerability, but the findings show greater resilience, as opposed to other approaches in the literature. This dialectical tension may be part of the adaptation process that links the loss and its effects together with liabilities of the aging process, alongside successful managing of family life and social functioning. However, some claim that in old age the process of mourning and dealing with trauma can be reactivated and great variation in the expressions of mourning in old age can be seen (Bar-Tur and Malkinson, 2005). Therefore, there may be additional vulnerabilities, more hidden to the eye, which were not found in this study.

The second sample chosen to be presented at the conference under this topic focuses on older adults with physical disabilities who could move only by using certain mobility aids such as wheelchair, crutches, walker, or walking stick. Functional disability may be congenital or acquired, and is linked to progression of disease (e.g., cancer, muscular dystrophy) or traumatic injury (e.g., spinal injury) (Livneh & Antonak, 2005). Functional disability was found to negatively relate to subjective well-being and other mental functioning indices among older persons (Steptoe, de Oliveira, Demakakos & Zaninotto, 2014).

The present study found (while controlling for socio-demographic variables) that longer time from the onset of the disability was associated with fewer diseases ($\beta = -.200, p < .05$), higher levels of personal growth ($\beta = .226, p < .01$) and purpose in life ($\beta = .187, p < .05$). At the same time, longer time from the onset of the disability was associated with lower levels of positive engagement with HWS (*hostile-world scenarios*) indicating pro-active coping with images of threats to one's integrity ($\beta = .201, p < .05$). These findings attest to the resilience of the disabled group in coping with disability alongside a sense of vulnerability.

In addition, using PROCESS for probing the interaction effect in the graphs below (while monitoring socio-demographic variables), it was found that among disabled persons having higher levels of negative engagement with HWS (indicating stronger preoccupation with images of threats to one’s physical integrity) longer time from the onset of the disability was associated with higher life satisfaction ($B = .188, p < .05$, see Figure 4). However, it was found that among disabled persons having higher levels of positive engagement with the HWS longer time from the onset of the disability was associated with more depressive symptoms ($B = .231, p < .001$) and higher anxiety ($B = .195, p < .001$, see Figure 5).

In addition to this complex relationship with the time dimension of disability, it should be noted that, as expected, there is a significant main effect, according to which disabled people with higher (as compared with lower) *negative engagement* with the HWS were less satisfied with their life. At the same time, those with higher (as compared with lower) *positive engagement* with the HWS had less depressive symptoms and less anxiety. The findings may be explained by the fact that older disabled adults are more aptly expected to demonstrate higher negative engagement with the HWS than the normal population (without a significant functional limitation). Therefore, longer time from the onset of the disability was associated with more life satisfaction in the presence of *higher* negative engagement with the HWS, actually indicating resilience and not necessarily vulnerability. On the other hand, higher positive engagement with the HWS may be related to vulnerability, rather than to resilience, with the elongation of time since the disability occurred.

These findings show, on the one hand, the resilience of the disabled elderly and the possibility of improved functioning over time from the onset of their disability, so that at least some of them succeed in reaching a stage of positive adjustment to their lives with disabilities, internalizing their current situation and even seeking personal meaning and goals. At the same time, however, it appears that there is concurrent vulnerability in the presence of disability in old age which is manifested in the intricate ways of coping with the hostile world scenarios associated with the combination of old age and disability.

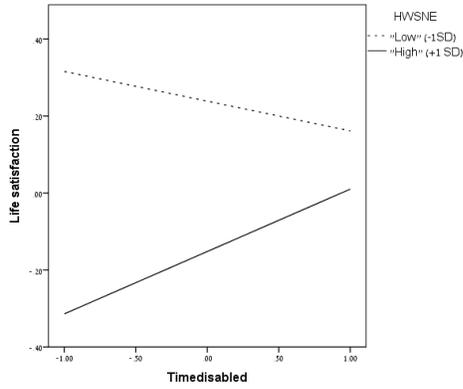


Figure 4. The relationship between time since disability and life satisfaction as a function of negative engagement with the hostile-world scenario. Timedisabled = time since disability, HWSNE = negative engagement with the hostile-world scenari.

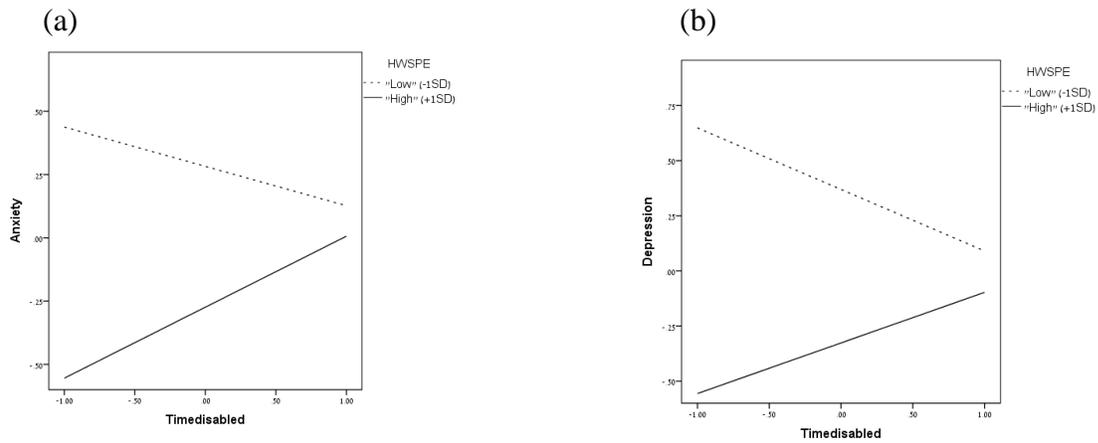


Figure 5. The relationship between time since disability and (a) anxiety or (b) depression as a function of positive engagement with the hostile-world scenario. Timedisabled = time since disability, HWSPE = positive engagement with the hostile-world scenario.

Aging in a hostile world: Resilience or vulnerability?

An investigation of physical and mental functioning in the aging process of people in poverty, people with physical disability, bereaved parents, and gays

Based on a study funded by Israel Ministry of Science

Monday, 3 July 2017, Tel Aviv University

Abstract of the lecture in the conference:

Coping mechanisms with challenging life conditions: Compensation versus depletion

Dr. Kfir Ifrah

Background

The quest to maintain positive life quality in the face of challenging life conditions is supported by the relationship of the two happiness-promoting systems, i.e., subjective well-being and meaning in life, with the hostile-world-scenario system. Several published and yet unpublished studies have reported on specific patterns by which the happiness-promoting systems connect to the hostile-world scenario in order to cultivate positive adaptation in spite of unique distressing and traumatic life-conditions (e.g., Shrira et al., 2015). This lecture deals with two complementary patterns of relations between subjective well-being and meaning in life. First, *compensation* appears when one system associates with better functioning in the presence of lower levels in the other system. Therefore, the systems make-up for one another in times of need. Second, *depletion* appears when one system's association with better functioning declines in the presence of lower levels in the other system. In this case, the adaptive role of the two happiness-promoting systems wanes in harsh psychological conditions. These patterns of relations between the happiness-promoting systems were tested in populations of poor, as well as gay and bisexual, older adults.

Poor older adults

Poor, as compared to non-poor, older adults showed a mixed pattern of associations between the happiness-promoting systems and functioning where both compensation and depletion were found depending on the functioning indicators tested. Poverty was defined by three indices: objective poverty (income of less than half of the median monthly income in Israel), subjective poverty (low ability of a household to make ends meet), and behavioral poverty (avoiding consumption of basic services such as heating in winter or dental treatment). The statistical analyses controlled for socio-demographic variables (age, gender, interview language [Hebrew, Arabic, Russian], education, work status, and family status).

Stronger *compensation* effects were found among poor, compared to non-poor, older adults in the associations of the happiness-promoting systems with the following functioning indicators: Number of basic-functioning limitations (ADL, Activities of Daily Living, such as difficulty in walking 100 meters, an effect found when using the objective and behavioral poverty indices, $B = 0.09, p < 0.05$; $B = 0.11, p < 0.01$, respectively) and number of advanced-functioning limitations (IADL, Instrumental Activities of Daily Living, such as difficulty in buying groceries, an effect found when using the objective and behavioral poverty indices, $B = 0.09, p < 0.01$, $B = 0.09, p < 0.05$, respectively). Figure 6a shows that among poor older adults meaning in life was associated with lower ADL when subjective well-being was lower (indicated by lower life satisfaction). Hence, in times of need (poverty) meaning in life compensated for the low level of subjective well-being by showing stronger relevance to better functioning (lower ADL). Figure 6b shows a weaker compensation effect among non-poor older adults.

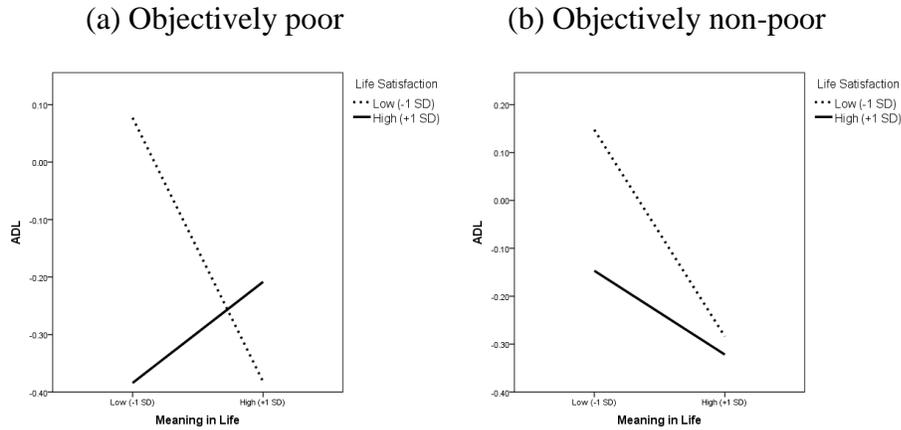


Figure 6. Three-way interaction between meaning in life, life satisfaction, and objective poverty predicting ADL (limitation in activities of daily living) among (a) objectively poor and (b) objectively non-poor older adults.

Stronger *depletion* effects were found among poor, compared to non-poor, older adults in the associations of the happiness-promoting systems with the following functioning indicators: Anxiety (an effect found when using the behavioral poverty index, $B = -0.12$, $p < 0.01$), loneliness (an effect found when using the subjective poverty index, $B = 0.10$, $p < 0.05$), and number of socially-oriented activities (an effect found when using the objective and subjective poverty indices, $B = -0.16$, $p < 0.01$; $B = -0.12$, $p < 0.01$, respectively). Figure 7a shows that among poor older adults the association between meaning in life and lower loneliness was weaker when subjective well-being (indicated by lower life satisfaction) was lower. Hence, in times of need (poverty) the adaptive role of meaning in life (indicated by its association with lower loneliness) depleted when subjective well-being was low. Figure 7b shows the reversed effect among non-poor older adults.

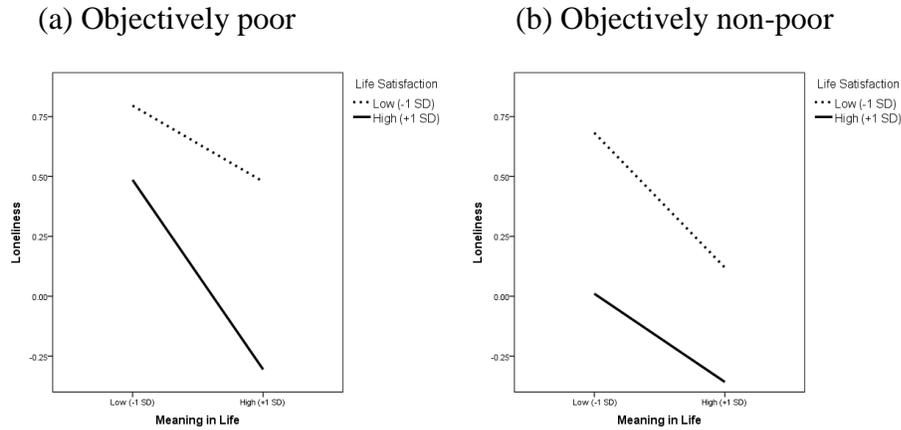


Figure 7. Three-way interaction between meaning in life, life satisfaction, and objective poverty predicting loneliness among (a) objectively poor and (b) objectively non-poor older adults.

Older gay and bisexual men

A consistent pattern of associations between the happiness-promoting systems and functioning emerged among the sexual orientation groups where older gay men showed stronger compensation effects and older bisexual men showed stronger depletion effects, when these groups were compared to older heterosexual men. The statistical analyses controlled for socio-demographic variables (age, country of origin, education, economic status, religiousness, living in a city, couplehood, and parenthood).

Stronger *compensation* effects were found among older gay men, compared to older heterosexual men, when examining the associations of the happiness-promoting systems with the following functioning indicators: depressive symptoms ($B = 0.28, p < 0.05$), and doctor visits ($B = 0.32, p < 0.05$). For example, Figure 8a shows that among older gay men personal growth was associated with fewer doctor visits when positive affect was lower. Specifically, meaning in life (represented by personal growth) was more relevant to better functioning when subjective well-being (represented by positive affect) was low. This finding indicates a compensatory association between the happiness-promoting systems among older gay men. Figure 8b shows the reversed effect among older heterosexual men demonstrating depletion.

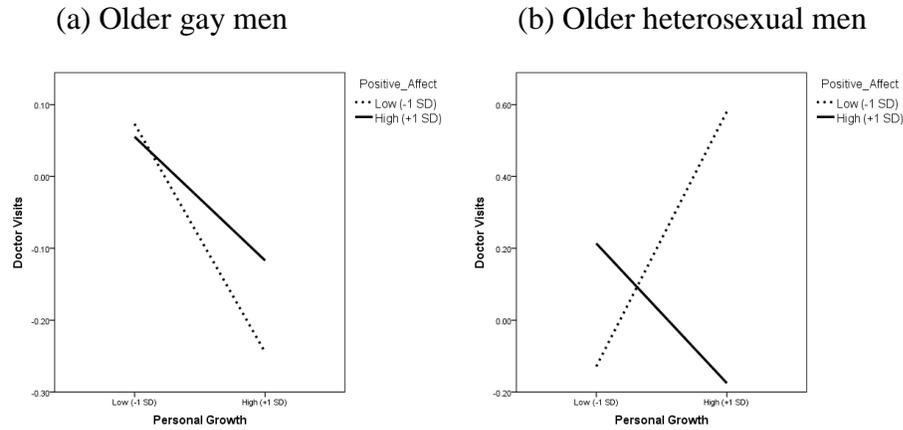


Figure 8. Three-way interaction between personal growth, positive affect, and sexual orientation predicting number of doctor visits among (a) older gay men and (b) older heterosexual men.

Stronger *depletion* effects were found among older bisexual men compared to older heterosexual men, when examining the associations of the happiness-promoting systems with the following functioning indicators: depressive symptoms ($B = -0.35, p < 0.01$) and self-rated health ($B = 0.30, p < 0.05$). For example, Figure 9a shows that among older bisexual men purpose in life had a weaker association with self-rated health when positive affect was lower. Therefore, meaning in life (represented by purpose in life) was less relevant to better functioning when subjective well-being (represented by positive affect) was low. This finding indicates depletion of the happiness-promoting systems among older bisexual men. As presented in Figure 9b, older heterosexual men showed the reversed effect demonstrating a compensatory relationship between the happiness-promoting systems.

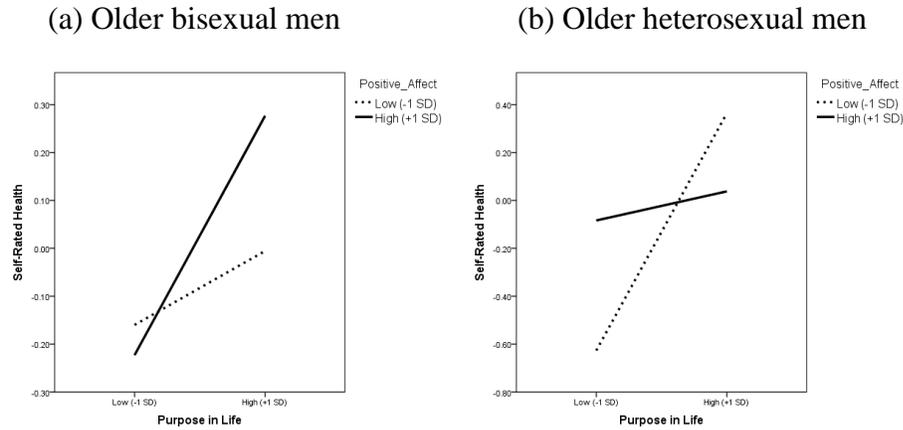


Figure 9. Three-way interaction between purpose in life, positive affect, and sexual orientation predicting self-rated health among (a) older bisexual men and (b) older heterosexual men.

Summary

The presented findings showed contradictory patterns of associations between the happiness-promoting systems and functioning. On the one hand, positive adaptation was suggested when one system compensated for the weakening of the other. On the other hand, impaired functioning was proposed when the systems were simultaneously depleted, or exhausted. These findings may point to the specific situations that call for compensation or depletion effects depending on the particular needs of older adults. It seems that compensation serves poor older adults when facing basic-functional tasks, such as ADL, while depletion occurs when dealing with more complicated psychological and interpersonal tasks, such as loneliness. Moreover, compensation of the happiness-promoting systems may underlie the positive adjustment of older gay men while bisexuals tend to show the less adaptive pattern of depletion. The growing social acceptance of gay men and the psychological mechanisms they establish when dealing with their sexual minority status may explain the compensatory associations they show between the happiness-promoting systems. The unique mental and interpersonal challenges faced by bisexuals may explain the depletive nature of their happiness-promoting systems.

Aging in a hostile world: Resilience or vulnerability?

An investigation of physical and mental functioning in the aging process of people in poverty, people with physical disability, bereaved parents, and gays

Based on a study funded by Israel Ministry of Science

Monday, 3 July 2017, Tel Aviv University

Abstract of the lecture in the conference:

The backstage of the hostile-world scenario research: Human, ethical and methodological issues

Dr. Irit Bluvstein

Research on resilience and vulnerability among older bereaved parents and older disabled adults brought up several human, ethical and methodological issues. The implementation of research on aging in a hostile world (Shmotkin, 2005, 2011; Shmotkin & Shrira, 2012, 2013) was accompanied by weekly research meetings in which these issues and other research matters were discussed. A qualitative analysis of 66 protocols of research meetings held between 10/2015 and 4/2017 identified the main themes of the interviewee needs, researcher needs and the research needs.

From the point of view of the researchers' needs, it is widely known and documented in research and theoretical literature that health professionals who are exposed to traumatic life stories sometimes suffer from vicarious or secondary traumatization and compassion fatigue (Cohen & Collins, 2013; Figley & Ludick, 2017; McCann & Pearlman, 1990). Nevertheless, there is little awareness to the possibility that even a short-term and relatively structured exposure to trauma by researchers in a quantitative study (like the current study) may raise distress and signs of traumatization in the researchers. Reflective discourse of the researchers on their experience at the stage of the interviews identified what can be termed "the vulnerability and resilience of the researcher".

Consistent with prior literature, vulnerability was reflected in moral stress (Fried & Fried, 2016). It included concerns with regard to the interaction with the interviewee, e.g., concerns about intensifying the distress of the interviewee by the interview and about ensuring the interviewee's well-being. The researchers' awareness of their own vulnerability led to a learning phase about vicarious traumatization and to the establishment of collegial support (e.g., special meetings and virtual discussion groups). On the other hand, the researchers' exposure to the interviewees' resilience and the meanings drawn from participation in the study, strengthened and validated the researchers' competence. Hence, vulnerability and resilience appeared in parallel in both interviewees and researchers.

From the point of view of the interviewees' needs, participation in the study was emotionally charged, especially in the bereaved parents' sample. This was evident from the initial contact stage, even before the interviews began. The attempts to recruit bereaved parents revealed that contacting parents must be done in a very personal way, without the mediation of any organization. Interviews with bereaved parents were held mostly in their homes, in the natural environment in which the deceased child lived, so that acquaintance was made with the ways the memory of the child was preserved through photographs, personal belongings or the story of the event that led to the loss. In addition to the customized approach, sometimes there was a need to offer the interviewee sources for support and assistance. This need was met by formulating a 'psychological first-aid kit' for the interviewee. It became apparent that for some of the interviewees, the very existence of the interviews was meaningful by providing an opportunity to express themselves and share their pain. Participating in the study led several interviewees to realize that their state is better than they thought it was. For example, one researcher said about an interviewee: "She said that it was important for her to share the most painful emotions she had experienced. She came out with a good feeling. The answers she gave proved to her that she was in a better place, and that made her happy." Indeed, a meta-analysis of participants' responses to trauma studies showed that alongside the experienced distress there was also positive emotional outcomes of participation in the study (Jaffe, DiLillo, Hoffman, Haikalis & Dykstra, 2015). It should be noted that in contrast to the older bereaved parents that participated in the study, the interviews of the older disabled adults were usually held in day-care centers or in residential institutions. This fact may have facilitated emotional regulation in these interviewees.

Finally, from the point of view of the research needs, methodological questions arose regarding the appropriateness of the measurement method for older adults. These methodological concerns are also documented in the literature (Weil, 2015). Likert response scales, which are widely accepted in quantitative studies, are not always intuitively understood by older populations, so that the researcher is often required to mediate the questions for the participant. The other questions that arose were how to determine whether the participant is cognitively fit to participate in the study, how to ensure the uniformity of the measurement among the different researchers, and whether rejecting or canceling interviews by participants are signs of resistance.

This lecture presented the three types of needs that were identified during the course of the data collection in a quantitative study on older bereaved parents and older handicapped adults and the ways in which these needs were dealt with. Paying attention to these needs while conducting a quantitative research may improve ethical and methodological aspects of the research and protect the well-being of both interviewees and researchers.