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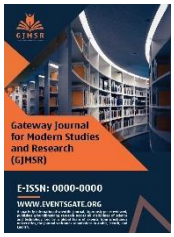


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# Living Through War: Lived Experiences of Older Adults in the Gaza Strip from October 7th, 2023, to 2026: A Hermeneutic Phenomenological Study

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**Abstract**: This study explored how older adults in the Gaza Strip experienced and made sense of life during the war that began in October 2023. It aimed to interpret the conflict's effects on their living conditions, physical health, psychological well-being, and social relationships. A qualitative hermeneutic phenomenological design was used, with data collected through semi-structured, in-depth interviews with nine adults aged 65 years or older. Interview transcripts were analyzed iteratively using thematic analysis informed by van Manen's methodological approach; meaningful statements were coded, grouped into categories, and refined into subthemes and themes through continual researcher reflection. The findings showed persistent insecurity, forced displacement, severe deprivation of food and other basic necessities, loss of income, and sharply reduced access to medications and health services, which further compromised chronic disease management and daily functioning. Participants also described fear, helplessness, hopelessness, anxiety, grief, and anticipation of death, alongside family separation, weakened social networks, and increased isolation. Religious practices, mutual support, and simple recreational activities were reported as coping strategies, although available support was limited. The study concludes that the war intensified older adults' pre-existing physical, psychological, and social vulnerabilities. It highlights the urgent need for age-responsive humanitarian action that integrates accessible health care, mental health and psychosocial support, social protection, and dignified provision of basic needs, while calling for further research on particularly vulnerable groups of older adults.

**Keywords: Older Adults, Gaza Strip, War, Hermeneutic Phenomenology.**

## 1. Introduction

Emergencies resulting from conflicts or natural disasters cause substantial suffering and humanitarian crises and threaten the right to equal protection. During emergencies, older adults have high rates of disaster-related mortality and face increased risks throughout all phases of a disaster because of sensory impairments and pre-existing physical or mental limitations (Gutterman, 2024).

During conflicts and wars, older adults face a high risk of violence and reduced access to health services, clean water, and adequate food. They become more susceptible to adverse health outcomes, including death, disability, injury, malnutrition, and poor mental health (United Nations Population Fund, 2019). In this context, existing inequalities related to age and physical ability, targeted discrimination, and poor health outcomes are exacerbated during

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conflicts; as a result, older persons become less able to meet their daily needs (Kokorelias et al., 2023).

During humanitarian crises, the burden of mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD) increases among older adults. They also experience physical health challenges, including high mortality, disability, and non-communicable diseases, while access to health care is compromised (Omari et al., 2024). Thus, mental health conditions, poor access to medications, chronic diseases, and age discrimination are among the main health challenges facing older adults in humanitarian settings (Van Boetzelaer et al., 2025).

In Darfur, Sudan, a conflict-affected area, a high prevalence of non-psychotic psychiatric disorders (75.2%) was observed among older adults (Musa & Hamid, 2025).

In emergencies, the basic needs of older adults must be met in a dignified manner. Mental health services for older adults should also be integrated into responses to wars and humanitarian emergencies (de Mendonça Lima et al., 2024).

These findings demonstrate the importance of understanding how older adults experience and make sense of their everyday lives during armed conflict (Lindberg et al., 2025).

This study was conducted in the Gaza Strip, a small coastal enclave in southwestern Palestine with an area of approximately 365 km² and a population of about 2.2 million. During the 2023–2026 period, the Gaza Strip experienced unprecedented levels of military attacks that affected all aspects of life (UN OCHA, 2026).

Although Palestinian society is relatively young, older persons constituted 6% of Palestine's total population (6% in the West Bank and 5% in the Gaza Strip). In 2023, the labor-force participation rate among older adults was 19% in the West Bank (35% for males and 4% for females) and 5% in the Gaza Strip (9% for males and 0.8% for females). Seventy-six percent of older adults in Palestine (75% in the West Bank and 78% in the Gaza Strip) had chronic or non-communicable diseases. In this context, 70% of older males had chronic or non-communicable diseases, compared with 82% of older females. Older adults with chronic or non-communicable diseases in the Gaza Strip were particularly affected by the war, facing serious challenges that could lead to deteriorating health because of disruptions to health-care services, shortages of medicines, and difficulties accessing health-care centers. During 2023 and 2024, approximately 7% of Palestinians killed in military attacks were older persons aged 60 years or above (PCBS, 2024).

Before the escalation of hostilities in October 2023, the Gaza Strip had an estimated population of approximately 2.2 million, making it one of the most densely populated areas in the world (UN OCHA, 2023). Approximately two-thirds of the population (1.58 million people) were registered Palestine refugees receiving services from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA, 2023). Even before the current conflict, Gaza had experienced more than 16 years of blockade, recurrent hostilities, severe economic decline, and restrictions on the movement of people and goods, contributing to persistently high levels of poverty, unemployment, and food insecurity (UN OCHA, 2023).

In previous conflicts, 44% of older adults in the Gaza Strip depended completely on family members to meet their basic needs, 80% needed medicines or other medical items, and 45% went to bed hungry at least one night per week (HelpAge International, 2021).

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Before the 2023–2026 Gaza war, 44.2% of older adults in the Gaza Strip had good quality-of-life (QoL) scores. The social-relationships domain had the highest score, whereas the physical and environmental domains had similarly lower scores (Elsous et al., 2019).

Despite increasing recognition of the disproportionate impact of emergencies on the elderly, there remains limited context-specific evidence on how the elderly in the Gaza Strip experience and make sense of their everyday lives under prolonged armed conflict, particularly from their own perspectives. This lack of context-specific evidence constrains the development of effective, age-responsive policies, humanitarian interventions, and mental health and psychosocial support services. Therefore, this study constitutes an attempt to explore and understand the lived experiences and meanings attached to everyday life among older people in the Gaza Strip, to inform evidence-based programming and ensure that their unique needs and priorities are adequately addressed. Accordingly, the central phenomenological question guiding this study is: "What is the lived experience of older people living in the Gaza Strip during the 2023–2026 war, and how do they make sense of its impact on their physical health, psychological wellbeing, and social life?"

This study explores and interprets the lived experiences of older adults in the Gaza Strip during the 2023–2026 war, with particular attention to their physical health, psychological well-being, and social life.

## 2. Methodology

Type of Study: This was a qualitative hermeneutic phenomenological study.

Whereas phenomenology facilitates a subjective and intuitive understanding of the meaning of a phenomenon, hermeneutic phenomenology focuses on interpretation within a specific context.

Hermeneutic phenomenology seeks to understand and interpret the meanings individuals attribute to their lived experiences, not only describing the phenomenon itself. In this context, interpretation is shaped by the interaction between participants' narratives and the researcher's prior knowledge, experiences, and contextual understanding (van Manen, 2016). This approach facilitates an in-depth exploration of the complex physical, psychological, social, and existential experiences of the elderly living in a prolonged humanitarian crisis (Creswell & Poth, 2018).

Data Collection: This study collected qualitative data on several aspects of older adults' lives in the Gaza Strip, including general living conditions, physical health, psychological well-being, social life and relationships, and spiritual life. The researcher conducted semi-structured interviews with nine older adults in the Gaza Strip. Semi-structured interviews are organized around predetermined open-ended questions, with additional questions emerging from the dialogue between the interviewer and interviewees. The interview guide is provided in Appendix 1.

Study Population and Sample: The study population comprised male and female older adults aged 65 years or above who had lived in the Gaza Strip during the 2023–2026 war. Given that the total population of the Gaza Strip was approximately 2,200,000 in 2023, of whom about 5% were older adults, the study population was estimated at approximately 110,000.

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The sample was selected through convenience sampling because the unstable security situation and limited mobility constrained participant access. The research team interviewed nine participants (six males and three females) from different locations in the Gaza Strip. Inclusion criteria were being male or female, aged 65 years or above, having lived in the Gaza Strip during the 2023–2026 war, and being willing to share lived experiences voluntarily for research purposes. Individuals with an altered level of consciousness were excluded.

Ethical Considerations: The researchers ensured privacy, confidentiality, and voluntary participation; obtained informed consent from participants; and took specific measures to protect them from potential harm. Anticipating possible psychological distress related to the phenomenon under study, the researchers established protocols for responding to distress, including obtaining support from a mental health and psychosocial support expert, either in person or online. The research team also familiarized itself with existing referral pathways for health, protection, and other relevant services. In addition, the researchers established links with organizations and mental health and psychosocial support (MHPSS) professionals who were prepared to provide services to participants as needed.

Data Analysis: Data analysis followed the principles of hermeneutic phenomenology and was guided primarily by van Manen's (2016) methodological approach. The process was iterative and interpretive, moving continuously between individual interview accounts and the complete dataset to deepen understanding of participants' lived experiences.

The interviews were transcribed verbatim. The researchers repeatedly read the transcripts to gain a holistic understanding of participants' narratives and become immersed in the data. Reflective notes were maintained throughout the analytical process to capture emerging interpretations and enhance reflexivity.

Meaningful statements, phrases, and passages relevant to the phenomenon under investigation were identified and coded. Similar codes were grouped into categories and subsequently refined into subthemes and themes that represented shared patterns across participants while preserving the uniqueness of individual experiences. Throughout the analysis, the researchers engaged in continual reflection, writing, and rewriting to refine their interpretations and ensure that the emerging themes represented participants' lived experiences.

Consistent with van Manen's hermeneutic phenomenological approach, the analysis was guided by six methodological activities: turning to the nature of the lived experience, investigating experience as lived, reflecting on essential themes, describing the phenomenon through writing and rewriting, maintaining a strong orientation to the phenomenon, and balancing the parts and the whole of the text (van Manen, 2016).

The researchers acknowledged that interpretation was influenced by their prior knowledge and professional experience; therefore, reflexive discussions were held throughout the analytical process to enhance credibility and minimize undue bias.

## 3. Results and Discussion

This study yielded important findings concerning several aspects of older adults' lives in the Gaza Strip during the 2023–2026 war. The following sections present findings across four themes: general living conditions, physical health, psychological well-being, and social life.

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### 3.1 General Living Situation

A pervasive lack of safety and security affected older adults in the Gaza Strip. They were continuously exposed to shelling, bombardment, and other forms of military attack. Forced displacement was another persistent source of suffering. The war also deprived older adults of basic necessities, including food, forcing some to eat animal or bird feed. Finally, the war was accompanied by loss of income or financial assistance while prices increased dramatically. Participants' quotations related to the general living situation are presented in Table 1.

**Table 1: Participants' quotations related to the general living situation**

| |
|---|
| *"Mortar shells, air raids, and all kinds of weapons have been used against us while we are unarmed people".* |
| *"Sense of security and safety is absent".* |
| *"How long can I withstand such a situation…no stability and no peace".* |
| *"Forced to leave Jabalia camp; I had to walk for long distances…I was about to fall down many times...".* |
| *"Our life during displacement has been very difficult… no suitable place…no basic necessities…".* |
| *"Numerous days passed with us going to bed without having food...".* |
| *"Crazy prices that no one will believe…the price of a 25-kilogram sack of wheat flour has reached 1500, 2000 and even 3000 shekels… we have no income. How will my family and I live?".* |
| *"We have run out of money; we haven't received the social assistance stipend for about two years… our brothers and sisters who helped us a lot financially are not able to continue; they have become like us in financial crisis".* |

### 3.2 Physical Health

Older adults' physical strength had declined because of age-related changes, and this was exacerbated by limited access to necessities such as nutritious food and clean water. Many participants had non-communicable diseases and other health conditions but lacked adequate access to health services, including medical checkups, medicines, and assistive devices. Access to health facilities was absent or limited because most facilities were destroyed, distant, or unsafe, or because participants could not afford basic costs such as transportation. These conditions affected participants' ability to perform activities of daily living, including basic mobility, and the lack of assistive devices compounded the problem. Participants' quotations related to physical health are presented in Table 2.

**Table 2: Participants' quotations related to physical health**

| |
|---|
| *"There is no single medical service point in Jabalia camp".* |
| *"I need a specific medication, Colchicine, but it is not available. I do not know from where I can get it…It is neither available in the private pharmacies nor in the medical points… it is not available at all".* |
| *"Imagine… for a while, I have been unsuccessfully trying to get a wheelchair to help me move around and help myself!!!!!".* |
| *"I need somebody to serve/ help me perform activities of daily living".* |

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### 3.3 Psychological Well-being

The war exposed older adults to numerous sources of psychological stress that affected their feelings, thoughts, and behavior. Participants described fear, frustration, hopelessness, worry, despair, and helplessness. They also expressed concern that they were a burden on their families and communities, felt unsafe and unstable, and anticipated imminent death. Further concerns included the closure of routes separating the northern and southern Gaza Strip, resulting in geographical and family separation. To cope, participants tried to support others and sought peer or professional support whenever feasible. Peer support was perceived as limited because everyone was experiencing stress, while participants reported that mental health services were unavailable to them. Other coping strategies included religious practices and playing cards. Participants' quotations related to psychological well-being are presented in Table 3.

**Table 3: Participants' quotations related to psychological well-being**

| |
|---|
| *"This situation has constituted severe psychological harm to us… our psychological state is unstable…we have been subject to severe psychological stress".* |
| *"Truly, deep inside, we are afraid.".* |
| *"All the time we have been living in fear and horror".* |
| *"No one cares about us".* |
| *"What has been left for us apart from receiving a bullet or a shell and die?!…We are just waiting for our destiny".* |
| *"We support others; however, we are, ourselves, frightened, even more than those we wanted to support…. We were trying to relieve our stress through trying to support others; however, one who has nothing cannot give to others".* |
| *"We have been reciting the Quran and praying".* |
| *"We play cards to forget about the situation".* |

### 3.4 Social Life

The war caused family separation, with members of the same nuclear or extended family located in different areas and unable to reunite because of military closures and restrictions on movement between northern and southern Gaza. This reduced contact with family and friends and weakened social support systems, which are especially important during emergencies. Although older adults traditionally serve as sources of support in their communities, participants became socially inactive, lost their status as community leaders, and were less able to influence or guide their families and communities. Displacement nevertheless created opportunities to develop new social relationships, although these were generally weak and limited. Participants' quotations related to social life are presented in Table 4.

**Table 4: Participants' quotations related to social life**

| |
|---|
| *"I haven't seen my cousin for 2 years… he has been living in Khan Younis and Rafah… he needed me to help him solve an issue, but I couldn't go to him".* |
| *"There are no relationships that strengthen the community structure".* |
| *"We have not been able to guide our children, families and community".* |
| *"When we were displaced to Beach camp, we made a few new relationships; but the situation was dead".* |

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## 4. Conclusions

The 2023–2026 Gaza war adversely affected older adults in the Gaza Strip, further exacerbating their vulnerability across their general living conditions, physical health, psychological well-being, social life, and spirituality. Addressing these challenges is therefore essential. Formal bodies focusing on older adults' needs, particularly during armed conflict, should be established or strengthened by stakeholders such as the Ministry of Health, Ministry of Social Development, UNRWA, and national and international non-governmental organizations. Health services should be designed to ensure adequate access for older adults through modalities such as outreach, remote care, and follow-up. Their basic needs must also be met in a dignified manner, and mental health services should be integrated into humanitarian responses (de Mendonça Lima et al., 2024). Future research should examine the lived experiences of specific groups of older adults in the Gaza Strip, including those receiving institutional care, those with chronic non-communicable diseases, and those living alone. Qualitative studies should also be complemented by quantitative research, including cross-sectional surveys of older adults' quality of life in the Gaza Strip.

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## Appendix:

## Interview Questions

| Section | Sub-section | Main Question(s) | Follow up Questio(ns) (areas) | Probing Question(s) |
|---|---|---|---|---|
| Introductions and Building Rapport | Introduction of the researcher and the research study | Introduction of the researcher | N/A | N/A |
| | | Explaining the purpose of the study | N/A | N/A |
| | | Confirming confidentiality and voluntary participation | N/A | N/A |
| | | Obtaining informed consent | N/A | N/A |
| | Introduction of, and establishing rapport with, the interviewee | Could you please introduce yourself | • Basic demographic data as detailed above.<br>• Profession and Role in the community (as applicable) | • Anything else to share about yourself? |
| | | Can you tell me a little about your life before the war began? / What did your daily life look like? | • What were your routines, relationships?<br>• What sources of comfort did you have in your life? | • How similar or different your life has been, compared to other older people in the Gaza Strip?<br>• Anything else you want to share with us on this? |
| | | Could you please tell me how you are doing now a days? | • How do you generally feel? What are your main concerns? How safe do you feel? How dignified do you feel? | • Please provide me with more details/ Anything else you want to tell me about this? |
| General living conditions | Getting an understanding of the interviewee's general conditions. | Could you please tell me how your life has been since the outbreak of the war on | • Where have you been residing? Tell me whether you have been displaced. | • Tell me about the conditions of your residence.<br>• Tell me whether you have been injured yourself or |

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| | | | | |
|---|---|---|---|---|
| | | October 7th, 2023 | • Have you been subject to violence and related loss because of the war?<br>• Tell me about the availability of food, water hygiene supplies and other basic needs.<br>• Tell me about your financial status during the war. | whether beloved ones have been injured or killed. Also, whether your house has been demolished.<br>• Any other thing you would like to share with us on this? |
| Physical health status | Getting an understanding of the interviewee's physical health status and needs. | Please tell me how your physical health condition has been since the outbreak of the war on October 7th 2023 | • Communicable diseases.<br>• Non-communicable diseases.<br>• Nutritional status. | • Any other health problems, disabilities, etc.?<br>• How far has your health status affected your ability to act independently? |
| | Getting an understanding of the interviewee's access to physical health services. | Please tell me to what extent you have been able to meet your relevant health needs since the outbreak of the war on October 7th 2023 | • To what extent have you been able to access health care (in facilities and/ or outreach health care). | • To what extent are medicines and other medical items (assistive devices, medical consumables, etc.) you need have been available?<br>• How physically accessible, affordable and socially acceptable are the (available) health services? |
| Mental health/ Psychological status | Getting an understanding of the interviewee's mental health/ psychological status and needs. | Please tell me how your mental health condition / psychological status has been since the outbreak of the war on October 7th, 2023 | • What feelings have you experienced?<br>• What thoughts have you had?<br>• How has this affected the way you act? | • Any other mental health concerns you have experienced (flashbacks, nightmares, lowered self-esteem, etc.)? |

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| | | | | |
|---|---|---|---|---|
| | Getting an understanding of the interviewee's coping strategies. | How did you cope with stress, fear, danger, or loss during the war? | • How have you been dealing with stress?<br>• Were there moments that particularly stand out in your memory? | • What coping strategies have you used; which ones helped you most? (probe for positive ones: Imagery, deep breathing, drawing, reading, exercising, socializing, practicing spiritual rituals and negative ones: smoking, social withdrawal, drug addiction, etc.) |
| | Getting an understanding of the interviewee's access to mental health/ psychological services. | Could you please tell me about your experience with mental health/ psychological support services since the outbreak of the war on October 7th 2023 | • What mental health/ psycho-social support services do you know of and/ or have been able to access?<br>• Describe your understanding of mental health problems.<br>• To what extent have you been able to access mental health care? | • What professional help have you received?<br>• How does the community perceive mental problems (stigmatized, respected, etc.)?<br>• How physically accessible, affordable and socially acceptable the (available) mental health services? |
| Social Life and relationships | Getting an understanding of the interviewee's social relationships. | Please tell me how your social relationships have been affected since the outbreak of the war on October 7th 2023 | • Tell me about new relationships/ friendships you have established.<br>• Tell me about the relationships that have weakened. | • How supportive have your social network been? |
| | Getting an understanding of the interviewee's social roles. | Could you please tell me how your social roles have been affected since the outbreak of the war on October 7th 2023 | • Tell me about new roles you have had.<br>• Tell me about roles you have lost. | • To what extent have you had to provide childcare, cooking, cleaning, etc.?<br>• Any other roles? |

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| | | | | |
|---|---|---|---|---|
| | Getting an understanding of the interviewee's access to social support system. | Could you please tell me what social support you have had access to since the outbreak of the war on October 7th 2023 | • Tell me about the institutional support you have received (government, non-governmental organizations, etc.) support systems.<br>• Tell me about the support you have received from your family and peers. | • To what extent has the support you have received been helpful? |
| Closure | Conclusion | If you have additional input; please do; you are highly welcomed. | N/A | N/A |
| | | Are there any other stakeholders you recommend we interview for further insights? | N/A | N/A |
| | Thanks | Thank the interviewee for the time and valuable inputs. | N/A | N/A |
| | | Provide contact information for follow-up questions or additional information. | N/A | N/A |