



Intergenerational Inclusion of refugees: Spirituality as a Lifespan Resource for Social Welfare

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Problem Statement

Elderly refugees as a vulnerable group – searching for possibilities of support in mental health and social welfare:

- Refugees are in general a high-risk group, experiencing challenges due to migration, resettlement and socio-cultural adaptation (e.g., Strong et al., 2015; Virgincar et al., 2016).
- The specific social subgroup is challenged additional by ageing processes (e.g., Kuittinen et al., 2017).
- Elevated risk of onset and persistence of a variety of mental and life quality problems (e.g., Mackinlay, 2015).

Focus: The role of distinctive spiritual-religious needs and relevant coping strategies as a resources-oriented approach (e.g., Pandya, 2018).

Theoretical Background

To develop efficient health services that meet the needs of refugees from different regions, an understanding is required of how they make sense of and prefer to cope with challenges or mental health demands (e.g., Rousseau & Frounfelker, 2019).

For some refugees, spiritual needs and religious coping behaviors might be for high relevance as they proved to be seen as key coping strategies (Markova & Sandal, 2016; Forouzi et al., 2017; Panzini et al., 2017). The research findings are consistent and emphasize the significance of religion in helping immigrants and refugees to cope with difficult circumstances (e.g., Mölsä et al., 2019).

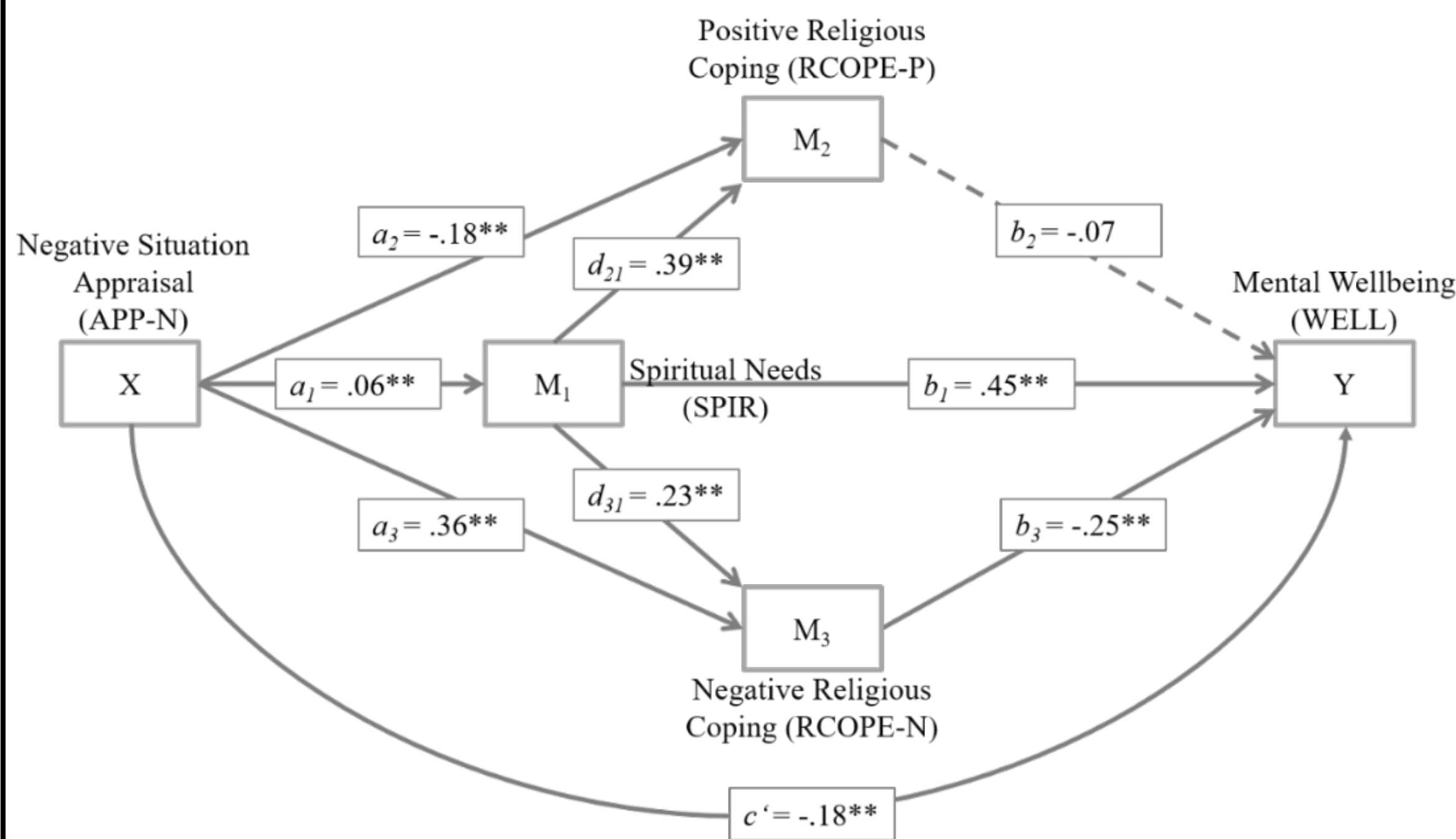
Research have shed significant light on how people utilize, and benefit from, religion in coping with life stressors and traumatic events, assuring for them well-being (e.g., Gall & Guirguis-Younger, 2013; Abu-Raiya & Pargament, 2015).

A spiritual and religion resource-oriented perspective seems to be relevant in case of question how spiritual needs and religious coping styles might contribute to the relationship between situation appraisal and mental wellbeing in refugees. Spirituality and religion might help to deal with the new life situation in a foreign country and culture (e.g., Acquaye et al., 2018; Pandya, 2018; Kartal et al., 2019).

Especially negative appraisals of the new post-migration life situation by refugees could have an impact on increasing vulnerability of mental health and well-being (e.g., Silove et al., 2017), as well as experiences of discrimination (e.g., Hameed et al., 2018; O'Brien et al., 2019; Sarizadeh et al., 2020).

Conceptional Model

The relationship between negative dysfunctional situation appraisal and mental health of elder refugees.



a paths: relations between the predictor and the mediators; **b paths:** relations between the mediators and the criterion; **c' path:** the relation between the predictor and the criterion when controlled for the mediators; **d paths** the relation between the mediators. * $p < .05$, ** $p < .01$.

Goal of Research

- Identifying the role of spiritual needs and religious coping styles for mental wellbeing of elder refugees.
- Proving a conceptional model of the relationship between situation appraisal and spiritual needs, religious coping as indicator for mental health (well-being) of elder refugees.
- Suggestions for practical support in social welfare for and with elderly refugees.

Sample/Design

Population:

- Refugees in Bavaria: Elder subgroup of a larger assembly (n= 763)
- 118 probands (SYR, AFG, NIG, ERI...)
- Men and women between the ages of 55–85 (mean age M = 65.99 years).
- Hard-to-reach-population in refugee institutions, refugee centers and refugee camps

Design:

- Cross-sectional study
- Questionnaires in English, Arabic, Farsi, German and French language
- Measures: Frequently applied and validated multi-item scales were used to ensure adequate measurement of each study variable
 - WELL: Mental wellbeing was measured as a dependent variable using the 5-item World Health Organization Well-Being Index (e.g., Topp et al. 2015).
 - SPIR: Spiritual needs were conceptualized using the Spiritual Needs Questionnaire (SpNQ; e.g., Büssing et al., 2010).
 - RCOPE: Religious coping was measured using the Brief Measure of Religious Coping (Brief RCOPE; e.g., Pargament et al., 2000).
 - APP-N: The tendency towards a negative appraisal of the current life situation was measured using 3 items of the Interpretation of Illness Questionnaire (IIQ; e.g., Büssing & Fischer, 2009).

Findings

- Following the *first hypothesis* and based on previous findings on the link between negative appraisals of life events and mental symptoms or disorders (e.g., Silove et al., 2017; Hameed et al, 2018), it was assumed that a negative situation appraisal (X) of refugees reduces their mental wellbeing (Y). We showed, that refugees who indicated more dysfunctional-negative situation appraisal of their current life situation were more likely to experience lower mental wellbeing.
- Referring to the *second hypothesis*, according to Lazarus's transactional model of stress and coping and Pargament's theory of religious coping also an indirect association between a negative situation appraisal (X) and mental wellbeing (Y) was expected through religious coping activities (e.g., Abu Raiya et al., 2016; Sarizadeh et al, 2020). Results revealed the link between negative situation appraisal and increased negative religious coping which in turn was associated with lower mental wellbeing. On the other hand, negative situation appraisal was associated with less positive religious coping which in turn did not relate to mental wellbeing.
- Along with the *third hypothesis*, with respect to Emmons's (2000) cognitive-motivational conceptualization of spirituality, also an indirect association between a negative situation appraisal (X) and mental wellbeing (Y) through spiritual needs (M1) was assumed (e.g., Büssing et al., 2018; O'Brien et al. 2019) and the results indicated, that negative situation appraisal was linked to more spiritual needs which in turn related to better mental wellbeing.
- The *fourth hypothesis*: was hypothesized an overall model as a mediation model with serial and parallel mediation properties. As such, the influence of a negative situation appraisal (X) on mental wellbeing (Y) would be sequentially mediated through a serial mediation path with spiritual needs (M1), as a first factor religious coping, as a second, whereby positive religious coping (M2) and negative religious coping (M3).
- Conclusion:** The awareness of one's spiritual needs might open new perspectives for resources and inclusion of elderly refugees. Our results confirm previous findings regarding an association between spiritual needs and quality of life. The activation of spiritual needs was shown to be an important resource to buffer the negative effects of a dysfunctional situation appraisal which otherwise is directly linked to worse mental wellbeing as well as negative religious coping. The importance of spiritual needs regarding compensation of a negative dynamic between dysfunctional appraisal and mental health issues, is of important relevance for elderly's well being. An inclusion of such spiritual and religious aspects into counseling as well as social welfare would be of great importance. Appropriate general and mental health services for older immigrants, requires awareness of clients' preferences, needs, and coping ways in healing practice.

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