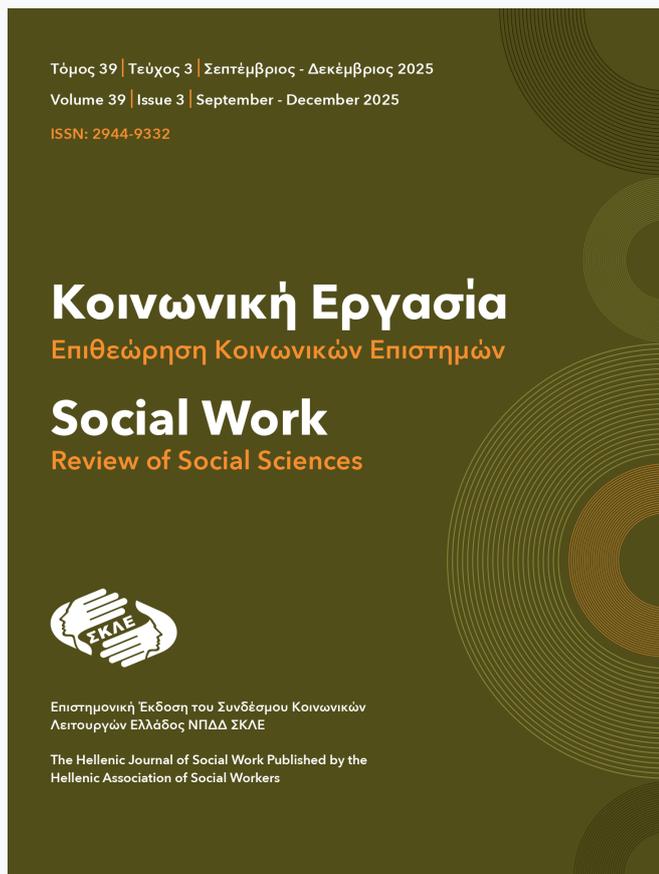


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Μετανάστευση, Προσφυγοποίηση και Τρίτη Ηλικία: Η Διαγενεακή Σχέση και η Κοινωνική Υποστήριξη ως Παράγοντες Πολιτισμικής Προσαρμογής

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Migration, refugeeness and old age: Intergenerationality and social support as factors of cultural adaptation

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ABSTRACT

Migration and refugeeness are defining social phenomena that profoundly affect vulnerable populations. Elderly refugees and migrants face overlapping challenges, including unfamiliar language environments, social isolation, loss of cultural identity, and limited access to healthcare. This study investigates the role of intergenerational relationships and social support in the cultural adaptation of elderly refugees and migrants living in Greece. Drawing on both international and national research, it underscores the significance of family bonds and community networks in fostering psychological resilience and a sense of belonging. The sample comprised 100 older adults with refugee or migrant backgrounds (aged 60–84 years; 53% women, 47% men) who had resided in Greece for an average of fifteen years. The Cultural Adjustment Scale, MSPSS, and WHOQOL-OLD were administered, demonstrating high internal reliability (Cronbach's $\alpha = .831-.883$). Tests of normality indicated that cultural adaptation and social support did not follow a normal distribution ($p < .01$), whereas quality of life was normally distributed ($p = .883$). Spearman's rank-order correlations showed no significant associations between social support and either cultural adaptation [$r_s(98) = -.10, p = .307$] or quality of life [$r_s(98) = -.07, p = .480$]. Multiple regression analysis revealed that quality of life was a strong and significant predictor of cultural adaptation ($\beta = .742, p < .001$), whereas social support was not ($\beta = -.049, p = .472$). Overall, the findings highlight the importance of enhancing living conditions and promoting social participation among elderly refugees and migrants.

Key-words: Migration, Old age, Social support, Cultural adaptation

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Introduction

Societies and communities are affected at multiple levels by migration and refugee movements, which occur across most parts of the world. Their increasing frequency and recurrence in recent years are directly related to political, economic, social, and environmental transformations, thus demonstrating their complex and dynamic nature (Castles et al., 2014; O'Rourke, 2019). According to data from the UN High Commissioner for Refugees, by mid-2024 122.6 million people had been recorded as forcibly displaced—the highest number in history (UNHCR, 2024). Within this total, older refugees, a subgroup with specific needs, accounted for 6.4% of the displaced population, representing approximately 7.8 million individuals worldwide.

Older people participating in migration and refugee flows face numerous difficulties. They often have limited access to healthcare services, experience social marginalization, lose their familiar cultural environment, and feel particularly vulnerable (Abou Saleh & Christodoulou, 2016; Lewis, 2009). In addition, displacement separates them from traditional family and community structures, depriving them of long-standing support networks and exposing them to heightened risks of psychological and social distress (Lin et al., 2020).

Cultural adaptation is a central construct for understanding the experiences of older refugees and migrants. Following Berry's acculturation model (1997), adaptation is not conceived as total assimilation but as a dynamic balance between maintaining one's cultural identity and integrating into the host society. However, the application of this model among older adults is limited due to the fragile circumstances and distinct challenges they encounter (Kuo, 2014).

Intergenerationality emerges as a decisive factor in understanding the adaptation process. Interactions between individuals of different generations provide a framework for strengthening resilience and a sense of continuity, thus facilitating social integration (Daniel et al., 2020; Palmberger, 2017). At the same time, social support—whether derived from family, community, or institutional structures—serves as a protective buffer against psychological symptoms and anxiety, which are frequently observed among refugees (Cobb, 1976; Cohen & Wills, 1985; Zhang & Dong, 2023).

International research underscores the importance of social support in improving living conditions among migrant and refugee populations; however, there remains a notable gap in similar studies focusing on older adults. More specifically, the interplay between cultural adaptation, social support, and intergenerational relationships has not been sufficiently examined (Hynie, 2018). This gap hinders the development of evidence-based policies and interventions capable of addressing the needs of older refugees and migrants (Abdoli et al., 2024).

There is often conceptual confusion regarding the terms migration and refugee status, despite their clear distinction. Migration refers to the voluntary or involuntary movement of populations between countries, typically aiming for resettlement and social integration (Castles et al., 2014). In contrast, refugeehood denotes forced displacement due to persecution, war, or natural disasters, resulting in loss of homeland and disruption of social cohesion (UNHCR, 2024).

A more recent concept gaining prominence in migration studies is refugeeness, which captures the lived and experiential dimensions of displacement. In this study, refugeeness denotes the subjective, multidimensional experience of being a refugee, encompassing psychological, social, and cultural processes that accompany forced migration. It moves beyond the legal definition, emphasizing identity transformation, belonging, and reintegration through displacement and resettlement (Malkki, 1995; Papadopoulos, 2002).

According to the World Health Organization, individuals aged 60 and over are considered to be in

the third age (WHO, 2015). This population group is particularly vulnerable in contexts of refugeehood and migration due to biological, cultural, and social factors (Abou Saleh & Christodoulou, 2016).

Intergenerationality refers to the interaction between different generations within family and community contexts. In the context of migration, such interactions directly influence the adaptation process, as acculturation rates differ between younger and older generations (Treas & Mazumdar, 2002).

Social support is defined as the set of material and psychosocial resources available to an individual or social network that provide reinforcement during stressful or adverse life situations (Cobb, 1976; Cohen & Wills, 1985). For elderly refugees, social support can become a critical determinant of resilience and well-being (Stewart et al., 2008).

The most widely accepted theoretical framework of cultural adaptation remains Berry's (1997) model of acculturation, which identifies four strategies: assimilation, integration, separation, and marginalization. For older individuals, this process is particularly complex, as it often coincides with role loss, declining health, and limited access to support structures (Kuo, 2014).

With regard to cultural adaptation, this process extends beyond institutional structures and is embedded in everyday life, encompassing language use, preservation of traditions, and engagement in new social contexts. Research indicates that the ability to balance cultural continuity with social integration plays a pivotal role in successful adaptation (Choi et al., 2019).

In the Greek context, cultural adaptation is closely associated with educational and social strategies that address cultural diversity. Nikolaou (2008) emphasizes that intercultural education and training extend beyond the school environment, functioning as broader mechanisms for promoting equality and social cohesion. This approach is especially relevant for older refugees and migrants, whose adaptation depends not only on personal choices but also on political and institutional initiatives supporting cultural diversity and social participation.

Social support constitutes a key determinant of psychological well-being in older refugees. Cobb (1976) highlighted the importance of perceived support as a stress-buffering mechanism, while Cohen and Wills (1985) proposed the buffering model, wherein social support mitigates the negative effects of stress.

Evidence shows that among elderly populations, the presence of family ties, community networks, and institutional support is associated with higher quality of life and fewer psychological difficulties (Lin et al., 2020; Zhang & Dong, 2023). Conversely, lack of social support correlates with isolation, depression, and deterioration in physical health (Virgincar et al., 2016).

Despite the growing body of research on migration and refugeehood, studies focusing exclusively on older adults remain limited. The interrelationship between cultural adaptation, intergenerationality, and social support has not been sufficiently explored within European—and particularly Greek—contexts (Hynie, 2018; Palmberger, 2017). In Greece, there are contradictions in the field of refugee social support: while strong family cohesion serves as a protective factor, structural deficiencies in welfare systems—exacerbated by the economic crisis—limit effective assistance (Riza et al., 2020).

Social workers, as the primary professionals involved, are called upon to bridge institutional gaps and promote community engagement for older refugees and migrants. Understanding these factors is essential for designing evidence-based social policies that respond to the real needs of this population. Social work, through its human-centered and multi-level approach, can bridge the gap between theory and practice (Abdoli et al., 2024).

Therefore, the present study aims to investigate the relationships among social support, cultural adaptation, intergenerational relationships, and quality of life among elderly refugees and migrants in

Greece. By exploring how these factors interact, the study seeks to enhance understanding of the mechanisms that shape adaptation and well-being in this vulnerable population.

Based on the theoretical framework and research objectives, the following hypotheses were formulated:

Hypothesis 1 : There is a statistically significant correlation between perceived social support and the cultural adaptation of elderly refugees and immigrants.

Hypothesis 2 : There is a statistically significant correlation between perceived social support and the quality of life of elderly refugees and immigrants.

Hypothesis 3 : There are statistically significant differences in cultural adaptation according to the level of perceived social support (low, moderate, high).

Hypothesis 4 : Cultural adaptation of elderly refugees and immigrants is significantly predicted by quality of life and perceived social support.

Methodology

Type and design of research

The study employed a descriptive, cross-sectional research design aimed at examining the relationships among cultural adaptation, perceived social support, intergenerational relationships, and quality of life among older refugees and migrants residing in Greece. This design was chosen because it enables the investigation of associations among psychosocial variables without inferring causality. The research sought to identify interaction patterns and assess the degree to which social and cultural factors influence adaptation and well-being in the context of migration. Data were collected using individually administered self-report questionnaires, conducted under conditions that ensured anonymity, confidentiality, and informed consent.

Population – Sample & sampling method

The total sample consisted of 100 older adults with a migrant or refugee background, aged between 60 and 84 ($M = 68.78$, $SD = 6.15$). Women represented 53% of the sample, while men accounted for 47%. Participants were primarily of Afghan (16%), Iraqi (20%), and Syrian (18%) origin, whereas 42% were Greek nationals and 4% identified as belonging to other nationalities. The mean duration of residence in Greece was 14.62 years ($SD = 4.86$). The sampling method was purposive, involving individuals who met specific inclusion criteria relevant to the study objectives.

The inclusion criteria were:

- (a) age 60 years or older,
- (b) recognized refugee, asylum seeker, or legally residing migrant status in Greece,
- (c) permanent residence in Greece for at least one year at the time of the study,
- (d) adequate knowledge of the questionnaire language (Greek) or ability to respond with the assistance of a qualified interpreter, and
- (e) sufficient cognitive capacity to understand and provide consistent responses to the questionnaire items.

Exclusion criteria included:

- (a) diagnosis of severe psychiatric disorders (e.g., schizophrenia, major depression, dementia),
- (b) neurological conditions or cognitive impairments that interfered with comprehension,

- (c) physical health limitations that prevented or significantly hindered participation in the data collection process, and
- (d) refusal or inability to provide informed consent.

These criteria were established to ensure data validity, response reliability, and adherence to ethical standards in research involving vulnerable populations.

Measures

Demographic information. In the demographics section, participants were asked to provide information regarding sex, date of birth, country of birth, nationality, mother tongue, marital status, educational level, current residence, duration of stay in Greece, financial status, employment status before displacement, current employment status, number of family members living with them, residence status, and self-reported health condition. In addition, the following standardized instruments were administered to collect quantitative data:

Cultural Adjustment Scale. It was developed specifically for the purposes of this study to assess the degree of sociocultural and psychological integration among older refugees and migrants. The instrument consists of 12 items rated on a 5-point Likert scale (*1 = strongly disagree* to *5 = strongly agree*). The items are organized into six subscales, each comprising two items: (a) Emotional Security (Q1–Q2), (b) Cultural Understanding (Q3–Q4), (c) Functional Autonomy (Q5–Q6), (d) Social Support (Q7–Q8), (e) Psychological Well-being (Q9–Q10), and (f) Economic Stability (Q11–Q12). The total score is calculated by summing all responses, ranging from 12 to 60, with higher scores indicating greater cultural adaptation.

Content validity was established through theoretical grounding in Berry's (1997) acculturation model and expert review. A panel of psychologists, gerontology specialists, and professionals experienced in refugee integration evaluated the relevance, clarity, and conceptual adequacy of the items. This procedure followed the content-oriented validation framework proposed by Haynes et al. (1995). The scale was validated using the study's Greek sample ($N = 100$), which served as the reference group for psychometric evaluation. Participants were refugees aged 60 years and older who had been residing in Greece for more than one year. Raw scores were converted into standardized T -scores ($M = 50$, $SD = 10$) to enable comparative interpretation. Based on these T -scores, participants were classified into four levels of cultural adaptation: low ($T < 40$), moderate (40–49), good (50–59), and high (≥ 60).

The instrument demonstrated excellent internal consistency, with Cronbach's $\alpha = .99$ for the total scale and $\alpha = .91$ for each subscale. These findings support the Cultural Adjustment Scale as a psychometrically robust and preliminarily standardized instrument for evaluating the cultural adaptation of older refugees within the Greek context.

Multidimensional Scale of Perceived Social Support (MSPSS). It is a 12-item self-report instrument designed to assess perceived social support from three distinct sources: Family, Friends, and Significant Others (Zimet et al., 1988). Each subscale consists of four items rated on a 7-point Likert scale ranging from *1 (strongly disagree)* to *7 (strongly agree)*, with higher scores indicating greater perceived social support.

For the present study, the Greek version of the MSPSS (Theofilou, 2015) was used. Although this version has been linguistically adapted and approved for use in Greek populations, a complete

psychometric normalization has not yet been published. Therefore, its internal consistency was examined within the current sample of older refugees. The instrument demonstrated satisfactory to high reliability, with Cronbach's $\alpha = .82$ for the *Significant Others* subscale, Cronbach's $\alpha = .88$ for the *Family* subscale, Cronbach's $\alpha = .79$ for the *Friends* subscale, and Cronbach's $\alpha = .88$ for the total scale, confirming its suitability for use with this population.

WHOQOL-OLD. The WHOQOL-OLD module, developed by the World Health Organization (Power et al., 2005), is a quality-of-life instrument specifically designed for use with older adults. It extends the WHOQOL-BREF by incorporating aspects of life that are particularly relevant to aging populations. The scale consists of 24 items rated on a 5-point Likert scale ($1 = \textit{not at all}$ to $5 = \textit{extremely}$). The instrument assesses quality of life across six domains: (a) Sensory Abilities, (b) Autonomy, (c) Past–Present–Future Activities, (d) Social Participation, (e) Death and Dying, and (f) Intimacy, with four items per domain.

Although a fully standardized Greek validation study has not yet been published, the official Greek translation provided by the WHO was employed. In the present study, the instrument was psychometrically evaluated in a Greek sample of older refugees ($N = 100$). Internal consistency was satisfactory for the total scale (Cronbach's $\alpha = .83$) and excellent across subscales ($\alpha = .89\text{--}.97$). Furthermore, raw scores were standardized using T -scores ($M = 50$, $SD = 10$), and participants were classified into four quality-of-life categories: low ($T < 40$), moderate (40–49), good (50–59), and high (≥ 60). The current sample served as the Greek normative group for preliminary standardization.

Procedure

Data collection was conducted between February and April 2025 using a mixed strategy:

- (a) In person, in the Patras area, with the assistance of local social services and community agencies. Printed questionnaires were administered in the presence of the researcher after obtaining informed consent, and a translator was available when necessary.
- (b) Remotely, via the Zoom conferencing platform, with instructions provided by the researcher (either orally or through an electronic link) and with the option of interpreter assistance, when deemed necessary and following consent.

Respondents were able to choose their preferred language, and language support was provided throughout the process to ensure full comprehension of both the questionnaires and the study procedures.

Data analysis

Descriptive and inferential statistical analyses were performed using SPSS software, with the significance level set at $p < .05$. Descriptive statistics were applied to summarize participants' demographic characteristics and study variables. Inferential analyses included Spearman's correlation coefficients, Kruskal–Wallis H tests, and multiple regression analyses.

The normality of distributions was examined using the Shapiro–Wilk and Kolmogorov–Smirnov tests. Results indicated that:

- **Cultural Adaptation:** $p < .001 \rightarrow$ non-normal distribution
- **Social Support (MSPSS):** $p = .002 \rightarrow$ non-normal distribution
- **Quality of Life (WHOQOL-OLD):** $p = .883 \rightarrow$ normal distribution

Given that the variable “cultural adaptation” did not follow a normal distribution, the nonparametric

Kruskal–Wallis H test was applied to compare mean ranks across the three perceived social support groups (low, moderate, high). To examine the relationship between perceived social support and cultural adaptation among older refugees and migrants, Spearman's nonparametric correlation coefficient (ρ) was used, as the assumptions of normality and homogeneity of variance were not met. Similarly, Spearman's ρ was employed to assess the association between perceived social support and quality of life among participants aged 60 years and older.

Results

H₁: Correlation between social support and cultural adaptation.

There was no statistically significant correlation between the two variables, $r_s(98) = -.10$, $p = .307$. The correlation was negative, indicating that as social support increases, cultural adaptation slightly decreases. However, the relationship was weak and not statistically significant, according to Cohen's (1988) effect size criteria. Consequently, the null hypothesis (H_0) was not rejected, and it can be concluded that social support is not significantly related to cultural adaptation in the present sample.

H₂: Correlation between social support and quality of life.

There was no statistically significant correlation between the two variables, $r_s(98) = -.07$, $p = .480$. The correlation was negative, weak, and nonsignificant, indicating that social support is not related to perceived quality of life among participants.

H₃: Differences in cultural adaptation depending on levels of social support

There was no statistically significant difference in cultural adaptation between the three levels of perceived social support, $H(2) = 0.41$, $p = .816$. Considering that the p -value was greater than the predetermined significance level ($\alpha = .05$), the null hypothesis was not rejected. Consequently, the cultural adaptation of older refugees and migrants does not appear to be influenced by the level of perceived social support. No statistically significant differences were observed among the low, moderate, and high social support groups.

H₄: Predictors of cultural adaptation

A multiple linear regression analysis was performed, with cultural adaptation as the dependent variable and perceived social support and quality of life as independent variables.

Prior to conducting the regression, the assumptions of normality, linearity, and multicollinearity were examined. The multicollinearity check ($VIF \approx 1$) did not reveal any issues, indicating that the model was reliable (see Table 1).

Overall, the findings showed that quality of life was a strong and statistically significant predictor of cultural adaptation among older refugees and migrants, whereas perceived social support did not significantly predict this outcome.

The regression model was statistically significant, $F(2, 97) = 61.23$, $p < .001$, indicating that at least one of the independent variables significantly predicted cultural adaptation. The coefficient of determination ($R^2 = .56$) showed that 55.8% of the variance in cultural adaptation was explained by the two predictors (see Tables 2 and 3).

Regarding the individual predictors (see Table 4):

- Quality of life was a statistically significant and positive predictor of cultural adaptation ($\beta = .74$, $t = 10.96$, $p < .001$).
- Perceived social support was not a statistically significant predictor ($\beta = -.05$, $t = -0.72$, $p = .472$).

Table 1.

Collinearity Diagnostics^a

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	MSPSS Total Score	WHOQOL-OLD total score
1	1	2.957	1.000	.00	.01	.00
	2	.036	9.041	.02	.82	.12
	3	.007	20.918	.98	.17	.87

**Note*

The collinearity diagnostics indicated no multicollinearity issues, as all condition indices were below 30 and variance proportions were within acceptable limits.

Table 2.

Regression Model Summary (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.747 ^a	.558	.549	.57566	.558	61.233	2	97	< .001

**Note*

The regression model was statistically significant, $F(2, 97) = 61.23, p < .001$, explaining 55.8% of the variance in cultural adaptation ($R^2 = .558$). Quality of life (*WHOQOL_total*) was a significant predictor, whereas social support (*MSPSS_total*) was not.

Table 3.

Analysis of Variance for Linear Regression (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	40.583	2	20.292	61.233	< .001
Residual	32.144	97	.331		
Total	72.728	99			

**Note*

The ANOVA indicated that the overall regression model was statistically significant, $F(2, 97) = 61.23, p < .001$, explaining a substantial proportion of the variance in cultural adaptation (*adapt_total*).

Table 4.
Regression Coefficients for Cultural Adaptation (Coefficients)

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.	Collinearity Statistics Tolerance	VIF
(Constant)	-1.586	.547	—	-2.902	.005	—	—
MSPSS Total Score	-.044	.061	-.049	-.723	.472	.994	1.006
WHOQOL-OLD total score	1.539	.140	.742	10.958	< .001	.994	1.006

**Note*

Quality of life (*WHOQOL_total*) was a strong and statistically significant predictor of cultural adaptation ($\beta = .74, p < .001$), whereas social support (*MSPSS_total*) was not significant ($\beta = -.05, p = .472$).

Discussion

This study provides valuable evidence on the relationship between cultural adaptation, social support, and quality of life, contributing to a broader understanding of the living conditions of older refugees and migrants in Greece.

The main results showed that no statistically significant relationship was found between perceived social support and either cultural adaptation or quality of life. However, quality of life emerged as a strong and statistically significant predictor of cultural adaptation, whereas social support did not show predictive value. These findings highlight that the adaptation of older refugees and migrants depends more on overall living conditions and quality of life than on perceived social support.

Regarding Hypothesis 1, no significant correlation was found between perceived social support and cultural adaptation. This finding contradicts much of the international literature, which suggests that social support contributes to cultural integration and psychosocial adaptation (Cobb, 1976; Cohen & Wills, 1985; Stewart et al., 2008). One possible explanation is that the elderly participants in this study may receive support primarily within practical or family contexts, which do not necessarily extend to broader social integration structures.

In Hypothesis 2, the results again showed no statistically significant relationship between quality of life and social support. Although international studies generally report positive associations (Choi et al., 2019; Lin et al., 2020), the findings of this study may indicate that quality of life is influenced by exogenous factors—such as economic conditions, health coverage, or access to welfare services—rather than by perceived social support alone.

For Hypothesis 3, no differences in cultural adaptation were observed among groups with different levels of social support. This reinforces the idea that social support is not an autonomous key factor in adaptation but must function in conjunction with institutional policies and community interventions.

The clearest finding emerged in Hypothesis 4. Multiple regression analysis confirmed that quality of life was a strong and statistically significant predictor of cultural adaptation ($\beta = .74, p < .001$), while social support was not significant ($\beta = -.05, p = .472$). This suggests that improving living conditions—

including access to healthcare, housing, and opportunities for social participation—is a crucial lever for enhancing cultural adaptation among older refugees and migrants.

The examination of this issue within the Greek context is particularly important. As Nikolaou (2008) noted, the management of cultural diversity is not merely an educational issue but a broader socio-political challenge. Through an intercultural approach, social work frameworks can support development policies and methodological practices that promote social cohesion and integration of older refugees and migrants.

The findings underscore the importance of improving living conditions and strengthening social and intergenerational networks for elderly refugees and migrants. Based on these results, the following recommendations for social work practice are proposed to promote culturally sensitive and inclusive approaches:

1. Development of culturally sensitive services: Social workers should integrate intercultural principles (Nikolaou, 2008) into their work with older adults, recognizing their specific needs and life experiences.
2. Improving quality of life: Policies and programs supporting housing, health coverage, and social participation can substantially enhance adaptation.
3. Collaboration with local communities: Strengthening intergenerational and community relationships contributes to the psychosocial well-being of older individuals.
4. Further research: Additional studies should be conducted in Greece, as older refugees and migrants remain an underexplored population in both national and international literature.

Overall, these recommendations emphasize the need for social work to move beyond individual-level interventions and adopt a holistic, culturally responsive framework that addresses both personal and structural dimensions of adaptation. By promoting inclusive practices, strengthening intergenerational ties, and enhancing quality of life, social work can play a pivotal role in fostering integration, dignity, and social cohesion within host communities.

As with any empirical research, this study presents certain limitations that should be considered when interpreting the findings. First, the sample was purposively selected, limiting the generalizability of the results. Participants were concentrated in areas with established refugee infrastructures or ethnic communities, which may have influenced adaptation patterns. Second, despite careful efforts to ensure linguistic and cultural equivalence of the instruments, the possibility of semantic or cultural misinterpretation cannot be excluded—especially for abstract constructs such as “quality of life” and “social support.” Third, while the use of validated instruments (MSPSS and WHOQOL-OLD) and a newly developed Cultural Adaptation Scale allowed for comparative analyses, these tools may not fully capture complex psychosocial experiences such as trauma, displacement, or cultural bereavement. Finally, as a cross-sectional design, the study can only identify associations rather than causal relationships among variables.

Although this study relied primarily on quantitative methods, incorporating qualitative approaches—such as life narratives or ethnographic observation—could provide a richer understanding of the aging and adaptation experiences of older refugees and migrants in Greece. Future research may thus adopt mixed-methods designs to deepen insights into the cultural and psychosocial processes that shape adaptation in later life.

Conclusions

This study examined the interrelationships between cultural adaptation, social support, and quality of life among older refugees and migrants in Greece. The findings indicated that no statistically significant relationships were found between perceived social support and either cultural adaptation or quality of life. Furthermore, levels of cultural adaptation did not differ significantly according to the degree of perceived social support.

In contrast, quality of life emerged as the strongest and most significant predictor of cultural adaptation, whereas social support showed no predictive value. These results suggest that the integration and adaptation of older adults with refugee and migrant backgrounds depend not only on subjective support networks but primarily on the improvement of overall living conditions—including housing, health services, and opportunities for social participation.

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Μετανάστευση, Προσφυγοποίηση και Τρίτη Ηλικία: Η Διαγενεακή Σχέση και η Κοινωνική Υποστήριξη ως Παράγοντες Πολιτισμικής Προσαρμογής

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ΠΕΡΙΛΗΨΗ

Η μετανάστευση και η προσφυγιά αποτελούν κοινωνικά φαινόμενα που επηρεάζουν ευάλωτες πληθυσμιακές ομάδες. Οι ηλικιωμένοι πρόσφυγες και μετανάστες αντιμετωπίζουν δυσκολίες, όπως την εξοικείωση με νέα γλωσσική πραγματικότητα, την κοινωνική απομόνωση, την απώλεια πολιτισμικής ταυτότητας και την πρόσβαση σε υπηρεσίες υγείας. Διερευνάται ο ρόλος των διαγενεακών σχέσεων και της κοινωνικής υποστήριξης στη προσαρμογή των ηλικιωμένων προσφύγων και μεταναστών που διαμένουν στην Ελλάδα. Βασιζόμενη σε έρευνες, αναδεικνύει τη σημασία των οικογενειακών δεσμών και των κοινοτικών δικτύων για την ενίσχυση της ψυχολογικής ανθεκτικότητας και του αισθήματος του ανήκειν. Το δείγμα αποτέλεσαν 100 άτομα τρίτης ηλικίας με προσφυγικό ή μεταναστευτικό υπόβαθρο (60–84 ετών· 53% γυναίκες, 47% άνδρες), με μέση παραμονής στην Ελλάδα δεκαπέντε έτη. Χρησιμοποιήθηκαν οι κλίμακες Cultural Adjustment Scale, MSPSS και WHOQOL-OLD, οι οποίες παρουσίασαν υψηλή εσωτερική αξιοπιστία (Cronbach's $\alpha = .831-.883$). Οι έλεγχοι κανονικότητας έδειξαν ότι η πολιτισμική προσαρμογή και η κοινωνική υποστήριξη δεν ακολουθούσαν κανονική κατανομή ($p < .01$), ενώ η ποιότητα ζωής παρουσίασε ($p = .883$). Οι συσχετίσεις Spearman δεν ανέδειξαν στατιστικά σημαντική σχέση μεταξύ κοινωνικής υποστήριξης και πολιτισμικής προσαρμογής ($r_s(98) = -.10, p = .307$) ή ποιότητας ζωής ($r_s(98) = -.07, p = .480$). Η ανάλυση πολλαπλής παλινδρόμησης έδειξε ότι η ποιότητα ζωής αποτελεί ισχυρό και στατιστικά σημαντικό προβλεπτικό παράγοντα της πολιτισμικής προσαρμογής ($\beta = .742, p < .001$), ενώ η κοινωνική υποστήριξη δεν παρουσίασε στατιστικά σημαντική προβλεπτική αξία ($\beta = -.049, p = .472$). Τα αποτελέσματα υπογραμμίζουν τη σημασία της βελτίωσης των συνθηκών διαβίωσης και της ενίσχυσης της κοινωνικής συμμετοχής των ηλικιωμένων προσφύγων και μεταναστών.

Λέξεις-κλειδιά: Μετανάστευση, Τρίτη ηλικία, Κοινωνική υποστήριξη, Πολιτισμική προσαρμογή

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