Major Contribution

Concepts of Resilience Among Trauma-Exposed Syrian Refugees

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Abstract

Syrian refugees comprise the largest population of internally displaced people in the world, with about 18,000 Syrian refugees resettled in the United States from 2011 to 2016. Although many of these individuals experience trauma that can lead to different mental health problems, most are quite resilient. This qualitative study explores themes of resilience in Syrian refugees, and how these themes differ from Western ideas of resilience. Eight in-depth, semi-structured interviews were conducted with Syrian adults in the United States. Questions focused on three experiences: preflight, flight, and postflight. Interviews were conducted in Arabic with a bilingual translator. Thematic analysis was used to identify concepts of resilience. Themes that emerged included: life in Syria outside of conflict, life in Syria during war, seeking refuge, life in the United States, hardships and challenges, systemic failure, comparison between cultures, health and well-being, external sources of resilience, and internal sources of resilience. We discuss research and counseling implications of these results.

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Significance of the Scholarship to the Public
The purpose of this study was to give voice to the experiences of resettled trauma-exposed Syrian refugees in the United States and understand the meaning of resilience within this community. The findings can provide mental health practitioners with a framework to better comprehend the resilience of Syrian refugees, and as such, we urge practitioners to tap into these resources of resilience to promote healing within the community. As one participant stated, "[Resilience] is my title as a refugee. If I don't be resilient, I'm not going to be a refugee."

Concepts of Resilience Among Trauma-Exposed Syrian Refugees

The Syrian civil war has killed over 500,000 people (Specia, 2018), and is considered the worst humanitarian crisis of our time (United Nations High Commissioner for Refugees [UNHCR], 2016a). There are now over 6 million Syrian refugees worldwide, triggering the well-known "Syrian refugee crisis" (UNHCR, 2018). In additional to the large number of refugees, 6.5 million Syrians are displaced within their country, making them the biggest population of internally displaced people in the world (UNHCR, 2016b). Not surprisingly, displaced Syrians have suffered significant trauma upon arrival to refugee camps or resettlement countries. *The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5; American Psychiatric Association, 2013) defines a traumatic event as exposure to actual or threatened death, serious injury, or sexual violence. Traumas experienced by Syrian refugees includes: massacres, murder, execution without due process, torture, hostage-taking, sexual violence, enforced disappearance, rape, and use of children in hostile situations. In addition to direct experiences of violence, stressors like poverty, unemployment, and limited access to food, water, sanitation, housing, health care, and education contribute significantly to psychological distress (Hassan et al., 2016).

According to the most recent data, the United States resettled approximately 18,000 Syrian refugees from 2011 to 2016, with California, Michigan, and Texas resettling the most in that time span (Zong & Batalova, 2017).

Factors that impact resettled refugees include locations of previously settled family or friends, presence of an existing Syrian community, and the city's ability to support their needs. Regardless of these factors, refugees may live in the state of their choice (International Rescue Committee, 2019).

Mental Health Challenges Among Syrian Refugees

Before discussing the mental health challenges of Syrian Refugees, it is necessary to define the term, refugee. A *refugee* refers to someone who has been granted permission to enter the United States while still overseas, whereas an *asylee* is someone who has requested protection after entering the United States (Department of Homeland Security, 2019). The most common psychological experiences of distress among refugee populations center on themes of grief and loss (Hassan et al., 2016). For Syrians, grief can result from loss of home, cultural identity, relationships, and support structures as they resettle in a new country (Hassan et al., 2016). In addition, refugee populations in general may experience significant distress from worrying about the safety of loved ones left behind (Hassan et al., 2016). These factors may contribute to the frequent diagnoses of anxiety, depression, and posttraumatic stress disorder (PTSD) among forced migrants. Rates of diagnosis vary significantly between forced migrant populations, but this group shows an elevated risk of mental health disorders (Siriwardhana et al., 2014). Steel et al. (2009) conducted a meta-analysis of 80,000 refugees and found that PTSD and major depressive disorder were the most commonly studied mental health disorders among refugee populations, and that these diagnoses affected up to 30% of refugee trauma survivors. Syrian refugees with PTSD often present with somatization symptoms (Barkil-Oteo et al., 2018). These symptoms are considered an appropriate form of emotional expression in many collectivist cultures (Tummala-Narra, 2007), and point to the importance of integrating mind and body for holistic healing (Feltham, 2008).

It is important to note that mental health stigma, lack of knowledge about mental health care, and cultural practices may inhibit refugees from seeking mental health services, and could result in diagnostic underreporting (Abi Doumit et al., 2019; Shannon et al., 2015; Youssef & Deane, 2006). Therefore, the prevalence of mental health disorders among resettled refugees could be much higher.

Based on the need to further understand the experiences of Syrian refugees, the lack of existing research on this group, and the large number of Syrian refugees resettled in the United States, the current study explored Syrian refugee trauma survivors' experiences of resilience, noting differences between Syrian and Western views of this concept. The research question

investigated in this study was: What are themes of resilience among Syrian refugees who have experienced trauma, and how do these differ from Western ideas of resilience? We explored this question through qualitative interviews with Syrian refugee adults.

Resilience Among Refugees Worldwide

Refugee and immigrant populations may experience tremendous violence and life stressors that can contribute to a variety of mental health problems. Because research into the Syrian refugee population is limited, we provide an overview of resilience among the broader refugee population. Research suggests that despite horrific experiences with trauma, most refugees are extremely resilient (Hassan et al., 2016). Among refugee populations, resilience takes a holistic approach and includes: a sense of coherence, family and social support, strong family and social networks, individual and communal coping strategies, religion and belief systems, and individual qualities and strengths. These factors of resilience are associated with more positive mental health outcomes for refugees (Siriwardhana et al., 2014). In addition, studies on displaced peoples in Sri Lanka and Lebanon suggest that communities play a significant role in mitigating trauma, and high community support contributes to resilience (Nuwayhid et al., 2011; Somasundaram, 2010). High levels of family and social support have been linked to positive mental health outcomes and increased resilience in all phases of conflict-driven migration: preflight, flight, and postflight (Siriwardhana et al., 2014). We explored resilience as a composite of personal, family, and communal factors, through in-depth individual interviews with Syrian refugees. In this study, preflight describes an individual's experiences prior to escaping their country; flight describes their experiences of escape and includes internal displacement; and postflight describes experiences after escape from their country, which can include refugee camps, temporary living in another country, and permanent resettlement to a host country.

Resilience Among Syrian Refugees

There is limited research into the experiences of resilience of Syrian refugees, but a handful of studies have explored Syrian individuals' coping and resilience in pre- and postresettlement contexts, representing the postflight stage of the refugee journey. Preresettlement contexts are transitional areas, such as refugee camps, where refugees who have escaped their country of origin await transition to more permanent living conditions, such as resettlement or repatriation (El-Khani et al., 2017). Resettlement is a permanent

move to a host country, whereas repatriation means returning to one's country of origin once it is safe.

Boswall and Akash (2015) studied coping strategies among Syrian refugee women and girls living in Jordan. Important coping strategies to this population included reading the Quran, maintaining contact with family in Syria, and developing support networks with other Syrian female refugees. Despite these efforts at coping, however, most individuals reported frequent crying and grief (Boswall & Akash, 2015). A second study by El-Khani et al. (2017) explored coping strategies among mothers living in refugee camps and humanitarian contexts in Syria and Turkey. The women in this study identified three main coping themes, including adaptation to a new norm, reaching out for support, and personal faith. For these women, accepting their uncertain, yet uncontrollable, situation provided a sense of relief. Reaching out to other Syrian mothers in their community also helped normalize their situation, and helped them feel they were not alone. Lastly, all the women in the study identified as Muslim, and stated that their trust in God comforted them and gave them hope for the future (El-Khani et al., 2017).

Studies among Syrian refugees resettled in the United States include a qualitative, interview-based project involving Muslim Syrian refugees in the United States (Hasan et al., 2018). This study revealed that participants' faith provided them with a sense of comfort, strength, pride, and humility. Many explained that if they followed the rules of their religion, God would give them patience and pull them through dark times (Hasan et al., 2018). Further research into the resilience experiences of Syrian refugees was done by Dubus (2018a), who compared the resilience of two Syrian families who resettled in an Arctic nation. Although these families came from similar traumatic situations in Syria, their adjustments to their new home differed greatly. Ultimately, the family that displayed higher resilience was better able to integrate and function in their new environment. The researchers examined participants' resilience through a social–ecological perspective, that conceptualized resilience as a constantly changing process between an individual and their environment. They found that resilience was fostered individually, interpersonally, communally, and politically (Dubus, 2018a).

Culture-Specific Resilience Concepts

Although researchers have defined resilience in many ways, this study (Chan et al., 2016) defined it as the factors contributing to adaptive functioning following a stressful or traumatic experience. This includes internal factors, like individual traits and personal faith, and external factors, like community and

family support (Fletcher & Sarkar, 2013; Siriwardhana et al., 2014). It is important to note that the majority of resilience research has defined adaptive functioning from a Western perspective, focusing on individual and relational capacities (Ungar, 2008)—a definition grounded in cultural values of individualism. In individualist cultures, a perceived internal locus of control is related to more resilient outcomes (Lynch et al., 2007), which aligns with Western values of personal responsibility and autonomy (Green et al., 2005). However, an internal locus of control may not contribute to resilience in cultures that emphasize acceptance of circumstances and adaptive fatalism (Buse et al., 2013). For example, in collectivist Latinx cultures, people frequently attribute their problems to outside events, rather than personal choices (Perilla et al., 2002). In the wake of trauma, an individual from a collectivist culture may conceptualize trauma and resilience in terms of community more than in terms of self (Buse et al., 2013).

As noted in the existing studies on Syrian refugees in pre- and postresettlement contexts, resilience for this population includes communal coping strategies, such as reaching out to others for support, maintaining contact with family in Syria, faith (reading the Quran and prayer), and a form of adaptive fatalism (accepting their uncertain, yet uncontrollable future). These ideas differ substantially from Western, individualist ideas of resilience. Therefore, the present study fills a gap in the research by utilizing an emic approach to understanding resilience within the Syrian cultural framework from which it emerges (Waller, 2001).

Rationale for Current Study

As stated, there has been little research on the resilience of Syrian refugees. The existing studies on Syrian refugees have significant limitations, signifying the necessity to conduct further research to accurately understand Syrian refugee resilience. Of note, in the study by El-Khani et al. (2017), there may have been underreporting of symptoms, due to participant mistrust of audio recordings and the lack of privacy in focus groups. Further, the study did not explore trauma experiences or current mental health functioning, and thus was unable to explore the impact they may have had on coping strategies. The two studies which explored Syrian refugee resilience in the United States were limited by a narrow focus on the role of faith in Syrian refugee resettlement (Hasan et al., 2018) and a framework of only two case studies, which lacks generalizability to the larger Syrian refugee context (Dubus, 2018a). Most previous research focuses on Syrians' presettlement experiences, and although these findings lay the groundwork for exploring resilience among Syrian refugees in the United States, the lack of permanence, instability, and even danger that characterizes preresettlement contexts suggests that coping

skills and resilience strategies demonstrated in such situations may be quite different than those noted in countries of resettlement.

As mental health providers can play an integral role in helping refugees build resilience, the present study aims to inform mental health care for Syrian refugees by exploring culture-specific concepts of resilience. Providers may aid in lessening the transition burden, helping refugees acquire language skills and employment, and enhancing resilience to help individuals and families achieve higher levels of functioning (Dubus, 2018b).

Although experiences with trauma may lead to a variety of mental health concerns for Syrian refugees, research suggests that many refugees are quite resilient despite these challenges (Hassan et al., 2016). While the concept of resilience has been studied in different refugee and immigrant populations, research on Syrian refugees is limited in comparison. Therefore, we aimed to define how Syrian refugee survivors of trauma viewed resilience, noting differences between Syrian concepts of resilience and Western concepts. Participants were asked to share their experiences of resilience, and the researchers compared the Syrian participants' reports of resilience with the literature on Western findings about this concept. Because there is a dearth of research on resilience for Syrian refugees resettled in the United States, the present study was exploratory in nature.

Methods

Qualitative research methods were designed, in part, for the purpose of allowing researchers to understand the experiences of individuals in context-specific settings and are particularly useful when examining under-studied topics (Hunt, 2011). To our knowledge, the extant literature on resilience among resettled Syrian refugees is limited, and thus, a qualitative method was appropriate. The goal of this study was to discover how our participants understand resilience in the context of their unique experiences as trauma-exposed, resettled refugees. Thematic analysis is a commonly used qualitative research method that aligns with the goal of this study by identifying patterns of meaning across participants' narratives (Braun & Clarke, 2006). Specifically, an inductive, bottom-up approach to thematic analysis was chosen to give voice to participants' experiences. This approach allowed the researchers to yield interpretations driven explicitly from the participants' narratives without the imposition of a theoretical framework.

Researcher as Instrument

Qualitative research recognizes that the cultural backgrounds, experiences, and perspectives of the investigators play an important role in the collection

and analysis of data (Hunt, 2011; Morrow, 2005). Therefore, we provide a brief description of the backgrounds and motivations of the principal investigators and the research team members. The first author, R. Atari-Khan, is a second-generation Arab American Muslim female, doctoral student. The second author, A. H. Covington, is a White female spiritual, master's student. The first author was motivated by her desire to elevate the voices of refugees and humanize their experiences, with the recognition that media outlets have a tendency to muffle and distort these voices and stories. The second author, who initially proposed the project, saw a need to increase knowledge in the field to effectively serve refugees in mental health care. She was also motivated by a personal interest in working with this population, and a desire to learn more about their specific needs. The research team also included a male White Jewish–Buddhist senior faculty member with a PhD in counseling and social psychology, a female Middle Eastern Muslim natural resources and environmental management doctoral student serving as the interpreter, and a team of students from both clinical mental health and counseling psychology graduate programs who transcribed and coded the interviews. The transcribing team included the two principal coauthors, a White agnostic female counseling doctoral student and a White female Christian graduate student. The coding team included a White agnostic female with Native American heritage graduate student, a White female counseling doctoral student questioning her faith, a White Latino male agnostic/atheist counseling doctoral student, a European American religiously unaffiliated clinical mental health male graduate student, a biracial spiritual female counseling doctoral student, and a Mexican Catholic female counseling doctoral student. Five persons fluent in Arabic with various higher education degrees assisted with checking the accuracy of Arabic to English translations. An effort was made to involve researchers from a variety of cultural backgrounds to include insider (cultural background similar to population) and outsider (cultural background different from population) perspectives (Morrow, 2005).

The second author also conducted the interviews. Therefore, to reduce the impact of personal biases, she documented expected outcomes of the research and preconceived ideas about the population. To increase cultural relevance, the second author also consulted with the Arabic interpreter regarding cultural factors, and implemented suggested changes. During the process of conducting interviews, the second author noted biases, reactions, and thoughts about the process. The coding team recorded potential biases and expected outcomes, as well as previous experience with the population. They were also asked to note personal reactions throughout the coding process, and were instructed to refrain from interpreting data. This was to ensure data remained as close to the participants' voices as possible.

Participants

The participants included eight Syrian refugees (five women; three men) who were at least 18 years of age. Participants' ages ranged from 27 to 50 years ($M = 37$ years). The mean age for women was 34, and for men was 42 years old. All participants were married, and all but one participant had children. For those who had children, the average number of children was four. All participants identified as Muslim, and had entered the United States as refugees, rather than asylees. Four participants were employed and four were unemployed. Those who were employed worked in service industries, such as housekeeping, transportation, and retail. Highest level of education completed by participants ranged from elementary school to bachelor's degree. At the time of the interview, participants had been in the United States for an average of 2 years, ranging from a minimum of 11 months to a maximum of 3 years and 3 months. All lived in homes or apartments, which they rented in a Midwestern city. Participants were recruited from an interfaith nonprofit organization located in a Midwestern city. The second author was given the contact information for three families who previously provided verbal consent to participate in the study. From that point onward, a snowball sampling method was employed, which is appropriate for use with hard to reach populations, such as refugees (Faugier & Sargeant, 1997).

Procedures

All documents and interview materials were translated into Modern Standard Arabic by a bilingual female. Then, the Arabic documents were back-translated to English by another bilingual female person. The translated and back-translated documents were compared and changes were made by the second and third authors, in consultation with a bilingual female translator.

Of significance, differences in translations regarding the concept of resilience were noted. The research team discovered that, although the concept of resilience exists in Arabic, the English word resilience does not translate directly. In consultation with a bilingual translator, the team agreed to use several Arabic words to fully capture the concept. Another major edit was changing all language in the questionnaire and informed consent from the passive to the active voice. The team discovered that the passive voice is difficult to translate because it is less clear to non-native speakers who the subject is. The process of back-translation was critical for this project, because without it, the team may not have realized the need to use several Arabic words and phrases to fully capture the meaning of resilience.

Prior to each interview, participants were asked to sign an informed consent form that provided information about the study, including the purpose, risks, benefits, IRB approval, and incentives. Following informed consent, participants were asked to complete a brief questionnaire to obtain demographic information including their age, gender, family/marital status, time in the United States, employment status, income level, housing, education, and languages spoken.

After completing the questionnaire, a qualitative design involving in-depth, semi-structured individual interviews was used to gather data. The individual interview format was chosen because interviews may include sensitive topics or traumatic memories. All participants opted to be interviewed in their homes and were permitted to have a family member or close friend with them in the interview to increase a sense of comfort. During the interviews with the three male participants, their wives were home and present in the room, and at times, their wives shared their own responses. However, when the five female participants were interviewed, their husbands were away from home and not present.

Each semi-structured interview lasted between one and two hours, with interpretation services provided during each interview. The interview process included an English-only speaking female interviewer, a bilingual Arabic and English speaking female interpreter, and the Arabic-fluent speaking interviewee. The bilingual interpreter and the participants were knowledgeable in both Modern Standard Arabic, known across the Middle East and used primarily in formal situations, as well as Levantine Arabic, a dialect spoken primarily in the Sham region of the Middle East. As such, both the interpreter and the participants used a combination of Modern Standard Arabic and Levantine Arabic during their interviews. One participant completed her interview almost entirely in English, five participants completed the interview solely in Arabic, and one participant used both Arabic and English. The interpreter was a female doctoral candidate in education with previous interpreting experience. She aimed to capture the overall meaning of the participant's response, while trying to relay as many details as possible back to the interviewer in English. Another important function of the interpreter was to serve as a cultural broker, by explaining culture-specific responses to the interviewer and bridging cultural gaps between the interviewer and interviewee. After the interview, each participant received a $20 electronic gift card to a store of their choosing.

Interview questions focused on three major areas of experience: preflight, flight, and postflight (Murray, et al., 2010). These stages were important to explore because higher levels of trauma during the preflight and flight stage correlate with increased risk of mental health symptoms in

some refugee populations (Carlson & Rosser-Hogan, 1991; Kinzie et al., 1990). Interview questions were adapted from a study by Borwick et al. (2013) that examined the strength and well-being of Burmese refugees in Australia. Questions addressed broad areas by asking participants to describe: their lives in Syria before they left the country, events surrounding their departure from Syria, experiences in temporary living situations such as refugee camps after fleeing Syria, and resettlement experiences in the United States. To highlight themes of resilience, follow up questions were asked about what helped individual get through each period (for full interview questions, see supplemental material at https://journals.sagepub.com/home/tcp; Borwick et al., 2013). The researchers explored aspects of the interviewees' strengths throughout their lifespan to elicit a holistic understanding of their resilience as refugees, and to investigate what factors contributed to their healthy functioning currently.

Transcriptions

The interviews were first transcribed only in English, using the interviewer's and interpreter's questions and responses from the audio recording. The transcribers were four female counseling psychology graduate students proficient in the English language. The transcribers were instructed to type everything that was said in English during the interview, and to note whenever the interviewee or interpreter spoke in Arabic.

After each interview was transcribed, the transcriptions were checked for errors by another transcriber. The checking process included listening to the audio of each interview and following along with the completed transcription, ensuring no errors were made in the transcribed text. Following this check, selected portions of each transcript were sent to two female researchers who were bilingual in English and Modern Standard and Levantine Arabic. One was a Middle Eastern Muslim female doctoral student studying English Literature and another was a female master's-level therapist in Egypt. These excerpts were selected by the first two authors, who selected about 30% of content from each transcript related to themes of resilience. These resilience-specific sections were chosen in order to target responses that were directly related to the research question. A word count was used to determine percentage. The selected portions were sent to the two female bilingual researchers who were responsible for checking that the interviewees' Arabic responses were fully translated into English by the interpreter during the interview. They were asked to note any areas where the interviewees' meaning was misconstrued or missed entirely. In all interviews, only minor differences were noted and adjusted.

Analysis

Thematic analysis and guidelines discussed by Braun and Clarke (2006) were used to analyze the data. The original team of coders included three doctoral-level counseling psychology students and one master's-level counseling student. Soon after, two additional coders (i.e., two doctoral-level counseling psychology students) were added to the team due to the large amount of data that needed to be analyzed. Leading the coding team were two doctoral-level counseling psychology graduate students whose primary responsibilities were to train the coders, oversee the coding process, and lead coding team meetings. The six coders and two team leaders were the same individuals mentioned in the earlier description of the research team.

Phase 1. The first phase involved providing the coding team with articles about thematic analysis and teaching coding procedures. Team members were given reflexivity journals and encouraged to track any emotions or thoughts that came up while working through the coding procedure. To model this process, during the first team meeting, the team leaders initiated a discussion about potential biases or assumptions coders may hold about refugees, Arabs, and Muslims, specifically. During this discussion, members of the coding team brought up various ways that Arabs and Muslims are negatively portrayed in media sources. Team members agreed it was important to recognize they were not immune to these negative messages and therefore, would need to actively fight against negative stereotypes. The team agreed it would be beneficial to take breaks during coding to reflect and write in their reflexivity journal, as well as create time for self-care if an interview felt particularly heavy in emotionality.

After the initial meeting, the coding team familiarized themselves with the data by reading one interview transcript and listening to the audio recording. In order to ensure that all coders were trained consistently and felt confident about moving forward with thematic analysis, the first interview transcript was analyzed by the entire coding team.

Team members were instructed to independently generate codes at the semantic level in order to capture the meaning of each response and stay as close as possible to the participants' original words (Braun & Clarke, 2006). Additional rules were created to standardize code generation, including providing brackets to give necessary context to a response, and avoiding summarization to minimize data loss. Following code generation, team members independently identified themes by considering code clusters that had seemingly unifying features (Braun & Clarke, 2006). Labels and brief descriptions

were provided for each theme in order to capture the meaningful patterns found in each interview. The final step involved each team member deciding which theme each code best fit into.

After codes and themes were independently outlined by each member, coders and team leaders met to compare results. The team came to a consensus on broad themes by determining similarities that emerged from their independent work, and addressing all disagreements that arose. When a consensus could not be reached, team leaders facilitated the decision-making process. Codes were then sorted into appropriate themes and each team member was asked to either agree or disagree on code placement until majority rule was reached.

Phase 2. After the first transcript was thoroughly analyzed by the entire team, coders analyzed the remaining transcripts in a similar fashion. Coders were divided into three teams, consisting of two coders each, and the remaining seven transcripts were divided among them. Teams completed data analysis following the guidelines established in phase one, which started with independent work, followed by establishing a team consensus. The coding teams were instructed to work through any discrepancies within their team and to contact team leaders if a consensus could not be reached. Team leaders were not contacted about any disagreements, as all coders were able to reach a consensus within their teams. After the eight transcripts were coded, all six coders met together with the team leaders and identified common themes across the eight transcripts to reach a group consensus. Once the broad themes were finalized, the team worked to clearly operationalize the identified themes.

Phase 3. The final phase of the process involved the two coding team leaders and the second author ensuring all data was included in the analysis and sorted into common themes. This involved making decisions about data that was initially placed into a miscellaneous category by coders during Phase 2. After all of the codes were sorted and agreed upon by the three researchers, the data analysis was complete.

Results

We explored the concept of resilience in the context of participants' narratives about preflight, flight, and postflight experiences. These narratives presented a holistic picture of resilience that included both past and present contexts about participants' lives. Therefore, the resulting themes covered a broad range of experiences, including life in Syria outside of conflict, life in

Syria during war times, seeking refuge, life in the United States, hardships and challenges, systemic failure, comparison between cultures, health and well-being, and external and internal sources of resilience. In this study, whenever participants are quoted, they are referred to by pseudonyms. See Appendix A for a list of pseudonyms with brief descriptions of each participant.

Lifestyle in Syria Outside of Conflict

Lifestyle in Syria prior to the war emerged as a consistent theme in all interviews ($n = 8$). Participants described Syria as "perfect" and "beautiful" before the war, stating they were "happy" then. All participants claimed a stable source of income through employment of one or more household members, and self-identified as middle or upper class. Most lived in homes that they or their family owned. Many described closeness with their family (physical proximity and emotional closeness), which had made them very happy. Participants described prewar Syria with words like "peaceful" and "just like in heaven." During the interviews, many participants' faces visibly brightened, and they smiled when they began discussing Syria before the war. Only one participant noted difficulties in Syria prior to the war. She said, "Before the revolution, to be honest, we had a good life. Except we didn't have freedom" (Rania).

Life in Syria During War

The next major theme to emerge from all responses ($n = 8$) focused on life in Syria during the war. This was defined as systemic (rather than personal) changes that occurred as a result of the conflict and living in a war zone. One example included government checkpoints where people would be stopped by soldiers at various locations. Sometimes people would be arrested at these checkpoints, and sometimes not. Other examples included people being arrested and tortured. Ali and his wife explained, "A lot of arrests and kidnaps were happening. They were taking civilians depending on their living area, so if they're from this area, no matter if they're an adult, woman, child they still get arrested." Other systemic changes included limited or no access to healthcare or food, and the use of chemical weapons, physical and sexual violence, bombings, and massacres. Rania reported the systematic killing of families in her city, stating, "[They] choose a family, and just kill all of them. And they started with the child to the mother, to the dad, finally. . .So they didn't just kill the mom and dad, they killed them like five times, because they killed their children before them."

Seeking Refuge

The theme of seeking refuge was subdivided into seeking refuge within the Middle East and the United States. Seeking refuge in the Middle East included internal displacement, fleeing to another country, and life in preresettlement contexts. Most participants ($n = 6$) went to Jordan from Syria, but one went to Egypt and then Turkey, and another to Lebanon.

Seeking Refuge in the Middle East. Participants cited violence, danger, kidnapping and arrests, no livelihood, and protecting their family as motivators to leave Syria. Some stated they did not want to leave Syria because they had been happy there. Many individuals were internally displaced for a time before exiting the country, and continued to experience danger and hardships during the journey out of Syria. Participants used positive and negative descriptions when discussing preresettlement contexts. Some continued to experience violence and financial difficulties, "Everybody, the kids, were hitting each other. If he [kid] want to go to the grocery down the street to buy something, he's for sure going to be hit by somebody else" (Fatima). Two participants who spent time in camps described limited access to water for bathing, small living quarters, lack of privacy, no ability to cook for themselves, and experiencing tear gas in the camp.

Despite hardships, refugees established a sense of community and new ways of life in their preresettlement country. Some reported financial stability, and could rent their own home or apartment. One participant finished her bachelor's degree, graduated with honors, and got married. Another participant described the community in the refugee camp, stating, "The neighbor[s], they were really good, and we didn't face any difficulties. . . . We gathered together during the morning when we sent our kids to school. . . . In the camp we had a lot of Syrian friends. It's all Syrians with [us]" (Hayat).

Seeking Refuge in the United States. A few participants ($n = 3$) described their process of coming to the United States. One participant revealed feeling lost and confused when he arrived in the United States, and his relief when he was greeted by someone from his resettlement agency who spoke Arabic, with a sign that said, "Welcome." He said, "Every time I remember that, I smile, you know?" (Mustafa). During the interviews, several participants visibly brightened and began to smile when they recounted being told they would come to the United States.

Life in the United States

The theme of life in the United States included participants' experiences from their immediate arrival to the present ($n = 8$). Participants cited both challenges

and positive experiences. They reported difficulties in language acquisition, explaining, "You feel like you [can]not speak, you don't hear anyone" (Rania). Some participants had found jobs to support their families, whereas others felt negatively affected by their, or their spouse, not having a job. Two participants cited experiences of racism or negative stereotyping, as evidenced by the following quote, "I talking about the Islam, but I talking that because. . .some people don't understand what's mean that. [American thinks] Oh Muslim, oh my god! You danger" (Mustafa). Some talked about being separated from family and friends who were still abroad:

> In every country I have part of my family, you know? Like, in Jordan, Lebanon, Syria, Turkey, even in Europe, like, it's hard about your life when they choose you to go when you just went from your family's country. . . . All the friends I made in Jordan, and it was hard to leave this life and start another life, you know? (Rania)

Participants experienced kindness from U.S. residents including the Arab community. One stated, "There is really nice thing with Americans, so if I try to talk, they really help me. They try to understand as much as they can" (Yousef). However, this person went on to acknowledge that he received far less help than he needed. Interviewees also acknowledged they are safe here, and one person expressed appreciation for the U.S. social system which he perceived as fair.

Hardships and Challenges

A consistent theme in all interviews ($n = 8$) was hardships and challenges experienced throughout the refugee journey. Responses linked to this theme included personal challenges and emotional or physical losses, rather than systemic changes or difficulties. Interviewees reported witnessing violence, having immediate and extended family members injured, killed, or arrested, and not knowing the fate of their loved ones. Rania explained:

> We don't know if they are still alive or not. . . and we cannot ask them about him, like, 'do you have this person?' No one's gonna ask. No one's gonna answer you. . . . If you know he died, maybe you can just be sad a little bit and then forget. Not forget the people, but just forget your sadness. But, you just wait, maybe he's gonna come at any time, and maybe he just died. And at this point, like, really really the family, they just wish their son died, because if he's still alive, he's gonna die every minute. Because they are gonna hurt him every single minute.

Participants reported separation from family, both during the conflict and at present. Some faced loss of income, "They bomb[ed] my restaurant in the beginning" (Ali). One person, who was a taxi driver explained passing through government checkpoints and not knowing what would happen to him. He feared for his life, explaining, "I said to my family, 'bye' as a last thing. Every time I go outside" (Yousef). This quote expresses the intensity of hardships interviewees faced: "We have been through a situation that nobody can imagine" (Mustafa).

Systemic Failure

An important theme that emerged from interviews ($n = 5$) was systemic failure, when the interviewee lacked the support they needed or were promised. It centered on needing help with finances, housing, transportation, and work. Examples included being placed in apartments that were too expensive, needing help learning to drive, and experiencing financial hardship when the family income exceeded the cutoff for government aid and the aid from the resettlement agency ceased. Most poignantly, one person was unable to find work because he did not speak English, and felt forgotten by his resettlement agency and the Arab community. He stated, "They just brought me here and forg[o]t me. . . Nobody follow[ed] up with me and I deal[t] with everything by myself" (Yousef). He experienced great difficulties in trying to navigate American systems without support, and stated, "I have a dream in America. It's different. But when I came, I find it's really not as in my mind" (Yousef).

Comparison Between Cultures

Another major theme in each interview ($n = 8$) was a comparison between life in the United States and the Middle East. As Rania explained, "It's good, better than the war in my country. . . but it still is not my country." Other participants elaborated on this idea, explaining how people in the United States are happy, their kids are in a better situation, they feel more secure, and, "day after day, it's better than before" (Mustafa). In addition to the benefits of life in the United States, some participants acknowledged things they missed about Syria. One participant described differences in work–life balance, explaining that, "I worked in Syria, but it wasn't like this [standing up for 8 hours a day]" (Saja), and another explained that their finances were more stable in Syria. One participant was unable to purchase products he used to buy, and explained, "Even [if there is] a store, it's not the Arabic [products] I want" (Ali). Two participants had plans to address some of the

challenges, stating they hope to open a restaurant or store to sell Middle Eastern products in their city.

Health and Well-Being

Health and well-being emerged as a consistent theme in every interview (n = 8). Participants clarified between psychological and physical well-being, using both past and present tenses to describe their experiences, resulting in past and present subthemes for psychological and physical well-being.

Psychological Well-Being—Present. All participants (n = 8) spoke about their psychological health in the present time. Several participants endorsed feeling "good" at present, whereas another felt "emotionally tired" and nervous. Some stated they feel sad when thinking about Syria or worrying about family members who they were separated from. As Rania stated,

> When I speak about what happened in Syria, I really [am] not happy. I try to be, but it's like everything you see in the news, it's not like if you were there, and. . . you see the blood, and child, how the people died. Like, it doesn't matter. The people doesn't matter there. No one cared about them. (Rania)

Some participants endorsed current stress and low mood as being related to physical health problems and stressors of acculturation and finances. "I feel stressful because I have a lot of things to do, am responsible about, plus the language, like my health, something related to the house, and everything I have to do by myself. And everything in my mind that makes me tired" (Fatima).

Psychological Well-Being—Past. A majority of participants (n = 7) spoke about past psychological well-being, defined as a pervasive emotional state that lasted over a period of time. Participants endorsed feeling happy in the past. Fatima explained, "We were around our family and we understood each other and we were happy." Amal described her feelings when they heard they were coming to the United States, "When they call us and they said the government going to take care of everything and we were gonna go to the United States, we were so happy." She noted feeling relieved when they were safe with their family in Jordan.

Some participants shared feelings of stress and fear in Syria and in leaving Syria, "When we were sitting in the desert, yeah we were afraid about our kids and our lives" (Fatima). One participant reported the psychological effects of things they witnessed in Syria, "I get in shock in the beginning

because the bodies and those things, but I haven't been to a doctor. I haven't been diagnosed" (Yousef). Others, like Rania, felt stress when they came to the United States as well as sadness for leaving family behind, "I was sad because I cannot leave my family, especially my brothers. . . I'm like their mom, you know?"

Physical Health—Present. All participants ($n = 8$) spoke about their physical health at present. They described a mix of health, physical pain, and difficulties. Some had difficulty sleeping and felt tired. Others endorsed physical pain, including headaches, stomach aches, muscle pains, and poor health from heart problems. One person connected her physical pain with her traumatic experiences, stating, "From that time to now [sister's house being bombed], I have a headache most of the time. It's nothing really happened, it's just like, maybe stress" (Rania).

Physical Health—Past. A majority of participants ($n = 6$) discussed their past physical health, sharing their own, and their family members' health. They described medical problems such as gallstones, heart surgery, back pain, asthma, and breathing problems. Two participants described physical reactions to stressors, including losing consciousness, being unable to sleep, being fatigued, and losing weight. Rania explained, "I just was in like a coma for 10 minutes. And my sister too [after being bombed]." All interviewees who discussed past physical health reported physical problems, rather than feeling healthy.

External Sources of Resilience

The concept of resilience was explored by asking participants, "What helped you get through that time?" at various points in their journeys from Syria to the present. External and internal sources of resilience both emerged as strong themes. External resilience was defined as tangible support, and included subthemes of family and community support.

Family. Six participants described their family as an important external source of resilience and support, with statements like, "I'm here, I'm thankful because we are all together, all five members of my family" (Fatima), and "Me and my family, we support each other" (Fatima). For these individuals, connection with their immediate family in the United States and abroad provided support and even joy.

Community. Tangible community support was cited as a resilience factor in all stages of the journey, including preflight, flight, and postflight. This

included financial and resource assistance, helping escape from Syria, and securing work, among other supports. Many participants received support in the form of household items and financial assistance from Syrian and Arab communities in the United States. One participant's father had recently passed away at the time of the interview and said, "All the Syrian community here come to my home. Before, every time anybody from the community—Syrian community—[asks] do you need anything, are you fine? . . . Like brothers" (Mustafa). Participants additionally received community assistance during their time in Syria, their flight from Syria, and in their preresettlement countries. One person explained how people in Syria assisted them in crossing the border, and another described how a sponsor in Jordan helped him procure employment. Seven of the eight participants cited their resettlement agency as a source of support, explaining how the agency helped them with housing, employment, financial assistance, health insurance, and doctor's appointments.

Internal Sources of Resilience

Internal sources of resilience emerged as a theme in every interview ($n = 8$), and included subthemes of family, faith, and community. Internal resilience was defined as characteristics or values that helped individuals persist through difficult times. When asked what helped them get through the difficulties, one person explained, "There is no escape. So I have to do it" (Yousef). And later, "You can call it resilience if you want, everything that I had to go through wasn't a choice" (Yousef).

Family. Every participant ($n = 8$) described caring for family as a major factor of resilience. They felt a conviction to protect and provide for their children and loved ones, which helped them pass through difficulties. One participant said:

> The most important thing is my family. So when I heard news about my house, my storage, my company [destroyed in the war], I felt I have everything, because my family is beside me, and I was playing with my kids, and that's the most important thing. Because most of the people who came after us, they just buried their kids, their sons, and they moved (Mustafa).

Community. Internal community resilience included emotional support, as opposed to the practical, tangible support evident in external community resilience. Three participants described emotional support from their community as a source of internal resilience. Examples included feeling comfortable in

the Arab community, seeking out emotional support from a physician in the Muslim community, and benefiting from different cultures within the community. According to one participant, "There [are] Arab people around me that I feel comfortable with. In the beginning was hard, but now I'm good" (Amal).

Faith. Faith emerged as a third source of resilience in every interview ($n = 8$). All participants identified as Muslim. Faith was a way to explain their suffering: "I believe even the hard times I passed through in Syria, that's gift from God" (Mustafa). Faith was also a method of meaning-making, as stated by Fatima, "Everything [is] from God. Whether He give me the right thing or the bad thing. Even if He give us diseases, that means we are in test, and He just want to see our patience." Faith was also a source of hope and inspiration, as one participant reported, "I believe in God. And God has the ability to change this situation" (Saja). Two participants found inspiration in the life of Prophet Muhammad, who faced difficulties with courage, was tolerant of other faiths, and forgave others. Ali stated, "I try to be 1/1000 of the person Prophet Muhammad was." Some participants also found comfort from rituals: "Prayer, fasting, all those things that have relationship with God make you more resilient. . . Any problem that I face, I go to my God, ask my God, don't ask people. God make it easier for me" (Fatima). And, "Even when I'm emotionally tired, I pray more" (Hayat).

Overall, participants saw themselves as strong and resilient. They listed personal resilience characteristics such as independence, internal strength, hope for the future, being unafraid, refusing to give up, and having patience for their situation. As one person explained, "[Resilience] is my title as refugee. If I don't be resilient, I'm not going to be a refugee" (Fatima).

Prototypical Case

To augment the themes in the results section, and to allow a clearer, deeper story to emerge, an example of a prototypical participant is provided next.

Mustafa (pseudonym) is a 49 year old Syrian married male with five children. At the time of the interview, he lived in the United States for 3 years and 3 months, and was employed. His highest level of education was high school, and he spoke Arabic and some English. Mustafa and his family were displaced for a time within Syria (living with family) before they crossed the border into Jordan. They paid exorbitant fees to bribe their way out of the country. Mustafa reported loss and trauma, including the destruction of his home, property, and company. He described driving through areas of heavy fighting where seeing bodies in the street was "normal."

When asked what helped him get through the difficulties, Mustafa cited his family and kids, his faith, community support, and experiencing prior hardship. Mustafa explained that he had lived in Lebanon during the war, and growing up, he had a difficult life. These prior experiences of hardship helped prepare him. In addition, he saw others in worse situations, and this downward comparison helped him feel better about his own situation. For instance, he reported that most people who came after them had lost their children in the conflict—that there were kids without families, women and kids without husbands, and husbands or families who had "lost their minds" because of the situation. Mustafa claimed he did not yet feel settled in the United States, but his family was safe here, and his kids had a good future in the United States. He hoped to visit Syria again when it was safe.

Discussion

In this study, we investigated the concept of resilience among Syrian refugees. We also compared Syrian refugees' experiences of resilience with the literature on Western findings about this concept. The themes that emerged from the refugees represented multiple types of resilience, in addition to the contextual circumstances that prompt resilience. We speculate that these diverse themes emerged for multiple reasons. First, we decided to code the entirety of each participant's interview, rather than solely the content areas focused on resilience, for the purpose of maintaining the richness of the data and honoring the entirety of what each participant decided to share. Each participant was asked about their journey, from preflight, flight, and postflight, and therefore, themes from these time periods also emerged from the data. Second, the additional themes provided a framework to understand the meaning of resilience through various contexts. To understand the meaning of resilience for Syrian refugees, it is important to comprehend the circumstances that prompted their need to rely on various sources of resilience for survival.

The themes of living in Syria during the war and seeking refuge involved fear of violence and lack of safety, which ignited the beginning of the refugee journey for many participants. Later stages of the journey, shown by themes such as life in the United States and systemic failure, are not centered around fear for physical safety, but rather, the need for financial and social support. Participants shared struggles in each stage of their journey to meet different needs, starting with the priority of physical safety, and eventually shifting to the need for economic security and stability. As such, it is no surprise that additional themes of comparison emerged when participants spoke about the noticeable differences between countries, and how their health has changed

over the course of their journey. Through it all, participants reported relying on various sources of strength to cope with the hardships, which converged to create these themes of external and internal resilience.

Understanding Resilience Among Syrian Refugees

Most refugees in our study described using multiple types of resilience, as evidenced by establishing roots in the United States through work, community, stable housing and income, and maintaining hope for a better future. This study also confirmed previously identified factors of resilience among refugees, including: family and social support, individual and communal coping strategies, religion and belief systems, and individual qualities and strengths (Siriwardhana et al., 2014).

In the current study, faith emerged as an important source of strength. This aligns with Hasan et al. (2018), who conducted a qualitative study among Muslim Syrian refugees in the United States, and found that participants' faith provided them with a sense of comfort, strength, pride, and humility. Similarly, Syrian refugees in the current study revealed that they drew strength and inspiration from believing they would be rewarded in the afterlife if they faced their current situations with patience. They also reported endorsing the belief that God had the ability to change their situation and give them a better future. Contrary to a Western understanding of resilience, which is associated with an internal locus of control (Lynch et al., 2007), Arabs may be more likely to subscribe to an external locus of control by seeking guidance and answers from God (Brinson & Al-Amri, 2005). Rather than assuming their circumstances are the result of personal choices, the Syrian refugees in the current study seemed to accept their problems as the will of God and leaned on their faith to make meaning of their trauma.

In addition to relying on their faith as a way to cope with circumstances, participants stressed the importance of relying on family and community for support. This is significant, because where Western psychology tends to take an individualistic approach to suffering (Buse et al., 2013), emphasizing self-reliance and personal responsibility (Green et al., 2005), communal cultures place a greater focus on the group than the individual, and may seek healing through relationships and social networks (Bemak & Chung, 2017). Communal cultures tend to take on a great deal of responsibility for the well-being of their ingroup, whereas those from individualistic cultures tend to place greater value on personal independence (Shulruf et al., 2011). Thus, the participants in the current study not only described their conviction to protect and provide for their loved ones, but turned to their larger community to provide them with both emotional and tangible support throughout all

phases of their journey. There appeared to be a mutual "give and take," as participants described instances in which they offered emotional and tangible support to family and community members, while also accepting this support from others in their own times of need.

The meaning of resilience depicted by the Syrian refugees in this study could be described by what the researchers termed, "grit"—participants revealed feeling as if they had no choice but to keep moving forward and do what needed to be done for the sake of the entire family's survival. Interviewees displayed courage and dignity in recounting how they clung to humanity in inhumane situations, and drew on resources of faith, family, and community to face danger and uncertainty, rather than relying on Western ideals of personal responsibility and autonomy. They also appeared to accept what they could not control, a form of adaptive fatalism, and relied on their faith, familial, and communal resources to help them cope. They saw themselves as people who had overcome great difficulties, and would continue to overcome. As one person stated, "Maybe I'm going [to] face even harder than those days" (Fatima).

Limitations

One limitation of this study is the small sample size, which prevented the findings from being generalized to the larger Syrian refugee population in the United States. Additionally, the interview sample contained more females ($n = 5$) than males ($n = 3$), and may be more representative of the experiences of female Syrian refugees. However, qualitative approaches employed for exploratory purposes, as with this study, are not typically concerned with generalizability. Rather, an appropriate sample size provides enough information to contribute to a richer understanding of a particular experience. Due to the dearth of literature on the experiences of resettled Syrian refugees, the current findings provide a new base of knowledge for this particular topic. Additionally, a snowball sampling method was used, which is appropriate for hard to reach populations (Faugier & Sargeant, 1997). This approach enabled the researchers to recruit interviewees by relying on community relationships, which was culturally appropriate for this population, and enabled trust to be established within the community.

Another limitation is that all participants identified as being middle or upper class in Syria, prior to resettlement in the United States. In a meta-analysis conducted by Porter and Halsam (2005), refugees with higher pre-resettlement socio-economic-status (SES) reported worse mental health outcomes likely due to a significant reduction in access to material resources that were once possessed. Refugees are forced to cope with this change, which can serve as an added barrier in their recovery from trauma. It is also

important to consider the role SES may play in opportunities to seek refuge, as higher SES grants individuals' greater access to resources and the potential for upward mobility (Goodman et al., 2007). Thus, the current findings may be more representative of resettlement experiences of refugees from middle- or upper-class backgrounds.

Implications for Practice, Advocacy, Education/Training, and Research

Clinical Practice and Advocacy. The findings provide mental health providers with knowledge on how to best support resettled Syrian refugees in the United States as both counselors and advocates. First and foremost, it is important for counselors to recognize that trauma stories shared by refugees evolve as they are recounted over time and new interpretations emerge (Mollica et al., 2015). It is imperative for clinicians to practice patience and sensitivity to foster a strong storyteller-listener relationship where the client can speak freely, discover what it means to be a survivor, and find the confidence to move toward healing (Mollica et al., 2015).

Based on the findings; it is critical for counselors to move away from a deficit-based approach on mental health concerns to a strengths-based model. Syrian refugees who present with trauma may meet diagnosis for PTSD, and they may often present with somatization symptoms (Barkil-Oteo et al., 2018), which are considered an appropriate form of emotional expression in many collectivist cultures (Tummala-Narra, 2007). Rather than pathologizing such symptoms as an inability to verbalize emotional experiences, reframing these experiences as mind–body connections, as some participants emphasized in the interviews, may be one way to move away from a deficit-based model. Participants noted how their physical problems affected their mood, and that their headaches, stomachaches, and inconsistent menstruation cycle could be due to stress or past trauma. Therefore, mental health practitioners should pay attention to somatization symptoms when working with Syrian refugees.

Refugees in this study viewed themselves as strong and resilient, and mental health care providers should capitalize on this resilience through strength-based approaches, such as those recommended by Siriwardhana et al. (2014). For instance, counselors can assist their refugee clients in rebuilding a community in their country of resettlement and help them work toward self-sufficiency, instilling hope for the future. Refugees in this study expressed pride when they felt they were able to provide for themselves and their families, which contributed to their sense of well-being and resilience. Counselors may help ease the transition burden by helping refugees acquire language

skills and employment, as well as helping them access legal, social, and financial assistance (Bemak & Chung, 2017; Hassan et al., 2015). This type of holistic support can enhance resilience and help individuals and families return to their level of functioning prior to resettlement (Dubus, 2018b).

Participants in this study often cited factors of faith, family, and community as important sources of resilience. Therefore, clinical interventions should focus on building these resources. Clinicians can integrate faith into their practices by encouraging Muslim refugee clients to use religious coping skills such as prayer, meditation, and reading the Quran (Ali et al., 2004) to improve their mindfulness and help them find meaning in their suffering. A study by Loewenthal et al. (2001) in the United Kingdom found that Muslim individuals saw their religion as more effective in alleviating symptoms of depression than did other religious groups, and were less likely to seek professional help than other religious groups. This suggests it might be essential for clinicians to competently integrate spirituality when working with Muslim clients.

Further, clinicians can build resilience using family therapy to help families navigate changing roles in a new environment (Bemak & Chung, 2017). Clinicians should be aware of hierarchical family structures in Muslim families, as the Quran emphasizes respecting parents, and Muslim persons often defer to their parents when making important decisions, even as adults. Additionally, Arab-Muslim culture may discourage clients from sharing personal or family problems outside the family (Ali et al., 2004). Clinicians should be sensitive to this and take time to build trust and explain confidentiality to create a safe environment for sharing personal information.

Interventions for newly arrived refugees should focus on building communal support to meet the needs of refugees from collectivist cultures. Group interventions can be effective in helping refugees re-establish community ties (Bemak & Chung, 2017), but should be implemented with caution because of the feelings of fear, paranoia, guilt, and shame that refugees may present with (Nasser-MacMillan & Hakim-Larson, 2003). Group leaders should address these challenges by emphasizing confidentiality, providing psychoeducation to reduce stigma, orienting clients to treatment, and processing cultural beliefs about mental health that contribute to feelings of guilt and shame.

Counselors also should use community interventions to provide psychoeducation and build partnerships between mental health centers and community leaders, thus reducing barriers and stigma to mental health care. In doing so, they hope to bridge the gap between Western healing practices that stress individualism, and culturally responsive healing practices that integrate culture-specific norms (Bemak & Chung, 2017). To provide these forms of support outside the therapy room, counselors must work as advocates by forming

relationships within the community to engage in culturally-appropriate care, and gain knowledge about potential referral sources.

Resettlement agencies play a critical role in helping refugees establish themselves when they arrive in the United States. They are responsible for placing newly arrived refugees in apartments, helping coordinate healthcare, education for children, English language classes, and securing employment. The United States government supplies resettlement agencies with a one-time monetary allotment per refugee to finance their first 30–90 days in the United States, which typically goes toward living expenses for the refugee family and costs of agency services (Cepla, 2019). Many refugees in this study cited their resettlement agency as an important source of support, but keenly felt the loss when they stopped receiving financial help. Participants in this study expressed the importance of having someone help them navigate unfamiliar U.S. systems. If resettlement agencies are unable to provide this long term due to their limited available resources, these agencies may benefit from utilizing volunteers, faith organizations, and nonprofits to connect refugees with mentors who can assist them with tasks like reading mail, learning to drive, and finding good schools for their children. Additionally, counselors can work to connect refugees with other community agencies, nonprofits, and volunteer organizations with the purpose of lessening financial strain and continuing support when they stop receiving aid from resettlement agencies.

Education and Training. Our findings highlight the importance of utilizing strengths within the individual, their family, and their community as mechanisms to provide multiculturally competent and culturally sensitive care to resettled Syrian refugees. As noted in the Guidelines on Multicultural Education, Training, Research, and Organizational Change (American Psychological Association, 2017), it is necessary for clinicians to attend to their own lack of knowledge pertaining to their clients' various identities, and consider how those identities may influence the conceptualization of a client's presenting problems. Our findings can be utilized to train clinicians on how to understand and address the unique needs of resettled Syrian refugees, and can serve as a catalyst for allowing psychologists and psychologists in training to recognize how their roles as mental health providers can and should extend outside the therapy room.

When utilizing a strength-based approach, clinicians should strive to build resilience when working with Syrian refugees by attending to sources of strength and protection already within the individual, their family, and/or community. In addition to increasing self-awareness of one's own identities, psychology trainees should be encouraged to consider how their education has catered to a Western understanding of resilience and how this may hinder

their ability to notice strengths within their Syrian refugee clients. Trainees can utilize findings from the current study to move beyond a Western framework and consider how factors of resilience may manifest differently among Syrian refugees. For instance, a recently settled Syrian refugee client with minimal resources may devote some of those resources to supporting others in their community. Within a Western framework, a clinician may encourage this client to prioritize their own well-being and build on their individual resources before focusing on others. However, supporting others may indeed be contributing to their client's resilience, as building community can promote individual healing, as discovered in the current study. As such, trainees should be taught to assess factors of resilience by exploring how clients have persisted through hardship, and they also should be educated about the importance of faith, family, and communal coping among Syrian refugees. Most importantly, trainees should develop an understanding of how factors linked to resilience may be expressed differently for Syrian refugees, as compared to Western individuals.

Future Research. Future research should continue to explore factors of Syrian refugee resilience, and how these contribute to subsequent thriving. Because prior research conducted on this population was limited, this study was exploratory in nature, and the findings lay the groundwork for future qualitative and quantitative research. Future research should focus on deepening the understanding of how the identified factors of faith, family, and community contribute to resilience. We know that positive religious coping strategies, such as religious reframing of events, seeking spiritual support, and collaborative coping strategies, are correlated with more positive outcomes in relation to stressful events, including stress-related growth, positive affect, and higher self-esteem (Ano & Vasconcelles, 2005). Conversely, negative coping strategies, such as spiritual discontentment and viewing suffering as punishment from God or demonic oppression are correlated with negative psychological outcomes such as distress and anxiety (Ano & Vasconcelles, 2005). These dynamics should be further explored among the Syrian refugee population. In addition, research should identify what factors of Muslim faith contribute to coping and how these may be incorporated into mental health practices. This might include going to an Imam or spiritual leader for guidance, participating in a faith community, and religious practices such as prayer, fasting, and reading the Quran (Suhail & Ajmal, 2009).

Aspects of Syrian refugees' family and community should be further explored, with an emphasis on practical ways to build resilience among this refugee community. Future research also can employ longitudinal methods to investigate resilience beyond the early years of resettlement. In this study, all

participants had lived in the United States for 3 years or less; further studies involving refugees who have been resettled for a longer period would give a more nuanced understanding of Syrian refugee resilience.

Our study suggested that Syrian refugees may be underemployed post resettlement. Many refugees in the United States experience unemployment or underemployment (Fix et al., 2017). Future research could examine more closely refugee employment and how this contributes to well-being. The research should extend beyond statistics, which simply show employment rates and income, to the role of self-efficacy, social interaction, and sense of purpose in relation to employment and unemployment.

Finally, the findings of this qualitative study may be used to develop a culturally-grounded resilience measure for use among Syrian refugees. Resilience scales exist, such as the Resilience Scale for Adults, which has been validated in Belgium, Italy, Lithuania, Iran, Brazil, Norway, and Australia (Anyan et al., 2019). However, measures need to be informed by the culture they are studying, and further research is needed to develop a scale appropriate for use among Syrian refugees.

Appendix A. Research Participants

Pseudonym	Description
Ali	Ali is a 50 year old Syrian male who is married and has four children. At the time of the interview, he had been in the United States for 3 years and 3 months, and worked as a taxi driver. His highest level of education is elementary school, and he speaks Arabic.
Mustafa	Mustafa is a 49 year old Syrian male who is married and has five children. At the time of the interview, he had been in the United States for 3 years and 3 months, and was employed. His highest level of education is high school, and he speaks Arabic and some English.
Fatima	Fatima is a 31 year old Syrian female who is married and has three children. At the time of the interview, she had been in the United States for 2 years and was not employed. Her highest level of education is middle school, and she speaks Arabic.
Yousef	Yousef is a 27 year old Syrian male who is married and has two children. At the time of the interview, he had been in the United States for 1 year and 7 months, and was not employed. His highest level of education is middle school, and he speaks Arabic.
Amal	Amal is a 34 year old Syrian female who is married and has four children. At the time of the interview, she had been in the United States for 1 year and 6 months, and was not employed. Her highest level of education is high school, and she speaks Arabic.

(continued)

Appendix A. (continued)

Pseudonym	Description
Hayat	Hayat is a 30 year old Syrian female who is married and has three children. At the time of the interview, she had been in the United States for 1 year and 7 months, and was not employed. Her highest level of education is high school, and she speaks Arabic.
Saja	Saja is a 48 year old Syrian female who is married and has five children. At the time of the interview, she had been in the United States for 2 years, and worked at a hotel. Her highest level of education is middle school, and she speaks Arabic and some English.
Rania	Rania is a 27 year old Syrian female who is married and does not have children. At the time of the interview, she had been in the United States for 11 months, and worked at a large chain retail store. Her highest level of education is a bachelor's degree, and she speaks Arabic and some English.

Authors' Note

The first two authors, Rawan Atari-Khan and Anna Hope Covington, contributed equally to this project, and their names are listed in alphabetical order.

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