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Resilience factors among adults affected by mass conflict: Recommendations for researchers

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Abstract

Resilience refers to the process of adapting to a crisis and bouncing back to life. Studying resilience among war-affected adult refugees and general civilians in post-conflict settings is critical, as it is directly related to their health and social inclusion. Not only is resilience helpful in preventing war-affected individuals from developing dysfunctional coping strategies or mental disorders, but it also helps them in their adaptation and (re)integration in society. The purpose of this review is to examine factors influencing the resilience process among this group. Highlighting the main findings and gaps in the existing literature, this paper provides some researchable questions and methodological recommendations. The authors review the factors across ecological levels of individual, interpersonal, community, organizational, and macro levels. At the individual level, values, beliefs, and meanings given to adversity and resilience are discussed. These cultural meanings demonstrate the strong capability of war-affected individuals. However, application of these findings in practice and research is missing. Another individual level protective factor that is reviewed is coping strategies. These strategies might be affected by the cultural and political climate of the larger society. This needs more examination in future studies. At the interpersonal level, the importance of family and friends, especially for emotional support, is frequently highlighted; however, more studies are needed to investigate social support from communities and organizations. Factors at the macro level are understudied. In a few studies in this area, these factors mainly emerge as risk factors, especially for those conflict-affected populations living in developing countries. That is, the lack of legal recognition and employment opportunities are hindering the process of adaptation after experiencing trauma. The macro level factors influencing resilience need more attention from researchers.

Key words: civilians, conflict-affected population, refugees, resilience.

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Introduction

Mass conflict in this study encompasses civil war, war between the states, as well as genocide, which is macro-scale violence aimed at destroying specific civilian groups (Project Ploughshares, 2016a; Shaw, 2007). Most of the mass conflicts in recent years have happened in countries with low or medium ranking on the human development index (Project Ploughshares, 2015; World Health Organization (WHO), 2002). In 2014 to 2017, there were 25 to 29 armed conflicts with the highest frequency of 12 conflicts in Africa, followed by Asia (nine conflicts), and the Middle East (five conflicts) (Project Ploughshares, 2015; 2016a; 2017; 2018). In 2015, most lethal conflicts were in Iraq, Syria, and Nigeria with a total of nearly 79,000 deaths (Project Ploughshares, 2016b). In 2016 and 2017, Syria was the bloodiest conflict worldwide with 400,000 and 39,000 people killed respectively by the end of each year (Project Ploughshares, 2017; 2018).

Populations affected by mass conflict experience many difficulties for several reasons that threaten their health and adaptation to life. Conflict and war are crucial barriers to improved human capital, and social and economic development of nations (Murthy & Lakshminarayana, 2006; WHO, 2002). Lack of a productive economy during the mass conflict leaves the population at the risk of poverty (Baingana & Bannon, 2003). Even in post-conflict circumstances, insecurity, fragility, unstable situations, and the probability of conflict relapse impose a high rate of mental pressures on individuals (Collier & Hoeffler, 2004). Mass conflict threatens social ties, family unity, and community integration, impedes social services and forcibly pushes populations to displacement (Baingana & Bannon, 2003; Sulaiman-Hill & Thompson, 2012). Further, the loss of family members, economic loss, and observing and engaging in mass violence cause traumatic experiences (Baingana & Bannon, 2003). Resettlement difficulties also impose mental pressures (Sulaiman-Hill & Thompson, 2012). Therefore, political conflict directly causes negative effects on social functioning, physical and mental health, and results in alienation, disability, and mortality (Charlson et al., 2016; Fazel et al., 2005; Murthy & Lakshminarayana, 2006).

Despite these difficulties, refugees demonstrate resilience, bounce back to life, and even contribute to their community. Embracing a strengths-based perspective (Saleebey, 1996), this study is interested in examining posttraumatic processes and factors affecting this group's resilience. *Resilience* is defined as the process of recovering from adversities (American Psychological Association, 2014); it puts emphasis on agency and recognizes the non-passive nature of individuals and communities (Friedli, 2009). Psychological resilience has been said to serve as an asset for people who are experiencing stressful circumstances (Gooding et al., 2011). Some people are mistaken in terms of their understanding of what the full scope of the term "resilience" actually means (Harms et al., 2018). In other words, some believe that the term relates to a popular, fleeting topic of the moment, but actually, extensive knowledge on the term/concept has been ascertained over time (Harms et al., 2018). Resilience has been claimed to be more of a process that can be blossomed over time, as opposed to an inherent characteristic that someone has (MacLeod et al., 2016). Additionally, it is claimed that resilient responses to humans' traumatic experiences are actually the most common, as opposed to trauma-related symptoms (Bonanno, 2005). Reducing the negative impacts of factors undermining health, resilience has a mutual relationship with health (Friedli, 2009). Resilience helps people move forward and adapt to life, and despite experiencing such adversities, it protects individuals from choosing unhealthy coping mechanisms, like substance and alcohol abuse, as well as prevents developing mental disorders like PTSD, depression and anxiety (Agaibi & Wilson, 2005; Hoge et al., 2007; Luthar et al., 2000; Rutter, 1987).

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In addition, resilience is a critical factor for social inclusion of refugees and other conflict-affected persons. Hutchinson and Dorsett (2012) criticize viewing refugees as traumatized victims, since focusing on deficits prevents this group from full inclusion in the new society through denying their strengths. Further, if war-affected persons adapt well to traumatic experiences, they can be integrated successfully in society and contribute to it. Makki Alamdari (2020) conceptualized refugees' resilience-related outcomes as their effective integration in the host community, indicating resilient refugees demonstrate positive outcomes in integration domains including health, housing, employment, education, civic engagement, and social connections (Lichtenstein et al., 2016). Due to the direct connection of resilience with individuals' well-being and social integration, studying resilience processes and factors is critical, which can assist professionals, agencies, and governments to better support war-affected people.

Theoretical Frameworks

The combination of both resilience theory and ecological perspective is applied in this review. First, resilience theory provides a unifying framework of processes, strengths, and positive factors enabling individuals at risk to adapt to life after adversities (Garmezy, 1993; Yates & Masten, 2004; Zimmerman, 2013). This theory indicates that positive factors distributed across multiple levels contribute to understanding why and how individuals overcome adversity or grow up despite risky situations (Garmezy, 1993; Yates, & Masten, 2004; Zimmerman, 2013). These factors are strongly dependent on the context, time (e.g., phase of conflict), and culture (Palmieri et al., 2008; Tol et al., 2013), and can be found in personality, family, or the social environment (Garmezy, 1993; Rutter, 1987).

Second, considering the mutual interdependence between individual and contextual systems, ecological perspective goes beyond merely examining the individual or environment, and tries to understand human behavior in the larger multi-level environmental context (Bronfenbrenner, 1979; McLeroy et al., 1988). The central concept in this theory is dynamic transactions and reciprocal interactions among multiple levels of intrapersonal, interpersonal, organizational, community, and public policy levels (Bronfenbrenner, 1979; McLaren & Hawe, 2005). The current study is organized based on somewhat different ecological levels including individual, interpersonal, community, organizational, and macro levels to explain resilience factors. It is also notable that it is difficult to limit any given factor to simply one ecological level. Often, there is a complex interplay among levels (Corcoran & Nichols-Casebolt, 2004; Reed et al., 2012). For example, as mentioned by Hoge et al. (2007), the availability of social support cannot guarantee resilience. It is important for people to engage in social relationships (Hoge et al., 2007), and to have capacity to mobilize existing resources (Agaibi & Wilson, 2005).

Methodology Section: Review of Literature on Resilience Factors

In this review, the authors focused on the post-conflict phase of time - during the lifespan of a conflict-affected person, not intergenerational-, and tried to provide context-specific review, especially by distinguishing between the Western context and developing countries. Target populations are refugees in both developing and developed countries, and general conflict-affected civilians. Resilience factors are examined among adults. Although studying resilience

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among war-affected children is crucial, it is out of the scope of this study, as the nature of their stressors and resilience processes/factors for children are completely different (Meichenbaum, n.d.). To select the literature, the authors used the search engine of Google Scholar to select articles from both developing and developed contexts. Overall, 25 articles, published in 10 years, between 2004 and 2015, were found to meet the study's inclusion criteria. The inclusion criteria were: Studies in which resilience was considered as either a dependent variable (in a quantitative study) or a main phenomenon (in a qualitative study). All studies were with adult war-affected participants and in the post-conflict phase. Studies with war-affected refugees and civilians were included. One exclusion criterion was those studies with veterans or military individuals. The studies that discussed resilience exclusively during or before conflict phase were also excluded. The search process was not systematic; that is, the current study does not cover all studies that meet the inclusion criteria.

Individual Factors

In this section, meanings given to suffering and adaptation in the face of adversity are discussed. The cultural values protecting resilience like value put on family and freedom are mentioned. Coping strategies, as a frequently discussed individual-level resilience factor (Hoge et al., 2007; Rutter, 1987), are also examined.

Individual and Cultural Meanings of Suffering and Resilience

Some studies underlined the meanings of suffering, trauma, resilience, and coping mechanisms in a specific cultural context (Elsass & Phuntsok, 2009; Fernando, 2012; Lewis, 2013; Pedersen et al., 2008; Zraly & Nyirazinyoye, 2010). The main findings of these studies highlight the strength and power of trauma victims and their ability to continue their lives without dwelling on suffering (Chung et al., 2013; Lenette et al., 2013; Steel et al., 2002). For example, in an ethnographic study with 80 Tibetan refugees in India, Lewis (2013) conceptualized resilience as an active process to improve mind capacity and flexibility, and looking at suffering as an opportunity to achieve compassion and wisdom. In another ethnographic study with 44 genocide-rape survivors in Southern Rwanda, Zraly and Nyirazinyoye (2010) examined how this group adjusted to daily life and showed that in this culture, specific meaning systems and sociocultural processes, including withstanding (patience and strengthening oneself), continuing life (willingness and participation for a better life), and return to life (after a catastrophe) constitute resilience (Zraly & Nyirazinyoye, 2010). Similarly, Fernando (2012) studied 40 conflict-affected individuals using a grounded theory approach to explore resiliency constructs in post-conflict Sri Lanka and reported some common elements, as well as some unique aspects of resilience across different ethnicities. Many components found are consistent with Western concepts of resilience. Some culturally-specific elements including strong spirit or will engendered by religious beliefs and Karma, as well as avoiding and not dwelling on suffering, were also reported (Fernando, 2012). Moreover, having a realistic view, accepting life with its difficulties, being patient, and having positive thinking are reflected in studies with Tibetan torture survivors, Sudanese refugees in Australia, and conflict-affected Sri Lankans as signs of resilience (Elsass & Phuntsok, 2009; Fernando, 2012; Schweitzer et al., 2007).

The lack of studying posttraumatic growth is one gap in the literature. To the knowledge of these authors, not many studies examined positive outcomes as a result of experiencing and struggling with traumatic events related to mass conflict. These positive outcomes are known as *posttraumatic growth* (Tedeschi & Calhoun, 1996). Studying this among war-affected individuals can be interesting and provide knowledge regarding human capacity and strengths. Examples of research questions are: What are the growth experiences of conflict-affected

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people in the face of experiencing traumatic events? What processes contribute to achieving this growth? The former question might be analyzed through a phenomenology approach, as this approach is appropriate to examine lived experiences, and the latter can be studied by a grounded theory approach, which is shown to be effective in scrutinizing social processes to explain social phenomena. Further, one quantitative research topic might be to study the prevalence and factors influencing posttraumatic growth among conflict-affected people. Quantitative research can be beneficial in examining a considerable number of variables and their causal relationships. Through representative sampling strategies, it can also provide generalizable knowledge of the phenomenon of investigation.

Another limitation in the studies focused on contextual meanings is that none discussed how these culturally-sensitive findings could be applied to inform the development and implementation of research, diagnosis, interventions, or policy. Cultural constructs have to provide some practical benefits. Studying refugees, Kroll (2003) criticized PTSD diagnostic instruments because of not being validated in different cultural contexts, and they underlined the importance of health interventions integrating cultural components, environmental factors, and traditional medical interventions. The only reviewed study that has paid attention to the application of contextual findings was Pedersen et al. (2008). In this study, Pedersen et al. (2008) provided some implications for mental disorders diagnoses. Having mixed-methodology, Pedersen et al. (2008) studied the prevalence of mental disorders and examined how emotions, mental disorders' symptoms, and resilience are contextually constructed among the local Quechua Peruvian highlands population, who were exposed to more than one decade of political violence since 1980, which was run by a radical Maoist movement named Shining Path (Pedersen et al., 2008). Resettlement of this group started in the late 1990's. Study participants were refugees, returnees, internally displaced, and some stable populations from four villages and one urban area. Applying an ethnography approach and interviewing 45 key informants, local idioms defining distress emerged (Pedersen et al., 2008). Pedersen et al. (2008) developed a questionnaire based on these qualitative findings. It is interesting that this culturally-developed instrument was used later in other studies, such as in a quantitative cross-sectional study to examine the PTSD rate among adult Quechua women who were children at the time of Peruvian armed-conflict (Barrios Suarez, 2013). Pedersen et al. (2008) used two questionnaires to examine the prevalence of PTSD, one was the Trauma Questionnaire (TQ) and another was the one developed based on local distress idioms. Their developed instrument indicated a good semantic and cultural validity, as well as inter-rater reliability. Conducting a cross-sectional survey among 373 respondents and using linear regression, Pedersen et al. (2008) found a strong overlap between the results of the TQ and their developed questionnaire. Although this finding is very important, one limitation is that they used the existing trauma scale as a criterion for comparison. Limitations in applying contextual meanings bring a research question: How can cultural constructions found through qualitative studies be applied in diagnosis scales, interventions, or policy decisions?

Political, Social, and Family Values

Some resilience meanings are discussed related to political, social, and family values. In the qualitative study of Elsass and Phuntsok (2009), for Tibetan survivors of torture living in exile, one resilience construct that emerged in their political engagement was hope to achieve a free Tibet. In a study of 40 conflict-affected individuals, Fernando (2012) indicated "psychosocial gratitude" (p.367) toward people who are helping in adversities as one resilience concept in post-conflict Sri Lanka. Using a phenomenological study, Sossou et al. (2008) examined coping strategies after war experience and resettlement in the South of the U.S. among seven Bosnian women refugees and found family and staying strong because of children as important resilience factors (Sossou et al., 2008). Consistent with these findings, using a grounded theory approach, Chung et al. (2013) in the study on nine women refugees in Canada, and Thomas

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et al. (2011) in the qualitative study on eight Somali and 16 Pakistani refugees in Nepal indicated that parenthood and having children contribute to adults' resiliency and their ability to bounce back to daily life through giving purpose to their lives. Not many studies have considered social, political, and family values in the process of resilience. This gap leads to a research question: How do family, political, or social values work/mediate as protective factors in the face of war trauma? This question can be reformulated in different ways to be implemented using either a qualitative or quantitative research.

Coping Strategies

There are three kinds of coping strategies, including emotion-focused, problem-focused, and dysfunctional strategies (Carver et al., 1989). Problem-focused coping is a more effective strategy, because it is addressing the root causes of the problem through problem-solving skills (Carver et al., 1989; Lazarus & Folkman, 1984). Emotion-focused strategies, such as meditation also can be helpful in situations that are beyond the control of individuals (Lazarus & Folkman, 1984). However, dysfunctional strategies are not useful in dealing with stressors (Carver et al., 1989). All types of coping strategies have been reported by conflict-affected populations. In a systematic review among populations exposed to mass conflict from countries with low- and middle-income, Seguin and Roberts (2015) found the main coping strategies as positive thinking (i.e., an emotion-focused strategy), problem solving, and support-seeking (i.e., problem-focused coping strategies). Hooberman et al. (2010) conducted a quantitative study with 75 refugees in New York who experienced torture and indicated that coping strategies such as avoidance and emotional disengagement (i.e., dysfunctional strategies) usually act as a risk for developing PTSD (Hooberman et al., 2010). Their study is limited, because it does not take into account other potential variables, like educational status or personality variables (e.g., sociability and locus of control).

In terms of emotion-focused coping strategies, applying a phenomenological approach, the study on 13 Sudanese refugees in Australia indicated that comparison with others who are less lucky (e.g., people in refugee camps) is an effective coping strategy after migration (Schweitzer et al., 2007). Comparison is also indicated as helpful by Rwandan rape-genocide survivors, as it helps us realize that a mass conflict survivor is not alone (Zraly & Nyirazinyoye, 2010). In addition, one of the emotion-focused coping strategies frequently discussed in reviewed literature is religion and spirituality. Betancourt et al. (2015), Lenette et al. (2013), and Schweitzer et al. (2007) reported religion and spirituality as significant coping strategies among African refugees in the U.S. and Australia to overcome experienced trauma and stressors. One gap in these studies is that it is not clear if these coping mechanisms are a response to resettlement challenges or to traumatic experiences related to mass conflict. This is important, because in different phases, there are different experiences, as well as different protective factors. The importance of religion and spirituality was also reported among refugees in Nepal, Tibetan torture survivors in India, and conflict-affected civilians in Afghanistan and Sri Lanka (Cardozo et al., 2004; Elsass & Phuntsok, 2009; Fernando, 2012; Lewis, 2013; Thomas et al., 2011). Considering that resilience factors sometimes emerge as risk factors (Reed et al., 2012), one question is what happens if specific religion or spirituality is considered as a negative factor in a given context? For example, given the negative political climate in the time of Trump regarding immigrants from Muslim countries like war-affected Syria, how did Syrian refugees cope with their traumatic experiences at an individual level? This question can be studied through a phenomenological approach to explore refugees' lived experience in regard to their coping strategies.

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Interpersonal, Community, and Organizational Level Factors

Interpersonal, community, and organizational factors encompass support received from family, friends, ethnic and religious communities, institutions, and organizations. Guay et al. (2006), along with Williams and Joseph (1999), explained how social support helps with the resilience process through sharing other people's viewpoints and therefore, influencing an individual's interpretation of traumatic events. Social support is a complex concept for several reasons. First, the context in which social support is provided is important. For example, developed countries have more formal and organizational sources of support compared to developing countries. Next, gender, existing or comorbid mental disorders like depression, trauma, and the characteristics of significant others can influence social support (Guay et al., 2006). Finally, Guay et al. (2006) highlighted the lack of consistency in defining the construct of social support in different studies, because it has many different dimensions. It is important to clarify different functions of support like, instrumental (i.e., financial and material assistance), emotional (i.e., love, caring, and encouragement), or informational (i.e., guidance and advice) (Cohen & McKay, 1984; Guay et al., 2006). Distinguishing between perceived and received social support, and between formal (e.g., government programs, experts, and institutions) and informal sources of support (e.g., religious or cultural communities, family, and friends) is also crucial (Chung et al., 2013).

Family and friends. In reviewed literature, family and friends emerged as the main source of social support, especially for emotional support (Schweitzer et al., 2007; Thomas et al., 2011). Studies conducted with conflict-affected individuals in Canada, Afghanistan, Nepal, Australia, and the United Kingdom (UK) highlighted the importance of family and friends support in the resilience process (Bhui et al., 2012; Cardozo et al., 2004; Chung et al., 2013). Applying two-point longitudinal quantitative research among internally displaced populations in Sri Lanka, Siriwardhana et al. (2015) demonstrated emotional and social support, as well as friends and relatives' networks as resilience factors (Siriwardhana et al., 2015). One advantage of the work of Siriwardhana et al. (2015) is to discuss availability of support versus perceived support. However, one limitation is the lack of distinguishing among different sources and types of support.

Communities. Some sources of informal support in refugees' resilience include religious communities, like church, ethnic communities, and connection with people from the host country (Betancourt et al., 2015; Chung et al., 2013). These community-level supports provide social networks, coping mechanisms (e.g., distraction from stress), emotional, informational, and instrumental supports, and the opportunity for meaningful contribution in the community (Chung et al., 2013; Schweitzer et al., 2007). Studying nine single female refugees from conflict-affected Afghanistan, Iraq, Congo, and Sudan in Canada through a grounded theory approach, Chung et al. (2013) discussed the importance of a welcoming environment in the resilience process that leads to their social inclusion.

Sometimes, ethnic and cultural communities become the sources of stress. For example, in the ethnography of Lenette et al. (2013) on African conflict-affected single mother refugees in Australia, although emotional support from the ethnic community was underlined, ethnic community was also mentioned as a stress source because of some undesirable behaviors, such as jealousy and gossip (Lenette et al., 2013). Losing family and friends support networks after migration, Sudanese refugees started other networks, including the Sudanese community in Australia (Schweitzer et al., 2007). However, some respondents were not satisfied with being in Sudanese networks because of lack of mutual understanding (Schweitzer et al., 2007). These negative aspects of ethnic networks may be a sign of weak social capital. Social capital is defined as the resources embedded in social networks, and it is associated with the values of trust, participation, and reciprocity (Portes, 1998). These findings show that community support depends on context and community dynamics, and therefore, studying ethnic

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communities becomes important. One research question can be as follows: What is the experience of war-affected peers arriving in the host country regarding their ethnic community's support? A phenomenological approach is helpful to address this question, as it is about participants' living experiences. Another question can be the following: What is the status of social capital among war-affected ethnic communities in the host country? How does social capital influence war-affected individuals' resilience outcomes? Two latter questions can be examined through a quantitative study using existing social capital scales. For the last question, a careful conceptualization of resilience-related outcomes for the specific target population is required.

Organizational level. Organizational level support is more instrumental, formal, and organized than community level support. Sources of organizational support include non-for-profit agencies and social institutions. In the qualitative study with female refugees in Canada, Chung et al. (2013) examined formal and informal social support affecting resilience and post-migration adaptation, and reported that non-governmental organizations (NGOs) provide a wide range of instrumental supports regarding health care, shelter, food, and language learning. However, these supports are short-term (Chung et al., 2013). Likewise, in the qualitative study on Somali and Pakistani refugees in Nepal, Thomas et al. (2011) expressed the United Nations High Commissioner for Refugees' services in providing education for refugee children.

Not many studies have examined social support, especially at the community and organizational levels, and among those considered social support, some did not distinguish between adaptation to resettlement challenges or to traumatic experiences (Betancourt et al., 2015; Chung et al., 2013; Lenette et al., 2013). Therefore, one research question in the context of developed countries could be: How do community and organizational social support assist war-affected refugees in dealing with their experienced trauma? Considering that there are not many NGOs in developing countries serving refugees, one relevant research question might be: How do conflict-affected individuals living in developing countries seek instrumental social support or address their needs? Both questions can be analyzed using qualitative methodology to get an in-depth contextual understanding of the case(s) under investigation.

Macro Level

At the macro level, these authors examined access to social services and rights (Corcoran & Nichols-Casebolt, 2004) like health, education, and legal recognition, as well as access to the labor market and employment opportunities that mainly depend on governments and policies. In the reviewed literature, a few protective factors are discussed at the macro level. Especially in the context of developing countries, macro-level factors emerged mainly as risk factors. One macro level factor hindering the resilience process in such context is the lack of legal recognition for refugees (Thomas et al., 2011). Using a qualitative method, Thomas et al. (2011) studied Somali and Pakistani refugees in Nepal, and applied a theoretical framework called "struggle for recognition" (Honneth, 1996, p.2) that considers the interplay among different levels like individual, family, community, and policy levels. Honneth (1996) highlighted the importance of larger scale factors, like rights and legal systems in helping daily coping, and mentioned that full resilience capacity is beyond individuals and will not be achieved, unless the host country provides refugees with the same rights as the native population (Honneth, 1996; Thomas et al., 2011). Lack of legal recognition is a significant barrier to access social services and employment opportunities (Thomas et al., 2011). Employment and economic well-being are important protective factors for social inclusion, mental health, and coping processes (Almedom et al., 2007; Cardozo et al., 2004; Siriwardhana et al., 2015). Conducting a mixed-design study among Eritrean post-conflict populations, Almedom et al. (2007) reported restricted trade and labor as a reason for low resilience scores among men. Lack of employment not only brings economic difficulties, but also impedes refugees' resilience process and social integration, because being jobless negatively affects self-esteem, due to

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not feeling valuable and not contributing to the community through one's skills (Chung et al., 2013; Thomas et al., 2011).

Addressing other basic social needs is also important. For example, in the national survey of postwar Afghan individuals, among macro level factors, getting more income, access to medical care, and housing were reported as most helpful for mental status and social functioning (Cardozo et al., 2004). Another factor hindering the resilience process is forced displacement, whether in the host country or original country. In the quantitative study by Bhui et al. (2012) with 142 Somali refugees in the UK, participants not relocated over the course of the study or those moved by their personal choice showed better mental outcomes (Bhui et al., 2012). This finding is consistent with the study of Almedom et al. (2007) demonstrating higher levels of resilience among non-displaced rural and urban Eritrean conflict-affected populations compared to those who are in internally displaced camps.

At the macro level, support or protections received from governments are more apparent in developed countries. Comparing resilience among four rocket-exposed and non-exposed urban and rural communities in Israel, Gelkopf et al. (2012) reported trusting the national leaders and army authorities as one protective factor. In addition, using a grounded theory approach, Chung et al. (2013) underlined the role of the government in providing financial, health, and educational support for female low-income refugees living in Canada. However, there are some challenges, like limited financial support (Chung et al., 2013). Further, although refugees resettled in developed countries like the U.S. and Canada have the right to work, not getting the same social position they had at their home country and not having accepted the professional credentials received in their original country (Betancourt et al., 2015; Chung et al., 2013; Sossou et al., 2008) are some macro-level difficulties.

Emerging macro level factors mainly as risks in developing countries demonstrate that only focusing on strengths and protective factors is insufficient because of ignoring some key negative determinants. Moreover, a limited number of studies have evaluated macro level factors. It is recommended to conduct a systematic literature review on macro level risk and protective factors for the process of resilience among war-affected groups in both developing and developed countries. In addition, conducting more qualitative studies to examine how macro level factors act/counteract in the resilience process is helpful. Further, including a range of potential macro level independent variables (e.g., employment opportunities, property rights, and forced displacement), a quantitative survey can examine their association with resilience outcomes among a large number of conflict-affected individuals.

Being beyond individuals' control, the abovementioned negative macro level factors bring collective hopelessness regarding the future, especially for those who are resettled in a developing country. In this case, Pedersen et al. (2008) use the term "hopelessness" (p.214) to explain the increasing rate of crime and violence, after two years of implementing an intervention for local Peruvian populations affected by long-term mass violence. Examining the concept of hope at a large scale can be an interesting research topic. Most studies examined the concept of hope at the individual level (Haroz et al., 2015; Pacico et al., 2013). One study that applied the concept of hopelessness at a group level is the study of Aubin et al. (2016). Aubin et al. (2016) stated that low group power and perceiving this powerlessness as a stable situation are associated with collective hopelessness within a group. Studying hopelessness at the community and society levels in post-war settings might be very important in understanding conflict-affected populations' needs and priorities. For the authors of this study, collective hopelessness is correlated with feeling powerless to reach better social status because of barriers in the social system that are out of one's control. These macro-level barriers do not let individuals have better economic opportunities and access to social services like health, education, legal recognition, and human rights, and therefore, bring the feeling of powerlessness. In this case, one question for future research might be how to conceptualize collective hopelessness and how to measure that. Conducting a qualitative study, a more

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researchable question might be: What social processes make individuals, especially in war-affected contexts, feel powerless or hopeless to improve their social status?

Methodological Recommendations

It is imperative that researchers clarify resilience as a dependent variable or an independent variable at the beginning of their study. There is some confusion in the existing literature, as resilience can be defined as a characteristic, process, or outcome (Chen et al., 2020). That is, some researchers use scales such as the 14-item Resilience Scale to measure resilience as an outcome variable (Siriwardhana et al., 2015). However, such a scale measures resilience as a positive personality trait and therefore, it cannot be treated as a dependent variable. Some example items of this scale are: "I feel that I can handle many things at a time" and "I keep interested in things", measuring resilience as a personality trait (Chen et al., 2020). In contrast, to conceptualize resilience as an outcome variable, researchers need to define some measurable outcomes relevant to the population of study. For example, in the study of Makki Alamdari (2020), the researcher conceptualized resilience-related outcomes among war-affected refugees as a successful integration in the host society in various domains, including social connections, employment, and health.

Future studies should distinguish between war-affected populations living in developing countries and developed countries because of differences in available resources of support. Differentiating between the rural setting and urban setting is also important. Some studies presented results without clear distinction between pre-migration and after migration phases (Betancourt et al., 2015; Chung et al., 2013; Lenette et al., 2013; Schweitzer et al., 2007). It is crucial to be specific regarding the phases, because each phase has its specific characteristics. In addition, discriminating among different sources and types of social support is essential. Being specific helps gain better understanding and provide implications that are more effective for a given context.

One limitation in the existing literature is the lack of representative or inclusive samples (Bhui et al., 2012; Elsass & Phuntsok, 2009; Gelkopf et al., 2012; Sossou et al., 2008). Using some strategies like demographic profiling to recruit participants from more diverse backgrounds is important, and specifically having participants with lower educational status is highly recommended, because education is a significant demographic variable at predicting resilience (Cardozo et al., 2004; Palmieri et al., 2008; Pedersen et al., 2008). Including the voice of more women in the studies is also recommended, especially in research with refugees from the Middle East and some Asian or Latino countries, in which traditional gender roles limit women's participation. Further, most reviewed studies recruited participants from NGOs or community agencies (Betancourt et al., 2015; Chung et al., 2013; Fernando, 2012; Thomas et al., 2011; Zraly & Nyirazinyoye, 2010). This creates sampling bias because those who do not receive support from those agencies or are isolated are excluded from study. Recruiting respondents from diverse venues yields a more inclusive sample. In addition, many studies do not have a good sample size (Hooberman et al., 2010; Lenette et al., 2013; Sossou et al., 2008).

Language presents yet another important issue in research. Many studies have applied different languages for data gathering (Betancourt et al., 2015; Elsass & Phuntsok, 2009; Gelkopf et al., 2012; Thomas et al., 2011). On one hand, translating the questions to participants' original language increases the research participation and helps in recruiting more subgroups especially those who lack English proficiency. On the other hand, translation poses some threats to the validity and reliability of findings. Therefore, researchers need to find some strategies to make sure of rigor in their data.

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Moreover, before starting the main data gathering, one important step is to do at least a small preliminary qualitative evaluation to modify the research process, such as making more culturally-sensitive questions. For example, according to these authors' experience in working with refugees, it is crucial to refine interview/survey questions that are relevant to political issues, as many refugees come from an authoritarian context, with a mindset that political arguments may lead to trouble, and thus, they might not be transparent in answering such questions. Using theoretical frameworks and having longitudinal research designs (Gelkopf et al., 2012; Tol et al., 2013) can be useful. Some limitations in the reviewed literature like the lack of data before experiencing trauma (Palmieri et al., 2008) and forgetting events after a long time are not easily solvable. In the reviewed papers, one gap was that most studies were implemented in a limited number of developing countries, like India, Sri Lanka, Nepal, and Peru. Despite the fact that developing countries host about 85% of refugees worldwide, conducting more studies in the context of developing countries is recommended. Additionally, conflict-affected individuals from many countries such as Syria, Iraq, and Nigeria were not adequately studied. The recommended research questions can consider these less studied groups of the population. Additionally, some studies have shown issues regarding the instrument's validity (Almedom et al., 2007). Finally, many quantitative studies did not report study power (Gelkopf et al., 2012; Palmieri et al., 2008; Pedersen et al., 2008). Reporting study power is important, because it shows if the study has the ability to show significant results.

Conclusion

Given the difficulties experienced by conflict-affected refugees and civilians in terms of mental health, adaptation, and social integration, the concept of resilience and its contributing factors become a significant topic of study. With consideration of the current war in Ukraine, begun in February 2022, which is the largest military invasion in a European country since World War II, with nearly 3.7 million refugees and 6.5 million internally displaced individuals in about one month (United Nations High Commissioner for Refugees, 2022), studies such as this research become of more significance. These authors reviewed the literature about resilience processes and factors among adult war-affected populations. This is important because of the relationship of resilience with health and social inclusion of this group. Because of their traumatic experiences, if war-affected individuals do not bounce back to life in a healthy way, they might not be able to successfully integrate into the host society and consequently, their health, performance, inclusion, and contribution will likely be threatened. One limitation of the current study was not to review a comprehensive list of papers in this area. However, the current paper is different from other research papers in this area and contributes to the existing body of literature through reviewing a wide variety of articles regarding resilience among war-affected persons in both contexts of Western and non-Western countries. Further, factors across multiple ecological levels were scrutinized, and quantitative and qualitative research questions with different approaches including phenomenological and grounded theory approaches were proposed. Methodological recommendations for future research, in terms of resilience conceptualization, research design, data collection, and refugee recruitment, were presented, as well. Not many studies in this area have critically reviewed an adequate number of articles to suggest research questions and methodological considerations for future researchers.

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