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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,

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

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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

and analysis of data (Hunt, 2011; Morrow, 2005). Therefore, we provide a

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-

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 discus

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."

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

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

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

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."

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

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 workdingaveigdo0s groups.Nirrel

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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

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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