Article

Adversarial Growth among Refugees: A Scoping Review

Mira Elise Glaser Holthe and Kerstin Söderström *

Faculty of Health and Social Sciences, Inland Norway University of Applied Sciences, 2418 Elverum, Norway
* Correspondence: kerstin.soderstrom@inn.no

Abstract: Background: The main aims of this scoping review are to provide a comprehensive overview of the existing knowledge about adversarial growth among refugees, and to gain insight into the complexity of post-trauma development. Methods: We applied a systematic search strategy resulting in the inclusion of 43 quantitative and qualitative empirical studies. Our findings underscore the prevalence of growth as a common phenomenon among refugees, emphasizing the positive associations with problem-focused coping, optimism, positive reappraisal, religiosity, and social support. Additionally, this review sheds light on the qualitative experiences and outcomes of growth, particularly pro-social outcomes, and the cultural and religious aspects of growth processes. Findings concerning the role of time and post-migration factors on growth processes highlight the need for more studies among established refugees. In sum, the findings supplement and lend nuance to pathology-oriented research, while acknowledging the severity of suffering and trauma and their consequences for individuals. We suggest that further research should focus on existential aspects and theories of growth: compassion, altruism, and pro-sociality following trauma, and the importance of religious and cultural elements in growth processes.

Keywords: post-traumatic growth; adversarial growth; refugees

1. Introduction

1.1. Who and What Is a Refugee?

As of the beginning of 2023, more than 108 million people worldwide were forcibly displaced due to humanitarian reasons, natural disasters, or conflicts. Among them, 53.2 million are internally displaced, 32.5 million are refugees, and 4.9 million are asylum seekers (UNHCR 2023). According to the 1951 UN refugee convention, a refugee is someone compelled to leave their country due to persecution, war, or violence, possessing a well-founded fear of persecution based on race, religion, nationality, political opinion, or group membership. Although most displaced individuals find refuge in developing countries, primarily in the Middle East and Africa, the influx of refugees into European nations peaked in 2015, subsequently leading to more restrictive immigration policies. Most of those arriving in Europe since 2016 face prolonged stays, sometimes spanning years, in refugee camps characterized by dire living conditions. The situation was exacerbated by the COVID-19 pandemic (Kluge et al. 2020; Piguet 2020).

The ongoing Russian–Ukrainian war has resulted in over eight million refugees settling in Europe (UNHCR 2023). Refugees from other conflicts face closed borders, heightened movement restrictions, economic disruptions, and nationalistic sentiments. Concerns have been raised by aid and human rights organizations regarding inconsistent government asylum determinations, discriminatory public attitudes, and varying interest in different refugee groups (Amnesty International 2022; Bø and Fuglestad 2022; Fiankan-Bokonga 2022).

Analyses of newspaper coverage in Spain and Norway of immigrants and asylum seekers highlighted two significant news frames: refugees as victims and refugees as a threat (Franquet Dos Santos Silva et al. 2018). A third discourse is the depiction of unique

refugees who, seemingly against all odds, have grown wiser and stronger through their hardships. These frames contribute to normative concepts stereotyping refugees as either 'good' or 'bad', "worthy" versus "unworthy" (Malkki 1996) and create social distance between the hosting society and refugees as 'the others'. Gender stereotypes further perpetuate biased representations, portraying women and children as passive victims and males more often as potential threats (Szczepanik 2016). These media portrayals shape public perceptions, limiting understanding of refugee experiences to a superficial, negatively skewed perspective (Malkki 1996). Refugees see the negative representation of their image as leading to hatred towards them (Aldamen 2023).

Not only public media but also the research community has been criticized for reinforcing distorted perceptions of refugee populations. Psychological research, particularly on trauma and adversity among refugees, has faced criticism for its focus on dysfunction and maladaptive responses rather than acknowledging growth and positive adaptation (Al-Krenawi et al. 2011). However, recent years have seen a surge in publications on adversarial growth.

In this article, based on the work of Holthe (2023), we attempt to balance the claim that psychology has been obsessed with the negative in people (Ingram and Snyder 2006) by presenting new research findings and psychological theories on post-adversarial growth, such as Tedeschi and Calhoun's (1995) theory of post-traumatic growth (PTG) and Joseph and Linley's (2005) organismic valuing theory of growth. We wish to contribute to a nuanced understanding of adversarial growth among refugees, challenging stereotypes and highlighting the role of host countries in shaping outcomes. Our objective is to offer an overview of current knowledge on adversarial growth among refugees, identify gaps in the research literature, and discuss implications for policy and further research.

This review builds upon and supplements earlier reviews by Chan et al. (2016) and Sims and Pooley (2017) and the recent replication of the Sims and Pooley review to include relevant publications from 2016 to 2023 by Sultani et al. (2024). Additionally, it compares with Şimşir Gökalp and Haktanir's (2022) meta-synthesis of qualitative studies only on the post-traumatic growth (PTG) experiences of refugees, the review by Von Arcosy et al. (2023) where the relationship between PTG and post-traumatic stress disorder (PTSD) was investigated, and the most recent review by Sultani et al. (2024) including research on the use of therapy in promoting PTG. The present review finds its place in this pool of past and recent reviews by incorporating post-migration factors, more qualitative studies, and an expanded search strategy. All 43 reviewed publications are listed in an appended table for reader reference.

Together, the previous and present reviews are expected to form a firm evidence base that contributes to "re-story existing narratives of refugee suffering, so that endurance, talent, and hard work, add to the ways young refugees are represented within discourses on refugee integration within the policies, practices and public perceptions of receiving countries" (Kohli et al. 2023).

1.2. Experiences of Adversity and Consequences for Health

Many refugees have undergone a multitude of potentially traumatic events over prolonged periods, both before and during flight and after resettlement (Berger and Weiss 2003). Forced relocation itself can be considered a traumatic event, with common adversities including physical and sexual assault, persecution, torture, witnessing the deaths of loved ones, starvation, disease, and the destruction of homes and belongings (Chan et al. 2016). Exposure to war- and flight-related trauma is associated with a range of negative psychological and psychosocial health effects, including post-traumatic stress disorder (PTSD), depression, anxiety, and harmful substance use (Fazel et al. 2005; Silove et al. 1997).

The role of post-migration factors on refugees' wellbeing has received less attention, but existing studies indicate that stressors such as loss of social and occupational roles, social isolation, discrimination, poverty, and ongoing conflict in the country of origin consistently predict depression more strongly than war exposure (Keles et al. 2016; Miller and

Rasmussen 2010). Existing literature reviews on adversarial growth (Chan et al. 2016; Sims and Pooley 2017) suggest a need for more studies on how time and post-migration stressors might influence growth processes.

Given the challenging experiences of many refugees, medical and psychological research has understandably focused on traumatic experiences and their negative consequences (Sims and Pooley 2017). The interest in refugees' mental health, particularly PTSD, gained prominence following the American Psychiatric Association's recognition of PTSD in 1980 (Pupavac 2006). While PTSD literature has provided valuable insights, it has predominantly focused on maladaptive responses and risk factors, neglecting equally crucial factors indicating and supporting resilience and healthy adaptation (Al-Krenawi et al. 2011). A singular focus on psychopathology may impede recovery and obscure the potential for growth, as argued by Shakespeare-Finch and Lurie-Beck (2014). We align with Al-Krenawi et al.'s (2011) statement; just as health cannot be defined as the absence of disease, traumatic experiences cannot exclude competency and growth. Moreover, a more inclusive approach to post-trauma development is necessary, based on the observation that most survivors of war do not show evidence of a diagnosable psychiatric disorder (Jayawickreme et al. 2019; Şimşir Gökalp and Haktanir 2022).

1.3. Central Concepts and Theories of Adversarial Growth

The belief that confronting and grappling with significant life difficulties can lead to positive change and transformation is rooted in ancient myth, literature, and religion. However, it was only in the 1990s, with the rise of positive psychology, that Western psychology's interest in post-traumatic growth significantly increased (Tedeschi and Calhoun 2004). Various concepts and theories focusing on healthy adaptation after adversity emerged, including hardiness, thriving, stress-related growth (Park et al. 1996), benefit finding (Affleck and Tennen 1996), adversity-activated development (Papadopoulos 2007), salutogenesis (Antonovsky 1987), and resilience (Rutter 1987). Resilience, according to Bonanno (2004), is the most common natural reaction to trauma, differing from PTSD and chronic grief. While both resilience and growth theories share several features, resilience is often described as "bouncing back" after trauma, whereas adversarial growth can be conceptualized as "bouncing forward", involving a transformative component resulting from the struggle with trauma (Tedeschi and Calhoun 2004).

In this review, we use adversarial growth as an umbrella term encompassing two comprehensive and widely applied theories: Tedeschi and Calhoun's (1995) theory of post-traumatic growth (PTG) and Joseph and Linley's (2005) organismic valuing theory of growth. The Tedeschi and Calhoun (1995) theory provides a functional-descriptive model of growth, explaining how individuals grow, with a primary focus on social and psychological explanatory factors. The 21-item Post-traumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun (1996) measures five growth factors: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. The PTGI and the 10-item PTGI-short form (SF) (Cann et al. 2010) are widely used scales for measuring post-traumatic growth.

Joseph and Linley's (2005) organismic valuing theory of growth accounts for why individuals are motivated to pursue growth, in addition to how growth occurs. Rooted in existential and humanistic psychology, this theory perceives humans as active agents with an innate drive for growth, emphasizing the importance of meeting fundamental needs for autonomy, competence, and relatedness within the social environment (Joseph and Linley 2005).

2. Materials and Methods

2.1. Review Question

Considering the context outlined above and with the goal of obtaining a comprehensive understanding of adversarial growth in refugee populations, our primary review question is broad: "What is currently known about adversarial growth in refugee populations?" Furthermore, we ask:
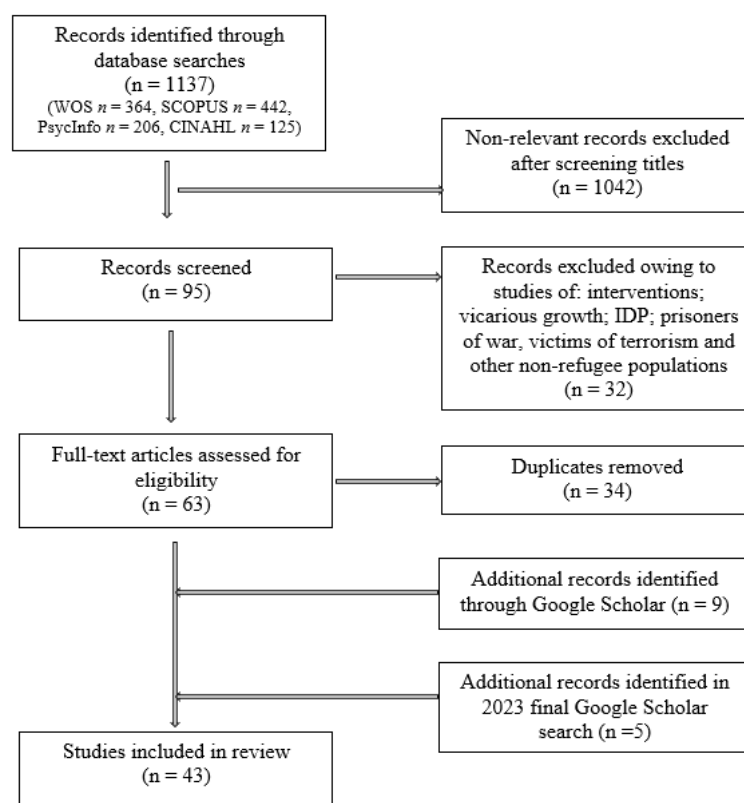
- Which factors or circumstances co-occur with adversarial growth?
- How are experiences and expressions of adversarial growth described in the reviewed qualitative literature?
- What is still poorly understood or understudied?

To address these questions, we adopted a scoping review approach (Arksey and O'Malley 2005) which shares characteristics with systematic reviews, such as being systematic, transparent, and replicable, while allowing for a broader exploration of the literature within a more expansive conceptual framework. Unlike systematic reviews, a scoping review typically does not assess the quality of the included studies. It does not typically assess the quality of included studies (Grant and Booth 2009; Peterson et al. 2017). The review proceeded through five stages as outlined by Arksey and O'Malley (2005): identifying the research question; identifying relevant studies; selecting studies; charting the data; and collating, summarizing, and reporting the results.

Inclusion criteria encompassed both quantitative and qualitative empirical articles published in peer-reviewed journals and full-text PhD dissertations, specifically focusing on exploring growth resulting from adversity among refugees, written in English, Norwegian, Swedish, and Danish. Exclusion criteria included non-empirical work, review articles, books, book chapters, conference papers and presentations, intervention studies, vicarious growth, and studies about prisoners of war, victims of terrorism, and other non-refugee groups. Studies exclusively centered on internally displaced persons (IDPs) were also excluded.

2.2. Search Strategy

The initial search encompassed all published research studies up to fall 2020 on positive, post-traumatic, and adversarial growth among refugees in the interdisciplinary databases SCOPUS and Web of Science. The search term combination "refugee* AND growth" covered relevant articles across all databases. To enhance search robustness using controlled subject terms, additional searches were conducted in subject-specific electronic databases, namely PsycINFO, CINAHL, EMBASE, and MEDLINE, using combinations such as "refugee* OR asylum seeker AND post-traumatic AND growth". Although searches in EMBASE and MEDLINE did not yield new hits, six additional studies were identified in PsycINFO and CINAHL. A subsequent search in Google Scholar for publications between 2020 and November 2023 added five more studies to the review, resulting in a total of 43 included studies. A flow chart depicting the study selection process is presented in Figure 1.

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Records identified through
database searches
(n = 1137)
(WOS n = 364, SCOPUS n = 442,
PsycInfo n = 206, CINAHL n = 125)

                                    →    Non-relevant records excluded
                                         after screening titles
                                         (n = 1042)

Records screened
(n = 95)
                                    →    Records excluded owing to
                                         studies of: interventions;
                                         vicarious growth; IDP; prisoners
                                         of war, victims of terrorism and
                                         other non-refugee populations
                                         (n = 32)

Full-text articles assessed for
eligibility
(n = 63)
                                    →    Duplicates removed
                                         (n = 34)

                                         Additional records identified
                                         through Google Scholar (n = 9)

                                         Additional records identified in
                                         2023 final Google Scholar
                                         search (n = 5)

Studies included in review
(n = 43)
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Figure 1. Flow chart study selection process.

Of the 43 included studies, 16 were published between 2003 and 2015, while 27 were published between 2016 and 2020/23, indicating a growing research interest in post-adversarial growth among refugees in recent years. The studies encompassed quantitative, mixed methods, and qualitative approaches, focusing on individuals predominantly from Asian and African countries. Most quantitative studies had a cross-sectional design, while qualitative methods primarily involved individual semi-structured interviews analyzed using interpretative phenomenological analysis (IPA) or thematic analysis (Braun and Clarke 2012).

2.3. Analysis

Initially, the first author engaged in a close and iterative reading of the selected papers using thematic analysis (Braun and Clarke 2012) to identify key content and patterns, resulting in an initial set of codes. In the subsequent step, codes were organized into broader categories, reflecting commonalities and variations in the data. This process facilitated the identification of overarching themes that encapsulated key aspects of adversarial growth, providing preliminary answers to the research questions. Regular meetings and discussions between the authors ensured consensus on the emerging themes and their interpretations. The analytic process did not follow a linear progression; instead, it involved continuous refinement and revision as the researchers gained insight into the complexity of the results. The final stage of the thematic analysis involved synthesizing and organizing the identified themes into a coherent narrative. This narrative aimed to provide insightful answers to the research questions, shedding light on the multifaceted dimensions of adversarial growth among refugees. Throughout the analysis, the researchers strived to maintain reflexivity, acknowledging their own perspectives and potential biases to enhance the rigor and validity of the thematic analysis.

Detailed information on each included study, including study design, population, outcomes, and key findings, is presented in "Table A1: Descriptive and Key Findings from

All Included Studies", available in Appendix A. Throughout the text, we refer to Table A1, rather than all authors, when findings are repeated across many of the studies.

3. Results

The primary objective of this review was to offer an in-depth understanding of adversarial growth in refugee populations. The research questions focused on identifying factors and circumstances associated with growth, exploring how adversarial growth is experienced and expressed, and assessing gaps and understudied aspects related to adversarial growth in refugees. The question of aspects in need of further investigation is addressed in the Discussion section.

Adversarial growth emerges as a dynamic process shaped by various interacting individual, relational, and contextual factors. The complexity is categorized into five main sections, detailed in Table 1, which provides a reader's guide.

Table 1. Overview of results in themes and their sub-categories.

3.1. Prevalence of Growth in Relation to PTS, Trauma Load, and Sociodemographic Variables
3.1.1. Post-traumatic Stress and Adversarial Growth
3.1.2. Number and Characteristics of Adversity
3.1.3. Sociodemographic Correlates
3.2. Individual Factors Related to Growth
3.2.1. Optimism and Positive (Re)Appraisal
3.2.2. Agency, Hope and Future Orientation
3.2.3. Cognitive Coping Styles
3.2.4. Coping by Doing and Consciously Avoiding
3.3. Social, Religious, and Cultural Variables and Aspects of Growth
3.3.1. Social Support and Sharing
3.3.2. Religiosity and Spirituality as a Source of Strength
3.3.3. Growth Nourished by Culture and Worldviews
3.4. Personal Experiences and Manifestations of Growth
3.4.1. Self-Image as Survivor with Newfound Strength and Wisdom
3.4.2. Changes in Life Priorities—Perspectives, Purpose, and Meaning
3.4.3. Compassion, Empathy, and Pro-Social Engagement
3.4.4. Growth, Mental Health, and Wellbeing
3.5. The Interplay of Time, Place, and Post-Migration Factors
3.5.1. The Passing of Time
3.5.2. Post-Migration Factors

3.1. Prevalence of Growth in Relation to Post-traumatic Stress, Trauma Load, and Sociodemographic Variables

3.1.1. Post-Traumatic Stress and Adversarial Growth

Like in all the previous reviews, we found that post-traumatic stress does not preclude adversarial growth, and vice versa. Growth was reported across all studies, even in clinical samples with high PTSD levels. PTSD symptoms and emotional distress were generally described as substantial. The relationship between post-traumatic stress and growth appears to be inconclusive or nuanced. There were no associations in some studies (e.g., Ai et al. 2007), a significant linear association reported in some studies (e.g., Cengiz et al. 2019), and a curvilinear relationship when considering age and trauma type (Shakespeare-Finch and Lurie-Beck 2014). Wen et al. (2020) identified that the score of PTG and PTSD grew together until a certain point, and after that, the PTSD scores would rise, while the PTG score would diminish. These mixed findings on the relationship between PTG and PTSD are in line with the findings of Sultani et al. (2024).

With one exception, all quantitative and mixed methods studies used the PTGI (PTGI-SF, PTGI-C-R) to measure growth. Not all studies reported the PTGI scores. The range of PTGI scores is from 0-105, with higher scores indicating more perceived growth. The distribution of PTGI scores were as follows:

8 studies: high or relatively high PTGI scores (range 64.96–84.49)
5 studies: moderate PTGI scores (range 49.11–62.54)
2 studies: low PTGI scores (range 44.10–47.4)

3.1.2. Number and Characteristics of Adversity

Findings regarding correlations between PTGI scores and trauma load differed, with some studies showing significant positive associations (Acquaye et al. 2018; Hussain and Bhushan 2011), a dose–response relationship where higher trauma loads correlated with lower PTGI scores (Rosner and Powell 2006), and others finding no significant relationship (Powell et al. 2003; Sleijpen et al. 2016; Ssenyonga et al. 2013). Notably, trauma load appears to exhibit a clearer relationship with PTSD symptoms than with growth (see Table A1 in Appendix A). Some studies highlighted that trauma type and characteristics predicted PTGI scores (Kroo and Nagy 2011; Ochu et al. 2018). Additionally, former refugees reported higher growth levels than internally displaced persons (IDPs), suggesting an association between growth and experiences based on group membership (Powell et al. 2003; Rosner and Powell 2006). These findings align with earlier meta-review conclusions that trauma characteristics influence the relationship between growth and distress (Shakespeare-Finch and Lurie-Beck 2014). In summary, post-traumatic growth is common and co-exists with, rather than replaces, distress and disorder.

3.1.3. Sociodemographic Correlates

The review suggests that a young age (Kopecki 2010; Powell et al. 2003) and female gender are positively associated with growth (Sultani et al. 2024), but the findings are mixed and inconclusive (see Table A1, Appendix A). In specific studies (Acquaye 2017; Hussain and Bhushan 2011; Kopecki 2010), females reported significantly more growth than males. However, Cengiz et al.'s (2019) study found only slightly higher PTGI scores among females. Other studies found either no difference between the sexes (Kira et al. 2018; Powell et al. 2003), or the opposite, that males reported significantly higher PTGI scores than females (Ochu et al. 2018; Kroo and Nagy 2011).

Inconsistent results were observed in studies assessing the association between income sufficiency and growth. Two studies found an association between sufficiency of income and growth (Cengiz et al. 2019; Rizkalla and Segal 2018), while two did not (Ersahin 2020; Rosner and Powell 2006).

Despite indications of the roles of gender, age, and income, this review cannot pinpoint clear sociodemographic correlates, emphasizing the need for detailed contextual descriptions and attention to gendered trauma load and coping strategies in future studies.

3.2. Individual Factors Related to Growth

Capturing the essence of the findings from many of the reviewed studies is Copelj et al.'s (2017) description of the process of growth as based on openness to opportunities and experience, increased awareness of personal strengths, social connectedness, and a proactive approach to dealing with situations.

3.2.1. Optimism and Positive (Re)Appraisal

Having positive world assumptions, a positive disposition, and using positive appraisal and reinterpretation to find constructive aspects of one's traumatic experiences, were described as positively related to and predictive of growth across studies. Strategies such as a positive refocus on planning, putting into perspective and actively suppressing

competing activities, significantly and positively predicted growth. Participants used positive reframing to modify and accept their surroundings, and positive (re)appraisal also mediated the positive effect of other variables on PTG (see Table A1, Appendix A).

3.2.2. Agency, Hope, and Future Orientation

Hirad (2018) describe forward movement—in thoughts, beliefs, and actions—as an overarching theme of refugee PTG. Future orientation, forward thinking, goal-directed behavior, the ability to set long-term goals, and willful thinking were positively associated with growth in several studies. Participants reported that they had become better at tolerating uncertainty and felt more open to new experiences (see Table A1, Appendix A).

Hope**,** defined as a positive motivational state resulting from (perceived) agency and available pathways towards important goals (Snyder and Lopez 2001), was positively associated with PTG in several studies (Abraham et al. 2018; Şimşir et al. 2018; Umer and Elliot 2019; Uy and Okubo 2018). Participants described hope as a motivational factor that aided goal- and future-oriented coping (Copelj et al. 2017; Copping et al. 2010; McCormack and Tapp 2019). Ai et al. (2007) highlight the motivational value of the perception—whether illusory or not—of having the means to accomplish positive outcomes, and Kroo and Nagy (2011) found agency thinking necessary for all goal-directed thoughts.

3.2.3. Cognitive Coping Styles

The review findings are somewhat inconclusive, but indicate that problem-focused coping (i.e., coping aimed at resolving the stressful situation or altering the source of the stress) and cognitive restructuring coping strategies are positively associated with PTG (Copelj et al. 2017; Ersahin 2020; Kopecki 2010; Ochu et al. 2018; Rosner and Powell 2006). Yet, Ai et al. (2007) found no effect of problem-focused coping on growth, and pointed out that the successful use of problem-focused coping requires the ability to identify solution options, which might be difficult in a migration or postwar context. Kopecki (2010) did, however, find a positive relationship between the use of problem-focused coping strategies and growth, possibly because being actively involved with a problem might increase feelings of self-efficacy, strength, and new possibilities in life. Similarly, Ersahin (2020) concluded that problem-focused coping probably promoted growth through helping individuals become more active in rebuilding their lives, and seeking social support and religious togetherness.

3.2.4. Coping by Doing and Consciously Avoiding

In line with Hobfoll et al.'s (2007) action-focused approach, taking action based on conscious decisions to change one's life for the better, e.g., pursuing educational and career aspirations, was found to aid coping and the overcoming of past trauma and present stressors (Copelj et al. 2017; Teodorescu et al. 2012; Wehrle et al. 2018). Emotional avoidance is often associated with negative outcomes, such as prolonged grief. However, avoidance also serves adaptive functions, such as helping individuals regulate the emotional pain of a loss (Bonanno et al. 1995). While a negative relationship between avoidance coping and PTG was reported by Ai et al. (2007), findings from other studies indicate that avoidance coping might be beneficial in some cases. For example, Uy and Okubo (2018) found that, while trauma disclosure and the construction of a trauma narrative aided coping, participants found it helpful to avoid thinking about trauma in their everyday life, through staying busy and focusing on their future goals. Conscious efforts to steer focus away from negative loop-thinking and painful memories was found to be a helpful coping strategy by Şimşir et al. (2018) and Maung (2018). Similarly, conscious efforts during the early stages of post-migration to detach from national identity served as a defense against being reminded of painful experiences (Kim and Lee 2009). For some participants, long-

term avoidance coping, rather than attempts to integrate trauma narratives through effortful rumination, was crucial in defining a positive, future-oriented life philosophy (McCormack and Tapp 2019).

Acceptance and positive reinterpretation coping might be most adaptive in situations that are not controllable by direct action (Updegraff and Taylor 2000). A philosophy of acceptance, particularly in processing painful experiences, was described as central for growth in several studies (e.g., Copelj et al. 2017; Copping et al. 2010; Maung 2018; Taylor et al. 2020; Uy and Okubo 2018). Examples of such coping were practicing patience and motivational self-talk, focusing on what could be learned from one's own experiences and how to move forward (Şimşir et al. 2018; Uy and Okubo 2018), and normalizing one's own psychological reactions, while focusing on the positive aspects of one's own situation and maintaining hope for the future (Abraham et al. 2018; Maung 2018).

3.3. Social, Religious, and Cultural Variables and Aspects of Growth

Moving from the individual to the larger social and cultural level, a consistent finding across studies was that social support predicted and facilitated growth (see Table A1, Appendix A), while a lack of social support and connectedness was associated with lower levels of growth (Ferriss and Forrest-Bank 2018; Taylor et al. 2020). Furthermore, exposure to war-related trauma seems to spark off prosocial behavior (Canevello et al. 2022).

3.3.1. Social Support and Sharing

Importantly, both giving and receiving support fostered growth. Relating to others was described both as a contributor and an outcome of growth (Copping et al. 2010; Hirad 2018). A significant positive connection was found between the interpersonal factor of the PTGI, and distress and depression, indicating that those suffering the most evaluate positive relationships more highly (Cengiz et al. 2019; Powell et al. 2003; Rosner and Powell 2006).

Collectivistic cultural values, e.g., prioritizing the benefit of others over self, and a strong collective bond helped participants cope successfully in exile, as relationships with family, friends, and community were sources of purpose and hope (Hirad 2018; Hussain and Bhushan 2013; Shakespeare-Finch et al. 2014). Trauma disclosure and the availability of someone trusted to talk to was described as important for wellbeing and growth, and participants built growth-promoting relationships both with fellow refugees and with locals in the new country (Abraham et al. 2018; Kim and Lee 2009; Şimşir et al. 2018; Sutton et al. 2006; Uy and Okubo 2018).

Social support and belonging are well known predictors of health and wellbeing and protection from poor mental health. Being a refugee often means separation from family and group, leaving the individual vulnerable and alone. This review indicates that those who manage to establish new relationships, maintain old ones, and have the capacity to seek and give social support, more often experience post-traumatic growth. However, trust, energy, and proactive contact seeking are often scarce in several phases of the refugee journey. In situations of danger, unpredictability, and distrust, more protective survival strategies can be expected.

3.3.2. Religiosity and Spirituality as a Source of Strength

Religiosity and spirituality emerged as significant themes in 21 studies and were generally positively related to growth and PTGI score (see Table A1, Appendix A). Rather than merely a growth outcome, participants described religious beliefs as a consistent source of strength, support, and wellbeing. Post-trauma religious changes mainly implied a strengthening of religiosity and were described as central in processing, accepting, and coping with life events. Religious faith, principles, and practices facilitated the development of meaning and coming to terms with trauma impact. It provided hope for the future, and helped participants let go of the past and accept fate. Religious beliefs also served to meet important emotional needs, through providing comfort and social support both

in a spiritual sense and in a more practical sense, i.e., from religious communities. Religious teachings, such as compassion and acceptance of life events based on God's will or karma, both mirrored and fostered growth. Moreover, Hussain and Bhushan (2013) described growth and resilience as integral parts of a Buddhist upbringing, where suffering in life is considered the rule rather than an exception.

Ersahin (2020) found that, when used as a coping mechanism, turning to religion predicted growth over and above the strength of religiosity itself. Maier et al. (2022) referred to religious coping as something that 'complements nonreligious coping by offering responses to the limits of our personal powers' (p. 3).

Positive religious coping can include religious forgiveness and reappraising God as benevolent, while negative religious coping can include underlying spiritual struggles and views of God as punishing. The findings concerning the relationships between growth and positive versus negative religious coping were somewhat inconclusive. Kroo and Nagy (2011) found that negative religious coping was positively related to total PTGI score, while positive religious coping was positively related only to the subscale "Relating to Others". Ochu et al. (2018), on the other hand, found that positive religious coping was positively associated with PTG, both directly and indirectly through its effect on dispositional forgiveness. Maier et al. (2022) reported that the relationship of dysfunctional appraisal and wellbeing among refugees is mediated by spiritual needs, and furthermore, that negative religious coping, i.e., hardships interpreted as a punishment or threat, mediates the relationship between spiritual needs and wellbeing.

However, both positive and negative religious coping were weakly positively related to PTS, possibly because those who already exhibit higher levels of distress more often use positive religious coping (Ochu et al. 2018).

3.3.3. Growth Nourished by Culture and Worldviews

Several studies underscored the significance of delving into and considering cultural characteristics, strengths, and worldviews when seeking to comprehend growth mechanisms. Kroo and Nagy (2011) discovered that a value-based approach to life, emphasizing respect and gratitude, was associated with cultural characteristics linked to growth. The healing process highlighted the importance of collective identity (Prag and Vogel 2013), with some authors noting 'a tenacity for life as rooted in strong cultural values' among participants (Copping et al. 2010; Ferriss and Forrest-Bank 2018).

Many refugees come from societies where religion and spirituality play a significant role as life guidance, emotional support, and a source of meaning and group coherence. The findings indicate that religiosity is a crucial contributor to post-traumatic growth, potentially providing strength to endure and accept hardship. However, the receiving countries may be oblivious to the healing powers of religious belief, and those settling in secular Western societies may find little resonance with this spiritual dimension of life, creating potential gaps in mutual understanding (Maier et al. 2022).

3.4. *Personal Experiences and Manifestations of Growth*

3.4.1. Self-Image as Survivor with Newfound Strength and Wisdom

Participants across studies expressed growth outcomes as an increased awareness of personal strength and wisdom, along with a sense of personal and social responsibility. Rejecting a 'victim identity', they perceived themselves as survivors, emphasizing positive outcomes from their hardships. Adversity led to increased maturity, coping resources, life perspective, and knowledge to overcome future challenges. Participants learned to tolerate and accept life's challenges and uncertainty, becoming more patient and flexible (Copelj et al. 2017; Ferriss and Forrest-Bank 2018; McCormack and Tapp 2019; Prag and Vogel 2013; Shakespeare-Finch et al. 2014; Şimşir et al. 2018).

From rebuilding life from scratch, participants acquired new skills, recognized personal strengths, and expressed pride in their achievements. Surviving adversity also fostered increased self-trust and self-capabilities, along with a heightened drive and capacity for self-actualization. Participants reported more courage to take risks and shape their future in personally meaningful ways (Hirad 2018; Hussain and Bhushan 2013; Maung 2018; Sutton et al. 2006; Wehrle et al. 2018).

3.4.2. Changes in Life Priorities—Perspectives, Purpose, and Meaning

Commonly described growth outcomes involved changes in life priorities and an increased appreciation for life. Participants, through their experiences, developed an understanding of their life's purpose. Comparisons between their present situation and earlier circumstances or with those less fortunate led to new priorities and perspectives informed by gratitude, fostering a desire to give back to others (see Table A1, Appendix A).

Descriptions of new insights and perspectives were often related to existential dimensions, aligning with the organismic valuing theory of growth (Joseph and Linley 2005). For example, many participants felt more tolerant, sought peace with others, experienced closer connections with people and humanity, and felt closer to their 'genuine selves' after their experiences. Moreover, personal fulfillment and a more meaningful life were experienced by those concerned with, and supporting, others in need (Gilpin-Jackson 2012; Hirad 2018; Hussain and Bhushan 2013; Maung 2018; Sesay 2015).

Participants across studies were engaged in the search for meaning and purpose from their experiences (see Table A1, Appendix A). A particularly salient change across the reviewed studies was that of more intimate and meaningful relationships. Participants emphasized that they created meaning and purpose in life by valuing, protecting, and caring for others (Copping et al. 2010; Gilpin-Jackson 2012; Hussain and Bhushan 2013; Kim and Lee 2009; Shakespeare-Finch et al. 2014; Sutton et al. 2006; Uy and Okubo 2018). A sense of meaning might be both a source and an outcome of the many findings describing increased compassion and altruism, described next.

In growth theories, meaning making involves understanding and reinterpreting a traumatic situation to rearrange one's core beliefs and goals and regain control. According to Frankl (1963), the primary motive of humans is to find meaning and value in their lives, essential for surviving trauma and suffering. Tekie (2018) found that average scores on meaning in life were significantly related with PTGI scores.

3.4.3. Compassion, Empathy, and Pro-Social Engagement

Participants across studies described how their trauma and survival broadened their consciousness, resulting in more inclusive empathy and compassion. It inspired a philosophy of giving forward, reflecting gratitude for finding safety in their new country. Enhanced concern for others' welfare and a deeper understanding of others' struggles helped participants connect socially and form meaningful relationships (see Table A1, Appendix A).

The search for positive learning outcomes of their own experiences, combined with an increased compassion, empathy, and sense of responsibility, was commonly described as inspiring pro-social engagement. Several participants found a newfound purpose in life—using their experience to help others and promote social justice. Their own experiences of suffering and survival provided a deepened sense of personal agency to help and empower others (Gilpin-Jackson 2012; Hussain and Bhushan 2013; Maung 2018; Shakespeare-Finch et al. 2014; Taylor et al. 2020; Uy and Okubo 2018). Engaging in various activities, such as political activism, community involvement, advocating for their people, and general social justice, fostered self-esteem, self-efficacy, and personal recovery, providing meaning and purpose (Hussain and Bhushan 2013; Sutton et al. 2006; Uy and Okubo 2018).

Proactive and pro-social behavior emerged as catalysts for growth, fostering closer relationships and facilitating personal development (Copelj et al. 2017; Wehrle et al. 2018).

These findings align closely with Hobfoll et al.'s (2007) action-oriented approach, emphasizing the transition from contemplating meaning to engaging in meaningful actions as a promoter of growth.

3.4.4. Resilience, Health, and Wellbeing

Resilience, defined by Bonanno (2004) as a relatively stable trajectory of healthy functioning after a highly adverse event, is shaped by an interplay between psychological, biological, social, and cultural factors. Ungar (2008) highlights the ecological nature of resilience as the capacity of individuals to navigate their way to health-sustaining resources, and of the individual's family, community, and culture to provide these in culturally meaningful ways. In the reviewed articles, resilience was positively associated with PTG, although emphasized as a separate construct and an insufficient condition for growth. Important sources of resilience were religious beliefs and practices, cultural strengths (e.g., collectivism) and worldviews, practical and emotional social support, and adequate financial resources (see Table A1, Appendix A).

In the meta-analysis of Helgeson et al. (2006), benefit finding was related to less depression and higher positive wellbeing but also more intrusive and avoidant thoughts about the stressor. Regarding growth and health, our findings indicate that growth is positively related with wellbeing, while the relationship with psychopathology is less clear (see Table A1, Appendix A). For instance, Sleijpen et al. (2016) found no significant association, while Kira et al. (2018) and Teodorescu et al. (2012) observed that PTG was associated with lower levels of psychopathology.

Summing up, the experience of and manifestations of growth across studies were characterized by perceiving oneself as a survivor, echoing Taylor et al.'s (2020) description of gratitude, acceptance, strengthened spiritual and religious beliefs, and a desire to serve others. Resilience, wellbeing, and post-traumatic growth are intertwined and feed each other.

3.5. Growth and the Interplay of Time, Place, and Post-Migration Factors

In the introduction, we referred to studies showing that trauma is not an isolated, pre-migration event, but manifest throughout pre- and post-migration experiences (Copelj et al. 2017). Resettlement can involve feelings of relief and new hope but also of being overwhelmed by differences, experiences of discrimination, and a need to forget painful memories (Kim and Lee 2009). Post-migration stressors such as social isolation, poverty, and ongoing conflict in the country of origin have predicted, for example, depression. A pertinent question is how these factors, along with (waiting) time and uncertainty, might influence growth processes.

3.5.1. The Passing of Time

A topic discussed in the literature is that, after trauma exposure, some amount of time might be necessary before growth can take place (Park et al. 1996; Tedeschi and Calhoun 1995; Taylor et al. (2020)). Uy and Okubo (2018) reported that participants did not actively engage in processing trauma until years after the war, when they had more resources available and their immediate needs of survival have decreased.

Teodorescu et al. (2012) found a significant negative correlation between growth and PTSD in participants exposed to trauma many years ago, suggesting that "the passage of time aids in the development of an authentic growth negatively related to psychopathology". Similarly, findings from Kopecki (2010) indicate that time since trauma might be crucial for the development of growth. Helgeson et al.'s (2006) meta-analysis confirms that benefit finding is more likely to be related to a good outcome when a longer time has elapsed since the trauma.

However, time can also be experienced as lengthy, empty, and an obstacle to moving on. A major source of ongoing stress, frustration, and anxiety for their participants was the lengthy asylum-seeking process, which can thus hamper growth through maintaining

or worsening psychological distress. Many of the participants in Gilpin-Jackson's (2012) study described despair and re-traumatization as part of their immigration experiences, marked by endless waiting in uncertainty and the daily fear of being deported and being 'forced' to be dependent on the system.

3.5.2. Post-Migration Factors

Resettlement can evoke feelings of relief and new hope but also more negative sentiments related to hardships in the new environment and re-occurring painful memories (Kim and Lee 2009). Importantly, those who had positive immigration integration experiences did not elaborate on the immigration part of their narratives, while the immigration narrative was integral to the growth stories of those with less positive experiences.

Tekie (2018) found that symptoms of PTSD, anxiety, and depression were strongly related to post-migration living difficulties, e.g., worries about family, unemployment, discrimination, loneliness, isolation, and boredom. Teodorescu et al. (2012) documented that a weak social network and poor social integration were among the most important post-migration factors negatively correlated with growth. The participants interviewed by Ferriss and Forrest-Bank (2018) described how Western culture and values of individualism and busyness were experienced as major barriers to establishing support systems, community, and friendships, causing loneliness and isolation. The stress resulting from the loss of living in a collectivistic culture was negatively associated with participants' growth. Abraham et al. (2018) emphasize that practices such as moving people between municipalities cause the destruction of social networks, which may create an obstacle to PTG through the loss of supportive, growth-promoting relationships.

As a conclusion, both pre- and post-migration stressors significantly contribute to the development and persistence of PTSD among refugees, with daily stressors representing ongoing and often chronic threats to psychological wellbeing (Montgomery 2011; Porter and Haslam 2005). The role of post-migration factors in growth processes is underscored by the emphasis on time spent in safe and stable environments as a crucial precursor for growth (Park et al. 1996). This highlights the influence of host country conditions on facilitating or hindering growth.

4. Discussion

The discussion departs from the insights of the findings, that to understand growth, one must comprehend the interplay of contexts, structures, and factors at multiple levels (Price and Martin 2018). As illustrated by Gilpin-Jackson (2012), participants' narratives of growth were influenced by various constellations of contextual factors, including war exposure, the nature of the trauma, sociodemographics, and the full scope of refugee and immigration experiences. First, we address the issue of stereotypes of refugees in media coverage. Then we discuss the question of factors that correlate with growth and, successively, the experience of adversarial growth, the role of post-flight conditions, and that of culture and spirituality. Due to the central role of Tedeschi and Calhoun's five-factor model of post-traumatic growth (PTG) in the review studies, we add a discussion about the cross-cultural applicability of the model. Finally, in Section 4.7, we address the question of research gaps and what is still poorly understood.

4.1. Mediated Images of Refugees

In the introduction, we posited that the media portrayal of refugees oversimplify the complexity of refugee experiences (a.o., Esses et al. 2013). In public and political discourses, refugees are often characterized in stereotypic discourses that either overlook or 'glorify' strength and growth, minimizing suffering and the role of post-migrations factors in overcoming stress and regaining strength. One of the consequences for the refugee pop-

ulation, understood within the framework of the spiral of silence theory (Noelle-Neumann 1993), is that refugees fear social isolation through social media and hide their opinions, views, and preferences (Aldamen 2023).

In 2019, the International Association for the Study of Forced Migration (IASFM) released a statement expressing 'deep concern for the global rise of a political discourse that characterizes refugees, internally displaced persons (IDPs), and migrants as threats to peace and security'. A more inclusive approach to post-trauma development was called for, based on the observation that most survivors of war do not show evidence of a diagnosable psychiatric disorder (Jayawickreme et al. 2019; Şimşir Gökalp and Haktanir 2022). Academics were encouraged to take an active stance against xenophobic and anti-refugee discourses.

The findings of this and previous similar reviews offer a more holistic understanding of development after trauma capable of encompassing a broader spectrum of outcomes. In most studies, growth co-exists with distress and worry. This supports the assumption of similar underlying processes in post-traumatic growth and stress (Joseph and Linley 2005; Joseph and Linley 2006), illustrating the inaccuracy of victim, threat, or exceptional survivor stereotypes and demonstrating that it is possible to grow from adversity even without having fully healed from it (Hirad 2018). The results provide a nuanced knowledge base that better mirrors the variance of experiences of refugees and provides an evidence base for public and political debate.

4.2. The Dynamic and Interactional Nature of Growth

Our primary review question was, "What is currently known about adversarial growth in refugee populations?" Part of the review question was to identify factors and circumstances that seem to correlate with growth and to supplement and update previous reviews. The overall findings reveal the dynamic and interactional nature of growth processes. Characteristics of growth at the individual level are distinctly intertwined with the relational domain, while contextual factors are challenging to isolate from individual and relational factors. Together, the findings strongly indicate that psychological growth and healthy adjustment are not rare occurrences among refugees. They paint a more optimistic, healthy, and 'agentic' picture of post-trauma development and functioning among refugees. Simultaneously, it is crucial to recognize the severity of suffering, trauma, and the consequences of such experiences for individuals. As described by McCormack and Tapp (2019), participants' positive development "*was born of redefining human suffering that is unimaginable to many*".

To comprehend growth comprehensively, it is imperative to explore the interplay among contexts, structures, and factors at various levels (Price and Martin 2018). As exemplified by Gilpin-Jackson (2012), participants' narratives of growth are shaped by diverse constellations of contextual factors, including war exposure, the nature of trauma, sociodemographics, and experiences related to refugee status and immigration. In the introduction, we referenced studies indicating that post-migration stressors such as social isolation, poverty, and ongoing conflict in the country of origin have an impact on health, wellbeing, and the processes of growth.

The findings regarding the relationship between growth and mental health vary and the 'health benefit' of growth has been debated. Some suggest a curvilinear relationship between growth and distress (Kleim and Ehlers 2009; Shakespeare-Finch and Lurie-Beck 2014). Maercker and Zoellner (2004) proposed a Janus face model of growth, with post-traumatic growth on one side inducing positive changes and another side revealing feelings of self-deception and wishful thinking, with less desirable outcomes. Although the current findings indicate a positive relationship between growth and wellbeing, they do not provide a basis for firm conclusions.

Many of the current findings are similar to previous reviews, specifically that problem-focused coping, optimism, positive reappraisal, religiosity, religious coping, and social support are positively associated with growth. Our review findings indicate that some

amount of time and stability might be necessary for growth processes to take place, suggesting the need for more studies on growth among established refugees.

Furthermore, research on post-traumatic growth has yet to integrate the nuances of refugee experiences and the role of ongoing stressors. As suggested by Chan et al. (2016), the assessment of growth may benefit from considering the ongoing traumatic circumstances in the lives of refugees. Our review indicates that post-migration stressors, particularly those related to immigration status, may play a significant role in shaping growth trajectories. Hence, the intricacies of the relationship between growth and mental health, the role of time, and the impact of post-migration stressors, to be discussed in more detail below, deserve more attention.

4.3. The Subjective Experience of Adversarial Growth

Our sub-question was "How is adversarial growth experienced and expressed?" The inclusion of qualitative studies provided rich descriptions of the complexity of growth processes, as they allow for elaboration on topics, go into depth and breadth, and make visible how various aspects are intertwined. Thus, our review shed light on the qualitative experiences and outcomes of growth, particularly pro-social outcomes, and domains of growth. Particularly notable were the experiences and emotions of altruism, compassion, empathy, and pro-social behavior.

According to Stellar et al. (2017), self-transcendent emotions like compassion and gratitude are foundational of human sociality, being central in helping individuals form enduring commitments. Such emotions result from shifting attention from oneself towards the needs and concerns of others. Across the reviewed studies, participants reported increased altruism, compassion, empathy, and pro-social behavior following adversity. The same associations have been reported in previous studies by survivors of childhood and other trauma (Frazier et al. 2013; Greenberg et al. 2018). Observations of increased pro-social emotions and behavior in studies with Holocaust survivors gave rise to the term 'survivor mission' (Kahana et al. 1986; Lifton 1980), describing how survivors transform the meaning of their trauma by making it the basis for social action (Herman 1998).

The association between adversity and increased compassion is hypothesized to stem from adversity's links to heightened empathy (Lim and DeSteno 2016), and the idea that empathic emotion evokes altruistic motivation underlies Batson and Shaw's (1991) empathy–altruism hypothesis. Keltner et al. (2014) provide a comprehensive, multilevel framework for understanding the roots and mechanisms of pro-sociality in their sociocultural appraisals, values, and emotions framework. The Staub and Vollhardt (2008) theory about *altruism born of suffering* has a distinct focus on positive psychological changes that lead to helpful action after experiences of trauma and adversity. These theories, however, have not been systematically applied in studies with refugees.

Some studies reveal that stronger empathy and altruism is felt toward ingroup versus outgroup targets. Furthermore, they suggest that experiencing high levels of post-traumatic stress predicted less empathy and altruism (Canevello et al. 2022). The authors suggest that future research should measure both post-traumatic stress and post-traumatic growth simultaneously, and study its relation to pro-social emotions, attitudes, and behaviors in addition to empathy and altruism.

The findings of this review align well with those of Hirad et al. (2023), who depicted an overarching theme of moving forward with five specific growth themes: increased awareness of context; tolerating uncertainty; spiritual/religious attunement; consideration of others; and integrating into society. These findings shed light on the complex process of growth and adaptation in the aftermath of war and forced migration.

Linking back to the stereotypic media portrayals and the risk of silencing refugees' opinions and stories, these findings call for initiatives that bring forth to the larger audience the many pro-social outcomes and growth experiences.

The next part, the passing and experience of time and various post-migration stressors, also belongs to the subjective experience of growth.

4.4. Time and Post-Migration Stressors

From the existing research, we know that waiting time in refugee camps, long asylum procedures, and the accompanying uncertainty can have significant negative and draining effects on individuals' psychological and physical health and on personal strengths and resources (e.g., Laban et al. 2004; Nutting 2019; Piguet 2020; Sleijpen et al. 2017). The effect of this, and of discrimination and marginalization, on possibilities for growth should be continuously addressed in research, considering that growths require some stability and depends on the social environment's ability to meet the individual's need for autonomy, competence, and relatedness (Joseph and Linley 2005; Linley and Joseph 2004). Like Chan et al. (2016) and Sims and Pooley (2017), we suggest that more studies on how time and post-migration stressors might influence growth processes are needed.

Studies of growth among established former refugees is called for, according to Copelj et al. (2017), who call it a major limitation of previous studies "that their samples were comprised of recently arrived refugees whose level of success and adaptation to the host society was not known".

Lastly, although we chose to exclude studies of adversarial growth among IDPs, both due to group differences which might affect growth and to limit our scope, we do believe that a separate review of existing studies is needed, as IDPs make up the largest percentage of the world's refugee population.

4.5. Culture, Worldviews, Spirituality, and Meaning

Psychological adjustment and subjective experience cannot be understood in isolation from social and cultural context, and assuming universal applicability of Western-centric psychological processes or concepts may be ethnocentric and biased (Al-Krenawi et al. 2011). In some studies, assessing trauma survivors' religiosity and worldviews in clinical settings was deemed important for promoting health, coping, and growth (Abraham et al. 2018). Previous studies suggest that religion can serve as a meaning system enabling individuals to reframe their experiences and find coping resources (Park 2005). Spirituality following trauma may increase self-compassion, facilitating PTG (Khursheed and Shahnawaz 2020).

Constructions of mental distress and associated coping strategies are closely linked to cultural, religious, and political factors (Ruwanpura et al. 2006). Copping et al. (2010) emphasize the need to understand cultural conceptualizations and approaches to treating trauma for culturally competent trauma support. This review and Maier et al.'s (2022) findings highlight the significant role of religion and spirituality in mental health and the co-determination of resettlement quality and health resources by these factors.

However, in secular societies, the role of religiosity might be under-evaluated. Psychologists have historically tended to overlook or pathologize spirituality, reducing it to underlying psychological, social, and physiological functions (Snyder and Lopez 2001). Zoellner et al. (2018) provide an example of how faith-based elements, successfully integrated into therapy, contribute to growth.

The characteristics of growth are primarily related to psychological wellbeing, which includes existential aspects of life such as increased purpose, meaning, and self-acceptance (Joseph and Linley 2005). Based on this review, a valuable path to explore in more depth among refugees would be that of existential meaning making and growth. Existential meaning making involves an emphasis of the individuals' capacity to choose what they make of their circumstances and to create meaning in their lives when confronted with adversity (Evans et al. 2017). Exploring existential meaning making and growth among refugees, particularly using frameworks like the organismic valuing theory, offers a promising avenue.

In an interview-study about world assumptions among unaccompanied refugee minors, Gottschald and Sierau (2020) found all assumed aspects—benevolence, meaningfulness, and self-worth—in the participants' statements. Additionally, they detected a new

sub-category of meaningfulness, namely the principle of a metaphysical plan. The researchers hypothesize that religiousness might reduce the likelihood that assumptions about meaningfulness are damaged in the confrontation with traumatic stressors. Related to this is Abraham et al.'s (2018) recommendation to investigate longitudinally which aspects of trauma might trigger or suppress core beliefs.

Basic assumptions and core beliefs are likely influenced by culture and early life experiences, shaping belief systems, values, and behavior (Al-Krenawi et al. 2011; Weiss and Berger 2010). Cultural differences in these aspects may affect growth processes, outcomes, and responses on commonly used measures of growth. Hence, we move to discuss the cultural appropriateness of the most common measure and theory of post-traumatic growth.

4.6. Cross-Cultural Applicability of the Five-Factor Model of Post-traumatic Growth (PTG)?

Growth theories often employ the same underlying processes that can result in PTSD (Linley and Joseph 2004). The growth process is initiated by a major life crisis that shatters prior goals, beliefs, assumptions, schemas, and ways of managing emotional distress. The struggle with dealing with trauma and the new reality in its aftermath, marked by ruminative activity, meaning making, and schema reconstruction, might result in positive changes. Growth characteristics are closely related to psychological wellbeing, including existential aspects such as increased purpose, meaning, and self-acceptance (Joseph and Linley 2005).

However, Tedeschi and Calhoun's five-factor model was not universally replicated. Powell et al. (2003) and Ersahin (2020) identified a three-factor model, while Kopecki (2010) and Maung (2018) identified four core categories of growth. Prag and Vogel (2013) identified a sixth theme, the ability to articulate the social narrative, emphasizing the importance of mastering and sharing the collective story of one's own people over the individual story.

Participants in qualitative studies articulated growth aspects not captured by the PTGI, emphasizing socio-cultural and behavioral components, such as increased self-awareness and proactivity (Copelj et al. 2017). Shakespeare-Finch et al. (2014) point out that the strong endorsement of compassion and responsibility reported by their participants is not always apparent in Western research. Only one of the 21 PTGI items asks about compassion and then about accepting the compassion of others rather than becoming more compassionate.

According to Sutton et al. (2006), the role of religious beliefs in providing guidance and in meeting people's emotional needs is not well captured by the PTG model, where the focus is on the function of religious beliefs for cognitive processing and the development of meaning or comprehensibility. Ferriss and Forrest-Bank (2018) found some dissonance between the PTG construct and collectivism and Islamic beliefs and practices; 'new possibilities' was somewhat contrary to trust in God's plan, while 'personal strength' was challenging to translate because strengths lie in the family and not in the individual. Hence, challenges in translating PTG constructs to collectivist and Islamic beliefs suggest a disconnect (Ferriss and Forrest-Bank 2018). It was also difficult for the participants to distinguish between 'before and after' trauma, as they struggled with multiple, ongoing trauma over long periods.

The PTGI-X, which includes a spiritual and existential concerns factor (Tedeschi et al. 2017), warrants further investigation. The need to explore the role of religious beliefs beyond cognitive processing and meaning development, capturing guidance and emotional needs, is emphasized (Sutton et al. 2006). Regarding the PTGI, some findings indicate challenges in determining whether it measures growth or coping mechanisms and pre-existing strengths. Issues with assumptions in the PTG literature, particularly the pre-trauma context assumption, are raised (Gilpin-Jackson 2012), emphasizing the need to explore aspects triggering or suppressing core beliefs longitudinally (Abraham et al. 2018). The applicability of the PTG model across diverse cultural contexts needs further examination.

In sum, the discussion weaves together various elements, urging a holistic understanding of how refugees navigate growth and coping after adversity. It advocates for moving beyond stereotypes, acknowledging both the challenges and the resilience that contribute to growth. Based on the review, several areas remain poorly understood or understudied. The discussion points to a need for more research in several areas.

4.7. Areas for Future Exploration: Unanswered Questions

Understudied refugee populations: The discussion concludes by emphasizing the importance of paying attention to the experiences of people in refugee camps, dealing with long waits, uncertainty, discrimination, and marginalization. To foster growth, individuals need stability and support from their social environment. The review also highlights the necessity of studying growth among established former refugees. Finally, it suggests a separate review of existing studies on internally displaced persons (IDPs), acknowledging their significant representation within the global refugee population.

Cultural context, religiosity, and worldviews: Cultural beliefs significantly influence coping strategies. Understanding cultural nuances is crucial for providing effective trauma support. Our review findings indicate that further research might benefit from exploring and acknowledging culturally and religiously based strengths and coping strategies.

Basic assumptions and core beliefs, and the PTGI: Cultural differences in basic assumptions and core beliefs might impact growth processes differently. The conventional tool for measuring growth, the PTGI, may need reconsideration.

Altruism, compassion, and pro-social behavior: Growth often leads to increased altruism, compassion, and pro-social behavior. This area deserves more attention and exploration.

Existential meaning making and growth: Characteristics of growth are related to psychological wellbeing, including existential aspects like increased purpose, meaning, and self-acceptance. Further exploration in this domain is warranted.

Time and post-migration stressors: Existing research shows that waiting time, long asylum procedures, and uncertainty can negatively impact mental and physical health. More studies are needed, considering the role of stability and social environment on growth.

Biology and genes: Finally, and not mentioned in the previous text, Jafari et al. (2022) conclude that there is a gap of knowledge about possible relationships between resilience, post-traumatic reactions, and genetic variability. The authors call for more research in the field of genome-wide association studies (GWAS), referring to findings from a few, newly emerging studies that integrate genetic and psychosocial contributing factors to provide a deeper understanding of complex phenotypes (Maul et al. 2020). Choi et al. (2019) have suggested an integrative research framework for studying human genome-wide variation underlying the capacity, process, and outcome of psychological resilience. Hence, to pursue a truly wholistic understanding of post-traumatic growth, more research, especially through genome-wide association studies, is recommended.

5. Concluding Remarks and Key Practical Implications

Too much emphasis on problems and vulnerability among refugees carries the risk of ignoring people's strengths, agency, and competencies, and of enforcing stigma and stereotypes (Berger and Weiss 2003; Marshall et al. 2016). Categorizing groups of people as 'vulnerable' also risks distancing them from the wider society and reinforcing diminished expectations, while less attention might be given to societal factors that create adversity (Brown et al. 2017; Pupavac 2006). Together with Saleebey (2002) and Marshall et al. (2016), we stress the importance of continuously applying a strength-based approach committed to empowering people and acknowledging their agency, resources, and experience-based knowledge. Receiving societies have a crucial role in providing the needed tools and insights to solve problems and facilitate healing and growth.

We believe that continued research efforts into understanding and promoting growth processes can benefit both individuals and societies, and that increased focus on and knowledge about the complexity of outcomes of adversity related to forced migration

has the potential to counteract and balance simplified, pathology-oriented and fear-based understanding and discourses. We also think it would be useful—in research, clinical work, and public debates—to adopt a stance of asking how we might develop and what we might learn from adversity, and from each other.

A more nuanced public discourse and a broadened research approach towards refugees and their experiences acknowledges heterogeneity and includes an understanding of 'refugees' as complex human beings with the resources, strengths, and developmental potential to handle and overcome adversity. Importantly, this does not imply that growth is merely an individual process or 'trait'; the factors and circumstances that influence growth include life events before, during, and after flight, personal characteristics and coping styles, cultural and religious beliefs, the quality of the social network, support from formal structures of society, and more. These factors play together in determining whether the potential for growth is nourished and promoted.

Recognition of the complexity in post-trauma development, and observations of the many refugees who do not develop psychopathology but adapt in healthy ways, have led to a call for a greater focus on strengths, resources and healthy development, as well as in the planning of interventions and practices (Goodman 2004; Ní Raghallaigh 2010; Omeri et al. 2004). The results from this review, especially those reflecting the subjective experience of hardships and growth, with due attention to post-flight and re-settlement issues, provide valuable insights for clinicians to facilitate more empowering post-traumatic narratives with refugee clients rooted in growth experiences. The detailed descriptions of various coping strategies provide important nuances to the common therapeutic emphasis of the talking-cure to integrate loss and trauma in one's personal narrative. Avoidance, efforts to forget and suppress, and concrete activities to rebuild life can lead to growth, especially when proper knowledge, control over the situation, and resources are available.

Further exploration of Hobfoll et al.'s (2007) 'action-focused approach' might be fruitful, considering the positive relationship between problem-focused coping and growth and the many findings describing how participants found meaning and recovery in prosocial engagement and activities. Knowledge about how growth can be facilitated through 'translating growth cognitions into actions' in order to "reassert the autonomy, sense of competence, and relations with others that are lost through trauma" (p. 349) might be useful also for intervention and policy development. Based on the strong altruistic impulses found among their participants, Taylor et al. (2020) suggest that it may be beneficial to allow asylum seekers and refugees to use this to contribute to society.

Based on the review findings, we dare to conclude that there is reason to be both optimistic and ambitious regarding the potential for growth, learning, and thriving after adversity. Before closing, we repeat Papadopoulos' (2007) timely reminder that becoming a refugee is not a psychological phenomenon, but a sociopolitical and legal one, with psychological implications.

Strengths and Limitations

A central 'prerequisite' for growth is that the traumatic events experienced are severe enough to shatter core beliefs and basic assumptions and schemas relating to self and the world. As pointed out previously, definitions of trauma, as well as such beliefs and assumptions, might differ between people who have grown up in different contexts and cultures. The degree to which this is taken into account varies between studies and methods. This must be taken into consideration when conclusions are drawn.

In most studies, including those in this review, there are no pre-trauma assessments of health, functioning, or PTG, which might make it difficult to determine whether the reported growth was trauma-induced or a result of other factors. Self-report measures, which are commonly used, also carry the risk of hindsight bias, different interpretations of questions, etc. Most of the quantitative studies were cross-sectional; thus, they cannot provide decisive information about causal mechanisms or tell us whether this is how people were, or if it is how they became. The characteristics, circumstances, and strategies of

those who most clearly experience growth are difficult to strictly single out also, due to the limited literature.

A general precaution when interpreting qualitative studies is the reduced generalizability of findings due to small samples and purposive sampling. However, when a relatively high number of qualitative studies show corresponding findings, the transferability and trustworthiness of those findings is strengthened and should not be understated.

The current review's broad scope provides a comprehensive overview of the existing research literature. It must be emphasized that most of the identified studies come from the field of psychology, a natural result of the aim of balancing the adversity-focused research, using psychologically based search terms, and of both authors' background in psychology. It is possible that research on processes similar to adversarial growth among refugees, from other disciplines using other terms and definitions, went under the radar of our searches, and could have yielded further nuance to the results.

Appendix A

Table A1. Descriptives and Key Findings From all Included Studies.

Quantitative and Mixed-Methods Studies (*n* = 23).			
Author (Year)	**Study and Sample Characteristics**	**Outcome Measures**	**Key Findings**
Acquaye (2017)	• Cross-sectional. • 444 adult Liberian former refugees and IDP • Age range 28–65 years. 45.7% in the 31–40 age range. • 70.9% male. • Religious: 99.0% (93.2% Christian, 6.1% Muslim).	• PTGI. • The War Trauma Screening Index (WTSI). • The Revised Life Orientation Test (LOT-R). • The Religious Commitment Inventory (RCI-10). • The Post-Traumatic Stress Checklist for DSM-5 (PCL-5).	• PTGI mean: females = 84.49, males = 79.56 • Females reporting significantly more growth than males. • 79.1% met criteria for PTSD. No gender differences. • Co-existence of PTG and PTSD. • Findings indicate that people with dispositional optimism have a higher chance of experiencing growth after trauma than people who are pessimistic.
Acquaye et al. (2018)	• Cross-sectional. • 444 adult Liberian former refugees and IDP • Age range 28–65 years. 45.7% age 31–40. • 70.9% male.	• PTGI • PTSD Checklist for DSM-5 (PCL-5). • Religious Commitment Inventory–10 (RCI-10).	• PTGI mean: females = 84.49, males = 79.56 (same sample as Acquaye 2017) • Trauma and particularly religious commitment were statistically significant predictors of PTG. • The results indicated that when religious commitment is great, PTG is low, demonstrating that a moderate level of religious commitment is necessary for PTG. • The effect of trauma on PTG is stronger as religious commitment decreases.

	• Religious: 99% (93.2% Christian, 6.1% Muslim).		• Religion served as a coping mechanism and provided social support that aided healing.
Ai et al. (2007)	• Prospective study, 10-month follow up. • 50 Kosovar war refugees resettled in USA • 54% male. • Mean age 33 years, range 17–69. • Muslim: 96%.	• The 50-item Stress-Related Growth Scale. • The 17-item PTSD Symptom Scale. • The 27-item Multidimensional Coping Scale. • The 12-item Hope Scale. • The Communal Traumatic Events Inventory.	• Score on the 50-item Stress-Related Growth Scale not reported. • No demographic correlates with either PTG or PTSD symptoms. • High average trauma severity score. • No significant reduction in PTS 10 months after resettlement. • PTG and PTS not correlated. • Co-existence of PTG and PTSD. • Hope and cognitive coping positively associated with PTG. • Avoidance coping negatively related with PTG. • Behavior coping had no direct effect on growth (despite correlation with cognitive coping).
Canevello et al. (2022)	• Survey experiment • 1660 refugees from the wars in Syria and Iraq residing in Turkey	• PTGI-SF • PTSD Checklist—Civilian version (PCL-C) • Harvard Trauma Questionnaire (HTQ) • Study-specific questionaire	• Stronger empathy and altruism are felt toward ingroup versus outgroup targets. • Post-traumatic growth associated with more cooperative tendencies. • Post-traumatic stress associated with reduced altruism through lower empathy.
Cengiz et al. (2019)	• 310 Syrian refugees living in refugee camps in Turkey • Age: 38.1% between 18–29 years, 32.9% between 30–39, and 29% above 40. • 52.9% male	• PTGI • Impact of Events Scale–Revised (IES-R) • Harvard Trauma Questionnaire (HTQ) • Connor and Davidson Resilience Scale (CDRISC)	• PTGI mean non-PTSD group: 56.68 • PTGI mean PTSD-group: 62.54 • 80% were classified within the PTSD group. • PTSD group: higher trauma and PTGI scores than the non-PTSD group. • PTSD and PTG positively correlated and co-existed. • Wish to return to home country and income variables were risk factors for PTSD. • Resilience had a moderate positive correlation with growth.
Ersahin (2020)	• 805 Syrian refugees in Turkey • Mean duration of Stay in Turkey: 6.17 years. • 383 females, 329 males, 93 no-response • Age range 19 to 77. • Religious affiliation: 83.7% Muslim, 1.4% Christian; 0.4% Jewish; 0.6% Non-religious, 0.5% Other, 13.4% Missing	• PTGI • Impact of Events Scale–Revised (IES-R) • Harvard Trauma Questionnaire (HTQ) • The Brief-COPE • Belief into Action Scale (BIAC)	• PTGI mean = 49.11 • Females scored slightly, but not significantly, higher on the PTGI than males (M = 54.17 vs. 51.15). • No significant relationship between age and PTGI-scores. • Higher levels of education corresponded to higher PTGI total scores. • PTSD scores represented a clinical concern for 83% of the sample. • Higher levels of PTS predicted higher levels of growth, indicating a positive linear relationship. • Growth and PTS co-existed. • Post-traumatic struggle predicted growth over relationships with others. • Three-factor model of growth: Personal Strength, New Understanding and Appreciation of Life, and Relating to Others. • Current income and perceived socioeconomic status (SES) did not correlate with PTGI scores, but perceived SES before the war negatively correlated with PTGI total scores. • Emotion-focused coping hindered growth, while problem-focused coping promoted PTG, probably by helping individuals to be more active in rebuilding their lives and seeking social support and religious togetherness.

			• Strength of religiosity strongly related to overall PTG. When used as a coping mechanism, turning to religion predicted PTG over and above strength of religiosity itself.
			• The strongest predictor of PTG was problem-focused coping, followed by intrusion symptoms signifying PTSD, perceived level of SES prior to the onset of war, trauma exposure load, strength of religiosity, and hyperarousal symptoms signifying PTSD.
Hussain and Bhushan (2011)	• 226 Tibetan refugees across two generations. 110 born in Tibet and later migrated to India, 116 born and brought up as refugees in India. • 50% female, 50% male. • Mean age 43.96 years.	• PTGI. • Refugee Trauma Experience Inventory. • Cognitive Emotion Regulation Questionnaire. • Impact of Events Scale.	• PTGI mean = 76.68 • Females reporting significantly more growth than males. • Traumatic experiences significantly predicted PTS and PTG. • PTS and PTG positively correlated. • Generational differences in trauma, PTS, and PTG scores. • Positive refocusing, refocus on planning, putting into perspective, and catastrophizing partially mediated the relationship between traumatic experiences and PTG.
Kira et al. (2018)	• Cross-sectional. • 502 Syrian IDPS and refugees (195 IDPs, 111 refugees in the Netherlands, 196 refugees in Egypt). • 67.7% male. • Age 17–78 (M = 35.76). • Religion: 96% Muslims, 4% Christians. • Practicing religion: 36.4%, 63.6% not practicing.	• PTGI. • The Cumulative Trauma Scale CTS-S (short form). • Identity Salience Scale. • The Clinician-Administered PTSD Scale (CAPS-2). • Post-Cumulative Trauma-related Disorders Measure (P-CTD) (Complex PTSD). • Emotion Regulation Questionnaire. • Negative and Positive Tertiary Appraisal.	• PTGI mean = 55.21 • No significant sex differences in age, PTG, income, PTSD. • High rate of elevated PTSD (28.7%) and complex PTSD (41.2%). • PTG associated with lower depression, anxiety, somatization, and PTSD. • Identity salience enhancing mental health and PTG. • Reappraisal and positive appraisal mediate the positive role of identity salience on mental health and PTG. • Negative appraisal and suppression mediate the negative effects of cumulative stressors and traumas on mental health and PTG. • Negative appraisal associated with higher PTSD.
Kopecki (2010)	• PhD-dissertation • 94 male and 109 female former Bosnian refugees, over the age of 18, who had resettled in Australia following the outbreak of war in Bosnia. • 16 years after the trauma.	• PTGI. • The Direct and Indirect War Experiences Scales. • The Post-Traumatic Stress Diagnostic Scale. • The Test of Self-Conscious Affect 3. • The World Assumptions Scale. • The COPE Scale.	• PTGI mean not reported. • Females reporting significantly more growth than males. • Age at the time of trauma had a strong relationship to PTG, with younger participants experiencing more PTG than older participants. • Almost a third experiencing high levels of distress, indicative of PTSD. • Severity rather than number of trauma experiences might influence development of PTSD (weak relationship between number of events and PTSD). • PTG and PTS co-existed in some participants. • Moderate negative relationship between PTG and PTSD symptom severity. • Positive world assumptions associated with higher PTG. • Results highlight the importance of active, problem-focused coping strategies in PTG. • Four-factor PTGI-structure. New Possibilities and Personal Strength loaded on one factor.

			• Spiritual change weakly or not correlated with all independent variables. Not surprising, as participants were from a largely secular society. • Time since trauma might be an important factor in the development of growth.
Kroo and Nagy (2011)	• Cross-sectional. • 53 Somali refugees living in Hungarian reception centers. Settled refugee status. • 44 men, 9 women. • Age: 83% between 18–29.	• PTGI (with added open-ended item: significant life changes) • Separation and distance from family. • Type of trauma experienced. • The revised version of the Life Orientation Test (LOT-R). • The Adult Trait Hope Scale. • Religiosity and religious change: five-item scale. • The Brief Religious Coping Scale. • Open-ended question assessing meaning making.	• PTGI mean = 68.92. • Males reporting significantly more growth than females (71 vs. 58.6) • Trauma type (having endured forced labor but not imprisonment) was significantly related to lower PTG. • Satisfaction with living conditions not significantly related to PTGI score. • Family status and having information or contact with family not significantly related to PTG. • Hope, religiosity, negative religious coping, and satisfaction with perceived social support positively related to PTG. • Cultural characteristics related to personal growth: importance of family in appreciating life; emphasis of a moral approach to life; value of respect; sincere gratitude; role of religion in processing, accepting, and coping with life events. • Further categories of growth: Discovering and experiencing essential human values. Positive personal changes. Discovering the great contrast of present and earlier life. • 73.6% rated themselves as a great deal religious. Central in coping and thriving. Changes in religiosity all involved a strengthening. • Negative religious coping: moderate positive correlation with total PTGI score. Positive religious coping: significantly positively related to only Relating to Others. Religiosity: significantly related to total PTGI score and the Spiritual Change subscale.
Maier et al. (2022)	• 744 refugees (69.8% male) aged 18–67 years (M = 27.99) • diverse backgrounds resettled in Germany	• World Health Organization Wellbeing Index (WHO-5) • Spiritual Needs Questionnaire (SpNQ) • Brief Measure of Religious Coping (Brief RCOPE) • Illness Interpretation Questionnaire (IIQ) • Bootstrapping mediation analysis	• Relationship of dysfunctional appraisal and wellbeing among refugees is mediated by spiritual needs (i.e., existential and religious needs) • Negative religious coping mediates the relationship between spiritual needs and wellbeing. • Religion and spirituality show an important impact on integration of refugees
Mwanam-wambwa (2023)	• Cross-sectional • 267 Rwandan refugees living in Lusaka	• The General Health Questionnaire-28 (GHQ-28) • Spiritual Experience Index–Revised	• The results suggest that there is a positive correlation between religion/spirituality and mental health.
Ochu et al. (2018)	• Cross-sectional. • 407 adult IDP's and refugees • 55.8% male, 44% female. • Age range 18–76. M = 36.25. • 70.8% unemployed.	• PTGI. • Brief RCOPE. • Heartland Forgiveness Scale. • Impact of Event Scale–Revised.	• PTGI mean = 74.90 • Males reported more growth than females. No difference in PTSD. • Trauma type: directly exposed survivors scored higher on PTS and lower on PTG relative to indirectly exposed survivors. • High levels of religious coping. Positive religious coping positively related to PTG and PTS; negative religious coping positively related to PTS and inversely related to PTG.

Study	Sample	Measures	Findings
	• Religion: 91.4% Christian, 4.2% Muslim		• Dispositional forgiveness positively related to both positive religious coping and PTG. • Two of the strongest predictors of PTG: problem-focused coping and having positive perspectives of own traumatic experiences.
Powell et al. (2003)	• Bosnia and Herzegovina, two subgroups of 75 each randomly selected from two samples of 97 former refugees and 104 (former) displaced adults. • Age range 16 to 65. Age groups: 16–30, 31–45, 46–65. • 3.5 years after the war.	• PTGI. • The Post-Traumatic Diagnostic Scale (PDS). • The Checklist for War-Related Experiences (CWE).	• PTGI mean = 44.10. • Considerably lower PTGI scores than reported in most studies on other kinds of trauma. • No significant sex difference in PTGI score, or in PTS symptoms. • Younger people reported considerably more growth than older. • No connection between overall PTG and number of stressful events or PTS symptoms. • Former refugees reported significantly more growth than IDP, had experienced significantly fewer traumatic events. Sample membership a better predictor of growth than number of stressful events. • Identified a three-factor model (consisting of the three broad categories originally identified of PTG): Changes in Self/Positive Life Attitude. Philosophy of Life. Relating to Others • Factor 1 negatively associated with PTSD symptoms. Gives some support to earlier findings that a perceived permanent change for the worse predicts PTSD symptoms. • The PTGI factor "relating to others" had a weak, but significant, positive correlation with PTS symptoms.
Rizkalla and Segal (2018)	• Cross-sectional. • 250 Syrian refugees living in Jordan • Age: 19+, m = 35.74. • 54.6% female. • Religion: 95.6% Muslim. • Religiosity: 11.3% secular, 43.3% traditional, 36.7% religious, 8.8% very religious. • Months in camps prior to moving: M = 2.66. Months resided in host community: M = 14.32	• PTGI. • The Modified Mini Screen (NYS OASAS) for psychotic disorders. • The Harvard Trauma Questionnaire. • The War Events Questionnaire. • The K6 screen for affective disorders. • The M.I.N.I. • Global wellbeing rating (1 = poor, 2 = fair, 3 = good).	• PTGI mean = 51.36 • 42.3% PTSD, 57.6% mental illness. • PTSD scores not a significant factor in either wellbeing or PTG. Economic status one of the major obstacles in coping with new life. • Enhanced PTG associated with (in order of importance) better income, greater use of NGO, absence of psychosis, and affective disorder.
Rosner and Powell (2006)	• Same sample as Powell et al. (2003). • Age range 16–65, m = 36.7. • Religion: 85.3% Muslim. • 3.5 years after the war.	• PTGI. • The Checklist of War-Related Events (CWE). • The PTDS (PTSD symptoms). • The Beck Depression Inventory. • The Symptom Checklist-90–Revised (SCL-90-R).	• PTGI mean = 44.10 (same sample as Powell et al. 2003). • Higher income and having a secure place to live did not contribute to growth. • Weak dose–response relationship between exposure to traumatic events and PTG. • Some aspects of having been a refugee rather than an IDP contribute to growth. • Positive correlation between all coping styles and adversarial growth, in terms of increased value given to relationships with others.

		• The Coping Inventory of Stressful Situations (CISS).	• Significant positive connection between the interpersonal factor of the PTGI and PTS, general distress, and depression, indicating that those suffering the most evaluate positive relationships more highly.
Simsir et al. (2018)	• Cross-sectional study? • 303 Syrian refugees living in Turkey. • Age: 18 to 67. • 65.3% female. • Time since trauma: 1+ year.	• PTGI. • Multidimensional Scale of Perceived Social Support. • The Human Values Scale	• PTGI mean = 73.33 (not reported, but based on reported mean on the PTGI subscales: New possibilities = 16.87. Relationships with others = 24.04. Personal strength = 14.38. Appreciation of life = 10.51. Spiritual development = 7.53). • The most important independent variable affecting PTG was values. Secondly, perceived social support.
Sleijpen et al. (2016)	• Cross-sectional. • 111 adolescent refugees and asylum seekers living in the Netherlands. • Age: 12–17 (M = 14.5). • 51% girls. • Religious beliefs: Christian (37%), Muslim (59%). • Status: Refugee (31%), asylum seeker (69%). • Lived on average 3.4 years in the Netherlands; 31% granted asylum during this period.	• The revised Post-Traumatic Growth Inventory for children (PTGI-C-R). • PTEs measured by a 26-item questionnaire based on the UCLA PTSD Reaction Index DSM-IV and part I (trauma events) of the Harvard Trauma Questionnaire. • PTSD symptoms: the Children's Revised Impact of Event Scale (CRIES-13). • The Multidimensional Scale of Perceived Social Support (MSPSS). • The Life Orientation Test. • The Satisfaction with Life Scale.	• PTGI-C-R: scoring range 0–30. Mean score: 20.2, indicating an average response of some perceived change. • 46% of answers recorded in the highest PTGI response category, indicating a lot of perceived change; 14% in the lowest response category, indicating no change. • PTGI total score much higher than the average outcome of a representative sample of Dutch youngsters. • No significant sex differences in PTGI score. • No significant relations between sociodemographic characteristics and PTG. • High levels of PTSD symptoms: 50% a probable PTSD diagnosis. • PTG and PTSD symptoms co-existed but were not related. • PTSD positively related to total number of PTEs. • PTEs did not significantly affect PTG. • PTG positively related to satisfaction with life (SWL). • Dispositional optimism and social support positively related to SWL and positively predicted PTG. • Sociodemographic variables, e.g., length of stay and not having residency, had a negative relationship with SWL.
Ssenyonga et al. (2013)	• Cross-sectional. • 426 Congolese refugees living in Uganda (resettlement camp). • 51.6% female. • Mean age 35 years. • 54.7% last displaced in 2008. 2.17 displacements.	• PTGI. • The 25-item Connor–Davidson Resilience Scale (CD-RISC). • Post-Traumatic Diagnostic Survey (PDS).	• PTGI mean: no-PTSD group: 64.96. PTSD group: 65.02. • Prevalence of PTSD: 61.7%. • Dose–effect relationship between trauma load and number of displacements, and PTSD. • PTSD symptom severity negatively associated with PTG. • PTG protected against PTSD. • Resilience, PTG, number of displacements, and trauma load were significant predictors of the severity of PTS symptoms. • No significant difference between refugees with and without PTSD in terms of resilience or PTG.
Taher and Allan (2020)	• Mixed methods • Syrian refugees living in the UK (fleeing Syria after 2011). • Quantitative study: 54 participants, 57.4% male. Age	• PTGI • Semi-structured interviews. Five main questions, each exploring a specific area of growth, and other prompt questions.	• PTGI mean for the whole sample: 70.74. • 67% of participants identified themselves as middle class, might have influenced PTGI scores positively. • PTGI mean for the 5 participants in the qualitative study: 84.8. • Interview findings of experiences within the five areas of growth: • Valuing others more: more open and less judgmental, increased appreciation of others.

	range 21 to 45, mean age 29.02. • Qualitative study: interviews with 5 of the participants with highest PTGI scores.		• Pursuing a new career path: having higher career ambitions and a more meaningful career. • Discovering inner strength: discovering unprecedented strength, increased independence, and self-acceptance. • Appreciation of life and detachment from it: appreciation of life, acceptance of death. • Strengthened belief: choosing to believe, strengthened belief in the afterlife.
Tekie (2018)	• PhD dissertation • 135 Eritrean refugees residing in Europe • Age: 18 to 56 years (M = 30.14). • Male = 95. • Mean residence in current country = 3.6 years.	• PTGI. • Life Events Checklist for DSM-5 (LEC-5). • PTSD Checklist for DSM-5 (PCL-5). • Post-Migration Living Difficulties Scale (PMLD). • Hopkins Symptom Checklist-25 (HSCL-25). • Meaning in Life Questionnaire (MLQ). • Integration of Stressful Life Experiences Scale (ISLES). • Social Provisions Scale (SPS).	• PTGI mean not reported. • Lower educational level associated with lower PTGI scores (m = 59.13), while higher education level associated with higher PTGI scores (m = 74.10). • High levels of anxiety and depression (around 70%); 85% showed symptoms of PTSD. • PTSD not significantly related to PTG and the number of traumatic life events. • Social support was not a significant moderator between PTSD symptoms and PTG but was a unique predictor of PTG after controlling for PTSD symptoms. • Average scores on meaning in life were significantly related with PTG scores. When levels of meaning decrease, the relationship between traumatic events and PTSD symptoms becomes positive. • Findings strongly support the relationship between post-migration living difficulties and symptoms of PTSD, anxiety, and depression.
Teodorescu et al. (2012)	• Cross-sectional. • 55 psychiatric outpatients with a refugee background, living in Norway. • 58% men. • Age range 21–61. M age men: 44, women: 39.3. • Mean time in Norway: 16.7 years, all permanent residence. • Religion: Christian 16.4%, Muslim 63.6%, Other 3.6%, no religion 16.4%. • Mean time since trauma: 17.7 years. • Main diagnostic groups: Affective (80%), anxiety (94.5%) and substance use (12.7%) disorders.	• PTGI-SF. • SCID-PTSD. • MINI. • IES-R. • HSCL-25-depression scale. • WHOQOL-Bref. • Questions about: social network, social integration measure, employment status, religious affiliation.	• PTGI-SF mean = 22.6, equals 47.4 on the PTGI. • All reported PTG; 30.9% reported a very great degree, yet the total amount of growth was low. • No significant relationships between PTG and demographic variables. • The majority reported PTSD symptoms and depressive symptoms at clinically significant levels. • Quality of life well below the threshold for 'life satisfaction' standard. • PTG had medium to strong negative correlations with PTS and depressive symptoms. Some support that PTG is negatively associated with psychopathological symptoms. • PTG had the strongest association with several domains of quality of life, while PTS symptoms had the least. • Post-migration stressors moderately negatively correlated with PTG and quality of life, positively correlated with psychopathology. • Significant negative correlation between PTG and PTSD symptoms in those exposed to traumatic events many years ago, suggesting that passage of time aids in the development of growth negatively related to psychopathology.

Author (Year)	Study and Sample Characteristics	Key Findings
Umer and Elliot (2019)	- Mixed methods. - Syrian, Palestinian, Sudanese, and Kurdish refugees in the UK 6 females, 10 males - Age range 18–60 - Had been in the UK for 1 year or less - PTGI - A narrative writing guide informed by Charles Snyder's Hope theory, specifically centered on Hope's five tenets, namely Goals, Pathways, Agency, Barriers, and Thoughts and Feelings, was produced for the narrative research task.	- PTGI total mean not reported. - Focused on five high-PTGI (scores 79–108) and five low-PTGI (scores 40–55) participants for further in-depth probing and comparison concerning Snyder's five tenets of hope. - Findings strongly endorse that PTG is associated with hope and that fostering hope can lead to higher levels of growth. - Low PTGI associated with short-term goals, preoccupation with pessimistic thoughts, thoughts about going back home, and living in a constant state of fear, which often curtails the pursuit of goals. - High PTGI associated with long-term goals, indulging in positive thoughts, higher willful thinking, and expanding options through actively seeking various opportunities.

Qualitative Studies (n = 20).		
Author (Year)	**Study and Sample Characteristics**	**Key Findings**
Abraham et al. (2018)	18 female Eritrean refugees who had lived in Norway for 1–8 years. - All granted asylum and living in asylum reception centers. - Age range 18–60. - Two focus group interviews with 4 participants in each group, and 10 individual semi-structured in-depth interviews. - Content analysis, within hermeneutic framework.	- All interviewees reported a multitude of difficulties and traumatic experiences before, during, and after forced migration. Life in asylum centers experienced as stressful, and 'endless waiting' for news of transfer to a municipality in addition to prior trauma experiences were described as very difficult. - Support and positive attitudes from center leaders and staff gave strength to cope. Even more important was support from fellow Eritrean refugees. - Coping strategies: future orientation, positive thinking, social support, acceptance of psychological symptoms. Resilience was associated with having a dynamic and multidimensional understanding of health. - Interpersonal relations were among the major coping strategies. However, when residents are moved, they lose their proxy 'family', which may produce renewed separation traumas and create an obstacle to PTG. - Religious belief aided coping and contributed to endurance and hope for the future, helped establish social networks, and promoted a future orientation.
Copelj et al. (2017)	6 young adults from a refugee background (4 different countries), who had lived in Australia for 5–18 years (mean 13.16). 3 men, 3 women. - Age range 24–34. - Individual semi-structured in-depth interviews. - Interpretive Phenomenological Analysis (IPA).	- Based on the findings, a model of the growth process was derived which included four key interconnected stages, all influenced by pre- and post-migration experiences: - Appreciation of life opportunities (hope, optimism, determination, ambition). - Increase in self-belief (identification of personal strengths, development of positive bi-cultural identity). - Strengthening of cultural and social connectedness (importance of social support, prioritizing of important life values). - Proactivity (engagement with meaningful careers, acceptance). - Successful migration experiences appeared to be based on having an openness to new opportunities, the realization of inner strengths through facing challenges, connectedness to social and family structures, and a proactive action orientation. - The three common domains assessed by quantitative measures were supported in the current study: enhancement of relationships (current sample: strengthening of socio-cultural support), new self-perceptions (current

		• study: increase in self-awareness), and changes in life philosophy and purpose in life (current study: proactivity).
		• The findings highlighted additional socio-cultural and behavioral components of PTG that are not currently captured by popular quantitative measures, namely strengthening of social and cultural supports, and proactivity.
Copping et al. (2010)	• Two samples, total of 38 participants (White-Australian sample: 27, Sudanese-Australian sample: 11). • Narrative, episodic interview style addressing broad topics for discussion. • Constant comparison analysis, Grounded Theory.	• Sudanese-Australian sample: giving and receiving social support and standing together aided resilience. • Difference between the White-Australian and Sudanese-Australian experience of life crises: the use of religious or spiritual coping and meaning making in the latter group. • Whereas the White-Australian sample were more likely to see themselves as being stronger because of what they experienced, the Sudanese-Australian sample cited strength, hope and determination as reasons for their survival, i.e., coping mechanisms rather than growth outcomes. • Religious changes, Relationships with Others, Strength, Appreciation of Life, and Compassion were articulated, but as cultural values that existed prior to the escalation of suffering. • The Sudanese-Australian sample articulated a sense of New Possibilities, with positive focus on staring a new life, and not wasting new opportunities. • For the White-Australian sample, it appeared that PTG was a major outcome of the meaning making process, and there was a focus on the benefits that could be gained from the experience, while the Sudanese-Australian sample did not freely volunteer benefits that they had perceived, and very rarely said that they had changed something about themselves. • Possible that what we see as PTG in the west is normal for these participants; not discovered post crisis. • The notion of survival despite suffering described (by authors) as ingrained in Sudanese culture.
Ferriss and Forrest-Bank (2018)	• 12 Somali refugees resettled in USA • Focus group interviews, two gender-specific groups with 6 participants each. • Interviews guided by six overarching questions addressing the domains of PTG. • Thematic analysis.	• Sources of strength: perseverance in staying hopeful about the future, and a foundational belief in God, which helped participants make sense of the past and stay hopeful about the future. • Sources of hardship: social isolation and stress generated by the loss of living in a collectivistic culture. Western culture and values of individualism a major barrier in establishing community, support systems, and friendships. • PTG and its five domains congruent with participants' perceptions of growth. Also differences due to dissonance between the PTG construct and Somali culture, rooted in collectivism and Islamic beliefs and practices. E.g. "New possibilities" somewhat contradictory to belief in destiny, and "Personal strength" challenging to translate because strength lies in the family, and not in the individual. • Incongruent factors largely related to differences between Somali culture and the Western culture within which the PTG theory was developed. • Hard to distinguish between before and after trauma, as many had endured multiple and ongoing trauma. • Religion did not emerge as an area of growth or change but was a constant source of strength and hope. • Results indicate tenacity for life rooted in strong cultural values.

		• Data analysis identified six themes of transformation: resonance as transformative learning moment; realizing purpose in the postwar narrative; social consciousness as an outcome of postwar learning; determination as the will to achieve postwar goals; spiritual and moral development; value of life.
Gilpin-Jackson (2012)	• **PhD dissertation.** • 12 war survivors from six African countries, now living in Canada. • 6 men and 6 women. • Age range 25–62 years. • Individual life story/narrative interviews; 6 published autobiographical texts of survivors living in Canada, US, and England. • Narrative analysis, thematic analysis.	• The study provides evidence to support the following: cross-cultural application of the PTG model in African contexts; the role of spiritual development in the process and as an outcome of PTG; preparedness as a psychological outcome of PTG; resilience as a necessary but insufficient condition for growth. • Participants were actively seeking, finding, reminding, and constructing personal and collective benefits from their experiences and situation. Meaning making was signified by giving a philosophical orientation to the trauma and awareness of the relative advantage they have compared to others. Future focus important, as well as social relationships, as trauma disclosure required trust and connection. • Findings included examples in accordance with all five PTGI factors. In addition to the traditional PTG changes in relationships and in self, participants described a connection to humanity and increased awareness of issues of social justice, and increased adaptability, tolerance, and a desire to live at peace with all. Growth was signified by engagement in social action to help others. • Contextual influences (both pre- and post-flight) impacted participants' ability to grow. Those who had positive immigration integration experiences did not elaborate on its impact in their narratives. For those who had less positive experiences, the immigration narrative was integral to their growth stories.
Hirad et al. (2023)	• 7 couples and 16 individuals from Afghanistan, • Iraq, Iran, and Syria • aged 25–67 years,. • Qualitative interview study • Grounded theory analysis	• Five specific growth themes: increased awareness of context; tolerating uncertainty; spiritual/religious attunement; consideration of others; and integrating into society
Hirad (2018)	• **PhD dissertation**. • Refugees from Iran, Afghanistan, Syria, and Iraq, resettled in the US. • 13 participants had lived in the US for less than 1 year, 17 for one year or more. • Age range 25–67. • 13 females, 17 males. • 23 qualitative interviews with 7 couples and 16 individuals. • Constructionist grounded theory.	• The data analysis identified one overarching theme, forward movement, as participants described their thoughts and behavior in alignment with a desire to move forward from their traumatic experiences. They did so through what were identified as five growth themes: 1. Context awareness: awareness of broader and local contexts, comparing previous circumstances with present and better circumstances, acknowledging life's ups and downs. Helped gain perspective and appreciation. Engaged in meaning making processes, which expanded perspective, gave purpose, and aided growth. 2. Tolerating uncertainty: taking risks, managing loss. Experienced growth despite the pain and void from loss, and in addition to ongoing distress and trauma. Having to start from zero—realizing own strengths, learning new skills, fostering growth. 3. Spiritual/religious attunement: relying on faith, prayer, and God's will to overcome challenges. 4. Relationship to others: relying on community and each other, prioritizing the benefit of others (in new

		country and country of origin) over the self—collectivistic cultural value. Focusing on others, sacrificing themselves, and/or living for the benefit of others contributed to personal growth. Equally valuable to give to others, as to receive from others.
		5. Integrating into society: strong work ethic, learning new skills, awareness of gains (both outcomes and contributors to growth). A strong desire to integrate into new society. Appreciation of life.
Dilwar Hussain and Bhushan (2013)	• 12 Tibetan refugees living in India. 5 born and raised in exile, 7 born in Tibet and brought to India during childhood. • Age range 25–46, mean = 35 years. • 8 male, 4 female. • Individual semi-structured in-depth interviews. • Interpretative Phenomenological Analysis (IPA).	• Co-occurrence of distress and growth commonly reported. Those who thrived had a clear idea about themselves and their life purpose. A constant search for meaning in life directed many to restore their life and self in positive ways, and a more meaningful life was experienced by those concerned with (supporting) others in need. • Three major PTG themes: changes in outlook (acceptance, responsibility, compassion, optimism), personal strength (self-reliance, perception of self as survivor, experience of success and achievement), and more intimate and meaningful relationships (family, community). • Findings show that Tibetan cultural and religious factors provide necessary resources for coping and thrust for PTG. Worldviews mostly shaped by Buddhism, where PTG and resilience exist, as suffering in life is considered a rule rather than an exception. Compassion, acceptance of life events based on the law of karma, and perceiving self as survivor were clearly outcomes of Buddhist upbringing. • Personal suffering provided new insights and spiritual maturity, sensitized many to broaden their consciousness, and made them more inclusive in their empathy and compassion. • Personal strength gave courage to navigate through life and increased trauma tolerance.
Kim and Lee (2009)	• 5 North Korean refugees living in South Korea for 6 months to 6 years. • Age range 20–39. • 5–10 individual in-depth interviews with each participant, and various personal records from the participants: travel diaries, books, e-mails, family interviews. • Interpretative Phenomenological Analysis (IPA).	• All participants made comments suggesting that they experienced PTG through positive coping resources, even after suffering considerable psychological trauma and post-migration distress. • Recovery factors: connection with locals an important recovery factor for psychological trauma. Participants reached out to locals for help, opened their hearts to them, and tried to make a strong network. Also sought to repair disintegrated family relationships. • One strategy used during the early stages of post-migration was a conscious effort to detach from being a North Korean, which could be seen as defense against being reminded of painful experiences.
Maung (2018)	• **PhD dissertation.** • 11 female Burmese refugees resettled in the US. • Age range 22–57, mean 35 years • Length of stay from 3 to 11 years, mean 7.72 years. • Individual semi-structured in-depth interviews • Consensual Qualitative Research (CQR) analysis	• **Four PTG categories:** 1. Greater appreciation of life and changes in life's priorities (acceptance of events beyond one's control, including life's challenges and hardships). 2. Sense of strength and personal limitations (perceptions of self as survivors, deepened self-confidence gave courage to take risks and actively shape their future in meaningful ways). 3. Spiritual and religious development (continued or deepened faith). 4. Interpersonal development (growth in compassion, empathy, and desire to help others. Deepened sense

		• of personal agency to help and empower others. Personal narratives indicated that those who already engaged in volunteer and advocacy work to assist others in their community experienced a deepened sense of personal fulfillment).
		• Narratives of PTG and change co-existed with memories and experiences of trauma and suffering.
		• Coping strategies: social support, hopefulness and aspirations for the future, personal self-care, religious and spiritual coping, and cognitive coping (attended to the positive parts of their narratives rather than to feelings or thoughts associated with negative stressors. By normalizing their experiences, participants learned to accept the reality of their present circumstances)
McCormack and Tapp (2019)	• 4 adults (1 male, 3 females) who all experienced refugee status as children and now have attained citizenship in a Western country. • Age range 25–46 • Individual semi-structured in-depth interviews • Interpretative Phenomenological Analysis (IPA)	• Traumatic experiences provided a catalyst for newly defined character traits of resourcefulness, gratitude, reciprocation, empathy, a future-oriented vision, and a philosophy of giving forward. However, it was born of redefining human suffering that is unimaginable to many. • Commonly reported psychological and interpersonal difficulties resulting from trauma were not reported. • Analysis of the interview material identified one superordinate theme, violation and hope, and three subordinate themes: violent detachment, refugee identity, and resourcefulness and reciprocity. One divergent: clashing identities. • Participants rejected a 'refugee victim' identity, which allowed a passion for directing their lives forward, promoting hope and optimism. • Avoidant coping was a positive long-term tool, crucial in defining a future-oriented life philosophy. • Trust in own problem-solving capabilities and survival competencies became an existential view advocating autonomy, choice, and the rejection of an external locus of control. • Participants continued to contribute to society, supporting a policy of multiculturalism as one that accepts refugees and is beneficial for the betterment of all society. • Implications: validating the self-valuing domains of resourcefulness, hope, giving forward, and gratitude as juxtaposed with PTG may facilitate ongoing psychological wellbeing.
Prag and Vogel (2013)	• 9 adolescent Shan migrants living in Thailand (forced migration at the age 4–12). • 4 men, 5 women. • Age range 16–19. • Photography workshops with discussions, for 5 weeks, 1 day per week. • Follow-up after 1 year of 6 of the 9 participants. Informal interviews and questionnaires. • Interpretative Phenomenological Analysis (IPA)	• Six themes highlighting healthy coping and adjustment. The first five themes mirrored the common PTG domains, while noteworthy cultural difference was reflected in the sixth theme: The Ability to Articulate the Social Narrative. PTG was observed in the desire for mastery of the story of own people. Not one mention of a personal narrative, all stories were in the context of the larger plight. • Participants moving from identifying as 'victims' to 'advocates' for their community. • Participants appeared to perceive the inclusion of cultural identity as just as important, if not slightly more important, than individual identity traits. • Findings regarding eastern cultural identification with the community, rather than the individual, shows the importance of a collective identity in the healing process.
Sesay (2015)	• **PhD dissertation.** • 6 Sierra Leonean refugee women living and working in the U.K.	• Among the most important factors contributing to resilience and Adversity-Activated Development (AAD) was

	• Age range 25–60. • Individual semi-structured in-depth interviews, focus group interviews, participants' observation. • Narrative analysis.	• the assumption of new roles; e.g., community leaders, religious leaders, negotiators. • Participants gained personal confidence from new opportunities and valued own ability to help others. • Participants were clearly shaken by their experiences, but realized that their losses and trauma did not prevent them from accessing previous strengths. Also became aware of own strengths and skills because of what they went through and from re-inventing themselves. • Religion an important factor that provided continuous motivation and positive structure, and helped participants turn the negative into positive. Provided religious guidance, was a source of comfort, relief and continuity, provided a sense of belonging, and aided social community and support.
Shakespeare-Finch et al. (2014)	• 25 refugees from Burma who had lived up to 1 year in Australia. • 12 men, 13 women. • Age range 20–58. • Individual semi-structured in-depth interviews. Interview protocol adapted from the Refugee Distress and Coping Interview Protocol (open-ended questions about life before, during, after flight). • Interpretative Phenomenological Analysis (IPA)	• PTG themes: Appreciation of life. Personal strength. Changed priorities. Religious and spiritual change. Compassion for others. • Dimensions of growth mainly about changes in important priorities and a heightened appreciation for all aspects of life. • Newfound personal strength—learning and developing as a human being—and the relativity of challenges compared to those endured before fleeing. • A strong thread of religious beliefs acting as a support and source of strength across time. • Family and friends as source of purpose and hope and as social support. Participants derived a sense of meaning and purpose from their family and through involvement in their community. • Survival enhanced compassion and concern for the welfare of others, and a sense of responsibility, capacity, and agency to use own experiences to help others. • The strong endorsement of compassion and responsibility is not always apparent in Western research; only one of the 21 PTGI items asks about compassion and that item speaks of accepting the compassion of others rather than being compassionate to others.
Şimşir et al. (2018)	• 15 adult Syrian refugees living in Turkey • 10 women, 5 men. • Arrived Turkey between the age of 18–40. • Time since last war experience: 1–4 years. • Individual semi-structured in-depth interviews. • Phenomenological study, content analysis.	• **Seven themes related to PTG themes contributing to growth:** Coping strategies (reading/studying, religious coping, patience, self-consolation, hope for future, adaptation). Social support (from family, friends, locals). • **Themes describing growth outcomes:** 1. Learned pain experiences (stronger, importance of homeland and freedom, patience, responsibility). 2. Relating to others (increased commitment, tolerance, toughness, and compassion). 3. New possibilities (education, language learning, living in a safe and peaceful environment, meeting new people and cultures). 4. Religious/spiritual change (increased closeness to God, increased worship, stronger religious faith). 5. Changed priorities (building a homeland, education, language learning, peace and security, spirituality).
Sutton et al. (2006)	• 8 unaccompanied refugee minors living in the UK 1+ year before interview. • 1 male, 7 female. • Age range 16–20. • Individual semi-structured in-depth interviews.	• **Four superordinate growth themes with sub-themes:** 1. Impact of trauma: A search for meaning. Dislocation and loss. 2. Variables influencing the process of positive change: Social support. Activity. Religion.

	• Interpretative Phenomenological Analysis (IPA)	3. Positive outcomes: Positive changes in self-perception. Personal strength. Desire to live a purposive life. 4. Dissonance: Co-existence of ongoing distress and positive changes. • Putting the trauma into words helped participants to process what had happened. The availability of someone to confide worries to and who could offer comfort was important. • Participants described a desire to live a purposive life, including altruistic goals of wanting to help others. Engaging in activities where they could be of use to others also fostered self-esteem and self-efficacy. • Religious beliefs served as a guide for how to lead one's life, served to meet emotional needs, and facilitated development of meaning and comprehension in coming to terms with trauma. • In sum, the findings highlight the important role social support, activity, and religious beliefs play in facilitating PTG. The role of religious beliefs in providing guidance and in meeting emotional needs is not well documented in Tedeschi and Calhoun's model, where emphasis is on the function of religious beliefs in influencing cognitive processing and the development of meaning and comprehensibility.
Taylor et al. (2020)	• Twelve asylum seekers and refugees from 7 countries, based in the United Kingdom (UK). • Nine women, three men. • Age range 28–61. • Length of stay in the UK: 5 to 21 years. • Individual semi-structured in-depth interviews. Two-stage interview process • Interpretative Phenomenological Analysis (IPA)	• Characteristics relating to resilience and PTG: gratitude, religious or spiritual beliefs, helping and being of service to others, acceptance, and awareness of personal change and growth (resilient, confident). • Religion a significant source of psychological support, promoted coping and resilience. • The importance of acceptance, particularly toward situations that were not controllable, in personal growth and processing painful experiences was a significant finding. • A common coping strategy was being of service to others, and findings implicate that it may be beneficial to harness these strong altruistic impulses by allowing asylum seekers and refugees to contribute to society, rather than being excluded and stigmatized. • PTG is most likely to occur once traumatic symptoms have diminished to some degree. Participants generally perceived a lack of social support, with feelings of alienation, stigmatization, and perceived hostility from authorities, with a lack of access to legal and support services. The protracted nature of the asylum-seeking process was a major source of ongoing stress, frustration, and anxiety, and can be viewed as obstructive to diminishing of symptoms that might facilitate PTG. • The participants' experiences involved extreme suffering, including torture, attempted murder, and the murder of relatives. The fact that there was still some evidence of growth supports the finding from previous research that PTG is possible following extreme trauma.
Uy and Okubo (2018)	• 12 Cambodian community leaders who survived the Khmer Rouge genocide, now living in the US • 8 men, 4 women • Age range 33 to 81. • Individual semi-structured in-depth interviews.	• **The process of PTG**: 1. Separation, loss, enslavement, other dehumanizing experiences. 2. Distress and psychological responses to trauma. 3. Coping (acceptance; passive and active avoidance; spirituality, faith, and religion; and hope, positive thinking, optimism, will to live). 4. Healing and meaning making (resources, education, strong support; exposure and identification with other

• Interpretative Phenomenological Analysis (IPA)	trauma survivors; trauma disclosure and narrative reconstruction). • **The outcome of PTG**: 1. Gratitude and greater appreciation of life. 2. New priorities and goals. 3. Importance of family and interpersonal relationships. 4. Increased personal strength. 5. Effective leadership. • Sharing traumatic experiences with others provided an opportunity to connect and form a support network. • Hard work, hope and optimism, and education as foundations for recovery and growth, along with community activism. • PTG levels were high, particularly positive changes in interpersonal relationships, new priorities and goals, appreciation of life, personal strength, and leadership effectiveness. Found meaning and purpose through political and community involvement, and in caring for family and others. • Common growth outcomes were gratitude, higher emotional connection, more intimacy in interpersonal relationships, feeling more kind and compassionate, and experiencing higher tolerance, flexibility, and strength to manage distress in life. • PTG did not take place immediately following trauma. PTS symptoms were experienced for prolonged periods, and participants did not actively engage in processing trauma until years after the war, when resources were more available and immediate needs of survival had decreased.
Wehrle et al. (2018)	• 31 refugees from 6 countries, now living in Germany on average for 2 years and 4 months (entry dates varying from 2005–2016). • 24 men, 7 women • Average age 28 years • All held a work permit and tried to integrate into the German labor market, working in full- or part-time jobs. • Individual semi-structured in-depth interviews. • Thematic Analysis	• Resourcing strategies related to growth: proactively created opportunities, turned chance social encounters into social resources, and circumvented barriers hindering integration. • Action- rather than only cognition-oriented coping responses. Taking action and actively addressing the negative may advance growth. • Participants actively sought to build better relationships with their in- and outgroups to gain acceptance for and protect their identities. • Needing to depend on oneself and own abilities to overcome challenges can foster personal growth. • Personal growth: more confident, mentally stronger, self-efficient, more resilient, and aware of resiliency. • Career-related growth: gaining confidence in one's skills, growing internally motivated.

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