

Psychosocial Support: A Path for Improving Refugees' Mental Health and Cross-Cultural Adaptability

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ABSTRACT

This article aims at analysing how psychosocial support (PSS) projects focused on refugees' mental health might contribute to improving their well-being and resilience in camps or during resettlement. Their journeys usually cause an increase in individuals' mental health instability, not only related to trauma but also because they require the capability of adjusting to different realities and cultures. This paper works toward answering the question of how PSS potentially capacitates refugees to continuously adapt to new environments through exploratory research of qualitative nature.

Keywords: acculturative stress; cross-cultural adaptation; mental health; psychosocial support; refugees; resilience.

AUTHORS DECLARATION

1. Conflict of Interest

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

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3. Intellectual Property

We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property.

4. Authorship

We confirm that the manuscript has been read and approved by all named authors. We confirm that the order of authors listed in the manuscript has been approved by all named authors.

INTRODUCTION

According to Article 1 of the 1951 Convention relating to the Status of Refugees a “refugee (...) is someone (...) unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.”ⁱ

Their vulnerable status required the creation of this specific instrument to allow them the possibility of enjoying their “fundamental rights and freedoms without discrimination”ⁱⁱ by extending “the scope of and protection accorded by”ⁱⁱⁱ previous international agreements, such as the Charter of the United Nations.^{iv}

“Protecting and caring for refugees is life-saving for the individuals involved”^v mainly because of the multiple dangers they must confront even before leaving their countries. Nonetheless, fleeing their States may represent further risks, as they can fall victim to, *inter alia*, human trafficking or sexual abuse.^{vi}

Because of the risk-factors they are subjected to, refugees may present various health issues, among them, those of psychological character. Further on

there may be an additional psychological burden through worries about family, either left behind in the home country or settling into the new country; poor living conditions; lack of good social integration and cultural attitudes; or unemployment.^{vii}

In a 2018 Report, the World Health Organization (WHO) stated that the mental disorders most related to refugees and migrants in the European Region are depression and anxiety; post-traumatic stress disorder (PTSD); alcohol and other substance abuse; psychosis and schizophrenia; and child and adolescent internalizing disorders (PTSD, depression, and anxiety).^{viii}

On a Global Review supported by UNHCR, the growing attention given to Mental Health and Psychosocial Support (MHPSS) by the international community and mainly by academics and humanitarian organizations since 1993, influenced the creation of various humanitarian programmes and a Working Group focused on the psychosocial support (PSS) of refugees.^{ix} In 2007, the Inter-Agency Standing Committee (IASC) created its Guidelines on Mental Health and Psychosocial Support in Emergency Settings and states that MHPSS “is a composite term used (...) to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”.^x

This assistance can be given through PSS, which is defined as

the process of facilitating resilience within individuals, families and communities. Through respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion.^{xi}

Adding to the previously cited factors that may play a role in individuals’ mental health instability, it is relevant to mention that also “their relationship with their new social environment”^{xii} influences refugee’s well-being. Their cross-cultural journey requires the capability of adjusting to different realities, be it in an asylum country or after being admitted to resettlement in a third country. This situation of “moving between cultures can contribute

to high emotional arousal (discomfort, irritability, anger, homesickness, sadness)^{xiii} and raises this article's question of how PSS potentially capacitates refugees to continuously adapt to new environments.

MATERIALS AND METHODS

This article is an exploratory research of qualitative nature, based on literature from the period of 2009-2019 related to descriptors such as "psychosocial support", "mental health care", "resilience", "refugees", and "culture shock".^{xiv}

The methodological path focused on developing following themes: 1) Elements that may fragilize refugees' mental health in camps and during resettlement; 2) Definition and benefits of PSS programmes; 3) PSS' possible role on assisting refugees' resilience building for their cross-cultural journeys.

RESULTS

This article aimed at responding how PSS can potentially give refugees the needed instruments to continuously adapt to new surroundings.

As seen, PSS is a strategy of offering help for individuals with mental health fragilities and can be of extreme value for refugees' well-being, allowing them to gradually find a SOC. Furthermore, PSS programmes may assist refugees' general and cultural resilience building, which was proven essential not only for the emergency situations but also for the resettlement period they will confront after surpassing difficulties in detention centres or refugee camps.

The adoption of PSS projects applied with a multi-sectorial approach and in conformity to the IASC Guidelines on MHPSS in Emergency Settings might be an accessible strategy with great impact. It has the capacity of empowering refugees with confidence and meaning, thus also developing their general and cultural resilience, giving them the tools to build on their emotional passports and continuously adapt to new environments.

This study contributes to a greater understanding of refugees' intercultural adaptation. It addresses the risks to their psychological integrity and how the adoption of PSS potentializes their resilience building and reinforces their social inclusion in host societies

DISCUSSION

1. Elements that may turn refugees' mental health frail

Whilst it is true that not all refugees are traumatized and in need of counselling, there is still the important need for understanding this fragility, its sources and relevance to their well-being.^{xv,xvi}

Mental health fragility occurs when there is a disruption of the individual's psychological homeostasis and an incapacity of his or hers usual coping mechanisms to deal with the situation. This would lead to distress and the inability of functioning normally.^{xvii}

The former situation is characterized as a crisis. The ability to overcome the challenging or threatening event identified as a stressor is called resilience. Nevertheless, "not everyone is able to be resilient when faced with trauma – they must be provided some relief from their distress"^{xviii}, such as the psychosocial care of their trauma.^{xix}

Further on, researchers elucidated that the percentage of asylum seekers presenting PTSD or depression vary and depend not only on their social-demographic characteristics or the impact the post-migration environment has on them but also on their "exposure to torture and the total number of trauma events experienced."^{xx}

Specific types of issues can be related to refugees' adverse experiences before, during, and after their move and to policies and practices in the country they are resettled to.^{xxi}

Bearing this in mind,

systematic reviews and meta-analyses confirm that refugees are at substantially higher risk than the general population for a variety of specific psychiatric disorders — related to their exposure to war, violence, torture, forced migration and exile and to the uncertainty of their status in the countries where they seek asylum — with up to 10 times the rate of post-traumatic stress disorder as well as elevated rates of depression, chronic pain and other somatic complaints. Exposure to torture is the strongest predictor of symptoms of post-traumatic stress disorder among refugees.^{xxii}

Refugees' trajectories alter various aspects of their lives. In each phase of their trajectories, people on the move are exposed to specific risks and exposures. "The premigration period often involves disruptions to usual social roles and networks. During migration, immigrants can experience prolonged uncertainty about their citizenship status as well as situations that expose them to violence."^{xxiii} In these cases, asylum seekers may spend an uncertain amount of time in refugee camps or in detention centres, both presenting poor resources and possible security risks. These spaces can worsen their sense of powerlessness, which "can provoke or aggravate depression and other mental health problems."^{xxiv xxv,xxvi}

Even in the postmigration phase, during their resettlement, refugees may encounter situations that challenge their well-being. Usually, this period brings hope and optimism, nevertheless,

disillusionment, demoralization and depression can occur early as a result of migration-associated losses, or later, when initial hopes and expectations are not realized and when immigrants and their families face enduring obstacles to advancement in their new home because of structural barriers and inequalities aggravated by exclusionary policies, racism and discrimination.^{xxvii}

The main challenges in this period “include social and economic strain, social alienation, discrimination and status loss, and exposure to violence.”^{xxviii} Countries that imposed several conditions of adversity to asylum seekers, such as lack of opportunities to work or study, worsened the “effects of past traumas in exacerbating symptoms of PTSD and depression.”^{xxix} Adding to this, cultural changes *per se* already represent a great shift in individual identity, family life, and community relations. Its influence on men, women, and children can vary but it surrounds refugees' mobility, accessibility to services, ability to take time away from work, capacity of being understood by practitioners, and concerns of being stigmatized.^{xxx} Moreover, considering the traumatic events refugees experienced, situations that evoke these memories “can contribute to the re-emergence of anxiety, depression or post-traumatic stress disorder.”^{xxxi}

Further on, the specific mental health issues presented throughout refugees' migratory and postmigratory phases will be developed in more detail. The focus will be given to the period spent in refugee camps and during their resettlement.

i. Factors related to refugees' mental health in refugee camps

Refugee camps are one of many means of containing displaced people. The individuals held there “challenge the assumed link between nation, state and citizen”.^{xxxii} They threaten the modern understanding of the former concepts, which consequently leads governments to draw refugees as “someone marginal and lacking”.^{xxxiii} This attitude is a known manner of creating a “necessary other”, someone to seclude, that maintains the internal order of nations.^{xxxiv,xxxv}

To do so, the definition of the term “refugee”, as well as the already exceptional situations that make them flee across borders, are used in discourses to solve the complex challenge they represent. “By coining refugees in terms of an emergency, humanitarian and state responses are also often perceived as ‘emergency measures’; they are exceptional, temporary and often in legal grey zones”.^{xxxvi}

Refugee camps can be analysed in two main dimensions: spatial and temporal. The first one refers to the area demarcated as a camp, which creates a distinction between inside and outside, even though interactions between residents and the local society are possible. As noted by Simon Turner (2015):

Living inside a refugee camp – however invisible the line between the camp and its surroundings and despite ongoing contact between the inside and the outside – marks one's life and defines one's position: a position that is simultaneously excluded from and included into host society, excluded spatially and legally while simultaneously being defined and contained by the surrounding society.^{xxxvii}

The second one refers to the theoretical temporary condition of refugees' stay in the camps. Nevertheless, practice gives these spaces a quasi-permanent nature, since “neither those in charge of establishing the camps nor those who inhabit them know how long the camp will remain or for how long the individual refugee will stay in the camp”.^{xxxviii}

Usually, refugees are forced into passivity and have no meaningful activities to do, which leaves the period spent in camps “seem empty and pointless”.^{xxxix} Furthermore, they depend on external help for basic needs, which may increase their feeling of shame and humiliation.^{xl}

UNHCR recognizes repatriation, resettlement, and local integration as the durable solutions for displaced persons. Nevertheless, none of these solutions includes the concept of refugee camps. These spaces were created as temporary solutions until it is decided which of the former permanent ones is applicable on a case-by-case basis. "Refugees in camps (...) cannot settle where they are because they are supposedly 'on the move' (...), they cannot remain 'on the move' as they possibly are not going anywhere, either now or in the near future".^{xli} They have no real control over their own lives and remain in fear of deportation until one of the former solutions is put into practice, after major bureaucratic impediments.^{xlii,xliii}

Thus, refugees may find themselves socially excluded from the host society and its culture, perceived as victims "without a past, without political will, without agency"^{xliv}, and forced to construct temporary social relations in a "non-place".^{xlvi}

Non-places "lack three common characteristics of the anthropological concept of place: they are not able to hold identity, they are not relational, and they are not historical".^{xlvii} These spaces are defined by their solitude and ephemerality, which leads individuals to rescue past places, or "memory places", as a source for structuring their identities.^{xlviii}

These "memory places" represent a contrast between the present and the past. This can lead to a perception of loss, which would impede the individual of moving forward, or of confidence because of the realisation that new experiences are not going to harm individual self-identity. The differing understandings "depend on the degree of liberty and autonomy individuals have (...). It will also depend on (...) universal rights reach, of difference, and of inequality".^{xlix}

In other words, the spatial and temporary characteristics of the camp represent two paths in refugees' lives. It is a place where formerly known social orders are disintegrated and may leave individuals directionless or provide opportunities for new beginnings and the creation of new identities, be it through the emancipation of old power structures or their fortification.^l

It creates novel possibilities to former marginalized groups but the forced lack of politicization "creates a gap in the social and symbolic order of life in the camp, which in turn creates room for the creation of new competing orders and identities."^{li} This means that what was understood to be irrelevant cannot be left aside anymore. Since nothing in the camp is permanent and planning a future is challenged, every action and every event carry meaning and are, thus, up for interpretation and hyper-politicization.^{lii}

Besides, while in these non-places individuals are destined to a temporary stay where durable relationships are not incentivized, non-places are planned and so are the interactions among individuals there. These spaces do not require people to create a shared meaning about them, they are only identified concerning their goals.^{liii}

The individuals there are seen as equal because difference is irrelevant. They are identified for their transitory stay in the non-place and are treated with impersonality. Time becomes shifted in the sense that everything is instantaneous and focused on the present. Communication reflects the urgency of actions and relations in the non-place: relations should not be durable, and attitudes should be immediate.^{liv}

The aforementioned factors put refugees in psychosocial distress and social suffering "in addition to existing mental and emotional trauma from the experiences which rendered them refugees in the first place".^{lv} The negative implications of this situation to their mental health include symptoms of PTSD, anxiety disorder, and depression.^{lvi}

ii. Factors related to refugees' mental health during their resettlement

As mentioned, resettlement is one of the durable solutions for displaced persons. It is defined as "the transfer of refugees from an asylum country to another State that has agreed to admit them and ultimately grant them permanent settlement".^{lvii}

It involves a change in places, which is situational and implies environmental shifts. This may trigger internal responses in individuals called "transitions", "characterised by psychological and developmental processes that take time"^{lviii} and are personally needed processes to adapt oneself to change. Without transition, change is not viable.^{lix}

Even though the decision for resettlement brings hope and optimism for refugees and their families, resulting in an initial improvement of their mental health well-being, further difficulties encountered due to change may contribute to the worsening of their situation.^{lx} Among the challenges they may find in their way, one could enlist limitations with the recognition of their credentials, "social and economic strain, social alienation, discrimination and status loss, and exposure to violence."^{lxi} The re-emergence of PTSD, depression, and anxiety may also occur due to situations that remind them of traumatic events. Moreover,

culture change itself poses distinct challenges for individual identity and family life. Risk factors for mental health problems can differ for men and women; for example, language proficiency often has a greater influence on men's employment and subsequent mental health.^{lxii}

This cultural change does not only present itself as a challenge during resettlement but also in refugee camps, as they "may equally be places where diverse norms, language and forms of social organization meet at the crossroads."^{lxiii} To better understand how deeply culture can affect mental health, a short definition of the concept is needed.

"Culture" includes not only visible artefacts and behaviours but also attitudes, beliefs, and values that are transmitted from one generation to the other. It is dynamic and varies among social groups in the same society, but it is inferred in individuals' psychological identity and is present even when invisibly.^{lxiv}

When groups with different cultures come into continuous first-hand contact, changes in one or both groups' cultural patterns happen. This process is called "acculturation", which "entails a variety of processes and outcomes"^{lxv} and applies not only to groups of people but also to individuals. In the latter case, it is named "psychological acculturation", which better relates to the specific changes individuals go through.^{lxvi}

For individuals, acculturation may indeed bring many benefits to social interactions and inclusion, nevertheless, it may also lead to an increase of stress and conflict between different cultures or even lead to the decrease of family support. The latter may happen due to the new set of values and behaviours acquired by the individual through contact with the new society and the difficulty of continuously transmit, maintain, and accept former

traditions as valid. This could lead to a breakdown of communication between family members living in different cultures.^{lxvii, lxviii}

The mental and emotional distress one goes through during this intercultural contact is known as “acculturative stress”. It happens due to major life changes one must overcome, which can be qualified as stressors, leading to “stress reactions in an individual, particularly if the appropriate coping strategies and social supports are lacking.”^{lxix} Thus, transition becomes difficult and so does change, leading to disillusionment, demoralization, and depression, as communication competence, acceptance, culturally skilled behaviours, and self-awareness transform into unexpected barriers. These factors can influence the “adoption of unhealthy behaviours, such as sedentary lifestyles and poor diet”.^{lxx lxxi, lxxii}

Nevertheless, some activities may help improve refugees’ mental health in both aforementioned situations. They will be discussed in the following section.

2. Definition of psychosocial support (PSS)

MHPSS is a term coined “to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.”^{lxxiii} It aids individuals to rebuild their social structures and heal their psychological wounds as active survivors, leaving the passivity of victimization behind.^{lxxiv, lxxv}

As stated, the definition of “refugees” is deeply related to emergency discourses; thus, most of the following documents will relate to the emergency context.

Refugees were mentioned in the IASC Guidelines on MHPSS in Emergency Settings (2007) as one of the groups of people shown to be at higher risk of various menaces, including psychological ones, during emergencies, leading them to develop or reinforce negative coping mechanisms, such as alcohol and substance abuse.^{lxxvi, lxxvii, lxxviii}

To aid these individuals, the Guidelines proposed actions to be considered by humanitarian actors whilst implementing psychosocial support. They are: 1) Human rights and equity; 2) Participation; 3) Do no harm; 4) Building on available resources and capacities; 5) Integrated support systems; 6) Multi-layered supports.^{lxxix}

The first action refers to providing MHPSS with fairness among all individuals affected, independently of age, gender, language, ethnicity, and location. The second aims at allowing affected individuals to actively participate in projects, increasing programmes’ quality and sustainability, besides providing these populations with control over decisions affecting their lives. The third relates to the high sensitivity of the issues dealt with in MHPSS. This means that, *inter alia*, cultural sensitivity, evaluation of the general context, coordination among response groups, and conscience about human rights and external and internal power relations relating to affected individuals should be taken into consideration by humanitarian actors.^{lxxx}

The fourth action is about recognizing individuals’ and groups’ assets and resources that already play a relevant role in their mental health and psychological well-being. These self-help mechanisms and local capacities should be strengthened. The fifth highlights the need for stimulating interactions among activities aimed at different groups of individuals to avoid stigmatization and reach a bigger number of people. Finally, the sixth point relates to the

different types of aid individuals need during MHPSS, which require complementary supports.^{lxxxix}

These harmonising multi-layered supports can be organized in a pyramid scheme, as seen below.^{lxxxii}

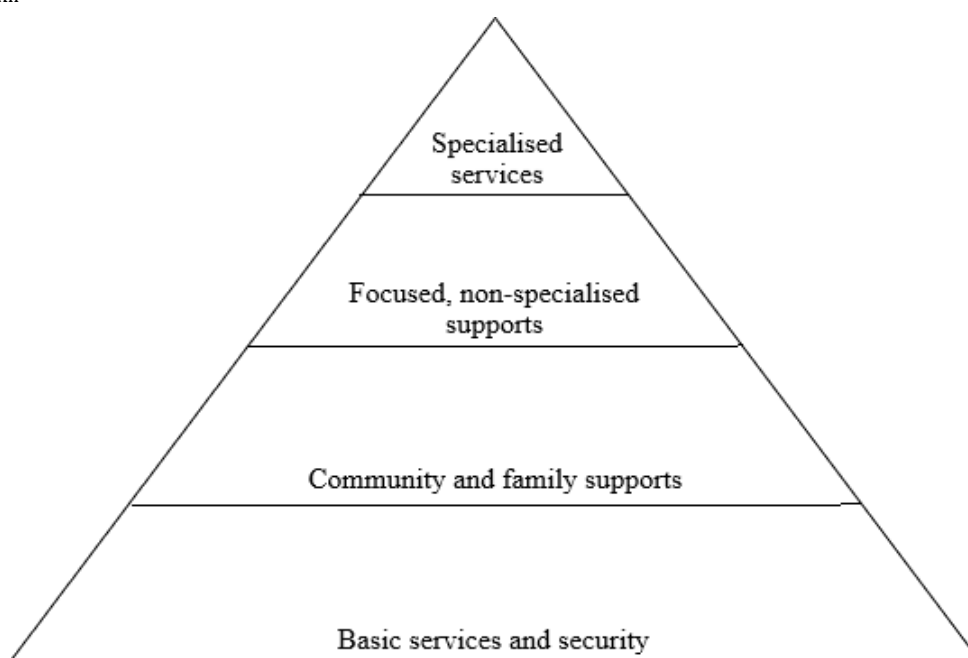


Figure 1 - Intervention pyramid for MHPSS in emergencies based on IASC (2007), p. 12.

Each layer has a more specific cluster of people as focus groups. While the bottom section is aimed at all individuals, the top is an additional aid to a smaller percentage of people whose suffering does not allow them to function daily despite the support available in each of the other services.^{lxxxiii}

Nevertheless, a deeper insight will only be given to the “focused, non-specialized supports”, which are aimed at

the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). (...) This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.^{lxxxiv}

PFA is a simple and humane method of providing initial support to individuals in a crisis. Its goal is, by following Stevan Hobfoll’s five principles, to provide individuals with feelings of calmness, safety, self- and community efficacy, connectedness, and hope. Nevertheless, it is focused on the immediate aftermath of a disaster, which refers to the hours following the event until seven days after it happened.^{lxxxv,lxxxvi,lxxxvii}

PSS “is an umbrella term for a community-based approach to facilitate the resilience of the affected population”^{lxxxviii}, helping its individuals to increase normality after adverse situations. It addresses the social and psychological needs of individuals and families, which includes not only their beliefs, perceptions, emotions, and thoughts, for example, but also their traditions, values, relations, and networks. It cannot be limited to the disaster response period but must also englobe the period after the emergency.^{lxxxix}

Early PSS, which respects individuals' customs, aids affected persons to better cope with the difficult situation they find themselves in. Hobfoll's five principles represent basic concepts grouped to guide psychosocial care in post-disaster contexts reach its goals and are invaluable for caring about people who were confronted with disaster, tragedy, and loss.^{xc, xci} Thus, the basis of PSS of disaster-affected individuals should be (1) the creation of a safe space with the creation of trustful relationships; (2) strengthening their social networks and improvement of their connections to each other; (3) the possibility of regaining control over their lives by becoming active as much as possible; (4) the provision of a place where they can distance themselves of stressful memories or situations; and (5) supporting them to visualize a future and take action on it.^{xcii}

Bearing this in mind, the next section discusses the topic of resilience-building through PSS.

3. PSS and refugees' general and cultural resilience building

Resilience is a concept that encompasses not only an individual perspective but a social one as well. It variates since it is an individual response to significant adversities to find psychological, social, cultural, and physical support to maintain a person's well-being. It also includes the ability to, individually or collectively, negotiate for these bolsters to be provided and experienced in a culturally significant way.^{xciii}

The concept of resilience should not only be focused on the individual *per se* but also involve the context in which the persons find themselves in. It is a result of facilitative environments where resilience benchmarks can be negotiated and culturally determined. To better understand resilience, four principles must be understood: decentrality, complexity, atypicality, and cultural relativity. This explains how personal qualities and coping mechanisms are activated according to the resources available in an individual's social and physical ecologies, in which these resources can "facilitate processes that protect against risk and promote positive development."^{xciv}

Decentrality aims to take the focus of resilience off the individual and consider the social and physical ecology in which the person is situated. The availability and accessibility of culturally significant resources may be more relevant in higher-risk situations than personal internal traits. The individual capacity of relying on social and physical supports first and interactional processes second shifts the focus of building only on individual traits to creating a facilitative environment for them to find a support mechanism. This shows a distinction between "resiliency", which is attentive to personal propensities, and "resilience", which is process oriented.^{xcv}

Complexity calls attention to the impossibility of predicting outcomes from protective processes related to resilience building. This is a direct consequence of the adversities affecting each individual personally, including context and temporality. There is no simple relationship between processes focused on positive growth in emergencies and individual developmental trajectories, thus, there is no possibility of generalizing results. Resilience is dynamic and can occur in different ways depending on the situation, which requires new resilient responses and adaptation of an individual as a response to changes in life circumstances.^{xcvi, xcvi}

Atypicality relates to the fact that the dualistic idea of "good" or "bad" behaviours cannot be used to describe resilience-related qualities. Since resilience is a context-based concept, it

must respect an individual's alternative coping mechanisms even if they are considered non-normative or adverse. They may not be what popular consent would like to promote but, in lower resource environments, they show a capability to adapt that is both culturally and contextually relevant and are, finally, proven to be positive. When better developmental paths are blocked, the functionality of these atypical trajectories shall be seen with no judgement and understanding. These choices are likely made with the influence of the context the individual finds him or herself in and may change to more socially acceptable ways of coping once the environment evolves.^{xcviii}

Cultural Relativity encompasses the previous ones. This is a consequence of culture interpreted as the daily practices through which individuals and groups express their shared values, beliefs, language, and customs. Culture is a valuable means for psychosocial health and resilience building processes leading to positive development. As mentioned, resilience is "a process of negotiation in which cultural elites (...) decide the outcomes associated with good growth"^{xcix} and this "requires a cultural lens for interpretation. This cultural perspective underlies the atypicality discussed earlier. It also helps to explain the complex interactions between factors."^c

Considering the factors above and mainly to the constant contextual changes that refugees must go through, their main challenge is to find strategies and resources to deal with such chaos and improve their well-being and move towards health. In this sense, refugees would need to find a sense of coherence (SOC), which could be defined as the following:

The sense of coherence reflects a person's view of life and capacity to respond to stressful situations. It is a global orientation to view life as structured, manageable, and meaningful. It is a personal way of thinking, being and acting, with an inner trust, which leads people to identify, benefit, use, and re-use the resources at their disposal. (...) It is also about one's own ability to identify one's internal and external resources and use them in a way that promotes health and well-being.^{ci}

The SOC consists of three dimensions. The first is "comprehensibility" or "the extent to which one perceives internal and external stimuli as rationally understandable, and as information that is orderly, coherent, clear, structured rather than noise – that is, chaotic, disordered, random, unexpected, and unexplained."^{cii} The second is "manageability", as the individual perception that there are instruments and resources available to meet the requirements of the *stimuli* one receives. The third is "meaningfulness", understood as one's ability to perceive life to have an emotional meaning, which compels the individual "to invest energy to get through experiences of stress that have the potential to cause distress."^{ciii}

The aforementioned information perfectly fits the fourth action proposed by the IASC Guidelines ("Building on available resources and capacities") and the flexible nature of PSS programmes' implementations. Thus, their coordination could be steps to approach individuals' resilience building, understood as "the ability to survive and even thrive under difficult circumstances."^{civ cv}

a. Cultural resilience

As previously described, resilience is associated not only to individuals and the environment surrounding them but also to cultural factors. The mechanisms to "protect against the

traumatic effects associated with acute and chronic stressors”^{cvi} are complex and depend on context and culture. Thus, the latter presents itself as an instrument and means to develop positive growth.^{cvi}

As established, refugees’ time in camps and their resettlement have the potential of affecting their mental well-being, nevertheless, “resilience is a separate but interdependent set of processes associated with mental health that is orthogonal to the presence of disorder”.^{cvi} Thus, positive adaptation may be identified even with the presence of trauma-related disorders.^{cix}

The usual abrupt and involuntary moves that characterize the beginning of refugees’ trajectory gives them “little chance to prepare themselves for life in the host country. At least during the initial phase, they may suffer from severe psychological dislocation and sense of loss”.^{cx} They are compelled to initiate their cross-cultural adaptation, where challenges allow them to compare their culture to the host country’s one.^{cx}

Nevertheless, this first adaptation usually happens in refugee camps, where not only all the mentioned issues come into play but also where they are received with a host country’s culture and those of their fellow camp residents. Furthermore, after an unspecified period they may have to further adequate to another host culture due to resettlement.

i. Cross-cultural adaptation

The term “cross-cultural adaptation” consolidates the experiences individuals go through in contact with an unfamiliar culture. Other affiliated concepts are “acculturation”, as the process where people acquire at least some aspects of the host culture; “coping and adjustment”, as responses to cross-cultural challenges; “integration”, which refers to a person’s participation in the host community; and “assimilation”, that relates to individuals who have become psychologically, socially, and culturally mainstreamed into the host society.^{cxii}

Cross-cultural adaptation entails a process of acculturation and deculturation. This means that an individual learns new cultural patterns and practices and substitutes previous responses to situations to novel ones. These changes lead to personal distress due to an “identity conflict rooted in resistance to change and the instinctive desire to retain old habits in keeping with the original identity, on the one hand, and the necessity to change behaviour in seeking harmony with the new milieu, on the other.”^{cxiii}

This “push” and “pull” situation between cultures and consequent acculturative stress can be manifested through uncertainty, confusion, and anxiety.

Some people may attempt to avoid or minimize the anticipated or actual “pain” of disequilibrium by selective attention, denial, avoidance, and withdrawal, as well as by compulsively altruistic behaviour, cynicism, and hostility toward the new or changed external reality. Others may seek to regress to an earlier state of existence in the familiar home culture, a state in which there is no feeling of isolation, no feeling of separation.^{cxiv}

Nevertheless, stress may provide individuals with the possibility of searching for ways to rediscover themselves. It compels people to recreate habits in the face of new environmental challenges to adapt. This “stress-adaptation-growth” process is continuous and happens

while there are still miscommunication and problematic situations with the host environment.^{cxv}

This understanding presents a reinterpretation of “culture shock” from a catastrophe or an abnormality to a natural response that may be controlled and used for personal growth. This concept might be also rewritten as “culture shift”, which allows a more positive reading of its idea.^{cxvi,cxvii}

Conceptualizing acculturative stress as part of culture shift permits visualizing individuals as problem-solvers, not as troubled creatures. They use emotional resilience, also known as the “emotional passport” to promote positive intercultural exchanges. The acquisition of such type of resilience is dynamic and individual skills are learned and practiced throughout the existence of intercultural contact.^{cxviii}

The emotional passport comes with the understanding that moving through cultures is highly stressful and coping mechanisms are needed to master intercultural transitions. The feelings of discomfort must be natural and ambiguity tolerance must be trained. These cultural transitions are part of a learning and maturing process, it is not a linear growth. Individuals must be given time to remove their emotional roadblocks to reach successful outcomes in adaptation.^{cxix}

As stated, strong emotions related to distress may happen while issues in the established intercultural relations remain. They can be a “normal part of the emotional transition”^{cxx} or a manifestation of other mental health issues; nevertheless, with respect to the latter situation, resilience is created independently of other disorders.^{cxxi,cxxii}

Finally, cross-cultural adaptation poses diverse challenges to individuals and, specifically, to refugees while in camps or after resettlement. Nevertheless, through constant and graduate resilience building through PSS, coping mechanisms are built to deal with acculturation stress.

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