Psychosocial support among refugees of conflict in developing countries: a critical literature review

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The aim of this paper is to examine the psychosocial needs and stressors among refugees of conflicts within developing countries, and their group based, social support mechanisms. Systematic literature searches of peer reviewed journal articles (n = 60 articles) were carried out using the following factors: type (refugee); cause (conflicts); location (developing countries). As refugees move towards a prolonged urban displacement phase, needs and stressors became different than those of the acute phase. While daily stressors affect far more people than posttraumatic stress disorder, many psychosocial support interventions focus only on the latter. Positive effects of social support on the mental health of displaced people have been established, while the process is not yet clear, group processes and identities appear to be important. The authors suggest, therefore, that a social identity approach can be applied to understand the emergence of a common refugee identity, and its role in empowerment through activating social support networks.

Keywords: collective resilience, daily stressors, psychosocial support, refugees of conflict, secondary stressors, social identity

Introduction

The aim of this paper is to examine the psychosocial needs and stressors among refugees of conflicts in developing countries and their group based social support mechanisms, with a view to developing a social psychological analysis of the process. We carried out a systematic review of the literature on refugees' stressors and coping, and identified two dominant approaches to understanding and intervention: the trauma focused approach and

> **Key implications for practice**
> - Refugees of conflicts in developing countries suffer more from secondary stressors than from trauma
> - Refugees have intrinsic psychosocial support mechanisms to respond to these stressors
> - Shared social identity plays an important role in these mechanisms

the psychosocial support approach. Refugees face a wide range of different everyday stressors quite different from the primary stressors and threats that forced them to take refugee status. However, the literature also points to some important coping mechanisms that are based on group processes and identity, which have been somewhat neglected in humanitarian initiatives.

The paper starts with an overview of the dimensions of the forced displacement situation and response efforts, including the recent history of humanitarian guidelines in relation to psychosocial needs, and will then explain the methodology of the systematic review. The findings of the review suggest very strongly the vital role played by identity and group processes in mutual psychosocial support among refugees. The authors, therefore, argue the need for future research on psychosocial support among refugees to draw on ideas gleaned from the social identity approach within social psychology.

Global overview of forced displaced people

The United Nations High Commissioner for Refugees (UNHCR) global trends report for the year 2014 shows that around 60 million people are forcibly displaced, 86% of which are in developing countries (UNHCR, 2015). The global distribution of refugees is highly unstable, for example, Syria used to be one of the top refugee hosting countries, but within a decade it became the largest source of refugees (Quosh, Eloul, & Ajlani, 2013). The main reason for fleeing is threat to personal safety in addition to other reasons. Data from 129 countries, between 1946 and 1989, showed that conditions in the destination country also affect the decision to flee one's home, with refugees tending to prefer a country with more democracy (Davenport, Moore, & Poe, 2003). Adhikari (2012), using official records, found other factors affecting the decision to flee, such as economic and physical conditions, in addition to the presence of social networks.

Mental health and psychosocial needs in humanitarian literature

The 1990s witnessed a rise of intense armed conflicts around the world (Themne'r & Wallensteen, 2012), which led to the emergence of new conflict related specialities and research fields that attracted a large number of professionals (Agier, 2002). These conflicts posed huge challenges to international institutions, which responded with more coordination, collaboration and the production of guidelines and criteria for humanitarian work.

Thus, the *Sphere Guidelines* (Humanitarian Charter and Minimum Standards in Humanitarian Response) was established in 1997 to provide standard criteria to the humanitarian field. It includes five main categories of criteria (protection, water and sanitation, food and nutrition, shelter and health) and gives a great deal of attention to the psychosocial needs of populations affected by disasters or conflicts (Sphere, 2011, p. 56).

A decade after the start of the Sphere project, a new project emerged dedicated to the psychosocial needs of affected populations in emergency settings. The *Inter-Agency Standing Committee (IASC) Guidelines* (2007) defines emergencies as '*situations arising from armed conflicts and natural disasters – including food crises – in which large segments of populations are at acute risk of dying, immense suffering and/or losing their dignity.*' (p. 17), and defines mental health and psychosocial support as '*any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder*' (IASC, 2007, p. 1).

These previous humanitarian guides emphasise the need to '*promote self-help, coping and resilience among affected people*' (Sphere, 2011, p. 17), and suggest that '*in most emergency situations, significant numbers of people exhibit sufficient resilience to participate in relief and reconstruction efforts*' (IASC, 2007, p. 10). However, these guides were not focused on prolonged forced displacement due to armed conflict, which is the concern of this review.

Method
Data search

Six databases were searched (Web of Science, Scopus, ASSIA, IBSS, PsychInfo and PsychArticles) using the following search strings: [postwar OR refugee* OR war OR disaster OR displace* OR conflict OR asylum) AND TS = (cope OR coping OR trauma* OR distress* OR stress* OR needs OR empower* OR support* OR psychosoc* OR social OR group OR resilience OR identity OR "wellbeing" OR vulnerab* OR "collective action") AND TS = ("refugee*") Refined by: *TOPIC:* (refugee*)]. The search was conducting with English language papers, published between 1980 and 2014.

Inclusion and exclusion criteria

Due to the inter-disciplinary nature of the field of study (anthropology, psychology, sociology, psychotherapy, public administration, public health, epidemiology, politics

and international law), the initial search yielded a considerable number of results that did not fall within the scope of this review. To filter that diverse literature, a number of criteria were used. The population of interest for this review are refugees of conflicts who are located in developing countries. So the filtration process excluded any works that solely discussed internally displaced people (IDPs), refugees of natural disasters or refugees in developing countries (e.g., from North America, Western Europe and Australia). However, the review did include some literature that used mixed samples of refugees and IDPs. Developing countries were defined using the UN country classification under the '*developing economies*' category (United Nations, 2015).

While the authors acknowledge that internally displaced people share many conditions and problems with refugees, the focus remained on refugees as they are a distinct group with specific problems, such as registration.

Screening and selection

The first stage of literature screening and selection search yielded 1280 results, of which 270 were identified as duplicates and removed. The second stage involved screening the titles and abstracts using the inclusion and exclusion criteria, which decreased the numbers of results to 299. The third stage of screening was done using full text, in-depth examination using the inclusion and exclusion criteria, which decreased the number to 49 results. Due to the nature of this review, which focusses on international documents essential to understanding the study topic, an additional 11 external results were added to the review pool in the final stage, from Google Scholar, credible international nongovernmental organisation (NGO) reports and guidelines, and expert recommendations.

This review included a diverse literature from different areas and conflicts, discussing typical situations for refugees of conflicts in developing countries. The assumption was that, as well as specific experiences, refugees of conflicts share a similar situation. Therefore, the stressors that have been described are assumed to be typical or reflect typical situations (there was nothing in these studies to highlight exceptional situations). On completion of gathering the sample, the literature was then organised according to five themes and a number of sub themes, as shown in Table 1.

Results

1. Mental health and psychosocial support

Effects of war on mental health There is a considerable social cost to forced displacement that needs specialised professional services in the humanitarian field (Harding & Libal, 2012). Roberts & Browne's (2011) literature review showed a strong negative influence of forced migration on mental health, and found that mental health risk factors for populations affected by war in low/middle income countries are different from those who are in high income countries. A meta-analysis of 56 reports on mental health among forced displaced people showed that socio-political conditions affect the mental health of refugees, and humanitarian intervention to address these effects does have a positive outcome (Porter & Haslam, 2005). These effects could also explain why substance abuse was found to be common in some communities of refugees of conflict (Ezard, 2012).

There are two main approaches to the psychological wellbeing of populations affected by armed conflict settings. The clinical trauma focused approach is based on clinical intervention and targets war related traumatic experiences as sources of distress. On the other hand, the psychosocial support approach attributes distress to the accumulation of life hassles that are not necessarily war related, and advocates relief by reducing these stressors, along with

Table 1. Results overview: themes identified in literature

1 Mental health and psychosocial support	2 Needs of refugees	3 Labels and categories	4 Refugees' identity	5 Critiques of mental health and psychosocial interventions
Effects of war on mental health	Different phase, different needs	Registration	Emergence of an identity	Lack of evidence for interventions
Trauma focused approach	Role of daily stressors		Exile as alternative home	Concentration on needs
The psychosocial upport approach			Negotiating identity and solidarity	Excessive targeting
			Coping and identity	Political agenda
			Role of religion	Western individual focused approach

building capacity for self-recovery (Miller & Rasmussen, 2010).

Trauma focused approach   Refugees of conflict are exposed to a variety of traumatic experiences, which led many research and intervention programmes that target this population to focus on posttraumatic stress disorder (PTSD) as the main mental health concern (Jordans, Semrau, Thornicroft, & van Ommeren, 2012). Research also shows a relation between leaving one's country during war and serious long-term psycho-logical problems (Hunt & Gakenyi, 2005). However, while PTSD treatment is well established in the general population, a review of ten PTSD treatment trials on refugees and asylum seekers could not find solid evidence to support such treatment (Crumlish & O'Rourke, 2010). Moreover, although there is a need for specialised PTSD services among refugees, such services are not always available (Bader et al., 2009).

A study of refugee populations in Jordan and Nepal suggests that the effect of traumatic past experiences on distress is complex; the research found a mediating effect of perceived daily stressors on the effect of exposure to war mental health (Miller & Rasmussen, 2010). These findings should focus more attention on the role of daily stressors on the mental wellbeing of refugees of conflicts.

The psychosocial support approach Psychosocial interventions come in many forms and scales, and the services provided through these interventions vary from basic relief services (shelter, food and health) that can be provided by the average relief worker and target most of the affected population, to specialised clinical services that target specific cases (IASC, 2007, p. 12)

After the invasion of Iraq in 2003, UNHCR started a community outreach initiative in Syria whereby 180 Iraqi refugee volunteers participated in bridging the gap between the organisation and the refugees' community through community networking, which provided support to around 6,000 refugees every month (Mirghani, 2013).

Psychosocial support interventions can extend beyond the emergency stage, as in an example from South Africa, where in 2008 xenophobic violence forced refugees to leave their homes. The Lefika La Phodiso organisation offered counselling and debriefing for the refugees in camps, after the shutdown of the camps they focussed their work on changing the community from being a threat to sources of support by training teachers on diversity and discrimination, in addition to organising exhibitions of art works made by affected persons and showing encounters of violence (Atlas, 2009). Another example comes from the Karen Burman refugees in Thailand who built an effective and sustainable, community based health care system that uses traditional practices to deal with physical and psychosocial problems among refugees (Bodeker & Neumann, 2012). Research on refugees of conflict also revealed the natural psychosocial support that exists among the affected population has an impact on their mental health. For example, it was found that among Guatemalan refugees in southern Mexico, women who lack or have weak support from natural social networks are the most vulnerable and show traumatic stress symptoms (Warner, 2007).

2. Needs of refugees of conflicts
Different phase, different needs Although one might think of displacement as an escape from insecurity and instability, refugees in underdeveloped areas often find themselves replacing old insecurities and instability with new forms of it (Moulin, 2010). As protracted displacement is becoming more common, it constitutes more than half of the total number of people that fall under the concern of UNHCR (UNHCR, 2012).

Sphere was designed based on evidence from the acute phase of emergencies, whereas the majority of the refugees live in a post emergency situation, which is characterised by different problems and needs than the emergency itself (McDougal & Beard, 2011). Examples of such problems can be found in the *Afghan Daily Stressors Scale*, which includes daily stressors, such as: overcrowded housing, poverty, unemployment, the security situation, violence in the home, poor health and pollution (Panter-Brick, Eggerman, Mojadidi, & McDade, 2008). El-Shaarawi (2012) found that needs of Iraqi refugees in Egypt included: accessibility to work, education and health care, and that their problems included: social isolation and separation from family and friends, and decline in living standards. They also experienced a status of uncertainty because they considered their residence in Egypt as temporary while waiting to return home or resettlement, but found it extended for several years because both options proved unattainable. Iraqi refugees reported suffering from mental health problems as a result of this status of instability. Sometimes refugees suffer stress due to the new environment, as in the case of students from Darfur who reported that using the transportation system in Sudan and getting directions was challenging (Badri, den Borne, & Crutzen, 2013). They also reported that losing their family social relations made them feel lonely, while dealing with a new culture made them feel like strangers. In such situations, cultural competence approach interventions proved beneficial, like the nine steps psychosocial programme applied to Sudanese refugees in Uganda and returnees in Cambodia (Eisenbruch, de Jong, & van de Put, 2004).

Role of daily stressors Miller and Rasmussen (2010) make the case that, due to the dominance of trauma focussed

approaches in the field, research has narrowed the investigation of the impact of violence on mental health until recently, when researchers added daily stressors to the equation. These recent studies showed that the direct effect of exposure to violence was overestimated, and that PTSD prevalence can be reduced by attending to the daily stressors, which suggests a mediating effect of daily stressors on the relation between war related violence and mental health. However, the mediation model is not comprehensive, since daily stressors are found to have an effect on mental health independent from war related violence (Miller & Rasmussen, 2010).

3. Labels and Categories
Due to increased globalisation, the movement of forced displaced people is no longer limited to the south; governments of the north took over producing labels for categories of refugees, instead of humanitarian NGOs working on the ground, as used to be the case (Zetter, 2007). The definition of *'refugee'* developed to include new emerging situations after 1945. Some of these situations were unique enough to create a sub-definition and category like *'natural disaster refugee'* (Marshall, 2011). The problem of such categories that they assume a common vulnerability among the population and seek needs based, top down interventions that ignore the unique capacities and resilience of the affected groups. This, in turn, stigmatises the population by looking at them as helpless, dependent victims (Gupte & Mehta, 2009). A deeper look would be beneficial in understanding issues like efforts to govern refugee camps and what makes the refugee community cooperate or resist in reaction to different approaches that seek to control refugees or empower them to be active agents (Bulley, 2014).

Registration Refugees usually acquire documents at border points indicating that they are *asylum seekers*, but they do not qualify for the *refugee* status until they go through a bureaucratic process that could extend to several months (Alsalem & Riller, 2013). After acquiring the official status of *refugee*, many refugees from developing countries apply for resettlement in developed countries (e.g., USA, Australia and Canada). The importance of having official refugee status could explain why preparing for UNHCR application was one of the top priorities for refugees, as shown in a needs assessment done by a major organisation in Cairo, as undocumented refugees receive less help and face more serious problems (Briant & Kennedy, 2004). Jordan did not sign the 1951 UN refugee convention, which led to the registration of only 10% of the Iraqi refugee population in Jordan in 2009, estimated at around half a million (Almakhamreh & Hundt, 2012). Also most of the Middle East countries hosting large numbers of refugees do not officially recognise them as refugees (Mowafi, 2011). In Thailand, there are 18,400 refugees in addition to more than two million other migrants, many of them meet the criteria to be granted official status of refugee, but don't receive it for legal reasons (Bodeker & Neumann, 2012).

The bureaucratic tool of the international humanitarian system manages refugees regardless of their histories, fears, hopes and desire for freedom. Franke (2009) suggests that such unjust conditions push refugees to manipulate the registration process in order to negotiate an improved position, a process that sometimes involves the local authority inflating the numbers of refugees in order to get more humanitarian aid for their region. While cheating in normal settings is considered selfish and against the common benefit, in the case of refugees, it is a normal and expected behaviour because failing to do so could lead to social sanctions. Cheating (e.g., multiple registrations and giving inaccurate information) can take the form of a collective action, whereby the refugees make joint efforts to achieve a goal, creating negotiation

leverage with NGOs that have far more resources (Kibreab, 2004). Such understanding of the power imbalance created by unequal resources should give us a rational understanding of refugees' behaviour (collective action), avoiding subjective interpretations that explain their behaviour (like manipulation) motives as simply selfish and anti-social.

However, being registered as a refugee is not the answer to the refugees' problems; Bradley (2014) argues that focusing on refugees as if they were *'stateless'* could lead to considering them as rightless, while instead they should be considered as citizens with rightful claims against their country. Kibreab (2003) suggests *'belonging'* as an alternative approach to the refugee situation, whereby they are giving the opportunity to re-establish a sustainable livelihood, instead of the approach that treats them as temporary guests, disempowering refugees and preventing the host country from benefiting from their capacities.

4. Refugees' identity

Emergence of an identity Moulin (2010) described the shared identity that can emerge from being a refugee, using interviews with refugees in Brazil who were from different categories (undocumented versus asylum seekers) and different stages (new arrivals versus applying for permanent residence). She found that they share the same situation of *refugeeness* (i.e. the condition of being a refugee) and a common perception of assistance they received from the local authorities. Exclusive social activities in exile also plays a role in that process, like Sudanese alcohol *Aragi* consumption spaces which are forbidden for Egyptian locals, and at the same time includes a wide array of Sudanese and provides a symbolic element of building refugees' identity through an exclusive social interaction space of insiders' social networks (Curley, 2009). Another process that contributes to the construction of refugee identity is a narrative of personal history. This way the refugees go through a process of identity re-negotiation, in order to connect their painful experiences with the present, and exceed their personal consciousness to become part of collective memory that shapes the *refugee* identity (Buyer, 2008).

Exile as alternative home Most refugees leave their home as a temporary solution with the intention of returning after a short time, but in many cases they end up spending many years in exile. In these cases, exile becomes an alternative home that does not replace the original. This is clearly shown in the case of hundreds of thousands refugees from Azerbaijan who spent 20 years in Armenia, where the majority of them resisted the settling option (Felke, 2010). The division of Cyprus is also a good example where attachment of people to their old homes lasted over decades and affected their perception of their current homes, as they still don't see themselves as the *'real owners'* (Bogac, 2009).

Even in the case of refugee camps that are not meant to be permanent, refugees accumulate memories and relations of support which intertwine to create a sense of home. An extreme example of a temporary case where both the host and the refugees refused to integrate but, nevertheless, that the *temporary* home had meaning comes from the work of Ramadan (2014). He studied the Nahr al-Barid refugee camp in Lebanon that used to host 35,000 Palestinian refugees who lived in it for decades before it was destroyed by Lebanese government forces in 2007, in the aftermath of armed clashes with militant groups from the camp. To the Palestinians, the destruction of the camp meant a destruction of an alternative home and made them relive the tragedy of losing the mother home Palestine. Nahr al-Barid refugee camp suffered from serious problems like poverty and restrictions of rights. However, interviews with former residents of the camp showed overwhelming

positive images of the camp, which reveals how they valued the camp and felt their loss (Ramadan, 2014). Part of the function of refugee camps as an alternative home is to preserve identity; it was found that refugees settling individually in towns have a weak ethnic identity compared to their peers who are settled in refugee camps (Agier, 2002).

Negotiating identity and solidarity
Music and dance are also used to express identity and solidarity, but involves a negotiation of competing and overlapping identities. Sudanese refugees, which includes Madi and Latuko minorities, adopted the Acholi majority's language, which is the language of cultural activities in the camps, like dances and songs (Kaiser, 2006). Songs and dance can also have a role in solidarity, as in the case of fourth generation of Palestinian refugees who use traditional dancing (*dabkah*) to express identity and thus create a sense of belonging. This ritual music performance, usually played at weddings and which sometimes includes hundreds of dancers, helps address the social fragmentation caused by displacement (Van Aken, 2006). Palestinians in Lebanon still live in refugee camps, which are considered sites of making the Palestinian identity for six decades. A Palestinian refugee expressed this by saying '*if people don't live in the camp, they'll forget Palestine. But inside, people talk about Palestine, returning to Palestine,*' (Ramadan, 2014, p. 55). The camp gave the shattered Palestinian refugees the chance, to some extent, to reunite by gathering on the base of village of origin in specific camp or a section of the camp that sometimes hold the name of original village (Ramadan, 2014).

Another good example of identity based solidarity is found in Lebanon in the case of undocumented Bedouins who don't have access to the official citizen based health care system; in this case, the tribal social networks offered health care support (cash money hand-outs, loans, payment for medical bills, transportation and calls for blood donation) that extend across the Syrian borders (Chatty, Mansour, & Yassin, 2013). Another example comes from Thailand where Vietnamese social networks offered the refugees agency in spite of the policy constraints (Palmgren, 2013).

Coping and identity Displacement by definition includes a break from the familiar cultural context, which leads to reconstruction of displaced people's perception of their self, community and the world. Refugees have coping mechanisms to decrease the impact of displacement by making their new environment as familiar as possible. One way of doing that is to use the physical environment to create continuity with refugees' past, which gives them a sense of home. Refugees actively and creatively make sense of their new physical world by production of objects like food and textiles associated with pre-exile life, in order to create feelings of *home* (Dudley, 2011). Karenni refugees in Thailand did this by building their homes, growing vegetables and cooking them in a traditional way (Dudley, 2011).

Role of religion There is some literature (e.g., Fiddian-Qasmiyeh, 2011) that has examined faith based organisations working with forced displaced people, in comparison to secular organisations in the field. Faith based organisations can play an important role in refugees' life, such as in the case of Karen refugees in Thailand whose religious practices helped refugees to better adapt through bringing the community together and creating a place of familiarity (Rangkla, 2013). Another example is the case of Iraqi refugees in Syria who used religious institutions and their networks to build a livelihood in exile (Zaman, 2012). Religion affects refugees and hosting communities, and not only through faith based organisations. Admirand (2014) examined

the narrative of migration and displacement in the holy books of Judaism, Christianity and Islam to identify the related hospitality traditions in these religions with the hope of using it to inspire ethical immigration and displacement policies. Other researchers have focused on religion's role by examining how the influx of huge numbers of Syrian refugees in Jordan affected the role of religious interpretations in maintaining the resilience of the charity system (Groot, 2014).

5. Critiques of mental health and psychosocial interventions

Lack of evidence for interventions

One theme that was evident in the literature was the argument that there is a lack of empirical evidence for mental health and psychosocial support interventions and initiatives. Put simply, the methods have not yet been systematically evaluated. This led a working group formed by the 2009 Harvard Humanitarian Action Summit to reach a consensus that *'the absence of relevant research on mental health and psychosocial support in emergency settings is unethical'* (p. 220). In most cases, those applying mental health and psychosocial support initiatives do prior assessment and later evaluation, which also creates credibility issues (Allden et al., 2009).

Concentration on needs We suggest that the needs based approach to deal with forced displaced populations creates dependency, while at the same time it fails to meet the minimum needs of these populations. One example is providing the affected population with calorie based portions of food, rather than quantity portions of aid, which are consumed quickly, especially in cases where there is no land to farm. Another example is introducing services like schools, which creates more expenses for people who own nothing. All this creates an imbalance of resources that facilitates exploitation (e.g. sex) of the population by some

humanitarian workers with large amounts of resources (Ferris, 2007).

Excessive targeting Due to the scarce resources in emergencies and wars, many of the donors and field actors prefer to focus on specific vulnerable groups, which leads to excessive targeting. One example is the case of child soldiers in Liberia who received far more aid and money than their communities, who then reacted negatively toward them, considering what the child soldiers received as blood money (Wessells, 2009).

Political agenda Breslau (2004) makes an argument that the narrative component of PTSD appeals to the international health field as it connects symptoms to prior specific events. It also feeds into one of the sources of legitimacy of the international humanitarian system, which is trauma discourse, and sometimes also serves the political agendas of some groups. He gives an example from Nepal where the government treated PTSD, in cases of refugees, as evidence of torture committed by the government of Bhutan, especially as the Nepalese government played a role in selecting torture victims for the interventions.

Western individual focused approach Individual focused western psychology is not equipped for response to emergencies where the damage to the social structure of communities and support networks exceed personal losses (Wessells, 2009). Another problem is the lack of cultural sensitivity, which could lead to unintended harm. One example is the case of Iraqi refugees in Jordan who found it hard, due to social stigma, to seek professional mental health help (Almakhamreh & Hundt, 2012).

Discussion and conclusions This literature review reveals that needs of refugees and their problems extend far beyond the direct effect of war to the hassles of daily life, especially in the case of prolonged displacement. *'daily stressors'* is a term widely

used in the literature (Miller & Rasmussen, 2010), yet the authors suggest that the concept of *secondary stressors* (Lock, Rubin, Murray, Rogers, Amlôt, & Williams, 2012) could be adapted to better describe the group of chronic stressors that refugees of conflict face during prolonged displacement that are not directly attributable to war, but are a socially mediated consequence for displaced people in developing countries. However, the secondary stressors typology was developed for natural disasters, and so it needs to be adapted accordingly, or a new one developed that fits conflict settings. While the clinical approach (focusing on PTSD) is important, we need to give more attention to the other less developed approaches, like psychosocial support interventions, with regard to the effect of secondary stressors on the mental health of refugees. The literature emphasises the positive effect of communal response among refugees on mental health wellbeing, which poses a challenge as '*in most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust*' (IASC, 2007, p. 12). This literature review included cases where there was evidence of intrinsic psychosocial support mechanisms among refugees responding to these stressors, in which identity as a member of a group or community played an important role. However, the process was not clear.

Related literature has investigated the process of social identity based, social support in mass emergency settings using the social identity approach (Tajfel & Turner, 1979) in social psychology, and specifically self-categorisation theory (SCT; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). Thus a study of the London bombings in 2005 found that shared social identity was the basis of support behaviour among strangers (Drury, Cocking, & Reicher, 2009). In such studies, it appears that seeing oneself as a member of an affected community can create expectations of support, which turns individuals into active

agents capable of giving help and coordinating with others to achieve common goals (Drury, Brown, González, & Miranda, 2015; Williams & Drury, 2009). This analysis of the role of identities and groups in dealing with stress and creating wellbeing is part of the wider '*social cure*' approach (Jetten, Haslam, & Haslam, 2012) of applied social psychology, some of which has been translated into field guides that takes this capacity for informal collective resilience into consideration in emergency humanitarian planning (North Atlantic Treaty Organization (NATO), 2008).

Given the prominence of evidence of informal group based coping, and the importance of communities, groups and identities in dealing with secondary stressors in the findings of this review, the authors suggest using the social identity approach to shed light on the role of collective coping processes and psychosocial support shared among refugees of conflict. Finally, we also suggest that such a development could help to improve the effectiveness of some interventions that currently target the second level of intervention in the IASC pyramid of intervention (community and family support), that aims to use the capacities of the community (IASC, 2007). Understanding groups of refugees in social identity terms could help to both explain and boost the collective resilience of such groups.

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[1] Refined by topic, which exclude any results not containing the keyword.