Forced Transnational Migration and Resilience Strategies: The Case of Syrian Asylum Seekers in the Republic of Italy

Fabio Calzolari

Mae Fah Luang University, Chiang Rai, 57100 Thailand
Email: Fabio.Cal@mfu.ac.th

Abstract

Within the field of anthropology of displacement, the research analyzes dynamics of resilience in unaccompanied asylum seeking adolescents. Specifically, by using a Social-Ecological Model (SEM), it investigates lived experiences, the process of "othering" and identity construction, in the autobiographies of Syrians hosted by the Republic of Italy. To do that, the author first examines the impact of war-induced displacement on mental health status (for example, Post-Traumatic Stress Disorder/PTSD, Major Depressive Disorder/MDD and anxiety). Next, migration as a cultural dynamism in which agency and social structures play interconnected roles. Finally, migrant' self-reliance in situations of heteroglossia and heterogeneity.

A cohort consisted of 30 unaccompanied male adolescents with an assessed age of 18-19 years was evaluated through individual in-depth interviews and psychological testing. Results suggest that emotional disconnection, asylum status, alienation and cultural bereavement contribute to a psychopathology and thus difficulties in adjustment to life. The findings appeal to the Italian government to limit the scope for divergence in national approaches and to strengthen the legal framework for asylum procedures to ensure that the necessary safeguards are in place. Mental health workers and physicians should consider focusing treatments on both past-traumas and problems in living faced by asylees in the country of resettlement.

Keywords: *Asylum Seeker, Italy, Trauma, Resilience*

1. Introduction

The scope of the study was to observe and evaluate how Syrian asylum seekers cope with life in the Republic of Italy (heretofore Italy) and how the latter prepares the ground for their future independency. In this scenario, it seems reasonable to conjecture that a good interplay of the micro-environment (the Self), the macro-environment (the local society surrounding the individual) and the the mega-environment (Culture, habitus) is the condition sine qua non to alleviate migration-related symptoms (MRS) and improve resilience. One major worry is that current forms of hospitality might fail to meaningfully answer the plight of thousands of migrants struggling to find housing and jobs. Whereas most contributors agree that system could bettered, plenty of disagreement remains as to how this reform should be done.

As a key instrument, the following introduction will bring the reader to explore the epistemological underpinnings of the research. To facilitate critical insight, the opening part has been divided into five thematic loci: Migration, Syria, Post-Traumatic Stress Disorder, Resilience and The Italian Migration Reception System.

1.1 Migration

> There is a sort of inborn restlessness in the human spirit and an urge to change one's abode;
> for man is endowed with a mind which is changeable and unsettled: nowhere at rest, it darts
> about and directs its thoughts to all places known and unknown, a wanderer which cannot
> endure repose and delights chiefly in novelty.
>   (Lucius Annaeus Seneca, 65 AD, De Brevitate Vitae: 4, translated by Williams, 2003)

The movements of people between areas has been a common phenomenon in all known civilizations: from ancient Greek colonies to modern Spain' North Africa outposts, porous borders, have permitted interconnectedness and the exchange of material goods. In this sense, from a terminological perspective, the homo migrans (the man who crosses the boundary) has always co-existed with the homo-sapiens (the man

who uses the intellect). As stated by Sayad (2004), migrations of people can be divided into three specific components: pre-departure, in-transit and resettlement (Pottie et al, 2011). In *The Suffering of the Immigrant*, (Sayad, 2004), pre-departure is considered the phase in which individuals are in their home-countries, potentially facing social, religious or economic adversities. In-transit indicates the process of going from one area to another, over a period of time. Inhere, one of the most common pitfalls is cultural bereavement, as the loss of the "familiar" (identity, language, social structures and support networks). The settlement phase starts when migrants have reached a foreign environment and start negotiating socio-cultural boundaries. Whereas it is not possible to consider migrants as one homogeneous group, as conditions and aims differ widely, generally speaking, a person is either influenced by push factors (i.e. armed conflicts in the country of origin) or pull factors (i.e. economic incentives in the country of arrival).

During the last twenty years in Western countries, migration and its associated impacts on policy perspectives (Geddes, 2008), have spawned researches on micro, meso and macro level dynamics while prompting wide-ranging public debates. To a great degree, biased comprehension of the notion of identity have contributed to the making of negative myths around otherness. In this respect, imposed totalizing views of race and ethnos have perpetuated the embeddedness of membership in the exclusionary community of the nation rather than effectively promulgating enactments of inclusive civic state membership (Kymlicka, 1995; Bajt 2016).

Hollifield (2008) pointed to the emergence in Europe of an apparent hostility towards aliens who demand less restrictive immigration laws. One explanation could be that a lowering of requirements can cause the potential de-ethnicization of citizenry. In fact, according to the legacies of nationhood perspective, when citizenship attribution is a product of parentage/kinship (jus sanguinis) rather than birthplace (jus soli) or residence (jus domicile), turning the access to the community of stakeholders into a right, would create a hollowing-out (through procedurally thinning) of the meanings of state membership (Furia, 2005). Although there is little doubt that from its inception citizenship was an exclusionary category implying a coercive rule of members over strangers, Castells and Miller, argued that a union of people should be detached from the institutional functions of statehood. Because, as they suggest, participation in the public sphere require neither cultural nor moral homogeneity but first and foremost compatibility of political attitudes (Chwaszcza, 2009).

Aside statutes encumbering the transmission of community rights in the development of the European administrative state and nation building, scholarships indicate that the number of migrants is increasing all around the world (Carballo, 2001) with barriers erected by wealthier nations unable to keep out those from the global South. Comparisons of data from different years reveal that particular driving forces are epidemics, land alienation, lack of economic opportunities, ethnic conflicts and wars. Some people benefit from the direct involvement of NGOs (Mitchell, 1959). Others resort to clandestine networks (Salt & Stein, 1997; Väyrynen, 2005). Many chooses to move as a direct response to catastrophic situations (Akokpari, 2000) while others in anticipation of future harm (Massey, 1997). Yet others remain entrapped in conflict zones (i.e. the Middle East) or in countries of transit (Hammer, 1997).

1.2 Syria

At the end of the Twentieth Century, North Africa and the Middle East, despite a plethora of signed agreements for citizen empowerment, were left untouched not only by political transitions from nondemocratic to democratic regimes (Huntington, 1991) but also by grassroots activism and mobilizing ideologies. In January 2011, however, the status quo was about to change abruptly. Inspired by the self-immolation of Tunisian street vendor Mohammed Bouazizi, citizens across the region took to the streets in an attempt to undermine the legitimacy of authoritarian rules. Despite the fact that the uprising began in Tunisia, it was the success of Egyptian (Facebook) campaigners in the overthrowing of dictator Hosni Mubarak (whose party was a cohesive machine, organizing intramural competition among elites, as zeroed in on by Khamis (2011) and El-Ghobashy (2011) that epitomized the coming-of-age of novel struggles (i.e. cyber-activism) for self-determination in Muslim milieus.

The wave of organized popular resistance and the power of non-partisan youth movements, in what has come to be known as the Arab Spring, was soon to play a significant role in another country, Syria.

It was during the Day of Dignity and Death (Jabbour, 2012), that antigovernment protests broke out.

On the heels of the Arab Spring in Egypt and Tunisia, in March 2011, protesters went to the southern city of Deraa to demand more constitutional freedom (i.e. press, speech and assembly), the release of people held incommunicado (i.e. students arrested for anti-government graffiti) and the termination of the (Ba'ath) one party system. Ignoring appeals to eschew violence, the government of president Bashar al-Assad ordered its security forces to quell public rallies with live bullets and teargas. Although the degree of violence is still unclear, witnesses reported that at least 15 people were killed (Solomon, 2013). Amidst growing tension, the violent crackdown on revolutionary intellectuals and activists kept going until July, drawing concern from the UN high commissioner for human rights and the USA (Donnelly, 2018). As of early 2014, the indiscriminate and uninterrupted shelling of buildings and the slaughter of people, generated an unprecedented irregular movement of refugees and migrants (Kvittingen, 2018) into neighboring countries (Turkey, Jordan, Lebanon, and Iraq) and Europe.

The Syrian Civil-War (2011-Present), alone, has displaced people on the same scale of the Second War World (1939-1945). With no solution in sight and millions people uprooted (>4.1 were re-located into Turkey, Lebanon and Jordan), the conflict resulted in a complex humanitarian emergency with a dim prospect for a diplomatic initiative (Rabil, 2006). In particular, since the beginning of the unrest, Syrians has been victims of violence-and war-related injuries (van Berlaer, 2017), anti-immigrant, anti-Arab discourses (Ozden, 2013), inadequate sanitation and access to clean water (Saroufim, 2014), breakdown of immunization programs (Kherallah, 2012; Leblebicioglu, 2015), exposure to (chronic) infectious diseases (Leblebicioglu, 2015) and mental health abuses (Cousins, 2015). With the clash of arms, not confined to the battlefields, these conditions affected non-combatants and combatant alike.

1.3 Post-Traumatic Stress disorder

As stated in the Diagnostic and Statistical Manual of Mental Disorders/DSM (American Psychiatric Association/APA, 2013), post-traumatic stress disorder (DSM V-PTSD), is a mental health condition triggered by frightening or distressing events, or after a prolonged traumatic experience. Between the DSM-IV (1956) and the DSM-V (2013), the taxonomy of PTSD has been altered considerably (Pai, 2017). In that regard, changes include the relocation of PTSD from the category of Anxiety Disorders to the novel one of Trauma and Stressor-related Disorders with the elimination of subjective values and the adding of more specific diagnostic clusters. Notably, the PTSD is the only category (inside the DSM-V) that it is not grouped by the types of symptoms characteristic of the disorders in it (Pai, 2017).

As a rule of thumbs, among the general population, men tend to be more exposed to (men-made) traumatic events. However, women are (statistically) two times more susceptible to PTSD (Najavits, 1997). A number of characteristics have been found to contribute to gender differences in susceptibility. Among them, different appraisal of threat, the likelihood of peri-traumatic dissociation, coping mechanisms and collective support are considered the most influential (Bernat, 1998). Consistent with the literature and multiple baseline examination of clinical data (Colder, 2002), male subjects prefer using alcohol to increase high-arousal positive moods (drinking for enhancement) while female subjects use it to decrease negative effects of PTSD (drinking for coping).

Psychological distress in children and young adults expose to military conflicts has been independently associated to mood and behavioral disorders (Thabet, 2008). Moreover, there is a clinical impression that a poorly integrated pre-neurotic or pre-psychotic personality concurs to a high incidence of mental breakdowns (significant levels for PTSS-16 and HTQ scores) under the impact of external/environmental stressors (Summerfield, 1999). Apropos of a psychiatric morbidity, studies indicate that civilian survivors who decide to abandon their home countries suffer from an additional triple injury: the experience of leaving, the physical journey and the struggle to integrate (Lie, 2001).

1.4 Resilience

Psychologists characterize resilience as a series of actions in which individuals show positive adaptation in the face of negative events and traumas (Goodman, 1999; APA, 2014). Although livelihoods have constantly adapted to change, psychological resilience has limits that can lead to debilitation and disorders.

There is an increasing trend in the literature towards understanding how human psychobiological apparatus (Coutu, 2002) operates and how it changes over time (Werner, 1989). Rutter (1990), Bronfenbrenner (1998) and Betancourt (2008), drew attention to the role of proximal factors (direct source of pain), distal factors (indirect source of pain) and (personal/social) locus of control. With respect to mainstream theories of behavioral adaptation and development, they emphasized the need of investigating the role of demographics (i.e. gender, age, ethnicity and education), resources and stress (Bonanno et al., 2007). Accordingly, a growing body of evidence (Başoğlu, 2004) suggest that patterns of association between various sociocontextual factors can predict resilience and related outcomes after disasters (Fredrickson, 2003). By the same token, trauma research underlines the value of schools, public care-givers and friends in resilience praxis (Werner, 2012).

1.5   The Italian Migration Reception System

In accordance with the Dublin Regulation No. 604/2013, Italy has the obligation to accept and evaluate asylum claims at airport and sea-land borders. The article 10(1) LD 142/2015 (Gazzetta Ufficiale Della Republica Italiana, 2015) articulates the reception system into 3 different levels:

First AID. At disembarkation, newly arrived migrants undergo mandatory medical (including laboratory testing) and psychological examination.

First Reception Phase. Individuals are brought to reception (state-funded regional hubs and/or EU-funded hotspots). Inside the facilities people are identified, registered and informed on how to lodge a claim for refugee or protection status, by volunteers of (national/international) NGOs and police officers (ECRE, 2016). Those who are considered illegal are sent to Centri di Permanenza e Rimpatrio (CPR).

Second Reception Phase. After being channeled into the appropriate procedure, refugees and asylees are referred to SPRAR projects (Protection System for Refugees and Asylum Seekers) whose scope is to assist those who fall under humanitarian emergency. Instituted in 2002 by L 189/2002, the SPRAR is a second-line structure and it is managed by municipalities. In contrast with other European country (like Germany), in Italy there are no equitable distribution and minimum threshold standards because local authorities are granted the right to refuse participation and/or adopt different measures for immigration management (Leo, 2015). Based on the specifications of Decree-Law 193/2016 municipalities are entitled to receive monetary benefits (€500/asylum seeker).

2.   Objectives

On the one hand, the study aimed to discover if past-traumatic experiences, worries about asylum procedures, lack of status and cultural discrepancies between home and host countries are important risk factors for the development of a psychopathology. On the other hand, it sought strategies for increasing the likelihood of socio-economic success across Syrian asylum seekers. Following from Goffman's promotion of micro-analysis (1983), it also encouraged more rigorous reporting of future studies to better represent public and personal dimensions in migrant identity construction.

From theory to practice, the enquiry can be considered important because, with the growing globalization of human capital, analyses of patterns of migration and needs in newly arrived individuals, facilitate knowledge-based decisions across governments.

3.   Material and Methods

The research attempted to identify resilience and vulnerability in Syrian asylum seekers (time spent in Italy $\leq$ 8 months) via an analysis of spoken autobiographical narratives. Specifically, the approach, inspired by a social ecological model (SEM) sought to understand and mitigate individual behaviors. The cohort consisted of 30 unaccompanied male adolescents with an assessed age of 18-19 years, recruited between September and January 2018, from three SPRAR reception facilities (two in South Italy and one in North Italy). All subjects were referred from employees who obtained their written informed consensus. Due to the need to explore a complex issue it was decided to combine semi-structured face–to-face interviews with short

psychological batteries (Denscombe, 1998). In order to guarantee correctness of information, all items and questions were translated from English to Syrian (and back into English) by two different interpreters.

To safeguard anonymity among respondents (biographical narratives could trigger the production of negative self-admissions as explained by Liamputtong 2007 and Pickard, 2016), names, birth dates and addresses were not saved. Instead, the researcher made use of alphanumeric codes at the point of transcription (Clark, 2006). Likewise, to avoid security breaches, all digitalized materials were encrypted and stored in a hard drive inside a locked room. However, knowing that a complete de-identification and perfect security are virtually impossible (Hoonaard, 2003), participants were made fully aware of the risk of an accidental deductive disclosure (Tolich, 2004; Saunders, 2015) and of data theft.

To obtain thick information and reduce response error, between 1 and 2 sessions were used for biographical investigations (exile situation, socio-demographic background, coping mechanisms) and the completion of standard screening tests for health-related quality life. The latter part involved the use of Trauma Screening Questionnaire (TSQ-10), Hopkins Symptoms Check List 25 (HCSL-25) and the Posttraumatic Symptom Scale (PTSS-10). The rationale for the diagnostic classification was given by the Diagnostic and Statistical Manual of Mental Disorders, Axis I and Axis V (DSM-V; APA, 2013). Collected raw material were analyzed by Nvivo qualitative data analysis computer software (QSR, 2018). The adaptation of the IT tool was motivated by its ability to facilitate handling of administrative tasks and presentation of findings (Hutchison, 2009).

4.   Results

In the asylum seeker quota more than half of the subjects (63.3%) showed post-traumatic stress disorder (PTSD) as a first diagnostic category. This is not uncommon because war and forced displacement are connected to a high burden of psychiatric morbidity (Karunakara, 2004). Apart from PTSD, the other assessed categories, were major depression (46.6%), generalized anxiety (40%) and adjustment disorders (36.6%). From narrative data, it is emerged that all of the subjects *claimed* a history of interpersonal trauma in their home-country. In that regard, the concept of trauma (APA, 1980: 236; Oltmanns, 2007:217) involved aspects like forced separation from families, political persecution, witnessing warfare and being a victim of direct physical and/or psychological hostilities (Macksoud, 1993).

Irrespective of the degree of traumatization in the past, other stressors damaging psychosocial functioning and adaptation to exile were the immigrant status and a perceived loss of identity. These phenomena could constitute an emotional reaction to the discrepancy between reality and preconceived expectations (Bhugra, 2004; Ingrid, 2015:16). Regarding the development of a co-morbidity of mental disorders, longitudinal studies (Al-Issa, 1997; Hattar, 1995) suggest that cultural assimilation could de facto ignite personality disintegration, if traditional mental schemes are not maintained (Stanley, 2010). Interestingly, disturbances in individual-adaptation (with a notion of Self collectively modulated), when external and internal coping resources are scarce, can be explained by an acculturative stress model (Grippo et al., 2003) and anger-frustration theory (Dollard et al., 1939).

Article 22(3) LD 142/2015 states that asylum seekers have the right to seek a job (albeit only in some specific areas), receive internships, vocational training and other educational courses (AIDA, 2018). The law is of relevance because schooling and working promote individual independence (Sidhu, 2011). Additionally, they both facilitate integration. Therefore, subjects' involvement in activities were checked. At the time of referral (January 2018), it was discovered that 60% of asylees took part at vocational trainings and 70% follow a course of Italian language. Notwithstanding the openness of the labor market, none was employed due to insufficient linguistic proficiency.

Concerning protective psychological mechanisms, as part of their livelihood strategy (i.e. against environmental stressors and moments of grief), the 83.3% of the interviewees found relief through the help of religion. The relevance of spirituality and Faith, in relation to daily activities, problem solving strategies, and mood variables has been acknowledged in the resilience literature (Alcorta et al., 2006; Crawford et al, 2006). These findings do not support that religiousness, in the process of dealing with problems, per se contributes to optimism (Pargament et al., 1997; Aflakseir, 2016) but that only those who experienced a credo in a positive and proactive way (which stresses personal agency), by seeking comfort and/or guidance, benefitted from it (i.e. benevolent reappraisal of a tensed situation).

5. Discussion

In the last few years, cross-sectional epidemiological testing of Syrian, Iraqi and Afghan individuals in exile, have tried to delineate distinctions between forms of psychological suffering with psychosomatic complaints and frank mental disorders. By means of interviews, attempts have been made to co-relate socio-demographic data with self-reported symptoms of post-traumatic stress disorder (PTSD), depression and anxiety (self-rated health status). In the ideal circumstance, a comprehensive and clear array of psychological indicators have been always possible but in the case of asylum seekers and refugees, illiteracy, severe physical trauma, psychogenic amnesia or lies to avoid deportation, have complicated the evaluation of behavior change domains.

Although there is continuity in prosocial and antisocial behaviors across generations of native-born Italians an exception can be found within the immigrant communities. This is known in the academic parlance as the immigrant paradox, whereby first-generation immigrants display less criminogenic and dangerous behavioral outcomes than natives, in spite of relative socioeconomic disadvantages and risk factors (Vaughn et al, 2014). Apparently, the non-nativity shield immigrants against involvement in a wide range of antisocial acts. While it is true that the paradox works for newly arrived individuals (often out of fear of being imprisoned and/or expelled), there is no intergenerational continuity in the reductions in criminal behavior. This suggests that the mechanisms that serve to decrease the odds of illegal and anti-moral are attenuated when immigrants increase their assimilation to the host culture (Abraido-Lanza et al., 1999) and nihil in follow-on generations.

In Italy, SPRAR projects promote, though third sector actors, international protection across migrant communities, from integration to inclusion. In specie, they offer to refugees and asylum seekers legal counselling, social secretariat, intercultural mediation, and assistance in accessing the labor. While no-one disputes the obligation of Italy to protect those in need, the question for many critics is whether other acknowledged democratic citizenship rights should be offered to those who do not belong to the demos, as it was put forward in the abstract universalism of liberal discourse (Soysal, 1994).

6. Conclusion

The current inquiry highlighted probable post-traumatic stress disorder (PTSD), major depression (MD) and anxiety symptomatology, in the control subjects. Mental status that, according to current literature on human displacement, are clearly associated with a past of psychical and emotional abuses. With respect to quality of life, religion has been noted influencing immigrants' ability to cope with traumas and acculturative stressors.

From the perspective of the author, asylum seekers should be carefully evaluated, upon arrival in a host country, and physicians should be aware of the high incidence of unspecified somatic symptoms in this patient population (Pfortmueller et al., 2016), to provide better assistance and protection. Progress has been made, however considerable challenges remain, particularly with regards to (non-emergency cases of) psychiatric features in high-functioning adults. In that regard, the possibility of transcultural education, including rationales for the reality of pain and human suffering, in the formal training of caregivers, would facilitate epidemiological analysis, medical diagnosis and treatment adherence.

To conclude, there is a hope that the research has established the legitimacy of mutual help as a social strategy and the therewith presumed usefulness of long-term solidarity between migrants and majority groups. The way in which Italy will develop the aid regime and how it will smooth the divide between national agencies and clients is an area for further investigation.

7. References

Abraido-Lanza, A. F., Dohrenwend, B. P., Ng-Mak, D. S., & Turner, J. B. (1999). The Latino mortality paradox: a test of the "salmon bias" and healthy migrant hypotheses. *American journal of public health*, *89*(10), 1543-1548.

Aflakseir, A., & Mahdiyar, M. (2016). The role of religious coping strategies in predicting depression among a sample of women with fertility problems in Shiraz. *Journal of reproduction & infertility, 17*(2), 117.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington: American Psychiatric Publishing.

Akokpari, J. K. (2000). Globalisation and migration in Africa. *African Sociological Review/Revue Africaine de Sociologie, 4*(2), 72-92.

Alcorta, C. S. (2006). *Youth, religion, and resilience*. (Ph.D. Thesis). University of Connecticut, USA.

Bajt, V. (2016). Who "Belongs"? Migration, Nationalism and National Identity in Slovenia/Kdo "pripada"? Migracije, nacionalizem in nacionalna identiteta v Sloveniji. Razprave in Gradivo: Revija za Narodnostna Vprasanja, (76), 49.

Başoğlu, M., Kılıç, C. Şalcıoğlu , E., & Livanou, M. (2004). Prevalence of posttraumatic stress disorder and comorbid depression in earthquake survivors in Turkey: An epidemiological study. *Journal of Traumatic Stress, 17*(2), 133-141.

Bernat J.A., Ronfeldt, H.M., Calhoun, K.S., & Arias, I. (1998). Prevalence of traumatic events and peritraumatic predictors of posttraumatic stress symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 11*(4), 645–665.

Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of consulting and clinical psychology, 75*(5), 671.

Bremner, J. D., Southwick, S. M., Darnell, A., & Charney, D. S. (1996). Chronic PTSD in Vietnam Combat Veterans: Course of illness and substance abuse. *Amercian Journal of Psychiatry, 153*, 369-375.

Carballo, M., & Nerukar, A. (2001). Migration, refugees, and health risks. *Emerging infectious diseases, 7*(3), 556.

Chwaszcza, C. (2009). The unity of the people, and immigration in liberal theory. *Citizenship studies, 13*(5), 451-473.

Clark, A. (2006). *Anonymising research data.* ESRC National Centre for Research Methods NCRM Working Paper Series 7/06.

Colder, C. R., & O'connor, R. (2002). Attention bias and disinhibited behavior as predictors of alcohol use and enhancement reasons for drinking. *Psychology of Addictive Behaviors, 16*(4), 325.

Coutu, D. L. (2002). How resilience works. *Harvard business review, 80*(5), 46-56.

Cousins, S. (2015). Syrian crisis: health experts say more can be done. *The Lancet, 385*(9972), 931-934.

Crawford, E., Wright, M. O., & Masten, A. S. (2006). Resilience and spirituality in youth. *The handbook of spiritual development in childhood and adolescence* (pp.355-370). Thousand Oaks, CA, US: Sage Publications, Inc. http://dx.doi.org/10.4135/9781412976657.n25

Donnelly, J., & Whelan, D. (2018). *International human rights* (5th ed.). New York and Oxon: Routledge.

El-Ghobashy, M. (2011). The praxis of the Egyptian revolution. *Middle East Report*, *41*(258), 2-13.

Fredrickson, B. L., Tugade, M. M., Waugh, C. E., & Larkin, G. R. (2003). What good are positive emotions in crisis? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of personality and social psychology, 84*(2), 365.

Furia 1, P. A. (2005). Global citizenship, anyone? Cosmopolitanism, privilege and public opinion. *Global Society, 19*(4), 331-359.

Gallmeyer, M., & Hollifield, B. (2008). An examination of heterogeneous beliefs with a short-sale constraint in a dynamic economy. *Review of Finance*, *12*(2), 323-364.

Geddes, A. (2008). *Immigration and European integration: beyond fortress Europe?*. Manchester University Press

General Assembly of the World Medical Association. (1997) World Medical Association Declaration of Helsinki: Recommendations guiding physicians in biomedical research involving human subjects. *Journal of the American Medical Association. 277*(11), 925–926.

Goffman, E. (1983). The interaction order: American Sociological Association, 1982 presidential address. *American sociological review*, *48*(1), 1-17.

Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychological review, 106*(3), 458.

Jabbour, S. (2012). Syria: tales of life, death, and dignity. *BMJ, 344*, 37.

Karunakara, U. K., Neuner, F., Schauer, M., Singh, K., Hill, K., Elbert, T., & Burnham, G. (2004). Traumatic events and symptoms of post-traumatic stress disorder amongst Sudanese nationals, refugees and Ugandans in the West Nile. *African health sciences, 4*(2), 83-93.

Khamis, S., & Vaughn, K. (2011). Cyberactivism in the Egyptian revolution: How civic engagement and citizen journalism tilted the balance. *Arab Media and Society, 14*(3), 1-25.

Kherallah, M., Alahfez, T., Sahloul, Z., Eddin, K. D., & Jamil, G. (2012). Health care in Syria before and during the crisis. *Avicenna journal of medicine, 2*(3), 51.

Kymlicka, W. (1995). Multicultural citizenship: A liberal theory of minority rights. Clarendon Press.

Kvittingen, A., Valenta, M., Tabbara, H., Baslan, D., & Berg, B. (2018). The Conditions and Migratory Aspirations of Syrian and Iraqi Refugees in Jordan. *Journal of Refugee Studies*. https://doi.org/10.1093/jrs/fey015

Leblebicioglu, H., & Ozaras, R. (2015). Syrian refugees and infectious disease challenges. *Travel medicine and infectious disease, 13*(6), 443-444.

Lie, Birgit. (2001). Traumatic Events and Psychological Symptoms in a Non-Clinical Refugee Population in Norway. *Journal of Refugee Studies*, *14*(3), 276-294.

Massey, D. (1997). *The Ethnicity reader–nationalism, multiculturalism and migration*, UK: Polity Press.

Mitchell, J. C. (1959). The causes of labour migration. Bulletin of the Inter-African Labour Institute, *6*(1), 12-47.

Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women. *The American journal on addictions, 6*(4), 273-283.

Özden, S. (2013). *Syrian refugees in Turkey* (Migration Policy Centre; MPC Research Report; 2013/05). Retrieved from http://cadmus.eui.eu/bitstream/handle/1814/29455/MPC-RR-2013%2005.pdf?sequence=1&isAllowed=y

Pai, A., Suris, A. M., & North, C. S. (2017). Posttraumatic stress disorder in the DSM-5: Controversy, change, and conceptual considerations. Behavioral Sciences, *7*(1), 7.

Pargament, K. I., & Park, C. L. (1997). In times of stress: The religion–coping connection. In B. Spilka & D. N. McIntosh (Eds.), *The psychology of religion: Theoretical approaches* (pp. 43-53). Boulder, CO, US: Westview Press.

Pfortmueller, C. A., Schwetlick, M., Mueller, T., Lehmann, B., & Exadaktylos, A. K. (2016). Adult asylum seekers from the Middle East including Syria in Central Europe: what are their health care problems?. *PloS ONE*, *11*(2). https://doi.org/10.1371/journal.pone.0148196

Pottie, K., Greenaway, C., Feightner, J., Welch, V., Swinkels, H., Rashid, M., ... & Hassan, G. (2011). Evidence-based clinical guidelines for immigrants and refugees. *Canadian Medical Association Journal*, *183*(12), 824-925.

Rabil, R. G. (2006). *Syria, the United States, and the war on terror in the Middle East.* Greenwood Publishing Group.

Salt, J., & Stein, J. (1997). Migration as a business: the case of trafficking. *International migration, 35*(4), 467-494.

Samuel, P. (1996). Huntington, 1991. *The clash of civilizations and the remaking of world order*, 249-273.

Saroufim, M., Charafeddine, K., Issa, G., Khalifeh, H., Habib, R. H., Berry, A., & Khalifeh, I. (2014). Ongoing epidemic of cutaneous leishmaniasis among Syrian refugees, Lebanon. *Emerging infectious diseases, 20*(10), 1712.

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative Research, 15*(5), 616-632.

Sayad, A. (2004). The Suffering of the Immigrant, trans. *David Macey*.

Sidhu, R., Taylor, S., & Christie, P. (2011). Schooling and Refugees: engaging with the complex trajectories of globalisation. *Global studies of Childhood, 1*(2), 92-103.

Solomon, E. (2013). Syria death toll hits nearly 126,000: monitoring group. *Reuters.* Thomson Reuters, 2.

Soysal, Y. N. (1994). *Limits of citizenship: Migrants and postnational membership in Europe.* University of Chicago Press.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programs in war-affected areas. *Social science & medicine*, *48*(10), 1449-62.

Thabet, A. A., Tawahina, A. A., El Sarraj, E., & Vostanis, P. (2008). Exposure to war trauma and PTSD among parents and children in the Gaza strip. *European Child & Adolescent Psychiatry, 17*(4), 191-199. http://dx.doi.org/10.1007/s00787-007-0653-9

Väyrynen, R. (2005). Illegal immigration, human trafficking and organized crime. In Borjas G.J., Crisp J. (Ed.) *Poverty, International Migration and Asylum* (pp. 143-170). London: Palgrave Macmillan.

Van Berlaer, G., Elsafti, A. M., Al Safadi, M., Saeed, S. S., Buyl, R., Debacker, M., ... & Hubloue, I. (2017). Diagnoses, infections and injuries in Northern Syrian children during the civil war: A cross-sectional study. *PloS ONE, 12*(9). https://doi.org/10.1371/journal.pone.0182770

Vaughn, M. G., Salas-Wright, C. P., Maynard, B. R., Qian, Z., Terzis, L., Kusow, A. M., & DeLisi, M. (2014). Criminal epidemiology and the immigrant paradox: Intergenerational discontinuity in violence and antisocial behavior among immigrants. *Journal of Criminal Justice, 42*(6), 483-490.

Werner, E. E. (1989). High-risk children in young adulthood: a longitudinal study from birth to 32 years. *American journal of Orthopsychiatry, 59*(1), 72.

Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and psychopathology, 24*(2), 553-558.

Williams, G. D. (2003). *Seneca: De otio; De brevitate vitae* (ed.) Cambridge University Press.