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# TÜRKİYE'DEKİ SURİYELİ MÜLTECİLER ARASINDA PSİKOLOJİK VE FİZİKSEL REFAHI ETKİLEYEN BAĞLAMSAK FAKTÖRLER CONTEXTUAL FACTORS AFFECTING PSYCHOLOGICAL AND PHYSICAL WELL-BEING AMONG SYRIAN REFUGEES IN TURKEY

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## Öz

Suriyeli mülteciler, 6.3 milyonu bulan sayısı ile dünyadaki toplam mülteci nüfusunun neredeyse üçte birine denk geliyor. Mülteciler depresyon, travma sonrası stres bozukluğu ve bulaşıcı hastalıklar dahil olmak üzere önemli zihinsel ve fiziksel sağlık sorunlarıyla karşı karşıya kalan bir popülasyon. Bu makale, Türkiye'deki Suriyeli mültecilerin zihinsel ve fiziksel refahıyla ilişkili psikososyal faktörlere ilişkin mevcut bilgileri birleştiren bir literatür taramasıdır. Sosyal entegrasyon, sosyal izolasyon ve sosyal destek gibi sosyal konulara odaklanır; dilsel ve dini faktörler gibi kültürel konular; ve Türkiye'deki göç ve ekonomi politikaları dahil uzak faktörleri derleyen bir çalışmadır. Sonuç kısmında ise bu alanda geleceğe yönelik uygulama ve öneriler sunulmaktadır.

**Anahtar kelimeler:** Suriyeli, mülteci kadınlar, mental sağlık, fiziksel sağlık, Türkiye, sağlık eşitsizlikleri.

## Abstract

There are 6.3 million Syrian refugees in total, which is equal to almost one-third of the world's total refugee population. Refugees face significant mental and physical health issues, including depression, post-traumatic stress disorder, and infectious diseases. This paper is a literature review integrating current knowledge on the psychosocial factors associated with mental and physical well-being among Syrian refugees in Turkey. We focus on issues of social issues such as social integration, social isolation, and social support; cultural issues such as

linguistic and religious factors; and distal factors, including immigration and economic policies in Turkey. Finally, we provide suggestions for future directions in this area of work.

**Keywords:** Syrian, refugee women, mental health, physical health, Turkey, health disparities.

## **INTRODUCTION**

In 2013, there were 15.4 million refugees and 47 million people forcibly displaced worldwide. These were the highest numbers since 1994 (UNHCR, 2013a). However, the UNHCR 2017 report showed that the number of forcibly displaced populations increased to 68.5 million in only four years as a result of persecution, conflict, and generalized violence. In addition, the number of refugees is 25.4 million (UNHCR, 2017). This global trend shows that an average of 44,400 people were forced to flee their homes daily in 2017. People flee their countries of origin because of wars, diseases, starvation, or ethnic cleansing (UNHCR, 2004), and all these extreme circumstances cause refugees to have a higher risk for mental health problems compared to host populations and other migrant groups (Bhugra et al., 2011).

Syria has accounted for the largest forcibly displaced population globally for several years. There are 12.6 million forcibly displaced Syrians and 6.3 million Syrian refugees all over the world, which equals almost one-third of the world's total refugee population (UNHCR, 2017). The Syrian Civil War started on March 15, 2011, because of which Syrians fled to different parts of the world, with most of them going to geographically close countries such as Turkey, Jordan, Lebanon, and Iraq. In particular, Turkey is the largest refugee host country in the world, providing refuge to over 3.5 million Syrian refugees.

Syrian refugees need health care services, safety, shelter, nutrition, medication, education, and to have their psychosocial needs met (Coutts et al., 2013). Even though there is a strong effort by the Turkish government, local authorities, and host communities to meet their myriad needs, Syrian refugees continue to encounter challenging circumstances. Although those who live in refugee camps along the Syrian-Turkish border have access to basic services, almost 96% of Syrian refugees in Turkey are not in camp settings; instead, they are spread all over the country. Although Turkey offers refugees free healthcare services and education to all Syrians, both in camps and cities, the literature indicates that there still is a health disparity between refugees and Turkish citizens. There are several explanations for this. Environmental problems such as living in crowded and unsanitary conditions and poor hygiene are major contributors to health disparities. Furthermore, the traumas and stressors Syrian refugees experience may have an impact on their physical and psychological well-being. The psychosocial support efforts by the government and international organizations, which include counselors, mental health

professionals, and other mental health resources, are inadequate to meet the needs of the influx of Syrian refugees (Sahloul, Sankri-Tarbichi, & Kherallah, 2012).

### **Research Question**

The purpose of this paper is to integrate empirical evidence to exploration of the biopsychosocial context of Syrian refugees' well-being in Turkey. Well-being is defined as the combination of feeling good and functioning well by Hupport (2009). They also included the experience of positive emotions like happiness, development of one's potential, feelings of control over life, a sense of purpose, and lastly, experiencing positive relationships in this definition. By providing a contextual analysis of the factors influencing the well-being of Syrian refugees, we investigate the underlying mechanisms associated with well-being among this population. This paper examines the common physical and psychological health problems faced by all Syrian refugees. Next, we discuss the proximal factors associated with health problems among this population, such as traumas, stressors, identity, social support, and formal support (Cruwys et al., 2014; Holt-Lunstad, Smith, and Layton, 2010; Garcia et al., 2002; Jetten et al., 2011; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Thoits, 1992; Zaleska et al., 2014). We then explore the distal factors, including political and economic forces. Finally, we suggest future directions for research, including needs assessments and intervention programs that use social support and religious coping as psychosocial tools. The relationship between mental and physical well-being among Syrian refugees in Turkey has been neglected in research, and to the best of our knowledge, this paper is the first literature review of its kind.

## **ISSUES OF WELL-BEING FACED BY SYRIAN REFUGEES IN TURKEY**

### **Mental Health Problems**

Consistent with research that indicates depression and PTSD are two of the most common mental health disorders among refugee populations, (Basoglu et al. 2005; Cacioppo et al. 2010; Cruwys et al. 2014) the most prevalent diagnosis among Syrian refugees was major depressive disorder (22.5%), which was followed by adjustment disorder (20%) and PTSD (15%) (Al-Nuaimi et al., 2018). Alpak and his colleagues (2014) interacted with 352 participants through a native Arabic-speaking psychiatrist. Results revealed that the frequency and prevalence of PTSD overall was 33.5%. Furthermore, the probability of being diagnosed with PTSD among refugees with selected risk factors such as gender was 71%. Unfortunately, mental health disorders continue even after the post-resettlement. Therefore, it is important to

focus on mental health among Syrian refugees not only as a contemporary problem but also to prevent future psychological as well as integration problems from occurring.

### **Physical Health Problems**

Refugee health is a pressing issue, especially in Turkey, since it is the largest refugee-hosting country in the world. In addition, free healthcare services to all registered Syrian refugees require the government and decision-makers to be more mindful of the physical health problems and their epidemiology. Low living standards, inadequate child care, and hygiene, somatization of psychological disorders as well as physical violence may impair the overall well-being of refugees (Duzkoylu et al., 2017). Furthermore, exposure to extreme temperatures, as well as crowded and unsanitary living conditions, may exacerbate their physical health problems. Correspondingly, nutritional deficiencies and interrupted immunization programs will likely impair their physical health and well-being (Doganyay and Demiraslan, 2016). Finally, the traumas and stressors they experienced also have a negative impact on their physical health (Goktas et al., 2018).

### **METHOD**

This literature review is based on an extensive search to gather relevant literature examining the factors influencing the well-being of Syrian refugees in Turkey. We used PsycInfo between October 2017 and January 2018 to conduct searches, using terms such as Syrian, refugee women, health disparities, mental health, physical health, discrimination and Turkey. Additionally, we manually searched the reference lists of papers or articles we found most relevant to refugee health. Database searches were conducted using web-based searches on Google Scholar and several different non-academic literature, such as media coverage about Syrian refugees in Turkey. In addition, we found it useful to include reports from NGOs and I-NGOs based in Turkey and UN agencies such as UNHCR. The literature search for this paper was conducted in English and Turkish. It includes peer-reviewed articles, reports, and media resources to understand the underlying mechanisms behind the anti-refugee sentiment. We also include in this paper observations from the lead author's field trip to Southeast Turkey, where most of the Syrian refugees in Turkey live, as these cities have borders with Syria. The synthesized results of this literature review are discussed below.

### **SOCIAL FACTORS ASSOCIATED WITH THE WELL-BEING OF SYRIAN REFUGEES**

#### **Theoretical Framework: Social Identity Theory**

We use Social Identity Theory (SIT; Tajfel & Turner, 1979) to conceptualize the social factors surrounding Syrian refugees' well-being. SIT posits that actually to understand the beliefs

and actions of human beings, one has to understand their self-categorization, that is, how they categorize themselves and which groups they use when they are defining their own self. People aim to achieve a positive social identity as it would boost their self-esteem by comparing in-groups and out-groups. There are two types of self-categorizations used to serve this purpose. The first is to use one's own personal traits, and the second is to utilize one's social identity to categorize oneself. Unfortunately, the host society often perceives immigrants negatively (Phinney et al., 2001). Thus, they usually lose a valued identity due to displacement and strive to maintain a positive identity as a response.

According to Jetten et al. (2014), people either resist or overconform to group norms in order to prove that they are still a member of that particular group when they feel that they are losing a valued identity. People might use both methods when they feel this kind of threat might be a barrier to integrating this vulnerable population into society. Thus, SIT and the idea of social categorization need to be carefully evaluated by policy-makers and researchers. It is important not to make Syrian refugees feel that they are losing their valued identities to prevent it from causing resistance against integration.

Identity integration, a construct relevant to SIT that pertains to our discussion of Syrian refugees, is defined as an individual difference measuring the degree to which two conflicting identities are perceived as opposing each other (Cheng and Lee, 2009). Higher identity integration is correlated with lower stress, thus less social isolation and more psychological adjustment (Ni et al., 2016). In addition, higher identity integration is associated with greater social support (Cheng & Lee 2009), as individuals with more highly integrated identities are more open and willing to socialize with others, resulting in a larger social network.

Psychologically internalized self-categories help individuals to understand their own self and place in the world (Turner et al., 1987). Merely thinking about group membership may reinforce the feeling that one has a social place in the world that they belong to (Cacioppo and Hawkey, 2010). Self-categorizations should be meaningful to the person so that they can serve as a tool (Turner et al., 1987) that will protect physical and psychological well-being. A social identity becomes meaningful if it has importance to the individual. In other words, if the individuals identify themselves with a group, it becomes meaningful (Cruwys et al., 2014), and others become part of the self (Turner, 1987). Thus, social identity benefits economic and emotional support and psychological well-being among immigrants.

Research shows that seeing oneself as a member of a valued group benefits health (Cruwys et al., 2014). It is important to note that it is not the case that all social identities prevent

or treat depression. If a group is stigmatized or has damaging norms and behaviors, it may increase vulnerability and harm individuals. This theory and related ideas suggest that social support is a significant component of the refugee issue in Turkey. Cutrona and Suhr (1992) defined a social support category system used in this paper to categorize which items were included. Their understanding of social support includes five general categories as follows: informational, emotional, esteem, social network support, and tangible support. It needs to be understood more by researchers in order to overcome problems, challenges, and barriers that are faced by Syrian refugees in Turkey.

To understand this issue, researchers must focus on the underlying mechanisms behind the motivation to follow group norms. According to the research, the answer lies with the idea of “shared identity,” which actually informs and supports the self (Jetten et al., 2014) as well as strengthens purpose and meaning in life (Tajfel & Turner, 1979). Shared social identity prevents or ameliorates depression through the use of social engagement, support, and networks. In sum, social support becomes a coping mechanism and a psychological resource that Syrian refugees in Turkey need to use frequently.

### **The Importance of Social Support and Connectedness**

Refugee health problems are highly related to stress, and social support has an immense impact on their well-being. Due to the burden of migration, refugees’ health behaviors also go through a transition. For instance, immigrants are more likely to smoke and drink when compared to native individuals. However, even only reminding people of social connectedness may increase their resilience in stressful situations (Jones and Jetten, 2011). Thus, a substantial body of literature covers refugee health and how it relates to stress and social support.

Acculturation and social support influence the well-being of immigrants and refugees. The prevalence of depression, for example, is associated with early access to family support, the number of friends they can talk to without worrying, the satisfaction with the support received, and so on (Hynie, Crooks, and Barragan, 2011). Social identities play a crucial protective role in depression as they provide meaning to life, facilitate social influence, and bring a sense of belongingness (Cruwys et al., 2014). All these factors are related to anhedonia, which is a significant symptom of depression that may be overcome through social connectedness as it will also bring a sense of belongingness to the individual.

Social connectedness also has an impact on the integration process of migrants. There are several studies which found significant evidence to support the idea that social

connectedness plays a crucial role even in cases of recovery from substance dependence (Best et al., 2012).

HIV-risk behaviors (Johnson et al., 2010), work stress (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005), and recovering from natural disaster (Platt et al., 2016). These findings imply that a refugee's ability to access support sources may be strongly associated with psychological well-being.

**Benefits of social support:** Research with immigrants has clearly shown the importance of social support in adapting to a new environment. In a study conducted with Vietnamese immigrant women in the United States, Die and Seelbach (1988) gathered data from 60 elderly Vietnamese immigrants. The results revealed that immigrants described the high level of emotional support the family gives, the fluidity of relationships within the group itself, and the church's role as an institution that links with their original culture.

Social support is related to integration into the host country and mental and physical health, especially in the adaptation process refugees must go through. Refugees are a vulnerable social group, as empirical evidence shows that migrant children have poorer developmental, emotional, and psychological health (Ni et al., 2016). Refugees have certain conditions such as language barriers, separation from family, unemployment, discrimination, or inability to access health care. Zaleska and his colleagues (2014) conducted a literature review to investigate the relationship between social support and immigrants' physical health and their integration. Their aim was to describe how social support functions in the specific case of immigrants and comprehend the connections between migration, integration, and social support. Their results suggested that migration makes way for tension and worsened mental health. Due to the burden related to migration, immigrants demonstrate a greater tendency towards smoking and drinking than native individuals (Zaleska et al., 2014).

In conclusion, identification with certain groups may reduce rates of depression and other psychological disorders related to migration. By contrast, a lack of a social network enhances stress, causing low self-esteem and even a decline in an individual's cognitive function (Jetten et al., 2014). Interestingly, the diversity of one's social network is even related to their susceptibility to the common cold (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997) even though they are exposed to more cold viruses when compared to socially isolated people.

However, we cannot immediately expect positive outcomes just by adding more shared identities. There might be several reasons for this. For instance, if refugees already have a social

network that they are satisfied with or if they are socially anxious, these kinds of interventions will not likely work (Jetten et al., 2014). People attempting to assist refugees need to understand whether an individual is open to intervention and actually needs a social network before intervening and developing new identities as a “social cure.”

## **THE ROLE OF CULTURAL AND RELIGIOUS FACTORS IN SOCIAL INTEGRATION**

### **“Ansar-Muhajirun” Discourse**

Islamic culture has a special term, “ansar” (Arabic: الأنصار al-An ṣār, "The Helpers"), which was used for local community members of Medina who hosted and shared their homes and jobs with the Islamic Prophet Muhammad (pbuh) and his followers (called “Muhajirun”) when they had to flee from Mecca due to the pressure and violence at that time. This welcoming nature of ‘ansar’ conduct formed and shaped the fundamental understanding of the status of ‘refugees’ in Islamic culture. Today, in Turkey, most political leaders do not call Syrians as “multeci” (refugee). Instead, they intentionally prefer more embracing terms and use the ‘ansar’ discourse. Thus, this understanding might be a significant factor that will potentially reduce the probability of racism and discrimination against Syrian refugees in Turkey in the years to come. It might also help cope with acculturative stress (Thomas et al., 2006).

### **Islamic Teachings about Diversity**

Furthermore, Islam explicitly advocates for and values diversity. Also, nationalism is strictly prohibited. There is a verse in the Qur’an: “O people, We have created you male and female and made you nations and tribes that you may know one another. Verily, the most noble of you to Allah is the most righteous of you. Verily, Allah is knowing and aware” (Surat Al-Hujurat 49:13). Therefore, based on the holy scripture, it is expected that this Islamic understanding is likely to reduce the risk of possible negative outcomes regarding racism. The use of that unitary, multicultural discourse should and could play a critical role in contributing to future education and intervention programs, given that religion is a common ground between these two distinct groups. However, adopting multicultural discourse is not in itself enough without actually implementing multiculturalism in education and other policies related to refugees.

In addition, understanding of “*Qadar*” and “*Iman*” (destiny and faith) in Islamic culture also influences refugees (Eltaiba, 2014). These concepts are important and should be addressed carefully by mental health professionals since some Muslim refugee clients might attribute their



feelings and circumstances to *Qadar*. Boswal and Akash (2015) conducted a qualitative study and religious coping became one of the most frequently used coping mechanisms for Syrian refugee women in Turkey. Research demonstrates that religious coping is an effective tool that can be used by refugees (Clarke & Borders, 2014). Mental health professionals need to have a holistic approach that focuses on values and needs by considering culture and religion.

### **Shared Language: *Adhan***

There are various factors that are likely to reduce the severity of racism, such as geographical closeness between refugees and host countries, as well as the languages that they use. According to research, geographic proximity and shared language help cope with this threat (Chou, 2009). For example, Syria and Turkey are neighbors, and both are predominantly Muslim countries. Even though Turks do not speak the same language as Syrians (Turks speak Turkish while Syrians speak Arabic), both groups pray in Arabic. Moreover, five times a day, they hear *adhan* (Islamic call to worship) in Arabic that is being called out from mosques. *Adhan* has been recited in Arabic for more than 14 centuries across the Muslim world, including Turkey.

*Adhan* is audible from almost every single street in Turkey. Furthermore, most of the other prayers are also performed in Arabic, especially in the mosques. This shared language might be an alleviating factor against racism towards Syrian refugees in Turkey, as *adhan* is in Arabic, and it might be considered as a shared language in Turkey between local Turkish citizens and Syrian refugees. Most refugees we talked to stated that they preferred to stay in Turkey instead of going to Europe because there is “*adhan*” being called five times a day. Thus, *adhan* became a symbol of continued cultural integration between Turks and Syrians. There is a more complex relationship precisely because religion is tied to social integration and social support.

### **ACCESS TO HEALTHCARE**

Healthcare services are provided at no cost to Syrian refugees. UN Women’s needs assessment showed that 86% of Syrian refugee women reported being able to access free primary health care in the city they live in, and almost all women said they were well informed about the general medical services available to them. However, they did not know how to navigate the system regarding psychological and reproductive health issues (UN Women, 2018).

Even though satisfaction is high among refugees, there are some obstacles Syrians face in order to access healthcare facilities, resulting in health and healthcare disparities in the country. All healthcare providers need cultural competency as Syrians have a different culture than Turkish

people (Sevinc et al., 2016). Thus, patient-centered and individualized care should be the priority, and it is important to understand that building trust and rapport with the patient is important for their well-being and impacts the outcome of all treatments.

One crucial problem is the language barrier since Syrians are speaking Arabic while Turks speak Turkish. Therefore, there is a huge demand for more professional interpreters (Karaman, 2016). During our fieldwork, both parties (physicians and patients) stated that they did not trust the interpreters and felt uncomfortable around them. Thus, most refugees we spoke to preferred visiting a doctor with a family member, mostly their own children since many of them learn the Turkish language at school. Most refugees prefer to go to the hospitals where Syrian physicians are serving or bring their children to the appointment to serve as interpreters. This might cause miscommunication and affect doctor-patient rapport negatively. So, it is really important to hire culturally competent professional interpreters. In addition, knowledge of how to use formal support is not common among refugees because of obstacles such as the language barrier, which creates a lack of confidence among refugees (Hernández-Plaza, 2004). Therefore, there is a need for support and encouragement for them to access Turkish language courses.

A second obstacle is the lack of knowledge among most refugees regarding navigating the healthcare system in Turkey. This event causes an increase in emergency visits (Gulacti et al., 2017). Even though there are significant obstacles, it is reported that 68.2% of Syrian refugees are satisfied with the healthcare system in Turkey, according to a survey conducted by Erdogan (2017). This is the highest satisfaction score among all the other services offered to Syrian refugees in Turkey and how much they can benefit from those. However, this must be interpreted cautiously as the respondent may not have felt comfortable being candid about their healthcare experiences. Lastly, social barriers such as stigmatization, surrounding psychological disorders, lack of awareness, fear of reporting problems, discrimination, or mistreatment (Acarturk et al., 2015; Samari, 2017) become obstacles to positive treatment outcomes.

Finally, there is a shortage of resources available to Syrian refugees in Turkey because of the huge influx, numbering more than three million refugees in less than five years. One example of that is emergency clinics and overcrowded hospitals (Ekmekci, 2016). The vast influx of refugees has caused an increase in the risk of communicable diseases because of the high prevalence of infectious diseases in Syria as well as exposure to new ones in the transit and host countries. For example, studies demonstrated that the prevalence of diseases rarely seen in Turkey, such as measles, has increased (Bucak et al., 2017). Lack of immunization, poor living conditions, and inadequate access to food and water may exacerbate the situation. Furthermore,

most refugees do not have a medical record from their home countries, which also becomes problematic in the treatment process, thereby creating an additional burden on the country's healthcare system, further affecting Turkey's healthcare resources (Ozdogan, Karateke and Satar, 2014).

## **FUTURE DIRECTIONS AND IMPLICATIONS**

Syrian refugees experience many incidents of trauma, and they are also worried about their future. Most of them do not know whether they will be returning because of the unknown future of the country and themselves. On the other hand, they may feel the fear of assimilation or losing their Syrian identity in the following years. In addition to this, racism and discrimination are two other dangerous possible problems that might occur in the future. Even though prejudice or discrimination are no longer as socially acceptable as it was before, they are still evident all over the globe. Verbal and physical attacks related to race, gender, or ethnicity occur frequently (Masser & Phillips, 2003). To prevent all of these from happening, more work is needed on promoting the psychological well-being of refugees, especially those from Syria, since they have specific circumstances and are also more recent than other cases around the globe.

### **Needs Assessments, Intervention, and Prevention Programs**

In addition to research, there must be prevention and intervention programs to reduce the number and impact of possible discrimination cases against Syrian refugees in Turkey. For example, it is important to note that social identification interventions reduced depression rates, according to one study (Cruwys et al., 2014). It is also important to be aware of the fact that giving social support when it is not needed or wanted may have an adverse impact on Syrian refugees. Studies also showed that interventions showed mixed results in such situations (Melrose et al., 2015).

Implementing an intervention program to build a new social identity might be helpful in increasing psychological well-being among Syrian refugees in Turkey. In order to be able to provide a culturally competent environment while implementing those programs, we need to support women-only programming since most Syrian refugee women are not willing to attend mixed-gender activities (UN Women, 2018). Thus, intervention and prevention programs should be planned by taking these factors into consideration.

### **Allport's (1954) Intergroup Contact Theory**

Allport's (1954) Intergroup Contact Theory suggests that contact between members of different groups might reduce intergroup conflicts, discrimination, and prejudice under certain conditions, and it could be used to strengthen refugees' social support system. Maintaining these conditions (equal status, intergroup cooperation, common goals, and support by social and institutional authorities) makes it possible to form an intervention program that aims to increase the contact between Turks, Syrians, and Syrian Turkmens (Syrian citizens of Turkish origin). Also, promoting and establishing shared spaces for different groups, including different refugee groups and host communities, would be helpful in order to facilitate social cohesion and coexistence since communities will be able to interact with each other.

### **CONCLUSION**

The dramatic increase in the number of refugees worldwide makes it even more important to focus on the psychological well-being of this vulnerable population by doing more research and conducting intervention programs. Migration and relocation are major transitions that bring a lot of new circumstances, such as new cultures and rules that refugees are not familiar with. Thus, there are lots of stressors and traumas that come with this big transition. Focusing on this population is important for two reasons. First, it will help to reduce negative individual outcomes such as mental health problems. According to Khan and their colleagues (2016), migration is among the highest risk factors for the world economy and health security. Therefore, making refugees feel welcomed and protecting them against societal challenges would lead to a smoother social integration process. Secondly, it will prevent future conflicts caused by not integrating immigrants into society properly.

In conclusion, the solution to the problems faced by Syrian refugees is not only to improve relationships among Syrian refugees but also to connect them with Turkish people more systematically through intervention and prevention programs. It is not enough to work on material restoration. We should work on psychological restoration as well in order to prevent future mental health problems. It is also important to note that advancements in technology might result in positive implications for freedom of speech. Still, on the downside they might be dangerous for intergroup relations. They might increase intergroup conflict, as there are no universal standards in contrast to the case for mass media (Vezzali et al., 2014). In addition to that, social determinants of well-being should be addressed in the intervention programs. Social workers and policymakers should also be informed about the results of recent research studies while they are working on developing new policies which will directly affect Syrian refugees

living in Turkey.

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