CRITICAL PSYCHOSOCIAL INTERVENTIONS: A SCOPING REVIEW

Noxolo Dumani[*], Jade Morkel[*], Nick Malherbe[*],
Josephine Cornell[**], and Shahnaaz Suffla[*]

Critical psychosocial interventions aim to improve and maintain well-being by addressing the individual and the social as a single psychosocial entity. Critical psychosocial interventions can assist in developing a holistic and context-sensitive understanding of suffering which can inform how suffering is addressed. As such, critical psychosocial interventions are informed by and go beyond conventional psychological interventions that locate psychological suffering and healing within the individual subject. Psychosocial interventions range greatly in their aim and scope, and little has been written on their general effectiveness. The purpose of this scoping review is to examine the effectiveness of critical psychosocial interventions. Using particular selection criteria, we conducted an online search of five prominent databases and two search engines. We found that although the particularities of the studies ranged greatly (e.g., their focus and method), there were also several similarities that cut across the different studies (e.g., they responded to a traumatic event and relied on existing resources within communities). In conclusion, we suggest some future directions for critical psychosocial intervention studies, including a stronger political focus, a focus on protracted psychosocial trauma, and a harnessing of resources beyond those that are immediately available.

Keywords: *scoping review, critical psychosocial interventions, suffering, healing, community*

1.   Introduction

Frosh (2003) describes critical psychosocial studies as those that examine the psychosocial as a single entity, with both the individual and society refracted and defined through the registers of one another to form psychosocial phenomena. He goes on to note that critical psychosocial studies are concerned with the human as a social entity. Such studies are defined by

[*] Institute for Social and Health Sciences, University of South Africa | South African Medical Research Council - University of South Africa Masculinity and Health Research Unit
[**] Birmingham City University, UK

methodological and theoretical pluralism, transdisciplinarity, and scepticism towards mainstream psychological research. While the work of Frosh (2003) and others (e.g., Woodward, 2015) have been useful in outlining psychosocial research, there is a dearth of research evaluating the effectiveness of this research as it has been put into practice. As such, there is a dearth of work that engages critically with the effectiveness of what we could call critical psychosocial interventions.

Delineating exactly what critical psychosocial interventions comprise is challenging simply because they encompass so much. Generally, though, the term refers to a range of services that aim to improve and maintain the health and safety of individuals and communities via interventions that consider individuals and their communities as inextricably bound in matters of health and safety (Greenwell & Salentine, 2018). The foundation of all critical psychosocial interventions is the recognition and mobilisation of one's capacity for recovery, healing, and ability to grow and rebuild in the context of others (e.g., ACT Alliance, 2011). Inclusive in the psychosocial approach are considerations of how social context impacts individuals and groups, and how social context is itself subject to human influence. Depending on the psychosocial needs of the targeted individuals, critical psychosocial interventions can be administered at an individual level or a group (i.e., community-based) level. They may be concerned with immediate relief, long-term healing or both. Yet, as Gaddini and colleagues (2009) note, the main actional component of critical psychosocial interventions is to mobilise social support systems for people with the intention of enhancing their individual and collective capacity to cope with traumatic experiences by addressing these experiences at their socio-structural roots. In this sense, critical psychosocial interventions can assist in fostering relational pedagogies, critical consciousness, social action and healing rituals (Cowan et al., 2022), in addition to behavioural, emotional, and cognitive regulation strategies (Shaffer et al., 2020). Psychosocial interventions are not, of course, confined to top-down structures. Drury and colleagues (2019) note that people have, collectively, always relied on one another for social support – both practical and emotional, especially during times of crisis. Critical psychosocial interventions should not be understood as always existing outside of these grassroots interventions into the psychosocial. They oftentimes build upon and/or work with them.

There are several documented benefits of critical psychosocial interventions. For instance, they have been shown to have immediate and long-term effects in the wake of disasters (Yasmin, 2006). Moreover, because critical psychosocial interventions can assist in facilitating healing among individuals, families and communities, they have the potential to enhance people's capacities to address future psychosocial crises at the interpersonal and political levels (Hansen, 2014). There are, however, also limitations in using critical psychosocial interventions. For example, psychological woundedness can be difficult to address in social contexts marked by violence, just as it is difficult to address social maladies when one is undergoing psychological turmoil (Laporta et al., 2012). Although it is difficult to altogether ameliorate psychosocial suffering, critical psychosocial interventions can create safe, supportive, therapeutic and respectful environments for individuals to work with one another to address suffering as a psychosocial phenomenon (Foy et al., 2001). Indeed, the sense of shared experience and the act of disclosure, as well as engaging with trauma-related responses and the validation of behaviours

required for survival, can all contribute to an expansive understanding of suffering that extends beyond that of much mainstream psychology (Foy et al., 2001).

The field of critical psychosocial studies is broad and ranges widely in its focus. As such, we turn now to a scoping review of critical psychosocial interventions to assess their effectiveness (i.e., their ability to achieve, in concrete terms, what they set out to do, and whether these achievements cohere with a notion of the psychological that is at once also social). In this, we hope to contribute to work that engages critically with how psychosocial interventions are put into practice.

2.   Methods

Scoping reviews present a selection of the central concerns that characterise a specific research area at a particular time. The purpose of a scoping review, Munn et al. (2018) note, is to present the available evidence in a research field, clarify concepts, examine how research is conducted in a field, identify characteristics related to a concept, serve as an initial step towards a systematic review, and/or identify knowledge gaps in a field. As such, scoping reviews help us to determine the status of a field and how it should be advancing. The method is especially useful for mapping out an area of research – such as critical psychosocial interventions – that relies on different study designs and methods and that have not yet been reviewed comprehensively (Arksey & O'Malley, 2005). Undertaking a scoping review thus allowed us to map the published literature on the effectiveness of critical psychosocial interventions as a multitudinous area of inquiry, and to identify key concepts and gaps in this work.

Our scoping review was guided by the five-step methodological framework outlined by Arksey and O'Malley (2005) and updated by Levac et al. (2010). The framework includes the following steps: (1) defining the research question; (2) identifying relevant articles; (3) selecting articles; (4) charting the data; and (5) collating summarising and reporting the results. In what follows, we outline how we approached each of these steps.

2.1   Defining the research questions

The current scoping review was undertaken in accordance with what we observed as a gap in the literature focusing on critical psychosocial interventions. Specifically, we sought to identify and describe critical psychosocial interventions published between 2009 and 2021, and assess their effectiveness. In elaborating on this central aim, we focused on three questions:
- In what contexts are critical psychosocial interventions used?
- How are critical psychosocial interventions implemented?
- What are the outcomes of critical psychosocial interventions?

Answering these questions, we believe, assisted us in delineating how critical psychosocial interventions have been effective and what can be done to build upon and enhance the efficacy of future critical psychosocial interventions. In this, we hope to contribute to legitimising the psychosocial approach more generally.

2.2 Identifying relevant articles

To identify relevant articles, we used the major research databases institutionally available to us, namely: Science Direct, Taylor and Francis eJournal, EbscoHost, PubMed, and Wiley Online. We also used the Google and Google Scholar search engines. The search terms used included: psychosocial interventions, community-based interventions, group-based interventions, and collective interventions. The search processes involved using the search terms individually (e.g., psychosocial interventions) and in different combinations (e.g., collective psychosocial interventions). Lastly, the reference lists of relevant articles and reports were used to search for additional sources.

2.3 Article selection

The relevant literature was identified (using the search terms indicated above) and then imported to Mendeley Reference Manager. All duplicates were deleted. Articles were then screened using several inclusion criteria (i.e., publication period, language, and group or community-based intervention). An important inclusion criterion was whether a specific psychosocial intervention was judged, by us, to exemplify criticality. Such a judgement is, of course, highly subjective and cannot be quantified or outlined with any precision or measurable specificity. Nonetheless, our subjective judgements were guided by whether a psychosocial intervention exemplified the components of criticality outlined by Mingers (2000), namely: 1) critique of conventional rhetoric, 2) critique of taken-for-granted wisdom, 3) critique of universalism or a single, authoritative view, and 4) critique of claims to 'objective' knowledge and information. As such, we understood critical psychosocial interventions as those which push back against structural and ideological forces that 4aturaliz and perpetuate systemic oppression. These interventions are situated in spaces wherein the dialectic between the psychological-in-the-social and the social-in-the-psychological are taken seriously and put into action in ways that do not accept 4aturalized subjugation. In essence, this meant that we excluded from our review "relatively conventional articles dealing with social adjustment or interpersonal relations" (Frosh, 2003, p. 1547), and instead looked at those articles that engaged and took up a critical engagement with "the psychosocial as a seamless entity, as a space in which notions that are conventionally distinguished – 'individual' and 'society' being the main ones – are instead thought of together, as intimately connected or possibly even the same thing" (Frosh, 2003, p. 1547).

Each of us authors assessed whether a particular psychosocial intervention was demonstratively critical, as defined by Frosh (2003) and Mingers (2000) above. Once again, we must concede that this is, indeed, a subjective selection procedure that undoubtedly reflected our biases as a collective. For example, we did not select individual-focused psychosocial interventions because we believed that these neglected environmental factors, and thus all articles that we selected focused on collective psychosocial interventions. Biases such as this may be a product of our locatedness in the field of community psychology[1]. However, we hope that

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[1] It may, in some respects, seem redundant to speak of critical psychosocial interventions as distinct from community psychology (especially critical community psychology). Indeed, there is considerable crossover between critical

some degree of validation was achieved in that each author's assessment of an article's criticality was assessed by every other author and against Mingers' (2000) four broad components of criticality. To ensure rigour throughout the literature search process, we conducted three separate literature searches across three different time periods between 2021-2022. The third literature search included the assistance of a university librarian. Nonetheless, a more rigorous means of determining the criticality of psychosocial studies is perhaps an important area of inquiry for future work in this area. Next, the articles selected for this scoping review were published between the years 2009 and 2021. In the past 20 years, sociologists and psychosociologists have used "social suffering" to describe various social pathologies (ballet & Mahieu, 2022). To focus on recent trends, the search was limited to the last 12 years (2009-2021), considering the escalating nature of contemporary psychosocial sufferings. However, this period also provides insight into the processes of industrialisation and socioeconomic crises (all of which have been exacerbated by the 2008 global financial crash) that shape societies and impact present-day suffering (Marques, 2018). All articles selected were published in English and are available online.

In total, 18 articles were included in the final analysis. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram (see Figure 1.), as recommended by Tricco and colleagues (2018), summarises the article selection process.

2.4   Charting studies

During the data extraction step, we created a charting form that indicated all the descriptive data that were to be extracted by us. These data included the author(s) name, year of publication, and location.
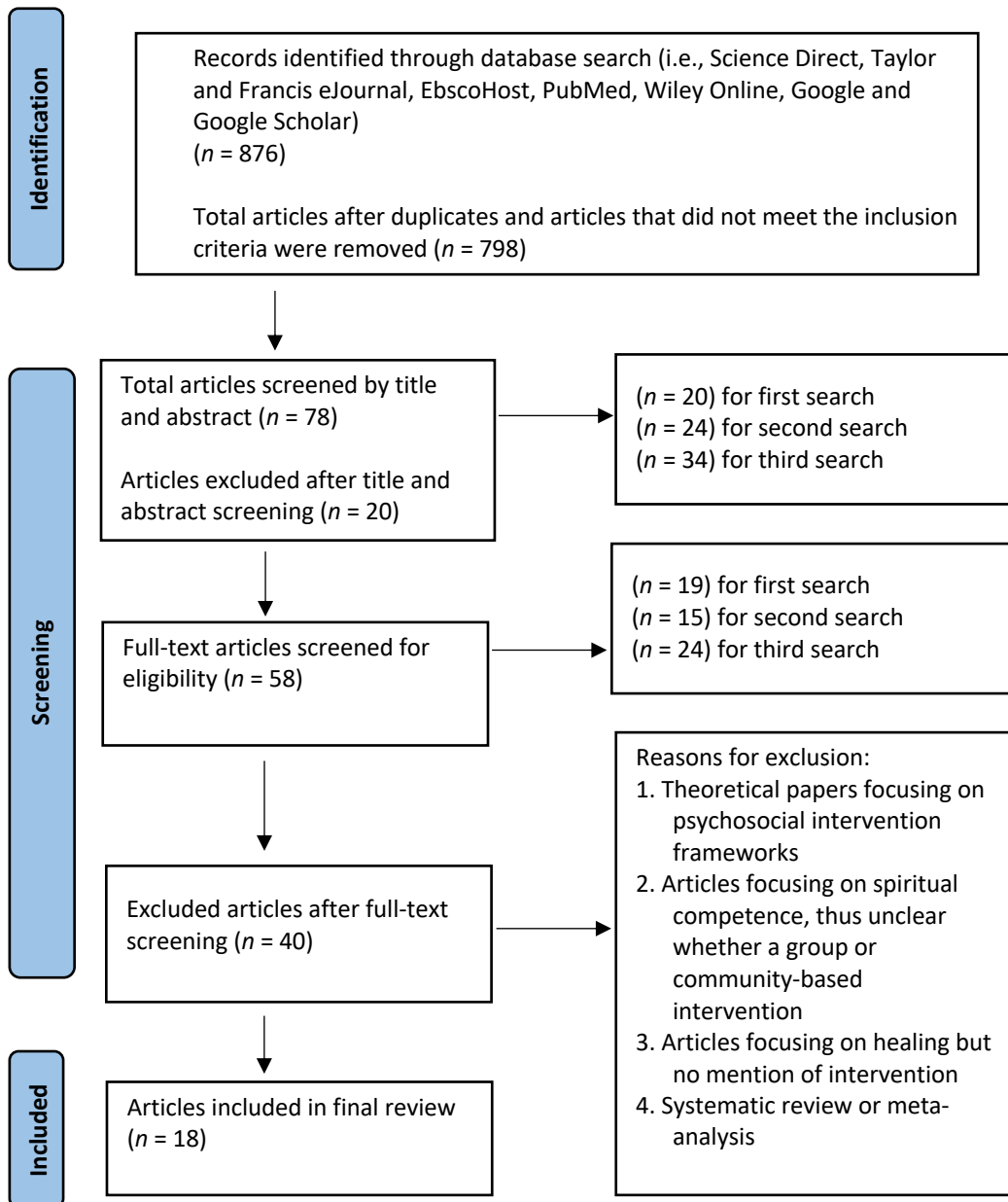
2.5   Collating, summarising and reporting the results

2.5.1 Overview of published studies

In accordance with the inclusion criteria noted above, we identified 18 articles on critical psychosocial interventions published between 2009 and 2021, with (n = 1) in 2009, (n = 1) in 2010, (n = 2) in 2011, (n = 2) 2012, (n = 1) 2015, (n = 1) 2016, (n = 2) 2018, (n = 4) 2019, and (n = 4) in 2020. The selected articles were dispersed across a range of peer-reviewed journals (n = 16), two of which were published in the same journal. The journals in which the articles were published included: *American Journal of Public Health (n = 1), International Journal of Applied*

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psychosocial interventions and community psychology (e.g., contextual sensitivity, strengths-based approaches, respect for diversity, participation, and collective wellbeing). Moreover, many critical psychosocial interventions are situated in a community psychology frame and/or they are carried out by community psychologists. Yet, collapsing the two is, we believe, a category mistake. Community psychology is a field associated with various methods, theories, paradigms, and political orientations (see Kloos et al., 2014), whereas critical psychosocial interventions refer to a diverse array of interventions practiced across different disciplines and fields. Added to this, much of mainstream community psychology has been criticised for its failure to engage with the collective and collapsing into individualising or psychologising language (Canham et al., 2022). Critical psychosocial interventions, on the other hand, explicitly and by definition push back against such individualising impulses.

Psychoanalytic Studies (n = 2), The British Journal of Social Work (n = 1), Global Mental Health (n = 1), Journal of Humanistic Psychology (n =1), European Journal of Operational Research (n = 1), Journal of Child Psychology and Psychiatry and Allied Disciplines (n = 1), Genocide Studies and Prevention (n = 1), Peace and Conflict: Journal of Peace Psychology (n = 1), Journal of Community & Applied Social Psychology (n = 1), School Psychology International (n = 1), Intervention (n = 2), Journal of Shanghai Jiaotong University (n = 1), Applied Psychology: Health and Well-Being (n = 1), Australasian Psychiatry (n = 1), and *Clinical Child Psychology and Psychiatry (n = 1).*

Identification

Records identified through database search (i.e., Science Direct, Taylor and Francis eJournal, EbscoHost, PubMed, Wiley Online, Google and Google Scholar)
(*n* = 876)

Total articles after duplicates and articles that did not meet the inclusion criteria were removed (*n* = 798)

Screening

Total articles screened by title and abstract (*n* = 78)

Articles excluded after title and abstract screening (*n* = 20)

(*n* = 20) for first search
(*n* = 24) for second search
(*n* = 34) for third search

Full-text articles screened for eligibility (*n* = 58)

(*n* = 19) for first search
(*n* = 15) for second search
(*n* = 24) for third search

Excluded articles after full-text screening (*n* = 40)

Reasons for exclusion:
1. Theoretical papers focusing on psychosocial intervention frameworks
2. Articles focusing on spiritual competence, thus unclear whether a group or community-based intervention
3. Articles focusing on healing but no mention of intervention
4. Systematic review or meta-analysis

Included

Articles included in final review (*n* = 18)

Figure 1. *PRISMA flow diagram of the article selection process*

Table 1. Summary of studies included in the scoping review (n =18)

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
(Becker, 2009)	India	3-month psycho-social care intervention Multi-form reflexive methods that incorporated cultural rituals and spirituality, emotional support, and relaxation exercises.	Quantitative. Quasi-experimental design, survey, self-Reporting Questionnaire, Impact of Event Scale (IES).	To provide psychosocial care and improve lives of women affected by a Tsunami. n = 200 women (100 women affected by from a village near Cuddalore for the intervention group and 100 for the control group).	Severe to moderate levels of distress in both the treatment and control groups before intervention. Post-intervention results showed a decrease for the IES score and subscales of avoidance, intrusion, and hypervigilance for the treatment group in comparison to the control group.
(Jordans et al., 2010)	Nepal	5-week (15 session) Classroom-Based Intervention (CBI) Multi-form reflexive practices such as	Quantitative. Cluster randomised controlled trial (CRT). Structured self-report checklists, interviews and surveys, Child	To help school-going children in Nepal by reducing psychosocial problems and to facilitate resilience[2] and empowerment[3]	For the treatment group there was a moderate reduction in general psychological difficulties (combination of hyperactivity, peer,

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[2] Resilience is typically used to refer to "the ability of individuals, households, communities and institutions to anticipate, withstand, recover and transform from shocks and crises" (United States Institute of Peace, 2016). However, Olsson et al. (2015) argues that the adoption of a resilience-based strategy is often depoliticising, allowing for the condoning and reinforcement of problematic hegemonies. The language of resilience is blunt, and often insensitive to complex political and structural processes. Bourbeau and Ryan's (2018) reference to Foucault's (1991) governmentality thesis, in this regard, posits that "beneath resilience lurks a dehumanising political agenda" which can ultimately lead to the "continuity of a state's dominance" (p. 221).

[3] Empowerment as described by Rappaport (1987), refers to "a mechanism by which people, organizations, and communities gain mastery over their affairs" (p. 122). In large part, the concept of empowerment as a means to advocate and promote social justice (Dworski-Riggs and Langhout 2010) has become individualised rather than also including a focus on structural and systematic inequalities that affect social groups as a collective and thus risks "losing its transformative edge" (Shah, 2011, p. 27).

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		drama, movement/dance, cooperative play and drawing.	Psycho-social Distress Screener (CPDS), Child PTSD Symptom Scale (CPSS), Depression Self-Rating Scale (DSRS), Strength and Difficulties Questionnaire (SDQ), Screen for Child Anxiety Related Emotional Disorders (SCARED-5), Children's Function Impairment (CFI), Children's Hope Scale (CHS), Concern for Others Scale, and Aggression Questionnaire.	by enhancing coping, prosocial behaviour and hope. n = 325 school-going children between the ages of 11 to 14 years living in four districts of Southwestern Nepal (Banke, Dang, Bardia, Kailali).	emotional, and conduct problems) aggression for boys and increased prosocial behaviour for girls, as well as an increased sense of hope for older children, in comparison to the waitlist group.
(King, 2011)	Rwanda	Gacaca: A type of truth commission implemented in Rwanda post-genocide. Gacaca proceedings where perpetrators and witnesses share their stories of the genocide.	No study design specified	To adequately address both the legal and psychosocial (through truth-telling, peace, justice, healing, forgiveness, and reconciliation) impact of the genocide.	Gacaca hearings increased the prevalence of traumatic crises, suicidal attempts, and threats during proceedings. Proceedings were experienced as silencing by victims who felt that they were unable to share their stories (such as experiences of rape).

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
				Hutu and Tutsi tribes (prisoners, community members and government officials).	
(Nastasi et al., 2011)	Sri Lanka	10 (90-minute) session school-based psychological well-being programme Multi-form reflexive practices such as drawing, writing, ecomaps, role plays, stories, and participant observation.	Qualitative	To facilitate the identification of stressors and development of coping strategies for children and adolescents post the 2004 Sri Lankan Tsunami. n = 120 students (both male and females) in grades 5, 7, and 9 in Southern coastal province of Sri Lanka.	Participation in the programme enabled participants to identify individual and collective stressors (due to the Tsunami, its aftermath and events unrelated to post-disaster).
(Preitler, 2012)	Sri Lanka	Trauma Counselor training programme developed by the Center for Psychosocial Care (CPC) Case study (interview individuals and create a photo album of	No study design specified	To foster healing in war and tsunami survivors in the Ampara District by accompanying them as they deal with loss, grief and mourning.	Community members were able to express their experiences of suffering and feelings of grief. Use of old traditional rituals and new rituals (e.g., creating a photo album of good

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		good memories of the deceased and community).		Community members and the CPC team from Gonagola village.	memories of the deceased and community) helped participants mourn and accept the loss of loved ones.
(Bhadra, 2012)	India	Gujarat Harmony Project for riot survivors in refugee camps in Gujarat Multi-form reflexive practices such as drawing, creative writing, storytelling, stitching, clay modeling, group songs, play, and games.	No study design specified	To provide psychosocial support for victims affected by the Gujarat riots. Children and adolescent boys and girls between the ages of 5 – 15 years and parents or caregivers of the participants.	Children and adolescents were able to accept the loss of loved ones and express feelings of hope for the future. The parents or caregivers developed a better understanding of their children (i.e., behaviour, feelings and could relate better with them). Additionally, parents reported that they used to be angry and hostile before the programme (especially to their children), and after participation they are calmer and more hopeful about their futures as families and community.
(Vukovich & Mitchell, 2015)	Myanmar	Sharing circles (8-session psychotherapy)	Quantitative	To provide a safe space for individuals to receive support for	Decrease in levels of anxiety (33.3% to 22.8%), depression

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		Survey, Brief Patient's Health Questionnaire (Brief PHQ), interviews and reflective narratives (sharing life stories, lifeline and memory book and role-playing).		psychological distress, empowerment, and social support. n = 57 (38 females, 17 males, and 1 individual who identified as other, between the ages of 24 to 50 years). Participants consisted of people living with HIV/AIDS (PLWHA), members of local, former political prisoners and LGBTQI+ groups.	symptoms and less concern about future symptoms. Increase in reported psychosocial stressors after the intervention, which was linked to factors such as the group normalising psychological symptoms and stressors, cultural norms, and idioms about distress or stressors that might have occurred during the intervention.
(Mahr & Campbell, 2016)	Rwanda	'Life Wounds Healing' (LWH) workshops Workshops (on, raising critical community consciousness, community healing of life wounds, acknowledging grief, managing emotions, forgiveness, reconciliation and envisioning life goals).	Qualitative, semi-structured interviews, field notes.	To improve self-healing in Rwandan communities 20 years post-genocide. n = 21 [15 former workshop participants, 5 staff members from African Institute for Integral Psychology (AIIP) and the founder of AIIP	Social support was noted as important before and after the genocide. While adversities such, as illness, violence, HIV/AIDS, and loss of loved ones existed before the genocide, the genocide presented a harsher reality to the community. LWH Workshops helped participants cope better

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
				between the ages 26 – 70 years; 12 women and 9 men]. Former workshop participants included orphans, widows and couples who had participated in the workshops together with their spouses.	(by providing a safe space for reflections) with adversities and building stronger social support systems and community cohesion.
(Veronese & Barola, 2018)	Gaza Strip	6- session School-based intervention (Healing stories: An expressive-narrative intervention) Multi-form reflexive practices such as reflexive plays, art- and movement-informed techniques, relaxation techniques, storytelling, creative art-building, music.	Quantitative. Surveys, Multidimensional Students' Life Satisfaction Scale (MSLSS), Face Scale (FS), Youth Life Orientation Test (Y-LOT), Positive and Negative Affect Scale for Children (PANAS-C10).	To strengthen resilience and survival skills in school children affected by war. *n* = 64 children from Salaam primary school (36 for the control group and 28 for the intervention group, aged between 8 and 14 years). Sample included both males and females.	Increased life satisfaction across 5 areas (i.e., family, friends, school, living environment, and self) and positive emotions. Overall improvement on happiness.
(Goulding et al., 2018)	Japan	3 Community-based interventions: • Intervention 1: dealing with the immediate	Community-Based Operations Research (CBOR). Qualitative interviews (informal conversational	To explore the impact of the tsunami on the lives of those affected and foster collective healing and grieving.	Being in the group offered social support and connection that acted as a buffer against the emotional stress of

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		aftermath of the tsunami. • Intervention 2: communities as resilient, creative, and transformative networks. • Intervention 3: ' Building back better'. Arts-based methodology. Cultural Animation (CA) and storytelling.	interviews and semi-structured interviews), and document examination.	*n* = 100 community members, business leaders and 10 academics from the Seinan Gakuin University, UK and Osaka City University, Japan.	losing loved ones and allowed people to collectively grieve.
(Rebolledo, 2019)	Bangladesh	3-session Healing Ceremonies programme Multi-form reflexive practices such as music, drawings, paintings, and storytelling.	Qualitative. Structured focus group discussions.	To strengthen positive coping mechanisms and resilient responses to foster a more cohesive community through rituals, ceremonies, and cultural activities. *n* = 850 Rohingya refugees (between the ages of 25 to 70+ years).	Being part of the group facilitated a sense of community, cohesion and belonging. Increased sense of joy, calmness, and overall well-being after partaking in the programme.

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
(King, 2019)	Rwanda	Community-based intervention - Healing of Life Wounds (HLW) programme Multi-form reflexive practices such as storytelling, psychoeducation, presentations, confessions, conflict resolution mechanism such as gacaca.	Qualitative. Critical ethnographic approach, field notes, recordings and interviews.	To understand how sharing personal stories through the HLW has affected individuals and their communities over a period of 4 years. *n* = 22 Rwandans who participated in the HLW programme in 2014, and *n* = 21 individuals who were witnesses for the participants of HLW.	Increased awareness of the wounds caused by the genocide (both at the individual and collective level). The HLW enhanced confidence, created safe spaces and empowered participants to share traumatic experiences. Enabled a renewed sense of social identity and sense of belonging. The witnesses' accounts were consistent with the participants' reports (e.g., increased ability of participants to manage emotions better, awareness of others' emotions and the ability to relate to others better).
(Black et al., 2019)	Australia	Cultural Healing Programme (CHP): An Aboriginal community-based and led intervention based on Aboriginal knowledges and culture. CHP is 4 sub-programmes and	Qualitative. Iterative action research approach. Review of literature, pre-and post-participant surveys, semi-structured interviews, facilitator journals, participant-observer	To assist survivors of childhood institutional sexual abuse and Stolen Generations (Aboriginal children removed from their families) heal using a	Increased sense of safety allowing participants to share traumatic stories. Cultural aspects of the programme helped participants feel connected; that they belonged and were

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		includes: a five-day cultural healing camp, a fortnightly women's healing programme, a three-day cultural healing gathering and a five-day women's cultural healing gathering. Multi-form reflexive practices such as smoking ceremonies, music, dance, arts and crafts, paintings, storytelling, and yarning circles.	reflections and short films.	cultural healing programme. Sample consisted of survivors of institutional child sexual abuse and Stolen Generations or older children of the Stolen Generations. For the five-day cultural healing camp, n = 38 (12 survivors and 26 family/community members). For fortnightly women's healing programme, n = 32 (6 survivors and 26 family/community members). For a three-day cultural healing gathering, n = 33 (7 survivors and 26 family/community members). For a five-day women's cultural healing gathering, n = 37 (11 survivors and 26 family/community members).	accepted and safe in the country. Increased levels of cultural knowledge and shared understandings. Participants felt empowered to seek funding for the intervention to continue.

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
(Decosimo et al., 2019)	Liberia	Playing to live: A 5-month Treatment Group 1 (TG1)/3-month Treatment Group 2 (TG2) expressive art psychosocial intervention. Expressive arts (e.g., art, play, and storytelling).	Parental/ guardian interviews on the psychological stress symptoms (PSS), and observations of household environmental conditions.	To develop and provide a safe space to help children to experience healing and growth through creativity, mentorship, and peer support post-Ebola Liberia. n = 870 children between the ages 3 to 18 years [533 in the TG1 and 337 in (TG2)]. The participants consisted of children who were Ebola survivors, from Ebola-infected homes, or those who experienced Ebola in their communities.	Decrease in psychological stress symptoms in both treatment groups pre- and post-intervention and a significant difference in total symptoms over time.
(Sahayaraj & Soosainathan, 2020)	Sri Lanka	7-day residential Inner Healing Group Intervention Multi-form reflexive practices such as creative arts therapies,	Quantitative. Pre-test post-test experimental group design. Surveys, Adult Hope Scale and Oxford Happiness Questionnaire (OHQ).	To provide psychosocial support to war-affected women. n = 60 women who participated in the Inner Healing Group	Increase in levels of hope and happiness in war-affected individuals post intervention.

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
		mindfulness meditation, relaxation and guided imagery, journaling, dance, drawing and storytelling.		Intervention (between the ages of 31-60 years).	
(Gavron, 2020)	Japan	Art-based group intervention Multi-form reflexive practices such as arts, crafts (sculpturing, building), storytelling, drawing, reflexive journal and photographs.	Qualitative. Case study, detailed written descriptions of the arts-based intervention, photographs, artwork and participants' comments	To provide psychosocial support and strengthen resilience in people working with trauma survivors through an art-informed intervention. n = 9 female head kindergarten teachers.	Increased sense of hope and group cohesion as well as increased levels of happiness, playfulness, and feeling rejuvenated. The use of art materials made participants feel authentic and provided them with the confidence to share their painful and difficult experiences.
(Tam et al., 2020)	China	6-session Resilience based psychosocial programme Multi-form reflexive practices such as games, videos, rehearsals, role-playing, and drawing activities.	Quantitative. Cluster-random design. Surveys, Center for Epidemiological Studies Depression Scale for Children (CES-DC), Resilience Scale for Chinese Adolescents (RSCA), Making Sense of Adversity Scale	To provide psychosocial support to migrant children in China to reduce levels of depression and increase protective factors (i.e., personal assets, social resources, cultural adaptation self-efficacy, making	The intervention was efficacious in fostering resilience-related protective factors, including social resources, migration-related self-efficacy, and making sense of adversities among rural-to-urban migrant children.

Author(s), Publication Year	Country	Intervention and Intervention Modality	Study Design	Aim/Sample Description	Main Findings/Outcome
			(MSAS), Cultural Self-Efficacy Scale for Children and Adolescents (CSES-A), Rosenberg Self-Esteem Scale.	sense of adversity, and self-esteem). n = 285 fourth and fifth-grade students (n = 127 for the intervention group and n = 158 control group).	
(Tamasese et al., 2020)	Samoa	Indigenous Samoan psychosocial programme (Each programme lasted three hours) Multi-form reflexive such as practices, prayer, speeches, writing, vocal and physical exercises, drawing, songs, plays, and interviews.	No study design specified	To address the psychosocial needs of young Samoan individuals after the tsunami. n = 1295 children and adolescents from Southern and Eastern coast of Upolu, Samoa.	A review of the recovery process in affected communities two and five years after the tsunami reported positive adaptations, with significant resilient responses as well as some ongoing evidence of traumatic symptoms.

2.5.2 Context

The interventions were undertaken across three geographical regions: Africa, Asia, and Oceania. The majority of the interventions were, however, based in Asia (South Asia n = 7, East Asia n = 3, Southeast Asia n = 1 and Western Asia n = 1) and Africa (East Africa n = 3; West Africa n = 1). The reviewed interventions were located across the following countries: Rwanda (n = 3), Sri Lanka (n = 3), India (n = 2), Japan (n = 2), Myanmar (n = 1), Palestine (n = 1), Bangladesh (n = 1), Liberia (n = 1), Australia (n = 1), Nepal (n = 1), China (n = 1), and Samoa (n = 1).

2.5.3 Interventions and intervention modalities

The interventions included in the final analysis were either group or community-based and can be classified into the following broad categories: classroom or school-based (Jordans et al., 2010; Nastasi et al., 2011; Veronese & Barola 2018), indigenous or culturally-based (Black et al., 2019; Mahr & Campbell, 2016; Rebolledo, 2019; Tamasese, 2020), arts-based (Decosimo et al., 2019; Gavron, 2020; Goulding et al., 2018), psychotherapy-based (Tam et al., 2020; Becker, 2009; Prietler, 2012; Sahayaraj & Soosainathan, 2020; Vukovich & Mitchell, 2015), and reconciliation-based (Bhadra , 2012; King, 2011; King, 2019). The intervention groups included children, adolescents and/or adults. Only two interventions (see Becker, 2009; Sahayaraj & Soosainathan, 2020) focused on women exclusively. The shortest duration for the interventions was three sessions (Rebolledo, 2019) and seven-days (Sahayaraj & Soosainathan, 2020), and the longest lasted for about five months (Decosimo et al., 2019).

The modalities applied in the reviewed interventions comprised multi-form collective and reflexive practices, such as writing, storytelling, games, role-play, stitching, clay modelling, journaling, cultural ceremonies, dance and music (Becker, 2009; Bhadra, 2012; Black et al., 2019; Decosimo et al., 2019; Gavron, 2020; Goulding et al., 2018; Jordans et al., 2010; Nastasi et al., 2011; Rebolledo, 2019; Sahayaraj & Soosainathan, 2020; Tam et al., 2020; Tamasese et al., 2020; Veronese & Barola, 2018; Vukovich & Mitchell, 2015). The use of reflexive practices is argued to promote methodological pluralism and present possibilities for other forms of expression, which allow individuals to access and share different levels of experience (Bagnoli, 2009) and affect (Malherbe et al., 2017). Other modalities included Gacaca hearings, which is a Rwandese reconciliation and transitional justice intervention (King, 2011; King, 2019); psychoeducation (King, 2019; Mahr & Campbell, 2016); and a case study (Prietler, 2012).

2.5.4 Study design

Fourteen of the reviewed interventions were subject to research assessment. The efficacy of the interventions was evaluated through both quantitative research procedures (n = 6), as well as information gathered through qualitative methodologies (n = 8). The former utilised a range of study designs, including quasi-experimental design (Becker, 2009), experimental design (Sahayaraj & Soosainathan, 2020), cluster randomised design (Jordans et al., 2010; Tam et al., 2020) and surveys (Black et al., 2019; Jordans et al., 2010; Sahayaraj & Soosainathan, 2020; Tam et al., 2020; Veronese & Barola, 2018). The latter included focus groups (Rebolledo, 2019),

interviews (Decosimo et al., 2019; Mahr & Campbell, 2016; Goulding et al., 2018), participant observation (Decosimo et al., 2019; King, 2019), a case study (Gavron, 2020) and field notes (Mahr & Campbell, 2016).

3.   Findings & Discussion

In this section, we present a synthesis of the scoping review on critical psychosocial interventions published between 2009 and 2021. Levac et al. (2010) point out that "Scoping studies have been criticized for rarely providing methodological detail about how results were achieved" (p. 6). While we agree with this point, and certainly do not wish to fall within these kinds of scoping studies, space constraints and an emphasis on our results rather than our methodology meant that we do not offer comprehensive detail here.

Our analysis was guided by the following three questions: *In what contexts are critical psychosocial interventions used? How are critical psychosocial interventions implemented? What are the outcomes of critical psychosocial interventions?* These questions were derived in part from Mingers' (2000) components of criticality outlined above (i.e., critique of: rhetoric, taken-for-granted wisdom, universalism, and claims of objectivity), and in this regard represented an attempt to probe into the critical character of specific psychosocial interventions, that is, to interrogate – in a grounded way – how each intervention enacted criticality.

In asking these questions of the various interventions, we conducted a standard thematic analysis (see Braun & Clarke, 2006) which consisted of reading and re-reading the identified intervention studies, after which we developed several codes into which the studies were categorised. These codes were then refined to establish more concrete themes. In short, our thematic analysis focused on the content of the various critical psychosocial interventions in order to identify recurring patterns across this broad data set. In this, the analysis was able to engage the multiplicity of the critical psychosocial interventions identified in our search. The two broad themes identified in our analysis were: *Healing in Context* and *Collective Healing in Action.* The first theme considers the influence that context bears on psychosocial healing interventions. The second theme draws out different elements that promote and contribute to collective healing in contexts of psychosocial suffering.

Healing in context
The provision of psychosocial support for those living in contexts marked by heightened psychosocial suffering has been recognised as a key strategy in mitigating the adverse effects of such suffering (Reifels et al., 2013). Psychosocial suffering can be brought about by people, as in the case of war, or through environmental occurrences, as with earthquakes and tsunamis. The manner in which psychosocial suffering is responded to is, however, a psychosocial matter. Despite the availability of response protocols and a growing evidence base for the efficacy of high-intensity interventions, each form of suffering produces unique impacts and challenges that require the tailoring of psychosocial responses to the particular community and its service systems (Ajdukovic, 2013; Rebolledo, 2019; Reifels et al., 2013). The overall aim of the critical psychosocial interventions reviewed (see Table 1) was to foster healing among individuals and

communities, with the indicated interventions having been implemented in different contexts and with different groups. The studies focused on interventions developed for genocide survivors (King, 2011; King, 2019; Mahr & Campbell, 2016; Vukovich & Mitchell, 2015); natural disaster survivors (i.e., tsunamis and earthquakes) (Becker, 2009; Gavron, 2020; Goulding et al., 2020; Nastasi et al., 2011; Preitler, 2012; Tamasese et al., 2020); those who had lived through war (Bhadra, 2012; Jordans et al., 2010; Rebolledo, 2019; Sahayaraj & Soosainathan, 2020; Veronese & Barola, 2018); survivors of childhood institutional sexual abuse (Black et al., 2019); Aboriginal children displaced from their families (i.e., Stolen Generations) (Black et al., 2019); migrant children (Tam et al., 2020); and survivors of the Ebola pandemic (Decosimo et al., 2019). These different forms of psychosocial suffering occurred in contexts characterised by histories of (as well as ongoing) social turbulence. Therefore, it is critical that each of the interventions discussed here be understood with respect to the broader contexts in which they were implemented. By engaging with context in this way, we can better understand the systemic and structural issues (i.e., the social relations and arrangements, as well as economic, political, legal, religious, or cultural issues) that shape how individuals and groups interact within a social system (Rylko-Bauer & Farmer, 2017).

In the reviewed studies, the systemic and structural issues relate broadly to histories of colonialism, war, and violence, as well as discrimination towards race, ethnicity, religion and/or migrant or refugee status (Bhadra, 2012; Black et al., 2019; Jordans et al., 2010; King, 2011; King, 2019; Mahr & Campbell, 2016; Preitler, 2012; Rebolledo, 2019; Sahayaraj & Soosainathan, 2020; Tam et al., 2020; Veronese & Barola, 2018; Vukovich & Mitchell, 2015). In addition, some contexts were affected by natural disasters such as tsunamis (Becker, 2009; Gavron, 2020; Nastasi et al., 2011; Preitler, 2012; Tamasese et al., 2020), earthquakes (Goulding et al., 2018; Gavron, 2020; Tamasese et al., 2020) and – in one context – an Ebola epidemic (Decosimo et al., 2019). Although these events are not necessarily considered equal in impact (Ni et al., 2013), they have the capacity to negatively impact large groups of individuals at once, often causing destruction, displacement, physical injury, and mortality, all of which have psychosocial consequences. The impact of exposure to such traumatic events is pervasive and profound and constitutes long-lasting effects on human, social, cultural and/or community development (see Theisen-Womersley, 2021).

The review of the identified interventions revealed that irrespective of whether an intervention occurred in contexts marked by social or environmental turbulence, these contexts were resource-constrained, that is to say, they were materially deprived. Resource-constrained contexts are more vulnerable to the effects of psychosocial suffering because they are reduced in their capacity to cope with such suffering (Hallegatte et al., 2020). Some of the constraints highlighted in the reviewed studies included a lack of mental health resources (including mental health professionals), as well as a lack of basic resources (both State and individual) (Becker, 2009; Goulding et al., 2018; Jordans et al., 2010; Sahayaraj & Soosainathan, 2020; Tamasese et al., 2020; Vukovich & Mitchell, 2015). In the face of multiple crises, these already limited resources are further and more severely strained. For example, as reported in Prietler (2012), social suffering from the recurring civil war in Sri Lanka, which resulted in widespread destruction and the displacement of thousands of people, was exacerbated by the 2004 tsunami, resulting in

the structural incapacity of social support systems to offer optimal and community-wide psychosocial interventions.

In such resource-constrained contexts, the mobilisation of community and indigenous resources becomes crucial in the delivery of psychosocial support. In the reviewed studies, professional practitioners collaborated with community members who were familiar with the cultural and political environment of those who had been affected by the turbulent event (see Beck, 2009; Bhadra, 2012; Nastasi et al., 2011). In resource-constrained contexts with very few mental health professionals, the training of and collaboration with community members assists in the development and implementation of systems of psychosocial care so that such care can be offered more optimally to improve psychosocial health and well-being. Moreover, this form of collaboration ensures that community priorities are privileged and promotes the sustainability of psychosocial care interventions.

In these instances, there have been calls to incorporate traditional healing modalities with mainstream healing approaches (see Mokgobi, 2013). In the reviewed studies, the conceptualisation and implementation of the interventions drew largely on an integrated approach. Within this healing framework, some of the interventions reviewed utilised group-based interactive methods (Becker, 2009; Goulding et al., 2018; King, 2011; King, 2019; Tamasese et al., 2020; Vukovich & Mitchell, 2015), and critical multi-form reflexive practices, such as reflective writing, storytelling, arts and crafts, music, dance and writing (Bhadra, 2012; Decosimo et al., 2019; Jordans et al., 2010; Mahr & Campbell, 2016; Nastasi et al., 2011; Preitler, 2012; Rebolledo, 2019; Tam et al., 2020; Veronese & Barola, 2018). These group-based interactive methods and critical multi-form reflexive practices were informed by both traditional (indigenous or cultural) and mainstream healing approaches. This hybrid approach represented an attempt to ensure that the interventions were appropriate, relevant and sensitive to the culture and language of the targeted populations (Becker, 2009; Vukovich & Mitchell, 2015), and promoted a culture-specific model of psychosocial well-being that encompassed cultural expectations, coping strategies and support systems in these communities (Nastasi et al., 2011; Tamasese, 2020). Moreover, Wessells and Monteiro (2001) stipulate that the integration of both traditional and mainstream healing approaches has the potential to revitalise communities, support traditions that provide a sense of continuity and support, and build processes of dialogue and participation that strengthen civil society.

The use of mainstream, oftentimes quantitative, research methods alongside traditional healing modalities in critical psychosocial interventions raises some important considerations around method. Indeed, mainstream methods – especially in psychological research – have many times been wielded for purposes of prediction and control, to reinforce 'objective' knowledge, and to drain participants of agency (Jiménez-Domínguez, 2005), none of which cohere with the tenets of criticality or the psychosocial outlined earlier (see Frosh, 2003; Mingers, 2000). Nonetheless, qualitative methods are not, by their nature, more progressive than quantitative methods. There are many examples of how researchers have sought to use numerical data for purposes of addressing social inequalities and advancing progressive psychosocial change (see Parker, 2007). The critical psychosocial interventions that we examined thus represent ways of addressing the psychosocial as it exists in reality, rather than having a particular method impose an agenda on reality.

It is evident from the reviewed studies that the origins and effects of psychosocial suffering are embedded in particular social contexts. Considering experiences of psychosocial suffering solely at the individual level and as related to an isolated event is clearly not adequate. Intervention sensitivity to sociocultural and historical considerations is thus critical to comprehending and acting on healing imperatives in the context of psychosocial suffering.

The collectivity of healing

The late feminist scholar bell hooks (2001, p. 215) argues that "rarely, if ever, are any of us healed in isolation. Healing is an act of communion". While healing is more readily understood in terms of physiological and behavioral improvements and is often perceived as an individualistic journey toward wellness that involves the personal transcendence of suffering (Egnew, 2005), collective psychosocial suffering requires collective healing responses and approaches. There is a growing body of literature that highlights the importance of collective healing in contexts of social suffering (King, et al., 2017). As a healing framework grounded in the work of the collective impact model (CIM) and a radical healing framework (RHF), collective healing focuses on restoration, resistance, and reclamation (Ginwright, 2015) by "building transformative, healing-centered collaboration, and public health solutions grounded in justice, equity and resilience" (Cowan et al., 2022, p. 356). The critical psychosocial interventions reported in the reviewed studies were directed at stimulating healing at both the psychological and social level.

Although healing is said to be facilitated by an optimal healing environment, one where people and communities are surrounded by elements that facilitate healing processes (DuBose et al., 2018), healing in contexts grappling with collective suffering should also be characterised by relational improvement and social transformation. Amongst these elements that facilitate psychosocial healing, space is said to play an important role (DuBose et al., 2018). It is within space that people can work together to reconnect with their collective memories and shared history, often with and through the memories that are locked into particular spaces (see Rebolledo, 2019). In the critical psychosocial interventions reviewed, space was established wherein people shared their experiences of suffering (Gavron, 2020; King, 2019). In these spaces, participants collectively grieved the loss of loved ones, property, family and community (Goulding et al., 2018; Preitler, 2012), and discussed the support that they had received from other community members who shared similar experiences of suffering (Black et al., 2019; Mahr & Campbell, 2016). The aim of these spaces was, therefore, to foster a sense of belonging, community cohesion and shared understanding amongst community members in relation to their experiences of suffering (Black et al., 2019; Goulding et al., 2018; King, 2019; Mahr & Campbell, 2016; Robelledo, 2019), even if only momentarily. As such, within these spaces, participants named and validated their experiences of suffering and identified culturally informed, socially situated and collectively enacted healing practices.

In addition to facilitating a healing space for individuals, these critical psychosocial interventions sought to build, with participants, environments that promoted co-operative learning (i.e., working collaboratively to achieve shared goals), as most interventions required individuals to interact and work collaboratively in the healing process. This was evident in the reviewed studies, whereby the interventions appeared to harness co-operative learning to optimise adaptive coping skills and responses (Bhadra, 2012; Nastasi et al., 2011), problem-

solving skills (Becker, 2009; Tam et al., 2020), emotional development skills (Becker, 2009; Bhadra, 2012; Jordans et al., 2010; King, 2019; Veronese & Barola, 2018), social or relational skills (Bhadra, 2012; Black et al., 2019; King, 2019), and survival skills (Tam et al., 2020). The development of these skills – through co-operative learning – not only harnessed reciprocity and connection in the healing process, but also encouraged regeneration (building back) and the initiation of collective healing processes (Gavron, 2020).

Social suffering disrupts social support systems and the availability of social support resources in a community. In emergency or crisis situations, these systems are placed under immense pressure, affecting and weakening certain ties that typically buttress companionship, emotional support, cognitive guidance, social regulation, advocacy and material support. These systems ultimately affect individuals' and communities' ability to cope with the consequences of social suffering (Sanandres et al., 2020). Various forms of support were evident in the interventions. These included instrumental, emotional and informational support.

Instrumental support refers to tangible material aids received in the interventions, either in the form of goods or acts of service. Specifically, the intervention groups received instrumental support, including clothing, shelter, food and transport, as well as more problematic iterations of such support, including microfinance loans (Becker, 2009; Black et al., 2019; Goulding et al., 2018), which tend to plunge poor populations further into poverty and suffering.

With respect to emotional support, this can be considered as a primary vehicle by which social networks are formed and maintained. Emotional support is conceptualised by Burleson (2003) as expressions of care, love and interest. Emotional support assists distressed individuals to navigate their suffering via listening, empathising and legitimising the feelings of people. In the interventions reviewed, emotional support was provided in the form of encouragement, reassurance and compassion (Black et al., 2019; Goulding et al., 2018; Mahr & Campbell, 2016; Rebolledo, 2019). This aided people to better grapple with their emotional burdens.

Lastly, informational support, which is behaviour or communication that offers information, advice, guidance and/or training to facilitate coping (Jang, 2012), was provided through the teaching of coping and emotion regulation skills (Becker, 2009; Bhadra, 2012; Decosimo et al., 2019; Jordans et al., 2010; Nastasi et al., 2011; Rebolledo, 2019), stress inoculation training (Jordans et al., 2010), and assistance and guidance on how to access further resources that support healing practices (Black et al., 2019).

It is evident from the reviewed studies that collective psychosocial healing efforts are crucial for healing collective wounds. Therefore, the identification of specific social support mechanisms in the immediate aftermath of psychosocial suffering can help rebuild the disrupted social support system (Bhadra, 2012) and improve health and well-being outcomes. There is evidence that such support strengthens the capacities of group members to collectively identify and address social systems and structures that exacerbate social suffering. As such, embedded in collective healing is the creation of healing spaces and social support networks that seek to address collective wounds.

4.   Conclusion

This scoping review provides an overview of the effectiveness of psychosocial interventions, synthesising the findings of 18 research articles that were identified through a comprehensive search of the literature and in accordance with a specific set of criteria. Although literature on psychosocial interventions certainly seems to be growing (seven studies in the current review were published between 2009 – 2015, and eleven between 2016 – 2021), it remains an emerging field. It is also worth noting that while our search was not limited to a particular geographic location, all the studies included in the final analysis were located in the Global South[4]. It is interesting to note, therefore, that although theorising on the psychosocial oftentimes takes place in the Global North (e.g., Frosh, 2003), critical psychosocial interventions, according to our search, have typically been implemented in the Global South. There may be many reasons for this, such as negative, oftentimes colonial, perceptions of the Global South (see Kagee, 2018) resulting in more funding for critical psychosocial interventions in these contexts. However, more attention should be afforded to the dearth of critical psychosocial interventions in the Global North, as well as instating collaborations between these contexts.

It was noted in the first theme, *Healing in Context*, that while there were some differences in the focus of these interventions, there were considerable contextual similarities across the interventions. Some of these similarities include the socio-historical or socio-political environments of these contexts, environments defined by histories of (as well as ongoing) structural violence, and the fact that these contexts are considered to be resource-constrained. Engaging issues of healing at an individual level is, therefore, not enough. It is thus suggested that taking seriously collective trauma demands collective interventions rooted in cultural and holistic understanding of health, suffering and healing. In the reviewed studies this was done by using a range of interactive methods and critical multi-form reflexive practices that sought to employ linguistic and cultural sensitivity in an effort to tailor the interventions to different communities. This is especially helpful when considering the sustainability of a particular intervention.

In the second theme, *The Collectivity of Healing*, it was found that it is essential for individuals and communities to have access to healing environments and social support networks that, together, work to identify and address collective wounds. These environments and support networks were said to assist participants in sharing traumatic experiences and relating to the experiences of others. Consequently, participants reported an improved attunement to their own emotional states, as well as an increase in life satisfaction and an enhanced sense of well-being. Furthermore, these spaces allowed individuals to collaboratively work together in learning and sharing different psychosocial healing skills. In short, the interventions succeeded in

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[4] However, no critical psychosocial interventions from Latin America were found in our scoping review. The reasons for this are not entirely clear, and may include the fact that our search excluded studies that were written up in Spanish, Portuguese, Aymara, Mapuche, Guaraní, Kichwa, or the many other languages spoken across the Latin American region. However, this does not explain the absence, within our search, of English language critical psychosocial interventions that took place in Latin America. It seems unlikely that such interventions did not occur in the period of our search. It is possible, then, that critical psychosocial interventions in Latin America are not always referred to as such. This may also be the case for other regions. Future scoping reviews should, therefore, take seriously how critical psychosocial interventions are spoken of and written up in different parts of the world, and whether the search terms capture such language.

establishing a safe space for and with people that opened up and increased their critical understandings of the processes of pain and suffering, thereby informing a general, psychosocial healing process. In this regard, our findings reflect our understanding of critical community psychology as developing connectedness, social support, and shared goals and political commitments in response to adverse circumstances (Kloos et al., 2012; Procentese & Gatti, 2019; Procentese et al., 2020).

5.   Suggestions for future studies

It would seem that there are several gaps within the existing literature on critical psychosocial interventions. These gaps do not indicate an inherent failure or shortcoming of critical psychosocial interventions, but instead point towards fertile ground that future work of this kind can cover. We focus here on three gaps in the literature (once again, our identification of these gaps is influenced by our location in community psychology), however, there are certainly other gaps that could be identified. Firstly, we noted the scant attention paid to the political. This was apparent in the manner that psychosocial suffering was identified and in how psychosocial healing was enacted. Future critical psychosocial interventions should strive to engage explicitly with the role that political institutions and structures play in forming psychosocial trauma and, conversely, how politically engaged social movements can contribute to processes of psychosocial healing (e.g., ensuring that critical psychosocial interventions receive governmental subsidies). As such, notions of the social within critical psychosocial interventions can be expanded beyond the immediate group and/or participants' environment to include political power.

The second gap that we identified among the critical psychosocial interventions examined in this scoping review was related to how psychosocial trauma was conceptualised. In the literature, psychosocial trauma was engaged in relation to a particular event. In turn, critical psychosocial interventions addressed this event either in its immediate aftermath or, more commonly, in the weeks/months/years following the event. Future critical psychosocial interventions could conceive of psychosocial trauma not as an event, but as lodged within social systems and institutions (what is sometimes called structural violence, see Galtung, 1969). As such, psychosocial suffering could be understood as protracted and long-term, meaning that corresponding critical psychosocial interventions would be similarly conducted over a long period of time and with the aim of addressing psychosocial suffering at its structural/institutional roots.

The final gap was with respect to the resource-focus of the different critical psychosocial interventions. We found that several of the interventions sought to harness existing community resources for purposes of psychosocial healing. While we recognise that this is important, it is also limited to particular communities, especially those that are severely under-resourced and/or under-serviced. It is, therefore, a challenge for future psychosocial interventions to campaign for resources and services beyond those that are available to the community. This is especially pertinent, for example, in the case of water and sanitation (i.e., resources that are fundamental to life and dignity). Once again, conceptions of the social are, in this sense, expanded to include state institutions as well as inter-community relations.

We do not highlight the gaps of this literature with the aim of discrediting critical psychosocial interventions. On the contrary, we believe that if future work is to implement a stronger political focus, engage with protracted psychosocial healing and trauma, and harness resources beyond those that are immediately available to communities, such work could transform and expand how we engage and understand the psychosocial. Moreover, we wish to emphasise that these three gaps need not be pursued in a mutually exclusive fashion. It is quite possible, for example, that psychosocial interventions forge links with social movements which are addressing the psychosocial at its structural roots through long-term political struggle, and which are campaigning for more and improved health services within and across community settings. We contend that by addressing these three gaps in the literature, critical psychosocial interventions can be undertaken in a necessarily ambitious, urgent, and relevant manner.

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