

## ARTICLE

# Using culture-specific music therapy to manage the therapy deficit of post-traumatic stress disorder and associated mental health conditions in Syrian refugee host environments

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### ABSTRACT

The dearth of mental health professionals in low-resource Syrian refugee-host environments poses a pressing need for alternative non-verbally centred psychotherapeutic interventions, particularly given the prevalence of psychological disorders such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. Here we consider music therapy as a socially adept therapy mode that provides a de-stigmatizing, culturally-sensitive avenue capable of increasing patient confidence in mental healthcare, as well as providing a scalable and sustainable intervention to help address the mental health crisis in such low-resource environments. This review of literature summarises evidence supporting the use of culture-specific music therapy that leverages musical modes familiar to the cultural backgrounds of the refugee communities, and identifies key questions that need further investigation. The review includes a discussion of comparative effectiveness, summary of clinical efficacy data, respective validated epidemiological research, and psychiatric epidemiology targets that serve as guidance for further research into the outcome of methodical cultural adaptation of musical interventions. Given that the prevalence of psychiatric disorders exceeds management capacity, alternative therapies that can help address this critical deficiency are in dire need. This review concludes with key research questions and areas of focus that provide a blueprint for future investigations to assess the use culture-specific music therapy as a valid mode of psychotherapy.

### KEYWORDS

culture,  
music therapy,  
refugees,  
post-traumatic stress  
disorder (PTSD)

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## PROBLEM DESCRIPTION

Mental stability and the subsequent ability to live an independent life is difficult to achieve for those who have witnessed atrocities, experienced injustices, and suffered physical, and emotional trauma. In addition to experiencing trauma and loss in their country of origin, Syrian refugees often face difficult conditions in their main host countries such as Jordan, Turkey, and Lebanon (Connor, 2018), where the capacity for independence and social cohesion has taken a downturn as a result of displacement, communal and familial separation, and collective mistrust and violence (Sijbrandij et al., 2017). This problem is also compounded by the prevalence of factors facilitating the onset of PTSD. According to a field-based survey study of Syrian refugee children by Turkey's Bahçeşehir University, nearly half (45%) of the surveyed Syrian refugee children experienced symptoms of PTSD - more than 10 times the rate observed in other children around the world who took the same survey (Rogers-Sirin & Lauren, 2015). Current best practices to treat PTSD are impossible given the prevalence of the disease and limited capacity to manage it. Ignoring this problem can result in a generation of marginalised at-risk individuals who may fail to become productive citizens of a community, and may cause harm to themselves and others. If every psychiatrist in the United States were dedicated to Syrian refugee children alone the demand for treatment would still not be met (Children of Syria By the Numbers, n.d.).

In a report by *Save The Children*, 80% of adults surveyed said children and adolescents developed increased aggressive behaviours, and 71% experienced involuntary urination and periodic bedwetting – both standard symptoms of PTSD and toxic stress among children. The report estimated that 2.5 million children are at risk of mental health disorders (New Study Documents Psychological Horrors, 2017). The same study also highlighted that some regions contain only one trained psychiatrist per 1 million refugees (New Study Documents Psychological Horrors, 2017). This shortage of mental health professionals in Syrian refugee-host countries is also highlighted by the following subset of data on the number of psychiatrists and psychologists in the mental health sector per 100,000 individuals as of May 2015, compared to the per capita number in some developed countries:

Country	Psychiatrists per 100,000	Psychologists per 100,000
Turkey	1.51	1.43
Jordan	0.51	0.27
Lebanon	0.87	1.65
United States of America	12.40	29.62
France	14.12	10.77

**Table 1:** Psychiatrists and psychologists per 100,000 (Human resources-Data by country, 2018)

Limited access to psychotropic medications poses an additional challenge in these underserved communities, and effective medication therapy requires active management by trained psychiatrists.

With a shortage of such professionals, it is not feasible to efficiently manage this mental health crisis with traditional psychotherapy and medication management. Furthermore, although pharmacotherapy aids in the treatment of specific symptoms such as comorbid depression and severe sleep deprivation, drug provision is not normally recommended for initial treatment (Nasiroğlu & Çeri, 2015), especially when a patient has a history or is at risk of engaging in substance-dependence or substance-abuse. As such, gradual methods employing interventions that focus on practical social bonding and family support are often preferred for refugee as well as asylee patients until physical security is guaranteed. Only after satisfying this initial condition should interventions centre on patient-specific priorities, including psychological formulation and medication administration (Nasiroğlu & Çeri, 2015). In 2012, a report by WHO and UNHCR noted that a solely medical approach transfers the process of trauma treatment from the survivors' social circles into the therapy room, suggesting limitations to this approach in areas with shortages in qualified personnel, comparatively weak medical infrastructure, high case numbers, and a long-term insecure context. The report concludes that processes seeking to identify and assess the causes of trauma (truth seeking and truth telling), support social relations, and introduce novel approaches to treating traumatised patients are the ones that offer the greatest therapeutic benefits in this context. While there will always be a small percentage of patients who are severely affected and thus need specialised mental healthcare, community-based approaches will most efficiently cater to the psychological needs of the majority of underserved refugee populations (Psychosocial Support in Crisis and Conflict Settings, 2017). Therefore, the need for alternative and effective therapies is critical not only because the shortage of mental health professionals is too extreme, but also because psychotropic treatment may exacerbate the recovery process in many patients where sufficient resources are required to monitor for potential deleterious side-effects on the patients.

Utilisation of traditional mental health methods is also hindered by socio-cultural stigmatisation. As such, patients in refugee camps would often visit outpatient clinics with somatic symptoms that are culturally more acceptable than mental health diagnoses, as well as usually preferring professionals of their own peer group, such as Syrian psychiatrists (Jefee-Bahloul, Bajbouj, Alabdullah, Hassan & Barkil-Oteo, 2016). One survey highlighting the extent of this cultural stigmatisation in the overall Arab region (including Syrian-refugee host countries) notes the pressure that psychiatrists may experience to comply with social conventions that prevent discussion of 'embarrassing' topics (Osman et al., 2017). The same study also notes that the majority of PTSD patients in the Arab region are more likely to be found in primary care settings as opposed to mental healthcare settings where they are more likely to be identified (Osman et al., 2017). This cultural sensitivity associated with mental health conditions necessitates greater engagement of regional psychotherapy professionals with the issues faced by local refugees in order to develop better, more culturally congruent solutions to the prevailing mental health conditions associated with trauma (Osman et al., 2017). Consequently, mental health services need to take these barriers into consideration by adopting culturally sensitive approaches and providing culturally accepted modalities of care (Jefee-Bahloul et al., 2016). This stigma often associated with traditional psychotherapeutic procedures, mainly verbal psychotherapy, hence requires the use of non-traditional avenues that utilise novel techniques and procedures.

One such avenue is music therapy, which can provide a stigma-free route by adapting culturally familiar materials such as locally recognised musical modes (in the case of Syrian refugees, *maqams*).

Such culturally specific materials are not typically associated with verbal psychotherapy methodology and medical practice developed in the West, which tend to overlook traditional coping methods and cultural expressions (Osman et al., 2017). Music therapy thus allows greater integration of cultural elements into the common refugee psychological coping strategy of listening to music (Mental Health & Psychosocial Support, 2017), not only to be used as an alternative therapy method, but also to supplement treatment-as-usual by easing patients through the therapy process and enhancing efficacy. This considers the potential of musical narrations, including songs and instrumentals, to symbolise a participant's past, present, and future experiences, and ritualise a form of expression that helps repair traumatised individuals' bonds with others as well as with their own culture (Ahonen & Mongillo, 2014). Therefore, while verbal methods do provide greater clarity for the patient, supplementation with music therapy allows greater patient involvement in the treatment process and enhances the patient experience by providing symbolic distance and catering to artistic insight. The table below illustrates some advantages of using musical interventions, incentivizing their use as alternatives filling gaps that are too difficult to manage using traditional procedures.

Musical interventions	Verbal interventions
Non-confrontational, abstraction makes group therapy more comfortable and manageable	Facing explicit issues makes group therapy challenging and often difficult to manage
Moderate affect and emotion through abstraction and auditory imagery	Aims at insight, awareness, clarity, and understanding through explicit confrontation with experiences
Hands-on, collaborative and immersive experiences	Permit rational interpretation, analysis and reporting.
Primarily intuitive	Primarily cognitive
Non-linear, multidimensional: <ul style="list-style-type: none"> <li>• Individual sessions: personal exploration and independence</li> <li>• Group sessions: enhancement of social relationships</li> </ul>	Linear – singularly focussed through verbal engagement with single patient
Unfamiliar: allow for improvisation and discovery	Known and familiar: permit personal security but can be redundant resulting in a dead-end.
Can be adapted to suit the socio-cultural context: plethora of instruments and scales can be used Not traditionally associated with psychotherapy	Despite the capacity for the incorporation of folk stories and local idioms, verbal methods are often less flexible for socio-cultural adaptation considering the existence of mostly non-culturally associated protocols and the stigmatisation behind them.

**Table 2:** Comparison between musical and verbal psychotherapy interventions (Mental Health & Psychosocial Support, 2017)

Additionally, the easily manageable nature of musical interplay in group settings offers a scalable solution to the aforementioned shortage of psychosocial caregivers. Music's scalability as a mode of group-effect is demonstrated by a case in which 50 music teachers in the U.S. were able to teach 5,000 aspiring musicians throughout the country. The training not only taught the students how to play, but also how to develop socially, assume leadership, and create sustainable local music programmes of their own (Scripture, 2014). In a clinical context, development of musical application in psychotherapy to address the insufficiency of mental healthcare professionals in such resource-deficient environments as refugee communities can thus result in a large-scale impact on PTSD treatment rates. The positive impact of musical interventions can be further enhanced by tailoring these interventions to local/regional socio-cultural elements. During this adaptive process, intervention methods can be systematically modified to consider not only language, but also the artistic cultural context that is compatible with the clients' perspectives and values (Sijbrandij et al., 2017).

Despite these advantages, a clear methodological account studying the impact of culturally adapted music therapy on the mental health of refugee populations seems to be lacking (Orth, 2005). Developing a procedure to investigate the impact of such specialised interventions will hopefully add new possibilities for treating the mental health issues of such a vulnerable community, and therefore help to increase refugee health and social integration (Beck et al., 2018).

Although some existing programmes and personnel attempt to address this refugee mental health deficit, especially regarding PTSD treatment, they are either unaware of the refugees' cultural background or are simply incapable of explaining the efficacy of their methodology to their patients. By describing the aims, issues, and areas of improvement for such programmes, this review builds upon existing research by giving examples of implementation that need only be modified to result in more significant outcomes. The example responses chosen to advance this discussion, considering their application in countries with the largest populations of Syrian refugees (Connor, 2018), thus reflect these critical areas of improvement in their proper and most significant contexts. The following section describes two such examples.

## EXAMPLE RESPONSES

### i) Charité University Hospital, Germany

*Description:* CharitéHelp4Syria project (CH4S), which operates three primary healthcare centres in Jordan serving 1,700 patients to date. The CH4S program declared its four aims: psychological and psychiatric treatment, the education of experts, awareness campaigns, and technology-based remote treatment (Jefee-Bahloul et al., 2016).

*Deficiencies:* Most providers are unable to interpret their clients' cultural idioms of distress (i.e., the ways in which distress is verbalised or expressed) and response models (i.e., the ways in which behaviours and symptoms are understood, conveyed, and explained), which influence patient expectations, common coping methods, explanations of symptoms, and patterns in seeking help (Jefee-Bahloul et al., 2016).

## ii) Private Mental health and psychosocial support (MPHSS) centres, Lebanon

*Description:* Private Mental health and psychosocial support (MPHSS) centres organise activities labelled as “psychosocial support” (ranging from putting together entertainment events to engaging clients in frequent recreational activity), “art therapy”, “support groups”, “group therapies,” as well as vocational training and parental guidance (Chammay, Kheir & Alaouie, 2013).

*Deficiencies:* The staff administering such activities, including “art therapy,” were not always able to explain the rationale behind them nor how they help develop psychical well-being (Chammay et al., 2013). None of these psychosocial activities, especially “art therapy,” have an empirically solid background, and their administration seems to be more a convenient measure rather than one rooted in a formal needs assessment of the refugee population (Chammay et al., 2013). Lack of regularly accessible empirical evidence necessitates its production by using a diverse set of investigative parameters, and its dissemination in the form of simplified brochures/pamphlets that demonstrate the positive outcomes of these methods not only to the clients but also to the persons who administer the therapy themselves, and their translation into Arabic or other locally adopted languages.

The ability to relate to the cultural identity of a displaced individual, whose identity is in many respects challenged by the need for assimilation, is clearly crucial in creating a safe space for expression and psychological improvement (Amir, 2004). The practice of such an ability by a music therapist may thus reflect positively on treatment outcomes (Amir, 2004). Additionally, the ability to explain the source of these outcomes to the general community provides the de-stigmatisation necessary to increase treatment rates of trauma-afflicted refugee populations. Culture-specific music therapy can thus serve as an appropriate avenue to facilitate this integration of cultural understanding and de-stigmatisation into the mental healthcare infrastructure responsible for displaced refugee communities. This factor motivates further discourse on music therapy’s functionality and outcomes through a comprehensive review of literature, a subset of which is discussed in the following section.

## LITERATURE REVIEW

The neurophysiological correlates and biological indicators of empathetic response provide a window into music therapy’s mode of action (Ruud, 2008). Psychoanalyst Daniel Stern cites the role of a group of “mirror” neurons in triggering empathetic responses in an individual who observes someone else performing an action, including playing an instrument (Ruud, 2008). Interestingly, the mirror neurons’ pattern of activity in response to active observation is identical to the pattern resulting from active participation, which in a musical context entails the observer playing an instrument (Ruud, 2008). These observations can be drawn upon by music therapists in order to better understand why musical interaction and interplay sometimes succeed when other communication modes fail (Ruud, 2008). Additionally, in a meta-review of 400 reports analysing the effect of music on brain chemistry, the biochemical effects of music, including elevated levels of dopamine, oxytocin, endorphins and endogenous opioids that support the consolidation of steady social relations have been well established (Beck et al., 2018). Numerous studies of music-based psycho-interventions highlight an increase in peripheral oxytocin levels following both passive and active music interactions, including post-operative music listening (Nilsson, 2009), choir singing (Keeler et al., 2015), improvised singing



and music lessons (Fancourt et al., 2016; Grape, Sandgren, Hansson, Ericson & Theorell, 2003; Kreutz, Bongard, Rohrman, Hodapp & Grebe, 2004). Beta-endorphin is also related to stress response, and low amounts correlate with the incidence of PTSD (Hambusch, Landgraf, Czibere & Touma, 2009). In studies involving, respectively, healthy undergraduates and coronary heart disease patients, beta-endorphin levels were elevated after Guided Imagery and Music (GIM) sessions (McKinney, Antoni, Kumar, Tims & McCabe, 1997) as well as after periods of active music listening (Vollert, Störk, Rose & Möckel, 2003).

In one randomised study involving 31 new refugee arrivals, music therapy was correlated with decreased aggressive behaviour, depression, anxiety, hyperactivity and somatization (Baker & Jones, 2006). In addition, a reduction in patient feelings of hopelessness, anxiety, and depression was observed after music therapy as compared to simple art classes (Choi, Lee, & Lim, 2008; Choi, 2010). A year-long investigation of Trauma-focused Music and Imagery (TMI), a special type of GIM, was applied to 16 adult participants. The single group pre-test/post-test study illustrated significant positive results with large effect sizes (0.81–1.17) on PTSD symptoms, sleep quality, social function, and overall well-being (Beck et al., 2018). The musical repertoire used in the study included Arabic and Afghani pieces, as 25% of the clients needed *familiar* music to work with and convert their inner imagery (Beck et al., 2018).

From a more qualitative perspective, one idiographic analysis conducted by a team of therapists in Lebanon highlights the positive impact of music therapy on the treatment of war-related trauma and the effectiveness of music therapy in promoting social integration, illustrated in the following case study, which is extracted from *Music and Resilience* (2015).

Walid, 9 years old, is a Palestinian refugee born in Syria. His family home was struck by a rocket at the start of the Syrian civil war, killing both his parents and 2 uncles before his own eyes. He and his 2 siblings fled across the border to Lebanon with their grandmother, who still takes care of them. They live in the overcrowded and high-risk camp of Ein El Helwey, in deprived and unhealthy conditions; their house is located in one of the most dangerous streets. Walid's case was brought up to a Family Guidance Center (FGC) by another family, worried about the challenges he faces; he was acutely withdrawn, his sleeping and eating patterns were disturbed, he experienced frequent nightmares, was very fearful of loud noises, and was in a permanent state of sadness. A psychiatrist's initial evaluation diagnosed trauma and anxiety disorder and transferred him to psychotherapy. During his 4 months of psychotherapy, no significant progress was observed; Walid did not effectively cooperate with the therapist and displayed resistance due to personal fears of stigmatization that are very prevalent in his culture. The team decided to refer Walid to a 6-month group music therapy program along with other Syrian Palestinian children who shared similar backgrounds. The goals were to help him integrate into his peer group, bolster his self-confidence, decrease anxiety symptoms and allow him to express his emotions such as sadness and fear by musical means. His progress throughout the music therapy sessions was clearly shown, both quantitatively and qualitatively. While initially displaying tense withdrawal, silence, passivity and avoidance of the other members of his group, only seeking after the therapist

for support, after 3 sessions Walid began to gravitate towards his companions, demonstrating a desire to participate in shared activities with them, and opening up his relationship to them. His sociability increased and he started to feel more secure and integrated into the group, enabling him to access, regulate and express his emotions. He developed the ability to overcome his inferiority complex and his attitude transformed from introversion to extroversion; he also started to display initiative in playing instruments and became more able to adapt to changes in rhythm, tempo and dynamics. Walid's Individualized Music Therapy Assessment Profile (IMTAP) evaluations, used on 2 video-recorded sessions in the treatment period, confirm these results, highlighting significant improvements in all three domains studied: emotional, social and musical. Walid's regained strength and resilience with regard to external events and circumstances are evident. (Music and Resilience, 2015, p. 48)

This idiographic testimony serves as a microcosm for the overall psychological and social benefits of music therapy. One project illustrating the scale of these benefits is the Australia-based Home of Expressive Arts in Learning (HEAL) program, which is a school-centred mental health support project that utilizes creative arts therapy and music therapy to help refugee children cope with their behavioural, emotional and social challenges (Agopian, 2018). A survey of HEAL's students found that after the introduction of music and visual arts into school curricula, 79% of the surveyed children sought therapeutic aid at school rather than at a local clinic (11%) or at home (4%). Furthermore, the researchers conducting the study reported the unique ability of non-verbal approaches to quickly facilitate the reduction of hyperactivity, peer problems, arousal and intrusion symptoms. The rate at which these changes were observed may be attributed to the children's enhanced expressive, communicative, and self-control abilities that came with the introduction of these methods (Agopian, 2018).

When discussing music therapy applications for a relatively culturally homogeneous population such as that of displaced Syrian refugees, the element of culture-specificity comes into play. Culture involves the interpretation of signs and symbols in a manner that provides interpretive meaning and self-identity (Amir, 2004). Because the musical capacity of human beings ties in with culture, it plays a role in defining this self-identity through the bolstering, negotiation, and/or transformation of identity boundaries (Amir, 2004). In a therapy context, the integration of music and culture entails extensively experiencing music of one's particular cultural origins both inside and outside the therapy room, with the aim of strengthening one's own self-identity and de-isolating it from the rest of the society, which in this discussion is this refugee's host country (Amir, 2004).

Music therapy's psychotherapeutic outcome enhancements can thus be further accentuated by introducing the element of culture specificity, as one study conducted in Germany on a group of refugees, including a Syrian cohort, demonstrates (Dieterich-Hartwell & Koch, 2017). During therapy sessions, the study participants unanimously expressed preference for music from their home countries, describing a strong emotional attachment to their music and citing its use for effective emotional regulation in achieving non-musical goals. The study thus concluded with the central relevance of the utilized music's cultural origins, and noted the central importance of a therapist's knowledge of a client's musical tradition in order to administer more effective therapy



(Dieterich-Hartwell & Koch, 2017). Such a finding supports the proposition that while musical preferences are largely individual, they are firmly rooted in one's cultural heritage (Bunt & Stige, 2014), thus providing a highly valuable window of "sensitive timing" that facilitates the establishment of a link between the client's and the therapist's personal contexts, ultimately resulting in even greater and more effective client engagement (Stige, 2002).

All the mentioned studies imply that for refugees arriving from war-torn regions dominated by security states, having a safe environment in which to express distress and fear is not only beneficial, but also necessary. As such, it is also necessary to outline the goals of music therapy, and more specifically culture-centred music therapy, that must be addressed in order to create such an environment.

## KEY GOALS OF CULTURE-SPECIFIC MUSIC THERAPY IN REFUGEE COMMUNITIES

- i. Preserving and developing people's cultural identity and their orientation according to the culture of their native country. Listening to and playing the music of their own country stimulates the experience of their culture. Especially in a process of adapting to the new culture, it is important for refugees to remain in touch with their own cultures. Music, as a means of expression, in many ways gives shape to culture and thus provides the patient with a certain cultural security (Orth, 2005).
- ii. Addressing the stigma associated with psychotherapy with the help of culture-specific and traditional musical modes, enhancing confidence in approaching appropriate mental healthcare providers, and thereby facilitating the treatment of the large population of refugees who suffer from PTSD, anxiety, depression, insecurity, ruminations, and other cognitive disorders that hinder their ability and willingness to seek appropriate avenues of mental and physical healthcare.
- iii. If not used exclusively, culture-specific music therapy can be supplemented with other methods including Narrative-Exposure Therapy (NET) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to enhance results in reducing PTSD symptoms and aid in the recovery process, as well as to provide an alternative to psychotropic medications that can repel potential refugee clientele from accessing mental healthcare services (Music and Resilience, 2015).
- iv. Providing credible results for the psychological efficacy of creative therapy methods such as music therapy would help convince potential clientele to reach out to existing programmes, especially when this proof is provided in a simple brochure/pamphlet format that is mass-advertised and translated to Arabic and/or other locally adopted languages such as Kurdish, Syriac, Circassian, Armenian, and even Aramaic to account for the majority of ethnic backgrounds in the refugee population.
- v. Addressing the shortage of mental health professionals by establishing music therapy (and, perhaps more effectively, culture-specific music therapy) as a scalable and possibly more

cost-effective alternative to traditional psychotherapy, particularly considering the acutely large percentage of PTSD-afflicted refugees.

Addressing the outlined goals of the discussed literature review requires further research into the modes of efficacy measurement, methods of delivery, and physiological effects of musical psychotherapy interventions, as well as assessments of the scope of impact of these interventions when applied in a culturally-centred manner. Therefore, the discussion of the reviewed literature culminates with the following proposed research questions:

## KEY RESEARCH QUESTIONS

- i. To what extent does the exclusive implementation of culture-specific musical interventions result in positive outcomes constituting the reduction of symptoms of mental disorders or disturbances in refugee patients?
- ii. To what extent can culture-specific musical interventions result in a positive impact on refugee mental health when supplemented with other standard care psychotherapy methods as opposed to exclusive implementation?
- iii. Do musical interventions affect brain connectomics, neural correlates, electrophysiology, and or/neurophysiology, and if so, how does this effect influence the results of music therapy / Trauma-focused Music and Imagery in refugee environments?
- iv. Which method of measurement for the impact of music therapy / Trauma-focused Music and Imagery sessions on the psychotherapy process, including biomarkers and electroencephalography (EEG) measurements, yields the most significant results?
- v. How do the outcomes of music therapy / Trauma-focused Music and Imagery sessions differ with the use of traditional music as opposed to the use of conventional musical modes and instruments such as the piano, the guitar, and other internationally recognised instruments/scales?
- vi. To what degree can music therapy / Trauma-focused Music and Imagery serve as an effective substitute for psychotropic medications, if at all?
- vii. How does administering the music therapy / Trauma-focused Music and Imagery differ in a digital versus personal setting, and in an individual versus group setting?
- viii. What is the effect of music therapy / Trauma-focused Music and Imagery on the outcome of psychotherapy treatment for patients experiencing PTSD symptoms and suffering from alcohol, drug, or substance abuse?

## CONCLUSION

Music therapy, and specifically culture-centred music therapy, offers multiple solutions to challenges faced by refugees in low-resource camp and urban environments. Traditional musical modalities are

culturally sensitive and therefore non-threatening to traditional values and etiquettes of listening to and playing music. This aspect does not only entail protection from acculturation, but also encourages refugees to let go of the need to somaticize in order to get attention to their mental health conditions. Moreover, musical interventions are non-invasive methods that allow for the establishment and consolidation of social relationships, and more profoundly provider/client relationships, in a way that does not require probing. They are also more scalable and sustainable in low-resource settings and therefore more cost-effective than the exclusive use of traditional therapy, primarily since the alternative of traditional psychotherapy is simply not feasible in such environments. Group music therapy sessions may also generate a network effect, attracting possible clients as congregation grows, through a de-stigmatizing and culturally-sensitive avenue. Finally, music serves as a distraction from real-world detrimental issues, since in contrast to other mental conditions, most refugees face a reality that is truly hopeless. The implementation of musical interventions thus not only provides a healthy escape, but also allows refugees to cultivate their own modes of cultural expression and therefore create greater opportunities for social bonding, facilitating their treatment and their ability to function as healthy members of society. This inquiry, including an examination of the conditions requiring greater application of a scalable and socially adept mode of mental healthcare delivery, namely culture-specific music therapy, thus culminates with a series of proposed target outcomes and research questions whose potential investigation may achieve the aforementioned goals of such implementation, and therefore address the acute mental healthcare challenge faced by Syrian-refugee communities.

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## Ελληνική περίληψη | Greek abstract

# Η χρήση της πολιτισμικά συγκεκριμένης μουσικοθεραπείας για τη διαχείριση της έλλειψης θεραπευτικών υπηρεσιών για τη διαταραχή μετατραυματικού στρες και συναφών ψυχικών παθήσεων σε περιβάλλοντα υποδοχής Σύριων προσφύγων

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## ΠΕΡΙΛΗΨΗ

Η έλλειψη επαγγελματιών ψυχικής υγείας σε φτωχά περιβάλλοντα υποδοχής Σύριων προσφύγων θέτει ως επιτακτική ανάγκη τις εναλλακτικές μη-λεκτικές ψυχοθεραπευτικές παρεμβάσεις, ιδίως δεδομένης της επικράτησης ψυχολογικών παθήσεων όπως η διαταραχή μετατραυματικού στρες (PTSD), η κατάθλιψη και το άγχος. Σε αυτό το άρθρο εξετάζουμε τη μουσικοθεραπεία ως μια κοινωνικά κατάλληλη θεραπευτική μέθοδο που προσφέρει μια μη στιγματισμένη, πολιτισμικά ευαίσθητη οδό ικανή να ενισχύσει την εμπιστοσύνη των ασθενών προς τις υπηρεσίες ψυχικής υγείας, παρέχοντας επίσης μια προσαρμόσιμη και βιώσιμη παρέμβαση για την αντιμετώπιση των προβλημάτων ψυχικής υγείας που αντιμετωπίζονται σε τέτοια φτωχά

περιβάλλοντα. Η παρούσα ανασκόπηση της βιβλιογραφίας συνοψίζει τεκμήρια που υποστηρίζουν τη χρήση πολιτισμικά συγκεκριμένης μουσικοθεραπείας η οποία αξιοποιεί μουσικούς τρόπους που είναι οικείοι με το πολιτισμικό υπόβαθρο των προσφυγικών κοινοτήτων και εντοπίζει βασικά ερωτήματα που χρήζουν περαιτέρω διερεύνησης. Η ανασκόπηση περιλαμβάνει μια συζήτηση σχετικά με τη συγκριτική αποτελεσματικότητα, μια περίληψη των δεδομένων κλινικής αποτελεσματικότητας, αντίστοιχες επικυρωμένες επιδημιολογικές έρευνες καθώς και στόχους ψυχιατρικής επιδημιολογίας που χρησιμεύουν ως καθοδήγηση για περαιτέρω έρευνα σχετικά με τα αποτελέσματα της μεθοδικής πολιτισμικής προσαρμογής των μουσικών παρεμβάσεων. Δεδομένου ότι η επικράτηση των ψυχιατρικών διαταραχών υπερβαίνει την διαχειριστική δυνατότητα των υπάρχουσών υπηρεσιών, οι εναλλακτικές θεραπείες που μπορούν να βοηθήσουν στην αντιμετώπιση αυτής της κρίσιμης ανεπάρκειας θεωρούνται απολύτως αναγκαίες. Αυτή η ανασκόπηση καταλήγει με βασικά ερευνητικά ερωτήματα και τομείς εστίασης που παρέχουν ένα προσχέδιο για μελλοντικές έρευνες σχετικά με την αξιολόγηση της μουσικοθεραπείας που είναι πολιτισμικά συγκεκριμένη ως μια έγκυρη μορφή ψυχοθεραπείας.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

πολιτισμός, μουσικοθεραπεία, πρόσφυγες [refugees], διαταραχή μετατραυματικού στρες [post-traumatic stress disorder, PTSD]