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Literature Review

The Syrian Refugees in Jordan

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Abstract

Wars and disasters are happening continuously around the world. These force people to leave their home country seeking a safer place to live. Jordan, Lebanon, Turkey, Iraq and Egypt are home to hundreds of refugees fleeing because of wars. Jordan itself has received several waves of refugees of different nationalities. According to a UNHCR report from 2016, Jordan was ranked as the second largest refugee-hosting country in the world.

Keywords: *Syrian Refugees; Jordan*

Literature Review

Most refugees undergo traumatic experiences known as 'stressors'. Fazel and Stein [1] categorized these stressors into stages viz. during the wars and disasters in their homeland, during their journey to reach a safer place and when settling in a host country. Robertson., *et al.* [2] added, "Refugee trauma survivors often experience posttraumatic stress disorder, other anxiety disorders, depression, and somatization. As a result, many suffer a disproportionate vulnerability to a variety of interpersonal, health, and social problems". This idea was also noted by the World Health Organization (WHO), which asserted that the number of mental disorders could double after a disaster.

In 2016, research was carried out in Jordan in collaboration with the Norwegian Refugee Council (NRC), Information and Research Center - King Hussein Research Foundation (IRCKHF) and the International Blue Crescent Relief and Development Foundation (IBC). It aimed to identify the needs, aspirations and challenges faced by displaced and local community youth aged 15 to 24. The study concludes that young Syrian refugees are losing hope. It also confirms that these young people encounter many difficulties such as accessing education, extreme poverty, and lack of economic opportunities, limited chances to be engaged with the community, feeling disempowered and frustrated.

In addition to the aforementioned psychological disorders, refugees are expected to have other health problems such as deficiency of both vitamin B12 and vitamin D3 serum. In 2013, the US Department of Health and Human Services Centers for Disease Control and Prevention highlighted the most common micronutrient deficiencies among refugees, including iron, vitamin D, vitamin A, zinc, B12, B3/niacin and tryptophan, iodine, thiamine/B1 and vitamin C.

Vitamins in general, and B12 and D3 in particular, are substances that a body needs to grow and develop normally. Vitamin B12 is an essential vitamin, which humans obtain from meat, dairy products and eggs. Moreover, low levels of B12 have fatal consequences if left untreated. This can cause fatigue, depression and permanent nerve damage affecting the ability to walk. With regard to vitamin D3, this is responsible for increasing intestinal absorption of some substances such as calcium, magnesium, and phosphate, as well as its role in various biological processes. Human beings can obtain this vitamin through exposure to sunlight, vitamin supplements and some vitamin

D-rich foods such as egg yolks, saltwater fish, liver, milk and cereal. Vitamin D deficiency is a widespread phenomenon among immigrants and refugees [3]. Refugees are expected to have low levels of vitamin D3 due to less exposure to sunlight, since they have a need to try to hide during and after wars, often wear religious clothing and keep their children indoors. Another important factor is the quality of food they usually have in such circumstances. Moreover, prolonged breastfeeding without supplementation also contributes to low levels of vitamin D3.

The Center for Victims of Torture (CVT) has established two healing sites. The first was devoted to traumatized Iraqi refugees in 2008, while that second was opened in Zarqa to offer services for Syrian refugees. Syrian refugees at this center are offered psychotherapeutic services in which therapists try to reduce very high levels of distress, as well as to improve the refugees' abilities to function effectively within their families and communities. Physical therapy is also offered in order to decrease pain and disability resulting from torture, increase bodily awareness and self-regulation, and regain function in daily living through learning techniques to self-manage refugees' conditions over time. Additionally, social services are offered by social workers who support and educate family members and ensure the fulfilment of refugees' needs. Follow-up assessments are conducted four times a year (January, March, June and December) to monitor progress. Furthermore, CVT is building up local mental health and physical therapy resources by developing specialized trauma treatment skills in Jordanian and Palestinian mental health and physical therapy staff. Condensed training is also offered focusing on trauma treatment, with staff learning alongside experienced trauma psychotherapists and physical therapists (CVT, n.d).

The findings, which were interpreted in light of the 1987 uprising (Intifada), showed that "exposure to political and military violence may be associated with the onset of conduct problems and fears" (ibid, p. 496). However, taking part in the conflict might increase self-esteem and protect children from developing any type of psychological problems. Khamis [4] studied the prevalence of PTSD among school-age Palestinian children. The researcher examined the variables that differentiate PTSD from non-PTSD. These variables included the child's personality, socioeconomic status, family environment and parental style. The study concluded that a significant number of children had experienced at least one traumatic event in their lives. PTSD was diagnosed in 34.1% of the sample and most of these were refugees, male and in employment. This study found an association between family environment, parental style and PTSD symptomatology. However, the family ambiance was the only predictor in the final model (ibid, p. 935).

Al-Krenawi, Lev-Wiesel and Sehwail [5] examined gender differences with reference to domestic violence, political violence, family relations and psychological symptomatology among Palestinian adolescents. The study concluded that there was no significant difference in the level of exposure to political violence between the genders. However, females registered higher levels of psychological symptoms than with males. Additionally, more females than males reported high-level exposure to domestic violence and lower levels of family function. Al-Krenawi., *et al.* [6] analyzed the association of political violence, domestic violence and school violence with psychological functioning and psychological symptomatology among Palestinian youth. The researchers confirmed the existence of associations between family violence, family economic status and psychological symptomatology. The analysis showed low levels of family functioning. Moreover, the study unveiled some geographic variability in experiences of political violence, domestic violence, school violence, and psychological symptomatology.

In 2009, Al-Krenawi, Graham and Kanat-Maymon [7] investigated the relationship between exposure to traumatic events and psychosocial, behavioral, emotional and family problems among Israeli and Palestinian school-attending adolescents aged 14 - 18. The findings of the study showed that Palestinians scored higher in traumatic events, and the psychological function (BSI). They also had problems at the family function (FAD). Mental health symptoms and PTSD symptoms were also predicted as a result of the social functioning of the adolescents with their peers. Furthermore, lower socioeconomic status was responsible for mental health symptoms, PTSD, pathology of participants' family functioning and the social functioning of the adolescents with their peers. In addition, one of the findings revealed that parents' educational backgrounds played crucial, positive role in FAD scores as well as the avoidance item in the PSS-I. Religion had also an influence on FAD scores. Scores varied between males and females, that is to say, females had more symptoms on the BSI than males.

Another study conducted by Al-Krenawi, Lev-Wiesel and Sehwail [8] examined the influence of political violence on the psychosocial functioning of adolescents and their families by comparing subjects from two areas in the West Bank and Gaza Strip regions. The findings showed that West Bank participants had a significantly higher level of exposure to political violence and significantly more aggression, mental health symptoms, as well as problems in family and social functioning. Moreover, the greater amount of exposure to political violence resulted in higher levels of depression, hostility, paranoid ideation, and PTSD. In addition, the economic status and educational level of parents had a positive impact on reducing levels of mental health symptoms and achieving greater family functioning.

Abu Tarboush [9] identified the major psychosocial impact of the Syrian crisis on Syrian refugee children in Jordan. The overall results revealed that there was some moderate psychosocial impact on the Syrian refugees. Moreover, as children grew older, the psychosocial impact decreased. Additionally, there were no statistically significant differences among refugees with regard to their gender. The longer the stay in the hosting country, the less psychosocial impact was reported.

Al-Gharaibeh [10] explore the level of PTSD and identified coping strategies used by Syrian adolescents at Al-Zaatari Refugee Camp in Jordan. The results suggested that the respondents were suffering from a medium level of PTSD. In addition, there were statistically significant differences in PTSD in terms of exposure to a previous trauma and parents' educational level. However, analysis of the data revealed that were no statistically significant differences in terms of gender and length of residency. For results related to coping strategies among adolescents, data analysis showed that there were statistically significant differences between the genders. The results were in favor of males in both religiousness and social support strategies. Additionally, there were statistically significant differences due to the variable of exposure to a previous trauma in the strategy of relaxation and entertainment. One final finding was the existence of a positive correlation between PTSD and coping strategies.

Momani and Al-Fraihat [11] investigated the level of psychosomatic disorders as well as social and demographic factors as predictors of psychosomatic disorders among Syrian refugees. The results showed an average level of psychosomatic disorders. Gender, age, education level and residence in a camp were statistically significant in predicting psychosomatic disorders. However, previous trauma, Jordanians' negative attitudes, fear of forced repatriation, marital status, residence in a city or in a village did not significantly predict any of the psychosomatic disorders. Based on the results, the researchers recommended that camps, cities and villages should be provided with psychosomatic care centers.

Miqdadi [12] explored the level of PTSD among Syrian refugees. Specifically, the researcher aimed to examine the differences in the degree of disorder. The researchers utilized a PTSD scale. The findings showed that PTSD pressure on the sample chosen was average. Furthermore, analysis of the results proved that there were no statistically significant differences in the degree of pressure between males and females.

Vitamin D3 and B12 deficiencies among refugees

Penrose., *et al.* [3] investigated the prevalence of vitamin D3 deficiency among a large, diverse cohort of refugees in Massachusetts, in order to assess its significance for routine health screening of refugees. These results were utilized to estimate vitamin D status. Moreover, blood tests results were used to examine the relationship between deficiency or insufficiency and age, gender, regional origin and season of testing. The blood tests revealed that 87% of the refugees were either vitamin D insufficient or deficient. The findings revealed that women coming from the same region were at higher risk than to men. Additionally, women were increasingly prone to suffer from vitamin D deficiency with age, whereas vitamin D deficiency in males was similar for pre-school children and men at the height of their working years.

Aucoin., *et al.* [13] investigated the 25-hydroxyvitamin D level among refugee women of child-bearing age and in refugee children. The researchers compared these vitamin D levels with recommended levels in order to identify the prevalence of deficiency. Moreover, they aimed to compare vitamin D3 levels among the sample chosen with those in the general Canadian population in the appropriate age and sex groups and addition to investigating the association of vitamin D deficiency with potential risk factors. The study concluded that most refugees had lower than desirable vitamin D levels. The researchers recommended that health care providers consider vitamin D supplementation among refugees.

Belen., *et al.* [14] reported that megaloblastic anemias due to vitamin B12 deficiency was a scarce phenomenon among children. However, as most cases resulted from maternal insufficiency, it was mainly noticed in breastfed infants, particularly when the mother's socioeconomic status was low and her nutrition was inadequate.

De Fillipis., *et al.* [15] recently reported that refugees arriving in Italy suffered from hypovitaminosis. Sandell., *et al*. [16] reported that studies from the Centers for Disease Control (CDC) showed that child and adolescent refugees from Bhutan and Syria (in Nepalese and Jordanian refugee camps, respectively) have varying degrees of acute and chronic malnutrition.

Şimşek., *et al.* [17] conducted their study on married Syrian refugee women living outside of camps in 2015 in Turkey's Sanliurfa province. The findings revealed that the participants had reproductive characteristics, mental health symptoms, vitamin B12 deficiency, micronutrient deficiencies, and symptoms of sexually transmitted infections. Moreover, their iron, B12, and folic acid deficiencies scored 50%, 45.6%, and 10.5%, respectively. Around 89.7 % reported having at least two mental health symptoms that were mainly due to lack of social support, language barrier and B12 deficiency. Based on the socioeconomic and level of poverty in Jordan there is need to explore Vitamin D3 and B12 deficiencies among the Syrian Refugees in Jordan.

Proposed intervention: Expressive arts therapy

In recent years, an increasing number of refugee children and their families have been forced to migrate to countries around the world seeking safety and refuge. As the global refugee population increases, it is becoming more important to understand factors that promote and foster resilience among refugee youth. Refugees are a special case since they have typically experienced both displacement and trauma, and now face the task of adapting to a new environment, frequently involving the simultaneous acquisition of a new language [18].

Studies on the effectiveness of expressive arts therapy and music therapy is emerging gradually. Ugurlu, Akca and Acarturk [19] sought to decrease symptoms of PTSD, anxiety and depression among Syrian refugee children living in Turkey. The study created a weeklong workshop for 63 children that incorporated expressive arts therapy, movement therapy and music therapy. Children and their parents filled out different questionnaires before and after the workshop to measure the levels of their symptoms. Findings showed that expressive arts therapy can be effective for refugee children, and that there is a growing tendency to conduct more measured experiments that focus on trauma and symptoms.

Ugurlu, Akca and Acarturk [19] examined the prevalence of psychological symptoms among Syrian refugee children (N = 64) and assessed the effect of expressive arts therapy intervention on post-traumatic stress, depression and anxiety symptoms. Findings of the study indicated that trauma, depression and trait anxiety symptoms of children were significantly reduced in the post-assessment. Therefore, expressive arts therapy may be an effective method to symptoms of these disorders among refugee children.

Kalmanowitz and Ho [20] reported that the refugees had a wide variety of experiences, such as catharsis, increased self-awareness and knowledge, as well as coping with loss. They also found that the group context added a layer of support, universality and resilience by focusing on providing a supportive, safe and open environment for processing through expressive arts therapy and mindfulness practices.

A recent review of classroom-based creative therapy programs with refugee and non-refugee children found that creative therapies contributed to improvements in coping, resiliency, pro-social behaviors, self-esteem, emotional and behavioral problems (especially aggressive behaviors). The review suggested creative therapies are well suited to some populations such as refugee youth. Arts-based therapies are non-threatening, normalize emotional expression, and offer a playful approach to treatment [21].

In 2014, Jabbar and Zaza [22] identified the types of anxiety and depression symptoms experienced by Syrian refugee children. They also compared these symptoms to those in children in non-conflict areas near to where the refugees had re-settled. The study concluded that the Zaatari children had the highest scores for depression, being the only group that expressed "thoughts of ending your life." The

study created a statement about the need for more research and action among psychologists and therapists to address the mental health of refugee families and children. The study recommended further research into therapeutic interventions among refugees, to better understand how therapy can potentially have a healing influence.

A systematic review of the literature surrounding school- and community-based interventions for refugee and asylum-seeking children found significant changes in symptomology which could be attributed to interventions focusing on verbal processing of past experiences and creative expression interventions [23]. In the same vein, Kapitan [24] discussed the unique power of art and art therapists to resolve issues of violence within our communities by increasing the practice of art making, which, through its humanizing power, can create connection and empathy on a larger scale.

Creative activities have good outcomes, particularly for marginalized populations such as children and adolescents from refugee backgrounds [25]. Potash and Ho (2011, p.80) concluded that "by engaging our unique skills in the facilitation of meaningful art viewing and art-making experiences, art therapists can attend both to individuals in need and to the community structures that hamper their full participation in society." The artistic activities in camps in which refugees themselves have been actively engaged as initiators, participants and/or participatory audience members provide useful tools for improving the quality of life for camp residents: principally, as a vehicle for addressing psychosocial issues; as an educational tool; and as an effective medium for behavior change communication.

A reduction in depressive and anxiety symptoms, decrease in post-traumatic stress symptoms, decrease in emotional problems and improvements in well-being are findings, which point to the emergence of an evidence base in support of creative therapies [26]. Stuckey and Nobel [27] explored the relationship between engagement with the creative arts and health outcomes, specifically the health effects of musical engagement, visual arts therapy, movement-based creative expression and expressive writing. They found that art-based interventions are effective in reducing adverse physiological and psychological outcomes; the extent to which these interventions enhance health status is largely unknown.

An exploratory study undertaken by Fazel., *et al.* [28] evaluated a school-based mental health service for refugee young people. The findings demonstrated a significant reduction in total behavioral difficulties, in particular in peer issues and hyperactivity subscales. Art and music therapy is a way to reconstruct meaning and identity [29].

Conclusion

The United Nations High Commissioner for Refugees (UNHCR) and UNICEF have called for the provision of programs to improve the parenting skills of refugees with children, starting as early as during their stay in temporary shelters. The goal is to teach parents strategies that will facilitate interactions with their children and enable them to handle everyday annoyances in a positive way, despite their own traumatization and despite the considerable challenges that their children may be presenting. In order to implement some of these programs cultural diversity need to be considered.

Following the level of trauma and the psychological impact of war on refugees there several stages need to be considered by practitioners when working with Refugee families; such as early recognition of psychosocial risks from war zones increased risk of developing post-traumatic disorders, therefore there is a need for social support, culturally appropriate intervention at the individual, Group, family and community level and access to schools, academic and psychosocial support should be provided to the children. In addition to cultural differences among refugees, gender differences in the emotional and behavioral consequences of victimization need to be taken into account when providing services to refugee families.

Bibliography

1. Fazel M and Stein A. "The mental health of refugee children". *Archives of Disease in Childhood* 87.5 (2002): 366-370.

2. Robertson C., *et al*. "Modeling psychological functioning in refugees". *Journal of the American Psychiatric Nurses Association* 22.3 (2016): 225-232.

3. Penrose K Adams J., *et al*. "Vitamin D deficiency among newly resettled refugees in Massachusetts". *Journal of Immigrant and Minority Health* 14.6 (2012): 941-948.

4. Khamis V. "Post-traumatic stress disorder among school age Palestinian children". *Child Abuse and Neglect* 29.1 (2005): 81-95.

5. Al-Krenawi A., *et al*. "Psychological symptomatology among Palestinian male and female adolescents living under political violence 2004-2005". *Community Mental Health Journal* 43.1 (2007): 49-56.

6. Al-Krenawi A., *et al*. "Tomorrow's players under occupation: An analysis of the association of political violence with psychological functioning and domestic violence among Palestinian youth". *American Journal of Orthopsychiatry* 77.3 (2007): 427-433.

7. Al-Krenawi A., *et al*. "Analysis of trauma exposure, symptomatology and functioning in Jewish Israeli and Palestinian adolescents". *The British Journal of Psychiatry* 195.5 (2009): 427-432.

8. Al-Krenawi A., *et al*. "The impact of political violence on psychosocial functioning of individuals and families: The case of Palestinian adolescents". *Child and Adolescent Mental Health* 17.1 (2012): 14-22.

9. Abu Tarboush R. "Social and psychological effects of the Syrian crisis on the Syrian refugee children in Jordan". (Unpublished MA thesis), The University of Jordan, Amman: Jordan (2014).

10. Al-Gharaibeh M. "Post-traumatic stress disorder and coping strategies among adolescents at Al-Zatari Refugee Camp". Master thesis, Yarmouk University, Irbid: Jordan (2014).

11. Momani F and Al-Fraihat E. "The Predictability of some social and demographical factors in the occurrence of psychosomatic disorder among Syrian refugees". *Jordan Journal of Social Sciences* 9.30 (2016): 305-321.

12. Miqdadi Y. "Post-traumatic stress disorder among children of refugees Syrians disorder in Zaatari refugee camp". Paper presented at Education: Challenges and Future Prospects conference, Irbid, YU (2017).

13. Aucoin M., *et al*. "Vitamin D status of refugees arriving in Canada". *Canadian Family Physician* 59.4 (2013): 188-194.

14. Belen B., *et al*. "Severe vitamin B12 deficiency with pancytopenia, hepatosplenomegaly and leukoerythroblastosis in two Syrian refugee infants: A challenge to differentiate from acute leukaemia". *BMJ Case Report* (2014): bcr2014203742.

15. De Filippis LG., *et al*. "Vitamin D deficiency in refugees in Italy". *Reumatismo* 69.3 (2017): 101-104.

16. Sandell AMD., *et al*. "Health status and anthropometric changes in resettled refugee children". *Journal of Pediatric Gastroenterology and Nutrition* 65.5 (2017): 569-573.

17. Şimşek Z., *et al*. "A community-based survey on Syrian refugee women's health and its predictors in Şanliurfa, Turkey". *Women and Health* 58.6 (2017): 617-631.

18. Cavnar-Lewandowski Z and Gavin K. "The Potential of Refugee Art to Inspire Empathy and Social Action". MA thesis, Loyola Marymount University, Los Angeles, California (2017).

19. Ugurlu N., *et al*. "An expressive arts therapy intervention for symptoms of posttraumatic stress, depression and anxiety among Syrian refugee children". *Vulnerable Children and Youth Studies* 11.2 (2016): 89-102.

20. Kalmanowitz D and Ho R. "Out of our mind. Expressive arts therapy and mindfulness with refugees, political violence and trauma". *Arts in Psychotherapy* 49 (2016): 57-65.

21. Beauregard C. "Effects of classroom-based creative expression programmes on children's well-being". *Arts in Psychotherapy* 41.3 (2014): 269-277.

22. Jabbar A and Zaza I. "Impact of conflict in Syria on Syrian children at the Zaatari refugee camp in Jordan". *Early Child Development and Care* 184.9-10 (2014): 1507-1530.

23. Tyrer RA and Fazel M. "School and community-based interventions for refugee and asylum seeking children: A systematic review". *PLOS ONE* 9.5 (2014): e89359.

24. Kapitan L. "Imagine the other: Drawing on expressive arts therapy to reduce hate and violence". *Expressive Arts Therapy* 29.3 (2012): 102-103.

25. Marsh K. "The beat will make you be courage: The role of a secondary school music program in supporting young refugees and newly arrived immigrants in Australia". *Research Studies in Music Education* 34.2 (2012): 93-111.

26. Ager A., *et al*. "The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in Northern Uganda". *Journal of Child Psychology and Psychiatry* 52.11 (2011): 1124-1133.

27. Stuckey H and Nobel J. "The connection between art, healing, and public health: A review of current literature". *American Journal of Public Health* 100.2 (2010): 254-263.

28. Fazel M., *et al*. "A school-based mental health intervention for refugee children: An exploratory study". *Clinical Child Psychology and Psychiatry* 14.2 (2009): 297-309.

29. Koch SC., *et al*. "Traumatised refugees: An integrated dance and verbal therapy approach". *The Arts in Psychotherapy* 36.5 (2009): 289-296.

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