EXPLORING THE MENTAL HEALTH CHALLENGES EXPERIENCEDBY SYRIAN REFUGEES IN GERMANY: ADESCRIPTIVE PHENOMENOLOGICAL APPROACH

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Abstract

Refugees in Germany, like elsewhere in the world, face various mental health challenges due totraumatic experiences they often endured before, during, and after fleeingtheir home countries and resettling in new countries. These challenges are exacerbated by the stressors associated with the acculturation and resettlementas well as integration process in a host country. In this research paper, we will seehow Syrian refugees describe their experienced mental health challenges associated with their search for a recognized refuge status in different countries and their integration process in Germany. In that context, we will show, through a descriptive phenomenological approach, how the establishment of a good German welcoming political and socialsystem has helped the Syrian refugees to find a second fatherland in Germany. Finally, from an ecological perspective, findings helped us to understand and present multifaceted experiences of Syrian refugees who specifically arrived in Germany since 2015.
Key words: Refugees, civil war, resettlement, mental health Problems

Introduction

From the beginning of all societies, some individuals or groups of people have migrated and others have been forcibly expelled from their towns and villages due to different reasons. The practice of helping such people fleeing persecution in their home countries is human and has become one of the earliest hallmarks of civilization and there are references to such assistance in some ancient books including the bible written around 3,500 years ago during the blossoming of the great Hittite, Babylonian, Assyrian or Egyptian empires of the Middle East. Remember that even Jesus Christ has once been a refugee in Egypt (Matt. 2:13-18). However, all people either refugees or migrants undergo in their host countries several challenges including psychological, mental problems that we will analyse in this research basing on the case of Syrian refugees resettled in Germany since 2015.

Moreover, the United Nations High Commissioner for Refugees (UNHCR) has been established in 1950 with a core mandate to protect "refugees". This is a legal term referring to a specific group of displaced people, but in today's complex world, there are other similarly uprooted groups or people on the move, known variously as internally displaced persons (IDPs), migrants, stateless persons or asylum-seekers.

In fact, global migration has shaped the modern societies. The current global estimate is that there are around 281 million international migrants in the world in 2020, which equates to 3.6 per cent of the global population. Overall, the estimated number of international migrants has increased over the past five decades (UN 2021).

In that context, we conducted researchthat helped us to identify that the refugees and migrants go throughseveral mental health problems that hinder their integration process in their respective host countries. Therefore, the research in Syrian refugees suggested that refugee post-migration experience challenges contribute to psychological concerns such as cultural and linguistic challenges, economic and social challenges, stigma and social isolation and difficulty adapting to different social roles (Espinoza, 2016; Yako, & Biswas, 2013: Li et al., 2016; Tingog et al., 2017: Bogic et al., 2015; Fazel et al., 2005; Fisher, 2013 and Turrini et al., 2017).

Given the excess of stressors, mental health interventions for refugees are designed to target trauma experienced during the conflict, socio-cultural challenges specific to their new homeland, and daily stressors associated with resettlement (Bogic et al., 2015). The study aimsat discovering the lived experiences (associated with civil war, migration, and resettlement) and socio/cultural factors that impact Syrian refugee mental health and well-being.

Finally, it is important to emphasize that we focused onmental health challenges experienced by the Syrian refugees that have been accommodated in Germany through the resettlement since 2015 after official statement of gateway of Chancellor Angela Merkel (2015).

1. Background information about the global refugee situation

Across the globe at any moment, millions of people are on move. Groups, sometimes entire villages and towns, flee war, economic hardship, religious or other persecution, often at the hands of their own governments. Their situation is often so perilous that they cross national boundaries to seek sanctuary in nearby countries and thus become internationally recognized as "refugees" with access to official assistance from UNHCR and organizations. The popular press or public often wrongly identifies internally displaced people as refugees. However, as the name suggests, internally displaced people (IDPs) have not crossed an international border but remain within their home countries.

Though they may have fled for similar reasons such as war or persecution, sometimes perpetrated by their own governments, they legally remain under the protection of that same government and retain all of their rights and protection under both human rights and international humanitarian law. UNHCR's original mandate does not specifically cover IDPs. But because of the agency's expertise on displacement, it has for many years assisted millions of them, most recently through a so-called "cluster" approach, whereby UNHCR takes a lead role with other government and humanitarian agencies to coordinate protection, shelter and camp management. UNHCR is currently active in 26 different IDP operations, including Colombia, the Democratic Republic of the Congo, Iraq, Somalia,and Sudan.

Due to the crisis of global migration and Syrian refugees occurred in 2015, the German government has strategically invested in building safe environmental and infrastructural systemby not only increasing funding, but also strengthening capacities to plan, coordinate, and regulate service provision to all refugees.

In Germany, government guarantees the basic human rights and physical security not only of its own citizens but also for refugees on its territory. The national authorities normally work in concert with local non-governmental organizations (NGOs), and in many cases with social worker staff. The location of refugee camps varies from capital cities to remote camps and border areas. Protection staff offer various services to provide both legal and physical protection and, in some cases, to minimize the threat of violence, including sexual assault, which might occur in asylum seekerscentres.

2. Research Questions

✓ How do individuals from Syria describe their experienced mental health challenges such as trauma associated with becoming a refugee and resettling in Germany.?
✓ How do Syrian refugees perceive the mental health services offered to refugees in Germany?
✓ What are the socio-cultural aspects of resettlement (i.e., culture, language, economic and social challenges) in Germany that influence Syrian refugee well-being?

3. Problem Statement

After over a decade of conflict, Syria remains the world's largest refugee crisis. Since 2011, more than 14 million Syrians have been forced to flee their homes in search of safety. More than 6.8 million Syrians remain internally displaced in their own country where 70 percent of the population is in need of humanitarian assistance and 90 percent of the population live below the poverty line. Approximately 5.5 million Syrian refugees live in the five countries neighbouring Syria—Türkiye, Lebanon, Jordan, Iraq and Egypt. Germany is the largest non-neighbouring host country with more than 850,000 Syrian refugees.

In the new host country, for the refugees, the successful resettlement partially depends on the mental health status of refugees (Esses et al., 2017; Ibrahim & Hassan, 2017; King et al., 2017). The general problem is that refugees are ten times more likely to develop post-traumatic stress disorder (PTSD) and four to five times more likely to develop depression and anxiety than the general population (Turrini et al., 2017; Morina et al., 2017).

People who face wars and atrocities experience tremendous health and psychological problems. The poor mental health of refugees is associated with other factors that influence refugees' ability to thrive, such as gaining employment or housing, learning a new language and culture, and navigating foreign healthcare services (Cengiz et al., 2019; Ibrahim & Hassan, 2017; Kim & Kim, 2014; Kim, 2016). The experience of trauma does not resolve when refugees leave their conflict-ridden home; the immigration process and adapting to new social, environmental, and cultural contexts of life can itself be challenging and stressful (Aoun et al., 2018; Bogic et al., 2015; King et al., 2017). This is factual in scenarios where the host country does not have a supportive infrastructure to handle the incoming refugee population. Because of the variations in the socio-economic environment where refugees resettle, their resettlement process will equally differ (Aoun et al., 2018; Ibrahim & Hassan, 2017; Mahr & Campbell, 2016). Refugees have experienced extremely stressful events related to their refugee status. Because of political or cultural oppression and war migration and resettlement, refugees suffer tremendous trauma. For example, Syrian refugees are resettled in the Germany following the Syrian civil war that erupted in 2011.

Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD. Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.

The most-reported symptoms include the following: flashback memories, avoidance, anger, persistent crying, and fear, which is often exacerbated by different events in one's life, such as migration (Banyanga et al., 2017). In most cases, sexual abuse during the civil war is used as a weapon inflicted on women leaving a lasting psychological effect both for the victims and the perpetrators (African Rights, 2004). Some women refugees have reported carrying a permanent mark of their experiences on their minds (Banyanga et al., 2017).

Furthermore, scientific evidence suggested that children born as a result of rape suffer from depression, anxiety, and social stigma (Banyanga et al., 2017). Further, findings also indicates that exposure to trauma can be intergenerational meaning it can be transmitted from one generation to other (Betancourt et al., 2015; Neuner et al., 2004) and migration has been cited worsen mental health especially for refugee (Betancourt et al., 2015). It is imperative to explore the experiences of Syrian refugees given that this population has endured myriads of challenges, and their experiences are not well understood during resettlement and to the researcher's knowledge, there are notmuchresearchwhich describe the life experiences of Syrian refugees following their resettlement in Germany since 2015. The purpose of the current study is to gain an understanding of the lived experiences associated with civil wars, migration and resettlement as well as socio/cultural factors that impact their mental health and well-being. By understanding this phenomenon, it may assist in informing health care providers on resettlement policies on more effective integration and healing practices for this vulnerable population.

Chapter 1. Results of empirical studies

1.1. Literature review context

In recent years, more than 1 million Syrian refugees were admitted into Germany, some of whom were coming directly from Syria and others from neighboring countries of Syria (UHNCR, 2022). Many Syrians sought refuge in other countries following the full-pledged civil war that started in 2011 and 2012 when the Syrian government used violence to suppress demonstrations of opposition militia, making extensive use of police, military and paramilitary forces.

As of December 31, 2022, the total number of Syrians in Germany reached 923,085. Germany's peak number of asylum applicants peaked at 890,000 in 2015, however, the trend began to reverse. In 2018, only 185,000 Syrians applied for asylum in Germany (BAMF,2018).

Research indicated that refugees experience post-migration challenges that exacerbate psychological concerns including cultural and linguistic challenges (Espinoza, 2016; Yako & Biswas, 2013), economic challenges (Li et al., 2016), the stigma of mental health and social isolation (Espinoza, 2016; Tingog et al., 2017), and difficulty adapting to different social roles (Bogic et al., 2015; Fazel et al., 2005; Fisher, 2013; Turrini et al., 2017). Relevant literature was organized in categories, progressing from the civil war in Syria towards its relationship with mental health, refugee status, resettlement, and mental health barriers and interventions.

About 790,000 Syrian refugees have arrived in Germany to take shelter since the years 2010/2011, which marked the eruption of the Syrian civil war (Mediendienst Integration Zahlen Und Fakten: Syrische Flüchtlinge. [(accessed on 30 April 2020)]. The majority of Syrian refugees were exposed to a variety of potentially traumatizing events, such as military combat, torture or imprisonment. Regardless whether such events were witnessed or personally experienced, they may increase vulnerability to post-traumatic stress and related adverse mental health outcomes (Georgiadou E., Zbidat A., Schmitt G.M., Erim Y, 2018).

A study reported that 75.3% among a group of 518 adult Syrian refugees in Germany had witnessed and/or experienced traumatic events. Subsequently, symptoms of post-traumatic stress disorder (PTSD) were reported by 11.4% of them (Georgiadou E., Zbidat A., Schmitt G.M., Erim Y, 2018).

Additionally, PTSD is often associated with a range of comorbidities that further compromise mental health. The most common comorbidities are: mood disorders (such as depression or bipolar disorders), anxiety disorders (such as generalized anxiety disorder, panic disorder), substance dependence, somatization disorders and increased attempts of suicide (PeConga E.K., Thøgersen M.H, 2019).

Traumatic experiences tend to be stored in the implicit memory, but often only in parts, which makes a holistic narrative impossible. This frequently leads to intrusions and avoidance behavior. In addition to post-traumatic stress, problems with residential status in the host country can further negatively impact mental health (Winkler J., Brandl E.J., Bretz H.J., Heinz A., Schouler-Ocak M., 2018). Therefore, psychotherapeutic interventions are highly indicated, and it has been recommended that they should be offered promptly after the arrival of refugees (Nesterko Y., Jäckle D., Friedrich M., Holzapfel L., Glaesmer H. 2019).

Indeed, there is a lack of adequate treatment possibilities due to lack of sufficient treatment centers that offer psychological help or psychotherapy for refugees in host countries upon arrival in registration centers. This is mainly due to intercultural and language barriers that hinder utilization of help.

The findings of this study revealed that the prevalence of depression was 16%, which was associated with functional impairment among participants. This study examined the rates and risks of Prolonged Grief Disorder (PGD) among Syrian refugees 13 years after eruption of civil war in 2011 found that participants displaying symptoms such as feeling numb, shocked, astonished, and yearning for their deceased loved ones. Prolonged grief disorder was associated with depression and other mental health concerns (Schaal et al., 2012).

1.2. Important definitions

1.2.1. Refugee

The 1951 Refugee Convention describes refugees as people who are outside their country of nationality or habitual residence, and have a well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion. People fleeing conflicts or generalized violence are also generally considered as refugees, although sometimes under legal mechanisms other than the 1951 Convention (UNHCR, 2018c).

1.2.2. Resettlement

The resettlement is "the transfer of refugees from an asylum country to another State that has agreed to admit them and ultimately grants them permanent settlement" (UNHCR, 2019, para. 2).

1.2.3. Asylum-seeker

Someone who has made a claim that he or she is a refugee, and is waiting for that claim to be accepted or rejected. The term contains no presumption either way - it simply describes the fact that someone has lodged the claim. Some asylum-seekers will be judged to be refugees and others not.

1.2.4. Migrant

A wide-ranging term that covers most people who move to a foreign country for a variety of reasons and for a certain length of time (usually a minimum of a year, so as not to include temporary visitors such as tourists, people on business visits, etc). Different from "immigrant," which means someone who takes up permanent residence in a country other than his or her original homeland.

1.2.5. Mental health.

According to the World Health Organization (WHO), mental health is defined as "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community" (WHO, 2014).

1.2.6. Economic migrant

Someone who leaves his or her country of origin for financial reasons. Internally displaced person (IDP) is someone who has been forced to move from his or her home because of conflict, persecution (i.e., refugee-like reasons) or because of a natural disaster or some other unusual circumstance of this type. Unlike refugees, however, IDPs remain inside their own country.

1.2.7. Trauma.

A deeply disturbing experience that elicits an emotional response (American Psychiatric Association [APA], 2018). Typically, shock and denial are two common outcomes of trauma. Additionally, the list of long-term effects may also encompass unpredictable emotions, flashbacks of traumatic events, stressful relationships, and even physical symptoms, such as headaches or nausea (APA, 2018).

1.2.8. Stateless person

Someone who is not considered as a national by any state (de jure stateless); or possibly someone who does not enjoy fundamental rights enjoyed by other nationals in their home state (de facto stateless). Statelessness can be a personal disaster: some stateless people live in a Kafkaesque netherworld where they do not officially exist and therefore have virtually no rights at all. Unlike other groups, they may have never moved away from the place where they were born. Some stateless people are also refugees.

1.2.9. Well-being

A general state of happiness (APA, 2019). This includes generally low levels of stress in an individual's life (APA, 2019). According to the American Psychiatric Association (2019), well-being ideally includes a life that is free from trauma, pain, or stress.

1.2.10. Depression.

Depression is a common mental health concern that has been well documented among the Syrian population (Bolton et al., 2002). Research indicates that when a community experiences trauma, it often infiltrates many aspects of society, and sometimes the children of trauma-sufferers may display mental health symptoms (Rieder & Elbert, 2013).

1.3. Theoretical framework

The current study was framed using Bronfenbrenner's (1981) ecological systems theory. According to ecological systems theory, multiple factors, personal, situational, and sociocultural, interact to shape our life experiences (Eriksson et al., 2018). Given that the Syrian civil war occurred 13 years ago, research indicates that this population continued to suffer from the psychological consequences (Neugebauer et al., 2014). Therefore, it is essential to understand these experiences using a framework that underscores the different interrelated factors that have shaped Syrian refugees' experiences prior to migration and post-migration. Furthermore, the ecological theory posits that individual development occurs within the context of interrelated systems that form the environment (Drozdek, 2015). These systems include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. These systems of ecological systems theories are relevant to this study as they consider the multiple variables and transitions that refugees encounter during their displacement.

1.3.1. Microsystem

A microsystem comprises relationships between the individual and factors of the immediate environment such as family, peers, school, jobs, neighborhood housing, food, beliefs, and others that consistently interact with the individual (Bronfenbrenner, 1983, Drozdek, 2015). Bronfenbrenner (1979) defined microsystems as relationships between an individual and their surrounding environment, which includes environmental school, a neighborhood, the home, and other relevant environmental factors, such as

the immediate family. A microsystem is considered as a relationship, or bond, between the immediate individuals within their microsystem (Bronfenbrenner, 1979; Drozdek, 2015). These environmental bonds lead to direct influences based upon these interactions.

In terms of a refugee, the surrounding microsystem is considered as a vital component that can guide their experiences after their traumatic experiences (Drumm et al., 2004). Microsystems are relevant to this study as they consider an individual's different life trajectories, persona, beliefs, job, housing, and school (Bronfenbrenner, 1979). These are impactful as they are bonded relationships that may impact their ability to respond to their experiences related to their refugee status (Drumm et al., 2004).

1.3.2. Mesosystem

The mesosystem includes individuals group membership such as a church and community support groups and how all these factors interact together (Bronfenbrenner, 1979; Drozdek, 2015). Mesosystems are considered vital as they can impact the relationship within the microsystem and inhibit the individual ability for positive progress with their microsystem supports (Bronfenbrenner,1979). Mesosystem was necessary for this study as it considers other elements within refugee's lives, such as their families and communities (e.g., churches) that may assist refugees (e.g., providing support).

1.3.3. Exosystem

This system comprises the relationships to the outside world that an individual is not directly involved within, such as displacement due to war or natural disasters (Bronfenbrenner, 1979; Drozdek, 2015). The exosystem may also include relationships between the individual and society, including mass media and public relations (Bronfenbrenner & Evans, 2000; Drozdek, 2015). For example, for refugees, the social relationship within the exosystem may result from displacement, the family separation that can impact their well-being. As such, the exosystem is important to consider when examining refugees as it may impact their overall well-being. Exosystem is relevant to this study as it considers the relationship that a refugee has with their external world. This includes the relationships that a refugee may have with their external world (e.g., the media) in light of displacement or family separation (Esses et al., 2013). This relationship can be negative or positive and have lasting results in their life.

1.3.4. Macrosystem

This system represents the relationships between the individual and culture, laws, regulations, belief systems, and ideologies (Bronfenbrenner, 1979; Drozdek, 2015). These include the interaction between culture and belief systems that may guide Syrian refugees' mental health towards positive or adverse effects. Additionally, the belief systems which exist within the macrosystem of this theory are noted to be elements that may guide coping strategies for refugees in light of their displacement (Brune et al., 2002). In the macrosystem, the relationships that an individual has within their unique socio-culture system impacts their progression within their host communities in Germany. This includes how Syrian refugees' belief systems may guide their positivity towards a displacement, or towards contextualizing their situation within their ideological belief system (Brune et al., 2002). In terms of help-seeking behaviors, cultural attitudes around mental health may have a significant influence on refugee's access to mental health care (Shannon et al., 2015)

1.3.5. Chronosystem

This system consists of all the systems looking at the different life transitions that significantly influence a person as a whole (e.g., displacement, resettlement for a refugee person) (Bronfenbrenner & Ceci,1994). This is relevant to this study because it informs how we look at different transitions that refugees endure during and after their displacement. This can include the transition from their original home, to refugee specific camps, and transitions to the host countries. These transitions are often considered contributors to the mental health of refugees due to the traumatic nature of displacement events (Hall & Olff, 2016; Silove et al., 2017). Chronosystems are essential to consider as it contextualizes the transitions that an individual can experience during their refugee experiences. These experiences include traumatic events that are associated with these displacement events and resettlement experiences (Hall & Olff, 2016; Silove et al., 2017).

The internal and external influences are bidirectional, where conflict or change in one system causes conflict or change in other systems (Drozdek, 2015). In other words, factors, such as separation from family and entering foreign territory with different belief systems, may intensify the psychological distress experienced from living in a conflict-affected area. Ecological systems theory helped guide this study by lending insight into how the mental health and well-being of Syrian refugees are influenced by events that

occurred prior to migration and during resettlement. Specifically, ecological systems theory underscores the effects of exposure to multiple events and changes (e.g., trauma, leaving one's place of origin, transitioning into new cultures) on refugees' mental health (Eriksson et al., 2018).

Furthermore, interview questions were influenced by this theory to increase insight into the different systems that influence mental health experiences in Syrian refugees. Finally, ecological systems theory informs the significance of the current study because it emphasizes the importance of using individual and contextual information to tailor mental health interventions for Syrian refugees.

Conclusion

The review of the literature highlighted studies relating to the historical context and psychological impacts of Syrian refugees. Important definitions related to mental health barriers were discussed, along with refugees' experiences related to mental health. The results of the review found that there is a plethora of literature regarding the psychological consequences of civil war on Syrian refugees and general refugee resettlement in Germany; however, limited research exists regarding the lived experiences of Syrians resettled and integrating in Germany. Furthermore, research encompassing effective mental health services for this population is limited provided that the research has been conducted after long time of about 13 years. Therefore, any resulting diagnosis of mental health symptoms is interpreted from the current European or German framework, which may help to explain shortcomings in help-seeking and effective service delivery among diverse populations in Germany.

This suggests a need for more research grounded within the Syrian context in order to develop culturally relevant interventions. Finally, refugees received healthcare benefits post-resettlement, multiple barriers inhibit refugees from obtaining the needed services quickly, affordably, and effectively. The evidence used for the review to address the information relating to the phenomenon under study included the complexities posed by the mental health challenges experienced by refugees; however, this group is not homogenous. Even though the information is pertinent for understanding the general experiences of refugees, it does not support a better understanding of the specific experiences faced by Syrians resettled in Germany because all refugees have unique mental health challenges and socio-cultural encounters. To fill the gap in the existing literature, this research study utilized a descriptive phenomenological approach, a method that provided a descriptive understanding of the participants' experiences.

Chapter 2. Methodology

2.1. Research Design

A qualitative research design was selected because it allows for an in-depth exploration of a phenomenon (Creswell, 2013; Merriam & Tisdell, 2016). Furthermore, a qualitative phenomenological approach is appropriate for researchers interested in understanding how people describe their experiences, how they construct their realities, and what meanings they assign to their experiences (Merriam & Tisdell, 2016). The researcher approached this research study from a constructivist position with the underlying assumption that reality is socially constructed and context-driven and that multiple realities exist for the phenomena being studied (Kivunja & Kuyini, 2017). Furthermore, this research was conducted to include the viewpoint that interaction between the researcher and participants that was essential to understanding their lived experiences and challenges (Kiyunja & Kuyini, 2017). The review of the literature provided an understanding that little evidence regarding the mental health experiences of Syrian refugees existed in the body of knowledge. In other words, little has been conceptualized or described, especially in understanding and uncovering the mental health challenges associated with (civil war, migration, resettlement) and socio/cultural factors that influence the mental health and well-being of Syrian refugees in Germany. To capture these experiences, a descriptive phenomenological analytic approach was chosen because it is used when little is known about a phenomenon. Additionally, a descriptive phenomenological analytic approach aims at describing, as opposed to interpret or explain, the lived experiences of trauma in Syrian refugees who resettled in Germany. (Giorgi, 2009)

2.2. Sampling and Recruitment Methods

Phenomenological research is less concerned about the number of participants interviewed and more interested in how often a phenomenon is described by participants. As such, a researcher can interview five or more participants (Giorgi, 2009).

Following the approval of a 3-month research study from my supervisor at Witten/Herdecke university, 15 participants (ten men and 5 women) were recruited. This sample also enabled the researcher to understand the phenomenon of interest more in-depth. The researcher used snowball, purposive sampling techniques to recruit participants.

It has been suggested that snowball sampling is a feasible sampling method, primarily when recruiting hard to reach populations such as refugees (Sulaiman-Hill & Thompson, 2011). Snowball sampling is a method where participants recruit others from within their social groups. The researcher developed a volunteer relationship with Project "Atempause" at Caritas in Witten, which is an organization considered as a helping hand of the catholic church reaching out the poor, vulnerable and excluded, regardless of the race or religion, to build a world based on justice and fraternal love. However, the researcher did not belong to the Syrian social network; therefore, using a snowball sampling technique was paramount. Since the researcher established a volunteering relationship with the Project at Caritas in Witten, the organization was supportive in partnering with the researcher in allowing the researcher to use its premises as a recruitment site. The Caritas leader in Witten provided a letter of support indicating that he was willing to distribute a researcher's recruitment script in the organization. On October 30th of 2023, the researcher met with the Caritas leader to explain his role and responsibility in the study. His responsibility was to give out the approved description and the timeline of the study as well as the researcher´s contact. This short description was distributed to Syrian refugees from day to day starting November 2nd, 2023. Following this, refugees from Syria that developed an interest voluntarily called the researcher to learn more about the study.

2.3. Interviewees

Through the assistance of the Caritas leader in Witten in distributing the study script, the researcher received correspondence from a potential interviewee that called him with interest in learning about the study. The researcher explained the nature of the study more in-depth and screened to ensure they met the inclusion criteria as follows:

1) The individual self-identified as Syrian refugee
2) The refugee is resettled in Germany,
3) The refugee is 18 years old or older,
4) The refugee can speak and she/he read English,
5) The refugee is associated with "Atempause" refugees 'project atCaritas in Witten.

All participant that contacted the researcher with interest in learning more about the study knew the researcher through his volunteer relationship with "Atempause" project at Caritas Witten.

The researcher scheduled a face-to-face interview with that individual who then connected him to other more participants through snowball sampling. In total, the researcher obtained 15 participants recruited (10 men and 5 women) from Atempause project between October 2023 and January 2024. These interviews were conducted in English using a face-to-face format. The researcher noted that a majority of the participants willing to participate in the interviews were men. Women who were recruited in the study would want to learn more about the study; however, they would decline in the initial interview expressing that the topic was too sensitive for them or that they did not want to revisit any memories related to the Syrian civil war. Additionally, there were several participants that were willing to be interviewed; however, most of them did not speak English; therefore, they were excluded from the study as they did not meet the study's inclusion criteria.

Additionally, the researcher used an interview guide that served as a tool to ensure that the interview questions were all asked and delivered in the same structure and choice of words. Interview questions were informed by the ecological systems framework to gain insight into the different systems that influence the mental health experiences of Syrian refugees (Eriksson et al., 2018). In phenomenological research, it is important to start by asking general questions (Giorgi, 2009). During the initial conversations, the researcher asked general questions pertaining to the study where the researcher asked participants to tell him about their life, where they had lived prior to Germany, and how they would describe their experiences if they were in Syria during the civil war. Building on these conversations, the researcher moved on to the research questions following a pre-prepared interview guide, where participants explored and shared their experiences. The researcher utilized semi-structured interviews with open-ended questions because the design was adequately flexible to allow follow-up questions and probes to obtain more information from the participants (Schmied et al., 2011).

2.4. Instructions for interviews

Before every interview, the participants signed informed consent or provided verbal consent if the interview was about to be conducted face-to-face and whether they accept to be recorded during the interview. Participants also completed a demographic questionnaire.

All interviews were audio-recorded with permission of the interviewees, and they were conducted in a private setting with no distractions. The interviews lasted between 45 and 60 minutes.

To ensure confidentiality was maintained, each participant provided the researcher with a pseudonym to protect the participant's rights and avoid using personal identification such as their personal names. Pseudonyms were utilized during the interview conversation in addition to where the researcher reported the finding later in next chapter for dataanalysis anddiscussion of results. Additionally, the researcher was cautious in making sure that participants understood the confidentiality processes of the interviews prior to the interview process. The researcher went into detail about how their information would be protected. Reading the consent form to participants or having them read the form and ask questions before the interview achieved this part of the process. Participants were also informed about the voluntary nature of the study. Every participant was given a chance to ask questions at the beginning of every interview. Clarification was provided to each participant that needed it. Participants were reminded that participation in the study was voluntary, and their information was anonymous outside of the interview. Participants were also reminded about the decision to withdraw from the interview with no consequences for them. Once the data collection was completed, the researcher transcribed all interviews.

Conclusion

A qualitative research method was chosen because it allows for an in-depth exploration of a phenomenon (Merriam & Tisdell, 2016). Furthermore, a descriptive phenomenology analytical approach was chosen because the goal of the study was to describe, as opposed to interpret or explain, the lived experiences of trauma in Syrian refugees who resettled in Germany and there was little known about this population's experiences (Vagle, 2018). Data was collected from 15 Syrian refugees using semi-structured interviews shaped by ecological systems theory. Data was analyzed using Colaizzi's (1978) descriptive phenomenological analysis to identify topics or themes regarding the experienced mental challenges of Syrian refugees in Germany.

Chapter 3. Data Analysis and Discussion of the results

Once all transcripts were transcribed, the researcher first read through the transcripts several times to familiarize himself with the data. He listened to the audio more times while reading through the transcript to make sure it was transcribed accurately. As the researcher listened and read, he took notes, which helped him to gain a sense of the data. Once the researcher completed this step, he moved on to another step, where he read and extracted relevant statements, phrases, and sentences that provided an understanding of the lived experiences of trauma associated with becoming a refugee and resettlement in Germany. (Colaizzi, 1978).

The researcher was able to identify related patterns by rereading the information once more. This process enabled the researcher to develop codes/sentences within the data by lumping important statements together and to gain an understanding of the participant's experience. This process provided clarity in the researcher's own understanding of the data and rigor of the study. In the next step, Colaizzi (1978) suggests formulating meaning from the significant statements. This process was iterative. The researcher went back to the data as he kept formulating meaning, synthesized, and extracted codes. This resulted in the researcher's interpretation consistent with Colaizzi's step (Colaizzi, 1978). Codes, phrases, and statements were grouped to form specific themes. In the final step, the researcher began to integrate all the ideas into an exhaustive description that best represented the participants' experiences.

3.1. Interviewees' demographics

A total of 15 participants, including 10 men and 5 women (during face-to-face interviews) from Witten city, consented to participate in the study. All participants ranged from 18 to 50 years old, with a mean age of 35.92 years old, which means all of them were born before the eruption of the civil war in 2011 basing on their age. 6 reported that they lost family during the civil war and similarly, 5 of them had been displaced as a result of the war. The sample was overrepresented by men, with 10 of the sample being male. Including English, participants also spoke a variety of languages such as Kurdish, Turkish and Arab, which were reported to be most commonly spoken at home. Almost all respondents stated that they had children, and 12

of them had young children. The participants' length of stay in Germany varied, ranging from 2 years to 12 years. Additionally, the length of stay in Germany was a factor in participants' resettlement experiences. Half of the sample reported the amount of time that they had spent in the refugeecamps. 8 of them had lived in different refugee camps in neighboring countries of Syria for more than 5 years.

This is important to note because experiences presented in this study represent experiences of individuals who had lived in other countries and different refugee camps for longer periods of time prior to coming to Germany.4 participants held master's degrees, 8 held bachelor's, 2 held associates, and 1 held at least a high school diploma. Those with minimum wage jobs reported more financial challenges during the interview. Because participantsexperienced mental health challenges varied tremendously, their unique experiences are presented to display the diversity and exposure to trauma. Additionally, it is important to note that it was uncommon for participants in this study to share their experiences and those of others in the community. This was noted to be a common pattern, especially with participants who are leaders and are engaged in their communities. It was also common for participants who are leaders in the community to answer questions giving specific mental health challenges and examples of cases in their community.

In response to the research questions guiding this study, four major themes and one subtheme emerged from in-depth interviews. The identified topics and subtopics were as follows: 1) Traumatic Experiences of Syrian refugees: 1a) Effects of Trauma 2) Resettlement Experiences of Syrian refugees in Germany 3) Barriers to Mental Help-Seeking Among Syrian Refugees in Germany and 4) Syrian refugee coping and help-Seeking behaviors differ in Germany. Participants experiences are organized by the research questions. Also, the identified themes were based on the common experiences among participants; thus, each theme demonstrates the shared common experiences while each quote was selected as they represent those uniquely shared accounts.

3.2. Identified mental health experiences and challenges

3.2.1. Traumatic Experiences of Syrianrefugees

The issue "Traumatic Experiences of Syrian Refugees" emerged as participants were asked to describe their lived experiences of trauma and resettlement in Germany. While 3 participants focused more on refuge and resettlement challenges, experiences described in this topic were prevalent among a few respondents who experienced the civil war in Syria. These individuals reflected on exposure to trauma, which included witnessing bombs destroying houses and killing civilians. In particular, a participant with the pseudonym Claus expressed seeing dead bodies and some soldiers raping a woman, undoubtedly a traumatic experience. Claus also shared what he witnessed and how it impacted his mind. "That has really, uh, made my mind unstable." (Claus)

On the contrary, a participant with the pseudonym Igor disclosed his experiences about the torture inflicted on him, such as being abandoned to die alone in the ditches after having his life threatened. Igor described that despite such a humiliating experience, he was able to escape and reached Germany in 2015. A participant with the pseudonym Johanna, on the other hand, expressed that the civil war in Syria was traumatic for everyone who experienced itbecause killings are part of the memories that are imprinted on their minds and remain ongoing. Johanna shared, "everyone was in a bad situation because to see someone being killed or someone´s house bombed and completely destroyed is a bad situation. Even though some participants were explicit in describing their experiences related to trauma, it is worth noting all respondents disclosed that they survived the civil war in Syria but not all disclose their traumatic experiences. Notably, participants understood the concept of trauma as a phenomenon related to civil war and its effects of trauma as described mostly by those who endured the civil war in Syria.

3.2.2. Integration experiences of Syrian Refugees in Germany

The topic of "Integration Experiences of Syrian Refugees in Germany" emerged as participants reflected on various aspects of their refugeand integration experience such as community, finances, worries concerning family members back home, and navigating the new system. All these are discussed individually in the sections below.

❖ **Social isolation**

The process of displacement in which refugees are compelled to move into unfamiliar cultures presents significant social challenges for them. Having a supportive community was highlighted as important during resettlement and integration. While this is true, only 5 participants touched on the importance of community, but 9others shared they experienced isolation from their communities. Reflecting on the

importance of community support in fostering positive wellbeing, a participant with the pseudonym Luke stated that having access to individuals from his country was crucial as they paved ways for the new incoming refugees.

❖ **Lack of role models**

Similar to the importance of having good community support, some participants discussed the need for role models in refugee communities. The pseudonym John mentioned refugees were living in poverty because most of them had minimum wage jobs. John perceived role models as individuals who would assist in educating refugees on different job opportunities. According to John, without role models, refugees continued to experience challenges because a majority of them become complacent with the low income they earn. John continued to share that refugees transfer their earnings into their country's currencies which may appear to be more within that context; however, they fail to understand their income does not match their living standards in Germany. Some people are living in poverty – no way to advance because they do not see anyone who has done it. Models would help to tell people what and how they can behave in the host country. They can change their situation. Lack of role models can keep people in poverty.

❖ **Financial worry**

Some participants discussed their experiences related to financial issues or worry about income. For example, the pseudonym Luisa, an unemployed woman with 4 children at the time of the interview, shared that she worried about how she would manage the bills at home including taking care of children. The financial support from the government is not enough.

❖ **Worry about people at home country**

In addition to financial stressors during resettlement and integration process, there were a few participants who left family back home who shared that they worried about their safety. The whereabouts of some of them is unknown. Additionally, family separation fostered social isolation during resettlement. For example, John talked about how he felt lonely due to family separation and lack of friends in the community.

❖ **Difficulties of navigating the new system**

Stressors related to adjusting to the new system were also discussed. Despite the resettlement and integration assistance that all participants continuously receive from the German government, some of them shared that it was difficult to transition into living independently and navigating unfamiliar systems. Some of them shared that transitioning to Germany life is difficult as integration took time. In discussing their experiences related to resettlement, some men mentioned that they had to adjust to the different gender role expectations in Germany. They shared that gender roles are differed in Syria. They stated that husbands are often the main breadwinners while their wives assumed the caregiving role. In conversation, they told the researcher that reversed gender roles often created stress for both partners because they had to transition into the new responsibilities.

3.2.3. Barriers to Mental Help-Seeking Among Syrian Refugees in Germany

The topic of "Barriers to Mental Help-Seeking among Syrian Refugees in Germany" emerged while participants discussed their perceptions of mental health and the barriers that may hinder participants needing to seek care. For example, participants identified cultural factors such as stigma associated with seeking mental health care, lack of knowledge, economic factors, in this case, financial strain, and language barriers were discussed as some of the challenges and barriers that hindered Syrian refugees from treatment.

❖ **Stigma of mental illness**

Most of interviewees believed that stigma deterred people with mental health concerns from sharing their symptoms or admitting they needed care; thus, their preconceived ideas were aversive enough that individuals who needed care may have feared to ask for it to avoid the stigma. They stated that those who suffered from mental distress were sometimes perceived to act "crazy" or are seen, "foolish."

❖ **Lack of knowledge about mental health problems**

Some interviewees expressed that they did not recognize they had mental health symptoms; however, after having received mental health care services, they were able to understand what they suffered from.Some of them shared that many individuals in the community are not aware that mental health services exist. They emphasized the importance of educating the community to foster help-seeking behaviors among Syrian refugees.

❖ **Language barriers and help-seeking.**

Language barriers were shared to be another challenge and a reason why some Syrian refugees experienced issues in seeking mental health treatment. For example, a participant discussed that due to language differences, most of them often used translators when seeking care. This participant, who is also a leader in the community, expressed his concerns about using translators on the phone. He shared these concerns regarding the misunderstanding and miscommunication outcomes that can take place between the physician, interpreters, and the client. This participant was particularly unhappy with the lack of relationship when the health care provider used phone translation to care for individuals who had mental health concerns. He shared that doctors may not understand their culture, and to use phone translations to examine mental health patients meant poor service provision.

❖ **Lack of awareness about mental health problems**

While sharing their thoughts on the mental health services in Germany, many interviewees stated that many people from his culture do not understand mental health system, and the lack of understanding could contribute to a lack of awareness about the illness. They shared that mental health is a phenomenon that is not well understood by Syrians, especially refugees that are residing in Germany.

Strengths and limitation of the Study

This study was one of the first research studies, recently conducted, to explore the experiences of Syrian refugees since 2015 migration and refugee's crisis in Germany, and resettlement and socio-cultural experiences that influenced Syrian refugees' mental health as well as theirwell-being in Germany. The advantage of conducting such qualitative research is its ability to capture in-depth narratives of participants' stories and the healing process that occurs as participants narrate their stories (Creswell, 2013). The study findings would inform individuals such as social workers and others working with Syrian refugees about the diversity of their experiences. From an ecological perspective, findings from the study suggest the importance of seeking to understand multifaceted experiences when working with Syrian refugees and migrants in general.

However, there are limitations worth noting in this research study. There were more men than women who participated in interview process. Although, the snowball sampling method is recommended for the hard-to-reach populations such as refugees (Sulaiman-Hill & Thompson, 2011), this method of recruitment may have influenced access to more men in the study because the respondent's social networks were drawn from participants' groups.

Moreover, it might be worth pointing out that hegemony is prevalent in many Arabic countries. That is the notion that men have the authority to make the final decisions for the family. While gender equality may not be dismissed within the Arabic context, it is imperative to note that culturally, a man from a patriarchal society such as Syrian society considers a man to have authority over his wife (Connell & Messerschmidt, 2005; Stern et al., 2018). The researcher noted that even though he recruited families (i.e., husbands and wives), husbands who were interviewed did not refer their wives to be interviewed in this study, suggesting that perhaps gender hegemony may have been a factor as well.

Another limitation is related to language barrier, because, even if interviews were recorded and conducted in English, which was limited only to those who could articulate their stories in English, there are other interested participants who have not participated in this research due to language barrier. In future, it is high recommended to take different native languages into account.

Conclusion

This study's qualitative descriptive phenomenological approach was meant to explore the mental health challenges experienced by the Syrian refugees who arrived in Germanysince 2015 and the socio-cultural factors that influenced Syrian refugee's wellbeing. Findings from this research showed that Syrian refugees had diverse experiences, such as exposure to the Syriancivil war, trauma, resettlement stressors, and challenges in seeking mental health services to include cultural and language barriers: adjusting to a new system, language barriers, stigma, financial strains, lack of knowledge about mental health symptoms, lack of mental health services, and lack of trust. Those challenges were noted to hinder the Syrian refugees from successfully integrating and utilizing the hostcountry´smental health services. Despite the challenges, interviewees shared different coping strategies that were often preferred based on personal preference and understanding of mental health, including social support (i.e., friends, church members, and personal hobbies), religion, (or spiritual practices), and professional help.

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