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THE SILENT STRUGGLE: THE IMPACT OF POST-TRAUMATIC STRESS DISORDER (PTSD) ON THE SOCIAL INTEGRATION OF LEBANESE REFUGEES IN DANISH SOCIETY

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This study examines how Post-Traumatic Stress Disorder (PTSD) is associated with social integration experiences among Lebanese refugees living in Denmark. The research adopts a qualitative exploratory design based on semi-structured interviews with 50 participants, including a small subgroup of Armenian-Lebanese individuals. The analysis is guided by Ager and Strang's (2008) framework, which conceptualises social integration as a multidimensional process encompassing structural, social, linguistic, and cultural dimensions.

The findings indicate that PTSD-related cognitive and emotional difficulties may be associated with variations in participants' engagement in language learning, employment, and social participation. These experiences are situated within broader structural conditions, including labour market access, institutional frameworks, immigration policies, and perceived discrimination, which together appear to shape integration trajectories.

The results further suggest that social integration is shaped through the interaction of psychological, social, and structural factors rather than through any single determinant. Family relationships and wider social networks are identified as important sources of support and resilience; however, their availability and impact vary across individuals and contexts.

The study is exploratory in nature and does not establish causal relationships. Instead, it provides context-sensitive insights into how trauma-related experiences and structural conditions may interact in shaping the lived experiences of integration among refugees. The findings contribute to trauma-informed and structurally aware approaches to refugee integration and support policy development aimed at improving social inclusion.

Keywords: *PTSD, social integration, Lebanese refugees, qualitative research, Denmark, Ager and Strang framework, structural factors, language acquisition, social networks, refugee mental health.*

Introduction

Forced migration driven by war, political instability, and economic hardship has resulted in large-scale displacement worldwide. Among displaced populations, Lebanese refugees resettled in European contexts, including Denmark, encounter complex and multidimensional integration processes involving language acquisition, employment, access to institutions, and social participation. These processes are shaped by both post-migration structural conditions and individual psychological and relational resources.

Post-Traumatic Stress Disorder (PTSD), which may develop following exposure to severe traumatic experiences such as war and forced displacement, is commonly associated with symptoms including intrusive memories, emotional numbing, cognitive difficulties, avoidance behaviours, and disruptions in social functioning (Fink, 2014; Daroff & Aminoff, 2014). Existing research suggests that such symptoms may be associated with variations in participation in education, employment, and community life among refugee populations (Schweitzer et al., 2006; Svendsen, 2001). In particular, cognitive-related difficulties, including reduced concentration and memory impairments, have been discussed in relation to challenges in language learning and everyday social interaction (Lund et al., 2008; López-Ibor et al., 2005).

At the same time, refugee integration is not determined solely by individual psychological experiences but is also shaped by broader structural and institutional contexts within the host society. Factors such as labour market conditions, access to education, institutional responsiveness, immigration policies, and experiences of discrimination and social exclusion have been identified in the literature as shaping opportunities for participation and inclusion (Schouler-Ocak, 2015; Hynie, 2018). These structural conditions interact with individual resources and constraints and may shape the extent to which refugees are able to access and navigate social, linguistic, and economic domains within the host country.

Within this study, social integration is conceptualised as a multidimensional and dynamic process encompassing structural, social, linguistic, and cultural dimensions. These include access to employment and education (structural integration), participation in social relationships and community life (social integration), language acquisition and communication (linguistic integration), and experiences of belonging within the host society (cultural integration). This conceptualisation is informed by Ager and Strang's (2008) framework, which emphasises integration as an interactional process shaped through the relationship

between individual capabilities, social connections, and institutional structures. Accordingly, integration is understood not as a linear outcome, but as an ongoing and context-dependent process shaped by the interaction of psychological, relational, and structural factors.

Supportive family relationships and broader social networks, including diaspora and transnational ties, have been identified as important protective resources in refugee contexts. Such networks may provide emotional support, practical assistance, and access to different forms of social capital, potentially shaping experiences of adaptation and participation in the host society. However, the availability and effectiveness of these resources vary across individuals and social contexts, reflecting the heterogeneity of refugee experiences.

Despite extensive research on PTSD and refugee integration as separate fields, there remains limited qualitative research examining how trauma-related psychological experiences interact with post-migration structural conditions and social environments in shaping integration processes. In particular, context-specific research focusing on Lebanese refugees in Denmark that simultaneously considers psychological, relational, and structural dimensions within a unified analytical framework remains limited.

This study addresses this gap by exploring how PTSD-related experiences are described in relation to language acquisition, social relationships, employment, and broader integration processes among Lebanese refugees living in Denmark. It further examines how these experiences are situated within family structures, social networks, and institutional contexts, including labour market conditions, perceived discrimination, and experiences of policy-related uncertainty.

Using a qualitative exploratory design, the study draws on semi-structured interviews with 50 Lebanese refugees residing in Denmark, including a small subgroup of five Armenian-Lebanese participants. The inclusion of Armenian-Lebanese participants is exploratory and does not constitute a formal comparative analysis. Rather, it offers context-sensitive insights into how variations in social network structures and community engagement may be experienced within the broader framework of refugee integration.

The analysis focuses on participants' lived experiences of trauma-related psychological difficulties and their perceived interactions with social, institutional, and structural conditions shaping everyday integration processes. By examining these interconnected dimensions, the study contributes to a more context-sensitive understanding of refugee integration among trauma-affected populations.

The findings may contribute to ongoing scholarly and policy discussions concerning trauma-informed integration approaches, culturally responsive mental health support, and strategies aimed at promoting social participation, inclusion, and institutional accessibility for refugees affected by PTSD.

Theoretical and Conceptual Framework

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that may develop following exposure to traumatic events such as war, natural disasters, combat, physical assault, or serious accidents. It is commonly characterized by intrusive memories, flashbacks, nightmares, avoidance behaviors, emotional numbing, and persistent hyperarousal that continue beyond one month and are often described as affecting daily functioning (Fink, 2014, p. 1; Daroff & Aminoff, 2014, p. 960).

Existing research suggests that the likelihood of developing PTSD may be higher among individuals with prior exposure to trauma, limited access to supportive social networks, or ongoing stressors. Some studies also indicate that women are more frequently diagnosed with PTSD than men, although these patterns may vary across social and cultural contexts. Beyond its clinical definition, PTSD may influence cognitive functioning, interpersonal relationships, and participation in everyday social life.

A range of therapeutic approaches has been developed to address PTSD-related symptoms, including cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), group and family therapy, mindfulness-based interventions, meditation, yoga, and lifestyle-oriented strategies aimed at supporting psychological well-being. Social support is consistently identified in the literature as a key factor in coping and recovery processes (Daroff & Aminoff, 2014, p. 962). The World Health Organization (WHO) also identifies PTSD as a significant global mental health concern.

Within refugee contexts, PTSD is frequently discussed in relation to post-migration adaptation, particularly in relation to language acquisition, employment, and social participation. In this study, social integration is conceptualized using Ager and Strang's (2008, pp. 166–173) framework, which defines integration as an interactional process shaped by the relationship between individual resources, social connections, and institutional structures.

Accordingly, social integration is understood as comprising structural, social, linguistic, and cultural dimensions: access to employment, education, healthcare, and institutions (structural); interpersonal relationships and community participation (social); language acquisition and communicative engagement (linguistic); and experiences of belonging and identity negotiation (cultural). Rather than a linear outcome, integration is treated as a process shaped by the interaction of psychological, relational, and structural conditions.

This framework is particularly relevant for refugee experiences, as PTSD-related psychological distress may interact with broader socio-economic and institutional conditions. Symptoms such as memory difficulties, concentration problems, emotional withdrawal, hypervigilance, and emotional dysregulation may

affect language learning, education, employment, and social interaction. At the same time, structural conditions—including labour market access, discrimination, immigration policies, institutional accessibility, and social support systems—play a central role in shaping participation opportunities.

From this perspective, PTSD is not understood solely as an individual clinical condition, but as an experience embedded within broader social and institutional environments. Refugee integration is therefore conceptualized as the interaction between psychological experiences, interpersonal relations, and structural conditions in the post-migration context. This approach aligns with qualitative research traditions that emphasize lived experience in relation to social context.

Neurobiological Effects of PTSD. Research suggests that PTSD is associated with structural and functional differences in the brain, particularly in the hippocampus, a region involved in memory formation and emotional regulation. Some studies indicate that individuals with PTSD may exhibit reduced hippocampal volume and altered functioning, which have been linked to heightened fear responses and increased vulnerability to stress-related conditions (Acheson, 2012, pp. 1, 16).

The hippocampus plays a central role in memory consolidation, and trauma-related neurobiological changes may therefore be associated with difficulties in encoding and retrieving information. In addition, dysregulation of glucocorticoid hormones, particularly cortisol, has been widely discussed in relation to PTSD and other stress-related psychiatric conditions. Although the exact structural effects of cortisol on the hippocampus remain debated, elevated cortisol levels have been consistently associated with PTSD and depression (Li et al., 2022, p. 1; Wingenfeld & Wolf, 2014, p. 109).

Experimental and clinical findings suggest that cortisol may, under certain conditions, enhance memory consolidation while impairing memory retrieval efficiency. These mechanisms are relevant for understanding cognitive functioning in trauma-affected populations.

Such neurobiological alterations may contribute to difficulties in memory, attention, and information processing, which are essential for language acquisition processes such as vocabulary retention, working memory, and sustained attention. In refugee contexts, these cognitive constraints may affect participation in language learning, communication, and broader processes of social integration. Accordingly, neurobiological perspectives on PTSD provide a useful framework for interpreting cognitive and language-related challenges reported among Lebanese refugees in Denmark.

PTSD and Its Impact on Language Acquisition and Social Integration. Lebanese refugees in Denmark face multiple challenges, including war-related trauma, cultural differences, language barriers, and experiences of discrimination.

These conditions are frequently discussed in relation to Post-Traumatic Stress Disorder (PTSD) and have been associated with social withdrawal and reduced participation in host societies (Svendsen, 2001, p. 10). Empirical studies further indicate that trauma may shape variations in refugees' social integration, particularly in relation to communication, participation, and access to social institutions in the post-migration context (Schweitzer et al., 2006).

In this study, social integration is conceptualised as a multidimensional and dynamic process encompassing structural, social, linguistic, and cultural dimensions. These include access to employment and education (structural integration), participation in social relationships and networks (social integration), language acquisition and communicative engagement (linguistic integration), and a sense of belonging within the host society (cultural integration). This conceptualisation follows Ager and Strang (2008), who define integration as an interactional process shaped by the relationship between individual resources, social connections, and institutional contexts (Ager & Strang, 2008, pp. 166–173; Esser, 2006, pp. 2, 16). Accordingly, integration is understood as an ongoing process rather than a fixed outcome, shaped by the interaction of psychological, relational, and structural conditions.

Within this framework, PTSD-related symptoms may influence several dimensions of integration simultaneously. Cognitive and emotional difficulties can affect language acquisition, while reduced emotional regulation and avoidance behaviours may limit participation in social interaction and community life. In addition, disruptions in identity processes may influence individuals' sense of belonging, thereby shaping cultural integration. Rather than a single causal pathway, integration is therefore understood as a set of interconnected processes influenced by psychological and structural conditions.

The literature emphasises that integration outcomes depend both on structural opportunities and the quality of social relations (Delhey, 2004, p. 14). Acculturation theory further highlights cultural adaptation and identity reconstruction as key processes, particularly among trauma-affected individuals (Berry, 1997, pp. 14–21). From this perspective, refugees experiencing PTSD may require not only access to education and employment but also psychological support and opportunities for identity reconstruction. Combined interventions involving language learning, community participation, cultural engagement, and mental health support may therefore contribute to more effective integration outcomes (Tossutti, 2009, pp. 1, 12).

Migrants fleeing conflict frequently experience PTSD, which may affect daily functioning and participation in integration-related activities, particularly language learning and social interaction (Kar, 2011, pp. 167–178). In Denmark, Lebanese refugees often face language barriers, discrimination, and social isolation, which

can limit access to education, employment, and broader participation in society (Lund et al., 2008, p. 39). These conditions highlight the combined importance of mental health support and structural factors such as labour market conditions and institutional frameworks in shaping integration trajectories (Ager & Strang, 2008, pp. 166, 170; Esser, 2006).

PTSD may also affect family functioning and interpersonal relationships. Individuals may experience emotional withdrawal, difficulties in emotional regulation, and strain in family roles, which can affect social relationships (Lund et al., 2008, p. 68). Core symptoms such as intrusive memories, flashbacks, and mood disturbances may disrupt daily functioning (Lund et al., 2008, p. 51), while emotional numbing and memory-related difficulties may influence identity formation and interpersonal engagement (López-Ibor et al., 2005, pp. 67, 70).

Beyond individual and family functioning, psychological distress may influence participation in social life and sense of belonging, both central to social integration. These experiences are shaped by cultural dislocation and limited social support, consistent with research on social capital and trust in integration processes (Ager & Strang, 2008, pp. 172–178; Putnam, 2000; Portes, 1998), as well as studies on mental health and identity formation (Bhugra, 2004, pp. 245, 250).

Trauma is widespread among forcibly displaced populations, who often experience ongoing psychological distress due to discrimination, exclusion, and uncertainty in the host society (Schouler-Ocak, 2015, p. V). Lebanese refugees in Denmark may therefore be particularly vulnerable to PTSD, which has been associated with reduced trust, limited social participation, and weaker institutional engagement. Globally, approximately 15.4 million refugees are estimated to be at risk of mental health conditions such as PTSD, depression, and adjustment disorders (Schouler-Ocak, 2015, p. 3; Lindert et al., 2009). Refugees also show higher prevalence rates of PTSD compared to host populations and voluntary migrants (Fazel et al., 2005, pp. 1309–1310).

Approximately 30% of refugees are estimated to experience PTSD, often with more severe symptoms than other trauma-affected groups (Bryant et al., 2023). Loss of home, cultural environment, and social networks may contribute to feelings of alienation, particularly in contexts of discrimination. These experiences relate closely to both social and cultural dimensions of integration. While interventions such as cognitive behavioural therapy (CBT) and trauma-focused treatment may support recovery, post-migration stressors—including unemployment, discrimination, and marginalisation—may intensify psychological distress.

Structural and socio-economic conditions also play a central role in shaping integration outcomes. Employment opportunities, economic stability, institutional support, language policies, discrimination, and access to healthcare interact with psychological distress and influence participation in society (Hynie, 2018, pp. 298–

301). Refugee mental health is therefore shaped not only by pre-migration trauma but also by post-migration structural conditions.

Empirical studies further demonstrate associations between psychological distress and difficulties in social and economic integration (Bakker, Dagevos, & Engbersen, 2014; Schick et al., 2016, p. 1). Without adequate mental health and structural support, integration processes may remain constrained. Overall, refugee integration should be understood as a multidimensional process shaped through the interaction of psychological, social, and structural conditions within the post-migration context.

Methodology

Research Objectives and Questions. This study explores the relationship between Post-Traumatic Stress Disorder (PTSD) and the social integration experiences of Lebanese refugees living in Denmark. The research focuses on how trauma is reflected in social interactions, participation, community engagement, and broader processes of adaptation within Danish society.

The study is guided by the following research questions:

1. How is PTSD experienced in relation to daily life and social relationships?
2. How are language skills perceived to be associated with integration experiences?
3. In what ways are PTSD-related symptoms (e.g., memory difficulties and poor concentration) reported to affect language learning, and how might this relate to integration experiences?
4. How is PTSD described in relation to broader integration processes?

Research Design and Rationale. This study employed a qualitative and exploratory research design. Qualitative research is particularly suitable for examining phenomena that cannot be fully captured through quantitative methods, especially when the aim is to understand lived experiences and subjective meanings (Silverman, 2006, p. 43). It also enables an in-depth exploration of how individuals interpret their everyday lives within specific social and cultural contexts, which is often less accessible through quantitative approaches (Creswell, 2003; Silverman, 2006, p. 44).

Given the limited existing literature on the relationship between Post-Traumatic Stress Disorder (PTSD) and the social integration of Lebanese refugees in Denmark, an exploratory qualitative approach was considered appropriate for gaining deeper insight into participants' experiences. This approach is suitable for investigating complex and context-dependent processes such as trauma, identity formation, adaptation, and social participation within the Danish context (Morse, 2018, pp. 802–806).

The study also included participants of Armenian-Lebanese background. Their accounts provided additional contextual insights into the role of community

networks and cultural belonging in shaping integration experiences. However, these observations are treated cautiously and are interpreted as exploratory rather than comparative findings.

Participants and Sampling Strategy. A total of 50 Lebanese refugees living in Denmark participated in this study. Participants were recruited through local community organizations, refugee support centers, and personal networks within Lebanese diaspora communities in Denmark. A purposive sampling strategy was used to include individuals with lived experiences of forced migration, trauma exposure, and social integration processes. The sample was designed to capture diverse perspectives on trauma and integration in the Danish context.

PTSD Diagnosis Procedure. All participants had received clinical PTSD diagnoses confirmed through medical or hospital records. Diagnoses were based on DSM-5 criteria and supported by the PTSD Checklist for DSM-5 (PCL-5), administered by licensed clinical psychologists in refugee support centers in Denmark. Therefore, the study relies on clinically validated PTSD cases rather than self-reported symptoms.

Participants had varying lengths of residence in Denmark, which allowed for the exploration of different stages of integration and adaptation experiences.

Researcher Reflexivity. The researcher maintained reflexive awareness throughout the study, acknowledging that cultural background and prior engagement with refugee communities may have influenced the interpretation of the data.

Data Collection. Data were collected through semi-structured individual interviews, chosen for their flexibility in exploring sensitive topics such as trauma, identity, belonging, social relationships, and integration. This approach allowed participants to express their experiences in their own words while enabling the researcher to explore relevant themes in depth.

Semi-structured interviews:

- facilitated exploration of complex emotional and cognitive experiences related to PTSD,
- allowed adaptation of questions based on participants' narratives,
- supported cultural sensitivity and relevance,
- provided a private and safe environment for discussing sensitive experiences,
- enabled rich and detailed qualitative data.

Each interview lasted between 45 and 90 minutes and was conducted in Arabic to ensure participant comfort. Interviews were audio-recorded with informed consent and transcribed verbatim.

Ethical Considerations. Ethical issues were carefully addressed due to the sensitive nature of trauma-related discussions. All participants provided informed consent prior to participation. Confidentiality was ensured, and participants were

informed of their right to withdraw at any time. All personal identifiers were removed during transcription to ensure anonymity (Kvale & Brinkmann, 2009, pp. 61, 72).

Coding and Data Analysis Procedure. Data were analyzed using thematic analysis following Braun and Clarke's six-phase framework (2006). The analysis followed a systematic process:

- Familiarization: transcripts were read repeatedly to develop an overall understanding of the data.
- Initial coding: meaningful segments were identified and coded to capture key ideas related to PTSD, social participation, and integration.
- Theme development: codes were grouped into subthemes based on recurring patterns across participants.
- Theme refinement: subthemes were reviewed and organized into broader analytical themes.
- Integration with theory: both inductive and deductive approaches were applied; social integration concepts guided the initial analysis, while additional themes emerged from the data.
- Verification: themes were cross-checked against the raw data, and representative quotations were selected for reporting.

This combined approach strengthened the analytical depth by integrating theoretical sensitivity with data-driven insights.

Methodological Limitations. This study is limited by its relatively small sample size and its focus on a single national context (Denmark). Therefore, the findings should be understood as exploratory and context-specific rather than generalizable.

Findings

Sample Characteristics. This study included 50 Lebanese refugees living in Denmark, all of whom had received clinical diagnoses of PTSD. Participants ranged in age from 30 to 65 years and included 30 men and 20 women. Five participants identified as having Lebanese-Armenian heritage.

Several participants emphasized values related to solidarity, care, and helping others despite ongoing psychological and social challenges. One participant explained: «I want to help all sick persons, so I want to use my time as much as possible».

Such narratives may reflect efforts to maintain social connection, social meaning, and interpersonal engagement following displacement and trauma.

PTSD and Social Relations. Participants frequently described PTSD-related symptoms in relation to changes in social interaction and everyday functioning. Emotional withdrawal, reduced energy, irritability, and difficulties maintaining relationships were commonly reported.

These experiences were often associated with reduced participation in social life and fewer opportunities for engagement within Danish society. In this context, participants' narratives suggest that trauma-related symptoms may influence access to social networks and broader processes of social integration.

Although some participants reported positive interpersonal experiences with Danish individuals, many also described broader feelings of social distance and limited societal inclusion. Participants often distinguished between individual-level interactions and wider perceptions of structural belonging.

These findings highlight the multidimensional nature of social integration, where positive interpersonal encounters do not necessarily correspond to stronger perceptions of societal inclusion.

PTSD and Language Acquisition. Language learning emerged as a significant challenge among participants. Many described memory difficulties, concentration problems, and fatigue as barriers to learning Danish.

Interviewee 36 explained: «When I try to study Danish, my mind becomes empty. I forget words quickly because I cannot concentrate».

Participants associated these cognitive and emotional difficulties with challenges in educational participation and language acquisition.

Within social integration frameworks, language proficiency is often understood as an important pathway to employment, education, and social participation. Participants' accounts suggest that difficulties in language learning may be associated with more limited access to these opportunities.

At the same time, some participants described gradual improvement over time, particularly in the presence of supportive family relationships and stable social environments.

PTSD and Structural Dimensions of Integration. The findings indicate that PTSD may be associated not only with psychological distress but also with broader challenges related to social participation and integration.

Across interviews, emotional withdrawal was associated with reduced social participation, while cognitive difficulties were linked to challenges in language learning. Participants also described ongoing psychological distress in relation to difficulties in employment and educational engagement.

These findings highlight possible connections between trauma-related experiences and structural dimensions of integration.

Supportive family relationships were frequently described as important protective factors. Participants with stronger family support often reported greater emotional stability and sustained motivation during the integration process.

At the same time, many participants emphasized the importance of institutional support, including mental health care and language assistance, in facilitating long-term participation and belonging within Danish society.

Armenian-Lebanese Participants and Network-Based Integration. Five participants identified as Armenian-Lebanese. Although the study was not designed as a formal subgroup comparison, their narratives provided additional insight into the possible role of community networks and cultural belonging in integration experiences.

Some participants described Armenian-Lebanese individuals as comparatively more socially open; however, these observations reflect subjective perceptions rather than systematically measured differences.

Thematic analysis indicated that Armenian-Lebanese participants often described involvement in multiple social and cultural networks, including Armenian community organizations, church-based activities, and broader intercultural associations in Copenhagen.

Such network diversity may facilitate broader access to emotional support, social participation, and opportunities for interaction across different communities.

However, PTSD-related psychological difficulties were reported across the entire sample. Therefore, differences in integration experiences should be interpreted cautiously and should not be attributed solely to ethnic background.

Rather, these findings suggest that access to diverse social networks may shape integration experiences within the broader context of shared trauma exposure and migration-related challenges.

Employment and Economic Conditions. Employment conditions emerged as an important factor associated with integration experiences.

Several participants described physically demanding and low-skilled work as limiting both energy and opportunities for social participation. Interviewee 21 stated: «When you have a good job, not hard job, you have a better chance to become integrated... when I worked hard in dishwashing, I had no energy for social life or language learning».

Other participants emphasized that financial limitations restricted participation in social and cultural activities.

These accounts suggest that employment conditions may influence both structural and social dimensions of integration through their effects on time, economic resources, and opportunities for social engagement.

Discrimination and Social Exclusion. Some participants described perceived experiences of discrimination in employment and social settings.

Interviewee 16 explained: «My brother has a master's degree in computer science... but works as a taxi driver. He believes he could not find a job because of discrimination».

Such accounts reflect participants' perceptions of structural barriers within the labour market.

From a social integration perspective, perceived discrimination may influence trust in institutions and access to employment opportunities. However, these accounts should be interpreted as subjective experiences rather than direct evidence of systematic exclusion.

Immigration Policies and Perceived Instability. Participants also described immigration policies and regulatory changes as factors associated with feelings of uncertainty and instability.

Interviewee 19 stated: «I do not feel stable in Denmark, because every time I hear new rules, I feel more unstable».

Similarly, Interviewee 32 explained: «When politicians change immigration rules, I feel less belonging».

These accounts suggest that policy environments may shape subjective experiences of security, belonging, and long-term integration.

Within social integration frameworks, institutional and legal structures can be understood as important contextual factors influencing emotional and social inclusion.

Overall, the findings suggest that experiences of PTSD and social integration are shaped through the interaction of psychological, social, and structural factors within the broader post-migration context.

Discussion

Building on Ager and Strang's (2008) framework, social integration is understood as a multidimensional and interactional process shaped by the dynamic relationship between structural conditions, social relations, and individual resources. In line with this conceptualisation, the findings of the present study suggest that Post-Traumatic Stress Disorder (PTSD) should be understood not only as an individual clinical condition, but also as a factor that may interact with post-migration environments in shaping refugees' integration experiences in Denmark.

A key finding of the study is that PTSD-related cognitive and emotional difficulties were described by participants in relation to their capacity to engage in language learning, employment, and social participation. Participants reported experiences of memory difficulties, concentration problems, and fatigue, which they associated with challenges in learning Danish and sustaining participation in educational and occupational contexts. These accounts are consistent with neurobiological perspectives on PTSD, particularly research highlighting stress-related dysregulation and hippocampal functioning in cognitive processing (Acheson, 2012; Li et al., 2022). Within the framework of social integration, such cognitive difficulties may be understood as potential barriers to accessing linguistic and institutional resources that support participation in the host society.

Beyond cognitive dimensions, the findings indicate that PTSD-related distress may be associated with reduced social participation through emotional withdrawal,

avoidance, and interpersonal disengagement. Participants frequently described experiences of social isolation and reduced interaction with Danish society. These findings are consistent with prior research linking trauma exposure to reduced social participation and marginalisation among refugee populations (Schweitzer et al., 2006; Schouler-Ocak, 2015). Importantly, the results suggest that psychological distress may influence integration not only at the individual level, but also through its relationship with access to social networks and bridging social capital.

At the same time, the findings highlight the role of close interpersonal relationships as protective resources. Family members, particularly spouses and children, were frequently described as sources of emotional stability, encouragement, and practical support. In line with resilience theory (Masten, 2014), these relational bonds appear to function as important resources that may support coping and continued participation in everyday life despite trauma-related difficulties.

In addition to family support, broader social network structures also appeared relevant to integration experiences. Participants of Armenian-Lebanese background described involvement in multiple overlapping networks, including Lebanese community ties, Armenian diaspora organisations, religious institutions, and Danish social contexts. Such network diversity may be associated with broader access to emotional support, social interaction, and opportunities for language use. From a social integration perspective, these observations reflect the potential importance of network heterogeneity in facilitating access to different forms of social capital (Delhey, 2004). However, given the small subgroup size and the absence of a comparative design, these findings should be interpreted as exploratory and non-generalizable.

Structural conditions emerged as a central dimension shaping integration experiences. Employment was described not only as an economic necessity but also as a factor influencing opportunities for language learning and social participation. Participants frequently associated low-skilled or physically demanding work with fatigue and reduced capacity for social and educational engagement. These findings suggest that it is not employment status alone, but the quality and conditions of work that may shape broader integration experiences.

Relatedly, participants described perceived discrimination and limited recognition of qualifications within the labour market. While these accounts reflect subjective experiences, they indicate perceived structural barriers between formal qualifications and actual employment opportunities. Such experiences were associated with reduced institutional trust and frustration regarding access to professional advancement, potentially influencing both economic participation and social inclusion.

The findings further suggest that institutional and policy environments may shape participants' subjective sense of stability and belonging. Immigration policies and frequent regulatory changes were described as sources of uncertainty and emotional insecurity. This indicates that integration processes may be influenced not only by formal rights and institutional access, but also by the perceived predictability and stability of institutional frameworks in everyday life.

An additional finding concerns the distinction between interpersonal acceptance and broader societal inclusion. While some participants reported positive interactions with individual Danish citizens, many simultaneously perceived Danish society as socially distant or insufficiently welcoming toward refugees. This highlights the multidimensional nature of integration, where positive micro-level interactions do not necessarily translate into a stronger sense of structural inclusion or societal belonging.

Conclusion

Overall, the findings suggest that PTSD-related experiences and social integration processes are shaped through the interaction of psychological, social, structural, and institutional factors. Rather than operating independently, these dimensions appear to intersect in shaping participants' lived experiences of participation, belonging, and exclusion in the host society.

Finally, it is important to emphasize that this study is exploratory in nature. The findings should not be interpreted as evidence of causal relationships between PTSD and integration outcomes. Instead, they offer a context-sensitive qualitative account of how trauma-related experiences and integration processes may be interrelated within the everyday lives of Lebanese refugees in Denmark.

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Appendix

Supplementary Thematic Overview

This section provides a condensed overview of supplementary themes identified in the interview material. These themes are presented as contextual background to the main findings.

Family support. Participants frequently described family relationships, particularly with spouses and children, as an important source of emotional and practical support during periods of psychological distress.

Health-related burdens. Participants reported ongoing physical and psychological difficulties, including symptoms associated with Post-Traumatic Stress Disorder (PTSD), sleep disturbances, fatigue, headaches, and reduced energy levels.

Language learning barriers. Participants described difficulties in learning Danish, including challenges related to memory, concentration, and fatigue.

Social participation. Many participants reported limited participation in wider social activities and described reliance on close family members or small social networks.

Cultural and environmental adaptation. Some participants described challenges related to adapting to cultural norms, communication styles, and climatic conditions in Denmark.

Selected Interview Extracts (Illustrative Summaries)

This section presents brief, anonymised summaries of selected interview accounts. The purpose is to illustrate key themes identified in the analysis. The material is presented descriptively and does not imply causal interpretation.

Interviewee 9 (Male, 56 years old, 27 years in Denmark). The participant reported persistent PTSD-related symptoms, including sleep disturbances, memory difficulties, emotional distress, and concentration problems. He described these difficulties as affecting his ability to learn Danish and participate in social activities.

Interviewee 7 (Male, 61 years old, 32 years in Denmark). The participant described family members as his primary source of emotional and practical support during periods of psychological distress. He also reported that

cognitive difficulties, including memory and concentration problems, affected his ability to learn Danish and maintain social engagement.

Note on Interpretation

The material presented in this appendix reflects participants' self-reported experiences. The summaries are intended to illustrate key thematic patterns and should be interpreted as descriptive qualitative data rather than evidence of causal relationships.

ԼՈՒՌ ՊԱՅՔԱՐ. ՀԵՏՏՐԱՎՄԱՏԻԿ ՍԹՐԵՍԱՅԻՆ ԽԱՆԳԱՐՄԱՆ ԱԶԴԵՑՈՒԹՅՈՒՆԸ ԼԻԲԱՆԱՆՑԻ ՓԱԽՍՏԱԿԱՆՆԵՐԻ ՍՈՑԻԱԼԱԿԱՆ ԻՆՏԵԳՐՄԱՆ ՎՐԱ ԴԱՆԻԱԿԱՆ ՀԱՍԱՐԱԿՈՒԹՅՈՒՆՈՒՄ

Կուրոշ Ղարազոզլու (անկախ հետազոտող, Դանիա)

Սույն հետազոտությունն ուսումնասիրում է, թե ինչպես է հետտրավմատիկ սթրեսային խանգարումը (ՀՏՄԽ) կապված Դանիայում բնակվող լիբանանցի փախստականների սոցիալական ինտեգրման փորձառությունների հետ: Հետազոտությունն իրականացվել է որակական հետախուզական դիզայնի շրջանակում և հիմնված է 50 մասնակիցների հետ անցկացված կիսակառուցվածքային հարցազրույցների վրա՝ ներառյալ հայ-լիբանանցի անձանց փոքր ենթախումբը: Վերլուծությունը հիմնված է Ագերի և Ստրանգի (2008) մոդելի վրա, որը սոցիալական ինտեգրումը դիտարկում է որպես բազմաչափ գործընթաց՝ ներառելով կառուցվածքային, սոցիալական, լեզվական և մշակութային բաղադրիչներ:

Արդյունքները ցույց են տալիս, որ ՀՏՄԽ-ի հետ կապված կոգնիտիվ և հուզական դժվարությունները կարող են կապված լինել մասնակիցների լեզվի ուսուցման, զբաղվածության և սոցիալական մասնակցության տարբեր առանձնահատկությունների հետ: Այս փորձառությունները դիտարկվում են ավելի լայն կառուցվածքային պայմանների համատեքստում, ներառյալ աշխատաշուկայի հասանելիությունը, ինստիտուցիոնալ համակարգերը, ներգաղթային քաղաքականությունը և ընկալվող խտրականությունը, որոնք համատեղ, ըստ երևույթին, ձևավորում են ինտեգրման ընթացքները:

Արդյունքները նաև վկայում են, որ սոցիալական ինտեգրումը ձևավորվում է հոգեբանական, սոցիալական և կառուցվածքային գործոնների փոխազդեցության արդյունքում և չի պայմանավորվում որևէ մեկ առանձին գործոնով: Ընտանեկան հարաբերություններն ու ավելի լայն սոցիալական ցանցերը դիտարկվում են որպես աջակցության և կայունության կարևոր աղբյուրներ, սակայն դրանց հասանելիությունն ու ազդեցությունը տարբերվում են՝ կախված անձից և համատեքստից:

Հետազոտությունը կրում է հետախուզական բնույթ և չի հաստատում պատճառահետևանքային կապեր: Փոխարենը, այն առաջարկում է համատեքստային զգայունությամբ պատկերացում այն մասին, թե ինչպես կարող են տրավմայի հետ կապված փորձառություններն ու կառուցվածքային պայմանները փոխազդել՝ ձևավորելով փախստականների ինտեգրման կենսափորձը: Ստացված արդյունքները նպաստում են տրավմա-տեղեկացված և կառուցվածքային իրազեկ մոտեցումների զարգացմանը փախստականների ինտեգրման ոլորտում և աջակցում են սոցիալական ներառականության բարելավմանն ուղղված քաղաքականությունների մշակմանը:

Հանգուցային բառեր՝ ՀՏԽ, սոցիալական ինտեգրում, լիբանանցի փախստականներ, որակական հետազոտություն, Դանիա, Ազերի և Սթրանգի շրջանակ, կառուցվածքային գործոններ, լեզվի յուրացում, սոցիալական ցանցեր, փախստականների հոգեկան առողջություն:

ТИХАЯ БОРЬБА: ВЛИЯНИЕ ПОСТТРАВМАТИЧЕСКОГО СТРЕССОВОГО РАССТРОЙСТВА НА СОЦИАЛЬНУЮ ИНТЕГРАЦИЮ ЛИВАНСКИХ БЕЖЕНЦЕВ В ДАТСКОЕ ОБЩЕСТВО

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Данное исследование рассматривает, как посттравматическое стрессовое расстройство (ПТСР) связано с опытом социальной интеграции ливанских беженцев, проживающих в Дании. Исследование выполнено в рамках качественного поискового дизайна и основано на полуструктурированных интервью с 50 участниками, включая небольшую подгруппу армяно-ливанских респондентов. Анализ опирается на модель Агер и Стрэнг (2008), рассматривающую социальную интеграцию как многомерный процесс, включающий структурные, социальные, языковые и культурные измерения.

Результаты показывают, что когнитивные и эмоциональные трудности, связанные с ПТСР, могут быть ассоциированы с особенностями вовлеченности участников в изучение языка, трудовую деятельность и социальное участие. Данный опыт рассматривается в контексте более широких структурных условий, включая доступ к рынку труда, институциональные механизмы, иммиграционную политику и воспринимаемую дискриминацию, которые в совокупности, по-видимому, формируют траектории интеграции.

Полученные результаты также свидетельствуют о том, что социальная интеграция формируется во взаимодействии психологических, социальных и структурных факторов, а не определяется каким-либо одним фактором. Семейные отношения и более широкие социальные сети рассматриваются как

важные источники поддержки и устойчивости, однако их доступность и влияние варьируются в зависимости от личности и контекста.

Исследование носит поисковый характер и не устанавливает причинно-следственных связей. Вместо этого оно предлагает контекстуально чувствительное понимание того, каким образом переживания, связанные с травмой, и структурные условия могут взаимодействовать, формируя повседневный опыт интеграции беженцев. Результаты исследования способствуют развитию травма-информированного и структурно-ориентированного подхода к интеграции беженцев и поддерживают разработку политики, направленной на улучшение социальной включенности.

Ключевые слова: ПТСР, социальная интеграция, ливанские беженцы, Дания, модель Агер и Стрэнг, структурные факторы, психическое здоровье беженцев, овладение языком, социальные сети.

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