Rupture and liminality: Experiences of Scotland's refugee population during a time of COVID-19 lockdown

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Abstract

The disruption caused by the COVID-19 pandemic had profound effects on refugees. In migrating to seek safety, refugees demonstrate resilience, resourcefulness and the ability to adapt to stressful situations. However, social distancing and self-isolation measures greatly impacted these individuals as they stand to risk the most from interruptions to integration. In this paper, we examine the implications of increased loneliness and isolation for refugees’ experiences with integration. We argue, using original interview data, that the demands placed on some refugees through extremely harsh circumstances can leave many even more vulnerable, as was evident in extreme during the COVID-19 lockdowns. The findings of this study pertain to the refugee pandemic experience in relation to loneliness, hopelessness and, more so: agency, resilience and post-traumatic growth. In recognising that rupture and liminality are intrinsically linked to feelings of loneliness, mental wellbeing, or its erosion, the paper demonstrates the complexity of loneliness and its potential to cause long-term damage to mental and physical health. Our findings suggest the importance of an approach to integration that recognises the unique needs of refugees. Where emotionally supportive social networks are weak or absent, it must be a priority to enable meaningful connections with other trusted human beings.

Key words: refugees, asylum-seekers, loneliness, isolation, Scotland

Word Count: 8901 (excludes Title, Abstract, Key words; includes Disclosure Statement and References)
Introduction

This paper examines the experiences of refugees and asylum-seekers in Scotland during the COVID-19 pandemic to explore the impact on loneliness and resilience.¹ The onset of the pandemic and associated restrictions brought significant global disruption to daily lives. For refugees and asylum-seekers, there were profound effects. Social distancing and self-isolation measures had a huge impact on those individuals who stand to risk the most from interruptions to integration. Even prior to the pandemic, loneliness and isolation have often been cited as amongst the biggest challenges to refugees and asylum-seekers (Wicki et al., 2021). Restrictions to housing, finances, education and employment have potential to leave many feeling as though daily life is a constant state of lockdown (Finlay et al., 2021). This paper reflects on findings from a study investigating how the impact of COVID-19 restrictions intensified feelings of hopelessness and the already high rates of poor mental health for this group.

Loneliness has been described as a public health problem (Cacioppo and Cacioppo, 2018), with evidence of strong association with anxiety, depression, self-harm and suicide attempts across the lifespan (MHFS, 2017). Whilst the experience of loneliness affects almost everyone at some point in their life, people living in poverty or with insecure immigration status are among the groups most vulnerable to the negative effects of loneliness (Entringer et al., 2021). Recent studies on the early impacts of the pandemic measures indicate that feelings of isolation and loneliness were prevalent in the lockdown period; in one study 27% of the study population (n=1964) reported strong feelings of loneliness (Loades et al., 2020).

In this paper, we examine the implications of increased loneliness and isolation for asylum-seekers and refugees’ experiences with integration. In so doing, we acknowledge the contentious nature of the term and the ‘linear view of immigration, integration and citizenship’ (Favell, 2022, p. 7) underpinning it and the ‘integration industry’ (Favell, 2022, p. 9), but refrain from expanding on this in the current paper. We do, however, emphasise that in migrating to seek safety, refugees and asylum-seekers demonstrate resilience, resourcefulness and the ability to adapt to stressful situations. Yet the demands placed on some refugees and asylum-seekers through extremely harsh circumstances can leave many even more vulnerable.

¹ In this paper, we discuss experiences related to those from a refugee background - including those with refugee status, whom we generally refer to as ‘refugees’, and those in the asylum process, whom we generally refer to as ‘asylum-seekers’. We also use the broad term ‘refugee’ as a descriptor when exploring the shared experiences of those from a refugee background - recognising, too, the complexity and hostile politics of who qualifies as a ‘refugee’ (see Bradby et al, 2015).
COVID-19 and the impact on social isolation in Scotland

Introduced on 23 March 2020 in response to a surge in COVID-19 infection rates, the first UK-wide lockdown essentially closed most public and social life, with highly restrictive ‘stay at home’ orders issued by the UK government. In May 2020 in Scotland following a sustained decrease in the number of new cases, the lockdown was relaxed slightly. Over the next months, further easing of restrictions took place, enabling more people to socialise and allowing resumption of additional services and businesses. Early August 2020, however, saw rising cases lead to the reintroduction of restrictions in Scotland (Scottish Government, 2020) to drive down COVID-19 outbreaks and rising infection rates. These stopped household visits indoors, limited the number of people meeting outdoors, limited economic activities and restricted travel. The study this article is based on took place during the months that restriction measures were reinstated (Strang and Sagan 2020; Vidal et al., 2021).

Measures taken to reduce virus transmission (such as shutdown of public and workspaces, limited social interaction, mandatory physical distancing, quarantine, wearing masks and reducing social contact) are inevitably socially isolating experiences. Such isolation is expected to have considerable impact on wellbeing, especially for those who are already socially vulnerable in different ways.

Refugee experiences and mental health

Much of the literature on refugee mental health has focused on the prevalence of common mental health disorders, such as depression, anxiety and posttraumatic stress disorder (PTSD), (Fino et al., 2020). Studies of post-migration refugees have indeed indicated that many experienced a high number of traumatic events, including torture and loss of loved ones, sometimes also giving rise to prolonged grief disorder (PGD), (Nickerson et al., 2014). The impact of these experiences can be compounded on resettlement, with the potential to experience new losses during the adjustment to a new life.

For refugees and asylum-seekers, disruptions to the processes of transitioning from displacement to integration exacerbate the potential to experience adverse mental health outcomes. Many experience anxiety in their receiving country related to the prolonging of uncertainties about securing the right to remain and the ability to positively settle in the new country. Living in this constant uncertainty predisposes them with increased vulnerability to mental health problems (Rettie and Daniels, 2020).

Impact of COVID-19 restrictions on mental health

The impact on mental health of the COVID-19 pandemic is increasingly being documented. One longitudinal study in the UK, for example, demonstrated how the mental health of participants had significantly deteriorated when compared to before the pandemic (Pierce et al., 2020).
A number of studies provide evidence for this position (Brooks et al., 2020). Authors have examined the possible psychological effects of social isolation during the COVID-19 pandemic. Pointing to previous studies conducted on people mandated to quarantine or to self-isolate in response to outbreaks of contagious disease, it has been noted that the association between experiences of quarantine/self-isolation and increased psychological distress can remain for several years even after the experience. Studies of those who had been quarantined in response to specific infectious outbreaks reported increased levels of irritability, boredom, frustration, stress, anger, depression, poor concentration and post-traumatic stress disorder (Cava et al., 2005; Sprang & Silman, 2013).

However, there remain research gaps regarding the specific consequences of the pandemic on the mental health of particular population groups, including refugees and asylum-seekers. The deterioration of mental health of the asylum-seeking population in Scotland during the pandemic was observed by the Independent Commission of Inquiry into Asylum Provision in Scotland, launched by Baroness Helena Kennedy in 2022 (Asylum Inquiry Scotland). The Inquiry investigated asylum housing policies which saw 321 people seeking asylum removed from their homes and transferred to hotels during the first lockdown. In May 2020, Adnan Elbi died due to suspected suicide in one of the hotels. One month later, in June 2020, what has become known as ‘the Park Inn tragedy’ took place. Badreddin Abdalla Adam, who had sought help 72 times due to his deteriorating mental health, was shot dead by police during a stabbing attack; six people including three asylum-seekers, one police officer, and two staff members were injured; many were traumatised (Asylum Inquiry Scotland).

This backdrop of events provides impetus for this paper to address a research gap and highlight specifically how the mental health of refugees and asylum-seekers was affected by the pandemic. One way to explore this is to investigate the impact of isolation. Isolation can reactivate a traumatic experience, as well as depression, anxiety, fear and confusion (Lu et al., 2020). The pandemic has also been shown to worsen mental health due to the increase in anxiety and stress, but also fear and uncertainty and fear of losing family and loved ones (Özgüç et al., 2021). In addition, fear of disease has been linked to poor mental health, which has also been reported in refugee cases in the literature (Brunnet et al., 2020). Refugee populations are clearly at high risk of poor mental health, and yet the reality, as pointed out by Silove et al. in 2017 (p.130), is that “most refugees with mental health problems will never receive appropriate services”.

**Context of study**

The focus of interest for this article is emic understandings of how refugees and asylum-seekers in Scotland have coped with COVID-19 pandemic restrictions. Several studies to date have found that
refugees are more likely to suffer mental ill health as a subsequent result of exposure to conflict (Fazel et al., 2005; Blackmore et al., 2020). These understandings are often defined by etic standards of mental illness based on external measurable aspects of their needs. However, if developed solely from an etic perspective, imposing interventions from the outside by people who may not have the same lived experience as the recipients’ risks missing key aspects of what is important to the recipients from their own perspectives (Fernando, 2012).

To understand the impact of sudden-onset isolation (as catalysed by measures to combat COVID-19) on Scotland’s refugees and asylum-seekers, we discuss their social connections at the height of pandemic restrictions with the aim to identify how their ways of coping demonstrate their experience of rupture, trauma, mental health and wellbeing. We end this paper by discussing what implications this may have for integration, social care and other relevant policy.

Methodology

The approach used in this research was phenomenological, in that the aim was to gather lived experience of a phenomenon and to maintain a phenomenological sensibility (Finlay, 2014). By this we mean maintaining a stance which captures something of the phenomenon’s “is-ness” (Giorgi, 1975). Narratives were collected through semi-structured interviews – conversations with the participants “with a structure and a purpose” (Kvale and Brinkman, 2009, p. 327). These were held remotely due to lockdown restrictions and facilitated, sensitively, and where necessary by interpreters and transcribed verbatim. Interviews of this nature require rapport to be developed carefully - especially challenging in remote/telephone interviewing with interpreters and potential language distortion. We adhered to IPA (Smith et al., 2009) principles, with its key conceptual touchstones of idiography and hermeneutic phenomenology for the analysis, applying an iterative reading, coding and discussion of themes and their salience.

Data for this study comes from 51 semi-structured interviews with people at different stages of the asylum process or with refugee status covering 14 Local Authority (LA) areas of Scotland. Interviews with refugees and asylum-seekers provided an opportunity for respondents to share as much detail as they wished or in which they felt comfortable, about their day-to-day life just before and during the start of the pandemic. This meant purposefully asking people about their activities, hobbies and social relationships, as well as their mental health, wellbeing and experiences with navigating social isolation, lockdown and other pandemic restrictions. Gathering information on respondents’ social networks during the pandemic provided means to identify, from their own lived experience, how these have changed over the course of their integration journeys through to the present.
The IPA approach used provided means to position participants at the centre, highlighting the issues most meaningful to them. In doing so, the researchers were conscious to employ recruitment and data collection techniques that paid close attention to building rapport with participants bearing in mind restrictions to face-to-face contact. This process was not without limitations, particularly as all contact, including research interviews, occurred remotely and with the use of interpreters. To minimise translation inconsistencies, only interpreters working professionally for an interpreting agency were used and were sent a written briefing on interview format and purpose prior to each interview. In addition to technical issues, such as delays and disconnected calls, video and telephone interviewing poses a significant barrier to building rapport. Body language nuances may be missed and there is also the reduced ability to offer comfort or reassurance to the participant when discussing distressing topics, each aspect of which may be compounded by cultural differences. Limitations were mitigated using “deep listening” techniques (Pavlicevic and Impey, 2013) involving careful listening, probing, and explicitly checking understandings of what participants were trying to convey whilst in dialogue with them. These methods ensured systematic examination of participants’ stories in their own words and through their own interpretations of their experiences.

**Sampling and recruitment**

For the purposes of this study, we utilised available data from the UK and Scottish government websites and refugee organisations to build a sampling frame broken down by age, gender, location, and status of applicants. This provided us with an overview of the expected demographics. For the final sample of the study, we aimed to select close to equal numbers for each group by status (asylum-seeker, refugee, and resettled refugee), gender (women and men) and location (large urban, urban, small towns and rural).

Participants were recruited with support from the Scottish Refugee Council (SRC) and the Convention of Scottish Local Authorities (COSLA). At the outset of this project, our team collaborated with the SRC on the design of a survey which was distributed to its networks over the summer of 2020 (Christie and Baillot, 2020). The survey questionnaire included a question asking respondents if they consented to being contacted to participate in further research conducted by a university research team. All those who consented (n=129) were contacted via email or text depending on their preference as stated in the SRC survey.

COSLA offices were also approached for support in linking with potential interview participants. The COSLA Migration, Population and Diversity Team shared our written request for research support with each of the LAs. Of these, Dundee, South Lanarkshire, Highland, East Renfrewshire and Argyll
and Bute responded with interest in the request to support our study and agreed to invite potentially interested refugee and asylum-seeker clients to interview with us.

**Ethical considerations**

All research tools and activities were reviewed and approved by the host university Research Ethics Panel, including any arrangements necessary under COVID-19 pandemic restrictions. Additional quality assurance and ethical issues were considered, largely concerning the consent process and language considerations, both of which were mitigated through close involvement with interpreters.

Informed consent was obtained from all participants of this study. A detailed verbal description was read to the participants by the researcher with the support of the interpreter at the start of each interview. All participants were notified of their right to decline participation or withdraw from the study at any stage without the need to provide an explanation. Assurance of their anonymity and confidentiality was explained and guaranteed both before and after each interview. Given that some of the issues discussed during the interview process were likely to be of a sensitive nature, contact details of an external network of support were provided to each participant.

**Findings**

COVID-19 restrictions have had a huge overall impact across the globe. For the majority of people worldwide, the abrupt onset of social distancing measures and stay-at-home orders resulted in a sudden reduction of levels of contact with family members, friends and services. The effects of this were particularly acute for refugees and asylum-seekers, echoing the findings of Mayblin and colleagues (2020, p.109), who found that “marginalisation is so often experienced and felt at the banal level – eating, washing, travelling and socialising.” At the height of restrictions, many were experiencing intensified insecurity with ramifications for their mental health and wellbeing. Refugee populations are reliant on social connections and the continuity afforded by such anchors as language classes, casual neighbourhood encounters, and developing bonds with neighbours and local communities, among others. Offering a sense of continuity and belonging, as well as highly valued opportunities for language practice, these connections are of vital importance for those seeking to rebuild lives for themselves and their dependents in receiving countries. Yet, these connections were abruptly interrupted by the pandemic, generating feelings of uncertainty, rupture and liminality.

In the following sections, we provide examples from the data of the impact the pandemic had on people’s wellbeing, highlighting experiences of loneliness, hopelessness and the role of agency, resilience and post-traumatic growth on combatting isolation.
Loneliness

“But then I come back home, I feel very lonely”

Even before the pandemic, restrictions to employment housing, access to education, and loss of contact with close family and friends back in home countries, obstructed the ability for refugees and asylum-seekers to feel settled in their receiving communities. Yet, the closure of public spaces and activity, such as community groups and face-to-face language and general education classes presented a sudden rupture, intensifying feelings of isolation and impeding the ability to develop a sense of feeling settled and of belonging.

We take the position that social connections can be vital for feeling settled and safe, and for helping people identify what services might be available to them, how best to access them and what their rights and responsibilities are in terms of access and receipt of services. However, changes to the level of connectivity and quality of connections with others resulting from the pandemic left people feeling as though their lives were on hold, and they were existing in a liminality. Since many refugees and asylum-seekers have limited social networks, these are even more crucial to them and therefore, for many, the restrictions had a greater impact on their wellbeing.

Amongst this cohort are individuals who have already experienced major trauma and disruption to their lives. For the participants in this study, the ability to interact in some way with people outside of the home was critical for adapting to their strange new environment. Yet this contact was sharply taken away when the pandemic restrictions came into effect. Like most, the participants were confined to the private space of the home but became disconnected from what were considered ‘lifelines’ – English language learning, support services, friends, education, outdoor activities, and the ability to progress with important immigration documentation, all of which put a major strain on their mental health and wellbeing. With very few people to turn to or interact with, many struggled with feelings of loneliness.

“…because of the pandemic everything stopped … and also it has an impact on my mental [health] because I am the only Arabic speaker…There are two more Arab families but they are far from me. So there is [nobody] in my neighbourhood or around me, so I feel quite lonely, quite alone, I can't speak to anybody.” (Resettled refugee)

Hostile immigration policies and public hostility or xenophobia, combined with restrictions and exclusions to public life, reinforces this vulnerability. At the start of the pandemic, the Home Office placed newly arrived asylum-seekers into hotel accommodation as a public health measure. People
were moved at extremely short notice and cash support was taken away, replaced instead with full board provided by the hotels. The effects of isolation were particularly evident amongst those who were uprooted and placed in temporary accommodation, with many describing the experience as similar to prison. Poor conditions and overcrowding during what was meant to be a time of social distancing, along with the temporary nature of emergency housing increased feelings of anxiety and uncertainty, with the majority having no indication or communication as to how long this would last. Despite being surrounded by others, it was evident that those placed in hotels were experiencing extreme loneliness, distress and hopelessness.

“To be honest I went through a very difficult time during the lockdown. It was very bad experience. I mean it affected me mentally [and] physically.” (Person seeking asylum)

“There was few [others] in the hotel and obviously we started meeting and we started talking to each other…another thing I could say is me and few other guys in the hotel actually thought about ending our life. I mean we were that low, we were that much down and hopeless.” (Person seeking asylum)

It is clear that those who were in hotels felt as though their freedoms were taken away, with many expressing frustrations at having to depend on the hotel for anything they needed. Limited or non-existent cooking facilities meant that people had to rely on the foods provided, which were often subpar, spoiled, or inappropriate to their needs. Food was an issue for those outside of hotels as well. People house or flat sharing also described feeling like a “prisoner in (their) own home” (person seeking asylum), when trying to maintain social distancing with co-tenants who were often strangers prior to living together. This meant having to take turns using cooking facilities or other shared rooms of the accommodation. Several also noted difficulty accessing halal foods. Sometimes appropriate foods could be sourced through charities or food banks, but it was stressful for many having to rely on others to meet basic sustenance and housing needs. The dependency created by hotel living, and general accommodation and food scarcity (Burns et al., 2022), compounded feelings of powerlessness and contributed to low moods and isolation.

Digital poverty caused a significant challenge for participants. In a time when technologies were forced to rapidly advance to meet global need for remote working, educating, and general online life, participants described how stressful and isolating it was to keep up without sufficient technology. While the impact of digital poverty varied amongst participants, most described the necessity of digital interactions for feeling connected with friends and family members abroad. For the majority, these forms of digital connections were crucial, however for those with sporadic access to Wi-Fi or data, further isolation was experienced.
“Because now, I think we are more connected by social media. No face to face, is okay. But one thing is if you don’t have [data]. You are not connected. Yes, you are lonely, being by yourself [with] no connection”. (Person seeking asylum)

For many, financial constraints caused in large part by state-mandated restrictions to funds, led to constant worry over how to pay for internet access and impacted on people’s ability to maintain their own or their children’s education. Financial barriers were compounded by the move to cashless payments which persisted even after initial lockdown measures were lifted.

“So, at the time when the lockdown set in, I just had the mobile phone. We had no data, we had no internet and it was very difficult not only for me but especially for the children now that they are not in school. And I didn’t have anything to kind of keep them at least connected with the internet or something like that.” (Person seeking asylum)

“We are not allowed to open a bank account…maybe I can buy unlimited Wi-Fi because we need it, but I don’t have a bank account and they don’t accept cash. Money things are settled in cash and money things are made by online payment or by card, but when they open the shops after lockdown, they don’t accept cash, but we don’t have a bank account. This is more stressful.” (Person seeking asylum)

As restrictions started to ease in late summer and early autumn of 2020, when most of the research interviews were conducted, many participants reported feeling relieved that they could now go outside more frequently and resume social interactions, education, and other activities. Despite this welcome change, many shared that once they “come back home” to the confines of their accommodation and the reality of challenges catalysed by their immigration status, the anxiety of uncertain futures remained. Lockdown may have been easing for the rest of the population, but for refugees and asylum-seekers, daily life continues to include restrictions, and loneliness persists.

“It did make the difference when the restrictions eased, so I could go out, I could see my friends and go shopping with them. But then I come back home, I feel very lonely. I feel very lonely.” (Person seeking asylum)
Hopelessness

“We thought our dreams are gone and there’s nothing that could be done for us”

Everyday stressors when combined with a stressful previous history and the additional challenges of the pandemic and lockdown restrictions contributed to feelings of helplessness, hopelessness, worry, anxiety, and despair. The sense of being ‘in limbo’ in a state of liminality, which has been experienced across the wider population, is particularly acute for those who have already suffered major disruption and for whom mental health and wellbeing depends heavily on sustaining hope for the future. Many felt the pressures of going ‘backwards’ were depleting any sense of hope they had left.

“We have been through a hard time. We have been through a war, and then (through) the process of seeking asylum and later of settlement in this country. It was quite a tough process, and until now we are still settling, and then the lockdown started. We haven’t recovered from the settlement and then the lockdown started. We (had) started to settle, little by little, start to learn English, we started little by little to integrate in the country, to know the people in the host country, just everything, settling in the terms of health, in terms of language, in terms of financially and it had not happened yet when the lockdown started... In terms of lockdown, instead of going forwards, we were going backwards in terms of language.” (Resettled refugee)

Data from this study demonstrates that the interruption to normal life and particularly to progress in moving forward with goals and aspirations has had a profound effect on many refugees and asylum-seekers. Because those in this cohort have lost so much already and are in the early stages of building a new life to recover from those losses, the sense of liminality and being stuck could be intolerable.

“We thought our dreams are gone and there’s nothing that could be done for us (...) and we thought just to give up and end our lives, simple as that.” (Person seeking asylum)

The refugees and asylum-seekers spoken to were generally seeking to be very active in coping and managing the challenges and stresses of everyday life. However, those with very little access to any resources, be they financial and material, or relational and emotional, were left feeling helpless and in danger of loss of hope and despair.

“I came here in mid-March. There is nothing there to do, all the time in the room, the only thing is to be on the mobile phone. There is the room and then when you go downstairs, there is not much. I mean nothing else. Everyone is just staying in their rooms, wearing masks. I have not been able to
make friends or meet people. I was bored and called my family just to share something and then we hear what they are going through and it is much more than coronavirus and we can’t even talk about what we are going through. Here corona kill people but there the people kill each other. Mentally I am very tired. I feel everything is dead.” (Person seeking asylum)

Despite these hardships and stressors, participants provided details about the wide variety of strategies they employed to endure and manage the demands placed on them. Participants demonstrated remarkable resilience in the face of, in some cases extremely, harsh circumstances. These included adapting to the situational demands, using the time to explore new activities and tasks, reconnecting with friends and family, maintaining spiritual connections, and committing to growth through adversity. Many participants used the time to strengthen relationships and connections with their families and friends, as well as faith groups through prayer and online religious services. Those with children reported both having to spend more time with them and being mindful of using the time they spent together more enjoyably. Many explained that they now had the opportunity to be more attentive to their children, conversing and listening to them, having fun and playing with them. Some parents were able to teach their children new skills and languages or undertake joint activities such as setting up a YouTube channel or gardening. Participants whose family and friends were elsewhere and who could afford to do so, took the time to talk with them for long hours through WhatsApp, Zoom and Skype, providing and receiving support and generally involving them in their day-to-day lives. A few took time to visit nearby family, friends and neighbours in careful socially distanced visits where they spoke through the window or at the gate. Many also focussed on strengthening their relationship with their faith and faith groups by connecting with religious peers through social media or live streaming of prayer services.

These participant narratives demonstrate the way that social connections can be an undeniably necessary element of achieving wellbeing in the face of adversity. Support from family, friends and services that kept in touch was transformative in enabling people to maintain a sense of purpose and hope, and agency, especially for those who felt their dreams were “gone”.

Agency, resilience and post-traumatic growth

“As a refugee here you need to work hard for yourselves and your family”

From the findings, three areas emerged of particular significance in the refugee experience. We turn to these now, as they contribute further to a deeper understanding of the refugee experience of COVID-19 restrictions.
Agency

“I try not to leave things aside when I am tired and I pay that from my body and myself. Sometimes I do not have a choice, I cannot say that I will not study today and I will sleep (instead) because I will lose (out) more and more. As a refugee here you need to work hard for yourselves and your family if you want a tiny place (...) I have a professional postgraduate qualification and they did not accept my certificates. So to work again, I need to requalify myself. Can you imagine I need to study for 6 years again? When I think about that, it’s too much. I will be old when I finally can start to work again…” (Resettled refugee)

Refugee study has begun to propose alternative approaches to conceptualizing the ways in which the human agency of participants is framed, recognizing the complexity of the situations in which refugees live and questioning earlier discourse that understates the agency of refugees and asylum-seekers (Hartonen et al. 2022). One conceptualisation of human agency (Emirbayer and Mische 1998, p.963) suggests it is “temporally embedded processes of social engagement, informed by the past, and oriented toward future and present”; and examples of this can be observed in the narratives of our sample, as participants planned for the day or near future, activating whatever resources were available and reflexively referring to having done this before.

“I think nothing (is) hard. Because, you know I have seen the war three times... When the war started, we have already experienced lockdown there!” (Resettled refugee)

“I can say, just managed all these things. Just is going slowly slowly. Yes, were slowly step by step. Everything is not back. It’s not back to normal. Just try slowly slowly manage ourselves.” (Person seeking asylum)

A sense of agency, according to some scholars (inter alia, Umer & Elliot, 2019) is intrinsically linked to hope. Our study underscores the role of personal agency in uncertain situations and recent research that suggests situations of control deprivation (of which the COVID-19 restrictions are one) can energise people to actively pursue goals (inter alia, Greenaway et al., 2015; and Swann Jr and Jetten, 2017). Whilst some participants felt powerless and in limbo, there were others who emphasised their demonstration of agency, describing the multiple ways in which they pursued or created new goals and took charge of difficulty. These participants suggested they were ‘adept’ at this, through prior and multiple experience of being forced to confront chaos and/or the sense of a lack of control.
Resilience
There were many examples of resilience during the COVID-19 restrictions amongst our sample – in some cases the narrative itself came across as one of resilience:

“Everyone had their own situations so when (the other hotel residents) were sitting together or when we were talking together, everyone was talking about his life about his emotion, so we were sharing our stories together. People did not personally come to me and share his emotional or personal stuff, no, but we shared it together. It did help a little bit and take our sadness away.” (Person seeking asylum)

In the last decade research and policy interest in resilience has increased, and the concept has become central to discussions of health inequality (Hale et al., 2019.) Broadly seen as an individual’s capabilities and resourcefulness in their response to problems, there is growing resistance to the normative limits of the concept (Ungar, 2004) in parallel to increased criticism that it serves a neoliberal agenda (Joseph 2013). In 2010, Ungar advocated moving beyond the psychosocial understanding of resilience tied to place and reliant on biomedical, positivist psychology constructs towards one that views resilience as fluid and in flux, resulting from a “cluster of ecological factors” (Ungar, 2010; and Ungar, 2012, p. 14). This allows for resilience to be defined through social and cultural perspectives and opens an understanding of resilience as a set of behaviours over time that reflect the interactions of people with their environment. The possibility that these interactions will promote wellbeing in the face of adversity depends on the meaningfulness of these opportunities and the quality of resources provided.

In this study, the activities, routines and connections that participants spoke of as being essential during the COVID-19 restrictions underscore this, echoing too the notion of ‘fabric’ introduced by Hou et al. (2018) referring to the daily routines that are interwoven, interdependent, and offer benefits for adaptation among refugees and asylum-seekers. This ‘fabric’ – the loss of which was noted in the narratives, was nevertheless quickly rewoven, however tentatively, by people with whom we spoke. We suggest that it is this ability - which we analyse, next, in the context of post-traumatic growth, that added to the resilience of this group of people during the harsh COVID-19 experience.

Post-traumatic growth
Post-traumatic growth as defined by Tedeschi and Calhoun (2004, p.1) as a “positive psychological change experienced as a result of the struggle with highly challenging life circumstances”, is said to
occur amongst refugees when they coherently make sense of their traumatic experiences (Chan et al., 2016), and this may be facilitated by factors such as social support, coping styles, religiosity, and optimism. The following quotations demonstrate this psychological change being experienced among participants.

“...[I started] fasting for the financial reason, but within time I discovered that it helped me to improve my faith, my relationship with God has improved. And my faith has improved, and I feel better regarding this issue...” (Resettled refugee)

“I have this, my own time even it is just 5 mins, I can review myself from inside and I can do this magic exercise that says 5 things you are grateful and I can say, I do that and I do that and I do that, and then I feel grateful to God that I can do so much. I can feel like that and that relieve me and to help me get my passion to continue. My behaviour in general is friendly, don’t need that much pressure to switch on, but now there is lots of job pressure and now I need some time for myself. But after a while, I think of my children and I understand that they are compared to other children generally very helpful and supportive. And that helps me.” (Resettled refugee)

“And at the same time, nobody can live without hope. I mean if you don’t have hope, there is no life. So, we are hoping for the bright, and for the better future, and we are praying every day and we now pray, every time we pray for the end of this stupid virus and new start and better days to come, to be honest.” (Refugee)

**Discussion**

Refugee mental health involves a complex ecology of factors (Silove et al., 2017) and it is not the aim of this paper to illustrate either this, or their interrelatedness. We aim, rather, to point to findings of this study pertaining to the refugee pandemic experience in relation to loneliness, hopelessness and, more so: agency, resilience and post-traumatic growth. Having extracted for attention these themes, we now move to two further, interlinked experiences within this population, triggered or reactivated by the COVID-19 pandemic lockdown. These are the experiences of rupture (Halbraad et al., 2019) and liminality (St John, 2008) both of which are already only too familiar to the refugee experience (Malkki, 1992; Abourahme, 2011; and Nolan, 2006).

This discussion is valuable beyond understanding refugee experiences. In recognising that rupture and liminality are intrinsically linked to feelings of loneliness – and to mental wellbeing or its erosion - we aim to further demonstrate the complexity of loneliness. Loneliness, far from being a single, individualised psychological state - is an emotional cluster (Bound Alberti, 2018). It is forged
through multiple experiences and flourishes in societal systems of socioeconomic inequality (Becker et al., 2021), where conditions for societal inclusion are not equally accessible for all.

**Rupture**

A sense of rupture emerges as a feature of the refugee experience and is embedded within an intersubjective context wherein “severe emotional pain cannot find a relational home in which to be held and integrated” (Womersley, 2020, p. 721). The refugee journey is by its very nature one of rupture with a psychological impact of this as repeated experience (Cassidy, 2019). This begins at the very outset with the need to disassociate oneself, to disinvest, from the untenable situation in one’s home country, and in so doing, sever emotional, familial, geographic and political / religious ties. It is the rupture away from all that has been familiar, to, in most cases, complete unfamiliarity. As Womersley states, such pain has no ‘home’ as the journey may be one of many subsequent ruptures, of space, place, community, connection. Having arrived in the receiving country and having begun a slow and often tentative process of settlement, the COVID-19 pandemic lockdown restrictions now forced a new rupture, dislocating people again, from fledging ties, plans, routines, neighbours:

“It was difficult, sometimes, because it’s a new life, new people, new language, so it was, like, big challenge for me and my family to integrate with this-with this country or with this culture. It was big challenge for me.” (Person seeking asylum)

“Yes exactly. If we go back, in general their life is different in this country, totally for the migrant it is very different life and it takes a while for them to get adapted. In our country, we could go out on to the street and even if you didn’t know someone you could greet each other and speak to them and kind of socialise but here it is different. There are some social limitations. And with the lockdown, the restrictions made the limitations even more extended. Social life became even more distance. It keeps people apart and has created a kind of hatred between people and a kind of problem.” (Person seeking asylum)

**Liminality**

Seen through a lens of liminality with refugees and asylum-seekers already existing outside the ‘natural order of things’ (Malkki 1995), the COVID-19 lockdown restrictions imposed yet another unnatural order onto ruptured lives. For this cohort, disruptions in transitioning from displacement to integration creates liminality, exacerbating the potential to experience adverse mental health outcomes. As pointed out by Kallio and colleagues (2020, p. 4006-7), refugees and asylum-seekers’
lives have been placed within spaces of waiting, continual uncertainty and limbo”, emphasising how spaces of waiting are spaces of temporal stagnation.

“Just before the corona pandemic I was supposed to be interviewed by the immigration, but unfortunately, they cancelled the interview and they cancelled the court and there’s no news or not any update, and that has affected me badly. I hope something is going to happen and I want to know if I am going to be interviewed or not … [it] is the main thing I always think about and it makes me some sort of worried and I don’t know what’s going to happen…from this point the lockdown just makes me a bit nervous and I feel down because the interview and the court is going to be late again.” (Person seeking asylum)

Many experience great anxiety in their receiving country settings. Such anxiety is related to the prolonging of their liminality exhibited by uncertainties about residency and ability to positively settle in the new country, difficulties accessing health and social care and benefits, being poor, having limited access to familiar foods; difficulties finding employment or having no right to work, worry about families at home and about separation from them, loss of culture and communication (exacerbated by digital isolation and poverty) and encompassing loneliness and isolation.

When the first COVID-19 lockdown began in March 2020, along with everyone else, refugees and asylum-seekers experienced the abrupt interruption to their daily social and public lives. However, this interruption also severed the everyday casual connections and micro-actions that marked their ongoing efforts at integration. In addition, for those still in the process of seeking asylum, there were considerable disruptions to their everyday lives. For instance, most newly arrived asylum-seekers along with those in existing serviced accommodation, were transferred to hotels in the centre of Glasgow.

The lockdown disrupted the progress that many felt they had achieved in moving towards being settled in the country. The unsettling impacts of the lockdown were likely to vary according to the stage of transition that participants found themselves in. The lockdown inevitably limited people’s ability to take steps towards full integration and socio-economic participation and compounded their sense of anxiety, uncertainty and fatigue at the potential for further extensions to their liminal phase, marked by ambiguity and indetermination (Hartonen et al. 2022).
Conclusion

The pressures experienced by the refugees and asylum-seekers in our study were clear. What made these more acute for this group than for the general population, however, appeared to be a combination of factors particular to the refugee experience. These factors - such as a reactivation of earlier losses and states of hopelessness, lack of control, rupture and liminality - contributed to a sense of isolation and loneliness. Commonly perceived as a cluster of undesirable emotions as well as rupture in social connections (Bound Alberti, 2018), loneliness is often narrated as a disaffiliation with the normative orientation of a life course. For refugees and asylum-seekers, the COVID-19 restrictions represented a further interruption, or cessation of an already disjointed life course trajectory, compounded by the sudden loss of micro and macro social connections and routines which marked an integration into local culture and more broadly into a new home. Taken together, these may constitute components of a ‘slow violence’ (Mayblin, 2020), one that gradually degrades bodies and minds.

Individuals establish emotional ties with personally and socially meaningful things such as places (e.g., Main and Sandoval, 2014) through a combination of the personal world with the collective space of cultural forms and social relations (Hartonen, 2022). Thus, individuals may be empowered through practiced collective identity and agency (Hökkä et al., 2017) to become overall active agents shaping their own worlds (Hübler et al. 2020). In our analysis of more positive accounts of resilience and agency in our sample, material conditions such as access to data were important – yet, this was in the context of being supported to establish closer and more trustful personal connections with trusted companions such as family, friends and neighbours.

Implications for practice

We have demonstrated that the ability to cope with the stressors of the pandemic was determined in large part by interruptions to integration, and particularly influenced by changes to the quantity and quality of people’s social connections. The damaging effects of pandemic restrictions to refugees and asylum-seekers’ mental health led some to feel despair and loneliness. Mitigating the potential of loneliness causing long-term damage to mental and physical health requires an approach that recognises the unique needs of this cohort. Where emotionally supportive social networks are weak or absent, it must be a priority to enable meaningful connections with other trusted human beings. We emphasise the need to raise awareness of refugee experiences and understandings of mental health and wellbeing across receiving communities and health and social care provision.
Furthermore, given ever-increasing gaps in statutory service provision for refugee people (especially those who resettle via the asylum application route), we stress the need for material support (for example, in the form of digital inclusion) that provides a realistic opportunity to build quality social connections which combat loneliness and its often-severe wellbeing consequences. Building on the positive case study of its Connecting Scotland initiative (Scottish Government, 2022), the Scottish Government should recognise its key role and transformative potential in this area, and not leave this critical responsibility to a third sector that, despite its own fundamental role in protecting refugee health in Scotland, will face mounting pressure in the face of developing economic and political challenges for the foreseeable future (National Council for the Voluntary Sector, 2023).
Disclosure statement

No potential conflict reported by authors.
References


Highlights

- The ability to cope with the stressors of the pandemic was determined in large part by interruptions to integration, and particularly influenced by changes to the quantity and quality of people’s social connections.
- The damaging effects of pandemic restrictions to refugees’ mental health led some to feel despair and loneliness.
- Mitigating the potential of loneliness causing long-term damage to mental and physical health requires an approach that recognises the unique needs of refugees.
- For refugees and asylum seekers, disruptions to the processes of transitioning from displacement to integration creates liminality, exacerbating the potential to experience adverse mental health outcomes.
- Where emotionally supportive social networks are weak or absent, it must be a priority to enable meaningful connections with other trusted human beings.
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Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: