

How do therapists in the UK navigate the issue of loneliness when working with destitute asylum seekers? A focus group using reflexive thematic analysis

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Abstract

Background: This research study explores how therapists in the United Kingdom (UK) navigate the issue of loneliness when working with destitute asylum seekers (DAS). Loneliness and social isolation have adverse effects on the mental and physical health of individuals, and migrants, including asylum seekers and refugees, are particularly vulnerable to these challenges.

Aim: The study aimed to provide valuable insights into the strategies employed by therapists to address loneliness in this specific population and may contribute to the development of effective interventions and programmes in mental health services for asylum seekers.

Findings: Braun and Clarke's reflexive thematic analysis of focus group data revealed two main themes: (1) perceived factors that impact loneliness and (2) therapeutic strategies for alleviating loneliness.

Conclusion: This paper concludes with a discussion of the findings of this study and provides recommendations for future research directions, aiming to further enhance our understanding and support for DAS in addressing loneliness and to continue improving mental health services for this vulnerable population.

KEYWORDS

Asylum Seekers, Counselling, Destitute Asylum Seekers, Loneliness, Therapeutic strategies, Therapy

1 | INTRODUCTION

The UK has a long-standing history as a destination for refugees and asylum seekers. Although these individuals share similar journeys, the terms 'asylum seeker' and 'refugee' delineate distinct categories of migration status. Refugees, having received permission to remain, can access full welfare benefits. On the contrary, asylum seekers are in the process of seeking the right to stay and might not

have access to all benefits (Burnett & Fassil, 2002). As of November 2022, the UK hosted 231,597 refugees, with an additional 127,421 pending asylum cases and 5483 stateless persons (UNHCR, 2022). Asylum seekers are considered among the most marginalised members of society, and during the asylum process, they are at risk of enforced destitution (Cholewinski, 1998). 'Destitute' is defined by the Immigration and Asylum Act 1999 as 'a person who does not have adequate accommodation or any means of obtaining it, or if they have

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adequate accommodation, cannot meet other essential living needs' (Home Office, Assessing Destitution, 2019, p. 6). Destitution can occur at different stages of the asylum seeking process, including the beginning of the asylum process (before the initial claim is made); during the asylum process (when errors relating to an individual's entitlement can occur or a new claim needs to be submitted if the original claim is denied); or at the end of the asylum claim (when appeal rights have been exhausted). Destitution can also affect refugees who have received leave to remain but have not yet received benefits due to organisational delays (Crawley et al., 2011).

Asylum seekers undergo numerous challenges and traumatic experiences during their journey, profoundly affecting their mental well-being (Allsop et al., 2014; Szaflarski & Bauldry, 2019). These challenges include pre-flight traumas such as torture and persecution (Lindert et al., 2016), as well as profound losses of family, community, culture, identity and political affiliation (Bhugra & Becker, 2005). The post-flight experience involves applying for asylum, dispersal and frequently encountering isolation and deprivation. Resettlement brings additional difficulties, such as prejudice, oppression, disadvantage and restricted access to resources (Szaflarski & Bauldry, 2019). Furthermore, due to the inherent unfamiliarity with the social systems and services in the host country and the emotional impact of leaving one's home country and local support networks, asylum seekers and refugees are particularly vulnerable to social isolation and loneliness (Lee et al., 2020; Ruedel & Joly, 2024; Strijk et al., 2010; Victor et al., 2012).

Early conceptualisations of loneliness defined it as an unpleasant experience that occurs when a person's social connections are lacking, in terms of either perceived quality or quantity of social contacts (i.e. Perlman & Peplau, 1981). In a recent synthesis exploring the issue of loneliness in migrants, Salway et al. (2020, p.15) clearly differentiated between the concepts of loneliness and social isolation, describing the former as a person's subjective assessment that their social relationships are inadequate and the latter as 'the objective state in which an individual has little contact with family members, friends or neighbours'. Nevertheless, despite this clear distinction in terminology, the term is still interchangeably used in the literature.

Loneliness is considered a complex global issue and significant social challenge, which can further exacerbate asylum seekers and refugees' existing mental health difficulties, including stress, depression (Kirmayer et al., 2011; Lim et al., 2022; Mushtaq et al., 2014; Ruedel & Joly, 2024); suicidal thoughts Rudatsikira, et al., 2007; and aggressive behaviours, social anxiety, impulsivity (e.g. Cacioppo et al., 2014; Ernst & Cacioppo, 1999), and can significantly impact their resettlement and integration processes in their host countries (Altinay, 2024). Hence, loneliness has been identified as a significant risk factor for the well-being of refugees and asylum seekers (Salway et al., 2020).

The above highlights the crucial need for professional support and continuous care for asylum seekers (Pezerović & Babić, 2016). The European Charter of Fundamental Rights reinforces this need, asserting that all migrants and refugees are entitled to at least emergency and essential primary health care, including psychotherapy (Asfaw et al., 2020).

Implications for practice and policy

- Working with destitute asylum seekers (DAS) requires practitioners to understand the multifaceted nature of loneliness and tailor therapeutic approaches accordingly. Training programmes should focus on cultural competence, trauma-informed care and strategies for building therapeutic relationships. Incorporating the lived experiences of DAS is crucial for effective interventions.
- Interventions that inspire resilience and hope can effectively address loneliness among DAS. Utilising positive psychology and strength-based approaches can highlight internal strengths and promote self-acceptance, countering the isolation experienced by DAS (Gyan et al., 2023).
- Ongoing professional development, policy initiatives and resources are needed to support practitioners in addressing the unique challenges faced by DAS and promoting mental well-being.
- Tailoring support services to the unique needs of DAS requires multi-agency collaboration involving various sectors such as health care, social services and advocacy (Trueba et al., 2023). Establishing better coordination mechanisms among different agencies and community resources can facilitate effective collaboration, fostering a sense of belonging and meeting the broader needs of this population (Smith et al., 2022).
- These implications underscore the ongoing need for professional development and policy initiatives to support practitioners in promoting the mental well-being of DAS.

Therapy services, provided by charities and local psychological therapy organisations, hence play a pivotal role in assisting asylum seekers and refugees. These services are instrumental in helping individuals cope with trauma, fostering healing and facilitating integration into the host country. Numerous studies emphasise the significance of therapy and counselling services for asylum seekers and refugees. For instance, Kip et al. (2020) highlighted the positive impact of psychological interventions in reducing symptoms of depression and PTSD among adult refugees, whereas Orang et al. (2023) showcased the effectiveness of counselling interventions in enhancing the well-being and resilience of migrants and refugees.

As the evidence linking loneliness to mental and physical health problems grows, there is also an increased focus on interventions to address chronic loneliness.

Furthermore, despite the increasing interest in interventions to alleviate chronic loneliness (Salway et al., 2020), little is known about how therapists who work with asylum seekers and refugees

experience and manage their clients' loneliness. To the best of the authors' knowledge, there is no existing literature exploring this.

This study therefore aimed to contribute to existing literature by enhancing our understanding of how therapists navigate the complexities of loneliness in their therapeutic practice with destitute asylum seekers (DAS). Given the large population of DAS in the UK, exploring therapists' perspectives on loneliness offers valuable insights into their experiences and the strategies they employ to address this specific issue among asylum seekers, supporting therapist well-being and quality of care. The insights derived from this study may inform the development of interventions and programmes, enhancing the efficacy of mental health services tailored for DAS.

2 | METHOD

2.1 | Methodology

This research is grounded in a social constructionist epistemology underpinned by a subjectivist ontological position. Social constructionism suggests that knowledge and truth are products of societal conventions, norms and interactions (Berger Peter & Luckmann, 1966; Burr, 2015). This view resonates with the researcher and informs the chosen research methodology.

Given the research's epistemological alignment, focus group discussions were chosen as the method of data collection. This qualitative approach provides a deep understanding of social issues by offering insight into participants' personal perceptions and knowledge through social interaction (Ochieng et al., 2018). The objective was to understand not only the shared views of the group but also the underlying meanings and insights held by the participants.

2.2 | Data collection

Following ethics approval from Teesside University's Ethics Committee, participants were recruited from one non-profitable charity organisation that provides counselling and psychotherapy to asylum seekers and refugees. Practitioners were recruited through individual emails to the organisation's members with prior obtained permission and agreement from the clinical managers. The primary researcher then collected data via two focus groups. Focus groups are frequently used as a qualitative approach and allow for a comprehensive understanding of social issues (Ochieng et al., 2018). By gathering a group of individuals together, the aim was to explore their collective views and the underlying meanings behind those views. Furthermore, focus groups are valuable in obtaining a deep understanding of participants' experiences and beliefs (Morgan, 2012).

Given the research's objectives, utilising pre-existing groups for the focus group discussion was deemed most appropriate (Gill et al., 2008). This method involved selecting participants who already share a connection or have established experiences before engaging

in the focus group discussion. Opting for pre-existing groups provides several advantages, such as simplifying recruitment processes and fostering a sense of comfort among participants, thereby facilitating more productive discussions. Specifically, in this study, pre-existing groups were selected to delve into the collective perspectives of participants about loneliness in DAS (Gill et al., 2008).

Prior to the interviews, participants received comprehensive information about the study, including potential risks, such as discomfort or distress arising from discussing the sensitive topic of loneliness in a group setting. Moreover, they were made aware of the potential discovery of unethical practices, which could lead to legal repercussions if publicly disclosed (Sim & Waterfield, 2019). Emphasising ethical principles, participants were guaranteed anonymity and confidentiality.

The researcher's role in this study was to moderate the discussion. In line with Gill et al.'s (2008) recommendation of having fewer than a dozen predetermined questions in a focus group discussion to ensure effectiveness and productivity, as well as to gather rich data and detailed qualitative responses from participants, a set of six carefully crafted open-ended and exploratory questions was developed. Probing techniques were employed during the discussions, enabling the exploration of specific issues as they naturally unfolded (Gill et al., 2008). In addition, participants were given a chance to discuss their feelings, and address any problems or concerns subsequently raised during the focus group in a debrief (Sim & Waterfield, 2019). Participants were also provided with a debrief document following their participation in the focus group.

The focus group discussions were recorded using Microsoft Teams and transcribed. Microsoft Teams offered an automatic transcription feature that accurately converted the recorded audio into written text, faithfully capturing the spoken content, including words, pauses and vocal cues. Timestamps were included in the transcription, facilitating easy navigation and pinpointing of specific segments within the recording. The transcripts were carefully reviewed, edited and corrected as needed. To protect participant privacy, any identifiable information of the participants was redacted. Once the transcriptions were finalised, they were securely stored in accordance with data protection regulations, while the original recordings were deleted. The discussions lasted between 60 and 90 min for each focus group.

2.3 | Participants

This study used two focus groups, each with five participants. According to Guest et al. (2016), two to three focus groups are usually enough to capture 80% of themes, including the most prevalent ones. For this study, the group size was chosen based on Moser and Korstjens (2017), who recommend 6–12 participants for focus groups. In this case, five participants were allocated to each group to ensure data saturation, consistent group size and account for attrition. Smaller groups are suggested for complex topics to allow participants enough time to express their views and provide detailed information.

However, it is important to have diverse viewpoints among participants to encourage discussion (Korstjens & Moser, 2018).

Participants for the focus group discussions were selected using purposive homogeneous sampling, a method widely employed in qualitative studies to gather rich and relevant data (Palinkas et al., 2015). The rationale for using homogeneous purposive sampling was to align with the principle of the thematic analysis method, which emphasises a structured approach to participant selection. This approach ensured that the collected data were representative of the context under study and contributed to a comprehensive analysis (Braun & Clarke, 2006). Ultimately, a total of 10 participants were included in the study.

Qualified therapists who had experience working with DAS and addressing the concept of loneliness were approached to participate in a focus group discussion. The objective was to gather insights from qualified therapists on how they navigate the issue of loneliness working with DAS. Addressing the concept of loneliness entails understanding and addressing the emotional and psychological challenges faced by individuals who feel socially isolated, disconnected and lacking meaningful social connections (De Jesus et al., 2023).

Of 10 participants, seven participants were female and three were male, with all being qualified therapists. The years of experience in the field of psychotherapy/counselling ranged from 4 to 35 years. Years of experience working with asylum seekers and DAS ranged from 2 to 17 years. All practised in the North East of England (Table 1).

2.4 | Analysis

The study utilised Braun and Clarke's (2013, 2021) reflexive thematic analysis as a method for analysing the data. Reflexive thematic analysis is recognised for its flexibility and ability to operate independently from specific theories or epistemologies (Braun & Clarke, 2006). Reflexive thematic analysis is frequently employed in

studies utilising focus groups (Braun & Clarke, 2006). This approach enabled the exploration and interpretation of main themes within the data, revealing patterns consistent with the experiences and perspectives of the focus group participants. It uncovered the explicit and genuine opinions of therapists working with DAS and their perspectives on the concept of loneliness among this client group, shaped by their shared social constructs. The analysis followed the six phases of reflexive thematic analysis outlined by Braun and Clarke (2013, 2021). An inductive approach was employed to identify themes at a semantic level (Boyatzis, 1998).

2.5 | Reflexivity

In this qualitative study, the researcher's reflexivity is integral to ensuring the truthfulness and credibility of the research process. By acknowledging their personal background, lived experiences, worldview and professional position as a trainee counselling psychologist, the researcher recognises how these factors may influence the research findings and outcome (Haynes, 2012). As an immigrant, the researcher's encounters with social injustices—such as discrimination, institutional barriers and racism—provide a unique perspective and act as an additional motivator for conducting this study. Furthermore, the researcher's extensive involvement in working with services that support refugees and asylum seekers has provided practical insights and a deep understanding of the complexities faced by these marginalised populations. This experience significantly contributes to researcher advocacy for social justice and underscores unwavering commitment to making a positive impact in the lives of those affected by such injustices.

Hence, it is crucial for the researcher to be mindful of their own biases and potential limitations rooted in their cultural background and experiences (Willig, 2013). Reflexivity helps in recognising these influences and taking steps to mitigate them, ensuring that the

TABLE 1 Participant Information.

Ethnic origin	Gender	Years of experience in the field of psychotherapy/counselling	Years of experience working with asylum seekers	Years of experience working with destitute asylum seekers
Group 1				
1. Dutch/Canadian	Female	35	17	17
2. White British	Male	9	8	8
3. White British	Female	15	6	6
4. Arab	Female	9	4	2
5. White British	Male	4	2	2
Group 2				
1. Asian/European	Female	18	14	4
2. British Pakistani	Female	9	6	6
3. Asian other	Female	5	16	16
4. White British	Female	25	20	20
5. Jewish	Male	35	17	17

research process remains rigorous, objective and unbiased. By critically examining their own perspectives and being transparent about their positionality, the researcher can enhance the credibility and trustworthiness of the study.

3 | FINDINGS

The study identified two major themes related to the impact of loneliness on DAS, supported by verbatim quotes, each accompanied by pseudonyms and explanatory information. The following summarises the findings.

3.1 | Perceived factors that impact on loneliness

3.1.1 | Shame as a source of isolation

Therapists acknowledged shame and mistrust as a key emotional experience that they felt leads to isolation and loneliness in their clients, stemming from society's tendency to assign blame to those facing misfortune. Therapists identified that shame causes the individual to withdraw from others, reinforcing isolation and framing misfortune as a personal failure rather than a societal issue. The thematic implication here appears to be that societal judgement leads to internalised shame, creating barriers to social connection.

... I suppose that people carry shame and this always isolating ...the issue of shame and I think as society has its way of projecting blame misfortune on the people who are most subject to misfortune. So, society can say, 'this is not our problem. If you're poor, it's your problem' ...

[P3, G1]

Therapists noticed the influence of peer success on loneliness, noting that clients may feel shame, being left behind and questioning their own hardships in comparison with others' accomplishments. This internal comparison can result in self-blame, intensifying feelings of isolation. Therapists acknowledged that shame could hinder individuals from seeking support or sharing their experiences due to the fear of judgement, betrayal or the disclosure of personal information. Therapists further emphasised the loss of a past community and the lack of a new one as a significant factor in the development of loneliness. Asylum seekers face a dual burden: leaving behind an established life while struggling to fit into a new environment, thus creating a void in social support and identity. This inability to reconnect with their past life or build a new one was viewed by therapists to deepen the sense of loneliness in DAS.

...they had a very good life and very good jobs, very good community. And when they came here, they feel a sense of shame. They don't want to communicate

with the people from past life, but at the same time, they don't want to create a new community for themselves here for himself. So I try to find out deep (reasons) why they decided to isolate himself...

[P4, G2]

...they're often here because they've been persecuted, said that anyone from their country they don't trust because they don't know who they will tell (share their story with someone else). So that's something, an isolating, loneliness creating factor...

[P2, G1]

3.1.2 | Psychological burden of trauma and forming a new identity

Therapists underscored the challenges DAS face in establishing a new life after leaving their homes. Therapists emphasised the dual nature of loneliness caused by trauma. They noticed how, internally, the trauma creates a sense of alienation within oneself, leading to emotional loneliness. Externally, it affects their clients' capacity to interact with others, reinforcing social isolation. Therapists highlighted the intense psychological burden that trauma adds, emphasising how trauma leads to both internal and external isolation.

...Trauma in itself is isolating. It is cutting people off, and there's both the internal sense of loneliness and then there is the external way in which we interact with the world...

[P2, G2]

This isolation complicates rebuilding lives and forming a new identity, impacting how individuals perceive themselves and engage with their new community, deepening their experience of loneliness. Therapists noted the connection between moral injury, resulting from shame or rejection, and the challenges faced in the new environment. Participants highlighted the interconnectedness of past and present rejections, suggesting that current isolation may be a re-enactment of previous experiences. They viewed this cycle of rejection as linked to their present sense of loneliness. Furthermore, therapists highlighted the association between the loss of identity and the fear of accepting freedom. Individuals, repeatedly let down and lacking prospects for improvement, find it challenging to embrace their newfound freedom, contributing to a pervasive feeling of isolation and disconnection from their true selves.

...Sense of belonging is so important and is connected to our identity. Yeah, thinking about the moral injury that people experience when they are shamed and told that they have failed or that they are not accepted into this community, into this country. The impact of the moral injury can need some unpacking and

I'm thinking about what is in the past has this brought up for them and is there any connection between this sense of projection here and rejections which may have happened back home and within the family or within the community, thinking about that moral injury connecting with trauma...

[P3, G1]

3.2 | Therapeutic strategies for alleviating loneliness

3.2.1 | Therapeutic bond and the depths of connection

Therapists described how they focussed on establishing a therapeutic bond and delving into the depths of connection to address the issue of loneliness in their clients. 'Therapeutic presence', characterised by compassion, empathy and active listening, was identified as an essential tool to achieve this. Therapists also emphasised the importance of the therapeutic relationship, particularly in online settings, where consistent presence, active listening and genuine curiosity foster a sense of being seen and valued. Therapists reflected on how this connection prevents feelings of isolation, reinforcing the deep emotional impact of simply being there for the client.

...Therapeutic relationship is at the core of what we do, but working online I just become more and more aware of it each time about how you build a relationship with someone, being there for them, turning up at the same time, giving them that hour, really listening, asking questions, being curious, allowing them to be special, to continue to be seen and we can take it for granted because we do it all the time, but actually it, cause it goes way. It goes really deep, and when they come online and you can see it in their eyes. 'Ohh, you're here and you're here to talk to me'. And that's really important for them to not feel alone.

[P1, G2]

3.2.2 | Helping clients to reconnect with self and community

Therapists highlighted the therapeutic process of helping clients reconnect with aspects of their identity and sense of self through relationships, past experiences and inner strengths. Therapists discussed how they use symbolic and metaphorical tools to affirm the client's continued connection to meaningful relationships. This helps clients realise that they are part of a broader community and can find strength in those connections. The idea of reconnecting with personal values and the perspectives of others who saw these values

as strengths is seen as a powerful tool for healing and fostering self-awareness.

...so by bringing out other things that they can connect with in the present and the past and other people who saw those values as strengths they had in them, I think that can be a very powerful way of helping people to reconnect with parts of themselves and other people that they may not sort of be really aware of...So, and I just thought that there is a way of working with these things metaphorically and symbolically, that can help people to reconnect again to those parts of themselves or member people or even people they admire, that they, that inspire them... they're important relationships, even if they're not present or physically present, it can be powerfully affirming, like doing a genogram and showing them that even though you're here on your own, you are still part of this community...

[P1, G1]

On a similar note, therapists discussed the importance of the therapist's role in subtly guiding clients to recognise their own strengths and abilities. By encouraging clients to notice 'simple things' they can do, the therapist helps them build a sense of competence and self-efficacy, reinforcing their ability to cope and thrive.

...As a I think [participant] and [participant] both said, I start looking at them [client] differently and making them indirectly notice their strength or the things that they're, very simple thing that they have and they can do. They are able to do so and motivate them to see that yes, you have all these things around you...

[P3, G2]

3.2.3 | Group activities and supportive spaces

Therapists discussed the importance of creating supportive group activities in which DAS can connect and form meaningful relationships. They highlighted the positive impact of previous groups initiatives, in which individuals from different backgrounds participated. These activities could foster a sense of togetherness, shared experiences and strong bonds among DAS. Therapists highlighted the significance of these group activities in repairing a sense of identity, offering a focus beyond their fears and concerns about asylum cases. Therapists believed the group activities acted as a means of connection within the community, combating isolation and loneliness.

...but it's just when we bring people together in groups, and there is a shared experience which doesn't need to put into words. So like when people are going into a stress management group and they're learning to

self-regulate together, there is something about the relationship between the embodies... and so helping to foster those gentle connection, other groups like the music group or, doing those things together I think breaks the isolation because a lot of people are very tempted to isolate themselves and so if we can have safety together...

[P1, G1]

3.2.4 | The therapeutic power of touch and embodiment

Therapists stressed the importance of physical touch in fostering connection and healing. The participants highlight how touch, which might be taken for granted in everyday interactions, becomes an essential aspect of overcoming loneliness, particularly for those who may lack regular contact with others.

They highlighted touch as a crucial non-verbal form of support, emphasising its role in healing and alleviating loneliness. They underlined that hands-on therapy creates a profound therapeutic connection, providing emotional support and a sense of being held.

...a lot of clients that seemed to benefit from hands on therapy, there's something that happens there which is another kind of witnessing and support. Even without words and feeling held and supported in a way and the things with hands on work with energy integration and, on unblocking energy and moving to a new equilibrium, all of that which I think can only help. They would, you know, feed that feeling of being supported and held even if I don't know what's going on...

[P5, G2]

Therapists highlighted the significance of physical contact and embodiment in addressing underlying emotional needs, particularly those related to loneliness. The below quote emphasises how therapists perceive the profound emotional and physical isolation experienced by individuals who lack physical touch. Therapists felt that physical touch through therapeutic interventions may help mitigate feelings of isolation by fostering a sense of connection. The healing power of touch is framed as not only physical but also emotional, facilitating a deeper form of interpersonal connection.

...I think touch is incredibly important and, you know, if we're around family or friends, we may take that for granted. But if nobody touches you, it's very isolating so to have your healing hands on people and to make that contact I think is this phenomenal and, there's the actual physical contact, but even just being able to work with people's embodiment and to take an interest in their only experience in their pain, and not just dismissing, I think their physical pain because it's

not emotions or it's not thoughts, and that's what we deal with. It's actually we're concerned about you as a whole person.

[P1, G1]

4 | DISCUSSION

This study explored how therapists experience DAS' loneliness and the strategies they use to address this. The findings highlight, from the perspective of therapists, the complexity of therapeutic work with DAS experiencing loneliness and isolation, particularly those impacted by trauma. The analysis reveals several key themes: shame, the psychological impact of trauma and the reshaping of one's identity, and the importance of human connection, particularly physical touch and therapeutic relationships. From the therapists' perspective, shame emerges as a powerful isolating force, often compounded by societal judgements, which further alienate individuals. Therapists found that trauma, both as an internal experience and in relation to external interactions, deepens this isolation by severing connections with others and reinforcing feelings of loneliness.

Embodiment and physical presence are emphasised as essential elements in fostering a sense of connection and support and counteracting the impact of loneliness. The quotes suggest that non-verbal communication, such as hands-on therapy or energy work, can provide a unique form of validation and comfort, offering clients a sense of being 'held' both physically and emotionally. This physical contact was considered to bridge a gap that is often left by verbal communication alone.

The importance of the therapeutic relationship was also highlighted, especially in online therapy contexts in which the consistency, presence and genuine care of the therapist were perceived to create a meaningful connection that alleviates feelings of loneliness. Participants discussed how clients respond to the therapist's presence, recognising the therapeutic space as a safe and supportive environment where they are truly seen and valued. Therapists also discussed the benefits of adopting a strength-based approach when working through their clients' sense of loneliness.

4.1 | Implications for practice

In their recent comprehensive report, Salway et al. (2020) reviewed 11 psychotherapy interventions specifically implemented for asylum seekers and refugees with (or at risk of developing) a common mental health disorder. Although these interventions did not focus on social isolation and loneliness per se, they did target some of the mental health risk factors that may lead to this. Of the identified 11 interventions, most ($n=8$) focussed on treating depression with some ($n=3$) on improving well-being. Therapeutic approaches mainly included interpersonal psychotherapy, cognitive behavioural therapy, or a combination of both, with cultural relevance as a key focus and with two interventions specifically

addressing racism. Despite their difference in theoretical approach, all interventions aimed at enhancing clients' awareness of social interactions, improving social and communication skills, and building up relationships.

The current findings add to the existing literature by offering a new perspective on how therapists navigate through their clients' sense of loneliness and the therapeutic techniques they have found helpful to support their clients to work through it. Therapists discussed the importance of helping clients rebuild their sense of identity, especially after trauma. By linking past experiences and values to present circumstances, therapists can assist clients in rediscovering their strengths, fostering resilience and improving their sense of belonging in new environments. Interventions that inspire resilience and hope can effectively address loneliness among DAS. Utilising positive psychology and strength-based approaches can highlight internal strengths and promote self-acceptance, countering the isolation experienced by DAS (Gyan et al., 2023). Using strength-based and positive psychology interventions with asylum seekers and refugees is a new development in the field, with a number of treatment protocols currently being piloted, such as the BAMBOO programme (Hendriks et al., 2024) and the Strengths for the Journey project (Foka et al., 2021). A central feature of such interventions is the discovery, exploration and application of character strengths and preliminary findings appear to indicate positive outcomes.

Establishing a strong therapeutic bond through consistent presence, active listening and genuine curiosity is considered crucial in psychotherapy outcomes (Stubbe, 2018). Therapists emphasised the importance of a strong therapeutic relationship which builds trust and creates a space where clients feel seen and valued as an important element to alleviate feelings of loneliness and disconnection. This highlights the potential role of the therapeutic relationship not only as a determinant for positive therapeutic outcomes but also as a buffer against loneliness and isolation.

Therapists underscored the potential therapeutic benefits of touch and embodiment in therapy, consistent with the findings of McGlone et al. (2014), which highlight the emotional effects of somatisation therapies. Where appropriate, integrating physical touch and working with clients' embodied experiences can address emotional and physical isolation and can play an important role in emotion regulation and the reduction in symptoms of PTSD (McGreevy & Boland, 2022). Furthermore, research has shown that therapeutic practices focussing on embodiment can enhance the therapeutic connection, provide emotional comfort and foster a holistic approach to healing (Fugate et al., 2024). The application of embodiment and touch in the therapeutic practice with asylum seekers and refugees is a field that would benefit from further researcher and should be approached with caution considering ethical and cultural implications and appropriateness.

This study has highlighted the importance of exploring feelings of shame and mistrust and understanding the role of societal judgement and internalised blame. This can help therapists work through these emotions and reduce barriers to connection, facilitating more

open communication and social engagement. The significance of self-connection and cultural heritage in fostering a sense of belonging is emphasised, supported by the work of Salway et al. (2020) and Liamputtong et al. (2016), who highlight the positive impact of social support groups on refugees' loneliness experiences. This finding is in line with Ruedel and Joly's (2024) position that mechanisms such as establishing new social support networks, the network characteristics and the frequency of contact may counteract feelings of loneliness.

Working with DAS requires practitioners to understand the multifaceted nature of loneliness and tailor therapeutic approaches accordingly. Hence, in addition to focussing on cultural competence, trauma-informed practices and strategies for building therapeutic relationships, training programmes should also highlight the importance and impact of loneliness and how to address this.

4.2 | Limitations

Three possible limitations are identified in the current study. First, considerable effort was made to ensure that the sample of this study comprised of mental health practitioners of different cultural and ethnic backgrounds; however, the study did not account for practitioners' different specialties, theoretical and training backgrounds. This limitation impacts the generalisability of the study's findings, as the results may not accurately represent practitioners with different specialties or theoretical orientations. In addition, the study may not capture the unique perspectives and experiences of practitioners from various specialties or theoretical frameworks that elevate the effect of loneliness. Another limitation is the small sample size of the focus groups, with each group consisting of five participants. While this size aligns with recommendations for achieving data saturation and allowing in-depth discussions (Korstjens & Moser, 2018), it may not capture the full range of experiences and perspectives within the therapist population (Guest et al., 2016). Finally, it is important to acknowledge the possible influence of researcher bias and interpretation throughout the analysis process. The researcher's preconceptions and theoretical background may inadvertently shape the identification and interpretation of themes (Braun & Clarke, 2013). To address this, efforts were made to maintain reflexivity and transparency during the analysis, documenting any potential biases and reflecting on their potential impact (Braun & Clarke, 2013).

4.3 | Recommendations for future research

Based on this research, the following recommendations for future research directions have been considered to contribute to the knowledge base on loneliness among destitute asylum seekers. First, it is recommended that future research may want to include a longitudinal study to understand the long-term impact of loneliness on DAS and explore factors that contribute to resilience and improved well-being over time. Second, comparative research can

provide insights into the experiences of DAS across different countries or regions (Ailshire & Carr, 2021). This can help identify variations in support systems, policies and cultural factors influencing loneliness and social integration. Researchers can evaluate the effectiveness of different interventions targeting loneliness among DAS. By assessing the outcomes of various approaches, researchers can identify best practices and inform evidence-based interventions in the future.

Finally, a critical recommendation is to actively incorporate the lived experiences of DAS in future research. These first-hand accounts are invaluable in ensuring that research outcomes are deeply grounded in the authentic experiences of the population. Especially when developing training projects or designing interventions, understanding and integrating these lived experiences can provide a foundation for strategies that are more meaningful, relevant and effective. This not only enhances the research framework but also amplifies the voices of those directly impacted, ensuring that their narratives guide the next steps in both research and practical application.

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