Involuntary immobility and well-being: a scoping review of existing literature and future research directions

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Abstract

Background Human migration has gained prominence in recent decades, paralleled by a surge in research attention predominantly centered on mobility, overshadowing the more prevalent phenomenon of immobility. However, a substantial proportion of individuals aspire to migrate, yet find themselves bound by various constraints, far outnumbering those who realize their migration aspirations. The disparity between individuals' migration aspirations and their actual ability to migrate highlights the limitations faced by many. This involuntary immobility is anticipated to have adverse effects on the well-being of a sizable population. Therefore, we aim to scope the existing literature to assess potential impact of involuntary immobility on individuals' well-being and mental health. We hypothesize that involuntary immobility exerts a detrimental effect on well-being and mental health and posit that there is currently limited research in this area. This study aims to fill this research void, while also identifying avenues for future research and policy exploration.

Methods A search of the Web of Science, ScienceDirect and Google Scholar databases was conducted, resulting in 1,096 relevant hits. After applying inclusion criteria, 13 articles were deemed pertinent. A thematic analysis was applied to analyze the articles and synthesize the results.

Results Findings demonstrate the adverse effect of involuntary immobility on an individual's well-being, often described as distressing feelings like despair and hopelessness. Some articles report mental health issues like depression, anxiety, and trauma, and acknowledge the contextual nuances that influence the perception of these experiences. Furthermore, several articles focus on the intersectionality of various vulnerable populations. All articles consistently emphasize the need for a deeper understanding of this topic providing suggestions for future research as well as policy recommendations.

Conclusion This scoping review reveals a clear research gap in assessing the impact of involuntary immobility on well-being and calls for development of more targeted policies to support individuals affected by involuntary immobility.

Keywords Migration aspirations, Involuntary immobility, Well-being, Scoping review

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Introduction

Human migration has gained prominence in recent decades, paralleled by a surge in research attention predominantly centered on mobility, overshadowing the more prevalent phenomenon of immobility [1]. A substantial proportion of individuals aspire to migrate, yet find themselves bound by various constraints, far outnumbering those who realize their migration aspirations. In 2021, 16% of adults globally expressed a desire to leave their country permanently, if possible [2]. However, only 3.6% of the global population are international migrants, highlighting the gap between aspirations and actual migration and underscoring the significance and relevance of immobility.

Immobility has been conceptualized within the 'Aspiration-Ability framework' introduced by Carling [3] and later refined by Carling and Schewel [4]. This framework distinguishes between the aspiration to migrate and the ability to do so, clarifying why some individuals do not migrate despite their desire to leave. Migration aspiration reflects an individual's assessment of their circumstances and belief that migration offers greater opportunities than staying. These aspirations exist along a continuum, from coercion to free choice. The ability to migrate pertains to one's capacity to act on these aspirations, shaped by contextual obstacles and opportunities. The intersection of aspiration and ability delineates three categories of (im)mobility: mobility, voluntary immobility, and involuntary immobility. Mobility involves individuals with both the desire and capacity to migrate (either internally or internationally). Voluntary immobility refers to those who may have the ability but lack the desire to move. Involuntary immobility describes those who aspire to relocate but face constraints that prevent them from doing so, with potentially detrimental consequences for the well-being of those concerned [5]. This scoping review examines the so far limited research on the implications of involuntary immobility for individuals' well-being.

The prevalence of involuntary immobility stems from diverse political, economic, social, and physical constraints [1]. Globalization and involuntary immobility are closely connected. While globalization fosters a universal desire for mobility, it does not provide the means for everyone to move freely, leaving those in the Global South particularly constrained [6]. Structural forces such as restrictive migration policies and controls pose major barriers to aspiring (international) migrants. Economic and social factors, including limited financial and social capital, further restrict individuals' capacity to fund relocation and access support. Additionally, physical barriers like mountains, oceans, border walls, and fences hinder migration efforts, collectively discouraging many from pursuing migration [3].

While involuntary immobility has been conceptualized and its drivers increasingly explored [1, 7, 8], limited attention has been paid to its consequences. Andersson and Siegel [5], note that unfulfilled migration aspirations can affect individuals' attitudes, behaviors as well as well-being more generally. People who have their hopes set on leaving might be less likely to invest in resources for local livelihoods or locally relevant skills, such as education or economic opportunities. Furthermore, involuntary immobility may lead to negative human development (psychological, physical) outcomes not only for individuals and households but also for entire communities by preventing broader economic and social change [9]. Czaika and Vothknecht [9] refer to Ray's [10] concept of 'aspiration traps' to hypothesize that, faced with limitations on their capabilities, individuals adjust their aspirations downwards. Lowered aspirations can reduce socio-economic investment and collective engagement, hindering well-being and individual prospects as well as the development of communities. Those trapped in high-risk environments, such as flood-prone areas, face worsening conditions that deteriorate health and well-being [11–13]. Social cohesion and identity may also be disrupted, undermining young people's sense of agency and self-determination [14, 15].

While acknowledging a tangential association with well-being, it is crucial to note that the primary objective of the above-mentioned studies does not lie in examining the impact of involuntary immobility on individuals' well-being, signaling a need for further research on this relationship. Well-being has been conceptualized as individuals' assessment of and satisfaction with the needs and goals they deem essential for a good life [16]. Whereas the well-being implications of migration are increasingly examined [16–18], those of involuntary immobility remain critically underexplored [5].

This study aims to review existing literature on the implications of involuntary immobility on individuals' well-being (Objective 1), with a particular emphasis on mental health (Objective 2). We hypothesize that involuntary immobility negatively affects well-being and mental health, while noting a significant gap in research on this topic. By addressing this gap, the study seeks to contribute to the field and identify potential directions for future research and policy development (Objective 3).

Methods

Study design

To explore key concepts and identify knowledge gaps in this emerging field, a scoping review was selected as the most suitable methodology. This review adheres to the methodological framework of Arksey and O'Malley [19] and the Preferred Reporting Items for Systematic

Reviews and Meta-Analyses extension for Scoping Reviews [20].

Eligibility criteria

Table 1 summarizes the inclusion and exclusion criteria applied. To ensure comprehensive coverage given the topic's novelty, only minimal restrictions were imposed. Peer-reviewed journal articles were included if they met the following criteria:

(1) The study population comprises individuals or groups with the aspiration to leave their place of origin, but facing barriers preventing relocation. To maintain coherence in the types of involuntary immobility experiences examined, we exclude the following: (i) studies on children left behind, as they have significantly less agency in migration decisions, and (ii) studies on migrants in transit, as they have already left their countries of origin and face different circumstances. For the latter group, it is also challenging to distinguish the effects of their initial migration from those of being stuck in transit.
(2) The research reported on the impacts of involuntary immobility on individuals' well-being or mental health.
(3) The study presented primary or secondary research offering new insights.
(4) Articles were published in English or Dutch.
(5) The publication period ranged from 2002, when Carling introduced the concept of involuntary immobility, to 2023.

Table 1 Eligibility criteria for included documents according to the Population-Exposure-Outcome design framework [21]

Criterion	Inclusion criteria	Exclusion criteria
Population	Individuals and population groups with the aspiration and agency to migrate	Individuals or population groups who lacking the aspiration to migrate or the agency to decide independently (e.g. children)
Exposure	Factors impeding the ability to leave one's place of origin	Factors unrelated to mobility constraints
Outcome	Studies reporting the impacts on well-being or mental health	Studies not reporting on well-being or mental health
Type of research	Any primary or secondary research providing new insights	Other research (e.g. opinion pieces, conference abstracts) lacking new insights
Language	English or Dutch	Other languages than English or Dutch
Time	Published between August 2002 and November 2023	Published before August 2002 or after November 2023
Availability	Full-text available	Full-text unavailable

Databases

To retrieve pertinent papers, a literature search was conducted through online scientific databases. Specifically, Web of Science and Science Direct were utilized due to their superior coverage of related subject areas. However, as the topic is relatively new, some articles and journals reporting on the topic may not yet be indexed in these databases. To identify any overlooked papers, the search engine Google Scholar was consulted using a similar search string. The first 980 results of this search were included in the review. A total of 1,280 articles were initially identified through Google Scholar. However, only 980 articles were included in this review as Google Scholar limits the display of results for a specific search query to a maximum of 1,000 results. Among those 1,000 articles, 20 could not be located. Finally, to further enhance the thoroughness of the search process, forward and backward snowballing techniques were employed among the final set of articles. This involves examining recent articles that cite the included articles and exploring the reference lists of the included articles to identify other relevant publications. These strategies were adopted to ensure the retrieval of all relevant articles and to maximize the comprehensiveness of the scoping review [22].

Literature search and selection

The search strategy followed the Peer Review of Electronic Search Strategies (PRESS) checklist [23]. Search strings focused on the core concepts of "involuntary immobility" and "well-being" and were refined iteratively. Synonyms and related terms, such as "forced to stay," "being stuck," "unmaterialized migration," and "unfulfilled migration," were explored for involuntary immobility. Terms like "distress," "frustration," and "mental illness" were also considered for well-being but excluded due to limited impact on results.

To improve specificity, the Boolean operator "NOT" excluded irrelevant studies on trauma, disability, or neuroscience. Searches were confined to relevant topics where database settings allowed. Custom search strings were developed for each database, as detailed in Table 2.

Articles included

The initial search across three databases yielded 1,096 articles. After removing duplicates, 1,049 articles were screened by title and abstract by LVH. Of these, 34 were selected for full-text review, and 11 met the inclusion criteria. An additional article was identified through reference lists, and one more was included during an updated search on 27 November 2023, resulting in a total of 13 included articles. LVH was responsible for the initial review and selection, ST independently reviewed a subset of studies returned by the updated search, and

Table 2 Search strings for the different databases

Data source	Search string	Number of hits	Date of the last search
Web of Science	(TS=("involuntary immobility") OR TS=("involuntary immobil*") OR TS=("forced immobil*") OR TS=("trapped population*") OR TS=("unable to migrate")) AND (TS=("mental health") OR TS=("well-being") OR TS=("well-being") OR TS=("emotion*") OR TS=("psycholog*") OR TS=("mental")) NOT (TS=("brain") OR TS=("animal"))	20	27/11/2023
ScienceDirect	("involuntary immobility OR "forced immobility" OR "trapped population" OR "unable to migrate") [topic] AND ("mental health" OR "well-being" OR "mental" OR "psychological") [topic]– "brain"–"animal"–"physics"– "fish"	96	27/11/2023
Google Scholar	("involuntary immobility" OR "involuntary immobil*" OR "forced immobil*" OR "trapped population*" OR "unable to migrate") AND ("mental health" OR "well-being" OR "well-being" OR "emotion*" OR "psycholog*" OR "mental") -brain -animal -fish -bird	980*	10/03/2023

Note: A total of 1,280 articles were initially identified through Google Scholar. However, only 980 articles were included in this review as Google Scholar limits the display of results for a specific search query to a maximum of 1,000 results. Among those 1,000 articles, 20 could not be located

when eligibility was uncertain, a decision was made via a discussion between LVH and ST. Discussion around eligibility focused on whether the article pertained to involuntary immobility, significantly discussed impacts on wellbeing, and whether the article brought any new information in the case multiple articles were written about the same research project. To solve any remaining disagreements and to validate our final decision, a third reviewer (IR) was included in the discussion. ST and IR read and confirmed all of the included literature. The PRISMA flow diagram outlining the selection process is shown in Fig. 1.

Data extraction, analysis and synthesis of findings

LVH extracted and organized data for all included studies in a charting table (Table 3) using Microsoft Excel, providing a clear overview of key findings across studies. ST and IR independently reviewed each article and verified the data extraction. Developed iteratively and refined during the review, the table captures critical information such as authors, publication year, geographical scope, study design, sample size, and outcomes aligned with key themes.

After finalizing the charting table, a thematic analysis was conducted to synthesize results. Using NVivo 1.7.1 software, data was coded and categorized to identify recurring themes and patterns. These themes guided the structuring of findings, with attention to inconsistencies, contradictions, limitations, and research gaps. The results are detailed in the subsequent section.

Characteristics of the documents included

Figure 2 highlights the methods used across the 13 articles. Ten present primary research employing in-depth interviews and/or focus groups, while three are secondary studies, including one using text analysis and two proposing contextual frameworks. Among the primary studies, four use discourse analysis, three ethnography, one storytelling, and one unspecified qualitative approach. The secondary studies include a textual analysis of peer-reviewed articles and policy reports, and two frameworks addressing involuntary immobility.

The study settings of the nine primary studies included in this review provide a diverse representation of geographic locations. Bangladesh emerges as a prominent setting, with nearly half of the studies conducted within its borders. Among these, research was carried out in coastal cities and the Bhola Slum in Dhaka. Additionally, two studies took place in the Philippines, two in the Gambia, one in Ghana and one in Iran.

Results

The findings are structured around five primary themes identified through thematic analysis of the articles. These interrelated themes include: 1) the conceptualization of involuntary immobility and its interpretation across studies, 2) the implications of involuntary immobility on well-being and mental health, 3) coping strategies and resilience mechanisms, 4) intersecting sources of vulnerability affecting well-being, and 5) policy recommendations and suggestions for future research. Each theme or subtheme's frequency is indicated as a percentage in parentheses, and the charting table specifies which articles correspond to each (sub)theme.

Experiences of involuntary immobility across contexts
Definitions and terminology

The theme of involuntary immobility consistently emerged across the included articles but was expressed using varied terminologies. While most articles (11/13) used the term "involuntary immobility," others employed descriptors such as "trapped populations" (8/13), "state of limbo" (3/13), and "stuckness" (1/13). The notion of
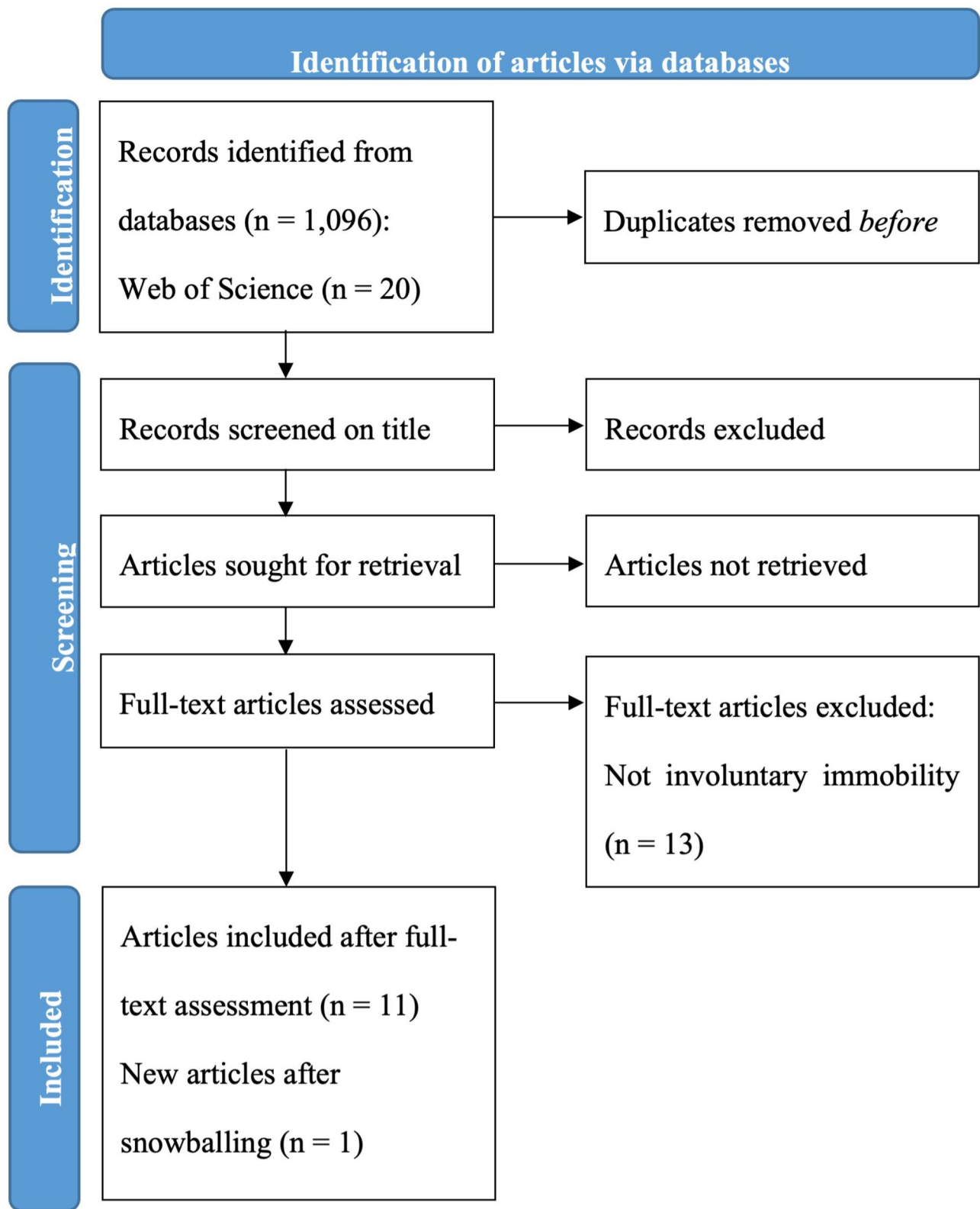
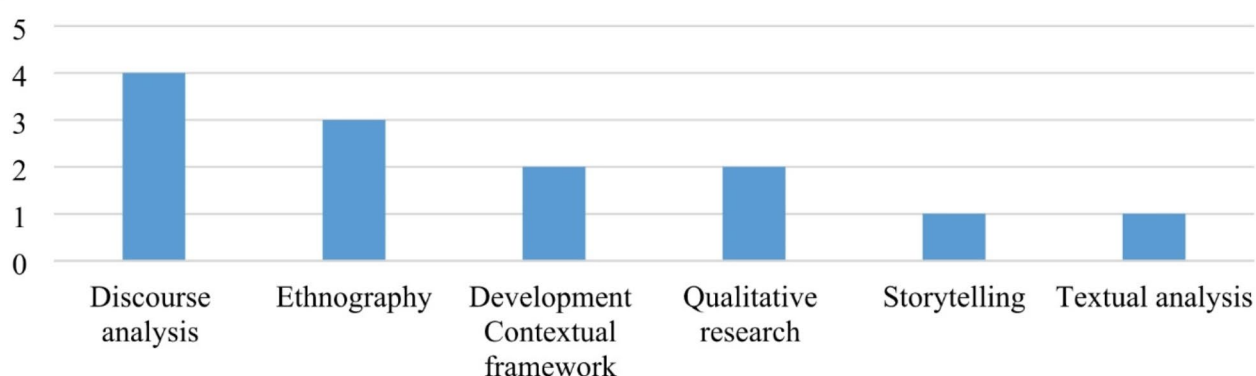**Fig. 1** PRISMA flow diagram of the selection process

Fig. 2 Frequency and distribution of the different study designs of the 13 included articles

"trapped populations" frequently appeared in climate-related contexts, referring to individuals unable to leave hazardous areas despite their desire to relocate. Asayesh and Kazemipur [24] introduced the term "homo emigraturus" to describe those who, while physically remaining in their local environment, are psychologically detached, envisioning futures elsewhere—a state termed "imagined migration"

A 'culture of migration' fueling strong migration aspirations

Several articles (6/13) highlight a cultural phenomenon in certain countries where migration, especially among young men, is actively encouraged and seen as a 'rite of passage.' Migration symbolizes the transition into adulthood and the pursuit of a better future, with successful migrants achieving high social status in their communities. Social media often reinforces the allure of a 'better life elsewhere' [25]. Two articles emphasize familial pressure to pursue specific professions due to their international career prospects, such as Van der Meij, Darby and Liston's [26] work on football in Ghana, and Ortiga and Macabasag's [27] study on being a nurse in the Philippines. These strategies aim to secure a brighter future for entire households, leaving young individuals feeling compelled to achieve financial success and contribute to their family's welfare, thereby intensifying migration aspirations.

Barriers to migration

The realization of migration aspirations is often hindered by financial, legal, social, and psychological barriers. Financial constraints are a dominant theme across all articles. For instance, in Bangladesh, individuals hesitate to leave behind their belongings and valuables, termed *mulloban jinispotro* [28], contributing to immobility.

Legal barriers, particularly restrictive migration policies, make legal migration to the Global North challenging for sub-Saharan Africans [26, 29], Iranians [24], and others in the Global South. Asayesh and Kazemipur [24]

note that fulfilling visa requirements, such as passing language tests and navigating bureaucratic processes in an unfamiliar language, is time-consuming, and long waiting periods add to uncertainty. Backlogs in visa applications and declining global demand for foreign nurses also contribute to the rising involuntary immobility among Filipino nurses [27].

Psychological and social barriers, extensively discussed in some articles, include loss of honor, identity, belonging, and social value, which can have paralyzing effects [30, 31]. Place attachment (3/13) is another psychosocial constraint, with strong emotional ties to one's home and possessions deterring relocation [27]. This attachment often ensnares individuals, compounded by fear of the unknown [32, 33].

Well-being and mental health amidst involuntary immobility

Another overarching theme emerging from the analysis of the articles refers to the various ways involuntary immobility impacts individuals' subjective well-being and mental health, encompassing sub-themes: (i) negative emotions triggered by immobility (ii) psychological distress from feeling trapped; (iii) the immobilizing effects of distress; and (iv) cultural concepts of distress linked to immobility.

Negative feelings and emotions

All articles identify a range of negative emotions among those facing involuntary immobility, including uncertainty (5/13), frustration (5/13), disappointment (6/13), shame (5/13), hopelessness (6/13), powerlessness (7/13), and despair (7/13). Asayesh and Kazemipur [24] describe Iranian individuals characterizing their lives as "living on the edge", "up in the air" or "in limbo," with pervasive uncertainty affecting all aspects of their lives. Frustration arises when migration efforts fail to yield results [24, 27, 29]. In West Africa, where migration signifies success, aspiring migrants often feel shame due to their inability

Table 3 Overview of the selected studies with a summary of the thematic analysis

Author (year)	Research setting	Study design	Sample	Involuntary immobility	Well-being and coping mechanisms	Vulnerable populations	Future research
Ayeb-Karlsson (2020a)	Dalbanga South, Mazer Char and Gabtola, Bangladesh	Discourse analysis & storytelling	Individual interviews ($n=30$) & group sessions ($n=250$)	Trapped, political, financial & psychosocial constraints	Frustration, emotional fear, mental trauma, psychological distress, desperation, sexual abuse, suicide, positive mindset, religion, mental support	Women, environment exposed, economically disadvantaged, children	Understanding, mental support, people-centered research, different contexts & groups, climate events
Ayeb-Karlsson (2020b)	Dalbanga South, Mazer Char and Gabtola, Bangladesh	Questionnaire-based discourse analysis	Interviews and survey responses ($n=186$)	Involuntary immobility, trapped, political, financial & psychosocial constraints	Shame, anxiety, psychological trauma, sexual abuse, positive mindset, religion	Women, environment exposed, economically disadvantaged, children	Understanding, policy, different contexts & groups, climate events
Ayeb-Karlsson (2021)	Bhola Slum, Dhaka, Bangladesh	Discourse analysis & storytelling	Individual interviews ($n=10$) & group sessions ($n=130$)	Involuntary immobility, trapped, financial & psychosocial constraints	Shame, hopelessness, powerlessness, substance use, mental support, positive mindset, religion	Women, environment exposed, economically disadvantaged, children	Understanding, mental support, policy, different contexts & groups, climate events
Ayeb-Karlsson, Baldwin, and Kniveton (2022)	NA	Textual analysis	NA	Involuntary immobility, trapped, political, financial & psychosocial constraints, place attachment	Despair, powerlessness, anxiety, mental support	Women, environment exposed, economically disadvantaged, children	Understanding, policy, different contexts, climate events
Ayeb-Karlsson, Kniveton, and Cannon (2020)	Bhola Slum, Dhaka, Bangladesh	Q-based discourse analysis	Individual interviews & group sessions ($n=62$)	Involuntary im-mobility, trapped, state of limbo, financial & psychosocial constraints	Hopelessness, meaninglessness, depression, anxiety, trauma, substance use, suicide, mental support, positive mindset	Women, environment exposed, economically disadvantaged, children	Understanding, mental support, policy, people-centered research, different contexts & groups, climate events
Ayeb-Karlsson and Uy (2022)	Luzon, the Visayas and Mindanao, The Philippines	Storytelling	48 focus group discussions ($n=414$)	Involuntary im-mobility, trapped, financial & psychosocial constraints, place attachment, social pressure	Despair, hopelessness, substance use, suicide, mental support, positive mindset	Women, environment exposed, economically disadvantaged, children	Understanding, mental support, policy, people-centered research, different contexts & groups, climate events
Asayesh and Kazemipur (2023)	Iran	Qualitative analysis	Interviews ($n=54$)	Involuntary immobility, Homo Emigraturus, living in limbo, political, financial & psychosocial constraints, place attachment, social pressure	Frustration, anxiety, stress, uncertainty, life dissatisfaction, cultural concept	NA	Different contexts & groups, quantitative research
Harasym, Raju, and Ayeb-Karlsson (2022)	NA	Development of contextual framework	NA	Involuntary im-mobility, trapped, financial & psychosocial constraints, place attachment	Hopelessness, powerlessness, distress, depression, anxiety, trauma, suicide, cultural concept, nervous	Environment exposed, economically disadvantaged	Understanding, mental support, policy, different contexts
Ortiga and Macabasag (2020)	The Philippines	Qualitative analysis	Interviews ($n=30$)	Involuntary im-mobility, financial & psychosocial constraints, social pressure	Religion, despair, frustration, doubt, anxiety, positive mindset	NA	Understanding

Table 3 (continued)

Author (year)	Research setting	Study design	Sample	Involuntary immobility	Well-being and coping mechanisms	Vulnerable populations	Future research
Suso (2020)	The Gambia	Ethnography	Interviews (*n* > 70)	Involuntary im-mobility, financial & psychosocial constraints, ocial pressure	Despair, shame, hopelessness, meaninglessness, frustration, nerves syndrome, isolation, positive mindset, irregular migration, religion	Women	Understanding, policy, different contexts
Suso (2022)	Essau, the Gambia	Ethnography	Individual interviews (*n* = 25) & focus groups (*n* = 5)	Involuntary im-mobility, culture of limbo, financial, & psychosocial constraints, social pressure	Despair, hopelessness, powerlessness, meaninglessness, frustration, depression, anxiety, nerves syndrome, napse, isolation, positive mindset, irregular migration	Women, economically disadvantaged, children	Understanding, policy, different contexts & groups
Tschakert and Neef (2022)	NA	Development of contextual framework	NA	Involuntary im-mobility, trapped, stuckness, financial & psycho-social constraints	Shame, powerlessness, depression, anxiety, substance use, positive mindset	Women, economically disadvantaged, children	Understanding, policy, people-centered research, different contexts & groups, climate events
Van der Meij, Darby, and Liston (2017)	Ghana	Ethnography	Semi-structured interviews (*n* = 43)	Involuntary im-mobility, financial & psychosocial constraints, social pressure	Despair, shame, powerlessness, frustration, isolation, positive mindset	NA	Understanding

to achieve "respectable" adulthood [26]. Their feelings of embarrassment and guilt are exacerbated by them fearing to disappoint their families' expectations [25, 26, 29]. Hopelessness ensues when individuals perceive themselves trapped in unchanging, dire conditions [30]. This often overlaps with feelings of powerlessness, rooted in a lack of resources for change. Less frequently, emotions of regret and doubt emerge. For instance, Ortiga and Macabasag [27] document Filipino individuals profoundly regretting the significant time and effort invested in migration plans that ultimately failed.

Psychological distress: depression, anxiety, and trauma

Several articles document more extreme states of mental ill-being or psychological distress, including depression, anxiety, and trauma, associated with involuntary immobility. However, none utilized validated scales to measure these symptoms. Feelings of being trapped often resemble emotions linked to depression (4/13), such as helplessness and hopelessness [32]. Some studies also highlight a sense of meaninglessness (3/13) and "emotional numbness" stemming from hopelessness [25, 34]. Loss of social ties, environmental shifts, and a lack of future prospects further exacerbate depressive symptoms [31].

Anxiety (8/13) frequently arises from uncertainty, as individuals invest substantial effort in meeting migration requirements without assurance of success, leaving them in a state of suspension [24]. Additionally, fears

surrounding migration, such as potential harm or death, heighten anxiety [28]. For instance, reports of sexual abuse in Bangladeshi evacuation shelters deter women from seeking safety or relocating, fearing similar experiences [35].

Trauma and its psychological impacts (2/13) are linked to being trapped in dangerous or oppressive environments, leading to acute stress [32]. For men, failure to fulfill societal expectations, such as supporting their families through migration, amplifies feelings of powerlessness and guilt, intensifying trauma's emotional toll [35].

The immobilizing role of psychological distress

The reviewed studies highlight a vicious cycle between involuntary immobility and well-being loss. Psychological distress and trauma, as emphasized by Ayeb-Karlsson [35] and Ayeb-Karlsson and colleagues [34] emerge as significant immobilizing factors in their own right. In Dhaka's informal settlements, individuals described how mental ill-being left them "mentally paralysed" and "trapped in the prison of their mind" [30]. Thus, while involuntary immobility compromises well-being, a loss of well-being, in turn, further compromises the capability to move. This reinforces the feeling of being trapped and limits opportunities for growth and mobility [32].

Cultural concepts of distress in connection to immobility

A majority of studies (10/13) highlight the cultural variability in how mental health is understood and symptoms

are expressed, particularly in connection to involuntary immobility. These studies acknowledge the importance of local idioms of distress. Harasym, Raju and Ayeb-Karsson [32] draw on the Cultural Concepts of Distress (CCD) perspective, which refers to the "ways that cultural groups experience, understand, and communicate suffering, behavioral problems or troubling thoughts and emotions" [36]. Mental health conditions vary across settings, where language used in diagnostic manuals like the DSM or ICD may not translate seamlessly. For example, Europeans often emphasize affective symptoms like sadness, shame, or guilt, when expressing depressive states, while Nigerians are more likely to report somatic symptoms such as chest pressure or burning sensations. This variability extends to how involuntary immobility affects well-being [32]. Most studies are attentive to the idioms used in local contexts. In Gambia, for instance, "nerves syndrome" or "napse" describes "youth who want to travel so desperately that they cannot think of much else" [25]. This leaves young people idle, spending their days without meaningful activity and overwhelmed by feelings of hopelessness, despair, or desperation [25, 29]. Similarly, Harasym, Raju and Ayeb-Karlsson [32] identify 'feeling trapped' or 'stuck' as idioms of distress used across a variety of cultural setting by local populations to connect their psychosocial well-being with experiences of (involuntarily) immobility. The authors emphasize this as a critical research gap needing further attention.

Coping and resilience mechanisms

A recurring theme in the studies involves the coping and resilience strategies employed by individuals facing involuntary immobility. While involuntary immobility significantly impacts well-being, the reviewed articles (5/13) reveal a lack of adequate mental health support services, leaving individuals to navigate their trauma and emotions alone [30]. Many resort to coping mechanisms, some of which perpetuate negative cycles, while others foster resilience and a sense of hope for alternative pathways.

Coping mechanisms

Isolation and avoidance (2/13) are employed as coping mechanisms for managing shame associated with involuntary immobility. For instance, former players from a Ghanaian football academy avoid returning to their hometowns to escape societal judgment after failing to secure international careers. One expressed, "I do not want to show myself to people that I came back home" [26]. Similarly, Iranian aspiring migrants isolate themselves by cutting local social ties, seen as barriers to migration [24].

Substance abuse and gambling, reported in one-third of the studies, emerge as means of coping with unfulfilled social responsibilities and passing the time [37].

While offering a temporary escape from the harsh reality, these behaviors can lead to dependency, exacerbating emotional distress. Additionally, some articles (3/13) address the occurrence of suicide or suicidal ideation linked to involuntary immobility. Two studies highlight the devastating impact of sexual abuse in evacuation shelters on women, who face heightened vulnerability and honor erosion. Such distress may escalate to suicide or self-harm as a perceived escape. Even the fear of sexual abuse during migration can provoke severe psychological distress, leading to suicidal thoughts or fatal self-harming behavior [35].

Maintaining a positive mindset

Many studies (11/13) highlight that interviewees maintain a hopeful outlook through various resilience mechanisms. Some individuals have embraced living in uncertainty by relying on their faith in a higher power to determine their destiny. Men in coastal Bangladesh often believe Allah protects those who take action, while women are more inclined to see their fate as predestined, trusting that life and death are ultimately decided by God [28, 35]. Others find comfort in facing current challenges rather than risking unknown obstacles through migration [37].

Some actively seek solutions to their situation and find renewed purpose in life by pursuing local job opportunities. Former football players join local teams, hoping to attract international scouts [26]. Similarly, Filipino nurses invest in local jobs, preparing for future caregiving roles for aging parents [27].

However, not all are ready to abandon migration dreams. Asayesh and Kazemipur [24] describe 'Homo Emigraturus,' a phenomenon among involuntarily immobile Iranians who adopt a transitional self-identity, focusing on career development to improve migration prospects. This shift often entails weakening ties to their home countries, including political apathy, while navigating prolonged immobility. In contrast, others resort to riskier strategies, such as irregular migration (2/13). In the Gambia, individuals facing 'napse,' a state of hopelessness tied to immobility, invest scarce resources in smugglers to undertake dangerous, unofficial journeys to Europe. Despite recent fatal disasters on these routes, the desperation to escape immobilization drives them to risk their lives [29].

Intersecting layers of vulnerability

The articles highlight the complexities of involuntary immobility's impact on well-being, identifying subgroups

and circumstances that exacerbate vulnerability. This section examines key sources of additional vulnerability[1].

Gendered experiences of involuntary immobility and well-being

Gender is a significant factor influencing vulnerability amid experiences of involuntary immobility (9/13). Most studies take place in contexts defined by patriarchal structures and gendered societal norms that perpetuate inequality and constrain mobility choices. Traditional roles frame women as emotional and vulnerable, expected to prioritize household and childcare responsibilities. Even in regions with strong migration cultures, such as West Africa, migration expectations typically center on men [26, 29]. Mobility is often considered unsafe for women unless under the guardianship of a male relative. Consequently, women are discouraged from independent migration due to safety concerns and fears of 'bad luck' [28, 30]. Despite their caution, women in evacuation shelters face an increased risk of sexual abuse, with severe repercussions for their well-being [35]. Restricted decision-making power further limits women's mobility aspirations, making them particularly prone to involuntary immobility.

While several studies—particularly those set in Bangladesh—engage deeply with the gendered effects of immobility, others largely omit women's experiences. In these cases, the absence of gender-disaggregated perspectives limits the scope of analysis and obscures the specific constraints and vulnerabilities faced by women. This imbalance highlights the need for more inclusive research designs that capture the full range of gendered experiences.

Exposure to climate-induced events and environmental stress

Climate-induced events and environmental stress heighten vulnerability to involuntary immobility (7/13), often resulting in significant losses that trap individuals in harmful environments. Trauma from such environmental stressors can lead to anxiety and post-traumatic stress disorder (PTSD), as individuals relive past traumas, fear losing loved ones, or face the prospect of dying alone [35]. This emotional paralysis hampers decision-making and relocation [34]. Moreover, eco-distress and climate anxiety worsen psychological states, creating a distressing cycle that compounds immobility and diminishes well-being [33].

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[1] While the studies recognize the presence of additional vulnerabilities associated with factors such as age, race, ethnicity, geographical location, and health status, these aspects receive less comprehensive discussion within the papers.

Socioeconomic vulnerability

Poverty (9/13) is another significant source of heightened vulnerability associated with involuntary immobility and its adverse effects on well-being. Financial and material constraints often prevent relocation, even when individuals strongly desire to migrate, increasing the prevalence of involuntary immobility. This lack of resources increases vulnerability to environmental changes and limits adaptive capacities in the face of climate-related disasters [35]. As a result, poverty exacerbates the psychological and material impacts of involuntary immobility, perpetuating cycles of vulnerability and diminished well-being.

Children

Although our review did not include studies on the well-being of children left behind due to parental migration, relevant findings are highlighted in the included studies (8/13). Children are often regarded as particularly vulnerable in the context of immobility, being emotionally fragile and easily frightened. Experiencing immobility during childhood has lasting effects on their well-being and future mobility aspirations [28]. Children frequently become unintended victims of parental circumstances, such as divorce or the loss of a parent, bearing the consequences of their parents' mobility decisions. In migration contexts like the Philippines, mothers may leave children behind to remarry, with children perceiving this as abandonment, damaging their well-being [37]. Eldest children often assume caregiving roles for siblings, leading to neglect, stress, anxiety, depression, and even suicidal thoughts for both the eldest and younger siblings. Some may turn to drugs to cope [37]. In coastal cities of Bangladesh, childhood trauma can manifest in play behaviors, such as burying toys after witnessing death [35]. The long-term effects of childhood immobility highlight the critical need for comprehensive support and interventions to mitigate its intergenerational impact.

Policy recommendations and suggestions for future research from the reviewed articles

The reviewed articles highlight the complexity of addressing involuntary immobility's impact on well-being and propose several policy recommendations and research priorities.

Policy recommendations

Most policy suggestions focus on immobility within the context of climate change. Climate policies must account for how (im)mobility decisions affect well-being (3/13) and prioritize addressing mental health challenges and trauma through sustainable treatment plans [30]. There is a pressing need to integrate mental health and well-being considerations into broader international frameworks,

such as the Intergovernmental Panel on Climate Change (IPCC), the United Nations Framework Convention on Climate Change (UNFCCC), the United Nations Office for Disaster Risk Reduction (UNDRP), and the Sustainable Development Goals (SDGs). Particularly, the concept of "non-economic losses and damages" related to migration and immobility requires more attention within the UNFCCC framework [35]. National-level frameworks should strengthen climate change and human (im)mobility policies to better support migrants and those left behind, as seen in Bangladesh and the Philippines [34, 37]. Increased political and financial efforts are essential to ensure immediate access to psychological support for immobile populations [34].

Policy and research efforts in Disaster Risk Reduction should move beyond simplistic vulnerability relations, considering the deep cultural, societal, and personal contexts shaping individuals' mobility aspirations (3/13) and adopt people-centered approaches to environmental changes [35]. Integrating "cultural concepts of distress" into migration and mental health policies is crucial, particularly in high-risk areas where humanitarian actors must consider cultural nuances to provide effective support [32].

Furthermore, programs encouraging individuals to remain in their home countries must consider complex and nuanced motivations that surpass mere restrictions on mobility [29]. Storytelling initiatives reveal how non-economic losses affect well-being and mobility, emphasizing the need for careful, bottom-up approaches to resettlement and relocation programs [35]. Finally, livelihood support for farmers and fishermen can mitigate drivers of forced migration, such as poverty and debt. These efforts enable communities to sustainably remain in place, reducing reliance on migration as a coping strategy while improving overall well-being [37].

Based on the reviewed literature, several policy-relevant directions can be articulated for various institutional and professional actors. Governments and international organizations should prioritize the integration of mental health services into programs addressing (im)mobility, particularly in high-risk and climate-vulnerable areas. NGOs and mental health professionals have an important role to play in delivering culturally sensitive psychosocial interventions, ideally grounded in community-based approaches such as peer support or participatory storytelling. These approaches, which emerged across multiple studies, can foster individual and collective resilience. Moreover, migration policymakers should consider the unintended well-being effects of restrictive migration regimes. Visa policies, labor migration channels, and local livelihood programs could be re-evaluated in light of their role in generating or alleviating involuntary immobility. Finally, structural drivers of immobility—particularly economic precarity and environmental vulnerability—should be addressed through investments in livelihood diversification and locally led adaptation strategies. These integrated efforts can contribute to reducing the psychosocial toll of involuntary immobility and to promoting well-being more broadly.

Suggestions for future research

The reviewed articles identify key research priorities to deepen understanding of involuntary immobility's effects on well-being and mental health. First, there is a critical need for further research into the mental health consequences of being trapped in place, including the exploration of conditions such as depression, anxiety, and other psychological issues [25]. Research should also prioritize the unique experiences and motivations of female migrants (2/13). Although many women and unaccompanied minors face severe consequences when forced to remain, their voices remain so far underrepresented. Understanding their distinct contexts and experiences is vital for addressing the complexity of migration aspirations [25, 29].

A significant portion of the reviewed studies (7/13) examines climate-induced (im)mobility and its detrimental impacts on well-being. Losses related to honor, identity, belonging, and social value profoundly and enduringly affect individuals' mental health [30]. Understanding how to mitigate and address these damages is crucial for safeguarding people's well-being. Three studies advocate moving beyond simplistic vulnerability models to explore the interplay between (im)mobility and non-economic losses and damage, linking this latter concept to mental health [30, 34]. The underexplored realms of non-economic loss and damage and trapped populations are put forward to present vital opportunities for interdisciplinary research collaboration [35]. Three articles suggest that people-centered investigations of gendered (im)mobility through a psychosocial lens are the way forward, examining gendered values surrounding mental health and local understandings of well-being. Analysing immobility through a psychosocial lens is thereby crucial, as it highlights the social roots of gender vulnerability during disasters [28]. Additionally, re-evaluating oversimplified classifications of trapped populations and focusing on individual experiences will foster a more nuanced understanding.

Future research should encompass diverse geographical, cultural, and social settings (3/13) to capture the nuances of gendered immobility experiences across contexts [34]. Moreover, the intersection between cultural concepts of distress and immobility deserves more investigation to strengthen evidence-based policymaking and practice [32].

Lastly, research emphasizing the role of discourses and subjectivity is crucial (2/13). In some cases and for certain populations, narratives surrounding climate change exacerbate anxiety and fear, shaping perceptions of safety and mobility [33]. Exploring psychological factors like self-beliefs and thought patterns associated with feeling trapped offers avenues for addressing global mental health challenges [32]. Investigating the "culture of migration" could illuminate how cultural norms perpetuate migration aspirations despite low feasibility of migration to certain destinations [24]. Finally, exploring how involuntary immobility shapes social environments and affects immigrant integration in host societies could provide valuable insights into broader migration dynamics [24].

Discussion

Summary of findings

To our knowledge, this scoping review is the first to synthesize existing research on the well-being implications of involuntary immobility. Our findings underscore the significant impact of involuntary immobility on individuals' overall well-being. The inability to pursue migration aspirations due to financial, legal, social, and psychological barriers often triggers distressing emotions such as despair, hopelessness, shame, and frustration. These emotional challenges may also culminate in severe mental health issues, including anxiety, depression, and trauma. Coping mechanisms vary: while some individuals resort to substance use or self-harm, perpetuating distress, others draw resilience from faith or alternative livelihoods. Women, individuals facing poverty, and those exposed to environmental stressors are particularly vulnerable. The reviewed articles collectively identify avenues for further research to deepen understanding and address these challenges.

Interpretation of findings

The findings of this scoping review align with psychological stress and coping theory [38], which posits that distress arises when individuals perceive challenges as exceeding their coping resources. The reviewed studies show that involuntary immobility is often appraised as such a challenge, triggering intense negative emotions (e.g., frustration, shame, and powerlessness) and contributing to severe mental health issues such as anxiety, depression, and trauma. Many individuals experience feeling trapped, a stressor closely linked to depression and hopelessness, which aligns with the theory's notion that chronic stressors without perceived solutions contribute to worsening well-being. Furthermore, maladaptive coping mechanisms, such as substance abuse, avoidance, or self-harm, reflect ineffective emotion-focused coping strategies, which psychological stress

theory describes as attempts to regulate distress without addressing its cause.

At the same time, our review identifies adaptive coping strategies, such as faith, alternative livelihoods, and maintaining a hopeful outlook, as key mechanisms that foster resilience. For instance, religious faith provides a sense of control and meaning, while reorienting toward local opportunities allows individuals to sustain hope despite migration barriers. These findings align with Masten's [39] resilience framework, emphasizing positive adaptation despite adversity. This suggests that while involuntary immobility imposes significant stress, certain individuals and communities develop psychological and behavioral mechanisms to preserve well-being.

A key observation from this review is the limited research on this topic, with significant studies emerging only after 2017, despite inclusion criteria starting from 2002. A large portion of the selected studies (7/13) are authored or co-authored by the same individual(s), and most focus on a narrow geographical scope. Data collection of the nine primary studies was restricted to four countries, with four studies focusing on Bangladesh. Given the global nature of involuntary immobility [2], generalizing findings is difficult due to cultural variations in experiencing and defining mental health and well-being.

Assessing the direct impact of involuntary immobility on well-being is challenging due to various influencing factors and reverse causality. For instance, determining whether anxiety, distress or post-traumatic stress disorders solely arise from being involuntarily immobile or if they stem from preceding events such as cyclones or floods presents a significant challenge. Furthermore, the selected papers show that the relationship between involuntary immobility and wellbeing can be characterized as a vicious circle, where psychological factors both cause and result from the inability to migrate, perpetuating a self-reinforcing cycle that is difficult to break. Environmental shocks particularly deplete the financial and social resources of poor households, who thus become trapped in immobility [30]. The absence of remittances, abandonment, and unpaid debts worsen well-being and further limit mobility prospects. Longitudinal research design, which none of the reviewed articles employed, would be best-placed for understanding this dynamic interplay and should be a focus for future research.

Insights from Ortiga and Macabasag [27] emphasize that, despite widespread feelings of hopelessness, individuals are not entirely powerless. Many studies show that participants develop coping mechanisms, either by actively seeking to change their circumstances or by accepting and adapting to their situation. For some, this acceptance leads to an active decision to abandon migration aspirations, transitioning to 'acquiescent immobility'

[1]. Here too future research could greatly benefit from adopting longitudinal designs to better understand how individuals adjust their aspirations or capabilities in the face of involuntary immobility.

Recognizing the disproportionate impacts of involuntary immobility on certain groups of vulnerable populations and regions is hereby crucial. As highlighted by most articles reviewed, there is a pressing need for attention to the gendered effects of involuntary immobility and its manifestations in low- and middle-income countries (LMICs). It is notable that several studies, such as those by [26, 29] focused exclusively on men, often neglecting women's experiences. To address these gaps, more person-centered studies (33.3%) are needed, focusing on diverse perspectives across various social, cultural, and geographical contexts, to uncover both similarities and differences in gendered immobility experiences [32].

Strengths and limitations

There are several strengths worth highlighting. First, this review contributes to the growing but still limited body of literature on involuntary immobility within the field of migration and health studies. Despite its numerical significance compared to international migration, involuntary immobility remains underexplored, reflecting what critics have termed the "mobility bias" of migration research [1]. Academic attention disproportionately focuses on realized migration, overshadowing the experiences of those unable to relocate.

Second, this review underscores the importance of mental health and well-being, which have increasingly been recognized in recent years as critical consequences of unfulfilled mobility aspirations. By drawing attention to the limited but concerning evidence of involuntary immobility's negative effects on mental well-being, this review serves as a call for further research into these pressing and understudied dynamics.

However, several limitations must be noted. First, despite multiple revisions of the search strategy, some relevant articles may have been overlooked. Second, in order to maintain coherence in experiences of immobility, the focus was deliberately on individuals with migration aspirations and agency, but unable to leave their place of origin. This excludes studies on left-behind children, refugees, and migrants stuck in transit. Third, only English-language studies were included, potentially introducing language and publication bias. Fourth, no quality appraisal was conducted, as scoping reviews aim to encompass diverse studies. However, to ensure scientific rigor, only peer-reviewed articles published in international journals were included. Fourth, the limited literature on this topic, coupled with the predominance of studies focused on Bangladesh, restricts the generalizability of insights on involuntary immobility. Fifth, many

articles were authored by the same individual (often with different co-authors), potentially narrowing the breadth of perspectives and skewing findings toward specific methodologies and interpretations.

In addition, several methodological shortcomings are evident across the reviewed literature. Most studies are based on small, context-specific qualitative samples, limiting the potential for broader generalization. Well-being is typically assessed at a single point in time, leaving little insight into how experiences of immobility and psychological responses evolve over time. Longitudinal research remains extremely limited, although it would allow for more dynamic understanding of adaptation, shifting aspirations, and cumulative mental health impacts. Moreover, intersectional and structural dimensions—such as how gender, age, class, and place-based vulnerabilities interact—are not consistently considered across studies. These gaps highlight important directions for future research.

Furthermore, our reliance on English-language, peer-reviewed publications and Western academic databases may have limited the inclusion of non-Western scholarship and alternative epistemologies. This reflects broader constraints embedded in academic publishing and the methodological conventions of scoping reviews, which may underrepresent diverse and regionally grounded perspectives.

Lastly, it is vital to reflect on the Western backgrounds and perspectives of the authors of this review when studying a phenomenon primarily observed in the Global South. Acknowledging and reflecting on power dynamics, the Western lens on migration and mental health, and one's own positionality is essential for producing a nuanced, culturally sensitive knowledge. By acknowledging the agency and perspectives of locals, a more comprehensive understanding of the topic can be achieved.

Recommendations for future research

This scoping review underscores the significant gap in understanding how involuntary immobility affects well-being, highlighting several areas for future research. First, validating findings in real-world contexts through consultations with local experts is crucial to ensure outcomes accurately reflect the lived experiences of those affected by involuntary immobility. Expanding the geographical scope to include a broader range of regions and cultural groups is recommended. Comparative studies across diverse contexts are equally important to uncover variations in experiences and tailor interventions accordingly. However, this must be accompanied by culturally sensitive, people-centered methodologies that accurately capture the nuances of individual experiences.

Methodologically, longitudinal studies are particularly important for this field, as they allow researchers

to examine how the impacts of involuntary immobility on well-being evolve over time. Further research should increasingly adopt such research designs which can provide crucial insight into resilience, adaptation, and changing aspirations, and are especially valuable given the current predominance of cross-sectional studies.

Furthermore, future research should better address the intersectional nature of vulnerability in the context of involuntary immobility. While some studies provide rich insights into how gender shapes mobility constraints and well-being outcomes, others omit women's perspectives altogether, limiting the depth of analysis. Research is especially needed in settings where gender norms, socio-economic inequality, age, and environmental stressors interact to shape differentiated experiences of immobility and its effects on well-being.

Finally, while this review follows a systematic and structured scoping review design, we acknowledge that more experimental, participatory, or critically engaged approaches could offer complementary insights, particularly into the lived experiences and subjective meaning-making processes surrounding involuntary immobility.

Conclusion

In conclusion, the findings of this review reveal the significant impact of involuntary immobility on individuals' overall well-being, emphasizing the distressing emotions it generates and the potential for severe mental health issues. The study sheds light on the complex relationship between involuntary immobility and well-being. However, it is important to acknowledge the study's limitations, including the scarcity of dedicated literature and research on this topic, the potential bias introduced by the predominance of articles from the same author, and the limited geographical scope explored. Generalizing the findings of the included studies to other regions is challenging due to cultural variations in understanding and defining mental health. Nevertheless, the review was conducted thoroughly and systematically, initially identifying over 1,000 articles. The current limited literature clearly suggests an important research gap, emphasizing the need for further investigation into involuntary immobility and its significant impact on well-being. This is essential for gaining a deeper understanding, particularly considering the large (and increasing) number of affected individuals.

Overall, this review shows a clear need for more investigation and serves as a call to action, urging researchers and policymakers to prioritize the study of involuntary immobility and work towards developing inclusive and more effective migration policies and interventions that address the unique challenges faced by this population. Addressing these research gaps will contribute to a better understanding of the well-being implications of involuntary immobility and inform the development of policies that adequately support the needs of affected individuals.

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