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Experiences of Tibetan Refugees in India During the COVID-19 Pandemic

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ABSTRACT

This study explores the experiences of 70 Tibetan refugees in India (28 male, 42 female; mean age = 30.90 years; *SD* = 8.11) during the COVID-19 pandemic in terms of their stress, financial anxiety, perceived discrimination, dark future expectations, and resilience. Older, married, and working refugees experienced more problems but higher resilience. Female refugees reported more nervousness and stress than male refugees. Financial anxiety and dark future expectations predicted higher stress. Overall, the findings show low to moderate levels of mental health issues and high resilience among Tibetan refugees during the pandemic and highlight the importance of cultural beliefs and practices in maintaining good mental health and resilience.

KEYWORDS

refugee; perceived stress; resilience; COVID-19; Tibetan

RESUMÉ

Cette étude explore les expériences de 70 réfugié.es tibétain.es en Inde (28 hommes, 42 femmes; âge moyen = 30.90 ans; *écart-type* = 8.11) pendant la pandémie de COVID-19 en ce qui concerne leur stress, leur anxiété financière, leur discrimination perçue, leurs attentes sombres par rapport à l'avenir et leur résilience. Les réfugié.es plus âgé.es, marié.es et occupant un emploi ont rencontré davantage de problèmes mais une plus grande résilience. Les femmes réfugiées ont signalé plus de nervosité et de stress que les hommes réfugiés. L'anxiété financière et les attentes sombres par rapport à l'avenir prédisaient un niveau de stress plus élevé. Dans l'ensemble, les résultats montrent des niveaux faibles à modérés de problèmes de santé mentale et une grande résilience chez les réfugié.es tibétain.es pendant la pandémie et soulignent l'importance des croyances et pratiques culturelles dans le maintien d'une bonne santé mentale et de la résilience.

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INTRODUCTION

The novel coronavirus disease (COVID-19) was declared a public health emergency by the World Health Organization (WHO) on January 30, 2020 (WHO, 2020). Following this, different countries across the world started implementing immediate and strin-

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gent measures to curb the spread of the infection, such as a countrywide lockdown. India has not remained untouched by the pandemic and its myriad consequences; at the time of writing, India stands second only to the United States in terms of the total number of infected people (Worldometers, 2020). India experienced a nationwide lockdown of 21 days, which was then further extended to May 3, 2020, to prevent community transmission of the pandemic. The consistently increasing number of positive cases in India made it necessary to renew consecutive lockdown phases, lasting until May 31, 2020 (Tribune News Service, 2020). Though the lockdown intended to curb the spread of the coronavirus infection, the COVID-19 pandemic has seen global increases in several mental health problems, such as stress, depression, and anxiety, as well as negative emotions such as denial, grief, and anger (Ji et al., 2017; Mohindra et al., 2020; Torales et al., 2020; Xiao et al., 2020), leading to an increase in the risk of suicide worldwide (Cullen et al., 2020; The Tribune India, 2020). Individuals with pre-existing mental health issues have been among the most affected (Chatterjee et al., 2020), and one community that has likely been hit harder by the pandemic is that of Tibetan refugees, the largest refugee community in India, with a population of about 120,000 (Bearak, 2016).

The invasion of Tibet by China in 1949 and the escape of Tenzin Gyatso (His Holiness the Dalai Lama) to India a decade later (March 1959) was followed by the destruction of Tibetan temples and monasteries, persecution of monks and nuns in Tibet, and banning of religious practices (Bernstorff & von Welck, 2003; De Jong, 2006; Evans et al., 2008; Ketzer & Crescenzi, 2002). With the introduction of Communist administration of China in Tibet, China gained administrative, political, and economic hold of Tibet. Starvation resulted from the export of harvests to China. Several land reforms were imposed that adversely affected farmers and landowners. Tibetan monasteries were banned as Chinese state schooling was introduced. All forms of Tibetan customs and worships were prohibited (De Jong, 2006). Tibetans faced arbitrary arrests, physical injuries and torture, and execution (Bernstorff & von Welck, 2003; De Jong, 2006; Ketzer & Crescenzi, 2002). However, over the years, Chinese repression methods have shifted from physical to psychological torture. When the Dalai Lama arrived in India, the then prime minister of India, Mr. Jawaharlal Nehru, helped the refugees by providing several refugee settlements in different parts of the country (Norbu, 2001). Since then, the Tibetan refugees have set up a government in exile called the Central Tibetan Administration. The Indian government also gave Tibetan refugees a Registration Certificate, which is a legal document permitting the refugees to enjoy all the privileges of an Indian citizen except voting rights and ability to work in government offices (Artiles, 2011). However, the continuing unrest in Tibet is forcing numerous Tibetans to seek refuge in India, risking their lives in undertaking a dangerous and arduous journey across the Himalayas and leaving their homeland and family behind.

While COVID-19 has led to an unprecedented increase in mental health problems across the world, with increased cases of depression, anxiety, and stress (J. Gao et al., 2020; Pieh et al., 2020; Qiu et al., 2020; C. Wang et al., 2020; Xiao et al., 2020), Tibetan refugees are likely to be more greatly impacted by mental health issues, since refugees have already been reported to experience higher levels of mental health problems (Bean et al., 2007; Marshall et al.,

2005). For instance, post-traumatic stress disorder (PTSD) has been reported in around 11%–23% of Tibetan refugees, while the prevalence of anxiety and major depression in this population has been 25%–77% and 11.5%–57%, respectively (Mills et al., 2005). High levels of mental health problems in Tibetan refugees have been reported in other studies too (Crescenzi et al., 2002; Evans et al., 2008; Terheggen et al., 2001; van de Weem-de Jong, 2004). The likely reasons cited for the prevalence of mental health problems in this group include poverty (as refugees are forced to flee, leaving their belongings and property), lack of education, unemployment, low levels of self-esteem, and deteriorating physical health (Hermansson et al., 2002; Hsu et al., 2004; Weine et al., 2000). On the contrary, some studies report rather low prevalence of mental health issues among Tibetan refugees compared with other refugee groups, which has been attributed to their subjective appraisal of the experienced trauma (Sachs et al., 2008), as well as their religious coping practices (Ketzer & Crescenzi, 2002; Lhewa et al., 2007; Ruwanpura et al., 2006; Sachs et al., 2008). Though skepticism has been raised towards these findings of higher resilience among Tibetan refugees (Sachs et al., 2008), since studies show that Tibetans often are not very expressive of their physical and emotional pain (Servan-Schreiber et al., 1998), the findings of resilience among Tibetans (emanating from their religious beliefs) are quite robust (Hussain & Bhushan, 2011; Ruwanpura et al., 2006; Sachs et al., 2008; Terheggen et al., 2001).

Despite the mixed nature of findings on Tibetans' psychological well-being, it has been reported that compared to other migrants, refugees are four to five times more prone to developing anxiety, depression, and/or PTSD (Silove, 2004), and therefore, the pandemic is more likely to affect this vulnerable population's mental health, deteriorating or precipitating poor mental health issues. In addition, Tibetan refugees in India are likely to have experienced discrimination at the hands of native citizens during the pandemic: there have been increasing reports of violence and discrimination against Tibetans and others with Mongoloid-looking features (Mukherjee, 2020). Due to a rapid escalation in the cases of Sinophobia (racist sentiments against the Chinese people) across the world due to COVID-19, which spread from Wuhan, China, to the rest of the world (Dixit, 2020), it is likely that racial discrimination may have been experienced by the Tibetan refugees. Similarity of facial features among Tibetans, Chinese, and people hailing from North Indian states had led Indians to label them all as Chinese, and recent reports of increased hatred and prejudice against people from North India, such as being called "coronavirus" (Singh, 2021), suggest the possibility of similar treatment being meted out to Tibetans. This may be associated with Tibetan refugees' poor mental health during the pandemic.

Since previous studies have reported high prevalence of mental health issues among Tibetan refugees (Crescenzi et al., 2002; Mills et al., 2005; Terheggen et al., 2001), the pandemic is likely to have worsened or exacerbated their mental health issues as well as financial problems. However, these have not yet been explored, and the present study was an attempt to investigate Tibetan refugees' psychological, cultural, and financial well-being, as well as perceived stress, resilience, financial anxiety, perceived discrimination, and expectation of a dark future. The study also aimed to explore how these different types of well-being varied per their demographic characteristics (age, gender, number of years in exile, etc.). It was hypothesized

that Tibetan refugees would report high levels of perceived stress, financial anxiety, perceived discrimination, and dark future expectations, alongside low resilience during the COVID-19 pandemic's testing times.

MATERIALS AND METHODS

Participants

Convenience sampling was used to recruit participants, whereby a link to the online survey was sent to some Tibetan refugees known to one of the authors via social media (Facebook and WhatsApp) and email. These Tibetan refugees were also asked to send the link to the survey to other Tibetan refugees they knew. Major Tibetan refugee settlements in North India (Dharamshala, Himachal Pradesh—the administrative capital of Tibetan refugees in India) and South India (Bylakuppe, Karnataka), along with other states throughout India, were targeted for participant recruitment. However, the response rate from South India was only about 7%; the remaining participants were from the North Indian states of Uttar Pradesh, Himachal Pradesh, New Delhi, and Gujarat. Thus, 70 participants in the age range of 19–57 years (M = 30.90 years; SD = 8.11) were recruited in the study; 28 were male (M = 33.54 years; SD = 7.45) and 42 were female (M = 29.21 years; SD = 8.15) after excluding a female participant who provided incomplete data. All participants held a Green Book (a document issued by the Central Tibetan Administration [2021] to Tibetans in exile that will later become a basis for claiming Tibetan citizenship). More than two-fifths of the participants reported their highest educational qualification[1] as university graduation, that is, a bachelor's degree (n = 29), followed by 19 having completed post-graduate education and 4 who had obtained a PhD degree. Seven participants had attained formal education up to twelfth standard, two participants had studied to sixth standard, while one had only studied until third standard. The remaining participants reported never having attained formal education (n = 6). Participants were recruited between November 29 and December 26, 2020.

Of the 70 participants, 7 (3 female, 4 male) reported spending between 1 and 10 years in exile, 24 (15 female, 9 male) reported having been in exile for 11–20 years, 26 (16 female, 10 male) reported having been in exile for 21–30 years, 7 (4 female, 3 male) reported 31–40 years of exile, and 6 participants (4 female, 2 male) reported having lived in exile for 41–50 years or more. The mean number of years spent in exile was 21.77 (SD = 10.93) years. Thirty-three participants (18 female, 15 male) were working, while 37 (24 female, 13 male) were non-working. Sixteen participants were married (9 female, 7 male), and 54 (33 female, 21 male) were not married (currently unmarried/nuns/divorced). The sample comprised 19 professionals, 9 white-collar (office-work) employees, 2 skilled workers (carpenter, technician, etc.), and 2 unskilled workers (farm laborer, house cleaner, etc.); 38 were unemployed (students, home-makers, etc.). About 59% of the participants reported having no dependents, while 20.33% had two dependents, 6.78% had three dependents, and 5.08% had one dependent.

The Ethics Committee of the university where the study was conducted provided

[1] Primary education in India includes grades 1 through 8 and is usually completed between the ages of 6 and 14 years. This is followed by secondary school (grades 9–12; 14–18 years of age), which includes senior secondary schooling (grades 11–12). Thereafter begins university education with bachelor's degree (usually grades 13–15, but grades 13–16 for engineering and technology degrees), master's degree (grades 16–17 for traditional courses, grades 17–18 for engineering and technology degrees), and doctoral degree (PhD).

approval to the protocol and conduct of this study. All participants provided written informed consent before participating in the study.

Measures

Demographics

Participants provided information on their age, gender, duration of their refuge in India, and work. The following are the options participants could provide about their work: unskilled (e.g., farm labor, food service, house cleaner), skilled (e.g., technician, carpenter, hairdresser, seamstress), white collar (office) (e.g., clerk, salesperson, secretary, small business), professional (e.g., doctor, lawyer, teacher, business executive), not currently working (unemployed/retired/homemaker/student), other (please specify), and don't know. They also mentioned whether they were currently or previously married. Participants also indicated how many dependents they had and were asked to specify the number of elderly and children (under 18 years) they were required to care for.

Psychological, Cultural, and Financial Well-Being

Participants were asked three open-ended questions about how they had been taking care of their mental health during the pandemic; what they had been doing to maintain their cultural integrity during the pandemic; and whether they had faced any financial hardship during the pandemic, and if so, how they coped with it.

The Perceived Stress Scale

The 10-item Perceived Stress Scale (PSS-10) developed by Cohen and Williamson (1988) was used to assess how stressful the participants appraised their lives in the past few months. More specifically, this scale assessed how uncontrollable, overloaded, and unpredictable the respondents considered their lives to be using items such as "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?" In the present study, participants were asked to indicate their thoughts and feelings during the past few (1–5) months using a five-point Likert scale ranging from 0 (never) to 4 (very often). Four positively worded items (e.g., "In the last month, how often have you felt confident about your ability to handle your personal problems?"), that is, items 4, 5, 7 and 8, are reverse-scored. The higher the scores obtained, the higher the level of perceived stress. The Cronbach's alpha reliability (0–1) of the PSS-10 has been found adequate (Barbosa-Leiker et al., 2013; Cohen & Williamson, 1988; Siqueira Reis et al., 2010), meaning that the test results would be reliable, and it also has adequate concurrent and convergent validities (Cohen & Williamson, 1988; Wu & Amtmann, 2013), implying that the test measures what it purports to measure and therefore that the results obtained would be valid. In the present study, the scale showed an internal consistency reliability of 0.84.

The Resilience Scale

Resilience refers to the capacity to withstand adversity (Wagnild, 2009). It is defined as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (American Psychological Association, 2012, para. 4). The Resilience Scale developed by Wagnild and Young (1993) was used to assess participants' ability to make a "psycho-social comeback in adversity" (Kadner, 1989, p. 20). It consists of 25 items, which are categorized under two factors: "Personal Competence" and "Accep-

tance of Self and Life." Respondents rate items on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with a response of 4 indicating neutral. In the present study, participants were instructed to express their degree of agreement with how well each statement applied to them in the last few (1–5) months. The scale contains no negatively worded items, and obtainable scores on this scale range from 25 to 175, with higher scores indicating higher resilience. This scale has been reported to have high reliability (Cronbach's alpha = .91) and concurrent validity (Wagnild & Young, 1993); its reliability on the current sample was .91. Thus, the scale is a psychometrically sound instrument, and the results obtained can be considered both reliable and valid.

The Financial Anxiety Scale

Adapting the diagnostic criteria for generalized anxiety disorder as given in the text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) to financial situations, the seven-item Financial Anxiety Scale developed by Archuleta et al. (2013) assesses financial distress. Using a seven-point Likert scale from 1 (never) to 7 (always), participants responded to items based on their experiences in the last few (1–5) months. The scores on the seven items are summed to obtain a total financial anxiety score, which can range from 7 to 49. The internal consistency reliability of the scale (Cronbach's alpha = .94) and construct validity have been reported to be high (Archuleta et al., 2013). The reliability of the scale in the present sample was .90.

The Perceived Discrimination Scale

The Perceived Discrimination Scale (containing five items) was taken from the Mutual Intercultural Relations in Plural Societies questionnaire (Annis et al., 2010) and was slightly modified to suit the needs of the present study by replacing **ethnic/national** terminology with **Tibetan(s)** or **Indian(s)**, as appropriate—for instance, "I have been teased or insulted because of my [ethnic/-national] background" became "I have been teased or insulted because of my Tibetan background"; and "I don't feel accepted by [ethnic/national] group" became "I don't feel accepted by Indians." Participants were asked to rate experiences of discrimination in the last few (1–5) months using a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) (Annis et al., 2010; Schmitz & Schmitz, 2012). The Perceived Discrimination Scale has been found to have good reliability in different ethnic populations (Ben-Kane, 2015), and its Cronbach's alpha reliability on the Tibetan sample in the present study was .70.

The Dark Future Scale

The Dark Future Scale (DFS), comprising five items, was developed by Zaleski et al. (2019) and is the shorter version of the Future Anxiety Scale (Zaleski, 1996). It measures expectations of a dark future, or adverse outcomes in the future, which involves greater negative cognitions and emotions instead of more positive ones towards the future—that is, more fear about than hope for the future (Zaleski et al., 2019). The DFS was used to assess participants' present attitudes towards the future using a seven-point Likert scale (ranging from 0 =decidedly false to 6 = decidedly true). The scale has been reported to have good test–retest reliability and validity (Zaleski et al., 2019) and showed an internal consistency reliability of .76 in the present sample.

Procedure

The participants either answered the questionnaires online (via a Google Forms link to the questionnaires) or were given hard copies to fill out, depending on their preference. A few older participants (n = 4) chose the latter option; they expressed their wish to participate in the study but found it easier to respond using paper-and-pencil versions of the questionnaires. Regardless of the medium of questionnaire administration, all participants were required to read an information sheet detailing the objectives and inclusion and exclusion criteria, as well as containing assurance of strict confidentiality and anonymity. Following this, participants were required to fill a consent form to indicate their voluntary participation after having considered the information about the study and being satisfied with the responses to any queries they had. Then, the participants were presented the questionnaires, which had no time limit to be completed but had to be completed in a single sitting. The time taken to fill all the questionnaires ranged from 15 to 40 minutes. This varied according to participants' age and education level but not gender or mode of filling the questionnaires (online/offline). If the participants preferred to complete hard copies of the questionnaires, they were administered one-on-one by the researchers, with facemask-wearing and social distancing measures strictly followed. When the participants gave their completed questionnaires back to the researchers, the researchers ensured that none of the questions remained unanswered. In the online questionnaire, this was taken care of, as each response was marked as "required" in order to submit. Finally, the participants were thanked for their time and co-operation, and the questionnaires were scored. Responses provided in the Tibetan language were transcribed by the first author, who is well-versed in both Tibetan and English languages.

Statistical Analyses

The demographic characteristics of the sample were described, followed by analysis of age differences across gender, work status, and marital status using independent sample t-tests (which are used to compare two groups with data on the interval/ratio scale). A Chi-square test (enabling examination of differences among categorical variables) was used to explore gender differences across work status, marital status, and years spent in exile. Since a sufficient number of participants were not available from each state to compare regional differences, such differences were not explored. Percentages and Chi-squares were used to explore participants' open-ended responses relating to the practices they undertook to maintain their mental health and cultural integrity during the pandemic, as well as their financial hardships and coping with these. Bivariate correlations and t-tests or one-way analysis of variance (ANOVA) / analysis of covariance (ANCOVA) (as appropriate) followed by post-hoc tests were used to explore the association of perceived stress, resilience, financial anxiety, perceived discrimination, and dark futures with one another, as well as with demographic variables. In addition, multiple regression analysis was conducted to predict perceived stress from resilience, financial anxiety, perceived discrimination, and dark future expectations.

Results

Demographic Information

An independent samples t-test revealed significant differences in age across male (M = 33.54 years; SD = 7.45) and female

(*M* = 29.21 years; *SD* = 8.15) participants ($t[68] = -2.25$, p = .028). However, no gender difference was observed across work status (working, non-working) ($\chi^2[1, n = 70] = .77$, $p = .47$), marital status (married, unmarried) ($\chi^2 [1, n = 70] = .12$, $p = .78$), or years spent in exile ($\chi^2[4, n = 70] = 1.08$, $p = .90$). An independent samples t-test revealed significant differences in age across working (*M* = 36.00 years; *SD* = 6.89) and non-working participants (*M* = 26.43 years; *SD* = 6.29) ($t[68] = 6.07$, $p < .001$), which is expected since a majority of the non-working participants (74.28 %) were students. Similar findings were noted for married (*M* age = 38.75 years; *SD* = 6.56) and unmarried participants (*M* age = 28.63 years; *SD* = 7.04) (t[68] = 5.12, $p < .001$).

Psychological, Cultural, and Financial Well-Being

Nine participants (12.86%) said they maintained their cultural integrity during the pandemic by practising religious values, such as kindness, compassion, and positive thinking, as well as being a "true Tibetan" (by following traditional Tibetan customs and rituals), while 31.43% of participants said they practised religious rituals and traditions, such as praying and reciting mantras, making rounds at stupas (dome-shaped Buddhist shrines), making smoke offerings, and listening to spiritual talks. Twenty participants (28.57%) reported practising or preaching the language, listening to music, dressing, making and using medicines, and reading literature related to the Tibetan culture—for instance, teaching children the Tibetan language, speaking "pure Tibetan," performing cultural dance, wearing cultural dress, and reading books by great Tibetan thinkers. Eleven participants (15.71%) reported practising other things, such as meditation, studying, and so on, while 11.43% participants recalled doing nothing specific to maintain their cultural integrity during the pandemic. A Chi-square test revealed that the number of participants practising different ways to maintain their cultural integrity differed by gender (χ^2 [4, $n = 70$] = 13.41, $p = .009$). A significantly higher number of female ($n = 18$) than male ($n = 4$) participants practised religious rituals and traditions ($p < .05$). On the other hand, more male participants ($n = 9$) practised other things, such as meditation and studying, to maintain their cultural integrity, compared with female participants ($n=2$). Practices to maintain cultural integrity did not vary by number of years in exile, marital status, or work status.

Participants reported engaging in different activities to maintain good mental health during the pandemic. A quarter of the participants (25.71%) engaged in entertainment, such as watching television, listening to music, gaming, playing instruments, and so forth, to keep themselves in good mental health, while 22.86% of the participants engaged in activities such as journaling, reading, and writing. The same number of participants (22.86%) spent time in such activities as loving oneself and trying to "go with the flow." Some participants also focused on keeping themselves fit and healthy via diet and exercising (21.43%), praying (18.57%), or meditating and listening to the Dalai Lama's speeches (18.57%), and some kept themselves busy with household work or spending time talking with family members and friends (14.28%).

While a majority of the participants reported experiencing no financial hardships in the past one to five months (68.57%), approximately a quarter of the participants (24.28%) did report having financial difficulties during this time. A mere 0.07% of participants reported that this issue was not applicable to them. Experiencing financial

hardship did not show significant differences across gender, number of years in exile, work status, or marital status. Approximately three quarters of the participants (74.28%) reported no coping strategies, either since they did not face financial hardships, they were students and were taken care of by their parents/guardians, or they were paid regular salaries during the lockdown. Some participants reported no coping strategies (10.0%), while 7.14% reported borrowing money from friends or family, 5.71% reported using money saved from previous years, and 2.86% said they used the money they received from the bank or the Central Tibetan Administration for their business. Some participants (7.14%) reported being paid salaries from their jobs for working from home, and therefore they did not experience financial hardships or anxiety. None of the participants reported receiving financial aid from the Indian or the Tibetan government in exile; however, a participant from South India reported experiencing no financial anxiety because she was staying in a Tibetan refugee school community where her daily needs were met.

Perceived Stress

Participants overall reported low to moderate levels of perceived stress (M = 17.68, SD = 6.42). The bivariate correlation of age with overall perceived stress was not significant (r = .098, p = .419), but the correlation of age with not being able to cope with all the things that the participants had to do was significant and positive (r = .242, p = .044). Number of dependents was negatively correlated with the ability to control irritations in life (r = $-$.428, p = .001) in the last few months. Findings from the one-way ANOVA showed that female participants (M = 1.98, SD = 1.14) reported significantly more nervousness and stress than male participants (M = 1.36, SD = 1.22) (F [1, 68] = 4.687, p = .034, η^2 = .28). One-way ANCOVA (controlling for age) revealed a significant effect of the number of years in exile on the participants' overall perceived stress (F [4, 64] = 2.534, p = .049, η^2 = .65). Post-hoc analysis (Fisher's least significant difference [LSD]) revealed that participants with 11–20 years of exile as well as those with 41 or more years of exile reported higher levels of perceived stress than those with 31–40 years of exile. Work or marital status of the participants did not have a significant effect on their perceived stress (F [1, 68] = .043, p = .835, η^2 = .00; F [1, 68] = .282; p = .597, η^2 = .00, respectively).

Perceived stress was significantly positively correlated with financial anxiety (r = .605, p < .001), perceived discrimination (r = .333, p < .01), and dark future expectations (r = .427, p < .001) but had a non-significant negative correlation with resilience (r = $-$.134, p = .270). Results of the multiple regression analysis indicated that financial anxiety, perceived discrimination, dark future expectations, and resilience significantly predicted (F [4, 65] = 12.32, p < .001) and accounted for 43.1% of the variance in perceived stress (R^2 = .431). Increase in financial anxiety and dark future expectations predicted higher levels of perceived stress (B = .504, B = .220, respectively).

Resilience

Overall, the participants showed moderate to high levels of resilience (M = 128.44, SD = 19.66). Significant positive correlations were obtained between the age of the participants and their resilience reflected in their feelings of pride in having accomplished things in life (r = .259, p = .031), their determination (r = .260, p = .030), the belief that they could get through difficult

times because they had experienced difficulty before (r = .407, p < .001), and their belief that their life had meaning (r = .310, p = .009). Significant positive correlations were also obtained between the total number of dependents that the participants had and their resilience in terms of their ability to follow through with the plans that they made (r = .317, p = .015), their belief that their life had meaning (r = .366, p = .004), and their being okay if there were people who did not like them (r = .277, p = .034).

Findings from the one-way ANOVA showed no significant difference between male and female participants in their levels of resilience. However, the one-way ANCOVA (controlling for age) revealed a significant effect of the number of years in exile on the overall resilience of the participants (F [4, 64] = 3.862, p = .007, η^2 = .12), as well as its subdomain: acceptance of self and life (F [4, 65] = 2.664, p = .040, η^2 = .080). Post hoc analysis (LSD) revealed that participants who had been refugees in India for 31–40 years reported higher overall resilience than those who had been in exile for 1–10 years (p = .041) or 41–50 years (p = .002). Participants in exile for 11–20 years also reported higher overall resilience than those in exile in India for 1–10 years. Interestingly, participants who had been refugees for 41 years or more showed significantly lower resilience than those with exile experience of 11–20 years (p = .005), 21–30 years (p = .025), or 31–40 years (p = .002). These findings suggest that participants who have been in exile for 11–40 years show higher resilience than those having lesser or a greater number of years of exile experience.

Higher levels of personal competence (F [1, 68] = 11.055, p = .001, η^2 = .14), acceptance of self and life (F [1, 68] = 4.213, p = .044, η^2 = .058), and overall resilience (F [1, 68] = 9.646, p = .003, η^2 = .124) were also reported more by working participants (M = 93.91, SD = 12.27; M = 41.82, SD = 5.48; M = 135.73, SD = 16.60, respectively) than non-working participants (M = 83.00, SD = 14.86; M = 38.94, SD = 6.15; M = 121.94, SD = 20.09, respectively). Specifically, compared with non-working participants, working participants reported feeling significantly more likely to be able to handle many things at a time (F [1, 68] = 8.109, p = .006, η^2 = .107), more determined (F [1, 68] = 5.685, p = .020, η^2 = .077), more able to get through difficult times because of having experienced difficulties before (F [1, 68] = 5.701, p = .020, η^2 = .08, η^2 = .077), more that their belief in themselves gets them through hard times (F [1, 68] = 5.578, p = .021, η^2 = .076), more that they can be relied upon in an emergency (F [1, 68] = 14.098, p = 000, η^2 = .172), that their life has meaning (F [1, 68] = 7.834, p = .007, η^2 = .103), able to find their way out in a difficult situation (F [1, 68] = 5.947, p = .017, η^2 = .080), and having enough energy to do what they have to do (F [1, 68] = 5.924, p = .018, η^2 = .080). Participants' marital status (i.e., being married) also influenced their overall resilience (F [1, 68] = 11.100, p = .001, η^2 = .140), personal competence (F [1, 68] = 9.899, p = .002, η^2 = .127), and acceptance of self and life (F [1, 68] = 9.918, p = .002, η^2 = .127).

Overall resilience was significantly negatively correlated with perceived discrimination (r = $-$.237, p = .049) and dark future expectations (r = $-$.266, p = .026). Similarly, personal competence correlated significantly and negatively with perceived discrimination (r = $-$.254, p = .034) and dark future expectations (r = $-$.281, p = .019).

Financial Anxiety

Overall, the participants showed rather low levels of financial anxiety (M = 15.51,

SD = 8.82). Significant positive bivariate correlation was obtained between age and financial anxiety reflected in feelings of fatigue due to worries about one's financial situation (r = .249, p = .038). Male and female participants did not differ significantly in terms of their financial anxiety (F [1, 68] = .085, p = .772, η^2= .001). Number of years in exile did not have a significant impact on overall financial anxiety (F [4, 64] = .859, p = .494, η^2 = .007). Work status significantly affected anxiety due to financial situation (F [1, 68] = 4.070, p = .048, η^2 = .056), such that non-working participants reported higher anxiety (M = 4.08, SD = 1.77) than working participants (M = 3.18, SD = 1.96). Marital status also significantly affected participants' financial anxiety in terms of their muscles feeling tense (F [1, 68] = 4.074, p = .048, η^2 = .057) and feeling fatigued (F [1, 68] = 7.664, p = .007, η^2 = .101) because of worry about their financial situation. Married participants reported more muscle tension (M = 2.56, SD = 2.31) and more fatigue (M = 2.63, SD = 2.25) because of their financial situation compared with unmarried participants (M = 1.65, SD = 1.32; M = 1.57, SD = .92, respectively).

Financial anxiety was significantly and positively correlated with perceived discrimination (r = .362, p < .01) and dark future expectations (r = .337, p < .01) but showed a non-significant correlation with resilience (r = .003, p = .983).

Perceived Discrimination

Participants reported overall low to moderate levels of perceived discrimination (M = 11.11, SD = 3.85), which was not significantly correlated with age (r = −.061, p = .619), total number of dependents (r = -.092, p = .489), or gender (F [1, 68] = .133, p = .716, η^2 = .002). Number of years of exile did not have a significant impact on overall perceived discrimination (F [4, 64] = 1.65, p = .172, η^2 = .033); nor did marital status (F [1, 68] = 1.374, p = .245, η^2 = .020). Perceived discrimination showed significant negative correlations with expectations of a dark future (r = −.237, p = .049).

Dark Future

Overall, participants reported low expectations of having a dark future (M = 11.76, SD = 5.11). Age correlated significantly and positively with the fear that life would change for the worse in the future (r = .303, p = .011). Gender did not affect expectations of having a dark future (F [1, 68] = 1.460, p = .231, η^2 = .002). Number of years in exile did not have a significant impact on overall perceived discrimination (F [1, 68] = .521, p = .721, η^2 = .033); nor did marital status (F [1, 68] = .000, p = .995, η^2 = .020).

DISCUSSION

This study aimed to explore the perceived stress, resilience, financial anxiety, perceived ethnic discrimination, financial anxiety, and expectations of a dark future, as well as the activities undertaken to maintain good mental health and cultural integrity, in a sample of Tibetan refugees in North India during the COVID-19 pandemic. To the best of our knowledge, this is the first such investigation into the mental health, financial issues, and related adversities experienced by Tibetan refugees during the COVID-19 pandemic. Findings revealed low to moderate levels of perceived stress among the Tibetan refugees, which is consistent with the findings reported in earlier studies that Tibetans report a very low level of psychological distress (Sachs et al., 2008) and are therefore considered models of successful coping in refugee life (Mahmoudi, 1992). Older

refugees reported more difficulties in coping with all they had to do compared with younger refugees. During the pandemic, participants with a higher number of dependents experienced more difficulties with controlling irritations in their life, which is to be expected, due to the financial crisis occurring from the global economic downturn during the pandemic (X. Gao et al., 2021). Female participants experienced more nervousness and stress than male participants, possibly because of women's greater concern around their family members' physical health than men's concern (Afridi et al., 2021).

An interesting finding from the present study was that participants who had been in exile for 41 years or more perceived higher levels of stress than those who spent 31–40 years in exile. Similarly, participants who had spent 11–20 years in exile were also more stressed than those who had been in exile for 31–40 years. While reduced resilience has been reported in older participants (Siriwardhana & Stewart, 2013), which can be proposed as a likely reason for the higher levels of perceived stress among those who have been in exile for 41 years or more, this contrasts with the findings of non-significant correlations of perceived stress with age. This partially indicates that the association between years spent in exile and perceived stress has more to do with the refugee experience and less with age. However, on the other hand, age was positively associated with inability to cope with all the things that the participants had to do, which may partially explain higher stress among older refugees. Participants who had been in exile for 11–20 years (being younger in age) may have experienced more stress for a number of reasons, such as concerns around education, disruption of regular schooling, having to engage in online classes, worries around the safety of self and other family members, and so on—a finding that is supported by a study that explored Indian adolescents' and young peoples' worries and concerns during the pandemic (Shukla et al., 2021).

Participants with higher financial anxiety, perceived discrimination, and expectations of a dark future reported higher perceived stress. Perceived discrimination during the testing times of the COVID-19 pandemic can lead to heightened watchfulness, leading to heightened stress among the Tibetan refugees. It may also make it difficult for them to obtain help and support from the local residents. Financial anxiety and dark future expectations also significantly predicted perceived stress. While unemployment has been reported as one of the emerging challenges for Tibetan refugees in India, even prior to the pandemic (Choedon, 2018), this situation would have worsened during the pandemic. Moreover, refugees are quite unlikely to own an internet-enabled smartphone compared with the general population, which may make it difficult for them to access financial services digitally (Vos et al., 2020) amid lockdown. Digital transactions for some may also not be possible if they lack documents of identity proof (Vos et al., 2020). Thus, any existing financial crisis for Tibetan refugees in India may have been exacerbated during the pandemic, causing increased stress. Dark future expectations are likely to increase stress because of the uncertainty surrounding a post-COVID future. Anticipatory anxiety about the future during the COVID-19 pandemic may be considered normal (Smith, 2021) and may serve an adaptive function if it is proportionate to the likelihood of future negative events (Grupe & Nitschke, 2013). However, negative future expectations or fear may become maladaptive in excess and take the form of pathological anxiety (Rosen & Schulkin, 1998). Physically, it may lead to

elevated stress for prolonged periods of time, which may compromise the body's natural defences (American Psychiatric Association, 2006). Such compromise of the immune system may increase susceptibility to the coronavirus and other infectious diseases.

Tibetan refugee participants reported an overall moderate to high level of resilience, which explains their overall low to moderate levels of stress. Older participants had higher levels of pride in their life accomplishments, more determination, as well as the beliefs that they could get through difficult times and that their life had meaning. These findings corroborate earlier findings that older adults show higher resilience than younger adults (Gooding et al., 2012; Jeste et al., 2013). However, this finding is in contrast with studies that show reduced resilience in older migrants (Siriwardhana & Stewart, 2013). Overall high resilience and acceptance of self and life were also associated with number of years spent in exile. Besides showing lower stress, refugees in exile for 31–40 years also reported higher resilience than those who had been in exile for 41 years or more. Similarly, those who had been in exile for 11–20 years reported higher resilience than those in exile for less time. Overall, resilience was also associated with lower perceived discrimination and dark future expectations. Married participants were more resilient and reported higher personal competence and acceptance of self and life than unmarried ones. This finding is supported by earlier literature showing that unmarried individuals had higher levels of psychological distress than married people during the pandemic (H. Wang et al., 2020; Yu et al., 2020), with possible reasons being that married people receive social support from their partners and other members of the family (Walen & Lachman, 2000) and have larger help networks (Cairney et al., 2003) than unmarried people. Working participants had higher overall resilience, acceptance of self and life, and personal competence than non-working participants. Previous studies provide similar findings where unemployed individuals have been reported to have higher psychological distress (Jackson et al., 1983; Kokko & Pulkkinen, 1998) and therefore lower resilience.

Overall, low levels of financial anxiety were noted in the participants: more than two-thirds reported no financial problems during the pandemic. A prominent reason for this in the current sample may have been that nearly three-fifths of the participants had no dependents to take care of. Although earlier studies provide evidence for greater life satisfaction in Tibetan refugees in India compared to the native citizens, even after economic hardships (Fazel & Young, 1988), slightly less than a quarter of participants reported experiencing financial issues during the pandemic. As expected, non-working participants experienced more financial anxiety than those who had work. Married participants felt more tense and experienced more fatigue because of their financial anxiety than those who were not married. Similarly, older participants experienced more fatigue due to financial worries. This manifestation of financial anxiety in terms of bodily complaints may be explained by the findings of previous studies, which have shown that compared with westerners, Asians display their distress more in terms of somatic symptoms (Kinzie et al., 1990; Mollica et al., 1987). Somatic complaints due to psychological distress are common among Tibetan refugees (Ruwanpura et al., 2006). Financial anxiety was also associated with expectations of a dark future and perceived discrimination, which is understandable since worries about financial crisis or instability would create worries about the future being grim. Sim-

ilarly, perceived discrimination may make it difficult for Tibetan refugees to obtain financial or other help during the pandemic for their survival.

In general, participants experienced low to moderate levels of perceived discrimination and low expectations of a dark future. However, older participants felt that in the future, their lives would change for the worse. This resonates with the higher stress and financial anxiety reported by these participants. Interestingly, however, older participants also reported higher resilience in terms of having accomplished things in life, beliefs that they could get through difficult times, that life has meaning, and so on, which is in striking contrast with their perceived stress, financial anxiety, and dark future expectations. This finding can be explained by accounting for the fact that older refugees who spent their childhood in Tibet and witnessed the destruction of their culture and home would describe themselves as having higher resilience and having seen more tough times than younger refugees (Hussain & Bhushan, 2011). However, being uprooted from their homeland and having to assimilate in the new country and culture, trying desperately to ensure the survival of themselves and their families in the early years of Tibetan exile in India (Hussain & Bhushan, 2011), likely makes them concerned and worried about the struggles brought on by the pandemic. Younger Tibetan refugees, who are second- or third-generation refugees, experience lesser stress and financial anxiety than older refugees.

Participants maintained their cultural integrity during the pandemic by practising religious rituals and traditions, and they also practised different things associated with their culture (e.g., music, dress, medicines, literature). As described by the participants, during the lockdown, they attempted to be "true Tibetans" or speak "pure Tibetan," which highlights their persistent attempts at protecting their culture and traditions in a multicultural country. Participants considered following traditional customs and practices, worship rituals, wearing traditional Tibetan clothes, and speaking the pure Tibetan language (which is only possible within their families who understand the language and not outside where they need to largely speak Hindi, and sometimes English or local languages, to communicate with the native people) as indicators of being "true" Tibetans. Tibetans' strong association with their religion accords them a distinct status among refugees and is also a factor enabling their successful thriving (Hussain & Bhushan, 2011). Tibetan refugees' understanding of mental distress is intricately linked with cultural and religious factors, and they also view family support as an important coping strategy during tough times (Ruwanpura et al., 2006). Rituals are an inseparable part of Tibetan refugees' lives, and engaging in them brings them peace of mind and strength (Hussain & Bhushan, 2011). Significantly more female participants practised religious rituals and traditions, while male participants more often involved themselves in meditation and studying (both religious and non-religious scriptures). This finding perfectly corroborates earlier findings of such a sex difference among Tibetan refugees in India, where Buddhist rituals were noted to be practised more among women than men, while meditation and Buddhist world views were reportedly more prevalent among men than women (Hussain & Bhushan, 2011). Apart from religious practices, participants also actively took part in other activities to maintain their mental health, with the highest number of participants keeping themselves busy with entertainment—for example, watching tele-

vision, playing games, listening to music—while others resorted to journaling, reading, writing, and taking care of their health through diet and exercise. These are the activities that people in general engaged in during the lockdowns (Finnerty et al., 2021).

This study's findings show that overall, the COVID-19 pandemic only mildly affected the cultural integrity and mental health of Tibetan refugees. This is in contrast with the trend noted among Indians during the COVID-19 pandemic (Rehman et al., 2021). However, it is important to note that demographical variations were present in the amount of stress perceived, resilience, financial anxiety, and expectations of a dark future, and should be given due consideration by authorities and non-governmental organizations aiming to develop plans to help Tibetan refugees in India. Though overall low levels of financial anxiety and expectations of a dark future were noted in the present sample, these variables significantly predicted higher levels of perceived stress among participants. Another noteworthy finding was the moderate to high levels of resilience in Tibetan refugees, which was significantly linked with lower levels of perceived discrimination and expectations of dark future.

Participants' reports of practising Tibetan religious practices and rituals and meditation, listening to the Dalai Lama's speeches, and so on may also help explain the high resilience reported during the pandemic. Community beliefs and values enhance adaptive functioning in day-to-day life, even in extreme conditions (Baker & Shalhoub-Kevorkian, 1999). Tibetans' strong cultural belief in the concepts of **karma**—suffering as part of life—and reincarnation helps them to humbly accept their sufferings and is also the crucial factor behind their high resilience in adversity (Hussain & Bhushan, 2011). Tibetans are also known to "let go" of distress, rather than holding on to it, in accordance with their cultural and religious views (Lewis, 2013). However, another possibility behind the present findings of mild to moderate impact of the pandemic on the cultural integrity and mental health of the Tibetan refugees may be that they underestimated the pandemic's impact on various aspects of their life, as they are known to hide their feelings and tend not to be very expressive of their physical or emotional pains (Servan-Schreiber et al., 1998).

The limitations of this study merit consideration. First, a convenience sampling method was used for choosing participants, and the participant sample was small. Therefore, the findings may not represent the experiences of the greater Tibetan refugee community residing in India. Second, most data were collected online in view of the prevailing pandemic situation, and therefore it was not possible to further probe the participants' responses to qualitative questions. Third, there were more younger participants in the sample since they are technically more skilled and have working knowledge of the English language, and therefore could complete the questionnaires online. Fourth, since the study did not include data on Tibetan refugees from before the pandemic, it is not possible to ascertain whether the present findings indicate a deviation from before the pandemic. Future studies should seek to address these limitations and validate the current findings on a larger, more representative sample of Tibetan refugees.

CONCLUSION

The findings of this study highlight that Tibetan refugees in India have not experienced much stress, financial anxiety, or ethnic discrimination, nor did they expect

a dark future, during the COVID-19 pandemic. Tibetan refugees also reported moderate to high levels of resilience. Tibetan cultural beliefs and practices, such as ardent faith in the Dalai Lama, worship of Buddha, and beliefs in karma, reincarnation, life being full of suffering, and so on, help Tibetan refugees maintain high resilience, which is associated with lower stress and anxiety. Although the findings suggest that cultural rituals and practices appear to provide protection against stress and anxiety, demographic variations in the levels of reported stress, resilience, financial anxiety, and expectations of a dark future need were noted and need to be focused on and addressed by authorities and non-governmental organizations working for the betterment of Tibetan refugees.

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