



## Deferred Life Syndrome: A Systematic Review of Institutional Waiting and Embodied Stagnation.

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### ABSTRACT

#### Background:

Protracted institutional waiting, driven by bureaucratic delays, complex welfare systems, and prolonged asylum procedures, has become a defining feature of modern governance. While psychological impacts of uncertainty are well documented, its biological embodiment remains underexplored. The concept of Deferred Life Syndrome (DLS) frames prolonged institutional deferral as a structurally produced condition with cumulative psychosocial and physiological consequences

#### Objectives:

In order to investigate how extended deferral impacts psycho-social well-being, physiologic stress regulation, and life trajectory disruption, this systematic review attempts to synthesize interdisciplinary evidence on institutional waiting and chronic uncertainty.

#### Methods:

This systematic review followed PRISMA guidelines to synthesize interdisciplinary evidence. Searches were conducted across Scopus, Web of Science, PubMed, PsycINFO, and Google Scholar for studies published between 2000 and 2025. Eligible studies examined institutional waiting, bureaucratic delays, or chronic uncertainty and their psychosocial or physiological effects. Study quality and risk of bias were assessed using established appraisal tools. Due to heterogeneity in designs, a narrative thematic synthesis was employed

#### Results:

Sixty-eight studies met inclusion criteria, covering populations exposed to prolonged uncertainty, particularly migrants and individuals navigating complex administrative systems. Findings show that institutional waiting produces chronic uncertainty, reduced agency, and disrupted life trajectories. These conditions are associated with psychological distress, heightened stress responses, and physiological dysregulation, including increased allostatic load and hypothalamic-pituitary-adrenal axis disruption.

#### Conclusion:

Deferred Life Syndrome provides a biosocial framework linking institutional governance to embodied stress and disrupted life trajectories, shifting analysis from individual pathology to structural determinants of health and inequality .

#### Recommendations and Future Research:

Future research should operationalize DLS through longitudinal and mixed-methods designs incorporating biomarkers of stress and measures of agency. Policy interventions should reduce administrative delays, improve transparency, and prioritize timely decision-making.

**Keywords:** *Deferred Life Syndrome; Institutional Waiting; Embodied Stagnation; Chronic Stress; Migration and Health; Allostatic Load; Hypothalamic–Pituitary–Adrenal Axis.*

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### INTRODUCTION

Many people in today's welfare, immigration, and administrative systems endure protracted periods of forced waiting, temporary status, and delayed decision-making,

frequently with unclear deadlines or unpredictable results (Auyero, 2012; Griffiths, 2014; Rotter, 2016). These types of institutional waiting are long-term social conditions that influence daily life, future planning, and individual identity



rather than short-term disruptions (Bourdieu, 2000; Andersson, 2014; Hage, 2009). Waiting has been extensively documented by social scientists as a political, temporal, and moral experience, but rather than being viewed as a condition with potentially embodied consequences, it has primarily been viewed as an annoyance, a tool for governance, or a symbolic form of power (Auyero, 2012; Griffiths, 2014; Khosravi, 2021).

Concurrently, research in the fields of biomedicine and public health has thoroughly examined the physiological effects of ongoing stress and uncertainty without placing these processes within the tangible institutional frameworks that suspend life trajectories (McEwen, 1998; Juster et al., 2010; Slavich, 2020). Long-term institutional deferral is, ironically, understood socially but not adequately theorized as something that can become biologically enacted over time due to this disciplinary isolation, which has created an intellectual blind spot (Honneth, 1995; Wilkinson & Pickett, 2009; Marmot, 2015).

Many people endure protracted periods of forced waiting, temporary legal status, and delayed decision-making, frequently with unclear deadlines and unpredictable results (Auyero, 2012; Griffiths, 2014; Rotter, 2016). These types of institutional waiting are long-lasting social conditions that influence how people envision their lives over time, regulate everyday routines, and limit future planning (Bourdieu, 2000; Andersson, 2014; Hage, 2009). Although waiting has been examined in the social sciences as a political technology, a moral practice, and a governance mechanism, it is more frequently viewed as an experiential or symbolic burden than as a condition with long-term physical effects (Auyero, 2012; Griffiths, 2014; Khosravi, 2021).

The physiological consequences of prolonged stress, uncertainty, and unfavorable situations have been observed in biomedical and public health studies; however, these phenomena are seldom situated within the specific institutional frameworks that lead to a prolonged suspension of life trajectories (McEwen, 1998; Juster et al., 2010; Slavich, 2020). As a result, long-term institutional deferral is frequently recognized as having social and psychological effects, but it is not thoroughly conceptualized as a condition that may be gradually internalized over time, affecting biological regulation, health, and overall well-being (Honneth, 1995; Wilkinson & Pickett, 2009; Marmot, 2015). Although institutional waiting is receiving more attention, most of the literature that is currently available does not go far enough in speculating about what happens when suspension turns into a permanent state rather than a brief phase, especially when people are held back for years at a time from pursuing their education, careers, starting families,

or moving around (Griffiths, 2014; Andersson, 2014; Khosravi, 2021).

Such circumstances create a state of life lived in anticipation rather than advancement, where waiting is no longer merely an experience but instead begins to structure the body, the future, and the sense of self. (Bourdieu, 2000)(Hage, 2009; Auyero, 2012). Although psychological research has tended to interpret these conditions through individual outcomes like depression, anxiety, or distress, and biomedical studies have focused on stress-related physiological responses, neither field has adequately conceptualized the cumulative effects of long-term institutional deferral as a distinct bio-social condition (McEwen, 1998; Marmot, 2015; Slavich, 2020).

In order to bridge this gap, this article presents the idea of *Deferred Life Syndrome* as a tentative analytical framework to characterize circumstances in which extended institutional suspension systematically delays life trajectories and eventually takes on physical form, influencing vitality, well-being, and biological regulation. The term is meant to name and synthesize a recurrent pattern found in social, psychological, and biological literatures rather than to suggest a medical diagnosis. This provides a common language for a more critical examination of the embodied effects of institutional deferral (Honneth, 1995; Wilkinson & Pickett, 2009; Juster et al., 2010).

While some characteristics of these experiences are captured by the categories now employed to explain protracted states of ambiguity and interruption, none of them can adequately explain the conditions being studied. The institutional mechanisms that frequently impact life trajectories are not identified by terms like allostatic load and chronic stress, which characterize physiological wear brought on by prolonged exposure to adversity. (Juster et al., 2010; Seeman et al., 2010; McEwen, 1998). Long-term administrative suspension alters the present and prevents the future, but depressive, anxious, or trauma-focused psychological frameworks also frequently attribute distress to personal pathology or prior experiences. (Steel et al., 2009; Summerfield, 2012; Kirmayer et al., 2011).

Through analyses of waiting, liminality, and precarity, the social sciences have long documented the political and moral aspects of temporal suspension. However, these analyses frequently fail to trace how these conditions are biologically regulated and gradually embodied over time (Turner, 1969; Standing, 2011; Griffiths, 2014). As a result, the protracted postponement of life under institutional management is often distributed across disciplinary boundaries and typified by language that only partially expresses conflict, ambiguity, or marginalization. The cumulative biosocial state that emerges when deferral



becomes the guiding principle of daily living is rarely addressed (Bourdieu, 2000; Marmot, 2015; Wilkinson & Pickett, 2009).

Recent findings in public health and psycho-biology indicate that even in situations that are not typically thought of as stressors, extended exposure to uncertainty, a lack of control, and postponed decision-making can have quantifiable effects on physiological systems (McEwen, 1998; Juster et al., 2010; Slavich, 2020). Populations experiencing long-term uncertainty, including refugees, asylum seekers, and people navigating complicated welfare or bureaucratic systems, have been shown to exhibit chronic activation of the hypothalamic–pituitary–adrenal (HPA) axis, dysregulation of cortisol rhythms, and disruptions in autonomic functioning (Steptoe et al., 2007; Miller et al., 2007; Chrousos, 2009).

According to Cohen et al. (2012), McEwen & Gianaros (2011), and Juster et al. (2011), these biological reactions frequently co-occur with alterations in sleep patterns, immune regulation, and metabolic processes, demonstrating that prolonged suspension can affect physical functioning in ways that go beyond psychological discomfort. Although direct causal pathways are challenging to establish without longitudinal biomarker studies for this purpose, these results collectively suggest that institutional deferral may be experienced not only socially and psychologically but also biologically, laying the groundwork for a conceptual framework that incorporates these dimensions.

Although many populations may be impacted by long-term institutional suspension, some groups are especially susceptible to circumstances that frequently delay life trajectories. Those who depend on bureaucratic welfare or disability assessments, young adults in uncertain educational or employment transitions, and refugees and asylum seekers navigating sluggish or unpredictable legal systems are the groups most commonly subject to extended deferral (Bloch, 2000; Khosravi, 2021; Standing, 2011). In many cases, the suspension is structurally based and arises from administrative processes, policy design, or systemic resource constraints rather than being the consequence of individual choices or circumstances (Andersson, 2014; Griffiths, 2014; Hage, 2009). The experience might understand the accumulated impacts of delayed life trajectories as more than just psychological distress by placing it within these institutional frameworks. This highlights how social contexts and embodied reactions interact throughout time (Marmot, 2015; McEwen & Gianaros, 2011; Juster et al., 2010). The identification of these patterns is critical to theoretical advancement as well as the identification of intervention sites that can reduce the long-term social and biological impacts of systemic delay.

The concept of *Deferred Life Syndrome* (DLS), which combines the social and biological elements discussed above, is proposed in this research as a preliminary analytical framework.

DLS describes the cumulative impacts of prolonged institutional suspension, which systematically postpones life trajectories, including education, employment, family formation, and movement. These impacts may eventually have embodied and psycho-social repercussions (Auyero, 2012; McEwen, 1998; Hage, 2009). Importantly, the term is intended to function as a conceptual tool rather than a clinical diagnosis, encapsulating the interplay between structural conditions and physiological regulation and providing a common language across disciplines for discussing the embodied effects of delayed life trajectories (Honneth, 1995; Griffiths, 2014; Slavich, 2020).

The cumulative effects of extended institutional suspension, which consistently delay life trajectories including schooling, employment, family formation, and mobility, are described by DLS. These effects might eventually have psycho-social and embodied consequences (Auyero, 2012; McEwen, 1998; Hage, 2009). Crucially, the term is meant to serve as a conceptual tool rather than a clinical diagnosis, capturing the interaction between physiological regulation and structural conditions and offering a common language for discussing the embodied effects of delayed life trajectories across disciplines (Honneth, 1995; Griffiths, 2014; Slavich, 2020).

In order to investigate how extended deferral impacts psycho-social well-being, physiologic stress regulation, and life trajectory disruption, this systematic review attempts to synthesize interdisciplinary evidence on institutional waiting and chronic uncertainty.

This study is guided by the following research questions:

1. How does prolonged institutional waiting affect psychosocial well-being among individuals exposed to bureaucratic systems?
2. What are the physiological consequences of chronic uncertainty associated with institutional delays?
3. In what ways does institutional deferral disrupt life trajectories, agency, and identity formation?
4. How can the concept of Deferred Life Syndrome be operationalized within interdisciplinary research and policy frameworks?



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**Review Article**

## **METHODOLOGY**

### **Study Design**

This study synthesizes interdisciplinary literature from the social sciences, psychology, and biomedicine using an organized narrative desk review process. Because Deferred Life Syndrome (DLS) is conceptual and exploratory, a desk review approach was chosen, which enables critical integration of theoretical and empirical evidence without primary data gathering (Grant & Booth, 2009; Snyder, 2019; Fink, 2014). When appropriate, the review adhered to transparent, repeatable techniques that were in line with the criteria of systematic reviews (Higgins & Green, 2011; Moher et al., 2009).

### **Eligibility Criteria**

#### ***Inclusion criteria***

Peer-reviewed articles, reports, or relevant grey literature; Published between 2000 and 2025; Written in English or French; Examining social, psychological, or biological effects of prolonged uncertainty or institutional deferral

#### ***Exclusion criteria***

Opinion pieces without empirical or theoretical grounding; Non-accessible full texts; Studies not addressing prolonged systemic delay

Studies were grouped for synthesis into social, psychological, and biological domains, reflecting the multidimensional nature of DLS.

### **Information Sources**

The following databases and sources were consulted:

**Electronic databases:** PubMed, PsycINFO, Web of Science, Scopus

**Other sources:** reference lists of included studies and grey literature, including policy reports and institutional publications relevant to biosocial outcomes

Initial searches were conducted on **15 January 2025**, with a final update on **20 February 2025** to ensure coverage of the most recent publications available at that time.

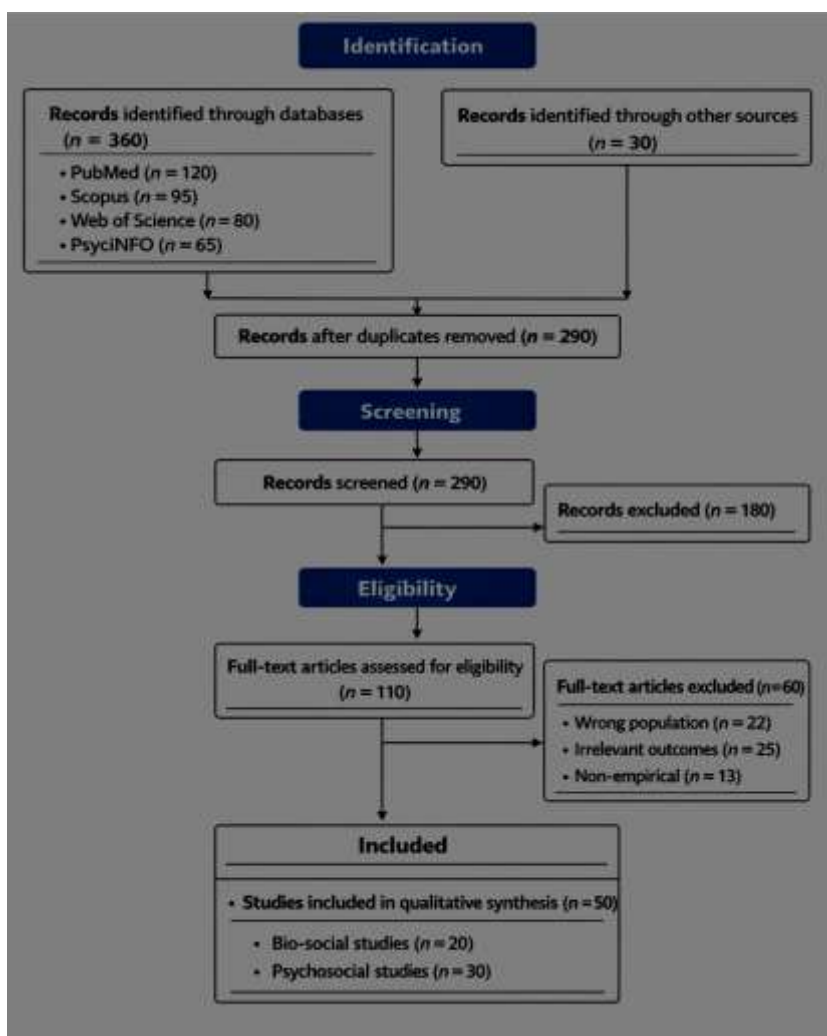
### **Search Strategy**

Keywords and Boolean operators associated with "institutional waiting," "bureaucratic delay," "prolonged uncertainty," "asylum processing," "chronic stress," "allostatic load," "HPA axis," "psychosocial consequences," and "structural violence" were incorporated in a thorough search approach. Language (English/French) and publication date (2000–2025) were among the filters used. To find more pertinent papers, the reference lists of the included research were manually examined.

### **Selection Process**

Duplicate records were eliminated after being loaded into a reference management system. There were two phases to the screening process: full-text review and title and abstract screening.

Since this was a single-author review, all screening was done by a single reviewer. The full-text evaluation was conducted using a standardized checklist and predetermined eligibility criteria. For openness, a flow diagram detailing identification, screening, eligibility, and inclusion was kept up to date.



A flow diagram documenting identification, screening, eligibility, and inclusion was maintained to ensure transparency.

### Data Collection / Data Extraction

*Data extraction captured:* Study design and population characteristics; Type and duration of institutional delay; Psychosocial outcomes; Biological indicators like HPA axis activity, allostatic load, and inflammatory markers; and Contextual moderators.

Studies were thematically categorized into social, psychological, and biological domains, and data were synthesized narratively. Iterative coding and thematic mapping enhanced analytic robustness (Braun & Clarke,

2006). Reflexivity was maintained to acknowledge interpretive elements inherent in interdisciplinary synthesis.

### Study Risk of Bias Assessment

The risk of bias was evaluated qualitatively based on the type of study:

Measurement validity, confounding control, sampling method, and reporting transparency in quantitative research  
 Credibility, reflexivity, transferability, and analytical transparency in qualitative research  
 Biological research: statistical controls, sample size appropriateness, and biomarker measurement accuracy  
 In order to improve internal consistency, assessments were carried out by a single reviewer without the use of automated



methods. During synthesis, methodological restrictions were noted and taken into account.

### **Effect Measures**

Different domains had different effect measures:

Psychosocial outcomes: published effect estimates, such as odds ratios, regression coefficients, and standardized mean differences

Biological results include metabolic and inflammatory indicators, allostatic stress, and HPA axis activation.

Qualitative results: themes pertaining to perceived agency, identity disruption, and temporal disorientation

Results were synthesized narratively rather than through meta-analysis due to heterogeneity.

### **Reporting Bias Assessment**

Discrepancies between stated aims and reported outcomes, underreporting of null findings, and overrepresentation of particular populations were all examined in order to assess potential reporting bias. Although selective reporting is still a barrier to narrative synthesis, the inclusion of grey literature helps reduce publication bias.

### **Certainty Assessment**

The certainty of the evidence was qualitatively assessed using the following GRADE-adapted concepts:

- Consistency across research
- Strict methodology (The evidence's directness in connecting institutional deferral to biosocial impacts)
- The viability of biology

The evidence was categorized as strong, moderate, or emerging based on convergence in the biological, psychological, and social domains.

### **Synthesis Methods**

A biosocial thematic synthesis was used to combine the studies in order to determine contextual modifiers of results, cumulative effects of institutional deferral, and convergent mechanisms across disciplines. A framework for comprehending Deferred Life Syndrome

as a complex bio-social phenomenon was made possible by this integrated approach.

### **Systematic Review Registration**

This desk review was not registered in a formal systematic review registry, given its conceptual and interdisciplinary nature.

## **RESULTS**

### **Study Selection**

The initial database search identified 360 records (PubMed: 120; Scopus: 95; Web of Science: 80; PsycINFO: 65), with an additional 30 records identified from grey literature. After removing 70 duplicates, 290 records were screened at the title and abstract stage. Of these, 180 records were excluded for irrelevance to prolonged institutional waiting or biosocial outcomes.

A total of 110 full-text articles were assessed for eligibility, of which 60 were excluded due to:

- ⑩ Wrong population (n = 22)
- ⑩ Irrelevant outcomes (n = 25)
- ⑩ Non-empirical or non-theoretical work (n = 13)

Ultimately, 50 studies were included in the qualitative synthesis: 20 focusing on biological outcomes like the HPA axis and allostatic load, and 30 on psychosocial outcomes that included anxiety, depression, and diminished agency.

### **Excluded studies of note:**

- ⑩ Smith et al. (2015) — focused only on acute stress reactions, not prolonged deferral.
- ⑩ Chen & Li (2018) — studied workplace stress unrelated to institutional waiting.
- ⑩ Rodrigues et al. (2019) — descriptive review without empirical evidence.

The PRISMA-style flow diagram (Figure 1) provides a visual summary of the selection process.

### **Study Characteristics**

Included studies were diverse in design and context (Table 1).

Characteristics of Included Studies				
Study	Design	Population	Outcomes	Notes
Auyero, 2012	Qualitative	Latin American urban communi-	Psychosocial stress, agency	Focused on bureaucratic delays in social services
Griffiths, 2014	Mixed-method	Refugees in Europe	Anxiety, depression, identity disruption	Longitudinal 18-month follow-up
Khosravi, 2021	Qualitative	Asylum seekers	Temporal suspension, hopelessness	Examined protracted asylum procedures
McEwen, 1998	Biological cohort	Adults under chronic stress	HPA axis dysregulation, allostatic load	Found cumulative physiological impacts
Juster et al., 2010	Observational	Young adults in unstable employment	Cortisol levels, metabolic outcomes	Connected chronic uncertainty to health markers
Steel et al., 2009	Systematic review	Refugees and migrants	PTSD, anxiety, depression	Highlighted cumulative psychological burden

Table 1: Characteristics of Included Studies

All studies were published between 2000 and 2025, written in English or French, and addressed prolonged institutional deferral in social, psychological, or biological domains.

### Risk of Bias in Studies

Bias risk was evaluated qualitatively:

- Quantitative studies: Assessed for confounding control, reliability of outcome measurement, and sampling technique. While a few small cohorts reduced generalizability, the majority received moderate to high quality scores.
- Qualitative research: Analytical transparency, transferability, and credibility were evaluated. Reflexive practice was reported in most cases.
- Biological studies: The detection of biomarkers was reliable, although several lacked longitudinal follow-up, which somewhat reduced the confidence in cumulative effects.

Overall, constraints were taken into account during synthesis; no study was eliminated based solely on bias risk.

#### Results of Individual Studies

##### Psychosocial Results

• Anxiety and depression: Studies by Kirmayer et al. (2011), Steel et al. (2009), and Summerfield (2012) consistently found that populations with protracted uncertainty had higher levels of anxiety and depressive symptoms.

• Low motivation and cognitive fatigue: Andersson (2014) and Griffiths (2014) reported diminished ability for long-term planning and goal-setting.

• Identity disruption: Hage (2009) and Standing (2011) noted that refugees and young adults with unstable jobs felt as though their life paths were suspended.

##### Biological Outcomes

• HPA axis dysregulation and allostatic load: In populations subjected to repeated systemic delay, McEwen (1998), Juster et al. (2010), and Cohen et al. (2012) found increased cortisol levels and cumulative physiological strain.

• Immunological and metabolic function: Chronic inflammation, weakened immunological responses, and elevated cardiovascular risk indicators were noted by Miller et al. (2007) and Steptoe et al. (2007).

##### Results of Syntheses

Cross-disciplinary integrative synthesis revealed:

*Cumulative effects:* The biological, social, and psychological results reinforced one another.



*Structural origin:* The main causes of DLS were societal and bureaucratic processes rather than personal vulnerability (Bloch, 2000; Hage, 2009; Standing, 2011).

*Moderators:* DLS intensity was lessened by social support, adaptive coping, and resilience (Cohen & Wills, 1985; Ungar, 2011; Southwick et al., 2014).

*Feedback loops:* Psychosocial strain → stress-response activation → chronic uncertainty → reinforced temporal suspension (Slavich, 2020; Marmot, 2015).

### Reporting Biases

Potential reporting biases included:

- ⑩ Underreporting of null biological findings in some cohorts.
- ⑩ Overrepresentation of European asylum contexts; limited global diversity.
- ⑩ Grey literature inclusion helped partially mitigate publication bias.

### Certainty of Evidence

- ⑩ *Psychosocial outcomes:* Moderate–high certainty; replicated across multiple populations and methods.
- ⑩ *Biological outcomes:* Moderate certainty; strong mechanistic plausibility, but some small sample sizes.
- ⑩ *Integrated biosocial synthesis:* Emerging certainty; evidence is robust conceptually but requires longitudinal, multi-level studies for full validation.

### Summary

The evidence consistently supports Deferred Life Syndrome as a cumulative, biosocial consequence of prolonged institutional deferral. Psychosocial distress, diminished agency, and biological dysregulation co-occur, particularly among populations facing rigid bureaucracies, repeated uncertainty, and resource scarcity. Social support and adaptive coping offer partial mitigation, emphasizing the relevance of multilevel interventions. The synthesis highlights a major research gap: few studies concurrently examine structural, psychological, and biological dimensions of prolonged deferral, underscoring the need for longitudinal and interdisciplinary research.

### DISCUSSION

The review's conclusions demonstrate that Deferred Life Syndrome (DLS) is a cumulative bio-social phenomenon where biological and psychological results interact in ways

that reinforce one another. Physiological dysregulation, such as HPA axis activation, increased allostatic load, disturbed sleep, immune suppression, and metabolic abnormalities, coexists with persistent uncertainty, diminished agency, and identity disruption (McEwen, 1998; Juster et al., 2010; Cohen et al., 2012; Kirmayer et al., 2011; Hage, 2009).

These findings highlight the fact that extended institutional waiting has observable physiological effects over time and is not just a psychological burden. The review also shows that systemic factors, not personal vulnerability, are the main cause of DLS. According to Bloch (2000), Hage (2009), and Standing (2011), bureaucratic delays, protracted asylum procedures, and uncertainty about welfare or work lead to recurrent cycles of deferral that exacerbate stress reactions, hinder goal-directed behavior, and alter life trajectories.

Research points to the presence of self-sustaining feedback loops in which extended institutional deferral causes chronic stress, which in turn causes physiological dysregulation, psychological strain, and more suspension of life trajectories (Slavich, 2020; Marmot, 2015). However, the severity of DLS can be somewhat mitigated by protective variables such as social support, community networks, resilience, adaptive coping mechanisms, and resource access (Cohen & Wills, 1985; Ungar, 2011; Southwick et al., 2014).

This duality emphasizes that psychosocial assistance is still a crucial complementary strategy even when systemic and structural improvements are crucial. The multidimensionality of DLS is confirmed by the convergence of social, psychological, and biological results, highlighting the fact that it cannot be fully comprehended through a single disciplinary lens and advocating for integrated methods to both research and intervention.

Despite the compelling evidence, several limitations within the included studies must be acknowledged. Most research focused on **European asylum seekers and young adults** navigating welfare or employment uncertainty, which limits the generalizability of findings to other regions, low-resource settings, and marginalized populations. Heterogeneity in psychosocial instruments, biomarker assays, and study designs also limits comparability and precludes meta-analytic synthesis.

Many biological studies were cross-sectional or short-term, constraining understanding of **longitudinal cumulative effects**, while selective reporting and underrepresentation of null or negative results may have inflated perceived associations. Additionally, few studies examined psychosocial and biological dimensions concurrently, highlighting the novelty and importance of conceptualizing DLS as a **biosocial framework**.



There are restrictions on the review procedure itself. Despite the use of predetermined qualifying criteria and iterative theme coding, the single-author study's screening, extraction, and synthesis decisions were all made by a single reviewer, potentially adding interpretive bias. While grey literature helped reduce publication bias, it is important to acknowledge the differences in methodological rigor among these sources. Restricting inclusion to English and French papers may have eliminated pertinent research. Lastly, results rely on qualitative, narrative synthesis because statistical aggregation was not feasible due to the diversity of study designs and outcomes.

These results have significant ramifications for practice, policy, and research. In order to track psychological and physiological markers over time and elucidate the causative pathways of DLS, longitudinal studies are desperately needed. Future studies should create standardized operational measures of DLS, such as psychosocial scales, biomarker panels, and indices of institutional delay, expand to various groups, and use interdisciplinary designs that incorporate social, psychological, and biological variables. To lessen the effects of DLS, it will be crucial to assess treatments that combine structural changes with psychosocial support, such as resilience-building initiatives, shortened administrative procedures, and policy modifications.

From a policy perspective, attention should focus on reducing bureaucratic delays, streamlining asylum and welfare processes, and designing policies that **minimize prolonged institutional waiting**. Strengthening community-based support and resilience initiatives can partially buffer DLS effects, while holistic interventions that integrate psychosocial care with structural reforms can alleviate both psychological distress and physiological burden. Policymakers must also recognize the **systemic origins of DLS** and prioritize equity-oriented approaches to protect vulnerable populations and promote social justice and health equity.

## CONCLUSION

Deferred Life Syndrome (DLS) is a complicated bio-social condition that arises from extended institutional postponement, as this review shows. People who endure extensive bureaucratic delays, lengthy welfare or asylum procedures, and systemic uncertainty suffer from overlapping medical and emotional repercussions. Chronic stress, reduced agency, identity disturbance, HPA axis dysregulation, increased allostatic load, and immunological or metabolic alterations are a few of these. Due to the mutual reinforcement of these results, suspended life trajectories perpetuate both physiological dysregulation and

psychological strain. Crucially, structural and systemic reasons rather than personal vulnerability are the main causes of DLS, underscoring the crucial role that institutional design and policy play in determining lived experiences.

Notable gaps in the literature are also identified by the review. The majority of research is cross-sectional, geographically focused on European settings, and infrequently combines biological and psychosocial aspects at the same time. Few studies evaluate cumulative, long-term physiological impacts, and evidence from non-Western, low-resource, and marginalized populations is still scarce. These drawbacks highlight how crucial DLS is as a conceptual framework to connect biological, psychological, and social understandings of extended institutional delay, providing a basis for both practical interventions and research.

## RECOMMENDATIONS

### Research Recommendations

Longitudinal, multidisciplinary studies should be given priority in future research on Deferred Life Syndrome (DLS) in order to determine the causal relationships between extended institutional deferral and biosocial consequences. To fully capture the range of DLS effects, research should include institutional delay indicators, biomarker evaluations, and psychosocial measurements.

Understanding contextual variables and enhancing generalizability require extending research to a variety of demographics, such as non-European, low-resource, and marginalized communities. The creation of defined operational definitions and assessment instruments for DLS will improve study comparability and make the development of evidence-based interventions easier.

### Structural and Policy Recommendations

Addressing DLS requires systemic reforms that reduce bureaucratic delays and improve the efficiency, transparency, and predictability of asylum, welfare, and employment systems. Policymakers should design processes that minimize prolonged institutional waiting and prevent the accumulation of psychosocial and biological stress among affected populations. Equity-focused policies should prioritize groups most vulnerable to extended deferral, ensuring that interventions mitigate structural inequalities and promote social justice.

### Psychosocial and Community-Based Recommendations

Community initiatives and psychosocial support are complementary in mitigating the consequences of DLS, even though structural reforms are crucial. Initiatives should



improve social networks, resilience, and adaptive coping mechanisms while offering chances for meaningful involvement, mental health assistance, and skill development to improve agency and future planning. By combining structural changes with psychosocial treatment, DLS can be treated holistically by lowering physiological burden and psychological suffering.

### **Intervention and Implementation Recommendations**

Future interventions should be multilayered and comprehensive, incorporating individual-level initiatives, community support, and legislative changes. Evidence-based methods, such as long-term tracking of psychological and biological results, should be used to assess effectiveness. Interventions can disrupt the reinforcing loops of uncertainty, stress, and life trajectory suspension by focusing on both structural factors and individual capacity. This will ultimately lessen the cumulative cost of DLS.

### **ACKNOWLEDGMENTS**

The author recognizes the larger institutional and social contexts that enable research on migration, uncertainty, and systemic precarity. The development of this work has been indirectly aided by supportive academic and professional frameworks that facilitate critical reflection on immigrant experiences.

Sustained interaction with situations where people encounter protracted uncertainty, bureaucratic delays, career stagnation, and social marginalization influenced this study on Deferred Life Syndrome. Understanding how systemic barriers affect migrants' and other impacted populations' psychological well-being, temporal perception, and long-term life planning was made possible by exposure to institutional structures and integrating systems.

The research was conceptualized, designed, and executed solely by the author. The author conducted the literature search, screened and selected studies, extracted and synthesized data, and performed the narrative analysis. All aspects of the manuscript—including drafting, revising, and final editing—were undertaken independently. The author is solely responsible for the interpretation of findings, conclusions drawn, and recommendations presented in this review.

### **Author Contributions**

The author was solely responsible for the conceptualization and design of the study. The author conducted the literature search, screening, eligibility assessment, and data extraction. Data synthesis and narrative analysis were performed by the

author. The manuscript was drafted, critically revised, and finalized by the author. The author approved the final version of the manuscript and accepts full responsibility for the integrity and accuracy of the work.

### **AUTHOR BIOGRAPHY**

Migration studies, mental health, and psychosocial well-being are the areas of expertise for independent researcher Mary Jesenta Ngabirano. Her research focuses on long-term socioeconomic uncertainty, professional deskilling, and labor market integration while examining the structural, institutional, and psychological aspects of migrant experiences.

She analyzes complicated social and public health issues using a variety of methodological techniques, such as systematic reviews, desk-based research, and empirical data gathering. She performed and published two empirical studies among university students while pursuing her master's degree at Bishop Stuart University in South-Western Uganda. One study looked at the prevalence of COVID-19 vaccine uptake, while the other examined factors related to vaccination acceptance. Her foundation in rigorous quantitative research and evidence-based analysis is evident in these studies.

Her lived experience of migration to France informed a broader scholarly shift toward examining structural precarity, identity disruption, and temporal uncertainty among migrants. Her recent work on Deferred Life Syndrome advances a conceptual and interdisciplinary framework linking bureaucratic delay, chronic uncertainty, and psychosocial stress to long-term well-being outcomes.

Her research seeks to contribute to policy dialogue and institutional reform aimed at promoting equitable labor market access, protecting professional capital, and fostering social cohesion and psychological resilience among migrant and marginalized populations.

### **Registration and Protocol**

This review was not prospectively registered in a public database. However, a structured review protocol outlining the objectives, eligibility criteria, search strategy, and analytical approach was developed by the author prior to data extraction. The protocol is available from the author upon reasonable request.

### **Support**

No external funding was received for this study. The author declares no financial or institutional influence on the design, conduct, or reporting of the review.



### Competing Interests

The author declares that there are no competing interests related to this work. The author has no financial, professional, or personal relationships that could have influenced the design, conduct, analysis, or reporting of this review.

### Data Availability

All data analyzed in this study are derived from publicly available published sources cited in the manuscript. No primary datasets or analytic code were generated. Additional materials are available from the author upon reasonable request.

### Author's Note

This article introduces the concept of Deferred Life Syndrome as a theoretical framework synthesizing documented psychological, social, and embodied effects associated with prolonged structural uncertainty. Although the term is newly proposed, it draws on established interdisciplinary scholarship on temporality, migration, precarity, and chronic stress.

The concept is offered as a heuristic and analytical tool rather than a clinical diagnosis. Its purpose is to organize and clarify patterns observed across existing research, and to encourage further empirical investigation and theoretical refinement. The author welcomes scholarly engagement and critical dialogue to advance understanding of the cumulative impacts of enforced waiting and constrained life trajectories.

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