

Perceived discrimination and impaired mental health in Turkish immigrants and their descendents in Germany

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Abstract

Objective: This study investigates the relationship between different forms of perceived ethnic discrimination, stress, and depressive and somatoform symptoms in Turkish immigrants and their descendents. Moreover, it was tested whether ethnic identification buffers the effect of discrimination on stress.

Methods: Variables were assessed via online and paper–pencil questionnaires (e.g., Behaviors from Intergroup Affect and Stereotype Treatment Scale, Patient Health Questionnaire, Perceived Stress Scale) in Turkish immigrants and their descendents ($N = 214$) from the general population in Germany. Mediation and moderated mediation models were tested.

Results: Open aggression and discrimination in everyday situations showed large effects on depressive and somatoform symptoms. Also, paternalism showed a large indirect effect on impaired mental health via perceived stress, but only for persons lowly identified with being Turkish.

Conclusion: This study reveals the large detrimental effects of different forms of discrimination on mental health in Turkish immigrants. However, a high ethnic identification can act as a buffer against stress.

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1. Introduction

Perceiving discrimination against oneself or one's ingroup may cause negative physical and mental health outcomes [1,2]. Several cross-sectional and some longitudinal studies found relations between perceived discrimination and mental health problems, for example depression, anxiety disorders, obsessive–compulsive disorder, somatoform disorders (i.e., chronic and disabling bodily complaints which are not fully explained by a medical disease), or general subjective well-being [3–10].

In addition to this direct influence of perceived discrimination on mental health, different models postulate a mediation process via perceived stress [1,11]. Perceived stress may cause depressive and somatoform symptoms, and may even trigger depressive and somatoform disorders

[12,13]. For example, a Finnish study found significant relations between every day racism and higher psychological stress symptoms in Turkish immigrants [14].

Given the frequent exposure of different ethnic groups to discrimination on the one hand [11,15] and the high impact on individual suffering and social costs of depression and somatoform symptoms on the other hand [16,17], it is of high relevance to further investigate the relationship between discrimination and mental health. Also, factors influencing the strength of the relation need to be taken into account.

One factor influencing the negative consequences of perceived discrimination on mental health might be a person's identification with the targeted group, for example, his or her ethnic group [18–20]. However, findings concerning the effects of ethnic identification on the relationship between perceived discrimination and mental health are contradictory. On the one hand, high identification increased stress after perceived discrimination e.g. [21,22]. On the other hand, many recent studies found buffering effects of a high ethnic identification [23–26]. In this regard, ethnic identification might be seen as a coping factor, protecting from the internalization of others' negative

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attitudes and racist beliefs into the self-concept. According to Social Identity Theory [27], group membership is one part of the self-concept, namely the social identity. Bombay et al. [28] suggested that different aspects of this social identity differently influence the relationship between perceived discrimination and depressive symptoms. If membership of a discriminated group is central to one's self concept, one may be more sensitive to violations and discriminatory acts. However, study results on this issue are mixed and no clear conclusion can be drawn [10,21,28]. In contrast to the assumed negative impact of high ethnic centrality, strong positive affect towards the ingroup (ethnic pride) and strong ingroup ties were related to adequate functioning and conducting a meaningful life, and lower depressive symptoms [20,28,29]. Thus, these aspects of social identity might account for the buffering effects of high ethnic identification reported above. Concerning the correlation of ethnic identification and stress, Heim et al. [30] found a buffering effect of a stronger ethnic identification (measured with one rather general item) on the stress following perceived racism. In conclusion, high ethnic identification in general and especially ethnic pride and strong ingroup ties might weaken the negative impact of perceived discrimination on mental health.

When investigating perceived discrimination, it is important to take different forms of discrimination into account as they might have different effects on mental health outcomes. In most studies perceived discrimination has been assessed as overt and visible acts, without considering more subtle forms of discrimination [10,31,32]. The Behaviours from Intergroup Affects and Stereotypes-Map (BIAS-Map) [33] differentiates two forms of discrimination, (i.e., active and passive harm), which are theoretically based on two dimensions of social perception, that is, warmth and competence [34,35]. Active harm describes intended harmful behavior toward others (acting *against*) due to, for example, their ethnicity. Passive harm refers to indirect, less intense, avoidant, and less overt discriminatory behaviors (acting *without*), like ignoring a person, not taking a person seriously or insisting on knowing better [36]. Passive harm has a clear paternalistic tone and is directed at the target group's perceived incompetence. According to the BIAS Map, it is the most common form of discrimination toward low-status groups [36]. In addition, ethnic discrimination in daily-life situations like job application, housing, or service (e.g., in governmental institutions or restaurants) is important to consider, as it happens frequently [37,38].

In the present study, we focus on the relation between perceived ethnic discrimination and depressive and somatoform symptoms of Turkish immigrants and their descendents in Germany. Turkish immigrants are the largest group of people with a foreign background in Germany [39] as well as among the largest groups in other European countries, such as Austria, Switzerland, the Netherlands, or Belgium [40]. In these countries, they show higher rates of depressive and somatoform symptoms than the non-migrant population and

other immigrant groups [41–43] and feel strongly discriminated against [8,14,44].

To our knowledge, no study so far has tested the relationships between different forms of perceived discrimination, perceived stress, ethnic identification, and somatoform and depressive symptoms in people of Turkish origin in Germany.

Based on the reported theoretical background, we postulated a moderated mediation model (see Fig. 1): first, we predicted that the more a person perceives to be discriminated against (actively, passively, or in frequent daily-life situations) due to his or her ethnicity, the more intense depressive and somatoform symptoms were shown by this person (direct effect). Second, we expected that this effect was mediated by increased perceived stress (indirect effect). Third, we hypothesized that the relation between perceived discrimination and stress depended on the strength of the ethnic identification (moderation of the indirect effect): the stronger ethnic pride and ingroup ties, the weaker the mediating effect of perceived stress.

2. Material and methods

2.1. Procedures

Participants were recruited via convenience sampling using online distribution and assessment in addition to distributed paper-pencil questionnaires. The aim was to reach persons of Turkish origin all over Germany. Questionnaires were spread by a snowball-system via different private contacts, immigrant organisations, mail-distributors, and links on Websites and in forums in spring 2012. Participants were asked to complete a version of the questionnaires in German or Turkish language. As an incentive, participants could take part in a lottery to win online-shopping vouchers. The study obtained the ethical approval from the psychology department's ethical committee.

2.2. Participants

People with either own or parents' roots in Turkish territory and currently living in Germany were invited to participate in the study. Two hundred fourteen persons participated (63% female). Their mean age was 33 years ($SD = 10.9$; range: 18–66 years), which is similar to the mean age (32 years) of all Turkish immigrants and their descendents in Germany [39]. Participants' educational level was higher than that of other persons with a Turkish migration background in Germany: 29.4% had a university degree, 34.6% completed 13 years of school education (in comparison to 8.6% in other persons with a Turkish migration background living in Germany), 32.7% completed 10 years of school education, and only 0.9% had no educational degree at all (in comparison to 30.5% in other

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