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# The role of identity and psychosomatic symptoms as mediating the relationship between discrimination and risk behaviors among first and second generation immigrant adolescents

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## ABSTRACT

The study examines psychosomatic symptoms, and host and heritage identities as mediators of the relationship between discrimination and aggressive behavior and substance use. Israeli data from the 2013–14 Health Behaviors of School-aged Children study included a representative sample of 1503 first- and second-generation immigrant adolescents aged 11–17 years (45.2% male) from the Former Soviet Union and Ethiopia in Israel. Structural equation modeling, controlling for age, gender, family affluence and immigrant generation, showed different pathways for the two groups. For FSU-heritage adolescents, the relationship between discrimination and aggressive behavior and substance use was partially mediated by psychosomatic symptoms. Lower host and heritage identities also predicted psychosomatic symptoms. For Ethiopian-heritage adolescents, the relationship between discrimination and outcomes was fully mediated by psychosomatic symptoms and a weaker host identity. Results support an externalizing model, whereby discrimination leads to a weaker host identity and increased psychosomatic symptoms, associated with substance use and aggressive behavior.

## 1. Introduction

The current study examines predictors of substance use (alcohol and cigarette) and aggressive behavior (physical fighting and bullying), two of the leading areas of public health concern for adolescents. Adolescent involvement in aggressive behavior has been flagged as a global public health concern by the World Health Organization,<sup>1</sup> as the fourth leading cause of mortality for young people aged 10–29. Exposure to, and involvement in, violence in childhood and adolescence can have a serious, often lifelong impact on a young person's physical, psychological and social functioning (Krug, Mercy, Dahlberg, & Zwi, 2002). Alcohol use in adolescence is considered a matter of public health concern due to its interrelation to additional risk behaviors, the tendency for alcohol use to persist into adulthood and the impact it can have on the adolescent brain and health in general (Marshall, 2014). Alcohol use is the leading cause for cause-specific disability-adjusted life years (DALYs) for young people aged 10–24 years (Gore et al., 2011). Lastly, while levels of cigarette smoking have been steadily declining in some countries (Johnston, O'Malley, Bachman, Schulenberg, &

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<sup>1</sup> <http://www.who.int/mediacentre/factsheets/fs356/en/>.

Miech, 2016), the short and long term health effects for young people are widely recognized.<sup>2</sup>

Recent internationally comparative research across Europe (Stevens et al., 2015) shows adolescent immigrants, both first generation (those born abroad) and second generation (born in the country of residence to immigrant parents) to report lower levels of psychological well-being and higher levels of involvement in risk behaviors such as physical fighting and bullying (Walsh et al., 2015) and substance use (Chedebois et al., 2009; Vazsonyi, Trejos-Castillo, & Huang, 2006) than their non-immigrant peers. While some research, especially in the U.S., reveals an “immigrant paradox” (Garcia-Coll & Marks, 2011) where first generation immigrant adolescents display positive adaptation (Bacio, Mays, & Lau, 2013), research in Europe continues to reveal adolescent immigrants at elevated risk for emotional and behavioral difficulties. Recent studies in Israel show immigrant adolescents to report higher levels of drunkenness and binge drinking than their non-immigrant counterparts (Walsh, Djalovski, Boniel-Nissim, & Harel-Fisch, 2014).

Among predictors of risk among immigrant adolescents, levels of perceived discrimination have received wide spread empirical support. Yet despite the growing body of research, little research has explored the mechanisms underlying the discrimination-risk relationship, i.e. what is it about discrimination which leads to greater risk for immigrant adolescents? Based on an “externalizing” or “acting out” model (Overbeek, Vollebergh, Engels, & Meeus, 2005) and Developmental Ethnic Identity theory (Phinney, 1990), we explore a model in which psychosomatic symptoms and host/heritage identities act as potential mediators of the relationship between perceived discrimination and aggressive behavior (physical fighting/bullying) and substance (alcohol/cigarette) use among a representative sample of Former Soviet Union-heritage (FSU-heritage) and Ethiopian-heritage adolescents in Israel.

### 1.1. Perceived discrimination and immigrant adolescent well-being and risk behaviors

Perceived discrimination has been consistently shown to predict lower levels of adaptation and well-being among immigrant and minority adolescents (Berry & Sabatier, 2010; Motti-Stefanidi, Berry, Chrysochoou, Sam, & Phinney, 2012; Noh & Kaspar, 2003; Sabatier & Berry, 2008). Perceived discrimination has been found to be related to lower psychological well-being (Davis et al., 2016; Jasinskaja-Lahti, Liebkind, & Perhoniemi, 2006) and school performance (English, Lambert, & Jalongo, 2016; Helms, 2003) and higher levels of violent behavior (Williams, Ayer, Durkee, & Tolan, 2014). Perceived discrimination has also been shown to be a significant predictor of the severity of alcohol use (Cano et al., 2015) and increased drunkenness over time (Schwartz et al., 2015). In addition, a recent study on trajectories of discrimination and their relationship to substance use, found that the group with high and stable experiences of discrimination showed the highest levels of both last month alcohol and cigarette use (Unger, Soto, & Baezconde-Garbanati, 2016). However, despite recent research, the impact of discrimination on adolescent well-being is still understudied (Davis et al., 2016).

### 1.2. Explaining the mechanism behind perceived discrimination: an externalization model

The relationship between discrimination and negative health outcomes has been explained by a Minority Stress Model (Meyer, 2003; Pascoe & Smart Richman, 2009) in which high levels of stress caused by factors including low socio-economic status, poor social support, prejudice and discrimination lead to stress responses that accrue over time and eventually lead to poor mental and physical health. Discriminatory behaviors may be internalized and convey to the immigrant young person that the host society does not accept them and that their opportunities for success and achievement are limited (Motti-Stefanidi et al., 2012). This can increase feelings of rejection, helplessness and despair and impact negatively on well-being (Jasinskaja-Lahti et al., 2006). A negative cycle can ensue, whereby feelings of rejection cause, in turn, hostility toward the host society, a move toward the heritage identity (Branscombe, Schmitt, & Harvey, 1999) and increased feelings of separation (Liebkind, Jasinskaja-Lahti, & Mahonen, 2012).

Despite the growing body of research on the relationship between discrimination, wellbeing and substance use, the actual mechanism or process of effect has not really been untangled. In line with theories of discrimination above (Jasinskaja-Lahti et al., 2006; Motti-Stefanidi et al., 2012), we suggest that experiences of discrimination are internalized into negative emotions. In line with an “acting out” or externalizing model (Overbeek et al., 2005), we would like to suggest that externalizing behaviors, such as physical fighting, bullying and substance use are means for the young person to externalize these negative feelings. An “acting out” model has received empirical support in research in which emotional disturbance mediated the relationship between negative life events and delinquency among adolescents in the Netherlands (Overbeek et al., 2005), yet has not been examined in the context of substance use and aggressive behavior as a response to perceived discrimination. An externalizing model is in line with internationally comparative research among representative samples of adolescents that has shown the relationship between psychological well-being and involvement in physical fighting (Walsh et al., 2013) and bullying (Due et al., 2005).

It is also important to note that among the wide number of biological, sociological and psychological factors which may explain cigarette (Jarvis, 2004; Simantov, Schoen, & Klein, 2000) and alcohol (mis)use [for a comprehensive review see (Sher, Martinez, & Littlefield, 2014)], the role of alcohol use as a means to regulate emotions has been suggested by a Motivational Model of alcohol use (Cooper, Frone, Russell, & Mudar, 1995). In this model, the desire to regulate one's affective experience is an important motive underlying alcohol use. In the current study, we hypothesize that it is not the discrimination per se but rather the negative emotions experienced as a result of the discrimination which are then externalized through adolescent involvement in aggressive behavior and substance (alcohol/cigarette) use.

<sup>2</sup> [http://www.who.int/tobacco/research/youth/health\\_effects/en/](http://www.who.int/tobacco/research/youth/health_effects/en/).

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