

## **CULTURAL DISPARITY AND LACK OF SOCIAL ANCHORAGE IN THE HOST COUNTRY AS CONTRIBUTING FACTORS TOWARD REACTIVE DEPRESSION IN IMMIGRANTS**

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*The study examined some factors related to depressive symptoms shown by otherwise healthy immigrants. The immigrants from Turkey, Pakistan and South America living in West Berlin were compared with local West German migrants. It was hypothesized that the cultural disparity between one's own culture and that of the host country and lack of social anchorage in the host country will contribute toward depression in the immigrants. The results indicated that cross country migration has more profound effects on depression as compared to within country migration. The hypotheses about the relationship between cultural disparity and depression, on the one hand, and lack of social anchorage and depression, on the other, were partly confirmed.*

The number of persons leaving their countries due to political or economic reasons is increasing world wide. On the one hand, this immigration leads to social and economic changes in the host country whereas, on the other hand, the immigrants have to live in a new culture and environment away and detached from their traditional way of living. This new life situation may lead to psychological disturbances. The main idea behind this research was that the immigrants show a strong tendency for depression and the triggering factor for this depression lies in immigration. These persons would have not shown depressive symptoms under normal conditions in their native country. There are few studies which have examined the adjustment problems of immigrants in the host country with a special psychological perspective.

Haefner (cited in Haefner, 1980) has studied 200 male Turk workers directly, after 3 months and 18 months of their

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arrival in West Germany. On their arrival 20% of the persons showed psychological disturbances, after 3 months 25% and after 18 months 33% were psychologically disturbed. After three months the depressive symptoms were dominating (21% depressive, 4% psychosomatic). After 18 months there was a shift toward psychosomatic problems (15% depressive, 18% psychosomatic). Two important characteristics of this study are worth noting.

1. The self-selection effects were not considered. The self-selection, in this context, may be understood as the individual process which leads to the decision to go abroad for work. It is assumed that a person who has taken such decision does not belong to the group of persons who have a high probability of showing psychological disturbances.
2. The workers, who are recruited in their country have to undergo a medical test. A selection process takes place which should rule out the possibility that a psychologically disturbed person is taken to the host country (Boeker, 1977).

One can say that the studied sample was not representative of the population, but in a real sense an exceptional minority. Under this viewpoint a 13% increase in psychological vulnerability can be regarded as very important.

In another study (Haefner, 1980) a representative population which contacted the psychological centres in Mannheim (West Germany) was analysed. The sample included Germans, guest workers (Turks, Yugoslavians, and Italians) and other foreigners. The annual prevalence rate was determined, i.e., the proportion of psychologically ill to the respective population group. For the diagnostic category "depressive symptoms" the following results were obtained (yearly prevalence rate/thousand).

Other foreigners	=	2.6
Germans	=	2.0
Guest workers	=	0.6

It appears that the guest workers are fundamentally healthier than the Germans and other foreigners. This study

was not a representative study of psychological disturbances in foreigners and Germans, rather an analysis of utilization of psychological assistance facility. One can assume that the actual sickness rate is much higher in all the nationalities as there is an inhibition threshold toward the utilization of psychological centres.

If one pursues this thought, then one finds that a study by Bingemer, Meistermann-Seeger and Neubert (1972) confirms an increased psychological pressure on the immigrants in West Germany: 54% of the asked persons described the "home sickness" as the worst calamity.

We assume that in the above mentioned example the triggered depression will be of "reactive" nature, i.e., a depression which is triggered by the present or by the near past events as against the endogenic or neurotic depression.

The Turks started coming to West Germany at the beginning of 1950's as a result of agreement between German and Turk Governments to meet the growing labour demand in West Germany. Later, their families and children joined them and by the middle of 1980's (when the study was conducted) they had the legal rights of stay, job, etc., and a well established Turk community.

The majority of the Pakistanis and South Americans came to West Germany at the start of 1970's either as students or because of political or economical crisis in their countries (asylum seekers). In both the cases their legal status of stay in West Germany was non-permanent and, hence, much weaker as compared to Turks. Moreover, majority of them were familyless and did not have an established community structure. On the basis of these considerations it was assumed that Turks would show more social anchorage in the host country as compared to Pakistanis and South Americans.

The cultural disparity was regarded as the degree of dissimilarity in the social and religious norms and life style of an immigrants' group and that of indigenous people. The South Americans were Christians and their life style had much in common to that of Germans. The Pakistanis and Turks were Muslims and showed much contrast in their life style as compared to Germans. Therefore, it was assumed that South

Americans will exhibit less cultural disparity to West Germans as compared to Pakistanis and Turks.

### **Selection of Beck Depression Inventory (BDI)**

The Beck's (1967) approach and understanding of depression was relevant for our study. This is based on the contiguity hypothesis which states that each symptom of depression can be graded for its intensity on a dimension. If the intensity of such symptoms is low, then this can easily be attributed to the phenomenon which is usually observed in case of normal persons. This is a contrary position to the assumption that every deviation in the mood during a depressive phase could be regarded as the manifestation of the process of illness. On the basis of contiguity hypothesis Beck does not consider the depression as an illness but a process which can develop from a sad and grieved mood to distortions in pathological sense. Therefore, we can assume that BDI can also measure and differentiate the depression of low intensity and not just respond to a degree of depression which can already be regarded as a severe disorder.

We assumed reactive depression in case of our sample. The reactive depression is a mood which is essentially caused by the current environmental conditions (Toelle, 1982). We assumed that in case of immigrants the changed life situation in Germany will be the decisive factor for depressive reactions.

After a discussion we decided to exclude the last item about the "loss of libido" from BDI, as we anticipated a possible resistance from Pakistani and Turk female subjects toward this item due to the moral codes of their culture.

### **Hypotheses**

1. The immigrants will show more depressive symptoms as compared to the native migrants.
2. The more the disparity between the immigrants' own culture and that of the host culture the more will be the depressive symptoms.

3. The immigrants' group who have greater anchorage in the host country will show lesser depressive symptoms as compared to the immigrants' group who have little anchorage in the host country.

It should be noted that these hypotheses are not formulated in a strict sense of "if-then" relationship. This is due to the fact that "if-then" relationship could not be studied in an experimental context as the "if" condition, i.e., immigration, could not be manipulated as it existed already.

## **METHOD**

### **Subjects**

The subjects were male and female persons belonging to four different nationalities (Turks, Pakistanis, South Americans and West Germans) living in West Berlin. The German sample included those persons who migrated to West Berlin from other cities of West Germany either in connection with their jobs or studies. This sample served as a control group.

Each sample consisted of 30 subjects. However, the number of males and females and the ages of the subjects were not homogeneous across different samples. The "Turk" sample consisted of 18 males and 12 females aged between 17 to 50 years. The "Pakistani" sample included 27 males and 3 females aged between 30 to 43 years. The "South American" sample was comprised of 22 males and 8 females having age between 18 to 60 years. The "West German" sample included 16 males and 14 females aged between 17 to 42 years.

The subjects were selected randomly from various political and cultural organizations of the immigrants and from some of the hostels in West Berlin, where mostly the foreigners and the West Germans live.

### **Instrument**

The instrument used in this study was Beck Depression Inventory (BDI). The BDI was translated in Turkish, Urdu, and Spanish so that the subjects should not have any problems

because of the language. The translation of BDI in these languages was done by the respective nationals, who were the members of this research project. The German version of BDI existed already. To generate the anonymity, we decided to turn our faces away while the subject was answering the questionnaire.

### **Experimental Procedure**

The subjects were briefly introduced to the purpose of the study and were assured of the anonymity of their data.

At the beginning of the interview the subjects were asked about their bio-data (age, marital status) that were recorded in the entry sheet.

The subjects were administered Beck Depression Inventory. The depression questionnaire was filled in by the subjects in private. The instructions for completing the questionnaire were printed on the front page of the questionnaire. These were as follows:

"This questionnaire consists of blocks of statements. Please read each block carefully. Then select a statement out of a block which can best describe your feelings during this week including today. Encircle the number of the statement which you are selecting. If there are more than one statements which are applicable in your case, then you can select more than one statements. Before encircling a statement, read all the statements in each group".

### **Experimental Design**

The design was one factorial between subjects. The between subjects factor was different nationalities. The dependent variable was the scores on BDI.

## **RESULTS**

The analysis of variance showed a weak significant effect  $F(3,116) = 2.425, p < .069$  indicating that persons belonging to various nationalities differed slightly in their depression scores on BDI. These results, though related to our first

hypothesis, does not confirm it as far as differences between four nationalities are concerned. However, an a priori single comparison between the control group and three experimental groups shows a significant effect  $F(1,116) = 4.89, p < .05$ . This confirms our first hypothesis that the immigrants will show more depressive symptoms as compared to native migrants (i.e., control group). A priori single comparisons between Turks and West Germans and between South Americans and West Germans are not significant, however, the difference between Pakistanis and West Germans is highly significant,  $F(1,116) = 12.43, p < .001$ . This partly confirms our second hypothesis regarding the cultural disparity and depression.

An a priori single comparison between Pakistanis and Turks is not significant, whereas between Pakistanis and South Americans is highly significant  $F(1,116) = 10.44, p < .001$ . This partly confirms our third hypothesis which stated that foreigner groups who have greater anchorage in the host country will show lesser depressive symptoms than the groups who have little anchorage in host country.

Table I

*Analysis of Variance on BDI scores for four nationalities*

Source of Variation	SS	DF	MS	F	P
Main Effect (Groups)	1.011	3	0.337	2.425	.069
Residual	16.119	116	0.139		
Total	17.130	119	0.144		

**A Priori Comparisons**

A priori comparisons were made between experimental groups (Turks, South Americans and Pakistanis) and the control group (West Germans). The comparisons were made according to formula 7.35 (Bortz, 1977).

Table 2

*A priori comparisons between four nationalities*

Nationalities	SS	DF	MS	F	P
Bet. W. Germans & Foreigners	0.68	1	0.68	4.89	<.05
Bet. Turks & W. Germans	0.363	1	0.363	2.611	n.s.
Bet. S. Americans & W. Germans	0.012	1	0.012	0.086	n.s.
Bet. Pakistanis & W. Germans	1.728	1	1.728	12.43	<.001
Bet. Pakistanis & Turks	0.507	1	0.507	3.64	n.s.
Bet. Pakistanis & S. Americans	1.452	1	1.452	10.44	<.001
Residual (Error)	16.119	116	0.139		

## DISCUSSION

The results support our first hypothesis that immigrants will show more depressive symptoms as compared to the native migrants. Although, one factor analysis of variance indicated weak significant effect of differences between four nationalities on depression scores, an a priori single comparison between three foreigners' groups and West Germans shows a significant difference on depression scores. This means that the effects of cross country migration are more pronounced as compared to within country. As West Germans have migrated from their native cities to West Berlin within their own country, they are not expected to experience drastic environmental changes as compared to foreigners (Turks, Pakistanis and South Americans). This result, however, should be interpreted cautiously as in the face of lack of significant differences in depression scores in analysis of variance, the significant difference between experimental groups and the control group might only be due to high depression scores of Pakistanis.



A priori single comparisons between Turks and West Germans, on the one hand, and between South Americans and West Germans, on the other hand, did not produce any significant effects. An a priori single comparison between Pakistanis and West Germans showed a highly significant effect. These findings support, to some extent, our second hypothesis about the relationship between one's own country versus host country and depression. As against Pakistanis and Turks, who come from a society which is culturally, socially and religiously very different, the South Americans exhibit an increased similarity in religion and social norms to Germans. However, lack of significant difference between Turks and West Germans may be indicative of the fact that Turks, by virtue of their proximity to Europe, show exposure and proneness to some of the cultural norms of the host country. In any case their mean depression scores are greater than South Americans and West Germans.

As regards the third hypothesis, the results indicate weak significant difference between Pakistanis and Turks, whereas high significant difference between Pakistanis and South Americans. This confirms our hypothesis that lesser the anchorage in the host country the more will be the depressive symptoms. A lack of significant difference between Pakistanis and Turks is against our expectations although Turks show no significant difference in their depression scores as compared to West Germans. This may also be due to the fact that social anchorage in the host country was not directly measured. It was assumed that the foreigner groups who immigrated earlier to West Germany as compared to others (e.g., Turks and South Americans as compared to Pakistanis) and which are more numerous and socially and culturally well organized will exhibit greater social anchorage in the host country.

The similarity of depression scores between South Americans and West Germans suggest that South Americans show little psychological disturbance as they find it easy to anchor themselves in the host country because of commonness in religion and certain ways of living. The lack of significant difference between the depression scores of Turks and West Germans is indicative of the fact that Turks are numerous in Germany, especially in West Berlin, while their second generation is also living in Germany. They have maintained and developed their culture through their religious, cultural

and political organizations. Their social anchorage in the host country is thus greater than South Americans and Pakistanis have, whereas they do show religious and cultural differences to Germans as compared to South Americans.

The higher depression scores of Pakistanis as compared to other groups and significant differences of their scores from West Germans indicate that they are the most vulnerable group as far as psychological problems are concerned. They show culturally as well as socially marked disparity to Germans. This increases their difficulty to adjust and cope with the social environment in Germany. Moreover, it has been recently that they have come to West Germany in increasing numbers and, hence, not yet been able to establish themselves socially as compared to other groups. Moreover, the majority of the Pakistanis interviewed had a very uncertain and weak legal status of stay in Germany. This also indicates that their anchorage in the host country was minimal as compared to Turks and South Americans. All these factors might have aggravated the psychological instability of Pakistanis.

The outcome of the study suggests that effective bonds with one's country play an important role. The host country is always compared with one's native country, which results in a depressed mood, because in a host country one can not live and enjoy his native and familiar social environment. Those persons are likely to face greater psychological pressure who have to overcome greater cultural differences and barriers. In our opinion this may be true for all three groups of foreigners being studied. This assumption is supported by the finding that there was a weak significant difference in the degree of depression between different nationalities, whereas the Germans were significantly different from the groups of foreigners.

The explanations for some non-significant difference between various nationalities can be examined and explained in study focusing on inter-cultural differences.

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