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Psychological distress and perceived discrimination: a study of women from India

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Abstract

The association between health and immigration has been widely discussed, but there continue to be inconsistencies in the findings. Coping strategies, perceptions of discrimination among them, may be a source of the inconsistencies. The present study explores the relationship between psychological distress and perceived discrimination among immigrant women from India living in Canada. Findings show that female Indian immigrants who were hesitant to deal forthrightly with personally directed discrimination exhibited higher blood pressure and psychological symptom scores, especially anger. An implied benefit of a more open coping style is considered. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Discrimination; Distress; Immigration; Women; Blood pressure

1. Introduction

The process of immigrating to a foreign country can be a distressing experience (Williams & Hunt, 1997; Noh & Avison, 1996). Immigrants have to learn to adjust to the new physical surroundings, as well as a new cultural environment (Lambert & Taylor, 1990). Individuals who move to an adopted country are faced with numerous practical challenges, such as finding housing and employment, and learning a new language. As part of their experiences in the adopted land, they also often face discrimination. The process of coping with discrimination has various physical and psychological health implications.

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The association between health and immigration has been widely discussed (Eppink, Mouthaan, & Janssen, 1992; Mehta, 1998). However, there are some inconsistencies in the findings. A number of studies suggest that some groups of immigrants are actually healthier than the host population, while other studies suggest that immigrant groups generally suffer poorer health (Park, Upshaw, & Koh, 1988; Williams & Hunt, 1997). Another apparent inconsistency is that some findings support the hypothesis that low assimilation is associated with psychopathology, while others support the inverse hypothesis that high assimilation is linked with psychopathology (Mehta, 1998). This disparity suggests a need for more research attention to clarify the relation between immigration and health.

One possible explanation for the contradictory findings relates to the experience of immigrants with discrimination, which may be particularly stressful because it involves encountering people with hostile attitudes towards oneself. Most immigrants experience at least some discrimination as a result of their minority status. In the United States and Canada, female immigrants from outside Western Europe are more likely to have these types of experiences because of their visible minority status. Visible immigrants are phenotypically different from the majority and more easily identified as foreign.

One of the moderating factors between psychological distress and the new environmental conditions of immigrants may be the extent to which immigrants actually perceive discrimination against themselves (Ruggiero & Taylor, 1995). The extent to which individual immigrants perceive discrimination may be part of a broader coping strategy associated with physical health variations. There is already a literature on the greater prevalence of hypertension in the African American community compared to whites, which seems to illustrate a link between perceived discrimination and health (Barnes, Schneider, Alexander, & Stagers 1997; DeForge, Stewart, DeVoe-Weston, Graham, & Charleston 1998).

When confronted with discrimination or any unpleasant situation, individuals may turn to a variety of strategies to try to cope better (Wright & Sweeney, 1989). One such strategy is that of denial, whereby individuals refuse to see themselves as a target of discrimination. While a denial strategy may bring some benefits, it may also be associated with negative consequences. Recent evidence suggests that individuals who deny actual problems may experience hypertension (Nyklicek, Vingerhoets, Van-Heck, & Van-Limpt, 1998).

In this study, we examined the associations among perceived discrimination in immigrants, psychological distress, and blood pressure. Our focus was on female Indian immigrants to Canada. The reason for selecting this group was primarily because they potentially suffer “triple discrimination”, by virtue of being women, immigrants, and members of a low status visible minority group (Ralston, 1997). This triage allows for the greater possibility of distress among these individuals. Using blood pressure as a measure of distress, we hypothesized a positive association between distress and a denial strategy for Indian immigrant women, who are at least on three bases likely targets of discrimination.

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