The Emotional Health of English Speaking Immigrants to Israel

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It would appear . . . that of the immigrants in the absorption centers, those showing less flexibility to adapt overtly and cognitively in the new society, with no close family in the country, from North America and who are not religiously Orthodox seem at higher risk of developing emotional difficulties than are their counterparts.

THE history of human existence is replete with stories of migration. Adam and Eve, Noah and the Exodus from Egypt all tell of human uprooting and resettlement, both voluntary and forced. The modern world is no exception. Today there are millions of people who are either choosing or being forced to migrate due to political, economic and natural forces.[1]

Many of these migrants are resettling in new host communities. Under the best of conditions, immigration into a new cultural setting represents a major life change for those involved. Separation from one's familiar social and geographic milieu, the severance of long term relationships and the absence of familiar cultural values all work to elicit stress in an immigrant's life. Beyond the stresses of separation are the full range of additional pressures involved in becoming a member of a new society. These include learning a new set of societal rules and making new relationships as well as often being required to learn a new language and set of employment skills.

Immigrants, as stated above, experience numerous and frequent life changes over a short period of time. Research on life changes has clearly pointed out that the number and frequency of major changes in an individual's life greatly affect his or her state of emotional and physical health. The greater the number and the more frequent the changes, the greater the incidence of emotional and physical illness.[2]

Immigrants have often severed their social ties and have few social support

* The authors acknowledge Nurit Wolfson, Daphne Ozerman, and Joel Roskin for their helpfulness as research assistants. They especially wish to thank you Phillip Heller and Robert Mednick for securing the funding for this project.

† At the time of writing Dr. Edleson was a Fellow in Paul Baerwald School of Social Work, Hebrew University, Jerusalem.

[1] United Nations High Commissioner for Refugees World Refugee Map, *Refugees*, New York: United States Committee for Refugees, Fall 1981, 7.

[2] B. S. Dohrenwend & B. P. Dohrenwend, *Stressful Life Events: Their Nature and Effects*. New York: John Wiley & Sons, 1974; V. L. Habif & Benjamin B. Lahey, "Assessment of the Life Stress-Depression Relationship: The Use of Social Support as a Moderator Variable," *Journal of Behavioral Assessment*, 1980, *2*, 167–173; T. H. Holmes & R. H. Rahe, "The Social Readjustment Rating Scale." *Journal of Psychosomatic Research*, 1976, *11*, 213–218; J. H. Johnson & I. G. Sarason, "Life Stress, Depression, and Anxiety: Internal-External Control as a Moderator Variable," *Journal of Psychosomatic Research*, 1978, *22*, 205–208; J. G. Rabkin, & E. L. Struening, "Life Events, Stress, and Illness," *Science*, 1976, *194*, 1013–1020; A. Vinokur & M. C. Selzer, "Desirable Versus Undesirable Life Events: Their Relationship to Stress and Mental Illness," *Journal of Personality and Social Psychology*, 1975, *32*, 329–337.

systems upon which to depend during resettlement. Studies of individuals experiencing stressful life changes have indicated that those with fewer social ties and support systems experience greater emotional distress than those experiencing the same events but having a larger support network.[3]

By virtue of the number and frequency of major life changes they experience and because of the relatively few social networks upon which they are able to depend, immigrants represent a population at risk of increased emotional distress. As such, immigrants represent a group of individuals that might possibly benefit from a mental health program aimed at preventing the onset of emotional distress during resettlement.

This study represents the first stage in an effort towards developing a mental health program aimed at preventing severe emotional distress within a select immigrant population. The focus of this study is on one of many new immigrant groups settling in Israel. It focuses upon immigrants from English speaking countries who have voluntarily decided to resettle in Israel. Because they come under their own free will and because they often possess greater personal and financial resources, this group represents immigrants resettling under some of the best conditions possible.

No matter what the conditions, immigration still involves a series of major life changes over a short period of time. In fact, this transition appears so stressful that a large number of English speaking immigrants return to the country of their previous residence.[4]

Reducing the degree of emotional distress experienced and thus decreasing the rate of return to countries of previous residence is the overall goal of this multi-stage project. This study, the first stage, profiles the emotional health of a sample of English speaking immigrants to Israel who were living in government supported absorption centers.[5] The questions this study seeks to answer include; (1) "What behavioral expressions do these new immigrants exhibit shortly following the act of immigration?" and (2) "What conclusions can be drawn regarding the risk for decreased emotional health among this group of immigrants?".

By answering the above questions, we hope to identify the various types of immigrants and immigrant problems that will most likely be affected by varying types of preventive mental health interventions. Utilizing the conclusions of this study, future stages will be aimed at developing and evaluating specific preventive programs for subgroups of immigrants.

Method

Subjects

The subjects in this study consisted of 135 English speaking new immigrants to Israel. They were all, at the time interviewed, living in government operated absorption centers in and near Jerusalem. The subjects had entered Israel from 51 months to less than a month before being interviewed ($\bar{X}$=10.39 months, s.d.=9.84). Approximately one-third of the subjects reported visiting Israel from one to three times prior to immigration. Eighty percent reported having family residing in Israel.

Fifty-nine of the subjects were male and 76 female. Eighty-one and a half percent were married with the average age being 33.2 years (s.d.=9.3). Slightly over 30% had no children while four subjects (3%) reported having six children ($\bar{X}$=1.68 children, s.d.=.46). Almost 70% of the subjects reported being "Orthodox" Jews with the remainder being "Traditional-Conservative", "Progressive-Reform", or "secular" Jews.[6] Just over 49% of the subjects reported being highly advanced or fluent in the Hebrew language, exactly a third said they were beginners in Hebrew with the remainder being someplace in between. A little more than 62% of the subjects claimed the United States as their country of origin, 24.4% identified themselves as former residents of the United Kingdom, just under 6% came from South Africa while just over 5% claimed Canada as their country of origin.

Exactly 45% of the subjects stated their occupation as "professional". Another 16.8% reported their occupation as "teaching-research" and 16% reported "public service" as their occupation. The rest of the subjects were distributed widely over such occupational categories as homemaker, craftsperson, student and businessperson.

In summary, the typical subject was in his or her early thirties, married, with one or two children, Orthodox in his or her religious beliefs and a professional person. He or she would most likely be North American with family already residing in Israel.

Measurement Procedures

All subjects completed (1) the Symptom Checklist (SCL-90) reported by Derogatis and his colleagues and (2) a questionnaire requesting demographic and immigration information as well as asking for information concerning problems confronted during immigration.[7]

Symptom Checklist. The SCL-90 requires that subjects rate each of 90 symptom statements using a Likert-type scale ranging from 0 (not at all) to 4 (extremely). The checklist asks "How much discomfort has this item caused you during the past seven days including today?". Examples of symptom statements include "Feeling critical of others", "Difficulty making decisions" and "Nausea or upset stomach".

The empirically validated dimensions of emotional health measured by the SCL-90 include: depression, anxiety, somatic equivalents of anxiety, obsessive-compulsiveness and interpersonal sensitivity. These dimensions have been empirically established and validated in a series of clinical investigations involving over 2,500 individual patients and non-patients.[8] Additional subscales include paranoia, psychotic symptoms,

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[3] A. Antonovsky, "Conceptual and Methodological Problems in the Study of Resistance Resources and Stressful Life Events," In B. S. Dohrenwend & B. P. Dohrenwend (Eds.), *op. cit.*; G. Caplan, *Support Systems and Community Mental Health*. New York: Behavioral Publications, 1974.

[4] While the Israeli government does not report statistics on emigration, it is widely estimated that over 50% of North American immigrants return to their country of origin.

[5] The government of Israel, through its Ministry of Absorption, operates a large number of absorption centers where new immigrants may live at minimal cost while looking for employment and housing and studing the Hebrew language. For a larger discussion see N. Golan & R. Gruschka, "Integrating the New Immigrant: A Model for Social Work Practice in Transitional States," *Social Work*, 1971, *16*, 82–87.

[6] The term, "secular" Jews, may seem awkward to those who commonly think of Jews, like Christians, as being members of a religious group. There is, however, a large group of Jews who consider themselves members of a national group rather than a religion. The expression of this nationalism is the Zionist movement of the past 100 years and the reestablishment of the Jewish state.

[7] L. R. Derogatis, R. S. Lipman, & L. Covi, SCL-90: "An Outpatient Psychiatric Rating Scale," *Psychopharmacology Bulletin*, 1973, *9*, 13–27.

[8] See Derogatis, et al., *ibid.*; L. R. Derogatis, K. Rickels, & A. F. Rock, "The SCL-90 and the MMPI: A Step in the Validation of a New Self-Report Scale," *British Journal of Psychiatry*, 1976, *128*, 280–289.

phobic reactions and hostility and there are three overall scales.

Questionnaire. A questionnaire designed by the authors elicited information on various demographic characteristics, language ability, date of and reasons for immigration. Three additional questions related to the problematic interpersonal situations with which the subjects were confronted during immigration and how these situations were handled.

Results

Six subjects were excluded from the analysis because of missing data. Thus, 129 subjects were included in the analyses reported below.

The subjects were asked to rank the factors involved in adjusting to the new country in order of difficulty. The most frequently listed was cultural followed by separation and then by financial problems. Subjects who ranked cultural adjustment (bureaucracy, values of the new culture, etc.) as their most difficult area of adjustment had consistently higher SCL-90 scores—several being significantly higher—than those who indicated financial or separation factors as their most difficult area. A comparison of all sub-scale scores by area of difficulty is presented in Table 1.

Subjects with close family in Israel (n=104) were consistently more emotionally healthy than those without family in the country (n=25). Comparing these two groups the SCL-90 subscales on interpersonal over-sensitivity ($t=-2.21$, $p=.029$), depression ($t=-2.23$, $p=.028$), paranoia ($t=-2.17$, $p=.032$) and psychotic symptoms ($t=-3.17$, $p=.002$) were all significantly different.

Orthodox religious subjects (n=92) were less depressed ($t=-2.71$, $p=.008$) than non-Orthodox subjects (n=37). In addition, a tendency toward fewer somatic complaints ($t=-1.94$, $p=.054$) on the part of the religiously Orthodox *S*s was noted.

North Americans (n=85) were consistently less emotionally healthy than the subjects from other English speaking countries (n=44). North Americans differed significantly from the others on the depression ($t=2.19$, $p=.03$), hostility ($t=2.53$, $p=.013$) and psychotic symptoms ($t=2.04$, $p=.043$) subscales of the SCL-90.

In examining the relationship between length of time in Israel and emotional health, a significant negative relationship was found between months in the country and somatic complaints (r=−.1489, n=129, $p=.046$). Similar

TABLE 1
Mean Standardized Emotional Health Scores Of Immigrants By Area of Most Difficult Adjustment

	Most Difficult Adjustment			
SCL-90 subscale	Financial (n=32)	Cultural (n=37)	Separation (n=35)	*F**
Somatization	42.31	49.84	46.83	3.50**
Obsessive-Compulsivéness	50.16	56.95	49.34	4.41**
Interpersonal Sensitivity	50.19	55.08	50.97	1.77
Depression	51.12	56.97	51.60	2.98
Anxiety	47.69	51.08	47.17	1.05
Hostility	50.44	56.81	50.43	3.82**
Phobia	43.12	45.32	45.83	0.98
Paranoia	47.41	52.30	46.14	2.65
Psychotic	48.81	52.97	47.74	2.71

* n=104, 25 did not respond, df=2,101.
** $p<.05$

trends were found on five of the eight other subscales and on all overall scales.

Hebrew language abilities among subjects were divided into three levels; beginning (n=44), intermediate (n=22) and fluent (n=63). No significant differences in emotional health scores were found between these differing levels of language ability.

Subjects younger than 30 years of age, between 30 and 45 years and over 45 years did not differ significantly in their emotional health as measured by the SCL-90.

Discussion

The most consistent differences were found between those finding cultural, financial or separation issues the most difficult area of adjustment. Cultural difficulties, in this study, include difficulties with bureaucracy, interpersonal relationships and in adjusting to the values of the new culture, e.g. the meaning of time, work ethics, military service. Immigrants having indicated cultural adjustments as their number one difficulty may have also been the very immigrants who were least flexible or least desirous of changing their existing values. The ability to be flexible is a key to coping with the demands of the new society.

The presence of close family as a factor related to better emotional health is not surprising and is supported by the literature as well.[9] The availability of family (potentially or in reality) provides an emotional support network and can also soften the impact of necessary social readjustment. Needless to say, close family members often supply concrete help when needed and also "know the ropes" to help the immigrant through specific daily problems.

In most cases, the presence of close family offers additional ties and roles for the immigrant. As such, family acts as a "resistance-resource". They are thought to increase the likelihood that a person will maintain good emotional and physical health in the face of considerable life change and disorganization.[10]

Better emotional health among the religiously Orthodox immigrants, as compared to all others, was also indicated by the data. What may be important here is the "time horizon" under which a person is operating.[11] A time horizon is the period of time into the future that a person projects when evaluating the possible or real consequences of actions. Many times the obstacles to successful adjustment will seem overwhelming. For the Orthodox immigrant, however, the longer time horizon of contributing to life in a Jewish homeland and of settling the "Land of Israel" may be seen as outweighing the short-term annoyances. While such values are also held by non-Orthodox immigrants they seem less ideological about such visions. The Orthodox group has a clear religious purpose in their life-style and in their decision to move to Israel.

In addition, an almost automatic natural support group is available to Orthodox immigrants. Previously unacquainted immigrants begin to make contacts through religious activities in and related to the synagogue. As with family, fellow Orthodox immigrants become additional resistance-resources by creating ties to a new community and new roles through the synagogue.

Orthodox persons may be thought of as living by a less flexible set of values and be less flexible in their behavior. As

[9] Caplan, *op. cit.*

[10] A. Antonovsky, *Health, Stress and Coping*. San Francisco: Jossey-Bass, 1980.

[11] J. H. Kunkel, *Behavior, Social Problems, and Change*, Englewood Cliffs, NJ: Prentice-Hall, 1975.

discussed earlier, this would indicate a possible risk of declined emotional health. For many Orthodox Jews, however, living in Israel relaxes tensions brought about by difficulties and differences between them and the dominant non-Orthodox Jewish communities and/or the general populations in their countries of origin. For example, in a Jewish country Orthodox practices do not appear as "different" or unusual. Furthermore, the Jewish laws of *Kashrut* are more easily observed since most grocery items and many restaurants in Israel are kosher. What may have seemed inflexible in a non-Jewish society may now be adaptive in Israel society.

The findings of lower levels of emotional health among North American immigrants when compared to all others in this study is not so easy to explain. Israel is closer materially, culturally and in distance to Europe and Southern Africa than to the United States and Canada. The number and degree of changes required of North American immigrants may be greater than those required of immigrants from Britain or South Africa.

A greater relationship between the amount of time since immigration and emotional health was expected. The data indicated that the longer in the country the lower the somatic complaints. Similar trends were found on five other subscales and on overall scales.

Depression and somatic equivalents of anxiety were the most frequent SCL-90 subscales to be found significantly different. Considering the losses experienced by separating from familiar surroundings and the stresses of adjusting to a new culture it is not surprising that these types of symptoms are the most prominent.

It was, however, surprising to find no significant differences between levels of ability in Hebrew and emotional health scores. One would think that an ability to communicate clearly in the new society would be a major factor in the adjustment process. It may be that the immigrants, when measured, were still protected by the absorption center "womb" and not yet sufficiently exposed to daily life in a society that speaks another language. It is also true that many Israelis speak the English language and enjoy using it when given the opportunity. It is difficult to increase language proficiency when, upon discovering an "Anglo" accent, the Israeli switches to English.

Immigration seemed to have equal impact upon persons of different age groups. While the adjustment issues may differ slightly for differing age groups, these differences seem to have an equalizing effect.

Thus far, we have addressed the first of the two questions posed at the beginning of the article; "What behavioral expressions do these new immigrants exhibit shortly following the act of immigration?". The second question, "what conclusions can be drawn regarding the risk for decreased emotional health among this group of immigrants", we have hardly more than opened up. This must be answered before we proceed to design an intervention to assist the immigrants in making adjustments to their new home.

It would appear from the data reported here that of the immigrants in the absorption centers, those showing less flexibility to adapt overtly and cognitively to the new society, with no close family in the country, from North America and who are not religiously Orthodox, seem at higher risk of developing emotional difficulties than are their counterparts. In addition, the data tend to indicate that the more recent the act of immigration the greater the risk of decreased emotional health.

Preventive mental health programs for this group of immigrants would seem wisely offered to those with few available resistance-resources and whose overt and cognitive behavior is both inflexible and discrepant with that of the new culture. It would also seem wise to aim such an intervention at those immigrants who have recently come to the country. Given these conclusions, future tasks include the design and evaluation of an interventive package aimed at preventing decreased emotional health and promoting successful adjustment by targeted groups of immigrants.