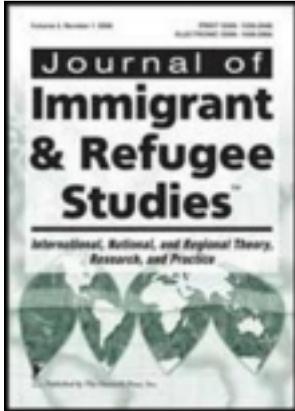


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## **The Contribution of Gender-Role Orientation to Psychological Distress Among Male African Asylum-Seekers in Israel**

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*We investigated the association between gender-role orientation and emotional distress among African male asylum-seekers in Israel. A convenience sample of 60 English-speaking asylum-seekers completed a measure of gender-roles, emotional distress, and posttraumatic stress (PTSD). Androgynous, feminine, and undifferentiated gender roles were most prevalent, while the presence of masculine gender-role was exceptionally low. Androgynous gender-role orientation, characterized by high levels of masculinity and femininity, was associated with lower emotional distress compared with feminine and undifferentiated gender-role orientations beyond the effects of sociodemographic variables and PTSD symptoms. Both instrumental and expressive traits may promote adaptive psychological functioning among African asylum-seeking men.*

**KEYWORDS** *Asylum-seeker, gender-role, masculinity, femininity, mental health, Israel*

Political tension and uncertainty force people to leave their country of origin and flee to safer places in the West where asylum and protection is granted. In recent years, Israel has been facing an increasing influx of African asylum-seekers. There are currently about 60,000 refugees and asylum-seekers in Israel, the majority of whom came from Eritrea and Sudan (Nathan, 2010). Despite the extensive literature on the mental health status and risks of refugees, little attention has been paid to those of asylum-seekers.

An asylum-seeker is someone whose status is pending until their case has been evaluated, and the person is acknowledged or denied a status of a

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refugee in the host country (United Nations High Commissioner for Refugees, 2001). Although most asylum-seekers in Israel came from states that are declared as “enemy nations” (Mundlak, 2008), Israel is bound by international law in its treatment of these people. The responsibility to protect them is grounded in the principle that sovereign states have the primary obligation to protect their citizens against harm (Mundlak, 2008). Although Israel took over its obligation to the historical commitment of the Refugee Convention from 1951 in 2002, relatively little has been done to implement the rights of asylum-seekers and refugees since. Thus, Israel has yet to incorporate the Refugee Convention into domestic law and has only recently established a clear procedure for screening asylum-seekers (Mundlak, 2008). Currently the majority of the asylum-seekers wait for a prolonged period of time to have their case and possible refugee status officially evaluated. This process can take up to 2 years, and only an exceptionally small number of asylum-seekers ever received a refugee status in Israel (Mundlak, 2008).

Pending this process, African migrants in Israel are in an economical and psychological unstable situation. While, as a refugee, one is entitled to receive social benefits such as holding a work permit and health insurance, asylum-seekers are excluded from fully participating in Israel’s social, political and the health system. For example, an asylum-seeker is only eligible to receive emergency health care (Mundlak, 2008). The status of asylum-seekers in Israel is challenging, and Mundlak (2008, p. 11) concludes that, “they [asylum-seekers] are physically present in Israel, but legally absent.”

### Mental-Health Risks Associated with Asylum-Seeker Status

Due to the unstable legal status, the majority of asylum-seekers face great psychosocial difficulties. These difficulties are further compounded by the extreme psychological hardship many of them encountered in their countries of origin or during their journey into Israel. Many have experienced multiple stressors like loss of family members, torture, abuse, injustice and displacement that may leave many depressed and traumatized (Mundlak, 2008).

Factors related to pre-migration experiences (e.g., political turmoil and poverty in country of origin), process of migration (e.g., loss of family and friends, traumatic experiences during the migration); and post-migration experiences (e.g., discrimination and restrictive policies) are all likely to play a role in increasing the risk for mental health problems among refugees and asylum-seekers (Chan, Barnes-Holmes, Barnes-Holmes, & Stewart, 2009; Ellis, MacDonald, Lincoln, & Cabral, 2008; Leavey et al., 2004; Pumariega, Rothe, & Pumariega, 2005; Stevens & Vollebergh, 2008). Psychological problems such as anxiety, depression and post-traumatic stress disorder (PTSD)

are indeed common among refugees and asylum-seekers (Burnett & Peel, 2001). For example, 19% of the adult newly arrived African asylum-seekers in Australia were reported to have mental health problems (Tiong et al., 2006). A survey conducted in a detention center for asylum-seekers in Australia, where the process to become a refugee is complex, tedious and enduring, showed that people's prolonged and unsuccessful waiting for refugee status led to severe mental distress (Sultan & O'Sullivan, 2001). Tang and Fox (2001) examined Senegalese asylum-seekers during their stay at a displacement camp and found that the intensity of the various traumas they experienced was highly associated with depression, anxiety and PTSD. Asylum-seekers in detention showed high levels of self-harm and suicidal behavior (Cohen, 2008; Dudley, 2003). Similarly, approximately 30% of asylum-seekers that received treatment at a mental health clinic in Israel were diagnosed with PTSD (Lurie, 2009). Reesp (2003) further suggested that asylum-seekers are at high risk of developing psychopathology after forced migration, due to the uncertainty that accompanies their legal status and the limited social support.

In addition to an asylum-seekers' hardship experienced in their home country and hazardous travel to safety, they may encounter various difficulties as part of their adjustment to the host country. Discrimination and prejudice from members of the host society, language barriers and conflicting cultural expectation may all serve as risk factors for mental health problems (Oppedal, Røysamb, & Sam, 2004; Williams & Mohammed, 2009). However, gender roles of African asylum-seekers, might be a significant factor related to socialization experience that is often overlooked. The majority of asylum-seekers to Westernized countries, including Israel are young, single men from traditional African societies where women usually take care of domestic duties. Despite the increasing concern for asylum-seekers' mental health, little is known about their gender-role orientations in the host country and their effect on psychological well-being.

### Gender-Role and Mental-Health Status

Gender-role refers to the ideal a person holds about how gender should be manifested or defined in regards to social and behavioral norms that are considered to be appropriate for men and women in the context of a particular culture (Wilkerson, Yamawaki, & Downs, 2009). Bem (1981) posited that individuals exhibit a tendency to regulate their behavior in such a way that it conforms to the culture's definition of maleness and femaleness, meaning the culture's definition of gender roles. They therefore differ widely among cultures and may shift over time. Depending on the culture, gender roles typically range along a continuum from traditional to non-traditional. Traditional gender roles reinforce expected differences in roles for men as

providers and women as caretakers, while nontraditional gender roles do not adopt such expected differences between men and women's roles (Harris & Firestone, 1998).

Studies show that immigration and the resulting socialization process may influence how men perceive their roles within the family (Amaro & Russo, 1987). Male asylum-seekers may face special difficulties in adjusting to their loss of status as a result of unemployment in the host country and their inability to maintain their traditional role as providers. For example, a study among Eritrean refugees in Canada, who had to leave elderly or vulnerable family members behind in their home country, showed that the inability to meet culturally prescribed responsibilities contributed to higher levels of anxiety (Matsuoka & Sorenson, 1999). Similarly, studies of Eritrean and Ethiopian refugees that resettled in North America found that men experienced difficulties coming to terms with their lower status and limited opportunities in the new country. Notably, they attributed these difficulties to the decline in status in the host country.

Research on gender-role orientations and mental health suggests three possible models. The traditional congruency model, which is based on the assumption that an individual is classified either as masculine or feminine, suggests congruency between gender-role expectations and biological sex (i.e., feminine women and masculine men) will result in reduced risk for psychological distress (Barrett & White, 2002).

Bem (1974), however, argued that masculinity and femininity are two orthogonal constructs. She postulated that gender roles should not necessarily be congruent with an individual's biological sex, and that one can adhere to feminine and masculine traits. In addition to gender-incongruent roles (i.e., females high on masculinity and low on femininity, and males high on femininity and low on masculinity), androgynous individuals are defined as those being high on both dimensions as opposed to undifferentiated individuals who are low on both dimensions. Recent research has documented that androgynous individuals compared with the other orientations showed reduced risk for mental health distress and optimal adjustment (Lefkowitz & Zeldow, 2006).

Other research, however, revealed that masculinity, rather than the joint effect of masculinity and femininity, predicted optimal psychological well-being of both men and women (Bassof & Glass, 1982; Castlebury & Durham, 1997; Kopper & Epperson, 1996). Although the three models described above predict different results, they all share the view that gender-role, as a construct shaped by culture and society, may affect mental health status. Saudners (2002) examined the cultural component of gender-role orientation and showed that masculinity and androgyny are prevalent in Western societies, and were associated with improved mental health as compared to those associated with the traditional congruence model.

## The Present Study

In sum, research to date has provided support to the relationship between gender-role orientations and mental health. However, little attention has been paid to this association in the context of immigration and forced migration. Asylum-seekers that arrive in Israel are more commonly from non-Western African countries, which are characterized by traditional gender roles (Ampofo, 2002). Israel, on the other hand, is characterized by nontraditional gender roles (Izraeli, 1999). The aim of the present study is to investigate the effect of gender-role orientation on emotional distress among male asylum-seekers in Israel. We hypothesize that gender-role orientation will impact emotional distress such that androgynous gender-role orientation will be associated with lower emotional distress compared with feminine, masculine and undifferentiated gender-role orientations beyond the effects of sociodemographic variables and PTSD symptoms.

## METHOD

### Participants

Sixty male African asylum-seekers participated in the study. They were predominantly younger men with ages ranging from 20 to 41 years ( $M$  age = 27.5,  $SD$  = 4.69). Included were only individuals with a sufficient level of English to ensure their understanding and ability to complete the questionnaires. Africans with a refugee status or any other residence permit were excluded from the study.

### Procedure

Recruitment of participants was conducted through face to face solicitation. A stand inviting participation in a research was located in a neighborhood in central Israel that serves as the center of life for the majority of asylum-seekers in the country. Prospective participants who conveyed interest in participating in the study were asked whether they were currently asylum-seekers. Next followed a short conversation in which participant's level of English was evaluated, and informed consent was obtained. Participants were informed that participation is voluntary and anonymous, and that they were free to withdraw their participation at any time. The completion of the measures lasted approximately 20 minutes and included a demographic questionnaire, the short version of the General Health Questionnaire (Goldberg, 1978), the Post Traumatic Stress Disorder Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993) and the Personal Attributes Questionnaire (Spence & Helmreich, 1978). All study procedures were approved by the ethical committee of the Interdisciplinary Center, Herzliya.

## Measures

### DEMOGRAPHIC QUESTIONNAIRE

A standard self-report questionnaire was used to collect information about country of origin, age, religion, months spent in Israel, marital status, years of education, and employment status.

### GENERAL HEALTH QUESTIONNAIRE

The General Health Questionnaire (GHQ-12: Goldberg, 1978) is a 12-item scale that screens for common mental disorders and measures emotional distress. Items are rated on a 4-point Likert scale, and scores range from 12 to 48, where higher scores indicate increased emotional distress. Examples of questions are, "Have you recently been able to manage your problems?" and "Have you recently been able to concentrate on whatever you are doing?" The GHQ-12 has adequate reliability and validity in general health care (Goldberg et al., 1997). Cronbach's alpha of the GHQ in this sample was good ( $\alpha = .74$ ).

### PTSD CHECKLIST FOR CIVILIANS

The PTSD Checklist for civilians (PCL-C: Weathers et al., 1993) is a well-established 17-item self-report measure assessing symptom severity of post-traumatic stress experienced by the respondent in the month prior to the assessment. The symptoms endorsed may not be specific to just one event, which can be helpful when assessing asylum-seekers who may have symptoms due to multiple events. Using a 5-point Likert scale (1 = *not at all*; 5 = *extremely*), the respondent indicates to what extent he experienced symptoms such as "feeling very upset when something reminded you of a stressful experience from the past." A total symptom severity score is obtained by summing the scores from each of the 17 items. Cronbach alpha of the PCL-C in this sample was good ( $\alpha = .86$ ).

### PERSONAL ATTRIBUTES QUESTIONNAIRE

The short version of the Personal Attributes Questionnaire (PAQ: Spence & Helmreich, 1978), a self-report examining gender-role orientation, comprises 24 bipolar items distributed over the three constructs masculinity, femininity and androgyny. Eight of the questionnaire items represent characteristics that (a) men are stereotyped to possess to a greater extent than women, and (b) that are seen as desirable qualities for both men and women. Masculinity as defined by the PAQ includes attributes such as "independent, active, and competitive" which describe self-assertive or instrumental traits. Additional eight items represent the extent to which an individual endorses characteristics that (a) women generally exhibit more than men; and (b) are viewed as desirable qualities for both men and women. These

qualities include expressive or interpersonal traits such as “kind, gentle, helpful, and understanding of others.” The other eight items were originally designed to measure androgyny but this scale has generally been abandoned. Our PAQ questionnaire kept the full 24-item scale intact even though scores of the androgyny subscale were not included.<sup>1</sup> Items are presented on a bipolar, 5-point Likert scale. PAQ masculinity and PAQ femininity have alpha coefficients of .66 and .72, respectively, in the current sample.

## RESULTS

### Sociodemographic Characteristics of the Sample

Approximately half of the participants were asylum-seekers from Eritrea (47.5%), 22.9% from Sudan, 11.5% from Ghana, and 18.1% from various other African countries such as Nigeria, Ethiopia, Rwanda and South Africa. The vast majority of participants were Christians (68.9%), and the rest were Muslims (31.1%). The reported length of residency in Israel varied from 2 months to 4 years ( $M = 24.22$  months,  $SD = 14.43$  months). The majority of participants were single (70.5%); 26.3% married and 3.2% divorced or widowed. Approximately 50% of the participants had more than 11 years of education ( $M = 11.03$  years,  $SD = 3.91$ ) and 52% reported currently being employed.

### Gender-Role Orientation, PTSD and Emotional Distress

The PAQ rendered a score on femininity and masculinity for each participant that was placed on a  $2 \times 2$  quadrant to determine participant's gender-role orientation. In order to determine gender-role orientation, a bipartite split was used resulting in four gender-role orientations ( $n = 17$  were characterized as undifferentiated: low on both femininity and masculinity,  $n = 19$  were characterized as feminine: low masculinity and high femininity,  $n = 2$  were characterized as masculine: high masculinity low femininity, and  $n = 33$  were characterized as androgynous: high on both femininity and masculinity). Due to their small number, those high on masculinity and low on femininity were excluded from the analyses. Mean emotional distress scores (GHQ) for the three gender-role groups that were included in the analysis were as follows: androgynous group,  $MGHQ = 29.5$ ,  $SD = 5.3$ ; feminine group  $MGHQ = 30.3$ ,  $SD = 6.2$ ; undifferentiated group,  $MGHQ = 32.2$ ,  $SD = 7.1$ .

In order to examine the effect of gender-role orientation on mental health distress while controlling for the possible effect of sociodemographic variables (age, years of education, time in Israel, and work and marital status) and above the effect of PTSD an hierarchical regression analysis was performed. Table 1 presents the unstandardized (B), standard error (SE), standardized regression coefficients ( $\beta$ ) and  $R^2$ . In Step 1, demographic

**TABLE 1** Hierarchical Linear Regression Examining Predictors of Emotional Distress Among African Male Asylum-Seekers in Israel ( $n = 60$ )

Model	B	SE B	$\beta$	$R^2$
Step 1				.05
(Constant)	33.34	6.13		
Age	-.26	.25	-.18	
Time in Israel	.02	.07	.04	
Years of education	.14	.24	.08	
Married	2.57	1.97	.23	
Work	-.92	1.79	-.07	
Step 2				.26*
PTSD	6.28	1.61	.47***	
Step 3 <sup>a</sup>				.39**
Low femininity and low masculinity	5.94	1.82	.43**	
Low masculinity and high femininity	6.30	2.80	.30*	

<sup>a</sup>We created dummy variables for androgynous, feminine and undifferentiated gender-role orientations. The variables were entered into the regression analysis, with the androgynous group serving as the reference group.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

variables were entered,  $R = .22$ ,  $F(5, 55) = .55$ , n.s. Less than 1% of the variance was accounted for by the predictors used in Step 1. In Step 2, PTSD was entered,  $R = .51$ ,  $F(6, 54) = 3.13$ ,  $p < .05$ . As expected participants' score on the PTSD measure was positively associated with emotional distress. Twenty six percent of the variance was accounted for after this step. In Step 3, we created dummy variables for the three gender-role orientations (androgynous, feminine, undifferentiated). The variables were entered into the regression analysis, with the androgynous group serving as the reference group,  $R = .62$ ,  $F(8, 52) = 4.14$ ,  $p < .01$ . Thirty-nine percent of the variance was accounted for after the third step. Participants' gender orientations were positively associated with emotional distress. Consistent with our hypothesis, androgynous gender-role orientation was associated with lower emotional distress compared with feminine, masculine, and undifferentiated gender-role orientations beyond the effects of sociodemographic variables and PTSD symptoms.

## DISCUSSION

In the current study, we examined the association between gender-role orientation and emotional distress among male African asylum-seekers in Israel. Androgynous, feminine, and undifferentiated gender roles were most prevalent among the participants in the current study while the presence of masculine gender-role was exceptionally low.

The results showed that gender-role orientation had a unique contribution to emotional distress beyond the effect of PTSD symptoms among participants. Androgynous gender-role was associated with lower emotional

distress compared with feminine and undifferentiated gender roles. These findings support Bem and Lewis' (1975) notion that androgynous individuals show optimal adjustment over gender-typed individuals, possibly due of their personal flexibility and adjustment to the environmental context (see also Gilbert, 1981).

Androgyny, which correlated with high levels of social competence and self-esteem (Gilbert, 1981) in other studies, emerged as an important component of healthy psychological functioning also for African asylum-seekers. Their lives in asylum, which exposes them to multiple stressors, require daily adjustments and a high degree of flexibility. Their pending status leaves them in continuous state of uncertainty about their future. Not having steady work, a home, or access to public health services requires unusual flexibility and the ability to improvise in order to survive in a host country. Thus, androgyny in African male asylum-seekers may be most adaptive for coping with stressful life circumstances in the host country.

Some findings of the present study are surprising and thus of particular interest. Only two men showed congruent gender-role ideology (high on masculinity and low on femininity). Several explanations may account for the low prevalence of masculine men in our sample. Gender roles are determined within a culture and are learned through the cultural process of socialization. Recognizing gender-role issues of African male asylum-seekers and their relation to mental distress requires understanding African's traditional gender-role ideology and ethnic identity. African femininity is commonly associated with the private sphere and with traits that suggest passivity and subordination. African masculinity, on the contrary, is commonly associated with the public sphere, and with authority and dominance (McSpadden & Moussa, 1993). The notion of performing masculinity conveys the idea of agency. African men's identity is, therefore, essentially a public identity of status and power of which these men are aware. The respect for men conferred by their community is one of the most powerful markers of one's social place (McSpadden & Moussa, 1993). Due to their new status in the host country, African asylum-seekers may experience a loss of social status they enjoyed in their country of origin.

McSpadden and Moussa (1993) investigated Ethiopian and Eritrean refugees' experience in their host country and concluded that powerlessness and vulnerability were essential elements that defined their refugee status. Losing their independence in asylum, having no work or only low status jobs, and being in permanent survival mode may contribute to a sense of loss of their position of control and authority. For them, the link between independence and employment becomes stressful. Other studies on Eritrean refugees in North America confirm that in resettlement, men experience a status decline which was perceived as a permanent threat to their sense of dignity and respect (McSpadden & Moussa, 1993). Masculine attributes such as being independent, dominant, or competitive, which were some of

the items on the gender-role ideology measure used in this study may be oppressed due to the loss of social status in Israel. This speculation could explain the relatively few masculine men in our sample.

Interestingly, relatively high percentage of our sample was characterized as feminine, which partially may be associated with the collectivistic values of most African countries. Feminine traits such as home orientation may be valued across both genders in African communities, as opposed to individualistic Western societies. Many men in our study may have scored high on such socially desirable, though feminine traits, as a result of the socialization in their home countries.

The study has several limitations. First, our study only targeted English speaking asylum-seekers. Hence, the results may not necessarily generalize to all African asylum-seekers living in Israel. Second, all data collection was conducted in English which was not the native language for any of the participants. Although English proficiency of the participants was sufficient to complete the measures in the study, it is plausible that some items were not fully understood. Third, some items on the questionnaires referred to behaviors such as being aggressive, crying and having nightmares. African men may find it particularly difficult to give information about socially less desirable traits or emotionally charged topics. Therefore, participants' answers to these items may have been impacted by social desirability. Fourth, and of critical importance, is the question of cultural adaptability of our gender-role measure which refers to socially desirable masculine and feminine traits. Although specific evidence is not available, we speculate that the definition of African masculinity and femininity may differ from the Western viewpoint of these concepts. Therefore, the gender-role measure, although heavily supported in the literature, may not provide an adequate measure for gender-role ideology among African populations. Last, since the study focused on the association between gender-role orientations and emotional distress among of asylum-seekers only, we did not include a control group. Future studies should examine the research question among other immigrant groups to indicate whether the observed patterns are unique to this group or can be generalized to other migrant groups. In addition, future studies that include in depth interviews can help gain better insight into how the perception of loss of masculinity manifests itself among asylum-seekers in particular, and other immigrant groups in general.

The results of our investigation stress the need to account for gender roles in the assessment of mental health needs of asylum-seekers. Our study provides important findings in the field of forced migration since previous research almost exclusively focused on refugees. However, it is the prolonged pending status of male asylum-seekers that leaves this population even more vulnerable and powerless. It is therefore vital to understand gender-role issues of male asylum-seekers and its contribution to their mental health. Being an asylum-seeker is not their only identity.

## NOTE

1. Spence and Helmreich (1978) discussed the pros and cons of using the terms *masculinity* and *femininity* to describe these scales. We kept the original descriptors in our questionnaire for reasons of continuity.

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