Siege mentality

Hostility to immigration has deep roots in human psychology that will be difficult to overcome, says **Victoria Esses**

IN SEPTEMBER 2014, the US faced a crisis. Tens of thousands of unaccompanied children from Central America had crossed the Mexican border illegally and were being held in detention centres. There were polarised, angry debates on how to respond. President Obama called the issue a "humanitarian crisis" and worked to house and feed the children. Others opposed using US resources to care for them.

Around the same time, a row erupted in Europe over migrant ships in the Mediterranean. Italy suspended its rescue missions and the UK refused to support a new European Union search and rescue operation, claiming it would encourage more migrants to attempt the crossing. Aid agencies and the UN High Commissioner for Refugees retorted that such operations were necessary to save lives.

International migration is one of the major social issues of the day. More people live outside their country of birth than at any other time in history – 232 million in 2013 – and this number is expected to carry on rising.

The swell in migration is the result of many global trends, including growing inequalities between nations, demand for labour in countries with a falling birth rate and a rise in the number of refugees and asylum seekers.

Opposition to immigration is widespread in many Western nations. Anti-immigration activists, the media and political elites have created a crisis mentality in which immigrants are portrayed as "enemies at the



gate". Immigrants – particularly non-whites – are blamed for all of society's woes. Such depictions encourage support for more extreme political platforms.

Even legal immigration has become controversial, with groups such as the UK Independence Party proposing stricter controls on migrants from certain parts of the EU.

Psychologists have much to contribute to the understanding of what may be driving these attitudes and behaviours. Yet, with a few exceptions, we have been slow to enter the field.

We are not starting from scratch. Attitudes and prejudices have been studied for decades, and there are experimental methods for probing their underlying causes.

One especially pertinent area of research looks at the perceived role of competition in intergroup relations. Psychologists have been debating this for many years. In the context of immigration, it turns out to be very important.

As a rule, members of socially dominant groups tend to believe that their group is superior and hence entitled to resources and privileges. To maintain their

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dominance, they must fend off "invading" groups who are seen as competing with them for finite resources including jobs, political power and cultural and religious influence. This can occur irrespective of whether there are indeed limited resources and actual competition over them.

This belief in zero-sum competition is central to attitudes about immigration. There is a widespread belief that any gains immigrants make must be at the expense of members of the host society. This belief is deeply embedded in Western society, even though it is seldom justified.

The upshot of these attitudes is hostility toward immigrants, selfaggrandisement – often in the form of nationalism – and support for the exclusion of immigrants and refugees.

When migrants are allowed to settle in a new country, they are often faced with a "damned if they do, damned if they don't" dilemma. If they are economically successful, they are seen as having taken jobs or opportunities away from local people; if they are not successful, they are seen as a drain on the system.

Refugees and asylum seekers are especially likely to be treated with hostility. Research has shown that common themes in the media – including claims that asylum-seekers are "bogus" and associated with criminals, terrorists and disease – leads to dehumanisation. This perception allows some in the host nations to assert that refugees deserve the unfair and inhumane treatment they receive. These reactions ebb and flow depending on external factors that increase uncertainty and anxiety, and challenge the status quo. Economic recession, natural disasters and demands for equal rights for migrants can exacerbate perceptions of zero-sum competition and threat from outsiders. The Ebola outbreak, for example, helped to fan the flames of anti-immigration sentiment against Hispanics in the US, even though there were no cases of Ebola in Latin American countries.

Changing these attitudes is not easy. We know that just telling people that immigrants are not taking resources can backfire. This may occur because zero-sum beliefs are so deeply embedded and well defended.

Change may be easier in nations built on immigration, such as Canada, the US and Australia. Focusing on their history, on what today's immigrants have in common with yesterday's, and on the benefits that immigrants bring can help forge a common identity and more positive attitudes.

However, this will not work in nations, such as the UK, that do not see themselves as being built on immigration. In these countries, attempting to describe immigrants as part of the national in-group may simply reinforce negative attitudes.

What is abundantly clear is that immigration and asylum-seeking are not going away. Countries that integrate immigrants successfully are less likely to feel the stress and more likely to reap the benefits. Many have recently come to this realisation and are implementing new policies: President Obama's Task Force on New Americans is an example. Those countries that simply try to slam the door shut are asking for trouble. n

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ONE MINUTE INTERVIEW

When autism wears a mask

More women have autism spectrum disorders than people think, says **Hannah Belcher** – we're just better at hiding it



PROFILE

Hannah Belcher is a PhD student in psychology at Anglia Ruskin University, UK, who was diagnosed with Asperger's syndrome at age 23. She is conducting an online survey to better understand possible misdiagnoses in females

What led to you being diagnosed so late?

I'd had a lot of isolated problems that nobody had really pieced together as I was growing up. I was in therapy when somebody finally said: "I think all these difficulties you've been having could actually be autism rather than mental illness."

How did you react to that idea?

It was a massive shock. Despite studying autism in my psychology degree, I had never considered I might have a form of it. That's also when I realised that there is a big issue with diagnosis in general.

Did things make sense to you at that point?

Definitely. At first I thought: I have friends, I socialise, it can't possibly be that. But underneath I'm having the same problems: a lot of anxiety, especially in social situations, and problems like sensory overload. I realised I'm just masking it a lot.

So that led to your current research?

Yes, I wanted to find out how many other females are out there who are also masking their

symptoms and so haven't been discovered yet, just because what they are displaying isn't stereotypical autism spectrum disorder (ASD) behaviour. My research involves a nationwide screening project and anybody, male or female, can take part at psychscreen.co.uk.

How might women be masking symptoms?

Females are placed under a lot of pressure to fit in, and I think that drives us to develop coping mechanisms. I read a paper on memory that said female brains are naturally better than male ones at storing up scripts in social situations. When I was growing up, I would observe people around me, see how they were behaving, and develop a script to get myself through it. Also, when females with ASD get an obsession it's not typically with the same things that males with ASD get into. I've never been interested in trains or timetables – I'm not collecting information. I was obsessed with more normal things.

What do you get obsessed with?

When I was younger it was music – I would listen to the same song over and over and drive everyone up the wall. Now I'm obsessed with psychology.

What would an earlier diagnosis have meant?

I dropped out of school when I was 14 because I couldn't cope with the pressures. With a diagnosis, that wouldn't have happened – I would have had the correct support. I think a lot of undiagnosed females develop other mental health conditions because of the pressure they are under. Only a fifth of girls with ASD are diagnosed before the age of 11, compared with over half of boys with it, so I think there are probably more girls with ASD than we realise.

Having left school so young, how did you manage to turn yourself into a researcher? I'm not very good in a group or at understanding

people, so I found it easier to teach myself. I taught myself GCSEs, A levels and most of my degree. It was just second nature to me. **Interview by Catherine de Lange**