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Experiences of Well-Being Among Sami and Roma Women in a Swedish Context

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Our aim was to explore the experiences of well-being and lack of well-being among middle-aged and older women belonging to two national minority groups in Sweden. Interviews from nine older Sami women and four middle-aged Roma women were analyzed using grounded theory with the following categories identified: contributing to well-being (with the subcategories belonging to a healthy family, being spiritual, cultural norms as health promoting, and having had a life of one's own); and contributing to lack of well-being (with the subcategories living subordinate to the dominant society, living in a hierarchical family, and living in the shadow of tuberculosis.)

Indigenous and minority women in different parts of the world have common histories of being colonized and derogated by dominant societies as well as being dominated by other power dimensions as gender and their own cultural ideas. Researchers worldwide have shown that minority groups and women have often poorer health than majority groups and men, and that the lower the socioeconomic position, the worse the health (National Board of Health and Welfare, 2010; World Health Organization [WHO], 2008). Our article is a qualitative analysis with the purpose to elucidate experiences of well-being and lack of well-being among women in two national minority groups in Sweden: old Sami women and middle-aged Roma women.

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Being defined as a national minority group in Sweden since 1998 gives the group legal protection of its culture and the right to use one's own language, for example, in contact with authorities (Government Bill National Minorities in Sweden, 1998/1999). In Sweden there are five national minority groups—Sami, Roma, Jews, Finns, and Tornedalians—and in the north of Sweden where this study was conducted the Sami and the Finnish-speaking Roma are the most common minority groups. There is little research focusing on Swedish minority women's experiences of well-being, and our intention is to elucidate the complexities of experiences of well-being in relation to belonging to minority groups, being a woman, and being of different ages.

The Sami indigenous group living in Sweden has a long-standing history of a forced assimilation policy, exemplified by reduced possibilities for reindeer herding and restrictions on using the Sami language (Amft, 2000; Olofsson, 2004). The Swedish Sami population is estimated at 15,000 to 20,000, including about 2,000 to 3,000 reindeer herders (Edin-Liljegren, Hassler, Sjölander, & Daerga, 2004; Kvenangen, 1996; Olofsson, 2004). The definition of a Sami person has changed over the years. The earlier definition of a Sami was someone who either belonged to a herding district or spoke a Sami language. By the beginning of 2000, the main definition was that a person who has a Sami relationship and wants to be defined as a Sami is a Sami (Olofsson, 2004). In contrast to the indigenous people of the United States and Australia, the Sami people have not been statistically singled out as an ethnic group.

Even though only some of the Sami population work in the reindeer industry, the Sami identity is still dominated by the stereotype of reindeer herders (Amft, 2000; Kvendseth, 1998; Olofsson, 2004). Earlier researchers studying indigenous people have mostly focused on activities typically carried out by men, while research on women has been scarce (Amft, 2000; Olofsson, 2004; Riseth, 2001; Sabbioni, Schaffer, & Smith, 1998; Smith & Ward, 2000). Reindeer herders have been studied from perspectives such as mortality in Sweden related to misfortune and suicide (Hassler, Sjölander, Johansson, Grönberg, & Damber, 2004), risk factors for getting cancer among reindeer herders (Hassler, Sjölander, Barnekow-Bergkvist, & Kadesjö, 2001), and risk for heart diseases (Hassler, 2005). Other research on Sami population can be exemplified through studies of Sami teenagers' psychological health (Kvernmo, 2004), the risk of suicide (Silviken, 2008), and assimilation attitudes and ethnic identity (Kvernmo & Heyerdahl, 2004). None of these studies has any gender perspective. The Swedish National Institute of Public Health (2010a) declares that the Sami people have nearly the same risks of diseases and morality as the Swedish people. There is a significantly lower risk of cancer for Sami men but not for women, however, compared with the average Swede. In Sweden the Sami culture has been studied from reindeer herders' perspectives, but there are few studies focusing on Sami women's

living circumstances and how power dimensions such as gender, age, and class influence experiences of health and well-being.

The minority population of the Roma in Sweden consist of approximately 50,000 persons, but there are great linguistic and cultural variations among the group (Swedish Government Official Report, 2010). The Roma are and always have been a minority group and are among Europe's most marginalized populations (Cahn & Guild, 2008; Loewenberg, 2006). In Sweden the discrimination of the Roma has occurred in several ways. The Roma were prohibited from immigrating to Sweden from 1914 to 1954 (Takman, 1976). The Institute of Racial Biology was established in Sweden in 1921, and compulsory sterilization of Roma women took place between 1935 and 1975 (Montesino Parra, 2002). The Roma children could be forcibly taken into care and placed in children's homes (Montesino Parra, 2002; Taikon, 1970). Even today there is a stereotype portrayal of the Roma population, and many Roma continue to be a target of discrimination and social inequity (Rodell Olgac, 2006).

There is little research about the health of the Roma in Sweden (Swedish National Institute of Public Health, 2010b). Takman (1976) showed that the Roma were generally more ill than other Swedes but seek less help, and that the prevalence of asthma and chronic bronchitis was higher than in a control group of Swedes. The Swedish National Institute of Public Health (2010a) performed an interview study among the Roma and showed that there was a high consumption of alcohol, especially among men, and there were also growing problems with other drugs. The Roma women experienced a lot of stress, which they thought was due to a high workload. Further, the Roma felt that health care staff lacked knowledge about the culture of the Roma, who therefore hesitated to seek help (Swedish National Institute of Public Health, 2010b).

During recent decades, Sweden has developed into a multicultural society; researchers have illuminated gendered complexities of belonging to a national minority group, and being bicultural as well as belonging to low socioeconomic classes. The concept of ethnicity is now mostly defined as divergent and changeable rather than static (Åhlund, 2002; Amft, 2000; de los Reyes & Mulinari, 2005). Ethnicity research is increasingly devoted to intersectional perspectives, which focus on different power asymmetries based on concepts such as race/ethnicity, gender, class, and age. The intersectional perspective can be understood in light of the theory of Bourdieu (2001), who stated that individual social life and social processes depend on differing access to capitals such as cultural, social, and economic capital. Intersectional perspectives focus on various interacting power asymmetries to which minority women such as Sami and Roma are exposed to various degrees.

Our theoretical point of departure is that well-being and health are influenced by salutogenetic perspectives such as resilience (RS), which stresses the importance of the concepts of feeling connected, feeling

independent, and creating meaning (Alex, 2010), and sense of coherence (SOC; Antonovsky, 1988), which emphasizes how important it is that what happens in life is comprehensible, manageable, and meaningful. Many researchers have stressed the importance of having a sense of coherence or being resilient for experiencing health and well-being (e.g., Antonovsky, 1985; Aroian & Norris, 2002; Eriksson & Lindström, 2006; Lundman et al., 2010; Rowe & Kahn, 1997; Wagnild & Young, 1990, 1993). Both resilience and SOC are concepts emphasizing abilities instead of focusing on losses and diseases. The concepts can be interpreted from various perspectives: both as traits and as capabilities that can develop through life together with others and in society. Western European theories of psychological development have historically emphasized individual experiences and development. The focus has been on individual strength and individual resilience. The goal of healthy development has been seen as to become an independent, self-sufficient, and strong individual (Hartling, 2008). We believe that resilience and sense of coherence are capabilities that are influenced and can be developed according to historical, social, and cultural contexts.

Sociocultural background and individual factors such as gender and age, as well as environmental factors, influence experiences of well-being and health (Danielsson, Bengs, Samuelsson, & Johansson, 2011; Helman, 2007). Thus, sociocultural circumstances are important factors influencing health and ill health, especially among minority women, and there is a need for studies with an intersectional perspective (Hankivsky & Christoffersen, 2008; Kelly, 2009) about factors promoting well-being and lack of well-being. The aim of our study was to explore experiences of well-being and lack of well-being among middle-aged and old women belonging to two national minority groups in Sweden.

METHODS

Sampling and Participants

To find old Sami women to interview, a modified snowball sampling technique was used (Willgerodt, Miller, & McElmurry, 2001), and the first selected woman was a resource for identifying other women to be interviewed (Dahlgren, Emmelin, & Winkvist, 2004). Nine Sami women aged 75 to 90 with experiences of living in a “roadless land” were included. Four women had grown up with parents who owned and worked with reindeer, and two had grown up with parents who both farmed and owned reindeer, while the parents of the remaining three women had not owned reindeer. Five of the women had been reindeer owners, including one had been a herder, two were qualified teachers, one had held several jobs in the south of Sweden, and another had worked within a church as a young woman, collecting money and selling religious papers. At the time of the interviews, three of the women were married and six were widowed.

Four Finnish-speaking Roma women who attended a health care center in an university town in Northern Sweden most frequently during a 2-year period were invited to an in-depth interview. The women were 31 to 40 years old, were born in Finland, and came from different core families. The women had lived in Sweden for about 5–20 years. They had moved a lot and had attended school only periodically. At the time of interviews none was employed. All the women had been or were married and had several children each. They had attended the health center 3–13 times during a 2-year period before the interviews were conducted.

Interviews

The Sami women were informed about the study by letter and by telephone, informed consent was obtained, and they were guaranteed confidentiality and anonymous presentation of the findings. All interviews took place in the participants' homes except for one, which took place at a hospital ward. Interviews were conducted by L.A. over 2 years.

All the Roma women were informed about the study, and it was stressed that participation was voluntary and that the presentation of the findings would be anonymous. Three of the interviews took place at the health care center and one interview in the participant's home and were conducted in Finnish by AL. The research process lasted for almost 1 year, because the women were often on the move as well as because of local events in the Roma group, which prevented some of the women from going out.

Our intention was to achieve a conversational interview (Dahlgren et al., 2004), with a focus on the issues that the women considered important to relate (Glaser & Holton, 2004). We wanted the Sami and Roma women to narrate their experiences in their own words, and we asked open questions concerning their life situation, health and illness, and thoughts about causes of illness (Malterud, 1990). The tape-recorded interviews from the Sami and the Roma women lasted for 1 to 3 hours and were transcribed verbatim, including notations of nonverbal expressions such as silence and laughter.

Analysis

The data analysis of the study was influenced by grounded theory (GT). GT is a qualitative method that aims to develop concepts, models, or theories illustrating social and structural processes that underlie social experiences. Collection and analysis of the data proceeded simultaneously, following the emergent design approach (Dahlgren et al., 2004). The analysis was grounded on the meetings, the playback and transcripts of the interviews, and the written memos, representing the ideas that emerged during the

TABLE 1 Categories and Theoretical Codes

Contributing to well-being	Contributing to lack of well-being
Belonging to a healthy family	Living subordinate to the dominant society
Being spiritual	Living in a hierarchical family
Cultural norms as health-promoting	Living in the shadow of tuberculosis
Having had a life of one's own	

analysis process (Glaser & Holton, 2004; Wuest, Merritt-Gray, Berman, & Ford-Gilboe, 2002)

Substantive codes, mainly based on the particular topics of discussion, were formulated and compared, and codes with similar content were brought together into preliminary categories. These preliminary categories were reviewed with some of the not-yet-interviewed Sami and Roma women, who found them to be accurate. Analysis of the final three interviews of the Sami and the last interview of the Roma revealed no additional substantial information central to the emergent design; we therefore judged that theoretical saturation had been achieved (Dahlgren et al., 2004).

Throughout the process the codes and the categories were compared with the transcribed interviews and the memos to ensure that they were grounded in the data (Heath & Cowley, 2004). The interviews and the coding were reread several times and discussed, and the preliminary categories were brought together into two categories and seven theoretical codes, as illustrated in Table 1.

FINDINGS

The findings of the interviews with the Sami and Roma women are presented below. There are great similarities but also differences in women's' narratives about what contributes to experiences of well-being or lack of well-being.

Contributing to Well-Being

The category contributing to well-being was made up of the theoretical codes: belonging to a healthy family; being spiritual; cultural norms as health promoting; and having had a life of one's own.

Belonging to a healthy family. Old Sami women described with pride how they had been born in special circumstances, for example, being born in a tepee. They told how they had been very healthy through life and that they belonged to healthy and strong families. One woman said, "We were hardly ever ill." Thoughts were expressed about how as children they had been ill so seldom despite being so cold: "I have been healthy and yet I have frozen very much." As children, however, they had caught diseases such as

scarlet fever and measles, but only when they lived in boarding schools close to other children.

The interviewed Roma women stated: “We Roma women are strong.” The well-being of the whole family, which was not only limited to the nuclear family, was essential for the women’s own experiences of well-being, “I feel well if my family feels well.” The women described how, in the Roma culture, women were “responsible for taking care of the family, children, and the elderly, and especially the elderly should be treated with a great honor and respect.” The women regarded themselves as healthy, although they mentioned symptoms such as headache, pain in their necks, and anxiety. They stressed that the very important thing for them was to be able to feel healthy and that both the women themselves and their families were feeling well inside and had an inner strength. “I regard myself as healthy, if I feel well inside—having pain in my back does not matter.” The women also thought that one’s way of life, such as exercise and avoiding smoking and use of alcohol, could help to promote health, and they blamed themselves for not being frequent exercisers.

Being spiritual. The Sami women stressed that they belonged to the Swedish Christian Church, and the Sami annual meetings were always connected to visiting a church. The spirituality was internalized and contributed to hospitality toward people passing, “I don’t deny anyone [food or a place to sleep on]. You never know who you are meeting, and if God passes, he walks in disguise.” The women were not fond of telling stories of alternative curing, but they had experiences of supernatural events. There were narratives of experiences of living with relatives having “second sight.” Having second sight was expressed as something hard to manage, and the younger persons in the family who seemed to have this capability were not encouraged to develop it. One narrative concerned how a husband cured his brother who was very sick. The woman’s husband had been watching over his brother for three nights. He tied staves around his brother and greased him with turpentine and gave him mercury to drink. Then the brother threw up a big water animal and became healthy.

According to the interviewed Roma women, they had no alternative cures. The women stressed that many of the Roma “relied on God and his grace” and that “Both one’s health and ill health are dependent on God’s will.” Some of the women said at the same time that they believed in fate. “Whether you will stay healthy or get sick is already decided before—it depends on fate.” There were also statements that an individual herself and her life circumstances can to some extent influence the fate of a human being.

Cultural norms as health promoting. Deriving well-being from the Sami culture was ascribed to living close to memories of the reindeer, the mountains, the language, and the distinctive Sami culture. Contact with reindeer involved being touched, supported, and consoled: “Without the reindeer you were poor, both in spirit and soul. . . . Yes, they belonged to our

lives.” One woman said that the reindeer had given her consolation when her husband died. There were expressions of astonishment that, even as old women, they were still permeated by thoughts and dreams of reindeer. Being old and thus incapable of following the reindeer every summer created a longing for the mountains: “Yes, you know the mountains were very desirable in summertime for migratory Sami. Yes, it is a longing. It is a terrible longing . . . a desire.” The contacts with reindeer and the ancient Sami society were described in a nostalgic way, containing romantic memories of connections with reindeer. One woman poetically described how at an early age she had been pulled on a sled by a nearly untamed herd, which became calm when drawing the little child. Feelings of togetherness with the Sami culture were exemplified by one woman by hearing the sound of the reindeer pushing their antlers against one another when she stood outside the tepee as a girl and looked at the stars. While narrating one woman said, “Even as I am telling you this I feel that I miss that time.” The reindeer were described both as a spiritual meaning and as an economic necessity, and for old women the reindeer seemed to be the basis of access to economic welfare.

There were expressions of the importance of belonging to a Sami family: “If you have many sisters and brothers, it is easier to cooperate in summertime.” One woman said that an old Sami woman never become a pensioner, because they are always needed by the family. Descriptions of belonging to Sami society were described as important for experiencing well-being, exemplified by one woman who said that she had had common diseases in the boarding school, but she was always healthy when at home. Annual meetings with other Sami groups were described as contributing to connectedness and well-being for the Sami women.

The clothes of their culture were seen as contributing to well-being. In school, however, it was not seen as popular for girls to wear trousers: “There I came dressed in rough homespun trousers and at that time I had curly hair. This was not seen as appropriate for a Sami girl.” Wearing reindeer shoes during wintertime and wearing the Sami dress, which included trousers for girls as well as boys, were seen as helping to avoid bladder infections and other typical women’s diseases. One woman said that she had had bladder infections when a schoolgirl, which her mother attributed to her not being allowed to wear a Sami frock (*kolt*).

Belonging to an indigenous people, one of the Sami women had experiences of meeting royals. At that meeting she was supposed to wear festive ethnic clothes even though they met in a tepee, where the festive clothes were not usually worn. She seemed to have been rather comfortable, however “And I sat between the king and the queen and I got such a feeling, it was nearly as he was my son.”

The old women told about injured experiences of being forced to talk Swedish in school. Using their own language, hearing and speaking their

mother tongue in old age, seemed to contribute to feelings of well-being. One woman said when she sometimes used the mother tongue: "It is so wonderful! You have no idea!"

The life and well-being of the Roma women was characterized by a collective pattern, and the Roma were living together as a minority group without much cooperation with the majority people in Swedish society. Well-being or sorrow as well as illness were to great extent family concerns: "I am in contact with my family every day." The interviewed women had daily contact and a close relationship with relatives and friends, and the whole families participated in, for example, funerals and wedding ceremonies.

The women's thoughts about health and illness were also characterized by a group view. The women attended the health center together with relatives or friends as companions or so that they too could consult a doctor. If one of the relatives is in a hospital, at least one of the family members should also be there: "Then you must go there and take your children with you."

The network of relatives and friends and the collective way of living was described as a support for an individual to manage her daily life and problems better, and it contributed to well-being: "If one has many problems, we support and understand each other." The women also said that in the past many Roma were living in camps without heating or water, which could be one major reason for ill health, but today all the Roma in Sweden live in modern houses, which promotes well-being.

Having had a life of one's own. In old age the Sami women seemed to have had economic resources of their own. One woman told about her mother-in-law: "My mother-in-law was a reindeer owner, one of the greatest reindeer owners." The women said that they still owned reindeer or they had been working in the Swedish society. Still owning reindeer contributed to feelings of strength and pride. When still owning reindeer they were consulted by reindeer herders and they seemed to be highly respected. Thus, having had economic resources seemed to have contributed to their well-being. When talking about their culture, they also stressed that Sami woman had always been equal to Sami men. The reindeer-owning women said that they could leave their babies and small children with relatives when they followed the reindeer and the reindeer herders to the mountains.

Contributing to Lack of Well-Being

The category contributing to lack of well-being was built up of the theoretical codes of living subordinate to the dominant society; living in a hierarchal family; and living in the shadow of tuberculosis.

Living subordinate to the dominant society. The Sami women expressed feelings of alienation in relation to the dominant Swedish society.

The women talked of how Swedish laws about forced removal, reindeer grazing, and common compulsory school attendance had influenced their lives to a great extent. Relocation meant that the Sami had felt like strangers in the new part of the mountains which the state had ordered them to use. The feelings of alienation seemed to be grounded in experiences of discrimination by Swedish society. One woman who did not own reindeer said, "Sometimes I have been an outsider in society." Experiences of being discriminated against were described with examples from the school years. There were descriptions of children weeping bitter tears when being forced to be left at the specific nomad school: "Ugh! How many tears we have shed. . . . The children cried and mother cried and they [the children] held on to the mother's neck and skirt and. . . then you had to have a strong mentality." Being forced to live in boarding schools for months and being forbidden to speak their own language made the women feel that the Sami language and culture were worth less than Swedish language and culture, "because I understand that this was a time when it was very dirty to be a Sami, it was degrading." Experiencing being seen as too exotic and poor was described by one woman, who said that the midwife who delivered her wanted to adopt her because her parents seemed to have a miserable life. One of the Sami women did not own reindeer and she felt that she was discriminated against and treated unfairly both by the Swedish state and by the reindeer-owning Sami: "I think we are discriminated." She felt that she and the family were excluded from the reindeer culture and that made her feel bitter. She compensated for these losses, however, by stressing her knowledge of her mother tongue and of old Sami tools.

All the Roma women told about their feelings of discrimination as a minority group in the Swedish society. They felt that the majority population and authorities had an obvious group view and usually saw all the Roma people as being inferior and uneducated. The interviewed women described a social pressure on them to be successful in bringing up their children and expressed a fear of being labeled as bad mothers who could not take care of their children. The women stressed that it used to happen that many Roma children were compulsorily taken into care and placed with majority families, and that it could happen even today that children could be taken from their families: "I was afraid of all the authorities—afraid that my children would be taken away from me. Two of my children were taken from me before. I got back them after 12 years." The compulsory care of children was seen as "the way for authorities to root out the Roma culture." The women could describe many other situations when a generalized group view of the Roma people among majority people had influenced their lives negatively and resulted in anxiety and feelings of powerlessness, and afterward in needing to seek health care. One of the women said that "communication with authorities, in shopping centers, and the housing agency was much easier when I stopped wearing clothes typical of the Finnish Roma."

Living in a hierarchical family. The collective way of life among Roma could contribute to well-being in many ways, but at the same time Roma life was characterized by many rules and a traditional, hierarchical order where gender and age were dominant variables and could restrict the life and the rights of an individual: “Roma women have more rules to follow than men. Men are on the top; women are below.” The women stressed that purity was especially important in Roma culture. Purity was not only important for contributing to hygiene but also had a symbolic meaning as a ritual system to guard over cultural limits, such as what is pure or dirty in Roma culture. Menstruating women were seen as especially dirty and had more rules to follow than older women and men: “A menstruating woman cannot live upstairs . . . talk about illness to men or elderly women or get dressed in front of an older person . . . or men. It is disrespectful.”

If the hierarchical order or the rules of the Roma collective were broken, “you could feel shame and be told that you had done wrong,” and as punishment one could even be expelled from the collective. The women saw that restrictions on their life and the consequences of these often led to lack of well-being and were a major reason for their symptoms of pain, anxiety, and depression. Because the younger women had most rules to follow, it could be more tempting for them to break the rules and end up outside the collective, which promoted ill health.

Living in the shadow of tuberculosis. Despite describing themselves as extremely healthy, the old Sami women disclosed that they had been living close to tuberculosis. They also revealed experiences of sisters, brothers, and school friends who had contracted tuberculosis or even died of it. Some women related that they themselves had had a “spot on the lungs,” but others seemed to find it difficult and even disgraceful to mention the disease. It seemed to be important to stress that they had not been disease carriers. Spending time at a TB sanatorium could be empowering, however, leading, for example, to increased knowledge about menstruation, or reflections on one’s own life: “At the sanatorium I dreamt of having the opportunity to study in order to have an easier job.”

DISCUSSION

On the Findings

Our study focused on exploring experiences of well-being and lack of well-being among middle-aged and old women belonging to two national minority groups in Sweden. The categories found were labeled as *contributing to well-being* with the theoretical codes of belonging to a healthy family, being spiritual, cultural norms as health promoting, and having had a life of one’s own; and *contributing to lack of well-being* with the theoretical codes

of living subordinate to the dominant society, living in a hierarchical family, and living in the shadow of tuberculosis.

Well-being related to resilience and SOC. We have shown how the social context influences how the minority women experience well-being, also interpreted as being resilient and experiencing SOC. Both the Sami women and the Roma women stressed connectedness with their culture and their families as contributing to experiences of meaningfulness and well-being. The women also described connectedness with Christian religious ideas. The concepts of connectedness and meaningfulness are emphasized as important for being resilient (Alex, 2010; Wagnild & Young, 1990, 1993), and connectedness and meaningfulness can be seen as similar to the concept of comprehensiveness that Antonovsky (1988) states as an important distinctive feature of the SOC. Thus, belonging to minority cultures contributed to experiences of resilience, SOC, and well-being.

For the Roma women, successfully caring for their children and family according to cultural and gendered norms within the Roma culture was a source of well-being. They felt pride when they managed the typical women's duties such as taking care of family, children, and old relatives as they were expected to do in their culture. When they managed to do these duties, they felt proud and strong, which contributed to well-being and helped them to find life meaningful and manageable (Antonovsky, 1988). When the Roma women visited a health care center their own symptoms of pain and tension were seen as subordinate compared with how the whole family felt.

In contrast to the nuclear family system, resilience for the Sami and Roma women seems to be linked to inter- and intra-dependence connections to family and community rather than an individual trait (Grandbois & Sanders, 2009). In a study of Native American elders, the concept of resilience is described as embedded within the culture and that shared experiences and history have helped to ensure not only cultural survival but also have helped to inculcate resilience into the culture (Grandbois & Sanders, 2009). Hartling (2008) says that relationships are the most important primary sources for developing and being resilient and recovering from personal and social hardships or traumas. Furthermore, she argues that a cultural context can facilitate or obstruct one's opportunities to participate in relationships necessary for strengthening one's ability to be resilient. Miller (1986) suggests that instead of focusing on the "self," it may be more useful to think of this concept in terms of "sense of worth," which she says is an outcome of participating in growth-fostering relationships, which benefit all those who participate in the relationship.

Variation between the minority groups. Both the Sami and Roma women described connectedness with their culture and their family as important for experiencing well-being. There were variations in their descriptions, however. The Sami women told of their own well-being and said they were

aware that their culture had influenced them in a positive way. The Roma women seemed to describe their well-being and culture as more vulnerable. The Sami women emphasized the strength and health of their families, and the Roma women said that their health and strength were related to the health of the whole family.

Sami culture has the status of being an indigenous culture, and as such the Sami have been positively highlighted in various national events, which probably have influenced their self-image. Roma culture has historically been seen as problematic in Sweden (Swedish Government Official Report, 2010), and the Roma people have not been assimilated into Swedish society to the same extent as the Sami, which probably has affected their ways of looking at themselves and contributed to experiences of vulnerability. Within their own cultural group, the Roma participated in growth-fostering relationships, thus contributing to well-being. Breaking the Roma cultural rules as controlling and maintaining a hierarchical order, however, could result in movement out of relationship into isolation, constituting a source of much psychological suffering (Jordan, 2005). The intersection of the rules of the Roma culture and the hierarchical order in which male gender and older age dominate made the younger and middle-aged women most vulnerable.

Cultural identity as contributing to well-being. The identities of the old Sami women and the middle-aged Roma women can be considered in the light of the feminist philosopher Butler (1990), who states that identity is a construction. As individuals we create our identity through various performances. The Sami women's narratives can be seen as ways of constructing and reconstructing themselves, for example, by creating romantic idealized pictures of Sami life in the past. The Sami women in our study, however, also demonstrated that the Sami culture is differentiated and has continually and to a great extent been changed by interaction with Swedish society (Amft, 2000). The Roma women reconstruct their cultural identity to a large extent by the way they dress and the way they stress their family relationships. Through these performances they continuously reconstruct themselves as a specific cultural group. On the other hand, the stress on their own specific culture seems to have resulted in the Roma people having limited educational and economic possibilities, which have contributed to lack of connectedness with Swedish society. Lack of independence and manageability are interpreted as lack of resilience and SOC, which is associated with lack of well-being.

As an example of how the dominant society values minority culture, we will further reflect on the Sami and Roma women's dress. The Sami women wore culturally specific clothes mainly during festivals, which contributed to pride and well-being. In Swedish society the Sami cultural dress is seen as beautiful and special, and when Sweden represents on an international level what is typically Swedish, then Sami culture, reindeer, Sami dress, and handicraft are held up. Having sat with royals in a tepee probably

strengthened the connectedness with both the Sami and Swedish culture, and this experience has probably contributed to well-being. The Roma Finnish-speaking women always wore ethnic dress, which they thought gave strength (and well-being) to their cultural identity, but in the majority society the dress probably mainly contributed to negative stigmatization (cf. Goffman, 1990). Roma ethnic dress mostly carries a stigma in Swedish society. Despite stressing the importance of wearing the clothes of their culture, being viewed with a stigma probably leads to lack of comprehensibility and manageability, which contributes to lack of well-being for the Roma women.

Differing access to cultural and economic capital. Both the Sami and Roma women in our study seem to construct themselves as belonging to a minority culture, but they are to a great extent influenced by belonging to the dominant Swedish society. Feelings of being discriminated against were stressed in the narratives of both the Sami and the Roma women. Being forced by the Swedish state to fulfill the dominant culture's expectations of how to behave, dress, and speak were experiences that engendered feelings of being disparaged and alienated, which contributed to lack of well-being. Gustafson (2005) points out that a focus on culture blurs power relations and the interconnectedness of systematic oppression and history, geography, and exploitation. From the perspective of Bourdieu (2001), the women can be seen as lacking the dominant Swedish cultural capital and having experienced being seen as "the other" (Mead, 1934) and not being taken seriously. Being a member of a subordinate marginalized group increases the risk that one's relationships will be chronically disrupted by adversities such as poverty, lack of educational opportunities, institutionalized discrimination, and insufficient health care (Hartling, 2008). The Sami women seemed to have had access to economic capital such as owning reindeer or having had paid work, which probably could compensate for their feelings of discrimination. In their old age, they seemed to be financially secure. They also stressed that equality between women and men had always been important in Sami society. Thus, the Sami women seemed to have some access to Swedish societal capital, as well as access to Sami capital, economic capital, and gender capital. In contrast, the Roma women did not have access to economic capital, with no economic opportunities or gainful employment, which are important when living in Swedish society. The women also said that they were living in a strict male hierarchical culture. From the perspective of Bourdieu (cf. 2001), the middle-aged Roma women lacked access to Swedish capital, economic capital, and gender capital. Lack of economic resources probably strengthened the Roma women's feelings of being discriminated against. They are dominated both by their own hierarchical family structures and by Swedish society. Swedish feminist researchers have stressed the importance of women's own economic resources for being and feeling of equal value to men (Göransson, 1999; Stark & Regnér, 2002).

On the Method

We have interviewed nine Sami women and four Roma women. The interviewed women belong to groups that for whom experiences of well-being have not been studied, and therefore the results of this study are important. The Sami women were mainly interviewed in their homes, and the Roma women were interviewed at a health care center. The Sami women can be seen as having better possibilities to feel security and control in the interview situation, while the Roma women could be seen as being in a more vulnerable situation. As researchers, however, we strove for a relaxed interview situation, making the women feel secure, and as the narratives proceeded the interviews became both narrative and reflective. We were conscious of the power hierarchy that can exist between the interviewer and the interviewee and we strove to limit the risk of a hierarchical encounter (Alex & Hammarström, 2008; Campbell & Bunting, 1991; Fahy, 2002; King, 1994). One limitation could be that the study is based on few interviews with Roma women, but this group is difficult to come close to because of earlier experiences of discrimination by Swedish society, and therefore we think that these interviews are very important. The Roma women represented four different core families and their patterns of life. Their lives were characterized by a collective pattern, which means that women's lives also included a wide range of relatives. Discussions with relatives and friends who almost always accompanied the women offered even more information, which was written down (Wuest et al., 2002).

Although the interviews were performed by two interviewers with two different study groups, we think that the analysis has been performed with the intention of being open to the data by using sensitivity, creativity, and insight (Morse, 2002). The data were systematically checked and the analyses and the interpretations were constantly monitored and confirmed (Morse, 2002; Tobin & Begley, 2004). Current literature about the Roma have confirmed many of the interview findings (Garcia-Campayo & Alda, 2007). The analyses have also been discussed several times at seminars. Illuminating women's own experiences can be seen as an opportunity to understand the world around them (DeMarco et al., 1993; King, 1994; McCormick & Bunting, 2002) and recognize what contributes to well-being and lack of well-being. AL is a female Finnish-speaking doctor herself, and the Roma women were her own patients, which can have had impact on the analysis (Kokanovic et al., 2009). The process was dependent on trust and mutual understanding of Finnish, however, so it would have been difficult for other interviewers to conduct the interviews. The interviews with the Sami women were performed in Swedish. Reflexivity, sharing preconceptions, and accounting for and evaluating the effects of the positioned researcher at every stage of the research process are important tools to maintain this "qualitative objectivity" (Kokanovic et al., 2009; Malterud, 2001).

The fact that the Sami and the Roma women are from different age groups has of course had an impact on the results of the study. The interviewed Roma women were middle aged. When AL discussed interview findings with elderly Roma women, they could express feelings of recognition. Even if an older Roma woman has fewer rules to follow, she is still living as a minority woman in a hierarchical family.

CONCLUSIONS

We have explored the experiences of well-being and lack of well-being in two different minority cultures in Sweden. In spite of the variation in both the cultures and ages, we think that there are similarities in the women's experiences of well-being. They stressed the importance of family and cultural connectedness as factors contributing to well-being. Women from both minorities had experiences of being disparaged, discriminated against, and coerced by the dominant Swedish state, which contributed to lack of well-being. The Sami women seemed to be more assimilated into Swedish society, however, and they all said that they either owned reindeer or had had jobs of their own. They also stressed that the Sami culture had a long tradition of equality between women and men and that they had had access to Swedish cultural values, which they appreciated. The Roma women are less accepted in Swedish society; their ethnic dress has a stigmatizing effect, they do not have incomes of their own, and they live in unequal relationships. Equality between women and men is important in Swedish society, and it contributes to well-being. For the Roma women, gender inequality and lack of economic resources can lead to symptoms such as pain and worries and repeated contacts with the health care system.

Analysis of the narratives of Sami and Roma women who have extensive bicultural experiences as well as experiences of being disparaged can give wider perspectives on women's lives, which is important in our increasingly multicultural world. Cultural and gender research is increasingly devoted to intersectional perspectives, focusing on the interaction between several different power asymmetries such as gender, ethnicity, class, and age. From international and intersectional perspectives, we think that the minority women's narratives are important because they show the complexities of culture, gender, age, place, and economic status (Hernández-Avila, 2002; Östlin, Eckerman, Mishra, Nkowane, & Wallstam, 2006; Ramirez, 2002).

Awareness of the complexity of both belonging to minority peoples and being women could contribute to the success of interactions between help-seeking women from minorities and health care personnel. Further research is needed into gendered experiences of living as minority people as Sami and Roma in order to take account of their unique life experiences, to widen

our perspective on the human being, and to increase our understanding of various groups of people within a multicultural society.

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