

Roma Empowerment and Social Inclusion Through Work-Integrated Learning

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Abstract

The basis for this article was a health promotion program based on participatory action research and work-integrated learning (WIL). Seven Roma people were employed and trained to work as local coordinators to empower the local Roma community by strengthening their participation in society and their sense of community, as well as to promote self-led integration. The study aimed to analyze the program from the Roma coordinators' perspectives, focusing on perceived individual empowerment and perceptions of contribution to the common good and to community empowerment. The findings, based on qualitative data, primarily interviews with the Roma coordinators, indicated that the WIL approach, the participatory nature of the program, and the trust and support from the Roma colleagues and non-Roma facilitators were essential for the development of empowerment. Three main themes emerged that portrayed the participants' psychological empowerment: strengthened Roma identity, a sense of power, and a sense of enculturated social inclusion.

Keywords

empowerment, participatory action research, Roma people, social inclusion, work-integrated learning

Introduction

The Roma people's situation in Europe has been highlighted frequently in the media and on scientific circuits. The Roma people, originally from India, are the largest minority group in Europe with a population of 10 to 12 million and are spread all over the world. Thus, Roma people are not a homogeneous group but rather a group consisting of greatly varying ethnic groups. Still, all over, the Roma face severe discrimination, racism, and social exclusion. Yet the measures needed to address these problems are not in place (European Union Agency for Fundamental Rights & United Nations Development Program, 2012). Romaphobia has become a socially accepted feature in Europe, and today, Roma are seen "as a 'European problem' rather than a 'European minority'" (van Baar, 2011, p. 204). Efforts to ensure social inclusion and rights for the Roma are a priority at the highest political levels in Europe (WHO, 2012). In Sweden, the Roma situation appears somewhat similar. Due to the Swedish welfare system, no Roma residing in Sweden falls below the poverty line. Roma are living in the same living areas as non-Roma, and they have the same social, political, and economic (including welfare) rights as non-Roma. Yet, many of the Roma in Sweden are in states of powerlessness and learned helplessness (Eklund & Crondahl, 2010; Eklund Karlsson & Crondahl, 2012), indicating an absence of empowerment. Studies have identified obstacles to Roma empowerment in the social determinants of health: lack of education, unemployment, low self-esteem, isolation, prejudice, discrimination (including structural discrimination), and constrained

thinking in the Swedish welfare system (Eklund & Crondahl, 2010). Historically, Roma in Sweden have been the targets of relief efforts conducted by "experts" and other authorities, rather than being involved in the decisions regarding these efforts. In recent years, this strategy has been questioned (Palosuo, 2008; Official Government Reports; SOU, 2010). Previous studies of the Roma and other minority groups have found that a participatory approach might improve trust between research subjects and researchers, improving social justice and ensuring the inclusion of the minority perspectives throughout in projects and the implementation of their findings (Kósa & Adany, 2007).

Roma Empowerment Through Work-Integrated Learning and Participatory Action Research

This article is based on a health promotion program conducted in West Sweden (2009–2012) and explained in detail by Crondahl, Ringsberg and Eklund Karlsson (2015, in press) and by Eklund Karlsson and Crondahl (2012). In this program, through participatory action research (PAR) and work-integrated learning (WIL), seven Roma people were employed and trained to work as local health promotion

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coordinators and to empower the local Roma community. The overall aim was to strengthen Roma empowerment, participation in society, sense of community and to promote self-led social integration. Crondahl et al. (2015, in press) proposed a WIL model to be used for the empowerment and social inclusion of vulnerable and/or marginalized groups that includes three parallel tracks: (a) the continuation of basic education, (b) theoretical training, and (c) practical application of the training in real-life work. The Roma participants were employed (2010-2012) in the program half time, allowing for the continuation of basic education (mainly secondary school) during the other half (Track 1). The program included education (theoretical training) in issues related to community organizing, social determinants of health, and health promotion (Track 2). In parallel, the participants worked in their local communities, practicing and applying the new knowledge and skills (Track 3) gained from the theoretical training (Track 2). The specific content of the theoretical training was built on findings from the preparation phase (in 2009) of the health promotion program, which showed that Roma in West Sweden find education and employment to be of the utmost importance to their health and well-being. They see health as the ability to self-manage their life situations, and they view health through a collective, rather than an individual, perspective (Eklund Karlsson, Crondahl, Sunnemark, & Andersson, 2013).

The findings from the health promotion program showed that the participants' critical health literacy had enhanced. Health literacy has been described as involving orientations, attitudes, norms, and values affecting people's health/disease perceptions (Abel, 2007), as well as lay knowledge related to health, welfare, everyday experiences, and social engagement in broader health issues (Abel & Bruhin, 2003). Health literacy enhances peoples' abilities to change health-related living conditions (Abel, 2007); due to the way it improves peoples' abilities to access and use health information, health literacy is critical to empowerment (Nutbeam, 1998). Crondahl and Eklund Karlsson (2015, in press) suggested that health literacy is actually capacity building, emphasizing social health determinants and peoples' subjective perceptions of health and health needs. Health literacy can enhance empowerment by building on the genuine needs of the people involved.

Through improved critical health literacy, the participants experienced having greater control over their own lives and over the integration processes, indicating improved empowerment (Crondahl et al., 2015, in press). Based on the findings, the authors suggested health literacy and WIL as tools for Roma empowerment and for increasing individuals' abilities to control their own inclusion processes. WIL was implemented as PAR, allowing the facilitators and local coordinators to influence the content and activities used in the program. Behind PAR is the paradigm of critical theory and constructivism, emphasizing empowering features and

continuous dialogue between researchers and participants (Guba, 1990). Essential to critical theory is the assumption that peoples' perceptions are influenced by historical and social factors, focusing on emancipatory consciousness (Kincheloe, McLaren, & Steinberg, 2011). Central to constructivism is the notion that there is no true reality—only constructions of reality (Guba, 1990). This combination of PAR and WIL approaches was shown to be successful in improving health literacy as a catalyst/pathway to empowerment.

In the approach presented by Crondahl et al. (2015, in press), the essential factors for WIL leading to increased self-efficacy and consciousness were the continuously alternated theoretical sessions and practical work that supported each other, allowing the participants to directly test their new knowledge in practice. This approach comes near to what Smith-Ruig (2013) described as "reflection in the midst of action"; for reflection to be optimal, the learning activities must take place in the practical context. Bates (2003) stated that for learning to become transferable, it is essential that participants link new experiences with existing knowledge. The ideology of Freire (1996) emphasizes that people, through their lifelong experiences, have a great deal of knowledge. By releasing and utilizing this accumulated knowledge, people might be able to solve the problems they encounter in their lives. In the case with powerless people and people in states of learned helplessness, their capacity has frozen, and to overcome these situations, they need to be opened up to use their capacity. According to Crondahl et al. (2015, in press), these changes are what occur when participants acquire new experiences through the WIL approach. Additional factors suggested as important include the participants' involvement in the project processes and decision making and that the participants are paid for their work (are employed with a regular salary) and feel they are trusted by their colleagues (Crondahl et al., 2015, in press).

Aim

The present article analyzes the health promotion program described above from the Roma participants' perspectives. The focus is on the participants' perceived individual empowerment and perceptions of their contributions to the common good and to community empowerment.

Empowerment

For people in powerless situations, empowerment means gaining the power to fight the oppression that is holding them down (Askheim, 2007). Empowerment is about initiating activities and processes that can facilitate peoples' self-control, strengthen their self-esteem and self-image, and improve their knowledge and skills. Essential to this process is an increase in awareness of the societal conditions that

hold people down and of the possibility to change or improve these conditions. The absence of empowerment might manifest as learned helplessness/powerlessness, which is a general feeling of not having control over one's own life. Empowerment (Askheim, 2007) includes a feeling of connectedness to others and a concern for the common good, rather than only the individual's perception of having control and competence (Zimmerman & Rappaport, 1988). According to Zimmerman and Rappaport (1988), perceived control consists of personality (locus of control), motivational (motivation to control the environment), and cognitive (self-efficacy) domains. Psychological empowerment has been described as the function of these domains, and it differs from perceived control in its connection to community involvement. Another concept relating to psychological empowerment and perceived control is the theory of learned hopefulness: "... the process whereby individuals learn and utilize skills that enable them to develop a sense of psychological empowerment" (Zimmerman, 1990, p. 73). According to this theory, peoples' abilities to cope with stressful life events can be improved by experiences of control. Participation and action in community organizing enhance competence, skills, and psychological empowerment; hence, psychological empowerment is regarded as an outcome of learned hopefulness (Zimmerman, 1990).

The sense of community is enhanced through the processes of psychological empowerment (Rissel, 1994). Community empowerment has been suggested to be topic specific: A community can be empowered in one issue and not in another (Rissel, 1994), and it can be a group phenomenon; the sum of the empowerment existing in a group is what constitutes the community's empowerment (Eklund, 1999). Empowerment cannot be given from one person or group to another; it must be taken, power from within (Laverack, 2007). Considerations of the historical, cultural, social, political, and economic contexts in which people live are all significant for increasing people's impacts and control (Israel, Checkoway, Schulz, & Zimmerman, 1994).

Method

The main data are composed of qualitative interviews with the seven Roma participants conducted in 2013, 1 year after the end of the program. The interviews were conducted by the main author of this article, and they were audio recorded, transcribed, and analyzed using ATLAS.ti software. The supplementary data were collected continuously during the program in 2010-2012, and they consist of 14 self-evaluation reports of the participants, participatory observations, newspaper articles in which the Roma participants were interviewed, and 21 monthly project reports.

The analysis of the main data was inspired by Ajjawi and Higgs's (2007) hermeneutic phenomenology and Lindseth and Norberg's (2004) phenomenological hermeneutic approach. Because neither approach was found to be sufficient on its own, a mix of the two was applied. The supplementary data

were used to complement and verify the findings from the main data.

Phenomenology is oriented toward lived experience (Lavery, 2008). Through the bracketing of one's preconceptions, an effort is undertaken to obtain total objectivity in the search for the truth, revealing the essential meaning of a phenomenon. The purpose of phenomenology is to reveal something that initially does not manifestly seem to be there (Heidegger, 2010), something that does not show itself yet is essential for the thing itself. According to Heidegger (2010), revealing the hidden truth requires interpretation (hermeneutics). Contrary to phenomenology, hermeneutics welcomes the use of pre-knowledge. Gadamer (1994) argued that referring to data without involving an interpreting subject is meaningless as knowledge, and knowing occurs in the interaction between the knower and the phenomenon. Thus, through hermeneutics, the assumptions and meanings that the participants themselves might have difficulty putting into words can be identified and articulated by the researcher (Lavery, 2008).

In analyzing the data, the purpose was not to reveal any objective and true essence of meaning but rather to explore and understand the Roma participants' personal experiences and their subjective meanings. The focus of the present analysis thus lies more in the hermeneutical than in the phenomenological approach; hence, the approach applied for this analysis comes closest to hermeneutical phenomenology.

The audio recordings were listened to several times to grasp the wholeness of their meaning prior to transcription. This process is called immersion (Ajjawi & Higgs, 2007) or naïve reading (Lindseth & Norberg, 2004). Rather than performing a verbatim transcription, the transcription process took the form of naïve understanding. To ensure a trustworthy transcription of this type, the researcher took a phenomenological approach, striving for an open-minded and non-judgmental understanding of the meaning of the data. Because naïve understanding is regarded only as a first supposition of the data, it must be validated or invalidated (Lindseth & Norberg, 2004). As the naïve understanding in this case was merged with the transcription process, excluding the verbatim transcription, the validation/invalidation was performed in two steps to ensure the trustworthiness. First, the recordings and transcriptions were listened to and read simultaneously and repeatedly, ensuring a thorough and complete understanding and that nothing was missed or omitted. This step was repeated several times throughout the analysis process. In parallel, the researcher's emerging thoughts were noted as memos linked to the relevant text sections in the ATLAS.ti software. The second step for validating the naïve understanding was performance of a structural analysis. The purpose of the structural analysis is to convey an "essential meaning of lived experience" (Lindseth & Norberg, 2004, p. 149). The text was read as a whole and was divided into sections of meaning units composed of a whole paragraph, a sentence, or a part of a sentence, and these units were thus given descriptive labels rather than

abstract concepts. The meaning units were read and reflected on against the whole text, and they were shortened, detailed, and described in everyday words to capture their essential meaning. These first steps were conducted directly after each of the interviews, thus allowing the researcher to follow up on early ideas and thoughts in the subsequent interview.

According to Lindseth and Norberg (2004), structural analysis should be performed in as objective a manner as possible. Gadamer (1994), however, claimed that knowledge is a subjective state and the result of a creative process of interpretation and dialectics between the phenomenon and the researcher. Therefore, this step was performed with the involvement of the knowledge and interpretation of the researcher, which is what Ajjawi and Higgs (2007) called the stage of abstraction. It is intended to give the researcher a richer and deeper understanding of the data. The process was repeated until nothing new appeared. Thus, at the same time, sub-themes began to emerge. The themes were then reflected on against the naïve understanding, thus validating the naïve understanding. In any case of invalidation, the entire process was repeated until validation occurred.

Then, in a “Gadamerian” fashion, the interviews and analyses were put aside for eight months, allowing for new perspectives and interpretations to arise. Then, the whole process as described above was repeated with additional meaning units and sub-themes emerging. The analysis process was informed by the hermeneutical circle, going back and forth between the data, analysis, literature, and the researcher’s preconceptions, involving constant movement between the whole and the parts. The sub-themes’ themes were elaborated on, the main themes were developed, and finally, all of the themes were compared with the previous literature. Thus, the researcher’s understanding of the phenomena/on evolved, and the findings were theoretically supported/validated.

The assessment of collective empowerment was based on the subjective perceptions of the local coordinators regarding their contributions to the common good and the documentation of their community organization actions.

Findings

The findings indicated that the WIL approach, the participatory nature of the program, and the trust and support from the Roma colleagues and the non-Roma facilitators were essential for the development of empowerment. The focus of this article, however, is the psychological empowerment of the Roma participants rather than the determinants of it. The main attributes of the participants’ development can be described as strengthened self-acceptance, self-esteem, and self-confidence; a greater internal locus of control, sense of personal development potential, independence, and self-efficacy; increased cultural awareness and political and societal consciousness, including motivation for, and involvement in, social and political actions; and an enhanced sense of

the (Roma) community, as well as participation in non-Roma society. Three main themes emerged portraying the participants’ psychological empowerment: a strengthened Roma identity, a sense of power, and a sense of social inclusion.

Strengthened Roma Identity

The most noteworthy finding was observed in the participants’ strengthened Roma identities. Before the program, the participants recalled having been afraid of disclosing their Roma ethnicity out of fear of discrimination. After the program, they expressed that their fears had decreased.

There’s nothing special about standing and speaking in front of people, but to stand in front of people and say that I am Roma, and not *die* when I say it, and to question political actions and the work of the municipalities towards Roma people, that’s exceptional! The program taught me how to cope with that. (Roma Participant 1, 2012)

After the program, the respondents expressed that they were proud to be Roma, and they expressed the importance of stating aloud that they are Roma. They felt they were role models for other Roma and articulated the importance of demonstrating to non-Roma that “Roma can also be good, decent and honest people.”

We get to come out in non-Roma society and show that we’re all normal people, just like everybody else. We also feel we are important as we are the experts of our culture. (Roma Participant 7, 2012)

One way to cope with oppression is to distance oneself from what is being oppressed: the Roma ethnicity. Instead of living out one’s ethnicity, one might turn against it, thus protecting oneself from the oppression and stigmatized status that come with being Roma. Such a strategy might seem to be hatred of everything that has to do with Roma culture and ethnicity, but it might also be turned against oneself as self-hate and low self-esteem.

I used to hate Roma culture and myself for being Roma. I’ve been looking down on people who live out their Roma ethnicity, and I used to see them as lower-ranking people. I don’t anymore. Today, the Roma identity is a part of me. I still don’t agree with everything within Roma culture, but now I understand it and don’t criticize it to the same extent anymore because I can see where it’s coming from . . . Today, I make use of my Roma identity, something I have never done before. (Roma Participant 1, 2013)

What the cause was and what the effect was are not obvious; however, was it the transformation from self-hate to self-acceptance that improved the participants’ self-esteem and self-confidence, or was it the other way around? The data, however, indicate that, along with increased cultural

awareness and understanding of power relations in the community and between genders, the participants' self-acceptance improved. The participants expressed being strengthened and more mature and that their self-esteem, self-confidence, and independence had improved. Although they were influenced to some degree by their family/culture/traditions, they still expressed having a sense of control over their own lives. They also reported being less dependent on their family/culture/traditions now than before the program.

The participants reported that, according to Roma culture, wives are not allowed to be more successful than their husbands. The female participants stated that they felt more independent but that they needed to suppress this feeling out of respect for their husbands.

You have to take baby steps. You want to live like others (non-Roma), but you also have to take your own culture into consideration. . . . So I try to influence my husband to be more engaged in Roma issues. That way I can be more engaged myself as well. (Roma Participant 5, 2013)

Cultural awareness was shown to have increased significantly among the participants. The explanation for this increase was working in mixed groups with Roma representing different cultures and traditions. Prior to the program, many of the participants had limited knowledge of Roma cultures other than their own. Through this increased awareness, their knowledge, understanding, and respect for other cultures improved. The theoretical sessions contributed additional information regarding Roma history and current debate/issues, human (Roma) rights, and other information relevant to their work. Altogether, this new information strengthened the participants' skills, engagement, and motivation for working for Roma rights and social inclusion issues, as well as for taking an active role in the discourse on Roma issues in their own municipalities.

I'm not afraid to speak to a group of people anymore or to talk about Roma culture and norms. I now have better self-esteem and a more positive view of the future. . . . My knowledge of Roma issues has increased. I'll continue working with these issues in the future. (Roma Participant 3, 2013)

Sense of Power

The participants realized that *they* were the experts on Roma issues, not the program facilitators or the public sector employees. This awareness, together with a sense of being more knowledgeable, competent, and skilled, enhanced the participants' self-efficacy, sense of control, and power. They shifted from accepting and normalizing the cultural and ethnic inequity and prejudices to questioning them.

Everything I've done in my work has increased my self-confidence. Now I feel more confident with myself and what I'm talking about. No non-Roma can know more about Roma

people and issues; we are the experts on our culture. Today, I dare to express my opinions and argue when I know that I'm right. Before, when I was discriminated against, I just listened and then walked away. However, now I have learned more about Roma rights, and I know how to stand up for myself. (Roma Participant 7, 2012)

Being met with negative attitudes and rejected due to their ethnicity were reported to be everyday situations for the Roma coordinators, who expressed frustration with the situation. However, a central aspect of increased consciousness is turning the perceived powerlessness and helplessness into a sense of power and hopefulness. The data include several examples of such a change and how the participants began to consider it worthwhile to fight for their rights.

It really should not matter what you are. It's only that one has become used to always hearing people say, "Be aware of those Gypsies! They'll steal, and they'll do all sorts of bad things." That's what I've heard always since I was a little child. So you get used to that word: Gypsy. Additionally, one gets used to being denied entrance. However, hereafter, I won't let myself be denied anymore. Those sorts of things shall not happen anymore. We're living in 2013, and it shall not happen again! (Roma Participant 4, 2013)

A perception among some of the participants was that, in the eyes of non-Roma people, Roma peoples' skills and competences are offset by their Roma ethnicity; once they disclose their Roma identity, their chances for "success" in non-Roma society decrease drastically. They said that Roma must fight hard to be acknowledged by non-Roma society; average competence and skills are not sufficient. Rather, Roma must have a very good education and job, and they must "have a name" and status, and only then will they be accepted by non-Roma society and be regarded as competent and "somebody important" and not only a worthless Roma. However, this perception was not shared by all of the interviewees. Some expressed opinions that the Roma must also take responsibility.

Working as local coordinators, the participants had experienced a positive change in attitudes toward Roma people; they felt they were met with positive curiosity about Roma culture and manners; and they felt trusted by the local public officers. The participants considered these to be positive influences of the program, which influenced their perceptions of themselves, strengthening their sense of self-efficacy. They believed they possessed the required knowledge, competence, and skills to influence their social and political environments. They also seemed to believe that the political and social systems would be responsive to their actions:

I've perceived it as positive; I've experienced that we're able to make them [the public sector employees] interested. We always had it in mind that no one cares about us. We're now more convinced that there is someone who cares, that there are people

who actually want to help change the situation. (Roma Participant 2, 2013)

Sensing Social Inclusion

The isolation from non-Roma society in which many Roma have been, and are still, living is, according to the participants, a way of protecting themselves against negative attitudes and persecution. One reason why Roma are generally skeptical about inclusion is fear of assimilation. However, the data showed that the participants had a strong desire to integrate and to be a part of non-Roma society, but not at any cost.

Many have asked why I don't take off my traditional Roma clothes, because these are identifying, but that is unthinkable. If people don't accept me as I am, then I don't want to be accepted. (Roma Participant 7, 2011)

Self-protection was also a reason mentioned for the general lack of education among many Roma. The Roma participants described how they had been harassed and neglected as children, even in school.

School was hell. My grandmother followed me to school every day, but as soon as she left, I ran away. I was terribly bullied, but the teachers didn't care . . . We don't skip school because we don't want to attend school. We do it because we can't stand the bullying. (Roma Participant 7, 2011)

However, a significant finding was that the participants expressed a "new" way of understanding social inclusion; rather than being forced to give up Roma values, norms, and customs, they realized that they could be a part of non-Roma society and still live like Roma, caring about and living Roma identity and culture.

Integrating into a society doesn't mean that you have to quit being Roma; you can still continue being a Roma. (Roma Participant 4, 2012)

The participants expressed perceiving increased inclusion and participation in non-Roma society, both during and 1 year after the program ended.

Our sense of belonging in non-Roma society has increased. (Roma Participant 1, 2012)

The explanation for this change could be found partly in the participants' increased knowledge and partly in their expanded social networks and partnerships in non-Roma society. The coordinators felt more powerful and more confident in participating in non-Roma society. They expressed a need for Roma to be more visible in society and to be an active part of activities, such as municipal decision making and planning.

I want to be a role model for Roma women for coming out and being a part of non-Roma society and to strengthen our community. I will try to support other Roma, enabling them to mobilize and organize their own health promotions and cultural and traditional activities. (Roma Participant 5, 2012)

As the coordinators became more confident, they used media as a tool to spread their message. In interviews with local newspapers and radio stations, they openly talked about the oppression, discrimination, and widespread prejudices they faced, and about the community-based activities they performed to decrease injustice and to increase Roma empowerment and participation in society. By being seen and heard in the media, the coordinators themselves took a step into non-Roma society, introducing the Roma people from a Roma perspective.

The participants felt that a lack of education was one of the main obstacles to Roma inclusion. Based on their experience and knowledge gained from working in the program, the participants stated that education, cultural awareness, and increased awareness of Roma rights were crucial for Roma inclusion.

There are opportunities for Roma to participate in decision making, but it's difficult for them to enter the system because they are afraid and don't know how to do it. That's why it's important to go out and talk with them, like we did in the program. It is we Roma, ourselves who are helping other Roma to access education, jobs and so on. The Roma in my community have always helped each other, but not like we do now after the program. Of course, there are opportunities for Roma to be included in society; I've always known that. However, the program has shown me so many concrete ways. (Roma Participant 4, 2013)

My effort will be to motivate the youth to complete their educations because it is the key to the Roma future. Education is power. (Roma Participant 5, 2012)

Contribution to the Common Good and Collective Empowerment

Collective empowerment is illuminated by the local coordinators' subjective perceptions regarding their contributions to the common good in their local Roma communities and the documentation of their actions.

The participants stated that it was not feasible to achieve strong and sustainable improvements due to the limited time and resources directed toward the local community. However, they felt that some improvements were achieved.

They [the local Roma] have not changed very much; yet their attitudes have changed. They have improved with regard to how to cope with discrimination. They are not as afraid to tackle it anymore . . . We've built a network with our colleagues so that we can proceed and succeed, mobilizing the local community. (Roma Participant 4, 2013)

In my community, we've chosen to focus on Roma women, getting them out of their homes, involving them in Swedish society and improving their mental and physical health. Unfortunately, we would have needed more time to succeed in mobilizing women and getting them to take action themselves regarding the issues that bother them. (Roma Participant 1, 2012)

However, at the time of the interview, the women's initiative in that community was still ongoing.

The majority of the activities performed were connected to increasing the physical activity of citizens. However, the activities themselves were not expressed as the primary goal but rather the strengthening of the sense of community and paving the way for and encouraging Roma to enter non-Roma society.

The main idea with the activities is that we come out to Swedish society and show that we want to be a part of it, that we want to integrate. We try to get the youth to understand the importance of school, that without school they won't have any future. (Roma Participant 7, 2012)

We've mobilized the local Roma community and, together with them, organized activities. We try to decrease the discrimination towards Roma people and help them to have a better life and also to improve their possibilities for entering the labor market. (Roma Participant 6, 2012)

The participants expressed the perception that mobilizing the local Roma community had strengthened the sense of community.

The sense of community among us Roma has increased. Some of the activities are continuing, and we do these things together a lot more now. . . . This thing with collective activities, we're not used to doing that, and it's something that we have been missing. (Roma Participant 4, 2013)

Discussion

The findings demonstrate that the Roma participants underwent a development process during the program, showing a strengthening of their self-acceptance (self-esteem, self-confidence), internal locus of control (sense of personal development, potential, independence), self- and political efficacy (questioning, arguing), cultural awareness, and critical political and societal consciousness, including motivation for and involvement in social and political action and an enhanced sense of (Roma) community, as well as participation in non-Roma society, indicating a greater sense of control and learned hopefulness (Zimmerman, 1990). Features of learned hopefulness are, according to Zimmerman (1990), lessened alienation, increased proactive behavior, and enhanced psychological empowerment.

In the present study, it was not always clear what causes were and what effects were. The process consisted of several

factors intertwining and interacting, leading to enhanced proactive behavior, a sense of control, general feelings of being strengthened, becoming more mature and developed, and having reduced alienation. Learned hopefulness and psychological empowerment are linked to community organizing and action (Zimmerman, 1990). At the time of the interviews, some of the participants claimed to be more engaged in social and political action for Roma issues compared with before the program, and all of them expressed lasting and even enhanced engagement and motivation regarding Roma issues. However, most of the coordinators stated that they were not more engaged in Roma issues today than before because their family and work/studies took up all their time. For Roma, family is the priority through which health and well-being are then viewed as collective characteristics (Eklund Karlsson et al., 2013; Swedish National Institute of Public Health, 2010). When the family feels fine, the individual feels fine. The findings indicated that the participants were generally willing, to some extent, to set aside their families and Roma traditions for the common good of the Roma people. Working in the program made them realize that that they were able to make a difference and that fighting for their rights was worthwhile, indicating a strengthened sense of control through self-efficacy. Working as local coordinators, they not only were able to perform activities for the common good, but they also could experience the positive outcomes at both the citizen and community levels. Despite limited time and resources for activities directed toward the local Roma communities, the coordinators expressed feeling a somewhat strengthened sense of community, improved well-being, and increased awareness of Roma issues, rights, and equity. However, the participants stated that, given more time and resources, the improvements would have been greater: a sign of learned hopefulness and increased consciousness.

Historically, non-Roma society has forced the Roma to abandon their culture and norms for "the better and right" culture and norms of mainstream society (Montesino, 2010; SOU, 2010). This process has been referred to as the process of acculturation (Kincheloe et al., 2011; Soldier, 1985). Instead of being seen as independent and equal persons, people (here, the Roma) are acculturated to feel comfortable in relations of subordination and dominance and thus required to abandon their heritage culture for the benefit of the culture of the mainstream society. In the program discussed here, rather than acculturating, the local coordinators were enculturated. Enculturation is the process by which individuals learn about and identify with their traditional ethnic culture (Soldier, 1985) or, as a state, ". . . the extent to which individuals identify with their ethnic culture, feel a sense of pride in their cultural heritage, and participate in traditional cultural activities" (Zimmerman, Ramirez-Valles, Washienko, Walter, & Dyer, 1996, p. 296). Acculturation has been associated with stress and negative health outcomes, whereas enculturation has been associated with health, coping, and happiness (Wolsko, Lardon, Mohatt, & Orr, 2007) and self-esteem

(Zimmerman et al., 1996). The coordinators expressed strengthened Roma cultural awareness and Roma identity. It might be presumed that, through increased Roma cultural awareness and identity—enculturation—the participants' perceptions of control improved, presenting as increased self-esteem and self-confidence and a change from accepting to questioning. Increasing peoples' feelings of control and impact requires consideration of the historical, cultural, social, political, and economic contexts in which they live (Israel et al., 1994). The findings showed that the Roma participants' perceptions of inclusion changed, turning from something they feared into something they embraced. As they came to realize that they did not have to "acculturate," but instead could "enculturate," they became more hopeful, felt more in control, and generally felt better. One of the participants expressed it as follows: "Now I'm at peace." A suggestion is that enculturation, through the perception of control, might be a process influencing the sense of learned hopefulness. Similarly, the acculturation process might trigger a sense of learned helplessness through the sense of lacking control.

Assuming connections among perceptions of control, learned hopefulness, and enculturation, the process of enculturation might also be linked to health literacy. We suggest health literacy to be capacity building for health, with an emphasis on the social determinants of health. Health literacy is regarded as a tool for empowerment that, through building on the genuine needs of the people involved, enhances empowerment. Empowered people have the power to fight the oppression that is holding them down (Askheim, 2007). Thus, health literacy might be linked to the processes of enculturation and social inclusion/integration.

Empowerment includes a feeling of connection to others (Askheim, 2007) and concern for the common good (Zimmerman & Rappaport, 1988), and it enhances the sense of community (Rissel, 1994). The Roma participants stated that they came to feel more involved in and part of non-Roma society after participating in the program. They had expanded their functional and social networks and expressed a general feeling of being more accepted and included. Hence, their fear and distancing were minimized. During the program, they were involved in non-Roma society in ways to which many of them were not accustomed. By participating in the program, the coordinators started paving the way for greater Roma participation in non-Roma society. However, movement into non-Roma society cannot be hurried. As displayed by the present data, as well as by earlier studies (Eklund Karlsson et al., 2013; SOU, 2010), due to a long history of oppression, Roma lack trust toward non-Roma and keep a distance from them as a result. This behavior has been a survival strategy and a way for Roma to protect themselves (Eklund Karlsson et al., 2013; SOU, 2010). Being out in non-Roma society; lecturing on Roma rights and issues, history, traditions, norms, and so on; and exposing themselves to public sector employees, who the Roma had previously experienced

as being in power and oppressing them, were all-new experiences for the participants. Now, the Roma themselves were the experts and not the officials behind the desks. Moreover, working as local coordinators, the participants could experience *not* being discriminated against for being Roma. Thus, their fear declined, and their self-esteem and sense of hopefulness increased, enhancing the process of enculturation. However, as stated in the beginning of this chapter, it was not entirely clear which was the cause and which was the effect.

Family support and the preservation of the home country's culture might, among immigrants, counterweight the negative impact of loss of outside community bounds (Portes, 1998). This seems to be what the Roma has done as a survival strategy for centuries; fighting the acculturation and counterweighting the historical treatment, discrimination, and oppression that have led to the today's constructed history and marginalized situation of Roma people. It has been claimed that social networks comprising people with various origin, culture, and so on are the most health enhancing (Rostila, 2010). Yet, even the opposite has been claimed: that homogeneous social networks are the most health enhancing (Hyppää, 2007). Studies show that Roma prefer relationships with Roma rather than non-Roma (Alex & Lehti, 2013; Crondahl & Eklund, 2012; Eklund Karlsson et al., 2013), referred to as homophily: "the phenomenon that people principally form relationships with those who are similar to them" (Rostila, 2010, p. 382). Eklund Karlsson et al. (2013) also found that the Roma perceived their health and well-being as good when they were within their Roma community, but once stepping outside this safe area, their well-being was reduced. This is in line with Hassler and Eklund (2012) and points to homophily as a health enhancing factor in the case of Roma. In the long run, however, this is probably not a healthy situation as the Roma still feel weaker and more powerless in the non-Roma society. Overcoming this complex situation, the WIL model described briefly in this article and in detail by Crondahl et al. (2015, in press) is suggested as a worthwhile strategy.

The findings concerning the participants' perceptions of discrimination and social exclusion confirmed earlier findings by Crondahl and Eklund Karlsson (2013), who found that many Roma children are being raised with the perception that they will experience discrimination. Furthermore, the authors found that the Roma respondents lack strength to struggle against the discrimination and that they had stopped reacting to it and instead accepted the situation. The authors concluded that the findings could be understood from the perspective of structural discrimination and what they called "internalised racialisation." Racialization is a process based on the perception that social differences are biological and inherited (Miles & Brown, 2003). Through this process, racist beliefs are socially constructed, based on stereotypes and prejudices concerning peoples' origins. Crondahl and Eklund Karlsson (2013) found that the Roma respondents tended to embody the socially constructed and suppressive

perceptions of their Roma identity; hence, they “internalised” the racialization. The findings of the present study indicated that the internalized or embodied racialization was portrayed as self-hatred and blaming of “negative” behavior on the Roma ethnicity. However, these behaviors and attitudes were reduced, or even disappeared, during participation in the program.

The participants in the present study expressed a desire to integrate. This has been confirmed by earlier studies (United Nations Development Program, 2003). However, the integration process must also occur on the terms of the Roma and not only on the terms of non-Roma (Eklund & Cron Dahl, 2010). Furthermore, the integration process must proceed slowly, enabling a feeling of safety and security and of not being discriminated against but being accepted as they are and as equals. These factors have been noted as influencing Roma health and well-being (Cron Dahl & Eklund, 2012; Eklund Karlsson et al., 2013; Swedish National Institute of Public Health, 2010). Hence, the Roma path to self-led integration is through a process of enculturated social inclusion.

Conclusion

The effects of the applied WIL model might be likened to a positive spiral of an increasing sense of control, enculturation, and learned hopefulness. Through parallel training (basic and communicative health literacy) and working, the local coordinators felt more competent in performing their work, thus enhancing their self-efficacy and confidence in challenging themselves and their overall life situations. Along with improved health literacy (knowledge, competences, and skills), cultural awareness, and self-efficacy, the coordinators started questioning their life situations, and their locus of control and motivation for working with Roma issues were strengthened. The coordinators’ self-esteem improved, which was apparent as they performed their work, resulting in positive appraisals and better treatment from their audience and colleagues, which reflected back to the coordinators, improving their self-perception even more. Thus, the cycle continues.

The Roma coordinators perceived the WIL approach to be essential for their personal development and their ability to contribute to the common good. Despite limited time and resources for local community-directed activities, the participants felt that improvements were made at the local level. Regarding the development of the participants themselves, the most significant improvements were expressed relative to strengthened Roma identity, a sense of power and sense of enculturated social inclusion, demonstrating the participants’ psychological empowerment. This outcome indicates that the suggested WIL model, which uses health literacy as a tool, as well as a participatory approach, might be a worthwhile strategy for empowering Roma people and enhancing their self-led social inclusion processes.

Limitations of the Study

The present study is based on a small sample ($N = 7$). There is neither possible to draw any significant conclusions from a sample of seven respondents, nor to generalize. However, none of these were the aims of the study. Further research and interventions are needed to elaborate on and verify the findings of the present study.

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References

- Abel, T. (2007). Cultural capital in health promotion. In D. McQueen, I. Kickbusch, L. Potvin, J. M. Pelikan, L. Balbo, & T. Abel (Eds.), *Health and modernity* (pp. 43-73). New York, NY: Springer.
- Abel, T., & Bruhin, E. (2003). Health literacy/Wissensbasierte Gesundheitskompetenz. In B. F. G. Aufklärung (Ed.), *Leitbegriffe der Gesundheitsförderung: Glossar Zu Konzepten, Strategien und Methoden in der Gesundheitsförderung (Guiding principles of health promotion)* (pp. 128-131). Schwabenstein a. d. Selz: Peter Sabo.
- Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *Qualitative Report*, 12, 612-638.
- Alex, L., & Lehti, A. (2013). Experiences of well-being among Sami and Roma women in a Swedish context. *Health Care for Women International*, 34, 707-726.
- Askheim, O. P. (2007). Empowerment—olika infallsvinklar (Empowerment—different approaches). In O. P. Askheim & B. Starrin (Eds.), *Empowerment i teori och praktik (Empowerment in theory and praxis)* (pp. 18-32). Malmö, Sweden: Gleerups.
- Bates, M. (2003). The assessment of work integrated learning: Symptoms of personal change. *Journal of Criminal Justice Education*, 14, 303-326.
- Cron Dahl, K., & Eklund, L. (2012). Perceptions on health, well-being, and quality of life of Balkan Roma adolescents in West Sweden. *Romani Studies*, 22, 153-174.
- Cron Dahl, K., & Eklund Karlsson, L. (2013, August.). *Perceptions of discrimination and social exclusion of Roma people in West Sweden*. Oral presentation 21st IUHPE World Conference on Health Promotion, Pattaya, Thailand.
- Cron Dahl, K., & Eklund Karlsson, L. (2015). *What is the nexus between health literacy and empowerment?* In press.
- Cron Dahl, K., Ringsberg, K. C., & Eklund Karlsson, L. (2015). *Work-integrated learning and health literacy—catalysts for Roma empowerment and social inclusion?* In press.
- Eklund, L. (1999). *From citizen participation towards community empowerment*. Tampere, Finland: Tampere University Press.
- Eklund, L., & Cron Dahl, K. (2010). *Empowerment och delaktighet hos romer i Väst Sverige (Empowerment and participation*

- among Roma people in West Sweden) Final report. Pre-phase. Gothenburg, Sweden: European Social Fund (ESF).
- Eklund Karlsson, L., & Crondahl, K. (2012). *Empowerment och delaktighet hos romer i Väst Sverige. (Empowerment and participation among Roma people in West Sweden). Final report.* Gothenburg, Sweden: European Social Fund (ESF).
- Eklund Karlsson, L., Crondahl, K., Sunnemark, F., & Andersson, Å. (2013). The meaning of health, well-being, and quality of life perceived by Roma people in West Sweden. *Societies*, 3, 243-260.
- European Union Agency for Fundamental Rights & United Nations Development Programme. (2012). *The situation of Roma in 11 EU Member States: Survey results at a glance.* Luxembourg: Publications Office of the European Union, European Union Agency for Fundamental Rights & United Nations Development Programme.
- Freire, P. (1996). *Pedagogy of the oppressed* (Rev. ed.). London, England: The Penguin Books.
- Gadamer, H.-G. (1994). *Truth and method* (2nd ed.). New York, NY: The Continuum Publishing.
- Guba, E. G. (1990). *The paradigm dialog.* Newbury Park, CA: SAGE.
- Hassler, S., & Eklund, L. (2012). Sense of coherence and self-reported health among Roma people in Sweden—A pilot study. *International Journal of Circumpolar Health*, 71.
- Heidegger, M. (2010). *Being and time.* New York: SUNY Press.
- Hyppää, M. T. (2007). *Livskraft ur gemenskap—om socialt kapital och folkhälsa (Viability of Community - Social capital and public health).* Lund, Sweden: Studentlitteratur.
- Israel, B. A., Checkoway, B., Schulz, A., & Zimmerman, M. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Education & Behavior*, 21, 149-170.
- Kincheloe, J. L., McLaren, P., & Steinberg, S. R. (2011). Critical pedagogy and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 163-179). Thousand Oaks, CA: SAGE.
- Kósa, K., & Adany, R. (2007). Studying vulnerable populations: Lessons from the Roma minority. *Epidemiology*, 18, 290-299.
- Laverack, G. (2007). *Health promotion practice: Building empowered communities: Building empowered communities.* Berkshire, UK: McGraw-Hill.
- Laverty, S. M. (2008). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21-35.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18, 145-153.
- Miles, R., & Brown, M. (2003). *Racism.* New York, NY: Routledge.
- Montesino, N. (2010). *Romer i svensk myndighetspolitik—ett historiskt perspektiv (Roma people in Swedish Governmental politics—A historical perspective) Meddelanden från Socialhögskolan 2012:2. (Messages from the faculty of Social Sciences).* Lund, Sweden: Lund University.
- Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13, 349-364.
- Palosuo, L. (2008). *En inventering av forskningen om romer i Sverige (An inventory of the research on the Roma in Sweden).* Uppsala, Sweden: Centre for Multiethnic Research, Uppsala University.
- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. In E. L. Lesser (Ed.), *Knowledge and social capital* (pp. 43-67). Boston, MA: Butterworth-Heinemann.
- Rostila, M. (2010). Birds of a feather flock together—and fall ill? Migrant homophily and health in Sweden. *Sociology of Health & Illness*, 32, 382-399.
- SOU. (2010). *Romers rätt – en strategi för Romer i Sverige (Roma rights—a strategy for Roma in Sweden). Statens offentliga utredningar, SOU 2010:55. (Official Government Reports.) Arbetsmarknadsdepartementet, Delegationen för romska frågor.* Stockholm, Sweden: Retrieved from <http://www.regeringen.se/sb/d/12482/a/150025>
- United Nations Development Program. (2003). *Avoiding the dependency trap: The Roma human development report.* Retrieved from http://hdr.undp.org/en/reports/regional/europethecis/Avoiding_the_Dependency_Trap_EN.pdf
- van Baar, H. (2011). Europe's Romaphobia: Problematisation, securitization, nomadization. *Environment and Planning D: Society and Space*, 29, 203-212.
- WHO. (2012). *Improving the health of Roma in the WHO European region. A new initiative of the WHO Regional Office for Europe.* Copenhagen, Denmark: World Health Organization, Regional Office for Europe.
- Wolsko, C., Lardon, C., Mohatt, G. V., & Orr, E. (2007). Stress, coping, and well-being among the Yupik of the Yukon-Kuskokwim delta: The role of enculturation and acculturation. *International Journal of Circumpolar Health*, 66(1), 51-61.
- Zimmerman, M. A. (1990). Toward a theory of learned hopefulness: A structural model analysis of participation and empowerment. *Journal of Research in Personality*, 24, 71-86.
- Zimmerman, M. A., Ramirez-Valles, J., Washienko, K. M., Walter, B., & Dyer, S. (1996). The development of a measure of enculturation for Native American youth. *American Journal of Community Psychology*, 24, 295-310.
- Zimmerman, M. A., & Rappaport, J. (1988). Citizen participation, perceived control, and psychological empowerment. *American Journal of Community Psychology*, 16, 725-750.

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