

**Theoretical and Review Articles // Artículos teóricos y de revisión**

- |   |       |   |
|---|-------|---|
| Carmen Luciano  | 3-18  | Murray Sidman's Legacy and the Scientist's Behavior.  |
| Ana B Bautista<br>Francisco J Ruiz<br>Marco A Sierra<br>Juan Carlos Suárez Falcón | 19-31 | Psychological Interventions for Parents of Children with Cancer: A Systematic Review and Meta-analysis. |

**Research Articles // Artículos de investigación**

- |  |         |   |
|--|---------|---|
| Paulo Moreira<br>Helena Bilimória<br>Sandra Lopes  | 35-46   | Subjective Wellbeing in Gypsy Students.   |
| Ihor Prykhodko<br>Yanina Matsegora<br>Oleksandr Kolesnichenko<br>Vladimir Pasichnik<br>Olena Kuruch<br>Natalia Yurieva<br>Olena Kravchenko<br>Olga Radko<br>Dmytro Prikhodko | 47-57   | Psychological Markers of Suicides in Military Service During Wartime: A Contemporary Example.   |
| Allegra X Campagna<br>Haven Warwick<br>Maria Gartstein   | 59-74   | Early Predictors of Callous and Unemotional Traits: The Role of Infant, Toddler, and Parent Temperament.  |
| Justin Thomas<br>Omnya Alkathheeri<br>Ian Grey   | 75-79   | Cognitive Vulnerability and Depressive Symptoms among Emirati College Students Before and After the Enactment of COVID-19 Curfew and Home-learning Measures.                                    |
| María Guadalupe Mellin Sánchez<br>Ferrán Padrós Blázquez   | 81-91   | Estudio psicométrico de la escala AAQ-II de evitación experiencial en población de México. [ <i>Psychometric study of the AAQ-II scale of experiential avoidance in population of Mexico.</i> ] |
| Jara Mendiá<br>Aitziber Pascual<br>Susana Conejero<br>Sonia Mayordomo  | 93-105  | The Relationship Between Body and Appearance-Related Self-conscious Emotions and Disordered Eating: The Mediating Role of Symptoms of Depression and Anxiety.                                   |
| Ole André Solbakken<br>Jon T Monsen  | 107-122 | Validation of the Affect Integration Inventory Short Form (AII-SF-42).  |

**Notes and Editorial Information // Avisos e información editorial**

- |                  |         |   |
|------------------|---------|---|
| Editorial Office | 123-124 | Normas de publicación- <i>Instructions to Authors</i> .                           |
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## Subjective Wellbeing in Gypsy Students

Paulo Moreira\*, Helena Bilimória, Sandra Lopes

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### ABSTRACT

Gypsy often experience substandard social conditions, poorer health, and discrimination. However, little is known about Gypsies students' subjective wellbeing. This study aimed to compare Gypsy ( $n=42$ ) and non-Gypsy ( $n=76$ ) young-students (mean age= 13 years) in terms of composite Subjective Wellbeing (combining indicators of satisfaction with life, positive and negative affect, satisfaction with social support, and quality of life). A series of t-tests indicated that Gypsy and non-Gypsy students did not differ significantly in Subjective Wellbeing. A novelty and strength of the study were that we complemented mean difference tests with procedures for describing group similarities. Understanding similarity is important because it can lead to more accurate and positive perceptions of outgroups, including Gypsies. Across multiple dimensions of Subjective Wellbeing, the similarity between Gypsy and non-Gypsy students was greater than 92%. Although students gypsies experience several cultural specificities, they seem to register levels of composite wellbeing similar to non-gypsy peers. These results are relevant for inclusion practices and policies, as they suggest that research in quality of life is an important means to promote inclusion and equity and to reduce prejudice against ethnic minoritie.

*Key words:* Gypsy students, subjective wellbeing, life satisfaction, quality of life, affect.

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### *Novelty and Significance*

*What is already known about the topic?*

- Gypsy often experience substandard social conditions, poorer health, and discrimination.
- However, little is known about Gypsies students' subjective wellbeing.

*What this paper adds?*

- We complemented mean difference tests with procedures for describing group similarities.
- Across multiple dimensions of Subjective Wellbeing, the similarity between Gypsy and non-Gypsy students was greater than 92%.
- Although students gypsies experience several cultural specificities, they seem to register levels of composite wellbeing similar to non-gypsy peers.

Roma/Gypsies are a minority ethnic group traditionally characterized by nomadism, extended family groupings, and dedication to familial self-employment (Liegeois & Gheorge, 2004). Roma/Gypsies tend to regard children as adults from an early age (Myers, McGhee, & Bhopal, 2010) and, consequently, children' routines tend to mirror those of adults (fair routines, schedules, social networks, parties). Roma/Gypsy children are traditionally raised within a familial surrounding that gives little value to the school. Indeed, school is typically thought of as unnecessary for Roma/Gypsy work (Casa-Nova, 2006) and/or a threat to cultural identity and Roma/Gypsy values (Myers *et alia*, 2010). We use the term Gypsy throughout this article because corresponds to a translation of the preferred and accepted term for members of the Gypsy community in Portugal "ciganos" (Casa-Nova & Palmeira, 2008).

In Portugal, where the vast majority of Gypsy communities now live sedentary rather than nomadic lifestyles (Baptista, 2011), a large proportion of Gypsy children and

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students have home and community experiences that can negatively influence mental health and wellbeing. Many Gypsy children and students live below the poverty line, with substandard housing conditions; and discrimination, marginalization, and stigmatization is a common occurrence, both in school and in the wider community. Surprisingly, however, mental health and wellbeing in Roma/Gypsy children and students, including those Portuguese Gypsy communities, has not been well studied.

SWB is a construct that represents individuals' evaluations of their lives and their emotional reactions to their personal circumstances (Diener *et alia*, 2017). It captures, in essence, the degree to which people judge and feel their lives to be going well (Diener, Lucas, & Oishi, 2018), and thus can be positive or negative in valence. Such evaluations, by definition, are subjective, meaning that they are based on personal judgment criteria rather than external indices (Siqueira & Padovam, 2008). A substantial body of research has confirmed that the evaluative and emotional components of SWB are separable, yet related. Thus, SWB should be considered as a multidimensional construct comprising cognitive judgments and evaluations about one's life (e.g. satisfaction), the presence of positive affect (e.g. happiness, joy, and interest), and absence of negative affect (e.g. guilt and shame; Diener, Lucas, & Oishi, 2018). Positive and negative affect have been shown consistently to be independent constructs rather than polar opposites of a singular affective dimension (Watson & Naragon, 2009). Given the distinction between the components of SWB, researchers have argued that they should be assessed individually yet concurrently, to provide a detailed understanding of SWB (Busseri & Sadava, 2011; Diener *et alia*, 2017).

An important characteristic of SWB is that it is somewhat heritable -a meta-analysis has indicated that SWB is approximately 40% genetic (Nes & Roysamb, 2015)- but also dependent on contextual factors. As evidence of this, studies have shown notable cultural differences in SWB (Diener *et alia*, 2018). Individuals from European and Latin nations, for example, have been shown to report higher SWB than those from Confucian cultures (Tov & Diener, 2007). The Maasai have also been shown to have higher SWB than Inuits and Amish (Biswas-Diener, Vittersø, & Diener, 2005). Notably, authors (Helliwell, Barrington-Leigh, Harris, & Huang, 2009) have argued that the similarity in the predictors of life satisfaction across cultures, e.g. wealth (Diener, Kahneman, Tov, & Arora, 2010) and socioeconomic status (Pinquart & Sörensen, 2000), suggest that mean differences in SWB are unlikely to result from cultural differences in personal indices of a good life.

A large body of work has shown clear benefits to SWB. The breadth of such outcomes are summarized in detail in numerous reviews (e.g. De Neve, Diener, Tay, & Xuereb, 2013; Diener, Kanazawa, Suh, & Oishi, 2015). SWB has been linked to multiple positive health outcomes, including longevity. Individuals who report increased SWB typically live longer (Diener & Chan, 2011). Indeed, in a meta-analysis of studies on people with diseases (e.g. HIV), as well as healthy samples, SWB was found to be linked to reduced mortality. It is now understood that SWB influences health and longevity via promoting health behaviors and healthier physiological responses (e.g. lower blood pressure) (Steptoe, Dockray, & Wardle, 2009). In adolescence, SWB can facilitate adaptive development and promote mental health (Antaramian, Huebner, & Valois, 2008; Park, 2004), and low levels of life satisfaction have been linked to psychological and social problems, such as depression, anxiety, and addictive and disruptive behaviors (Park, 2004). Given these associations, it is unsurprising that SWB is considered an important measure of population health (Dolan, Peasgood, & White, 2008; Lim, Cappa,

& Patton, 2017; Prince *et alia*, 2007). SWB has also been shown to positively influence social relationships; happier people typically feel more sociable (Cunningham, 1988), are more interested in partaking in social activities (Whelan & Zelenski, 2012), and are more cooperative (Lount, 2010).

For children and students, school represents an important developmental context. It is, therefore, unsurprising that school and SWB share a bi-directional association. First, SWB has beneficial consequences for school. Empirical findings indicate that students with higher SWB are more likely to have academic success and positive functioning in school (Bird & Markle, 2012). A meta-analysis of 47 studies showed that SWB and academic achievement are positively correlated, albeit relatively weakly (Bücker, Nuraydin, Simonsmeier, Schneider, & Luhmann, 2018). One possible mechanism for this association is that positive emotions help broaden students' awareness and allows for the development of skills and resources (broaden-and-build theory; Fredrickson, 2001). Alternatively, positive academic achievement may satisfy students' basic psychological needs for competence, and thus enhance SWB (self-determination theory; Ryan & Deci, 2000).

Second, the schools students attend can also influence SWB. The school-context factors that influence student SWB at school are well described by the Konu and Rimpelä School Well-being Model (Konu & Rimpelä, 2002). These include; school conditions (e.g. class sizes, provision of school lunches), social interactions (e.g. teacher-student relationships, peer support) and means for self-fulfillment (e.g. autonomy support, provision of personalized learning). Research evidence supports these influences. Peer and teacher support, for example, be important predictors of SWB in students (Jiang, Huebner, & Siddall, 2013; Liu, Mei, Tian, & Huebner, 2016). Positive school climate (a composite measure of school performance expectations, warm social interactions, discipline, and provision of extracurricular activities) has also been shown to be predictive of SWB (Steinmayr, Heyder, Naumburg, Michels, & Wirthwein, 2018). Consistent with Ecological system theories (Bronfenbrenner, 1986), the School Well-being model acknowledges the impact of external contexts on students SWB, including family and community. As we shall now discuss, many aspects of Gypsy students' familiar and community contexts may have a major influence on SWB in school, as well as their education more broadly (O'Hanlon, 2010).

In Portugal, gypsy communities are one of the most affected by poor social conditions. Poor housing, low academic and professional qualifications, high levels of unemployment, and difficulties accessing social and health care characterize the lives of these communities (Silva, 2005). These constitute face clusters of risk factors that are likely to have negative effects on their SWB:

*Substandard housing.* Reports typically highlight that a large number of gypsy individuals in Portugal live in substandard and precarious housing (Castro, 2007), including conditions with difficult access to water, and a substantial number live in poverty conditions (Costa, Baptista, Perista, & Carrilho, 2008). Research has demonstrated that housing conditions have a significant effect on SWB (Dolan *et alia*, 2008; Lelkes, 2006) and it is therefore expected that the substandard living conditions experienced by Gypsy students will have a negative influence on their SWB.

*Health status.* Empirical studies have shown that the health condition of Gypsies in Portugal is typically poorer than the general population (Silva, 2005), and that the life expectancies of these people are significantly shorter (Assembleia da República, 2009). Major contributors to this trend are the effect of poverty on health status (e.g. respiratory diseases linked to poor housing conditions), lack of preventative practices, poor health literacy, risky health behaviors such as smoking, limited access to healthcare,

and a distrust of medical professionals (Torres, Vicente, Cruz, & Malta, 2012; Van Cleemput, 2018). Research typically shows that poor health has a strong negative impact on SWB (Lelkes, 2006).

*Discrimination and racism.* According to the Second European Union Minorities and Discrimination Survey (FRA: European Union Agency for Fundamental Rights, 2017), of all the countries in which Gypsies were surveyed, Portugal presented the highest rates of discrimination based on ethnicity; 61% of Gypsy respondents reported experiencing discrimination in the 5 years before the survey. These discriminatory attitudes may contribute to lower SWB in Gypsy students. Name-calling, bullying, overt racism, difficulties in friendship relations, and social isolation (Harding, 2014; Lloyd, Stead, Jordan, & Norris, 1999) may all contribute to a lower SWB. Children who expect to be rejected reveal higher levels of stress, dissatisfaction and tension in interpersonal relationships and, consequently, a higher probability of loneliness, social anxiety, depression, and lower level of wellbeing (Ayduk *et alia*, 2000). Indeed, social exclusion, solitude, and discrimination have been linked to sadness and emotional suffering in Gypsy students (Monteiro, Francisco, Antunes, & Pereira, 2013).

*Cultural dissonance between home and school.* For Gypsy students, the impact of cultural dissonance between their home and school contexts may lead to reduced SWB. The well-defined values and relationships in Gypsy communities often lead to difficulty adapting to school (Levinson & Sparkes, 2003, 2006). In Gypsy communities, children are raised in an environment that allows and encourages freedom, autonomy, and spontaneity (Casa-Nova, 2005). Gypsy children raised in such environments and allowed a great deal of freedom at home may experience dissonance when exposed to the rigid structures imposed in school, thus leading to low levels of satisfaction (Pais, 2010; Patinhas, 2013). A combination of cultural values and Gypsy parents' limited and negative personal experiences of school (Bhopal, 2004) are also likely to negatively influence parental aspirations for their children in terms of formal schooling. Indeed, traditionally, Gypsy parents often dictate their children's professional and academic futures (Gonçalves, García, & Barreto, 2006). This situation can cause dissonance and negative affectivity if students feel divided between their loyalty to the family group/community and their own vocational/academic projects and goals. However, a recent study found that, despite dissimilarities, Gypsy adolescents registered similarities with non-gypsy adolescents in some dimensions of student engagement with school (2020).

Despite the substandard social conditions, poorer health, and discrimination experienced by Gypsy students in Portugal, rather little is known about how positively (or negatively) these individuals evaluate their lives or their emotional experiences, i.e. their SWB. Given this gap in understanding, the present study aimed to assess the cognitive and affective dimensions of SWB in a sample of Gypsy students from the North of Portugal. Specifically, we chose to compare the SWB of Gypsy students with the SWB of non-Gypsy students attending the same schools. Given the unique circumstances faced by Gypsy students, we hypothesized that they would report lower life satisfaction, reduced positive affect, and increased negative affect compared to non-Gypsy students. In support of this prediction, a large study comparing Roma and non-Roma adult populations in central and Southeastern Europe (not including Portugal), found that Roma had lower SWB than non-Roma. Moreover, this difference was shown to be due to lower health status, lower income, lower education, discrimination, and substandard accommodation (Kamberi, Martinovic, & Verkuyten, 2015).

## METHOD

### *Participants*

The study involved 118 students from two schools in the North of Portugal. Both schools were from poor urban areas with high unemployment rates, meaning a large

proportion of students benefit from social support (e.g. free school meals), and both schools enroll Gypsy students. In total, 42 students were from Gypsy communities and 76 were non-Gypsy. The distribution of males and females in the non-Gypsy student group was roughly equal (49% male and 51% female), while in the Gypsy student group there was a greater proportion of males (57% male and 43% female). The mean ages of the two groups of students were similar. The group of Gypsy students had a mean age of 13.19 years ( $SD= 1.61$ ,  $Range= 9-16$ ). The non-Gypsy students had a mean age of 13.91 years ( $SD= 1.25$ ,  $Range= 12-16$ ). Despite this similarity in average age, the students in each group were at different stages of their academic careers (see Table 1). Consistent with the observed age range, all non-Gypsy students were enrolled in either the 7th, 8th, or 9th grade (the third stage of basic education in Portugal). In contrast, the majority of Gypsy students were enrolled in the 5th or 6th grades (the second stage of basic education, typically for ages 10-12), implying a large number of retentions or late school starts.

Table 1. Group characteristics.

	Gypsy students (n= 42) N (%)	Non-Gypsy students(n= 76) N (%)
Male	24 (57.1%)	37 (48.7%)
Female	18 (42.9%)	39 (51.3%)
4 <sup>th</sup> grade	3 (7.1%)	0
5 <sup>th</sup> grade	14 (33.3%)	0
6 <sup>th</sup> grade	16 (38.1%)	0
7 <sup>th</sup> grade	5 (11.9%)	33 (43.4%)
8 <sup>th</sup> grade	3 (7.1%)	21 (27.6%)
9 <sup>th</sup> grade	1 (2.4%)	22 (28.9%)

The parents of both groups were of a broadly similar age. For the Gypsy group, mothers had a mean age of 37.8 years ( $SD= 6.5$ ,  $Range= 27-51$ ) and fathers had a mean age of 41.8 years ( $SD= 5.3$ ,  $Range= 31-51$ ). For the non-Gypsy group, mothers had a mean age of 40.1 years ( $SD= 4.7$ ,  $Range= 32-56$ ) and fathers had a mean age of 42.5 years ( $SD= 5.3$ ,  $Range= 32-61$ ). Both groups of parents had a low level of educational attainment -none had attained secondary education (see Table 2)- although Gypsy parents had the least formal education. Indeed, most Gypsy parents had no formal education at all (fathers= 71.4%; mothers= 47.6%) while most non-Gypsy parents had completed the first or second stages of basic education. Consistent with this pattern of education, most Gypsy parents were unemployed (fathers= 61.9%; mothers= 73.8%) while most non-Gypsy parents had low-qualification professions (fathers= 85.5%, mothers= 39.5%).

Table 2. Level of parent education presented for mothers and fathers separately.

	Parents of Gypsy students		Parents of non-Gypsy students	
	Fathers N (%)	Mothers N (%)	Fathers N (%)	Mothers N (%)
No formal education	30 (71.4%)	20 (47.6%)	0	0
First stage of basic education (grades 1 to 4)	11 (26.2%)	8 (19%)	40 (52.6%)	30 (39.5%)
Second stage of basic education (grades 5 and 6)	1 (2.4%)	9 (21.4%)	36 (47.4%)	38 (50%)
Third stage of basic education (grades 7 to 9)	0	5 (11.9%)	0	8 (10.5%)
Secondary education (grades 10 to 12)	0	0	0	0

### Instruments

We used four scales, each validated for use with Portuguese students, to assess distinct dimensions of SWB.

*Brief Multidimensional Students' Life Satisfaction Scale* (BMSLSS, Huebner, 1994). The BMSLSS is comprised of five items that measure satisfaction in five specific domains (family, friends, school, self, and living environment), and one further item that measures global life satisfaction ("I would describe my satisfaction with my overall life as..."). Responses to all six items are given on a seven-point Likert-type scale ranging from 0 (terrible) to 6 (delighted). The responses to these six items were summed to create a total score (maximum= 36), with higher total scores representing increased satisfaction. Psychometric studies have shown that the six-item BMSLSS has acceptable internal consistency in students of different ages, with Cronbach's alphas of .76 in elementary students and .85 for secondary level students (Funk, Huebner, & Valois, 2006).

*Positive and Negative Affect Schedule for Children* (PANAS-C, Laurent *et alia*, 1999). To measure students' positive and negative affectivity, we used a Portuguese adaptation of the Positive and Negative Affect Schedule for Children. This scale consists of 27 adjectives that describe positive and negative emotions. Twelve items capture positive emotions (e.g. calm, happy), and the remainder captures negative emotions (e.g. sad, nervous). Respondents indicate on a scale from 1 (nothing/slightly) to 5 (extremely) the extent to which they have felt each emotion in the past weeks. Responses for each scale were summed to create a total score for positive affect (maximum= 60) and a total score for negative affect (maximum= 75). A prior psychometric study using the PANAS-C in 4th to 8th graders (Laurent *et alia*, 1999) has shown the positive and negative scales have excellent internal consistency ( $\alpha = .89$  and  $.92$ , respectively).

*Brief Satisfaction with Social Support Scale* (BSSSS, Gaspar, Ribeiro, Matos, Leal, & Ferreira, 2009). The 12-item BSSSS assesses students' satisfaction with their social support. Respondents indicate their agreement with each item using a Likert-type scale from 1 (totally in agreement) to 5 (totally in disagreement). The BSSSS has two subscales. The first scale, comprising seven items, measures satisfaction with social support (example item: "I am satisfied with the number of friends I have"). The second scale, comprising five items, measures dissatisfaction with social support (example item: "I am not with my friends as much as I would like"). Scores were reverse coded so that higher scores reflect higher satisfaction or dissatisfaction, and responses for each scale were summed. Internal consistency ( $\alpha$ ) for these two subscales were reported as .84 for satisfaction with social support and .69 for dissatisfaction with social support.

*KIDSCREEN-10* (Ravens-Sieberer *et alia*, 2005). We used the Portuguese version of KIDSCREEN-10 (Matos, Gaspar, & Simões, 2012), an internationally developed instrument, to measure the quality of life. The 10 items of this scale measure the affective symptoms (e.g. "felt sad"), cognitive symptoms (e.g. "been able to pay attention"), psycho-vegetative aspects (e.g. "felt full of energy"), and psychosocial correlates of mental health (e.g. "got on well at school") that students have experienced in the last week (Erhart *et alia*, 2009). Responses are given on a Likert-type scale from 1 (never) to 5 (totally). All items were coded in a way that high scores reflect better mental health and quality of life. A psychometric study of the Portuguese KIDSCREEN-10 reported internal consistency to be .82 (Matos, Gaspar, & Simões, 2012).

### *Procedure*

Before data collection, authorization to conduct the study was granted by the schools and associations supporting gypsy families, and informed consent, with confidentiality assured, was acquired from students and their parents/legal guardians. Students agreeing to participate in the study then completed the questionnaires independently, either at school or in association meetings, under the supervision of a teacher and/or researcher.

### *Data Analysis*

We conducted a series of independent samples t-tests to examine between-group differences in life satisfaction, positive affect, negative affect, satisfaction with social support, dissatisfaction with social support, and perceived quality of life. Post-hoc power

calculations with the obtained sample sizes, and assuming moderate effect sizes ( $d=0.50$ ), indicated these  $t$ -tests had a statistical power of 0.73; that is, there was a 73% chance of avoiding a Type II error. To prevent an oversimplification of findings, and to address a need in research to avoid entrenching group differences, we also present an index of similarity for each variable: the percentage of common responses ( $PCR$ ) (Hanel, Maio, & Manstead, 2019). Following the suggestions of Hanel, we calculated  $PCR$  using Cohen's  $d$  values obtained from the  $t$ -tests. The  $R$  code for calculating  $PCR$  is:  $2 \times \text{pnorm}\{-\text{abs}(d)/2\} \times 100$ .

## RESULTS

Group means and standard deviations are presented in Table 3. In descriptive terms, students in both groups displayed a generally positive SWB. Gypsy and non-Gypsy students had a total life satisfaction score that implied their satisfaction across the different domains was 'mixed-partly satisfactory and partly unsatisfactory'. In terms of affect, students in both groups typically had a more positive experience, with higher total scores for the positive affect scale than the negative affect scale. Both groups also reported being more satisfied than dissatisfied with their social support. Typically, students 'tended to agree' with positive statements about their social support (e.g. "I am satisfied with the number of friends I have) and tended to 'neither agree nor disagree' with negative statements (e.g. "I don't spend as much time with my friends as I would like"). Finally, across the KIDSCREEN-10 items, both groups of students had total scores that were indicative of generally higher than the lower quality of life.

Table 3. Subjective wellbeing scores for Gypsy and non-Gypsy students and summaries of independent samples  $t$ -tests.

	Gypsy students	Non-Gypsy students	Mean difference tests			
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
Life satisfaction	29.60 (4.64)	29.80 (5.28)	-.206	116	.837	-.04
Positive affect	46.78 (6.85)	47.43 (7.28)	-.471	116	.638	-.09
Negative affect	29.36 (8.76)	27.80 (11.46)	.770	116	.443	.14
Positive satisfaction with social support	29.44 (6.90)	29.14 (5.90)	.251	116	.802	.05
Negative satisfaction with social support	15.03 (4.30)	14.67 (4.25)	.445	116	.657	.08
Quality of life	39.17 (5.14)	40.37 (6.12)	-1.072	116	.286	-.20

The major finding from this series of analyses was that there were no significant differences ( $p > .10$ ) between Gypsy and non-Gypsy students for any of the measures; in other words, these two groups of students appeared to have similar SWB. Further support for this finding was provided by the  $PCR$  indices, which suggested that the percentage of common responses between both groups was over 90% for all measures; life satisfaction ( $PCR=98.4$ ), positive affect ( $PCR=96.4$ ), negative affect ( $PCR=94.4$ ), positive satisfaction with social support ( $PCR=98.0$ ), negative satisfaction with social support ( $PCR=96.8$ ), perceived quality of life ( $PCR=92.0$ ).

## DISCUSSION

Given the relevance of Subjective Wellbeing (SWB) for adaptive functioning and development also in adolescents, the present study aimed to assess whether there were differences in this construct between young-students from two cultural groups: gypsy and non-gypsy. We anticipated that Gypsy students would report lower SWB than non-gypsy students because of their cultural experiences of social exclusion, discrimination, and dissonance between school and home. This hypothesis was justified given evidence,



from a large-scale study comparing Roma and non-Roma adults, that Roma typically has lower SWB (Kamberi, Martinovic, & Verkuiten, 2015).

Contrary to our expectations, and prior research findings, we found that there were no statistically significant differences in SWB between the Gypsy and non-Gypsy students. Both groups of students reported a tendency for wellbeing over ill-being. By implementing procedures for testing group similarity, we also demonstrated the extent to which these groups were similar. For all indicators of SWB, the groups were over 92% similar, with life satisfaction and satisfaction with social support reaching 98% similar. In short, our sample of Gypsy students was as emotionally positive, as free of negative affect, and as satisfied with their lives as non-Gypsy students.

Given this finding, it is necessary to contemplate the following question: Why did Gypsy students present similar SWB to non-Gypsy students, despite the known challenges faced by this group? One explanation is that despite the substandard housing, poorer health, and perceived discrimination, Gypsy students may be protected from any negative consequences to SWB by their characteristic close-knit community and family environments. Indeed, emotional support and social acceptance by family members have an important influence on the SWB of students (Eryilmaz, 2012). Longitudinal studies have shown, in a large sample of non-Gypsy students, that family support has an important buffering effect against the negative impacts of stress, including the emergence of depression (Pössel *et alia*, 2018). A second explanation relates to the fostering of personal autonomy. Typically, Gypsy communities raise their children with a permissive educational style, characterized by high affect and low demand, which leads to a high sense of autonomy (Gonçalves *et alia*, 2006). According to the perspective of self-determination theory (SDT), a sense of volition and choice about one's actions leads to the satisfaction of the need for autonomy, which in turn is associated with wellness and thriving in social environments (Deci & Ryan, 2005).

In short, mental health is an issue that concerns everyone, regardless of ethnic identity. To promote social inclusion and reduce discrimination of minority groups such as Gypsies, it is vital to research and attend to the mental health and wellbeing of these individuals. This process requires an understanding of how these cultures differ from others, but also an understanding of their similarities. Gypsy students experience several challenges, including substandard living conditions and discrimination, that at face-value would be a cause to suspect reduced SWB. However, behind the obvious challenges, there are aspects of Gypsy cultures that may lead Gypsy students to be as satisfied and contented with their lives as those from non-Gypsy cultures. Although there will be many others, we have considered that strong family/community support and a high sense of personal autonomy (at least outside of the school context) maybe two such factors. Similar trends of group similarities between Gypsy and non-gypsy adolescents were also found in some dimensions of student engagement with school (Moreira, Bilimória & Lopes, 2020). While it is important for research to attend to important group differences and then to identify the causes of these differences as a means to promoting equity, it is also important to acknowledge group similarities to understand the factors that counteract prejudice and encourage inclusion.

A limitation of the study design was the small sample size. Despite our best efforts, we were only able to recruit 42 students from the Gypsy community; a problem that may reflect the cultural resistance of Gypsy parents to send their children to school beyond the elementary years. The independent samples *t*-tests had low statistical power, meaning there was an increased risk of committing a Type II error (i.e. failure to reject

the null hypothesis). However, this issue was somewhat allayed by our use of similarity procedures, which were dependent on effect sizes rather than  $p$ -values, and that highlight a high degree of similarity between the two groups. Nevertheless, future studies with larger samples are necessary before these findings can be generalized.

A second limitation of the study is that the non-Gypsy participants were recruited from the same schools as the Gypsy participants. Both schools were located in relatively deprived areas of Portugal, meaning that both groups did not differ greatly in terms of socioeconomic status (although the parents of the non-Gypsy participants had a more formal education, albeit still low, and were more likely to be employed). Thus, it is possible to conclude from the study that Gypsy students had similar SWB to students from a similarly low socio-economic background. It is possible that in a larger scale study with a more normative sample of non-Gypsy participants that significant differences would emerge. Nonetheless, it is important to note that even if both groups experienced similar challenges in terms of housing quality and health status because of their similar socioeconomic statuses, perceived discrimination and cultural dissonance are a challenge felt uniquely by the Gypsy group.

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