

PSYCHOLOGICAL AND SOCIAL ISSUES OF THE ROMANY MINORITY

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Summary: *This paper focuses on the largest ethnic minority group in the Czech Republic - the Romany minority. The purpose of this paper was to provide several different perspectives on this group and to present various information and research conducted in this area. It discusses briefly the history and changes brought by year 1989 and focuses on characteristic features of this minority.*

Key words: *Romany minority, history, anthropological and ethnical characteristics, family, intelligence research, personality, mental health, education, major society.*

Introduction

Ethnic minority groups in the Czech Republic represent about 5% of the whole population. The largest minority, called Romany, represents about 3% of the population, or about 300 thousand people (Řičan 1998).

According to the 2001 population census, less than 12,000 Czech citizens claimed Romany ethnicity. However, according to expert estimations, this data is underestimated and the rough estimation is about 150,000–300,000 persons of the Romany ethnicity (Government of the Czech Republic, 2001).

Greeks began to use the term “**gypsy**” in the 10th century, but Romanies do not themselves use this term in their own language. In the past 20 years educated gypsy representatives have requested to be called **Romanies**. In their language the term Roma means “a man, a husband” (Šišková, 1998).

History and the present

The country of origin of Romanies is **India**. They lived a nomadic life and applied their craftsman-like ability, especially as smiths, tinkers, butchers and potters. They used their musical talents to entertain audiences by dancing, singing, playing instruments and doing some tricks. They probably immigrated to Europe due to a lack of food. By the time they appeared in the Czech territory they had traveled around several European countries. The first reports of their appearance in our territory coincide with the **14th century**. At first they were

welcomed because they were bringing with them the new technologies of metal elaboration, but later the situation changed.

At the beginning of the 18th century Romanies were subjected to **official assimilatory politics**, with the goal of legalizing their presence and embodying them in the society. They were forced to dress as the rest of the population, to work in agriculture, to speak the language of the majority, to live in reserved places, etc. This forced integration provoked many conflicts and resistance against the major society. Later on some of them were voluntarily agreeing to become a part of the society.

In the 20th century a law was adopted that forbade living a gypsy lifestyle (i.e., leading the nomadic life, wandering, bivouacking, etc.).

According to Nečas (1981), about **5 000 Romanies perished** during the World War II, mostly in the death camps, so only about 1,000 were left.

After 1948 the Romany situation started to get better. There was an increased emphasis on education with the goal of suppressing illiteracy, and medical programs were instituted to improve hygiene and social care. The numbers of Romanies in the Czech Republic increased due to population explosion and migration from Slovakia.

The communist regime conceived of the solution to the Romany issue simply as a social one. Romanies should be merged with the Czech and Slovakian major society and their individuality would thus be eliminated. Their culture and lifestyle were restrained, they had a minimum space for activity, and the government assumed a so-called “paternalistic pampering” attitude toward them. This meant the provision of constant employment, higher salaries for unskilled labor, benevolence in school performance evaluation, etc. In spite of all this, the gap and contrast between the sociocultural standards of the non-Romany population and Romanies was increasing (Řičan, 2000).

The fall of communism in 1989 initiated radical changes in the societies around the whole of Europe. For Romanies it brought independence and the right to speak their language, to identify themselves with their ethnic culture, to organize Romany meetings, etc. But it was very soon clear that Romanies could not take advantage of the opportunity and their situation generally got worse.

Problems brought about by the changes in 1989

- **unemployment** – according to Vágnerová (1997), in 1997 it was estimated that about 70 % of Romanies did not work

- **crime-rate** – while statistics are not available, it has been estimated that about 20–30 % of Romanies committed criminal acts. In Brno (the second biggest city in the Czech Republic) Romanies committed 95 % of crimes involving pocket-picking and 80 % of crimes involving robbery (Večeřa, 1997). Romanies account for more than 60 % of the adult prison population.
- **media influence** – under the previous regime, reports related to Romanies were not released. Now (in contrast), reports are published and show Romanies in an unfavorable light.
- **accessibility of drugs**
- **societal aversion** – in response to Romany asocial behavior and experiences with their criminality, insufficient hygiene, etc. (which has drawn even more attention through media coverage), xenophobia has emerged.

Anthropological and ethnical characteristics

Romanies have a somewhat dark complexion, dark hair, almond shaped eyes and typical physiognomy.

In terms of **maturation**, Romanies generally have a shorter pregnancy, children are delivered earlier with an average birth weight of about 2,500 grams, but they get well faster than non-Romany children of the same weight. Romany girls start to menstruate later, but their secondary gender characteristics are developed earlier. This results in earlier partnerships and parenthood.

Malá (1988) notes that the 20-year-old Roma is, on average, about 9 cm shorter than the non-Romany boy the same age. Another research report generally supported the **shorter stature** of the Romany people as well.

Kalibová (1999) states that the average age of **mortality** in the 1980s was lower for the Romany population; averaging 55.3 years for men and 59.5 years for women. Therefore the age distribution of the Romany population has a low proportion of elderly people and a high proportion of young people. In 1991, the median age was 20 years while that of the non-Romany population was 35.4 years.

The **medical condition** of Romany children is generally worse than non-Romany children. Romanies seek disability pensions at a rate 6 times greater than their representation in the population. Reasons include unsatisfactory living conditions, insufficient diet during pregnancy and over the lifetime, bad hygiene, a non-stimulating environment, etc. The contribution of genetic influences and inbreeding is a very sensitive question but (due to concerns of racism and discrimination) there is no research in this area. Several studies conducted

in Slovakia, e.g. Chudá, Štofilová (2003), with about 1,100 Romany pupils showed that 97 % suffered from some mental disorder or mental weakness, 42 % from sensory impairment, 17 % from respiratory problems, and 15 % had some impairment of the kinetic system (Horňák, 2005).

Family characteristics

The traditional Romany family superficially appears patriarchal with the man holding the dominant position (the reality, however, is different). The value of a woman is in her fertility. Romanies tend to group closely, with the primary family members living together with other relatives. Thus the “family” consists of many members (Horňák, 2005).

Partnerships are established very early, **at the age of 13–15**. They have many children, which gives an impression that they are irresponsible and that the level of morality is low. However, research findings show that Romany marriages are stable and hold together longer (Davidová, 1995).

Demeter (1993) points out that upbringing in Romany families is typified by a lack of rules and is guided by momentary needs of family members. There is an inability (or unwillingness) to do unpleasant duties, an inability to keep attention, etc. This type of family upbringing is said to lead to environmentally conditioned sociopathy.

The family bond is very strong. However, in comparison with the past, the number of Romany children in foster care and institutional care has increased. At the end of the 1980s **almost half the children** in any institutional care (e.g., institutions for mentally retarded and physically handicapped children) were of the Romany origin (Bakalář, 2004).

Intelligence research

Klíma (1988) points to the good Romany ability to solve practical problems, especially when connected with the satisfaction of their own needs. Romanies accept reality as it is and do not try to change it.

It cannot be said that Romanies are mentally retarded but the structure of their intelligence is different. Hlubocký (in Vágnerová, 1999) even speaks about so called dispersively lowered intellect, where just the aspects which are useful for them are developed.

Concerning the assessment of intelligence, it is presumed (1) that the environment in which Romanies live does not contribute to the development of aspects which are measured by intelligence tests and (2) that there may be genetic

factors that result in Romanies scoring in the range of subnormality. Therefore, the use of common IQ tests rather underestimates and do not reflect the real IQ of Romanies. While few researches have focused on the IQ of Romanies, one study done by Ferjenčik (1997) showed an **average IQ of 87** when using the subtests of IQ tests that do not depend on language and culture. If the regular tests were used, then the findings dropped in average of 10 points.

The diagnostic examination has a several aspects as sources of disabling factors for Roma children, i.e. suitable psychodiagnostic tests, objective diagnosing (taking account of the cultural and social background and personality characteristics) and preparation before entering school (Tomatová, 2005).

Personality disposition

Klíma (1988) notes the typical traits of Romany personality that are determined by the combination of genetic disposition and specific impacts of environment.

- their temperaments include excitability, sociability, disobedience, impulsivity, higher intensity of emotionality, insufficient control of emotion in childhood that often is interpreted as behavior disorder
- they do not identify with norms and values of the major society, they accept norms formally but do not follow them, they do not have feelings of guilt, punishment for rule-breaking is perceived as unfair
- they do not tend toward introspection or self-evaluation, they do not have the idol, they are not motivated towards a change, they have a specific non-verbal empathy, their lack of education shows in naivety, a lack of criticism, magical thinking and superstitiousness
- they are focused on current moment, on presence (Stewart, 2005)

In comparison to the norms of the major society the extreme variants of Romany personality manifest as abnormal and most often are considered as psychopathy. Even though the behavior may lead to the impression of a disorder, one must remember that “different” is not necessarily “pathological”. Behaviors that are inconsistent with or that violate the expectations of the larger society may lead to the impression that an individual is “disordered”, not simply different.

The personality traits that increase the risk of conflict with the majority are the lack of behavior control, impulsivity, aggression, oversensitivity, intensive

emotionality and a tendency to demand immediate satisfaction of their needs. This type of personality is characterized by the term “**Romany ethnopathy**” (Vágnerová 1999).

Mental health

Okruhlica and Vejborová (in Bakalář, 2004) explored the specifics of psychological disorders in the Romany population, arriving at two conclusions:

- the comparative incidence of disorders between boys and girls is 3:1 and there is a higher incidence rate among adult males as well. These findings are unusual because worldwide there is a higher incidence rate among women.
- there was a higher incidence of mental retardation among Romany children, whereas non-Romany children showed a higher incidence of neurotic disorders (Romany children do not suffer from neurotic disorders because there are no claims and high demands made on them, they have fewer internal conflicts and are faced with fewer taboos)

The incidence of psychosis does not vary from the rest of population. The manifestations of various pathological symptoms include:

- apathy, no interest in external events, agitation, attempts to get away, unreasonable aggression
- untidiness, dullness of facial expression (unique and different from mental retardation)
- real or pretended hallucinations
- all the symptoms are accompanied by intense emotion
- higher incidence of endogenous mental disorder
- low incidence of abstinence symptoms and almost no psychotic conditions having an alcohol genesis

(Medvecká and Medvecký, in Bakalář, 2004)

Myslivoček (in Bakalář, 2004) describes the term **moral insanity** as a personality disorder that occurs frequently in Romanies as compared with the rest of the population. This type of psychopathy manifests in childhood. Symptoms include: failure to obey, lying, punishment having no impact on them, high affective irritability, lack of voluntary control, low frustration tolerance, lower intellect, aspects of sadism.

Education

An important factor is the attitude of the Romany community toward education. It does not emphasize education as a benefit for the future, there is no emphasis on individual identity, and there is a lack of ambition. Romanies are not motivated to achieve a goal, especially if a long-term goal is blocked by some barriers. Romany children do not have regular regimens, habits or internal norms (Vágnerová, 2004). They are focused on satisfaction of their current needs and tend toward constant change which Klíma (1988) explains as a residue of nomadic life. There is also the problem of an insufficient knowledge of the majority language and a different usage of communication.

Romany children also do not have positive examples from their own community to identify with (Ševčíková, 2004).

Survey of achieved education conducted by Kalibová (1999)

Table 1

Completed education in percentage

type of school	Per cent
primary school	75-80 %
vocational school	7-12 %
high school	1 %
university education	0.4 %

The results in Table 1, however, may be misleading. Some Romanies do not always correctly report their ethnicity or nationality as Romany when asked for demographic information and further, some Romanies come from the mixed families. It is estimated that **60-80% of Romany** children attend special schools.

Relationship of majority society to romany minority

Ševčíková (2003) conducted a research in 2003 where non-Romany subjects were asked to identify the positive and negative characteristics of Romanies. Romanies were asked to do the same but they were not able to identify any positive characteristics of the non-Romany population.

Table 2

Percentage of positive characteristics

Coherence	21
Artistic talent	20
Ability to be happy	14
Human duality	14
Family care	11

Table 3

Percentage of negative characteristics

Inadaptability	36
Aggression and criminal behaviour	27
Negative work habits	13
Lack of hygiene habits	13
Dishonesty	10

In answer to the question “Would you accept Romanies as neighbours?“, 80 % answered no. In comparison, when asked about acceptance of a Vietnamese family 49 % subjects answered no. When asked about acceptance of an African family 10 % of the subjects answered no. When asked about having a Roma as a partner, 78 % answered no (Trávníčková, 1995).

Conclusion

The Romany mentality is, in some aspects, different from non-Romany mentality. They have different patterns of behavior and activity that can be understood as direct consequences of specific traits and external environmental influences. There is still insufficient scientific research about Romanies. This is partly because of an information embargo on some statistical data related to Romanies. Statistics related to crime-rate, ethnicity, birth-rate, social or financial help, etc. could be perceived as discrimination and racism. Another problem is the fact that common psychological tests cannot be applied to Romanies because the findings can be distorted and undervalued. The issues of integration into the society and, especially, educational improvement are still very pressing.

NOTE: The information provided here is not offered as a criticism of Romanies and/or their culture, but rather as a contrast with the larger society.

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