



Cultural peculiarities of the Roma population in the psychology of suffering

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This paper presents the synthesis of some manifestations, traditions and realities of the Roma population that have influences in the psychology of suffering, as well as the results of a personal research, through which I aimed to investigate the image of suffering at different stages of life and the reasons for the reluctance / refusal of the Roma population to turn to specialists (psychotherapists).

Psychotherapy is a complex process of psychological treatment, focused on reducing symptoms, rebalancing and rebuilding the personality. It requires a longer approach (from a few weeks to several years) and a higher qualification of the psychotherapist who guides it¹.

The psychotherapist is perceived by the Roma as a life-saving person on the border between a doctor and a wizard/magician. Their mission can be accomplished only through a deep knowledge of both the patients and the context from which they come, therefore of the families and communities to which they belong. Even when the psychotherapist wants to change something fundamental in the thinking and structure of the Roma patient, in order to be effective, he must know and follow the thinking and structure already existing in the Roma patient's mind, heart and social behavior.

Ignorance or the lack of knowledge by the therapist of the cultural elements of the Roma patient affects the relationship between therapist and patient and the progress of therapy. In the relationship with the Roma patient, trust is the key to success, and this trust cannot be built if his cultural particularities are known. Investigating the causes that caused

¹ Steliana, Rizeanu. *Introducere în psihologie*, Bucureşti: Editura Universitară, 2013.



the suffering using standard methods can generate suspicion in the patient's subconscious. The presentation and description of cultural particularities can provide a reasoned explanation regarding the population's reluctance to address specialists in treating various mental illnesses caused by suffering.

The issue of the presence of Roma *in* and *at* the hospital, their relationship with suffering, death and the impurity associated with it often appears, in the key of sensation, but unfortunately no specific clarifications and distinctions are made.

The hospital is perceived as "a place of exile from one's own lifestyle." For this reason, many Roma accept unbearable pain rather than being broken up from their family (community) and going to the hospital. The hospital, as a hostile place, is a reason for differentiation and rejection. It is a place famous for its impurity, where certain rules of hygiene cannot be respected, the Roma considering it a potential source of disease and uncleanness. The reduction of the risk of contamination is also seen in the fact that the Roma bring consumables and disposable things, such as glasses and plastic plates, their own sheets and towels, things that have not been used by non-Roma. The hospital is the place where one dies, a "house of death", in other words².

During the period when I was a Romanian language teacher in the community of Roma Căldărari from Zanea town, Ciurea commune, Iași county, I noticed some traditions, specific customs, when a person became ill or suffered from an illness. Thus, the family, the extended family, the community suffers when an important person in the family / community is ill. Their manifestations reveal a ritual behavior full of drama, supported by the strength of the group and the real solidarity they show in the difficult moments of going through the hospital.

If an important person from the community (bulibașă/chef) is hospitalized, the family members (spouse, children, parents) and the extended family have a special suffering compared to the other members of the community, the manifestations being special, extraordinary: screams, even howls, hair pulling from the head, strong and self-inflicted blows.

The death of a bulibașă/chef, hospitalized with serious health problems, was unacceptable for relatives. There is no dissatisfaction claim against the medical act. But what

² Mirel, Bănică. *Bafta, Devla și Haramul. Studii despre cultura și religia romilor*, Iași: Editura Polirom, 2019, pag. 214



is happening is a traditional cultural manifestation of this community to which the patient belongs, the mourning reaction is a very noisy one³.

The lack of an adequate "cultural response" is not specific to Romania, even if it is one of the countries with the largest number of Roma. American researchers have also noted the habit of Roma in the US to visit the sick relatives, suffering in hospitals, in a large number, mainly in order to restore emotional balance, to prove that they are not forgotten or excluded from the community. (Kaplan study, Taylor, 2008).⁴

The suffering of the Roma population in the case of sick people (hospitalized) or in the case of the death of those close to them has incomprehensible repercussions on the majority population, moulding the personality and behavior of children, future adolescents.

Adolescents may need special care when they suffer. It is often difficult to approach and help them. A teenager does not express his pain in the same way as another adult. Older people can get sick after a great loss. They may have a chronic illness or other condition that interferes with mental illness or that can be aggravated.

The parents of a student who did not see well at the blackboard refused to accept the idea of an ophthalmological consultation and the recommendation that he wear glasses considering this a disability, with major repercussions on the future adolescent.

One aspect that highlights the influence of culture / tradition on therapy refers to the social pressure on the person who is in a therapy process. A concrete example is of a 31-year-old girl who lost her husband to leukemia. The loss of the husband and the responsibility of raising the 3 children in the conditions in which she had no source of income was the trigger for depression. The exacerbation of depression was due to cultural elements that, on the one hand do not allow specialized intervention, and on the other hand according to them is induced by the feeling of guilt. In the Roma tradition, if a man dies young, the fault belongs to his wife who is bibaxtali – which means, "unlucky".

Outpatient treatment plays an important role in the grievance process. Sharing the care and help of specialized staff is very important.

³Bocete de jale au zgduuit din temelii cel mai mare spital din Moldova! Pirandele nu s-au putut opri din plâns, Știrile Kanal D, 17.01.2017, 19:24

⁴Mirel, Bănică. Bafta, Devla și Haramul. Studii despre cultura și religia romilor, Iași: Editura Polirom, 2019, pag. 215



Barriers in the psychotherapy of Roma people can also be considered linguistic, communication, but also cultural and psychological obstacles. A particularly problematic aspect is the impact of language barriers on people with psychosocial or intellectual disabilities. This is a problem especially for people from migrant families, given that, in general, psychotherapy and cognitive tests must be performed in the patient's mother tongue. Children with intellectual disabilities in ethnic minority communities may also be kept at home because of the stigma associated with that disability in their community, which leads social service providers to wrongly assume that they are granted home care.⁵

The effects of suffering are felt at all levels of personality and in all moments of life of the Roma population: cognitive development, affective-emotional maturation, system of interests and values, manifest behaviors, self-awareness, nature of image and self-respect. What is important to remember, however, is that the level of integration and adaptation of a Roma ethnic group in a system, including access to psychotherapeutic care, depends to a large extent on how society in general, as well as specialized staff, are open to knowing the specific cultural aspects of the community from which the patients come.

⁵ Discriminarea multiplă în domeniul sănătății, European Union Agency for Fundamental Rights, memoriu 13.03.2013, p. 2