

A Phenomenological Exploration of Stress within the Irish Traveller  
Ethnic Minority Group

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### **Declaration**

‘I declare that this thesis that I have submitted to Dublin Business School for the award of HDip Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.’

Word count:

Signed: Laoise Darragh

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### **Abstract**

Research has revealed that minority groups face above average levels of stress compared to the wider society. Meyer (1995) proposed a comprehensive model of the different aspects of minority stress. The model is most often applied to sexual minorities. This study used Interpretative Phenomenological Analysis to examine stress within the Irish Traveller ethnic minority group with an aim of examining how their stress fits Meyer's model of minority stress. Four participants were involved. Semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis. It was found that Irish Travellers are a distinct group who endure specific stress that is extraneous to the stress faced by the general population of Ireland. The findings propose that Irish Traveller minority stress fits Meyer's model in unique ways - particularly in relation to issues around identity concealment and loss.

## 1. Introduction

### *1.1 Stress*

Stress has been described as an epidemic of modern times, with the American Psychological Association's annual report on stress finding that the majority of Americans feel that they have higher average stress levels than what they perceive to be a healthy level of stress (American Psychological Association, 2019). Within an Irish context, the Health Service Executive have a number of recommendations for dealing with stress and its multiple causes (HSE, 2018). The Oxford Dictionary of Psychology defines stress as "psychological and physical strain or tension generated by physical, emotional, social, economic, or occupational circumstances, events, or experiences that are difficult to manage or endure" (Colman, 2009). Within this, a stressor can be defined as an internal or external force that requires adjustment or coping strategies on the part of the affected individual ("Stressor," n.d.). Stress can have extremely detrimental effects on a person's physical and mental wellbeing. High allostatic load due to stress can increase the likelihood of developing psychiatric disorders including anxiety and depression (Rincón-Cortés, Herman, Lupien, Maguire, & Shansky, 2019), and often stress occurs as part of comorbidity with other psychological and physiological disorders (Duric, Clayton, Leong, & Yuan, 2016).

### *1.2 Minority Stress*

Minority stress relates to the above-average levels of stress faced by members of minority groups, due to their group membership. Although the concept of minority stress has appeared in literature within the social sciences for years (Aneshensel, Rutter & Lachenbruch, 1991; Pearlin, 1998), Ilan Meyer (1995) was the first to propose a comprehensive model in which he describes the different aspects or components of minority stress. For Meyer, minority stress occurs as a result of the juxtaposition of minority and dominant societal values, and the

conflict that exists between an individual and their social environment. Meyer's minority stress model proposes three major components of minority stress. Increased distal stress is brought about by feelings of isolation, rejection and discrimination. This generates increased proximal stress, feelings of negativity towards oneself and one's own minority group, and often attempts at concealing group membership. A combination of distal and proximal stressors lead to adverse health outcomes for the individual. These three aspects are inter-linked and become part of a cyclical process. Often individuals from minority groups begin to see their minority group membership as central to their identity and ignore other personal traits. The same perception is often held by members of the wider society towards minority members and this becomes part of the cycle. There are also more nuanced interactions among the three stressors that describe complex associations and are specific to particular groups (Meyer, 1995). Frost, Lehavot, & Meyer (2015) conducted a longitudinal study to examine the effects of minority stress on physical health. They found that among their sample of lesbians, gay men and bisexuals (LGBs), those who had experienced a prejudice event significantly increased the likelihood of experiencing a physical health problem. In line with Meyer's previous work (1995), it was concluded that prejudice-related stressful life events have a 'unique deleterious' effect on physical health, that persists externally to the effect of events unrelated to prejudice.

### *1.3 Ethnic Minority Stress*

Although much of Meyer's research has focused on sexual minorities, ethnic minorities suffer from poorer mental health and higher stress levels than those from the wider society. The three aspects of the minority stress model are evidently faced by minorities of all types (Wei et al., 2010). Ethnic minorities face discrimination that is often unavoidable. Issues around biculturalism and feeling forced to assimilate cause incongruence in the lives of these individuals. A recent survey revealed that an increasing number of adults report discrimination as a significant source of stress (American Psychological Association, 2019). Within this

report, 63% of people of colour and 64% of members of the LGBT community felt that discrimination has hindered them from having a full and productive life. These figures have also been increasing over the last number of years. Majeed and Liaqat (2019) conducted a longitudinal study examining the relationship between social inclusion and health. In line with existing literature, their findings confirm that social inclusion significantly improves population health, particularly in terms of lower gender inequality, greater social cohesion and higher trust. Their findings act in congruence with the aforementioned negative effects that stress has on an individual's health to highlight the difficulties faced by ethnic minorities who are subject to elevated levels of stress, social isolation and often ill-health.

#### *1.4 Ethnic minorities in Ireland: Irish Travellers*

Within an Irish context, after years of campaigning for formal recognition and against exclusion and discrimination, Taoiseach Enda Kenny granted Irish Travellers ethnic minority status in 2017 (O'Halloran & O'Reagan, 2017). It was found that Irish Travellers became genetically distinct from the rest of the Irish population at least eight generations ago (Gilbert, Carmi, Ennis, Wilson & Cavalleri, 2017). According to the 2016 Census, there were just over 30,000 Irish Travellers living in Ireland, comprising less than 1% of the general population (CSO, 2016). In line with Meyer's (2003) research on the LGBT community in which he found higher levels of substance abuse and misuse and increased mental health issues, affective disorders and suicide, this lack of inclusion within Irish society has also led the Traveller community to be at a higher risk of poor mental health, substance abuse and suicide (Claffey, Crowley, MacLachlan, & van Hout, 2017; Heaslip, Wilson, & Jackson, 2019). Irish Travellers have typically lived a traditional and nomadic lifestyle, with Traveller income stemming from traditional labour such as trading and craft (Helleiner, 2000). However, modernisation has had an impact on this type of work for all members of Irish society. Many Travellers have been forced to change their lifestyle from one of movement to a more settled life in built-up areas.

In the past, many Travellers used this nomadic lifestyle or “shifting” to avoid and escape from any feelings of negativity and discrimination in a certain area (Claffey et al., 2017). Being forced to live a settled life has meant that many Travellers must become much more resilient to discrimination and cope with it in much larger quantities. Despite this, “Travellers will remain Travellers even when they are not travelling” (McCann, Ruane, & O’Siochain, 1996).

In collaboration with Traveller health workers, the Irish government produced ‘Our Geels: The All Ireland Traveller Health Study’ (2010). It was found that only 3% of Travellers were aged 65 years and over compared with 13% of the general population. Irish Traveller males had a life expectancy of 62 years old – comparable to the general population life expectancy in the 1940s. The mortality gap had widened since the previous study of Traveller health in 1987. Suicide accounted for 11% of all Traveller deaths and was 6 times higher than the general population. Over 52% of Travellers aged 40 – 60 years, had been diagnosed with high blood pressure in the last year, compared to 35% of the general population. In fact, Irish Traveller health was poorer on every measurement compared to the general population. The study made clear that Irish Travellers were not experiencing the same improvements in health that modernisation had brought to the general population.

### *1.5 Human Rights and Policy Making*

The United Nations published the Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities in 1992. Article 1 relates to the duty of each state to protect the existence of minorities and promote their rights through legislation. It also states that minorities should practice their right to express their culture, religion and language (Article 2). Article 4 states that all members of minority groups should enjoy not only their minority rights, but all human rights without discrimination (Article 4.1) and that states also hold the responsibility of taking positive action to ensure that minority culture is allowed

to develop and flourish (Article 4.2). The history, traditions and culture of minority groups should be reflected within the national education system (Article 4.4) (United Nations Human Rights, 1992). Clearly, if Ireland is to uphold the rights of all of its citizens as per its joining of the United Nations, Irish Travellers should be proportionately represented in Irish culture, should be represented within the education system, and should be free to express their culture without discrimination. However, human rights are contextual and often far from universal, reflecting the views of the dominant majority and often not of the indigenous peoples themselves (Heaslip, Wilson, & Jackson, 2019). Despite having been granted ethnic minority status, there appears to be a lack of policy making that is created in collaboration with members of the Traveller community, and not just assumed to be beneficial. “Irish travellers fare poorly on every indicator used to measure disadvantage including unemployment, poverty, social exclusion, literacy, education and gender equality” (Claffey et al., 2017, p. 3). Cultural differences between the settled and Traveller communities both create and reinforce/strengthen these disadvantages and cause further feelings of alienation.

### *1.6 Irish Travellers and Minority Stress*

Meyer looks for a social causality for stress, disputing others who suggest that economic status is the main factor here (Myers, 2009). Clearly, in relation to ethnic minorities there is some overlap. Ethnic minorities across the globe face economic disadvantages in both developed and developing countries (Darity & Nembhard, 2000; Williams, 1999), and this disparity continues to increase. Although perhaps not the initial cause of stress, economic status and financial burden must augment the stress faced by ethnic minority groups. In the case of Irish Travellers, it is clear that many live below the poverty line despite living in one of the wealthiest countries in Europe. According to Pavee Point Irish Traveller and Roma Centre, it is very difficult to find any sort of accurate statistics on how many Traveller children live in consistent poverty or are at risk of poverty due to a lack of research in the area and data

disaggregated by ethnicity (Pavee Point, 2016). 80% of Travellers are unemployed (CSO, 2016). As well as creating its own financial burden and stress, this hinders a potential opportunity for inter-group bonding and a chance for Travellers and the settled community to experience exposure to each other in the workplace, reinforcing existing divisions.

Advancing the minority stress model, Meyer et al. (2008) later highlighted two types of stress - experiential stress and structural stress. Irish Travellers face both experiential and structural stress. Experiential stress relates to all aspects of the minority stress model proposed by Meyer. Structural stress may relate to ineffective policies of inclusion and a lack of collaboration between those creating initiatives, and those who the initiatives are being put in place for. Although Irish Travellers have been granted ethnic minority status, systemic change has not been apparent. For example, Claffey et al. (2017) found that opioid substitute treatments are often not suitable for Travellers suffering from addiction, despite rising levels of substance abuse within the community. This is because policies do not take into consideration the stigma around drug use within the community. Clinics administering methadone or other opioid substitutes are usually assigned on the basis of location nearest to the person's residence. Claffey et al.'s research found that many patients were not making use of the clinics as they feared they would be seen entering by other members of the community. Travellers suspected of taking drugs are often blacklisted. There may be similar cases of mental health services being put in place not being utilised by Travellers because of the stigma attached to mental health. The lack of outlets available to ask for help from other members of the Traveller community or externally further isolates some individuals in the community and can add to already high levels of stress and feelings of alienation. Recent research in the area of minority stress has identified a phenomenon known as 'compounded stigma' - the additive and cumulative impact of belonging to one or several marginalised groups and also suffering from

addiction, mental illness and/or trauma (Rojas et al., 2019) These findings were replicated in Black Asian and Minority Ethnic (BAME) individuals in the UK who are disproportionately affected by poor mental health and they are also less likely than the general population to seek help for any mental health issues (Jaspal, Lopes, & Rehman, 2019). The results suggested that situational stressors associated with self-acceptance or self-hate psychological schemata induce maladaptive or adaptive coping strategies and that these pathways have distinct outcomes for depressive symptomatology.

### *1.7 Self-esteem, Self-identity and Isolation*

Although concealment of sexual minority status and internalised homophobia are unique to sexual minorities, it may be argued that these aspects of the minority stress model affect Irish Travellers in their own unique ways. For example - being aware of discrimination and not wanting to disclose group membership to those in school or at work; or feelings of discrimination by others deflecting back to one's own self (Meyer, 1995). Facing discrimination often leads individuals to regard themselves in the way they perceive others to regard them. If this is negative or in a derogatory way, self-esteem will be lowered and issues with self-identity occur. This lack of a sense of self can be an added stressor, in turn affecting mental and physical health (Meyer, 2003). Research in this area has not investigated whether being granted ethnic minority status has impacted on the self-identity of Irish Travellers and whether this in turn has impacted their perceived stress.

### *1.8 Resilience and Family Bonds*

Irish Traveller culture tends to be grounded upon strong family bonds, which usually aids in resilience (Claffey et al., 2017). In line with Meyer's research on minority stress, this constant pressure to maintain resilience can result in 'coping fatigue' (1995). Meyer describes the phenomenon of 'coping fatigue' as individuals who face discrimination and prejudice, and

suffer from minority stress are forced to be much more resilient than those who do not face such stressors, and therefore can become burnt out by having to maintain such resilience (1995). Coping must be considered at group level, as a sense of connectedness to the community acts as a coping strategy, yet it should also be considered at an individual level. It is important to note that Irish Travellers are not a homogenous group, meaning that specific and individual needs need to be taken into consideration (Brown & Scullion, 2010; Crowley & Kitchin, 2007; Heaslip et al., 2019; Hudson, 2009). Although one individual may have strong family ties which help them to cope with minority stressors, for others this may prove to be a negative trait, as often there is a stigma around talking about and seeking help for mental health problems, and a certain pressure to keep up appearances within the community. This can often increase proximal stressors and the likelihood of turning to alcohol or drugs (Claffey et al., 2017). Others still may not have close family ties at all. Clearly it is important in this instance to look at minority stress within the Irish Traveller ethnic minority group at an individual level, searching for deeper and richer meaning behind the complex topic of stress. Therefore, this research will adopt a qualitative method of investigation to avoid the difficulty in reducing the phenomenon of stress and in particular minority stress as experienced specifically by Irish Travellers into numerical values in order to carry out quantitative research (Pietkiewicz & Smith, 2014).

### *1.9 The Current Research*

This research will focus on stress within the Irish Traveller community, with hopes of uncovering if/how Meyer's theory applies to Irish Travellers' perceived stress. Its findings will be analysed using Interpretative Phenomenological Analysis (IPA), with the interview process being collaborative. When developing his theory, Meyer saw no benefit in measuring the minority groups against the wider, non-minority group as there are too many factors that would influence the credibility of the results. Instead, it is more fruitful to measure the different

aspects of stress (1995). In this way, adopting a qualitative approach allows the different aspects of Irish Traveller stress to be explored and, in particular, utilising Interpretative Phenomenological Analysis allows this exploration to be deep and rich (Smith, Flowers & Larkin, 2009). It will look for quality of experience rather than causal relationships - the lived experience of stress by members of the Irish Traveller ethnic minority group. As such, the research questions of the current study are ‘what is the lived experience of stress by members of the Irish Traveller ethnic minority group?’ and ‘how does the minority stress model proposed by Meyer (1995; 2003) apply to the Irish Traveller community?’.

## **2. Methodology**

### *2.1 Participants*

Participants were a purposive sample and were all involved in Pavee Point Irish Traveller and Roma Centre. The sample was chosen by the centre, with criteria given being that all participants are members of the Irish Traveller ethnic minority group and that all participants were over the age of 18. It was asked that if possible, there would be a mixed representation of age and gender. The participants consisted of four women, all involved with Pavee Point Irish Traveller and Roma Centre primary health care project. The primary health care group was formed in the centre with the objective of identifying the health needs of members of the Traveller community (Pavee Point, 2020). This was not part of the criteria for the current research and the researcher was not aware of their involvement with the project prior to the interview process. The participants were not required to participate in the research in any way, nor were they compensated for their participation in any way. The women were not asked their age for reasons of respect and anonymity.

### *2.2 Design*

In order to ensure that a deep understanding of the subject was obtained, an inductive qualitative design was chosen. In line with what is recommended in interpretative phenomenological analysis (Tuffour, 2017), one-on-one semi-structured interviews were carried out so as to encourage the participants to describe their personal, lived experience. A qualitative design was also chosen as there may have been issues around literacy within the group, so a questionnaire would not have been suitable. Key variables of interest were identified prior to creating the interview schedule. These included stress, minority stress, ethnic minority status, belonging.

### *2.3 Materials*

A semi-structured interview schedule was conducted in advance of the interview and can be seen in Appendix I. Questions were designed to be open-ended to allow the participants to take the interview in the direction that they thought was most important. The questions were developed in line with Smith and Flowers' guidelines.

Each participant was given a detailed information sheet prior to beginning the interview process. This was also read aloud to the participant to ensure that they fully understood the research, and to avoid any issues around literacy, in line with Mahnaz, Akram, Najmah, Goharshad and Elham (2013). A copy of this information sheet can also be found in appendix II. The participants were then asked to sign a consent form, which was kept by the researcher (Appendix III). After the interviews, a debriefing sheet was both read aloud and given to the participants (Appendix IV). Two digital dictaphones were used to record the interviews. Both were the Allreli CP0034 model.

### *2.4 Procedure*

Pavee Point Irish Traveller and Roma Centre was contacted by the researcher in August 2019 asking if they would be interested in taking part in the current research. They agreed to help in finding participants for this study. In October 2019, a research proposal and ethics form was submitted to DBS and passed ethical approval. A copy of the information sheet (Appendix II), consent form (Appendix III) and debrief sheet (Appendix IV) that was later given to the participants during the interview process was sent to a contact at Pavee Point a few weeks prior to conducting the interviews. A semi-structured interview schedule was also sent (Appendix D).

Interviews took place in Pavee Point Irish Traveller and Roma Centre in North Dublin city centre. A small, quiet and secluded room was chosen to ensure that the interviews were not interrupted. Only the interviewer and participant were present during each interview. A copy of the information sheet was given to each participant before commencing. This was also read aloud by the interviewer to avoid any issues with literacy. The participants were also given the option of having the information sheet read aloud by a member of staff at Pavee Point if they wished. They were asked if they had any queries prior to beginning the interview. Each participant was asked to sign a consent sheet. The interviews were conducted in an informal manner, with the interviewer referring to the interview schedule when needed. The interviewer also took notes during the process. After the interview was finished, the participant was asked if they had any further comments or questions. The debrief sheet was then read aloud to the participant and given to them to keep.

### *2.5 Ethics*

Prior to starting the interview process, a research proposal and ethics form was submitted to DBS and passed ethical approval by the DBS research ethics committee with no changes. The Psychological Society of Ireland's Code of Professional Ethics (2011) and the DBS Ethical Guidelines for Research with Human Participants (2019) were consulted in relation to the proposal and ethics form. All potentially identifiable data was kept in a password protected file and will be erased using eraser.heidi.ie after time compliant with DBS and GDPR guidelines.

### *2.6 Data Analysis*

Interpretative Phenomenological Analysis (IPA) was chosen as the method of data analysis in this research. Having consulted literature in this area, along with Brown and Scullion's guidelines for doing research with individuals from the Traveller community (2010),

it was clear that IPA was the most appropriate method of analysis. During IPA, the researcher's interpretative role is seen as central to the analysis. Thus, the perceptions of the participants are interpreted by the perceptions of the researcher. The focus of IPA is to "say something in detail about the perceptions and understandings of this particular group rather than prematurely make more general claims" (Smith, 2008). This is of increased importance when working with marginalised minority groups such as Irish Travellers so as to avoid any further feelings of alienation or disengagement with the research (Brown & Scullion, 2010). It is also important that the researcher is aware of any epistemological reflexivity and differences in understanding that occur from belonging to the majority group that can often be seen as discriminatory towards the studied population. IPA is focused on understanding personal, lived experience, and is best suited to a small sample size, making it the appropriate form of analysis for this research (Smith et al. , 2009).

Each interview was transcribed by the researcher. This in itself is an interpretative process. Prosodic details were not recorded, as the focus of IPA is on the content of the participant's account rather than meter, tempo, pitch etc (Smith et al., 2009). However, pauses, laughter, colloquial terms and some phonetic spellings of the participant's accounts were included along with the verbatim speech of the participant and interviewer. Line numbers were included in the final transcripts.

Following the transcription process, each interview was read and re-read multiple times to ensure familiarity with the data. Although IPA does not follow a particular set of rules or method for analysing data, the analysis of this research closely followed guidelines proposed by Smith et al. (2009). The focus of IPA is on flexibility and the reflexive nature of analysis, and it is important that the process moves "from the particular to the shared, and from the

descriptive to the interpretative” (Smith et al., 2009, p. 79). Each interview transcript was analysed in isolation before being considered as part of the group. Note taking during this process helped the researcher keep track of their own interpretations while being able to set them aside and focus on line-by-line close analysis.

Initial notes were taken in the right-hand side margin of a hard copy of the transcript. These notes were very exploratory in nature, and mainly related to specific lines of the text. This process was very time consuming and detailed. In line with Smith et al. (2009)’s suggestions, different levels of thinking were employed during the note-taking process. This involved descriptive commenting, linguistic commenting and conceptual commenting. They also suggest ‘deconstructing’ or ‘de-contextualising’ the data in order to ensure that it is analysed on a line-by-line basis and avoid generalising analysis from larger sections. This was done by reading the piece backwards after the initial note-taking, with further notes being taken. The comparison of the notes from each reading were later compared and were useful in subsequent theme development.

The same transcript was then analysed for emergent themes. This was done primarily by focusing on the initial notes, and on the transcript itself. This was done in a different coloured pen in the same margin. Smith et al. note that the analytic process of IPA slowly takes the focus from the participant towards including more of the analyst. However, with the analysis still involving interpreting the participant’s lived experiences, the end result of the analysis is a collaboration of both participant and researcher. Emergent themes were then themselves analysed for connections. This process was recorded in the left-hand side of the transcript. This began to create superordinate themes which were recorded for each case. The whole process was repeated for each participant’s transcript, with the researcher taking care to

try and analyse each transcript as a solo piece and not become influenced by prior analysis. However, general reflective notes were also kept during this process. After each interview was transcribed, superordinate themes from each were then compared to look for overarching themes. Thus, the superordinate themes from each interview began to become subordinate themes of overarching superordinate themes. This process involved writing the original superordinate themes on separate slips of paper and spreading them out onto a large surface. Connections and oppositions were searched for and the slips were grouped together. This was repeated many times with different connections being searched for on different levels of meaning. The possible combinations were recorded each time. Doing this was an arduous process but allowed the researcher to be completely confident in the developed superordinate themes and their constituent subordinate themes.

### 3. Results

#### 3.1 Introduction

Five superordinate themes emerged as a result of IPA depicted in figure 1.1.



**Figure 1.1** Developed superordinate themes.

These themes emerged from a number of subordinate themes which can be seen in Table 1.1 and Appendix V. Appendix VI gives an extract of the master table of subordinate and superordinate themes and supporting quotes from the transcripts.

**Table 1.1** Developed superordinate and subordinate themes.

Superordinate Theme	Subordinate Themes
Discrimination	<ul style="list-style-type: none"> <li>• Levels of discrimination</li> <li>• Intersectionality and Empathy</li> <li>• Stigma</li> </ul>
Coping and Resilience	<ul style="list-style-type: none"> <li>• Communication as the primary method of coping</li> <li>• Age and gender differences in the ability to cope</li> <li>• Negative attempts at coping: alcohol and substance abuse</li> </ul>
Loss	<ul style="list-style-type: none"> <li>• Death (and in particular, suicide)</li> <li>• Freedom</li> <li>• Identity</li> </ul>
Changing Times	<ul style="list-style-type: none"> <li>• Differences between the past and present</li> <li>• Movement</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Employment and money</li> <li>• Education</li> <li>• Accommodation and amenities</li> </ul>

	<ul style="list-style-type: none"> <li>• Government Responsibility</li> <li>• Unsuitable policies and services made without consulting Travellers</li> </ul>
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### 3.2 Subordinate Theme 1: Discrimination

This theme contained three subthemes: ‘Levels of discrimination’, ‘Intersectionality and Empathy’ and ‘Stigma’

All of the women described their experiences of discrimination, how it is evident in different areas of their lives, and occurs at different levels. The women’s experiences of discrimination often involved negative attributes being generalised to the entire community:

**Anne:** It’s very distressing if one Traveller does something or two Travellers do something and other Travellers are getting the blame for that. That puts a lot of the stress on people. And it puts shame on you. And it... there’s no one kind of listening to you.

**Emma:** If you look at lots of studies now, a lot of studies would be done looking at the social determinants like your living, your working conditions, huge discrimination that certain groups face in Irish society - and we would actually fit into that.

The women mentioned other groups in their descriptions of discrimination, particularly other minority groups:

**Emma:** And people from ethnic groups, like if you look at direct provision and stuff like that [...] the huge discrimination and racism that people from ethnic groups face has a huge impact. It does!

Rosie recalls when her son faced discrimination by classmates in college:

... just a few of the friends he thought he had just turned their back on him. And there was only one woman left... like an aged woman and she was a black woman. And it was her and [my son] that helped each other to continue the course and help each other with it. So that's how he got by it...[...] And it was only a few weeks after then that he told me that the black woman [...] they'd be in and doing their computers and sometimes they'd meet in a cafe. Then she lost her babysitter so she had to bring her little girl with her in the car. So that's what I says, "so why didn't you tell me? Then I could've helped. Because if the woman trusted you she'd trust me and you'd know... you could've even sat in the house and done it and let the little child... mind her for her. Help her out".

Rosie's kindness towards this woman gives evidence to a sense of camaraderie between members of minority groups.

The women also noted discrimination within their own community, and felt that there is a stigma around certain topics such as mental health problems, being LGBT, or the use of alcohol and drugs:

**Rosie:** Ehm... the most stressful things in the Traveller community is like we all know each other's families and we know probably sometimes maybe a little bit too much about people. And sometimes you could be broadcasted in a way that they make people like.... Even in feuding. Or say something goes out about a girl or boy that you'd really feel like everybody was attacking you. And it wouldn't be very nice, no. [...] It would go around very fast. Like even though sometimes they'd know you, and know it wouldn't be true, but they'd... you'd *feel* as if people are giggling and it would be so embarrassing.

The women all noted that the settled community have their own types of stress, and there was a sense of empathy between the women and settled women in particular. However, they noted that members of the Traveller community tend to face more stress than the settled community.

**Anne:** Settled people have a lot of d'stress too because it's just like a sickness. It's coming out of.... Of everybody. And we needn't be saying that the settled people have none of the stress. They definitely have. And there's so much happening...

**Margaret:** But then they can have stress too. But, do you know what I mean, you can't take it away from them, there's a lot happening since drugs and... drinking...

[...]...we have stress that the settled population might have. But they might have it in a smaller number.

### *3.3 Superordinate Theme 2: Coping and Resilience*

This superordinate theme contained four subthemes: 'communication', 'age and gender differences in the ability to cope', and 'negative attempts at coping: alcohol and substance abuse'. This theme describes the participants' experiences of attempting to cope with stress and because of this, gives an indication of the types of stress that they deal with.

All of the women expressed the importance of talking to those around you and the value of this as a coping mechanism. 'Having a chat' appeared as the primary form of resilience to stress.

**Emma:** Or go out even having a chat with somebody. Getting out, talking to somebody. It could be just for five minutes and it could just lift a lot off you. If you don't talk, and you don't get out, and you're always kind of doing the same thing, washing or cleaning or running here and there. You always have to make time for yourself and look after yourself.

**Anne:** Just having a night out with a few women, or young people having... young girls or young boys and having a good chat and a good laugh and things like that. That's the main thing in life.

**Rosie:** mental health means to me like... looking after yourself and like, recognising your own stress and minding yourself, and I suppose telling somebody if you're not able to do something and it's stressing you out. And to be able to express it in that way when you have other things on your mind...Because people wouldn't really know what people'd have on their heads and... But just mainly like... for telling somebody you have a bit of stress and for them to recognise it and give you space and also looking after your own mental health.

All of the women also noted differences in the ability to cope with stress and in particular that men and younger people find it more difficult to handle:

**Rosie:** Yeah, the women would talk more. The men wouldn't really admit.

**Emma:** Travelling men are like settled men, takes a very long time for them to look after their health. Doesn't want to go to the GP - leaves it until the last minute. Probably lots of them leave it too late. [...] [Women] in general do find it a little bit easier I'd say to look after their health, and to talk than what men does.

The women's experiences of using talking to help cope with stress is not something that they believe is extended to men in the community.

Both Anne and Margaret noted that motherhood can come with its own stresses, and took responsibility for looking after the younger generation:

**Anne:** ...the older person like myself can overcome d'stress a lot better than a younger person [...] because you kind of have d'stress for years and that long and you're able to talk to people, you're able to mix and you're able to... and things like that. You're thinking of something else, how you're able to help the other person. But the other person can't take it at all. The younger person can't take it [...] and it's very hard, yeah.

**Margaret:** Women is more of a go-er. Especially if she's a mammy, you know what I mean? She'll kind of keep trying. But men bottle a lot of stuff up, do you know? If them men has nothing to do all day, and only on social welfare or whatever. Especially I see the young men now. Single boys or young men after getting married. [...] They'll go on drink and then they can go from drink to drugs.

Maternal feelings towards one's family act as both a form of resilience and stress.

All of the women mentioned the use of alcohol and drugs within the community as a consequence of not being able to cope with stress and discrimination. Again, Anne positions the problem in relation to her own experience of motherhood, and notes the impact drug use can have on family members:

**Anne:** some of them turn to the use of drugs and things like that. And they don't know the danger of them until it's well, well there. And that's a big worry for mothers. It's a big worry for wives, and a big worry if they have teenage children, those coming up to school. They're looking at the parent or they're looking at the father maybe and they're not stupid the day they know. And that puts d'stress on the younger ones after that.

### *3.4 Subordinate Theme 3: Loss*

This theme contained three subordinate themes: ‘Death (and in particular, suicide)’, ‘Freedom’ and ‘Identity’. The women spoke of the consequences of stress and discrimination, particularly when people are unable to cope.

Each of the women had their own experiences of death and in particular, suicide within the community.

**Anne:** Travellers... they never forget. They don't forget the dead even if they're dead themselves [...] And there's a lot of young Travellers committing suicide now so there is [...] but not as much in the women as there is in the younger men. And we don't know where the name of God it's coming from, because life is short.

**Emma:** So there is a lot of suicide, but it is mostly with men. And some people will talk about it, and others will say... well they won't say it's suicide. And even with the study, we would say the suicide is much higher than the All Ireland Health Study. They're only where it was recorded that it was suicide. But you have lots of parents that wouldn't come out and say that somebody belonging to them took their own life. It's like an overdose of drugs, you'd have parents that wouldn't come out and say well “Paddy took an overdose of drugs” you'd always say something different. Because you didn't want anybody knowing. So suicide is much higher.

Here they also identified both gender and age differences, and also the stigma around suicide, mental health and drug use.

Rosie offered an anecdote of her son's involvement with an organisation that would bring a group of Traveller men fishing:

But there was this one old fella, he used to always rub his hands together and say “oh can’t wait until we go fishing next week” and he says it stopped. The fishing stopped then for a while and he says they weren’t doing as much with them, and he said it really really hurt him, and I heard about three or four weeks later that he committed suicide.

Loss of freedom was evident throughout the women’s narratives. This feeling was mainly derived from being forced to settle, and not being allowed to travel anymore. It relates to the theme ‘Changing Times’.

**Margaret:** And you’ll even hear the children saying ‘oh I’m bored stiff’. You never heard that... We never said that when we were small. Because we had a bit of freedom you know to go around and things like that. And they took away that from the Travellers. We can’t travel anymore. You know?

**Rosie:** I think Travellers at the minute that’s locked in sites and not able to roam like they used to, they’re in one place all the time. They’re losing so much of their culture and their ways. And they’re trying to mingle into the settled community, but they’re not getting accepted. And then they can’t go back out because they won’t be let. And they’re losing it.

A major loss for the women was feelings of losing or having to hide their identity.

**Margaret:** Because I know one person that did security at a shop, and they didn’t know he was a Traveller. He didn’t look like a Traveller [...] And they kept saying... “look out for the knacker coming in with the children in the pram”. [...] So he got very upset, he got very upset for it, you know? [...] So he asked them, he said can you move me out of here and put me into the warehouse or do something like that? Instead of working on the floor. And they said oh no. And he said ‘I’m going’. They said what? He said ‘well

you're calling the Travellers... he said I'm a Traveller'. 'Oh but you don't look like one. We're not saying...' He said 'I'm a Traveller, when you're insulting them you're insulting me.'

**Emma:** Well he had to hide it! He said, "you're not Dublin". And he says "No. I'm not". But he couldn't say he was a Traveller living in Dublin. So his excuse was "I'm from Navan in the county Meath". So you might just get away with it, you know that kind of a way. So, a lot of them would hide their identity.

**Rosie:** Like you can't ... trying to hide your identity. Probably not being able to hide your identity. Like in education wise - because I have a son that went to college for three years and he hid his identity.

and

They're in a space at the minute... young Travellers, and all Travellers... that they're losing their identity, they're trying to find another one, and some of them are just completely lost.

All of the women seemed to put importance on their role as a caregiver, and tended to steer the questions towards others rather than themselves. At times, they undermined their own voices, for example both Margaret and Anne spoke of how little education they had and how that might impact their credibility, and mentioned that they "probably wouldn't understand anyway".

### *3.5 Subordinate Theme 4: Changing Times*

Each of the women mentioned how things have changed for them over the past number of years, and in most aspects viewed the change as negative. Often this was due to not being able to travel anymore and is linked to the sub-theme of freedom.

**Anne:** And there's some lot of the stress in the Travellers completely more than ever was before. [...] You were appreciated. There's so much discrimination out there against Travellers that wasn't there in them days. There was a bit but there wasn't as much as there is now.

**Emma:** And I remember the father, and he was only 64 and he passed away in 2010 when we had the big freeze. And going back even a couple of years before that, he was kind of saying "there's something on my head but I don't know what it is but it's like a heaviness and it's in my head". But he would never say that he was depressed. He'd always use the word "I'm stressed... a pressure" he couldn't use the word properly. But he knew it was just something there. And I know like, when he settled down, and all the travelling stopped, they were confined to one space and no freedom to go around meeting people around the country. [...] He often said it. "The worst thing I ever did" he said, "was to settle down".

The women noted that being forced to live a settled life had knock on effects on the type of work that Travellers could do:

**Emma:** You see, they used to do Tinsmithing. And then when the plastic came in in the 60s, it forced a lot of Travellers into the bigger cities. And then you had the social welfare payments came out at that time. So a lot of families moved into the bigger cities like Dublin, Galway or Cork and depended on social welfare and that's where a lot of them would've settled down.

### *3.6 Subordinate Theme 5: Services*

This theme describes aspects of society that are insufficient or unavailable to Travellers. It contains the subthemes 'Employment and Money', 'Education', 'Accommodation and

Amenities’, ‘Government Responsibility’ and ‘Unsuitable policies and services made without consulting Travellers’.

All of the women mentioned a lack of employment and financial issues within the community:

**Anne:** And today now Travellers... it's very hard for a young Traveller to get work. Once they know that they're a Traveller, the place and the address that you're living in, that gives away the whole details. And because for them reasons then, settled people would want to think that they're lazy and one thing or another. They're *not* lazy, because they're looking for the jobs but when the address is gave, they won't get the job.

This was listed as one of the main stresses faced by the Traveller community, as it impacted on every other aspect of Traveller life.

**Margaret:** Unemployment. Nearly all the Travellers are not working, you know. Young fellas go for a job, and even though you encourage them to go to school and whatever. [...] They say what's the point? Because such a fella went and if I do the same thing I won't get a job.

Linked to this was the women's experience of the education system in Ireland and the lack of inclusion of Travellers. Rosie's negative experience in school appears to be something that has stayed with her for life:

Well when I went to school, say there was a lot of discrimination, you felt that you were different all the time. You didn't like to express it but I wouldn't have much literacy or education. So with my teacher that was there in the classroom, I used to miss a few days because I was the eldest of the family and I had a lot... to stay at home. So when I came in she says "you're gone too far back and I can't help you today." But yeah I used to be looking at her at the desk, and I felt so embarrassed with all the other little girls doing

their work. So I'd be left at the back maybe just colouring in. But I felt really bad about it. So even just for twenty minutes, half an hour or if... when the rest of the girls were working, she could've just come down and even learned me a few spellings. But she didn't take time out, you know.

None of the women reported experiencing palpable changes after Travellers were granted ethnic minority status, and they all believed that the government should be doing more and creating better policies for members of the Traveller community.

**Margaret:** ...we all went to the Dail, and there was a big group of people there and it was a huge celebration and it was over thirty years of campaigning and stuff. We see the importance of it work-wise, but lots of Travellers on the ground were asking "Oh will we get better jobs? Will we be able to work? Will there be tougher laws there to protect us from discrimination?" and they're the things that they're coming out with.

**Int:** And has there?

No.

**Int:** They wouldn't have noticed that?

We don't see any of it.

A lack of representation was also brought up:

**Anne:** You hear the homeless getting mentioned and you hear all different nationalities getting mentioned, you'd say coming into the country and things like that and places getting organised which they need that too. But you never hear a Traveller getting it... and this is our own native land.

The women believed that Travellers were not being included in policy-making, and so even services that were created with Travellers in mind are not suitable and are wasted:

**Emma:** But where we see particularly around accommodation is they're designing what they think is the best thing for Travellers. And we've seen it where money's just fell down the drain and Travellers are not living in them.

and

... Traveller organisations need to be involved as well around the decision making and stuff like that...because sometimes you can be left out. And I've seen it where people think well there's a few around the table. Well they're all settled people that are making the decisions for Travellers, and no people from the Travelling community. It's like making decisions for women and all men being there.

Speaking of mental health services, Margaret and Rosie describe this issue:

**Margaret:** ...are they comfortable enough like where they're going to get the services suitable for them and things? [...] Because if they're seen going in the place... if young men are seen going in the place then they're called names or saying like 'he's mad', that's the word they say. And whatever and that. So, we've a long way to go I think to get....

**Rosie:** With all these high words and posh people going in looking for help as well, and looking after their mental health. But there was too much words, and there were too many people there for this person as a Traveller, and they'd have to go again or to wait.

It is important to note that although separating the women's narratives into themes allows similarities in their experiences to be observed, compartmentalising too much takes away from

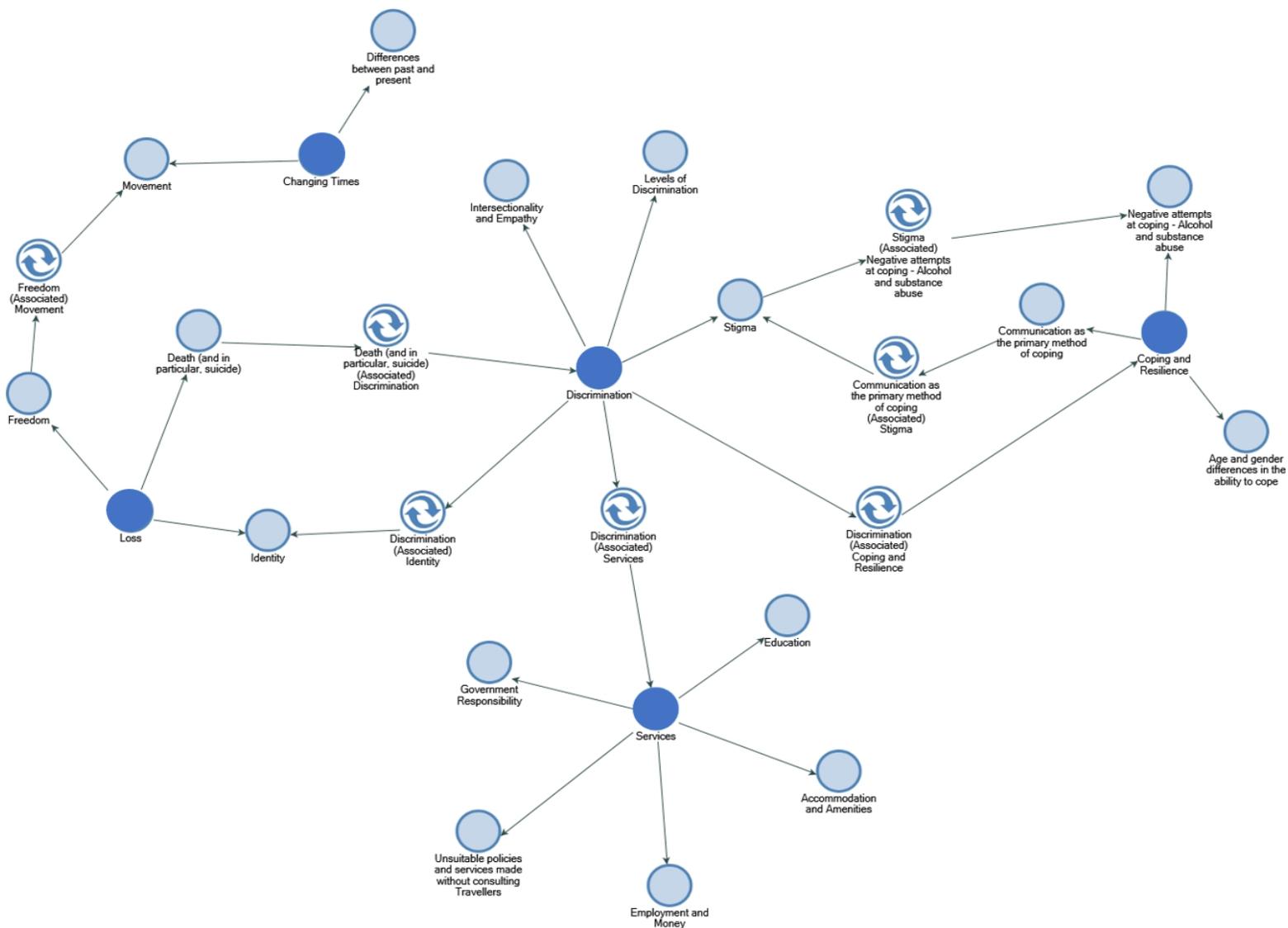
the lived experience of the women, as each experience is not felt in isolation. For example, Emma gives evidence to the interconnectedness of all of the above themes:

**Emma:** We wanted to capture the drug problem that we had within the community. But we had to be very careful about how we asked it. So if I was going in to you, I couldn't say to you "do you have anybody in your family that's on drugs?" But we knew that it was a problem out there, so we'd say "look, do you think drugs is a problem within the Travelling community?". Over 63% of Travellers sent them back. Now we know that that was in 2008. The findings were published in 2010. And we know from the work that we did on the ground, and particularly with the young men... 18-30 year olds, 40 year olds I'd say as well... We have a huge drug problem.

**Int:** Do you think that's been getting worse or?

Definitely is, definitely is. Because there's so much unemployment out there.

Here we see how linked the topics of suicide, age, gender, stigma, substance abuse, unemployment and changing times are within Emma's narrative. Figure 1.2 below demonstrates the relationships between the different superordinate and subordinate themes.



**Figure 1.2** demonstrating how each of the themes are connected across all four interviews. These relationships are not exhaustive and vary across each participant’s experience.

## 4. Discussion

### *4.1 Introduction*

The aim of this research was to explore the experience of stress by members of the Irish Traveller ethnic minority group and examine whether Meyer's (1995) model of 'minority stress' applies to this group. The rationale behind this was to identify ways in which Irish Travellers' stress is similar to that of other ethnic groups, and also identify distinct differences in their experience. There have been no previous studies specifically examining stress within this minority group. Because of this, it was deemed important that a qualitative approach was taken. This was carried out through an Interpretative Phenomenological Analysis of semi-structured interviews. Five themes were developed as a result of this analysis. The findings aligned with Meyer's model, perhaps in unique ways.

### *4.2 Applying Meyer's Theory*

The three aspects of Meyer's (1995) minority stress model are apparent throughout the women's narratives. The participants gave evidence of both distal and proximal stress within the Traveller community. The theme 'Discrimination' primarily encompasses distal stress. The women described discrimination as occurring in many forms, at different levels, and as being both overt and subtle. Distal stress can be seen throughout the other developed themes. The theme 'Services', or indeed, a lack of suitable services available to Travellers also relates to discrimination and can be considered as a component of their distal stress. The theme 'Changing Times' relates to the women's lived experience of distal stressors forcing their lives to change. The women's negative views of being forced to live a settled life speaks to the powerlessness of living with distal stress. The themes 'Loss' and 'Coping and Resilience' can both be seen as the consequences of living with minority stress. These two themes align with Claffey et al.'s suggestion that family ties affect individuals in different ways, and that stigma

within the community can reduce the positive effects of strong family bonds being a form of resilience.

Meyer suggested that his theory was applicable to all minority groups but focused his research mainly on sexual minorities. Because of this, his model is not often applied to ethnic minorities. Minority stress theory also suggests that sexual minorities are often forced to conceal their sexual minority status. Often this is not extended to ethnic minorities, whose minority status can be identified through their appearance. This research would suggest that Meyer's model applies to Irish Travellers more than most minority groups, as their outward appearance does not always give away their group membership. For example, Margaret spoke of a time when she was giving a talk in front of a predominantly Irish crowd, and a black doctor questioned how people would know she was a Traveller as she did not look any different than other Irish people. Irish Travellers demonstrate a more nuanced form of Meyer's model. This is in line with Meyer's (1995) suggestion each minority group's stress contains specific complex interactions between the aspects of his model.

The high suicide and low life expectancy within the community could be viewed as consequences of the 'unique deleterious' effects of minority stress (Frost et al., 2015). Clearly, the cyclical or interlinked aspects of Meyer's model are evident in the women's narratives. Any one component of the minority stress model cannot be observed in isolation, as each of the developed themes should not be considered as exclusive or independent aspects of the women's stress.

### *4.3 Moving away from Meyer's model*

Despite criticism, Meyer did not consider economic status to be an aspect of minority stress. The women in the current research reported economic and employment issues being a major factor in their stress. This aligns with Darity & Nembhard (2000), Williams (1999) and Myers (2009). Although linked to discrimination and distal stress, economic burden had clear specific impact on the participant's stress. The lack of job opportunities or having to accept jobs that force people to hide their identity was something that appeared frequently within the current research. An updated minority stress model could incorporate the economic disadvantages frequently faced by members of minority groups.

This research specifically uncovered that Irish Travellers do not believe that the Irish government is doing enough to support Travellers. In line with Claffey et. al (2017)'s research on opioid substance treatment, participants of the current research found that services particularly in the areas of mental health and alcohol and substance abuse were not tailored to the specific needs of Irish Travellers and stigma within the community was not considered in the development of treatment plans. It is also apparent that the participants in this research have not experienced the Irish government adhering to the Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities (1992).

Reflexivity is an important aspect of IPA. Although much of the current research aligns with specific areas of the literature review, it is up to the researcher to interpret the relationships between this and previous research. Although not directly observed within the women's narratives, it appears to the researcher that Rojas et al.'s phenomenon of 'compound stigma' is evident (2019). Each of the women displayed a tiredness and acquiescence with their stress, and all gave evidence to becoming hardened yet still affected by it.

#### *4.4 Conclusion and Future Research*

Although this research yielded some interesting findings in relation to minority stress research, there are limitations. Firstly, all of the women involved in this study were involved with Pavee Point Irish Traveller and Roma Centre. The centre endeavours to educate Travellers about different aspects of healthcare. Because of this, the women may have a different or better understanding of topics related to mental health and stress than other members of the Traveller community, and their lived experiences of stress may also differ significantly from other members of the Traveller community, particularly in their articulation of their lived experience. The results of this study clearly indicate that its findings cannot be said to be true of male members of the Traveller community. All four of the women interviewed noted differences not only in the stress faced by male and female members of the community, but also in their methods and ability to cope with their own stress. Clearly, as indicated in many studies, Irish Travellers are not a homogenous group, and treating them as such would further generalise and alienate them (Brown & Scullion, 2010; Crowley & Kitchin, 2007; Heaslip et al., 2019; Hudson, 2009). However, this study set out to interpretatively analyse the phenomenon of stress through the described experiences of four members of the Traveller community and did not set out to make conclusions about stress within the group as a whole. Further research could employ a quantitative approach in line with the scales used by Meyer, in order to look for a causal relationship between experiencing stress and belonging to a minority group. However, it is important to note that there may be issues in carrying out quantitative research within this sample as there are issues accessing such a small population, and because of issues surrounding literacy within the population. Further qualitative research in this area will also be of benefit and will prove to be conducive in producing a more fully developed understanding of stress within the Irish Traveller community. In particular, research including male participants would be of benefit to this area.

It is important to note the role of the researcher within the current study and acknowledging the reflexive aspect of IPA is vital when carrying out this method of analysis. Replicating the current study would likely yield different results, as researchers from different backgrounds may interpret the results differently. The interview process itself may also differ, particularly if the interviewer was themselves a member of the Traveller community or other ethnic minority group. However, the findings of the current study were very homologous in terms of the content of the four interviews, and so it can be concluded that the strength of the current research is that it gives an accurate description of the experience of stress within Irish Traveller female health workers.

This study set out to phenomenologically examine stress within the Irish Traveller ethnic minority group and to examine how Meyer's (1995) minority stress model applied to this specific group. The findings confirm that Meyer's model does indeed fit this minority group, perhaps more than most ethnic minority groups. Irish Travellers face disadvantages and discrimination that has permeated into almost every aspect of their lives and has induced specific and excessive stress. It is hoped that this research will add to previous research on this minority group, and that the collective findings can bring about effective policy change.

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## Appendix

### Appendix I - Interview Schedule

1. Possible intro - Tell me a bit about yourself - your family, work, interests etc.
  
2. Possible intro - So, have you had a good week?
  
3. What does mental health mean to you?  
*prompt: How would you define mental health? What does it mean to have good/bad mental health?*
  
4. How important is having good mental health?
  
5. What does stress mean to you?  
*p: How would you define stress? What does it mean to be stressed?*
  
6. Can you think of examples of times when you've felt stressed?  
*p: Have you felt stressed in the past? What happened?*
  
7. Can you talk to me about ways you cope with stress or mental health difficulties?  
*p: When you have felt stressed, how have you dealt with it/what have you done?*
  
8. What would you say are the most stressful aspects of Traveller life?  
*p: alt - most stressful things about*
  
9. Do you think members of the Traveller community have to deal with more or different types of stress than the settled community?  
*p: Could you talk more about what kinds of stress each group faces?*

10. Do you believe people within the traveller community feel comfortable talking about stress or mental health?

*Do you see any stigmas or problems people have with talking about this?*

11. The Irish Government granted Travellers ethnic minority status in 2017, what does this mean to you?

12. Have you noticed any changes within the Traveller community?

*p:*

14. What about outside of the community?

*p: People's attitudes? Behaviours? Changes in Government policy? How has this made you feel?*

15. What changes, if any, would you like to see?

16. How do you believe the settled community views members of the Traveller community? Do you think they are aware of the stress faced by the community?

17. Do you have any further comments/questions?

## **Appendix II – Information Sheet**

### **A phenomenological exploration of perceived stress within adults belonging to the Irish Traveller ethnic minority group.**

#### **- Research Information Sheet**

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to listen to/read the following information carefully. Ask questions if anything is not clear or if you would like more information. Take time to decide whether or not to take part.

#### **WHO I AM AND WHAT THIS STUDY IS ABOUT**

My name is Laoise Darragh and I am a student at Dublin Business School. I'm doing this research as part of a project which will contribute to the final grade of completion of a higher diploma in psychology. After having read a number of research articles both about mental health in minority and ethnic minority groups, I noticed that there was a lack of research in this area within an Irish context, and in particular, no research on the perceived stress of members of the Traveller community. I hope that the research will give a clearer understanding of the stress faced by the Traveller community, and the possible ways that this stress may be alleviated.

#### **WHAT WILL TAKING PART INVOLVE?**

Taking part will involve a discussion about your perception of stress, coping and what it means to be part of an ethnic minority group. The interview questions will be quite open ended, so that you can bring up any topics that you find important, making it more of a collaborative process. You are asked to be as honest as possible with your answers. There are no right or wrong answers, and what you say will remain completely anonymous. Interviews will take around 30 minutes to complete, and will be a casual conversation. The interviews will be recorded using a dictaphone.

#### **WHY HAVE YOU BEEN INVITED TO TAKE PART?**

You have been chosen to take part through your involvement with Pavee Point Irish Traveller and Roma Centre. A member of staff thought you would be a good candidate for this research.

#### **DO YOU HAVE TO TAKE PART?**

You are under no obligation to participate in this research. You have the right to refuse to participate or refuse to answer any question. You also have the right to withdraw from the research at any time. There will be no implications for you if you decide to leave the research study and you do not have to give a reason for deciding to leave.

#### **WHAT ARE THE POSSIBLE BENEFITS AND RISKS OF TAKING PART?**

I am hoping that this research will be a valuable resource for understanding further the stresses felt by the Irish Traveller community, and uncover some potential areas for further research and policy making.

Some of the topics in this interview may be quite sensitive for some people, as we will be discussing mental health and stress. Should you decide to participate in this research, you will be given the contact details of organisations that will be able to help should you feel distressed. If you feel distressed during the interview, we will stop the interview until you are ready to continue, or stop completely.

### **WILL TAKING PART BE CONFIDENTIAL?**

Yes, after the interviews are finished, I will transcribe/type them up. During this process, any names mentioned will be changed for a pseudonym/fake name. A pseudonym will also replace your own name in the research so that it will not be possible to identify you. The consent forms and audio data will be the only identifiable information kept by me, which I will ensure to keep securely hidden and away from any identification keys.

### **HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?**

The interview will be recorded using a dictaphone. This will then be typed-up by me, and this information will be stored as a password-protected file. This will be kept for five years as per the recommendation of DBS Ethics Committee. After this time, it will be deleted using digital shredding software. You are entitled to access information relating to at any time as per the General Data Protection Regulation.

### **WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?**

The results of this study will form a thesis, which may be posted online on eSource, Dublin Business School's online collection of students' work. It will also be presented in poster format and displayed at DBS' poster conference. It may be used by Pavee Point should they wish.

### **WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?**

#### **Researcher:**

Laoise Darragh

(email)

(phone)

#### **Supervisor:**

Patricia Frazer

(email)

Thank you for your time.

### **Appendix III – Consent Form**

#### **A phenomenological exploration of perceived stress within adults belonging to the Irish Traveller ethnic minority group.**

##### **Consent Form**

I have read/listened and understood the attached Information sheet about this research. I have had the opportunity to ask questions and discuss the study with the researcher and I am happy with the answers I was given.

I understand that I am free to leave this study at any time without giving a reason and without any consequences.

I agree to take part in the study.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name in print: \_\_\_\_\_

## Appendix IV – Debriefing Sheet

### Debriefing Sheet

Thank you very much for contributing to this research, it's not easy to answer these types of questions. Your input will help contribute to the advancement of the field of ethnic minority stress research. Sometimes people find the subject matter of these interviews distressing. If answering any of these questions led you to feel distressed and you would like to speak to someone about your thoughts, please contact one of the following:

#### **Samaritans -**

Phone: 116 123

Text: 087 2 60 90 90

#### **Aware (Depression & Bi-Polar Disorder) -**

Phone: 1800 80 48 48

Email: [supportmail@aware.ie](mailto:supportmail@aware.ie)

#### **Pieta House (Suicide & Self-harm)**

Phone: 1800247247

Again, if you have any further questions or concerns about this research, please feel welcome to contact me at:

#### **Laoise Darragh**

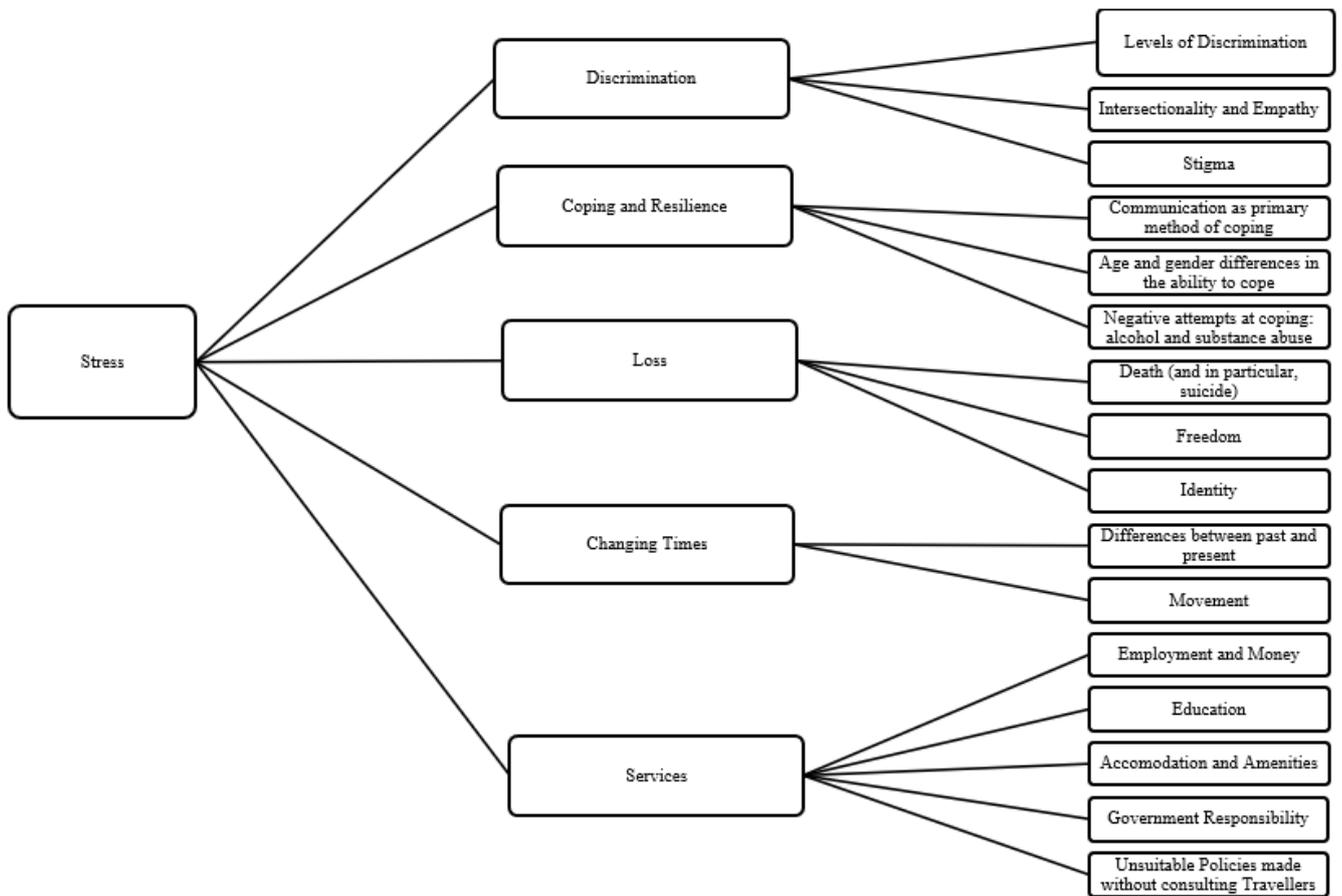
[email]

[phone]

#### **Supervisor**

[email]

### Appendix V – Diagram of Themes and Subthemes Relating to Research Topic



## Appendix VI – Extract from Master Table of Superordinate and Subordinate Themes and Their Supporting Transcript Extracts

**Table 1.2** Extract from Master Table of Superordinate and Subthemes and their corresponding examples from the interviews.

Superordinate Theme	Subordinate Themes	Examples from Text	Participant/ Lines
Coping and Resilience	Communication as the primary method of coping	<p>Just having a night out with a few women, or young people having... young girls or young boys and having a good chat and a good laugh and things like that. That's the main thing in life.</p> <p><b>Int: Yeah</b> That's the main thing in life. Well first of all, if a person is having mental health problems, they need someone to talk to. You know what I mean?</p> <p><b>Int: Definitely, yeah</b> That's vital. But you know if it's even five minutes. Go for a drive, go for a walk. Or go out even having a chat with somebody. Getting out, talking to somebody. It could be just for five minutes and it could just lift a lot off you. If you don't talk, and you don't get out, and you're always kind of doing the same thing, washing or cleaning or running here and there. You always have to make time for yourself and look after yourself. mental health means to me like... looking after yourself and like, recognising your own stress and minding yourself, and I suppose telling somebody if you're not able to do something and it's stressing you out. And to be able to express it in that way when you have other things on your mind.</p> <p><b>Int: Yeah</b> Because people wouldn't really know what people'd have on their heads and... But just mainly like... for telling somebody you have a bit of stress and for them to recognise it and give you space and also looking after your own mental health.</p> <p><b>Int: Yeah, definitely. And how important do you think it is to have good mental health?</b> Oh, I think it's very important to have good mental health, like and to be positive and things, with what you're doing, and your outlook on life, and looking at things around you and I suppose you can't make everything perfect, but there's just talking about stuff and dealing with stuff. I think sometimes that makes it that little bit easier to cope with.</p> <p><b>Int: And do you think people have problems with talking about their mental health?</b> I'd say more or less in the Travelling community, it would be kinda hard to talk about.</p>	<p>P1 L229-233</p> <p>P2 L140-144</p> <p>P4 L71-73</p> <p>P3 L4-18</p>
	Age and Gender Differences in the Ability to Cope	<p>the women in the Travelling community... she's always kind of the breadwinner. Do you know? Like the settled woman years ago she had to do... she was hard worked as well. And she had to have everything organised... but there wasn't the ways it was nowadays...</p> <p>Women is more of a go-er. Especially if she's a mammy, you know what I mean? She'll kind of keep trying. But men bottle a lot of stuff up, do you know? If them men has nothing to do all day, and only on social welfare or whatever. Especially I see the young men now. Single boys or young men after getting married.</p> <p><b>Int: Okay.</b> They'll go on drink and then they can go from drink to drugs. Of course it does come on me, you know what I mean and that.. There's no point in saying that it's all lovey dovey for me because</p>	<p>P1 L216-219</p> <p>P2 L224-231</p> <p>P2 L261-264</p>

		<p>when you have family and you have children... and I think the mother takes on an awful lot of stress. And then you're forever advising your grandchilder or great-grandchilder or whatever you know what I mean. It's very very hard, it's very hard.</p> <p>Travelling men are like settled men, takes a very long time for them to look after their health. Doesn't want to go to the GP - leaves it until the last minute. Probably lots of them leave it too late.</p> <p><b>Int: Yeah, exactly.</b></p> <p>We can see it more so in the men. When we're out in the areas working and we... whereas women kind of have women's groups to go to. The primary health care project comes in here... do you know and they're talking about the work and women in general do find it a little bit easier I'd say to look after their health, and to talk than what men does. And we can see that like every day so we do.</p> <p>Well you see all the men's sheds at the minute. And they're helping a lot of men in some of the local areas. But they can be only funded for so long. So funding is a huge... there needs to be more funding put in to the men and particularly men from ethnic groups as well. There needs to be a lot more resources there, because men they do find it difficult looking after themselves.</p> <p>I think the men would hide it more. And the women would still have a lot more to do with their kids, and say cooking and cleaning and probably... maybe just looking after themselves in general.</p> <p>Yeah, the women would talk more. The men wouldn't really admit.</p>	<p>P4 L85-93</p> <p>P4 L193-196</p> <p>P3 L263-273</p> <p>P3 L282</p>
	<p>Negative Attempts at coping: Alcohol and Substance Abuse.</p>	<p>some of them turn to the use of drugs and things like that. And they don't know the danger of them until it's well, well there. And that's a big worry for mothers. It's a big worry for wives, and a big worry if they have teenage children, those coming up to school. They're looking at the parent or they're looking at the father maybe and they're not stupid the day they know. And that puts the stress on the younger ones after that.</p> <p>Especially I see the young men now. Single boys or young men after getting married.</p> <p><b>Int: Okay.</b></p> <p>They'll go on drink and then they can go from drink to drugs. You know, and so that's...</p> <p><b>Int: And that's like a more recent thing?</b></p> <p>Oh yeah. Ah well it's going on a good few years now, but it's getting worse.</p> <p><b>Int: It's getting worse?</b></p> <p>I'd say it's getting worse... I wouldn't give it twelve months, do you know what I mean? And they'll do anything for it and to get the price of them, do you know what I mean? And it's a shame to see young people destroy their lives.</p> <p><b>Int: And do you think they turn to drink and drugs for any reason?</b></p> <p>Well if they're bored stiff around the place and they're hanging up against the wall and things like that and the other fellahs are taking them and this fellahs taking them and that fellah and you know that sort of a carry on. It's hard, it's hard.</p> <p>We wanted to capture the drug problem that we had within the community. But we had to be very careful about how we asked it. So if I was going in to you, I couldn't say to you "do you have anybody in your family that's on drugs?".</p> <p><b>Int: No, no.</b></p> <p>But we knew that it was a problem out there, so we'd say "look, do you think drugs is a problem within the Travelling community?". Over 63% of Travellers sent them back. Now we know that that was in 2008. The</p>	<p>P1 L112-116</p> <p>P2 L228-242</p> <p>P4 L74-84</p>

		<p>findings were published in 2010. And we know from the work that we did on the ground, and particularly with the young men... 18-30 year olds, 40 year olds I'd say as well... We have a huge drug problem.</p> <p><b>Int: Do you think that's been getting worse or?</b></p> <p>Definitely is, definitely is. Because there's so much unemployment out there.</p> <p>And to tell you the truth, there's a lot of drugs in our area, in our community. And then people that would have no money could take up selling drugs. Then their lives are ruined from taking them. But... we'd have a lot about... we'd have a big religious... like in our community. We'd believe in religion a lot. So for someone to take up selling drugs, and trying to kill other people's children, there'd be a lot of... "You're going to be cursed, you're going to have bad look over it." And so we can't put them off it in that way of not doing that.</p> <p><b>Int: Yeah.</b></p> <p>But some of them might do it for a year or two to make money or to start up or... do you know? Which is not very nice, and they'd disagree with it the whole way. And...</p> <p>But it's just so hard looking at some of them that would be beautiful women and but have a young husband on drugs. Every penny that belongs to her has to go on his debts. And then it takes the grandparents to take the children in and look after them, and help her back on her feet again. And some of them's not going to leave or separate from them, because they really love them and they know they have an addiction.</p> <p><b>Int: I know...</b></p> <p>So they really wanna help them. And then some of them does walk away as well do you know?</p>	<p>P3 L216-224</p> <p>P3 L273-279</p>
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