

Ingrida Grigaitytė

Social Integration, Psychological Well-being, and Proactive Attitudes towards the Integration of Immigrants in a Sample of the Swedish-speaking Population in Western Finland





Ingrida Grigaitytė

Born 1986 in Kaunas, Lithuania

Studies, exams, and present occupation:

Master's degree in Developmental Psychology in the International Master's Programme in Peace, Mediation and Conflict Research at Åbo Akademi University in 2013

Bachelor's degree in Hospitality Management in Hotel and Restaurant Business at Vaasa University of Applied Sciences in 2010

Ingrida Grigaitytė is currently conducting research in Developmental Psychology within the Faculty of Education and Welfare Studies at Åbo Akademi University.

Portrait photo: Ingrida Grigaitytė

Cover photo: Victor Petersson

Portrait and cover photo retoucher: Kent Rosengård



Social Integration, Psychological
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Population in Western Finland

Ingrida Grigaitytė

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Supervisor

Prof. em. Kaj Björkqvist
Åbo Akademi University, Finland

Co-Supervisor

Docent Karin Österman
Åbo Akademi University, Finland

Reviewers

Prof. Jane L. Ireland
Univ. of Central Lancashire, U. K.

Prof. Thomas P. Gumpel
Hebrew University, Jerusalem, Israel

Opponent

Prof. Jane L. Ireland
Univ. of Central Lancashire, U. K.

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Abstract

The aim of this thesis is to examine social integration, psychological well-being, proactive attitudes towards the integration of immigrants, intense group identification, and witnessing domestic aggression within a sample of the Swedish-speaking minority of Western Finland, and to gain an understanding of the connections between these variables. For this purpose, a questionnaire titled "Life in Finland" was constructed; the statistical analyses of the four studies are based on its data.

The questionnaire was completed by 298 Swedish-speaking respondents, consisting of 208 women and 90 men. The mean age was 32.7 years for the women (SD 13.4), and 28.9 years (SD 13.4) for the men; the age difference was weakly significant. The questionnaire consisted of five different instruments: (1) an instrument for the measurement of various aspects of social integration, specifically designed for this study, comprising of four subscales (27 items), (2) three subscales measuring depression, anxiety, and somatization, from the Brief Symptom Inventory, to assess psychological well-being (19 items), (3) an adapted version of the Majority Integration instrument, consisting of three subscales for the measurement of proactive attitudes towards the integration of immigrants (21 items), (4) the Intense Group Identification Scale, specifically designed for this study (6 items), and (5) an abbreviated version of the Direct & Indirect Aggression Scale for Adults for the measurement of witnessing domestic aggression (11 items).

Study I: The aim of the first study was to explore social integration and subjective psychological well-being in terms of sex and age differences. The findings showed that the average scores for both women and men regarding social integration were high. However, women scored higher than men on three of the four measured dimensions of social integration, namely (1) the subjective evaluation of access to social benefits, (2) positive social relations, and (3) trust in the Finnish judiciary system. Overall, the respondents experienced themselves as well integrated. Their subjective experience of social integration became even more positive and satisfying with age. There was a correlation between level of social integration and well-being, i.e., those who saw themselves as well integrated also showed less psychological symptoms of anxiety, depression, and somatization.

Study II: The aim of the second study was to investigate the respondents' individual level of social integration in relation to their proactive attitudes towards the integration of immigrants. The results showed that the better the respondents experienced themselves integrated in the society, the more positive attitudes they had towards the integration of immigrants. Overall, those who saw themselves as well integrated also were (1) more open to diversity, and more willing to recognize the need of making (2) cultural and (3) structural efforts to support immigrants.

Study III: The aim of the third study was to determine proactive attitudes towards the integration of immigrants and intense group identification in terms of sex, age, and educational level. The findings showed that cultural efforts, structural efforts, and openness to diversity correlated positively with each other, and negatively with intense group identification. Women scored significantly higher than men on cultural efforts, structural efforts, and openness to diversity. Men scored significantly higher on intense group identification. Respondents with a higher educational level scored higher on cultural efforts and openness to diversity, and significantly lower on intense group identification. In this

sample, age did not correlate with any of the scales measuring proactive attitudes towards the integration of immigrants.

Study IV: The aim of the fourth study was to examine social integration and proactive attitudes towards the integration of immigrants in relation to witnessing domestic aggression. The findings showed that overall, the respondents experienced low levels of domestic aggression, with men reporting a higher level than women. Respondents who witnessed domestic aggression more often than average also felt less well integrated into society, and they held fewer positive attitudes towards the integration of immigrants in comparison with those with lower scores on witnessing domestic aggression. Also, respondents with high scores on domestic aggression had an overall lower educational level.

To conclude, the investigated sample of respondents belonging to the Swedish-speaking minority of Western Finland showed high levels of social integration in the society. A high level of social integration was related to psychological well-being. There was a clear relationship between the respondents' personal level of social integration and their proactive attitudes towards the integration of immigrants. The respondents' level of proactive attitudes towards integration corresponded negatively with their scores on intense group identification. Also, there was a negative relationship between witnessing domestic aggression and the respondents' level of social integration and proactive attitudes towards the integration of immigrants. Age, sex, and educational level as well as implications of the findings are discussed in the peer-reviewed articles and in the framework of the thesis.

Keywords: Social integration, psychological well-being, proactive attitudes towards integration, minority, Swedish-speaking Finns

Abstrakt på svenska

Syftet med denna avhandling är att undersöka social integration, psykologiskt välbefinnande, proaktiva attityder till integrering av immigranter, stark identifikation med ens folkgrupp, och bevitnande av aggression i hemmet inom ett sampel tillhörande den finlandssvenska befolkningsgruppen i västra Finland, och att erhålla en förståelse av sambandet mellan de uppmätta variablerna. För detta ändamål konstruerades ett frågeformulär kallat "Livet i Finland"; de statistiska analyserna i avhandlingens fyra delstudier bygger på de data som erhöles med detta frågeformulär.

Frågeformuläret fylldes i av 298 svensktalande respondenter, 208 kvinnor och 90 män. Medelåldern var 32,7 år för kvinnorna (SD 13,4), och 28,9 år (SD 13,4) för männen; ålderskillnaden var svagt signifikant. Frågeformuläret bestod av fem olika instrument: (1) ett instrument avsett för att mäta olika aspekter av social integration, specifikt konstruerat för denna undersökning, som bestod av fyra subskalor (27 items), (2) tre subskalor ur Brief Symptom Inventory, avsedda att mäta olika aspekter av psykologiskt välbefinnande, närmare bestämt depression, ångest och somatisering (19 items), (3) en anpassad version av instrumentet Majority Integration, som bestod av tre subskalor avsedda att mäta proaktiva attityder till integrering av immigranter (21 items), (4) Intense Group Identification Scale, specifikt konstruerad för denna studie (6 items), och (5) en förkortad version av Direct & Indirect Aggression Scale for Adults, avsedd att mäta bevitnande av aggression inom hemmet (11 items).

Studie I: Syftet med den första delstudien var att undersöka social integration och subjektivt välbefinnande samt köns- och ålderskillnaden beträffande dessa variabler. Det visade sig att medelvärdena för både kvinnor och män beträffande social integration var höga. Kvinnor hade dock högre poäng än män på tre av de fyra uppmätta dimensionerna av social integration, närmare bestämt (1) den subjektiva upplevelsen av tillgång till sociala förmåner, (2) positiva sociala relationer och (3) tillit till det finska rättssystemet. Överlag upplevde respondenterna sig som välintegrerade i samhället. Den subjektiva upplevelsen av att vara välintegrerad blev bara bättre med åldern. Det förekom en korrelation mellan social integration och välbefinnande, dvs. de som upplevde sig som välintegrerade uppvisade färre symptom på ångest, depression och somatisering.

Studie II: Syftet med den andra delstudien var att undersöka sambandet mellan respondenternas personliga nivå av social integration och deras proaktiva attityder till integrering av immigranter. Resultaten visade att ju bättre respondenterna upplevde sig integrerade i samhället desto mer positiva attityder hade de till integrering av immigranter. De som upplevde sig välintegrerade var (1) mer accepterande av diversitet i samhället, och mer villiga att acceptera behovet av att göra ansträngningar för att göra (2) kulturell och (3) strukturell anpassning i samhället för att stöda integrationen av immigranter.

Studie III: Syftet med den tredje delstudien var att undersöka sambandet mellan proaktiva attityder till integrering av immigranter och stark identifikation med ens egen folkgrupp, i relation till kön, ålder och utbildningsnivå. Resultaten visade att accepterande av behovet att göra dels kulturella och dels strukturella ansträngningar korrelerade positivt med varandra, men negativt med stark identifikation med den egna folkgruppen. Kvinnor uppvisade signifikant högre poäng än män på accepterande av behovet att göra kulturella ansträngningar, strukturella ansträngningar och accepterande av diversitet i samhället.

Män hade högre poäng på stark identifikation med den egna folkgruppen. Respondenter med högre utbildningsnivå hade högre poäng på kulturella ansträngningar och accepterande attityder till diversitet i samhället och signifikant lägre poäng på stark identifikation med den egna folkgruppen. I detta sampel korrelerade ålder inte med någon av de variabler som mätte proaktiva attityder till integrering av immigranter.

Studie IV: Syftet med den fjärde delstudien var att undersöka sambandet mellan social integration, proaktiva attityder till integrering av immigranter och det faktum att man bevittnat våld i hemmet. Resultaten påvisade att respondenterna överlag bevittnat ringa mängder av aggression i hemmet, män uppgav dock något högre mängder än kvinnorna. Respondenter som hade bevittnat våld i högre grad än medelvärdet upplevde sig i lägre grad välintegrerade i samhället, och de hade mindre positiva attityder till integrering av immigranter i jämförelse med respondenter som i lägre grad hade bevittnat våld i hemmet. Respondenter med höga poäng på bevittnande av våld i hemmet hade i genomsnitt en lägre utbildningsnivå.

Sammanfattningsvis kan det konstateras att det undersökta samplet av finlandssvenskar bosatta i västra Finland upplevde en hög nivå av social integration i samhället. Nivån av social integration hade ett klart samband med psykologiskt välbefinnande inom samplet. Det fanns också ett tydligt samband mellan deras personliga nivå av social integration och proaktiva attityder till integrering av immigranter. Respondenternas nivå av proaktiva attityder till integrering av immigranter hade ett negativt samband med stark identifikation med deras egen folkgrupp. Det förekom också ett negativt samband mellan bevittnande av våld i hemmet och dels personlig social integrationsnivå, dels proaktiva attityder till integrering av immigranter. Betydelsen av ålder, kön och utbildningsnivå diskuteras i de publicerade originalpublikationerna och i avhandlingens introduktionsdel.

Sökord: Social integration, psykologiskt välbefinnande, proaktiva attityder till integration, minoritet, finlandssvenskar

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The founder of analytical psychology, Carl Gustav Jung said that “wholeness is not achieved by cutting off a portion of one’s being, but by integration of the contraries”. When all aspects of oneself are accepted from within and work together as a unified whole, a content integration manifests into a physical reality.

My hope is that this thesis and future research on social integration and mental health would help to transcend social experiences into a fuller, healthier, happier, and self-fulfilled life of individuals, families, communities, and the wider society. I wish that we could see our formal and informal social relationships as reciprocal and genuine. I hope that we could focus on cherishing our connections and that they may be deeply sustained by respect and honor to all the authentic and unique individuals residing in Western Finland.

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List of Original Publications

Study I: Grigaitytė, I., Österman, K., & Björkqvist, K. (2020). Social integration and psychological wellbeing in a sample of the Swedish-speaking minority of Western Finland. *Technium Social Science Journal*, 9, 364–376.

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Study III: Grigaitytė, I., Österman, K., & Björkqvist, K. (2019). Proactive attitudes towards integration and intense group identification, in a sample of the Swedish-speaking minority of Western Finland. *European Journal of Social Science, Education and Research*, 6(3), 23–36.

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Author Contribution

Ingrida Grigaitytė is the first author of all four studies that are included in this doctoral thesis. Grigaitytė is responsible for writing the main part of the texts. The statistical analyses have been conducted jointly within the research group.

Table of Contents

1. Introduction	1
1.1 Background	1
1.2 The Swedish-speaking Minority of Western Finland	2
1.3 Conceptual Frameworks of Integration	3
1.4 From Social Integration to Health	5
1.5 Psychological Well-being	7
1.6 Proactive Attitudes towards Integration	8
1.7 Intense Group Identification	10
1.8 Domestic Aggression	12
1.9 Aim of the Thesis	14
2. Method	15
2.1 Sample	15
2.2 Instruments	15
2.2.1 Social Integration	15
2.2.2 Psychological Well-being	16
2.2.3 Proactive Attitudes towards the Integration of Immigrants	17
2.2.4 Intense Group Identification	18
2.2.5 Domestic Aggression	19
2.3 Procedure	19
2.4 Ethical Considerations	20
3. Overview of the Original Publications	20
3.1 Study I: Social Integration and Psychological Well-being in a Sample of the Swedish-speaking Minority of Western Finland	20
3.2 Study II: Social Integration and Proactive Attitudes towards the Integration of Immigrants in a Sample of the Swedish-speaking Minority of Western Finland	21
3.3 Study III: Proactive Attitudes towards Integration and Intense Group Identification, in a Sample of the Swedish-speaking Minority of Western Finland	22
3.4 Study IV: Social Integration and Attitudes towards the Integration of Immigrants in Relation to Witnessing Domestic Aggression	22
4. Discussion	24
4.1 Summary of the Findings	24
4.2 Limitations of the Studies	29
4.3 Implications of the Studies and Conclusions	29
References	33
Original Publications I-IV	

1. Introduction

1.1 Background

Fundamentally, humankind is a social species, and it is a part of our nature to recognize, interact and form relationships with conspecifics. Relationships are at the center of the human environment. Early in our history as a species, we survived and prospered by banding together to provide mutual protection and assistance (Cacioppo & Patrick, 2008).

It is widely recognized that social interactions affect a range of short- and long-term health outcomes, including mental health, physical health, emotional health, health habits, and even mortality risks (Berkman & Syme, 1979; Cohen, 1988, 2004; Uchino, Holt-Lunstad, Uno, Campo, & Reblin, 2007; Umberson & Montez, 2010). Aspects of social life such as social integration and close relationships have been found to be significant predictors of a healthier, happier, and even longer life. Social integration cultivates immunity and resilience within people. Thus, it moderates the effect sizes of well-established risk and protective factors such as cigarette smoking, alcohol consumption, obesity, hypertension Rx, clean air, flu vaccine, cardiac rehab, and exercise (Holt-Lunstad, Smith, & Layton, 2010; Pinker, 2014).

In contrast, social isolation and loneliness are public health risk factors associated with various health problems such as depression, anxiety, addictive disorders, physical health deterioration, earlier death, and socio-economic problems (Gore & Colten, 1991; Haslam, 2016; Haslam, Cruwys, Haslam, Dingl, & Chang, 2016; Santini, Koyanagi, Tyrovolas, Mason, & Haro, 2015). Social isolation and loneliness in otherwise healthy, well-functioning individuals eventually may result in psychological and physical disintegration, and even death (Umberson & Montez, 2010).

Research conducted in Finland shows clear evidence of the association between social isolation and loneliness and serious public health issues among both adolescents and adults, and loneliness has been described as a 21st century epidemic (Jansson, Savikko, Kautiainen, Roitto, & Pitkälä, 2020; Nyqvist, Victor, Forsman, & Cattan, 2016; Rönkä, Sunnari, Rautio, Koironen, & Taanila, 2017; Tanskanen & Anttila, 2016). Various minorities of local and immigrant groups are vulnerable to marginalization, with serious health issues consequently (Castaneda, Rask, Koponen, Suvisaari, Koskinen, Härkänen, & Jasinskaja-Lahti, 2015; Kuittinen, Mölsä, Punamäki, Tiilikainen, & Honkasalo, 2017; Mölsä, Kuittinen, Tiilikainen, Honkasalo, & Punamäki, 2017; Rask, Suvisaari, Koskinen, Koponen, Mölsä, Lehtisalo, ... & Castaneda, 2016; Wiens, Kyngäs, & Pölkki, 2017).

Until the 1990s, Finland, in comparison with other Western countries, was a rather homogenous country, known for emigration rather than immigration. During the past decades, Finnish society has been undergoing ethnic and cultural changes, partly due to the increased number of refugees and immigrants, and partly due to transnational employment and study migration (Korkiasaari & Söderling, 2003; Saukkonen, 2013). Before 2020, trends in globalization, technological developments, international travel, cross-cultural exchange, and/or forced migration, showed that Finland will likely continue to attract people with diverse backgrounds in the upcoming years (Business Finland, 2020).

The current thesis explores social integration, psychological well-being, proactive attitudes towards integration of immigrants, intense group identification, and domestic aggression in a sample from the Swedish-speaking population of Western Finland. The

original studies are the primary result of the doctoral thesis. The empirical investigations of the studies are contextualized within a discussion on the concept of social integration in the realms of proactive attitudes towards integration, psychological well-being, intense group identification, and domestic aggression. After the introduction, the methods and results of the original studies are presented. Finally, methodological limitations are acknowledged, implications for praxis are indicated, and concluding remarks are made.

1.2 The Swedish-speaking Minority of Western Finland

One may ask, why choose the Swedish-speaking minority in Finland as a focus for study? The answer is that this minority differs from most other minorities in nations over the world in several aspects, which will be described in the following.

The Swedish-speaking population of Finland is a linguistic minority that often identifies themselves as Finland-Swedes (*finlandssvenskar*). The identity of the Finland-Swedes is based on the recognition of their situation as a minority in Finland, including loyalty to Finland as a nation-state in combination with identification with the Swedish language and culture, which to some extent differs from that of the Finnish-speakers, but also from that of the Swedish-speakers of Sweden (Åström, Lönnqvist, & Lindqvist, 2001; Höckerstedt, 2000; McRae, Helander, & Luoma, 1997). In 2020, according to Statistics Finland, there were approximately 290,000 citizens registered with Swedish as their mother tongue in the country (Official Statistics of Finland, 2021).

The current existence of the Swedish-speaking population in Finland is historically interconnected with the 600-year long period of time when Finland was a part of Sweden, ending with the Russian conquest in 1809 (Engman, 1995; Törnblom, 1993). Some scholars provide disputed archaeological and philological evidence that the Swedish-speakers have lived in the area that today constitutes Finland already in prehistoric times (McRae, Helander, & Luoma, 1997; Saxén, 1905). Another, more accepted, theory suggests that the Swedish-speaking population started to settle in Finland in the 12th or 13th century. The settlements mainly took place in the Western and Southern coastal areas of Finland (Allardt & Starck, 1981; Haggren, Halinen, Lavento, Raninen, & Wessman, 2015; Tarkiainen, 2008). During the 19th century, after the separation from Sweden and while under Russian sovereignty, a national awakening took place, leading to the birth of Finland as a nation, and the country gained its independence in 1917. This fact drastically altered the Swedish-speakers' position from having been a majority to becoming a minority in the country (Engman, 1995). The Finnish language became dominant in the newly founded nation, but the Swedish language was given an equal status in the 1922 constitution. This gave base for a shared identity creation including both Finnish- and Swedish-speakers. Symbolically, the Finland-Swedes identify themselves with the coastal area and the sea, and so it became common to speak of "Swedish Finland", constituting of the Swedish-speaking parts of Nyland, Åboland, and Österbotten (in Eng., Ostrobothnia) (Hulden, 2004; Peltonen, 2000).

Today, the Swedish language and culture are protected by the state's constitution and other relevant legislation stating that both Finnish and Swedish are official languages and have an equal status. The Swedish-speaking minority, the Finland-Swedes, can be regarded as relatively well-integrated in the Finnish society. Throughout the history of Finland, the position of the Finland-Swedes has turned out to be quite unique compared with that of

other minority groups in Western Europe, meeting the major criteria of ethnicity: self-identification of ethnicity, language, social structure, and ancestry (Allardt & Starck, 1981; Bhopal, 1997). It is classified as a resource-strong minority in terms of linguistics, economics, and politics. It is also considered as having a relatively high level of ethnic organization (Allardt & Starck, 1981), and it has even been regarded as a distinct nationality (Modeen, 1999). This is due to the conscious efforts to keep Swedish as an administrative and educational language in the country.

The Swedish-speakers value personal equality and an enhancement of an individual autonomy in addition to honesty, modesty, and open-mindedness (McRae, Helander, & Luoma, 1999; Mead, 1993). They hold a high amount of social capital that is associated with their well-being and health (Hyypä & Mäki, 2003). The Swedish-speaking community has a comprehensive network of educational institutions at all levels, a rich and versatile Swedish mass media supply, a great number of civil societies, commercial companies, and a political party of its own. Finland-Swedes, especially in the Western Finland region, choose to follow Swedish affairs and culture as well as to have Swedish media as a main source of information. To this day, Western Finland appears as a region where the Swedish language and culture have a stronger position than in other areas of Swedish-speaking Finland, except for the Åland Islands (Folktinget, 2006; Tarkiainen, 2008). The Swedish-speaking minority within the region makes up approximately half of the population, while the Swedish-speakers reach only 5,9% of the population of the total country (Official Statistics Finland, 2021).

1.3 Conceptual Frameworks of Integration

The concept of social integration has a wide range of definitions, dependent on international, national as well as local contexts. Many theoretical perspectives originated and have been advanced during the study of cultural transition and have broadly defined integration as a process by which people who are relatively new to a country (or any group) become a part of that particular society (Robila, 2018). According to American Psychological Association (2020), social integration is defined as “the process by which separate groups are combined into a unified society, especially when this is pursued as a deliberate policy. It implies a coming together based on individual acceptance of the members of other groups”. It also refers to the process by which an individual is being assimilated into the group (American Psychological Association, 2020).

Cross-cultural and social psychology have frequently used Berry’s (1997) conceptual framework of immigrants’ acculturation to the host society when viewing plural societies and ways in which groups and individuals engage interculturally within them. This model includes four intercultural strategies: assimilation, separation, marginalization, and integration. The strategy of assimilation occurs when an individual seeks daily interaction with other cultural groups and does not wish to maintain the cultural identity of his or her origin. The strategy of separation occurs when an individual avoids interaction with other cultural groups and wishes to hold on to his or her own culture. The strategy of marginalization occurs when there is very little cultural and relational exchange with others, and an individual is left powerless and excluded from society. The strategy of integration occurs when an individual’s own culture is maintained while engaging in frequent interactions with other groups (Berry, 1997; 2011).

Ager and Strang (2004; 2008) have proposed a conceptual framework that shapes understanding about the concept of social integration through the ten core domains of rights and citizenship, language and cultural knowledge, safety and stability, social bridges, bonds and links, employment, housing, education, and health. The key domains of integration are assessed and related to the following four overall themes: (1) achievement and access across the sectors of employment, housing, education, and health, (2) assumptions and practice regarding citizenship and rights, (3) processes of social connection within and between groups within the community, (4) and structural barriers to such connection related to language, culture, and the local environment (Ager & Strang, 2004; 2008).

Furthermore, Strang and Ager (2010) put attention on the following four concepts to deepen the understanding and promote a discussion on the meaning of integration in a healthy society. First, to understand integration, they considered the concept of nationhood and citizenship in relation to how it shapes and affects the sense of belongingness of immigrants. Second, they use the concept of social capital to describe aspects of social connection in terms of value. Here, they place attention on how bonds, bridges and links in social relationships connect to patterns of reciprocity and trust. Third, Strang and Ager suggest that integration is a two-way process, and thus, it can be expanded to comprise the multiplicity and fluidity of social meaning and identity. Fourth, they noted that when a sufficient fluidity of action and linkage between the domains are enabled, social, economic, and political progression for the community during the integration processes may flourish (Strang & Ager, 2010).

The extent and quality of social integration depends on social and personal variables that are found both within the society of origin and in the society of settlement. Hence, it depends on the phenomena that exist prior to and during integration (Berry, 1997). Scholars agree that for the best approach towards understanding integration, it needs to be considered as a two-way, long-term, and open-ended process that can only be successfully pursued by migrants when the host society is open and inclusive in its orientation towards cultural diversity. Furthermore, the success of social integration depends on how resourceful an individual is. Also, it relates to the conditions and the actual participation of an individual in all aspects of community life; therefore, it narrates an individual's own sense of belonging and being a member of a larger society (Ager & Strang, 2004, 2008; Berry, 1997; Strang & Ager, 2010).

In addition, the success of integration depends on the extent, quality, and frequency of formal and informal social relationships, including both individual and community-level social integration. Formal relationships are defined, generated, and developed in terms of structure and system, e.g., an individual's engagement with religious or voluntary institutions. In contrast, informal relationships refer to ungoverned and voluntary relationships among people, such as being married or living together with an extended family. During the integration processes, an increase in social contact, social interaction and provision, and social resources are not necessarily protecting the health of an individual. It is crucial to consider the characteristics of social environments and populations to promote better health through integration (Brissette, Cohen, & Seeman, 2000).

1.4 From Social Integration to Health

Research on the connection between social integration and health has commonly treated social integration as an individual characteristic, indicating the extent to which an individual participates in a broad range of social relationships. Studies and surveys made across populations indicate that the level of social integration correlates positively with various health outcomes. For instance, higher levels of social integration are associated with better mental health, resilience to adverse life events, survival after disease, and even longevity. In contrast, being relatively isolated is in its effects comparable to the magnitude of health risks such as cigarette smoking, high blood pressure, and obesity (Brisette, Cohen, & Seeman, 2000).

There are several sets of theories forming a base for the empirical investigation of social integration and its influence on an individual's health. The concept of social integration is deeply embedded in Durkheim's early work on social conditions and suicide, in which important contributions to the understanding of how social integration and cohesion influence mortality were made. He suggested that a stable social structure and widely accepted norms operate as protective factors regulating behavior. Durkheim's reasoning was consistent with his observation that suicide was most prevalent among individuals who were not married and lacked ties with the community and church (Durkheim, 1897/1951). This theory on suicidal behavior extends to other major health outcomes ranging from violence and homicides to cardiovascular disease.

The architect of attachment theory, John Bowlby (1969, 1973), proposed that there is a universal human need to form close affectional bonds for emotional and social development. Those affectional bonds form both childhood and adult development, providing prototypes for later social relations influencing psychological and physiological health outcomes. Primary attachment promotes a sense of security and self-esteem that ultimately provides the basis on which the individual will form lasting, secure, and loving relationships in adult life. For instance, a secure attachment in childhood provides an external ring of psychological protection that maintains a child's metabolism in a stable state. Consequently, in adulthood, marriage would provide a solid base for a protective shell in times of need (Bowlby, 1969; 1973). The attachment processes have been suggested to be integrally related to how individuals shape regulatory strategies and relationship behaviors, which in turn influence later health-related responses, behaviors, and outcomes (Ainsworth, 1978).

Also, the importance of social contact has been highlighted by the work of Faris (1934) on cultural isolation and the development of mental illness. Faris believed that social interaction is essential for the healthy development of a normal personality and the endorsement of appropriate social conduct. Therefore, he proposed that cultural isolation, which separates an individual from intimate and sympathetic social contacts for an extended period of time, may possibly lead to mental illness. Thus, socially isolated individuals are at a higher risk for mental disorder (Faris, 1934).

In contrast to the theories mentioned above, Goode (1960), Slater (1963), and Coser (1974) proposed that participation in several social domains may be harmful to psychological well-being. Some sociologists perceive individuals' social environments as sets of interrelated role relationships such as being a parent, husband, wife, volunteer, church member, or a coworker. Each of those roles demands different sets of obligations, which

may become conflicting and stressful when the number of roles increase and the adequate performance of multiple roles simultaneously becomes difficult (Coser, 1974; Goode, 1960; Slater, 1963). In opposition to this view, Sieber (1974) suggested that possessing multiple roles is beneficial for psychological well-being. In his view, the rewards received by multiple roles transcend the burdens associated with the sets of those roles. Sieber indicated privilege accumulation, status security, status enhancement, and self-esteem enhancement as rewards. Marks (1977) viewed roles in a similar way as Sieber and added that the roles could be potential sources of wealth, prestige, sympathy, approval, and a favorable self-image (Marks, 1977).

In 1983, Thoits, following the work by Mead (1934) and Stryker (1980), proposed the identity accumulation hypothesis. He argued that people's identities are closely tied up with their social roles, viewed as sets of behavioral expectations emerging from the social environments in which they interact with others. The accumulation of role identities would provide people with information about who they are in terms of an existential sense, enlighten them on their purpose in life, and give an opportunity to enhance self-esteem. Thoits expressed that a sense of meaning in life is an integral component of an individual necessary for a psychological well-being, in turn, affecting proper conduct and normal behavior (Thoits, 1983).

In a similar vein, Cohen (1988) worked on identity and esteem models that have psychological influence on social relationships. He proposed that an individual's ability to meet role expectations might result in such cognitive benefits as increased feelings of self-worth, purpose and meaning of life, and control over one's environment. These enhanced feelings, in turn, may influence health through a variety of pathways. For instance, by holding multiple social roles, an individual may generate a positive effect improving immune responses to disease. Also, an ability to hold multiple social roles may impact health through social and informational domains. Individuals that are well-integrated would naturally be more prompt to healthy behaviors, as their social network encourages support seeking and receiving (Cohen, 1988; 2000).

Throughout the 1970s and 1980s, a series of studies were published, consistently indicating that the lack of social ties, social networks, and social diversity increased susceptibility to infectious illness and even predicted mortality from almost every cause of death. In these studies, concepts such as social networks, social ties, social connectedness, and social integration have been assessed in a range from intimate to extended, and from strong to weak ties (Berkman, 1995; Cohen 1988; Granovetter, 1973; House, Robbins, Metzner, 1982). In health psychology, a following wave of research focused on the qualitative aspects of social relations rather than on elaboration of the structural aspects of social networks (Antonucci, 1986; House, 1987; Kahn, 1979; Kahn & Antonucci, 1981; Lin & Dean, 1984; Lin, Woelfel, & Light, 1985; Rook, 1992; Sarason, Sarason, & Pierce, 1990). This work has advanced academic knowledge on how social networks and social support are associated with psychological health that in turn influences physical health. In 2010, Holt-Lunstad, Smith, and Layton's analysis of 148 studies that included 308,849 participants indicated that the quality and quantity of individuals' social relationships have been linked not only to mental health but also to both morbidity and mortality. Thus, the influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality (Holt-Lunstad, Smith, & Layton, 2010). In 2014, developmental psychologist Pinker suggested that our social interactions directly impact our survival. She conducted

several studies involving large populations, and her findings revealed that social integration cultivates immunity and resilience within individuals (Pinker, 2014).

1.5 Psychological Well-being

The World Health Organization identifies mental health as an essential dimension of overall health status, and states that mental health is an important health outcome in and of itself (World Health Organization, 2021).

The works of Boissevain (1974), Berkman (1995), and Lin, Ye, and Ensel (1999) demonstrate that human relations consist of multiple layers that extend from the egocentric perspective to formal and informal social life; from the most intimate partner relations to social networks such as connections to close relatives and friends, and to weak social ties such as involvement in community and voluntary organizations. The latter does not involve close individual interactions; however, it provides a sense of belongingness and general social identity that promotes psychological health (Durkheim, 1897; Faris & Dunham, 1939). In addition, theoretical models suggest that close relationships characterized by support protect and promote health in several ways, and they may serve as a source when coping with stress, facilitating recovery and resilience (Feeney & Collins, 2015).

There are persistent gender differences in the degree and patterns of integration into society which vary greatly across countries and regions, e.g., Western Europe in comparison with Southeastern Europe (Pascall & Kwak, 2005; Pollert, 2005). Thus, variation in social structures could lead to better or worse health outcomes. Social cohesiveness protects against depressive illnesses, and a repressive nature of social regulation may cause an excess of anxiety disorders (Durkheim, 1897). In a classic study by Brown and Harris (1978), adherence to traditional forms of social engagement appeared to have simultaneously protective and damaging effects on women in two rural areas. Women's participation in traditional life patterns, such as regular church going and craftwork, predicted lower rates of depression, and, at the same time, it also predicted a higher rate of anxiety disorders (Brown & Harris, 1978). A study by Dressler and Badger (1985) found that supportive relationships with the extended family had mental benefits for men, but not for women. Corin (1985) reported that for women, more support is associated with more mental health symptoms due to the costs associated with conformity within a traditional community and/or within a small minority group in a culture of a majority. The prevalence and risk for depressive disorders are, in the Western cultural sphere, higher in women than in men, beginning at mid-puberty and persisting through adult life (Piccinelli & Wilkinson, 2000).

Fothergill, Ensminger, Robertson, Green, Thorpe, and Juon (2011) conducted a longitudinal study among urban African American women that assessed effects of community engagement on physical functioning, self-rated health, anxious mood, and depressed mood, over a 22-year period. They found that women with diverse and persistent community engagement (that continued over a prolonged period) had significantly better health than non-involved women. Persistently engaged women were less likely to report anxious or depressed mood than those with only early community engagement. Women with both persistent and diverse community engagement showed

better physical functioning than those with a persistent community engagement only (Fothergill et al., 2011).

A strong sense of coherence within the community and a good subjective state of health were associated with each other in a Finnish sample consisting of both women and men. The association was still present when adjusted for age and level of socio-economic status, social integration, and realized opportunities for activities during leisure time. A strong sense of coherence could be interpreted as representing an autonomous personal resource capable of contributing directly to subjective health (Suominen, Blomberg, Helenius, & Koskenvuo, 1999). A study based on a regionally representative sample of adolescents in Finland ($N = 3,242$) found that perceived social support was associated with less somatic symptoms, and the association between perceived social support and somatic symptoms was stronger for girls than for boys. A study suggests that fostering informal close quality relationships may benefit the psychological health of adolescence, which in return, would enhance their physical health (Grigaitytė & Söderberg, 2021).

In the examination of social integration in relation to age, studies have documented links between social networks and late-life well-being. In a study by Fuller and Fiori (2017), frequency of community interaction, which is a typical component of social integration, was associated with a decline in depressive symptoms, an increase in life satisfaction, and an increase in self-rated health over time, among the elderly. Also, lower satisfaction with social ties predicted increased depressive symptoms over time (Fuller & Fiori, 2017). Furthermore, associations between late-life social integration and health have been found to be reciprocal. A community-based study investigated whether depressive symptoms, chronic health conditions, functional limitations, and self-rated health independently predicted multiple dimensions of social integration. The results showed that self-rated health was the most consistent predictor of social integration over time. The subjective perception of health appeared to have greater implications for social integration over time than more objective health, including symptoms and conditions (Toyama, Toyama, & Fuller, 2019). Generally, findings from community-based studies show that for elderly people, social interactions they have within their networks become more satisfying with age, despite the decrease in social network size (Lansford, Sherman, & Antonucci, 1998). Typically, older adults account for greater satisfaction and more positive social experiences than younger adults do (Birditt & Fingerman, 2003; Charles & Piazza, 2007). The perception of social interaction and social support within one's own environment grows more positive with age (Field & Minkler, 1988). A literature review indicated that older adults engage in strategies that optimize positive social experiences and minimize negative ones, and older adults apply principles of reciprocity and forgiveness in their communication with others more than the younger ones (Luong, Charles, & Fingerman, 2011).

1.6 Proactive Attitudes towards Integration

The study of intergroup relations explores stereotypes, prejudice, and discriminatory behavior patterns of individuals and the way these cognitions, feelings, and behaviors affect others and are affected by others. Rather commonly, intergroup relations are studied from the majority's perspective. They tend to favor psychological factors that are associated with the majority's negative attitudes towards the minorities that work as barriers for a successful social integration. Comprehension and understanding of negative attributes

could positively influence a reduction of stereotypes, prejudice, xenophobic attitudes, attributional biases, ethnocentrism, intergroup anxiety, discrimination, and racism. Additionally, to promote and improve intergroup relations, fostering of such factors as cooperation, conflict resolution, negotiation, mediation, equal status, and support by authority figures are beneficial (Stephan & Stephan, 1996).

Merely focusing on the negative psychological attributes may be too passive and not sufficient for an ideal social integration to occur. More attention placed on the positive psychological attributes contribute to a more proactive view towards integration. Here, both the majority and minority groups can take a more active role in integration, and hence, be more willing to actively modify certain aspects of their life to promote integration within their own community (Phelps, Eilertsen, Türken, & Ommundsen, 2011).

Proactive attitudes towards integration encompass openness to diversity and cultural and structural efforts reflecting endeavors by both individuals and the state during the integration processes. Openness to diversity is a phenomenon that goes beyond non-prejudice and reflects a general evaluation of cultural diversity (Phelps, Eilertsen, Türken, & Ommundsen, 2011). Evidence shows that openness to diversity affects group decision effectiveness and interaction patterns in a workgroup context. Also, increased openness to perceived dissimilarity leads to better outcomes in newly formed groups (Fujimoto, Härtel, & Härtel, 2004). In a student sample, overall involvement within an institution itself, engagement with peers of different backgrounds, and collaborative communication and learning have been shown to have positive effects on openness to diversity (Pascarella, Edison, Nora, Hagedorn, & Terenzini, 1996). These results are quite consistent across the studies. They show that the attendance of college itself has an impact on students' openness to diversity over an extended period due to the interconnected various experiences they have (Barkley, Boone, & Hollowat, 2005; Loes, Culver, & Trolan, 2018; Pascarella & Terenzini, 2005; Pascarella et al., 1996; Pike, 2002).

Cultural efforts towards integration implicates the changes of a majority's cultural attitudes towards the others, including acceptance and promotion of a minority's cultural values, norms, and customs (Phelps, Eilertsen, Türken, & Ommundsen, 2011). Thus, the realm of cultural integration is characterized by the preferences and equilibrium behaviors of all its members. This means that contacts among communities are beneficial since they alter individual cultures through such interrelated mechanisms as behavioral adaptations driven by pay-offs to coordination and preference changes shaped by socialization and self-persuasion (Kuran & Sandholm, 2008).

Structural efforts implicate the willingness to change institutional structures of the majority's society, including changes in law, public services, or making welfare distribution more egalitarian (Phelps, Eilertsen, Türken, & Ommundsen, 2011). To make a society more equitable, it requires actions to renegotiate and redefine existing social contracts which determine the rights and responsibilities of citizens, states, and the private sector. Structural efforts of social integration also imply the process of building institutions that promote a society for all on the principles of social justice (Ferguson, 2008). Structural efforts within an institution to emphasize and support multicultural diversity among faculty and students have been shown to have a positive impact on individual students' commitment to promote cultural and social understanding (Pascarella et al., 1996).

Regarding the association between gender and openness to cultural and structural diversity, results are mixed. Barkley and colleagues (2005) found that females are more open to diversity than males, which corresponds with theoretical and historical work suggesting that men and women understand and frame cultural differences in divergent ways, where women show more openness, tolerance, and solidarity towards others (Black, 2006; Gilligan, 1997; Høy-Petersen, Woodward, & Skrbis, 2016; Skeggs, 2004; Vieten, 2013). However, findings by Pascarella et al. (1996) provide no reason to believe that the estimated net effects they observed differ significantly in magnitude for males and females.

In the Finnish context, empirical studies have been conducted pertaining to intercultural issues among both students and teachers. Among students, findings have shown that tolerance and openness to diversity are related to gender, with girls being more accepting of cultural and religious differences than boys (Holm, Nokelainen, & Tirri, 2009; Kuusisto, Kuusisto, Holm, & Tirri, 2014; Torney-Purta et al., 2001; Ruokonen & Kairavuori, 2012). Regarding the association between age and openness to cultural and structural diversity, the older students are, the more open attitudes they show (Kuusisto & Kallioniemi, 2014). In terms of geographical location, students residing in the capital area are more open-minded than those living in smaller cities (Kuusisto, Kuusisto, Holm, & Tirri, 2014). Finnish teachers assess their orientation to cultural differences as more positive than Finnish students do. In addition, differences between practicing teachers and student teachers were noticed: practicing teachers were more likely to notice shared principles and find similarities between cultures (Kuusisto, Kuusisto, Rissanen, Holm, & Tirri, 2015). In general, Finnish teachers see themselves as ethical professionals (Tirri, 2011; 2012) with good ethical sensitivity skills (Gholami, Kuusisto, & Tirri, 2015; Kuusisto, Tirri, & Rissanen, 2012). However, the results from a study by Rissanen, Tirri, and Kuusisto (2015) suggest that Finnish teachers are oriented towards supporting commonality, but they are less willing to recognize diversity, and their views on Muslim students' integration in Finnish society are rather negative. Finnish teachers are still relatively unprepared for the currently increasing intercultural situation within the school context (Talib, 2006).

1.7 Intense Group Identification

Identification with a group may be defined as member identification with an interacting group, and this identification has cognitive (social categorization), affective (interpersonal attraction), and behavioral (interdependence) aspects (Hinkle, Taylor, Fox-Cardamone, & Crook, 1989; Tajfel, 1978). It is a psychological feeling of belonging to a particular social group with a distinction between objective membership in a particular group, as defined by social or economic circumstances, and subjective membership that implies a collective identification and conscious loyalty. The cognitive factors underlying this feeling of belonging reflect an awareness of the objective group's position in relation to members of other social groups. Thus, it reflects a sense of shared interest with those having the same group characteristics but not with those of other groups (Miller, Gurin, Gurin, & Malanchuk, 1981).

Group identification occurs at the individual level, but the sources of group identification vary in level. The literature on social identity taps mostly on the cognitive sources focusing on how social identity and social categorization, which are aspects of individual cognition, affect group identification. The cohesion literature emphasizes the

affective sources focusing on the effect of interpersonal attraction at the interpersonal level. The common fate literature stresses the behavioral sources, putting an emphasis on the group-level construct of cooperative interdependence (Henry, Arrow, & Carini; 1999). Group consciousness theory implicates identification with a group and a political awareness or ideology regarding the group's relative position in society along with a commitment to collective action aimed at realizing the group's interest (Miller et al., 1981).

In multi-ethnic societies, people tend to form hierarchies of their own ethnic group based on social distance (Hagendoorn, Drogendijk, Tumanov, & Hraba, 1998; Lange, 2000). Apparent ubiquity of inequality and hierarchy in human societies could be explained by the social dominance theory that hypothesizes the existence of a social dominance orientation (Sidanius, Levin, Federico, & Pratto, 2001). A social dominance orientation may be seen as a general attitudinal orientation towards inter-group relations, reflecting whether one prefers such relations to be equal or hierarchical. Among other things, a social dominance orientation predicts endorsement of racism, nationalism, and cultural elitism (Pratto, Sidanius, Stallworth, & Malle 1994). The tendencies for traits such as competitiveness and assertiveness are commonly associated with masculinity, and traits such as emotionality, concern for others, and being prosocial are commonly associated with femininity (Guimond, Chatard, Martinot, Crisp, & Redersdorff, 2006). Such categorizations may, however, be disputed and regarded as outdated.

Research on the effect of gender and age on ethnic ranking and prejudice towards outside groups are contradictory. In terms of gender, it seems that men express explicit ethnic prejudice and social dominance to a higher extent than women do; this has been shown in numerous samples from around the world (Bates & Heaven, 2001; Ekehammar, Akrami, & Araya, 2003; Pratto et al., 2000; Sidanius & Pratto, 1999; Torney-Purta, Lehmann, Oswald, & Schulz, 2001). However, in a study by Pepels and Hagendoorn (2000), the strongest prejudice against immigrant groups was found in elderly women. In a Swedish context, a study by Snellman and Ekehammar (2005), found no general difference between men and women associated with social dominance orientation and ethnic prejudice, but in a Norwegian sample of adolescents, gender was seen to have one of the largest effects - girls were much more tolerant than boys (Pedersen, 1996). Several studies indicate that women have developed more tolerant attitudes and have a more positive value orientation towards immigrants and other groups than men (Listhaug, 1985; Walker, 1994). It is known that gender differences in social dominance orientation do vary as a function of the social context (Guimond, Chatard, Martinot, Crisp, & Redersdorff, 2006). Additionally, gender and age differences could be investigated through the mobilization theory based on group consciousness and participation. Here, members of disadvantaged demographic categories such as ethnic minorities, women, the poor, and/or elderly are referred to as subordinate groups within the society, related to lower participation rather than to mobilization. Age consciousness among younger people, however, does appear to motivate participation (Miller et al., 1981).

Furthermore, differential participation is generally explained through resource availability. Greater resources, for instance such as higher levels of education, income, occupational status, or organizational membership, may also encourage more active engagement in the sociopolitical arenas of life. Nevertheless, greater resource availability is not the only explanation for increased participation among the more advantaged groups in society. The resources that come with higher levels of socioeconomic position do not

translate into participation in a direct way. There are various motivations interacting with the resources that produce participation. The available resources and organizational efforts are necessary factors for explaining individual differences in participation. Also, added investigation of intergroup attitudes and consciousness brings a substantive understanding of participation (Miller et al., 1981).

Links between prejudice against outside groups and a low educational level were observed already in the late 1950s (Lipset, 1959); the well-educated are more tolerant and possess more democratic values, while the poorly educated have a perspective of more simplistic and authoritarian values (Selznick & Steinberg, 1969). Subsequent studies support the notion that highly educated groups have less fear of foreigners and less racist attitudes than those with lower education (e.g., Jackman & Muha, 1984). In the studies by Hagendoorn (1993; 1995) and Pedersen (1996), individuals with an academic background showed less tendencies to stereotyping and inter-group discrimination than those with a working-class background. As mentioned, attendance of higher educational institutions has in itself a positive impact on students in the direction of developing greater social, ethnic, and political tolerance, and support for individual rights (Bachman, O'Malley, & Johnston, 1987; Beaton, 1975; Chickering, 1970a; 1970b; Finney, 1974; Jackman & Muha, 1984; Nosow & Robertson, 1973); likewise, students tend to become less authoritarian, dogmatic, and ethnocentric (Chickering, 1974; Clark, Heist, McConnell, Trow, & Yonge, 1972; Elton, 1969; Kuh, 1976). In contrast to this, Sidanius and Pratto (1999) reported that the higher the education, the higher the tendency to express social dominance.

1.8 Domestic Aggression

In the literature, there is a certain ambiguity on how the concepts of domestic aggression and domestic violence are defined. In this study, violence is viewed as a subdomain of the wider concept of aggression. Aggression is commonly defined as any behavior intended to harm another person who is motivated to avoid the harm (e.g., Bushman & Huesmann, 2010). If physical force is used and the intention is to cause physical harm or injury, the aggressive behavior in question belongs to the subdomain of violence.

Some scholars (e.g., Davis, 2008) include nonphysical behaviors in their definition of domestic violence. Domestic violence is by them categorized into physical abuse (e.g., hitting, biting, slapping, battering etc.), sexual abuse (e.g., coercing sexual behavior without the victim's consent), emotional abuse (e.g., invalidating victim's sense of self-worth by constant criticism), economic abuse (e.g., the abuser makes the victim financially reliant), or psychological abuse (e.g., the abuser invokes fear through intimidation to physically hurt himself/herself or others in a close relationship) (Davis, 2008). In this thesis, only physical and sexual aggression will be regarded as violence, and other forms will be seen as forms of nonphysical aggression. Accordingly, the term domestic aggression will be used to cover all forms of aggression occurring in home settings. When the term domestic violence is used, it denotes particularly physical aggression which occurs at home.

Domestic aggression has been studied from a variety of viewpoints, including interpersonal, intrapersonal, demographic, cultural, and feminist. Even though the root causes of this behavior remain unclear, social factors such as socio-demographics (e.g., age, socioeconomic status, ethnicity) and social integration (e.g., marital status, employment,

religious involvement, participation in social activities) are consistently associated with the phenomenon (Soler, Vinayak, & Quadagno, 2000).

Aggression against women and girls is a prevalent human rights violation that elevates the risks of acute, long-term, and intergenerational health effects (Yount, Krause, & Miedema, 2017). Many studies bear witness about the frequency and negative effects of domestic violence against women (e.g., Pallikadavath, & Bradley, 2019; Piispa, 2004; Wilt & Olson, 1996) and adolescent girls (Nyato et al., 2019; Sterzing et al., 2020). A cross-sectional Swedish study of 2,250 women and 920 men, aged 15–23 years, found that emotional, physical, and sexual abuse is prevalent among both genders. However, young women reported more severe adverse effects from all types of abuse and were more often abused by a person close to them (Danielsson, Blom, Nilses, Heimer, & Högberg, 2009). A Finnish population-based study of 22,398 women aged 19–54 showed that an occurrence of exposure to violence in any type of close relationship during the 2018 was 7,6%. Women who have been exposed to violence had significantly worse scores on quality of life and psychological distress in comparison to unexposed women. Strong associations were found between combinations of violence and both quality of life and mental health measures (Hisasue, Kruse, Raitanen, Paavilainen, & Rissanen, 2020). Furthermore, women with less income, lower educational level, who are divorced, have children, are from rural areas, are housewives, have bad health, are older aged, immigrants, and those who have suffered some physical violence from other people, which is apart from the partner or ex-partner, run a statistically higher risk of victimization from domestic violence than other women (Martínez, 2019).

Domestic aggression disproportionately affects ethnic minorities, and thus, cultural contexts in the rates of aggression and violence occurrences matters. There is a strong impact of culture and minority status when experiencing domestic violence, including considerations of family structure, immigration, acculturation, oppression, and community response (Kasturirangan, Krishnan, & Riger, 2004). Also, an association between domestic violence and mental health related outcomes tends to be much stronger for the minority populations (Gómez & Freyd, 2018). Further, disparities related to socioeconomic and foreign-born status impact the adverse physical and mental health outcomes because of domestic violence that further aggravates these health consequences (Forster, Grigsby, Soto, Sussman, & Unger, 2017; Stockman, Hayashi, & Campbell, 2015). Overall, domestic violence is more likely to occur among marginalized populations, including individuals of lower socioeconomic status as measured by education, income, and occupation (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013; Sampsel, Petersen, Murtland, & Oakley, 1992). The influence of ethnicity in domestic violence may be blurred in research because high proportions of victims are also of low socioeconomic status (Lipsky & Caetano, 2007).

Social support plays an important role in reporting domestic violence, seeking for help, and receiving support. There are two distinguished types of support: formal or institutional, and informal or social. Formal support includes resources individuals can access from doctors, police, or social services. Informal support includes access to information and resources, which, in turn, contributes to help-seeking behavior (Berkman, Glass, Brissette, & Seeman, 2000). Informal support is one of the key mechanisms through which social integration influences health-related outcomes, and it can be accessed through relationships with relatives, friends, neighbors, and coworkers (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009). Despite individual characteristics, behaviors, and risk

factors, an individual's social context may magnify the risks (Merli, Moody, Mendelsohn, & Gauthier, 2015) or reduce them by providing the individual with access to informal support (Goldsmith & Albrecht, 2011).

Isolation is an impediment for access to any kind of support. Women with higher income and stronger social support networks have access to a greater number and a greater variety of both types of support (Bosch & Schumm, 2004). In addition, women who are younger, more educated, employed, born in the community, and currently married are likely to have more access to informal and formal support (Gauthier, Francisco, Sara, Khan, & Dombrowski, 2018). On the contrary, disadvantaged women are less likely to receive any support at all, and if so, they are more likely to turn to formal sources of support. Women from minority backgrounds (Hollenshead, Dai, Ragsdale, Massey, & Scott, 2006), with less income (Barrett & St. Pierre, 2011), with less education (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009), and who have been in abusive relationships longer (Anderson, Renner, & Bloom, 2014) have been shown to rely less on informal support.

Longitudinal studies have shown that the perpetration of domestic violence is closely linked to individual, family, and peer factors that often emerge and/or are experienced in childhood (Linder & Collins, 2005; Tharp et al., 2012). These emergencies and experiences go beyond the beliefs and attitudes to the perpetration of violence as well as tolerance of it. It is dependent on the society in question and the social norms practiced within the specific social environment. Social norms affect the comprehension of child rearing practices and the perception of what it means to be a woman or a man in a particular cultural setting. These social norms are embedded in the attitudes of key people within the victim's social environment as well as in social and cultural institutions within the socio-ecological system. They are critical drivers to either the prevention or perpetuation of violence (Lilleston, Goldmann, Verma, & McCleary-Sills, 2017).

1.9 Aim of the Thesis

The purpose of the thesis is to contribute to the understanding of the connections between social integration, psychological well-being, proactive attitudes towards integration of immigrants, intense group identification, and domestic aggression in the Swedish-speaking population of Western Finland. Specifically, the goals of the four studies included were as follows:

- (1) To explore social integration and subjective psychological well-being in terms of sex and age differences (Study I)
- (2) To investigate the level of one's personal social integration in relation to one's proactive attitudes towards the integration of immigrants (Study II)
- (3) To determine proactive attitudes towards integration and intense group identification in terms of gender, age, and educational level (Study III)
- (4) To examine social integration and proactive attitudes towards integration of immigrants in relation to witnessing domestic aggression (Study IV).

2. Method

2.1 Sample

A questionnaire titled “Life in Finland” was completed by 298 Swedish-speaking respondents, comprising 208 females and 90 males. The mean age was 32.7 years for the females (SD 13.4), and 28.9 years (SD 13.4) for the males, the age difference was significant [$t(296) = 2.25, p = .025$]. The age span was between 16 and 90 years. Of the respondents, 61.1% had a student matriculation exam or higher, and 35.6% had an education lower than that. Accordingly, well-educated women were slightly over-represented in the sample.

2.2 Instruments

The questionnaire consisted of 7 sections with 110 statements. The sections included sociodemographic questions (18 items) at the beginning of a questionnaire, a section referring to “Life in Finland” in general (15 items), “Relations with people in Finland” (15 items), “Multicultural Finland” (21 items), “How do you feel about yourself” (20 items), “Cultural identity” (6 items), and “Conflicts and aggression” (15 items). All participants received the different sections of the questionnaire in the same order.

2.2.1 Social Integration

The Social Integration instrument was specifically designed for this study and contained 30 items in the sections of “Life in Finland” and “Relations with people in Finland”. In the further statistical analyses, 27 items remained that were grouped into four subscales: *Access to Social Benefits* (8 items, $\alpha = .83$), *Satisfaction with the Neighborhood* (8 items, $\alpha = .82$), *Positive Social Relations* (4 items, $\alpha = .72$), and *Trust in the Finnish Judiciary System* (7 items, $\alpha = .80$). All response alternatives were on a five-point scale (0 = disagree completely, 1 = partly disagree, 2 = neutral, 3 = partly agree, 4 = agree completely). See Table 1 for individual items and Cronbach’s alphas of the scales.

Table 1

Single Items of Four Scales Measuring Aspects of Social Integration (N = 298)

Access to Social Benefits (8 items, $\alpha = .83$)

People working in the local institutions, e.g., shops or banks, are helpful in assisting me.

I can easily access public services such as hospitals, police, etc.

I can easily access health care.

I can easily receive an education.

I am certain about my work possibilities in the future.

I have career opportunities in Finland.

I have enough money for household necessities.

I have equal rights with everyone else in this country.

Satisfaction with the Neighborhood (8 item, $\alpha = .82$)

I talk with my neighbors often.

I know my neighbors well.

Neighbors are hospitable and friendly.

I take part in social activities in my village/city.

I feel safe walking in the nights where I live.

I wish to live in my current city/village permanently.

I wish to live in Finland permanently.

Finland is my real home.

Positive Social Relations (4 items, $\alpha = .72$)

People from different groups perceive me in a positive way.

It is easy for me to communicate with people from different ethnic groups in different social settings.

My rights, beliefs, and opinions are respected by others.

I am treated with respect by others in the society.

Trust in the Finnish Judiciary System (7 items, $\alpha = .80$)

I respect and obey Finnish laws.

I have trust in the government of Finland.

I have trust in the Finnish legal system.

I pay income and other taxes honestly and on time.

I get the same benefits as everyone else in this country.

I have freedom to pursue my life as I choose in Finland.

I get all the support I need from society.

2.2.2 Psychological Well-being

The Psychological Well-being instrument was adapted from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983) and contained 20 items in the section "How do you feel about yourself". In the further statistical analyses, 19 items remained that were grouped into three subscales measuring anxiety (6 items, $\alpha = .88$), depression (6 items, $\alpha = .88$) and somatization (7 items, $\alpha = .92$). The response alternatives were on a five-point scale (0 = not at all, 1 = a little, 2 = neutral, 3 = quite much, 4 = very much). See Table 2 for individual items and Cronbach's alphas of the scales.

Table 2

Single Items of Three Scales Measuring Psychological Well-being (N = 298)

Anxiety (6 items, $\alpha = .88$)

- Nervousness or shakiness inside.
- Suddenly scared for no reason.
- Feeling fearful.
- Trouble concentrating.
- Spells of terror or panic.
- Feeling so restless one could not sit still.

Depression (6 items, $\alpha = .88$)

- Feeling lonely.
- Feeling blue.
- Feeling no interest in things.
- Feeling hopeless about the future.
- Feeling of worthlessness.
- Thoughts of ending your life.

Somatization (8 items, $\alpha = .92$)

- Faintness or dizziness.
 - Pains in heart or chest.
 - Nausea or upset stomach.
 - Trouble getting your breath.
 - Hot or cold spells.
 - Numbness or tingling in parts of your body.
 - Feeling weak in parts of your body.
 - Feeling tense and keyed up.
-

2.2.3 Proactive Attitudes towards the Integration of Immigrants

The Proactive Attitudes towards the Integration of Immigrants instrument derived from the Majority Integration instrument developed by Phelps, Eilertsen, Türken, and Ommundsen (2011), and adapted for use in this study (see Grigaitytė, Österman, & Björkqvist, 2020a). It contained 21 items allocated to the “Multicultural Finland” section. In the further analyses, the items were grouped into three subscales measuring Cultural Efforts (7 items, $\alpha = .82$), required to facilitate the integration of immigrants; Structural Efforts (8 items, $\alpha = .86$) required to facilitate the integration of immigrants; and Openness to Diversity in the society (6 items, $\alpha = .89$). The response alternatives were on a five-point scale (0 = disagree completely, 1 = partly disagree, 2 = neutral, 3 = partly agree, 4 = agree completely). See Table 3 for individual items and Cronbach’s alphas of the scales.

Table 3

Single Items and Cronbach's Alphas for the Scales Measuring Cultural Efforts, Structural Efforts, and Openness to Diversity (N = 298)

Cultural Efforts (7 items, $\alpha = .82$)

If integration is taken seriously, both Finnish people and immigrants should accept that their cultures change.

Finnish people are entitled to demand that their own traditions and practices stay dominant in comparison with immigrant cultures. (R)

Finnish people should not let their own culture be influenced by immigrants. (R)

Finnish people should accommodate to immigrant traditions.

Finnish people should be more open and welcoming toward the customs of ethnic minorities.

Finnish people should do more to get to know immigrants.

Finnish people should accept that immigrants use their own traditional clothing when they are at work.

Structural Efforts (8 items, $\alpha = .86$)

Immigrants should receive economic support to establish themselves in society.

Finnish authorities don't do enough to make immigrants feel at home in Finland.

Immigrants cannot expect that public services are tailored for them. (R)

Laws and rules should be adjusted so that it is easier for immigrants to feel integrated in society.

To make integration easier, public services should be customized (health and social services for example) for different immigrant groups.

In order for ethnic minorities to feel more welcome, the state should economically support construction of place for worship for them.

Political parties should have a quota for ethnic minorities on election lists so that they have a better opportunity to be elected.

The composition of personnel in the public sector should mirror a multicultural Finland.

Openness to Diversity (6 items, $\alpha = .89$)

It's a positive thing to have a multicultural society where all groups can keep as much of their cultural traditions as possible.

Ethnic minorities go too far in showing off their cultural heritage. (R)

Finland belongs to immigrants just as much as it belongs to Finnish people.

Finnish people have much to learn from immigrant cultures.

People with other cultural backgrounds enrich the Finnish society.

It is a positive thing to have ethnic minority cultures in Finland.

(R) = Recoded

2.2.4 Intense Group Identification

The Intense Group Identification instrument (Grigaitytė, Österman, & Björkqvist, 2020a) was specifically designed for this study and contained 6 items in the section "Cultural identity", measuring people's identification with their own culture. All 6 items ($\alpha = .89$) were used in the further statistical analyses. Respondents were asked to choose an

alternative on a five-point scale (0 = strongly disagree, 1 = disagree, 2 = neutral, 3 = agree, 4 = strongly agree). See Table 4 for individual items.

Table 4

Single Items of the Scale Measuring Intense Group Identification (N = 298)

Intense Group Identification (6 items, $\alpha = .81$)

The moral values of my culture are the best for me.

A person from another cultural group can never understand me as well as someone from my own group.

It is difficult interact with people from another cultural group.

People from different cultural groups should not mix too much.

One can never trust a person from another cultural group as well as one from one's own group.

I would not like my children to marry a person from another culture.

2.2.5 Domestic Aggression

The Witnessing Domestic Aggression instrument was adapted for this study as an abbreviated version of the Direct & Indirect Aggression Scale for Adults (DIAS-Adult; Österman & Björkqvist, 2009). It consisted of 15 items in the section "Conflicts and aggression", measuring witnessing of domestic aggression, including physical, verbal, and indirect forms. In the further statistical analyses, 11 items ($\alpha = .93$) remained where 4 items concerning children living in the household were excluded. Respondents were asked to choose an alternative on a five-point scale (0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often) to respond to the question "Do any of the people in your household do the following things to each other?". See Table 5 for individual items and Cronbach's alphas of the scales.

Table 5

Single Items of the Scale Measuring Witnessing of Domestic Aggression (N = 298)

Witnessing of Domestic Aggression (11 items, $\alpha = .93$)

Shout and scream

Call someone bad names

Say insulting things

Talk badly about another behind his/her back

Threaten someone

Slap someone

Hit someone with a hand

Hit someone with an object

Throw things

Break things

Force someone else to do things he/she doesn't like

2.3 Procedure

In 2017, a pilot study was conducted to evaluate the feasibility and improve upon the questionnaire and the study design. Some changes were made, and in 2018, a questionnaire titled "Life in Finland" was distributed both in online and paper-and-pencil versions via a

convenience and snowball sampling procedure in Ostrobothnia, Western Finland. An invitation with a link to participate in the study was shared with higher education institutions and various organizations and associations operating within the target area. The participants were informed about the nature of the study, its purpose, and ethics of the research before completing the questionnaire. Upon deciding to take part, participants either filled in a paper version of the questionnaire or were led to a web page constructed in Google Forms that included the entire survey.

2.4. Ethical Considerations

The study was conducted in adherence to the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013) as well as the guidelines for the responsible conduct of research of the Finnish Advisory Board on Research Integrity (2012).

The current study was designed, reviewed, and undertaken to ensure integrity. The topic of the study constituted minimal risks to the human participants and its investigation was not of an extremely sensitive nature. That said, the main principles applied in this project were (1) honesty with the participants about the purpose of the research, (2) participants' informed consent before the questionnaire was filled in, (3) voluntary participation, (4) avoiding harm to the participants, (5) proper handling and publication of data, and (5) emphasized confidentiality. The online version of the questionnaire protected the respondent's identity fully. No names were written on the paper version of the questionnaire, and it was collected in an anonymous manner. The published results do not contain any information that may violate the rights or privacy of individuals in the sample.

All data material is and will be protected from damage, tampering, and loss. The research material is stored in databases on hard drives, data sticks, and in Åbo Akademi University's computer system (the latter is backed up regularly). In addition, the paper copies of the research material were assembled into confidential files that are held at the developmental psychology department at Åbo Akademi University. The proper handling and publication of data is done in accordance with the regulations of data protection by European Commission (2016).

3. Overview of the Original Publications

3.1 Study I: Social Integration and Psychological Well-being in a Sample of the Swedish-speaking Minority of Western Finland

Previous research indicates that the quality and quantity of social relationships, in the form of integration and participation, are positively related to health and well-being. It is widely recognized that social relationships and affiliations have powerful effects on physical and mental health (Berkman, Glass, Brissette, & Seeman, 2000). The purpose of the current study was to investigate the dynamics of social integration in a sample of the Swedish-speaking minority in Finland and its relationship with psychological well-being, also exploring sex and age differences.

A questionnaire was completed by 298 Swedish-speaking respondents (208 females and 90 males). The sample has been described in the Method section. For the sake of the analyses, three age groups were constructed; I: 16–20 years (35 females, 28 males), II: 21–30 years (80 females, 33 males), III: 31–90 years (93 females, 29 males).

The findings of the study showed that the respondents, both females and males, with high scores on social integration had significantly lower scores on psychological symptoms. These results are in alignment with the previous research (Suominen, Blomberg, Helenius, & Koskenvuo, 1999). Thus, the results clearly show that social integration is associated with high levels of subjective psychological health and, hence, well-being in this sample belonging to the minority group of the Swedish-speakers. Individuals in this population have been brought up in a cultural and social environment that adheres to egalitarianism, democracy, social integration, and inclusion. It values social progression, individualism, and participation in the community (Kuisma, 2017; Vihriälä & Valkonen, 2014).

Furthermore, the findings also showed that age matters in the subjective experience of social integration. Respondents who were over 30 years old reported higher scores on positive social relations and satisfaction with the neighborhood than those below 30. The older respondents tended to be more satisfied with their neighbors and immediate neighborhood. These findings corroborate other results from community-based studies suggesting that social interactions become more positive and satisfying with age (Birditt & Fingerman, 2003; Lansford, Sherman, & Antonucci, 1998). There is a documented connection between social integration, health, and late-life well-being. Frequent interaction with community members and engagement in community activities are associated with a decline of depressive symptoms, increased satisfaction in life, and subjective health (Fuller & Fiori, 2017).

Respondents belonging to the group with high scores on social integration scored significantly lower on anxiety, depression, and somatization. This suggests that social integration can be regarded as a resource for psychological health.

3.2 Study II: Social Integration and Proactive Attitudes towards the Integration of Immigrants in a Sample of the Swedish-speaking Minority of Western Finland

Study II investigated the relationship between the respondents' individual level of social integration and their proactive attitudes towards the integration of immigrants. It was an exploratory study since this relationship has not been thoroughly explored in the past. The sample and methods were the same as in Study I.

The better the respondents experienced themselves integrated in society, the more positive their attitudes were towards the integration of immigrants. The findings showed that the respondents who had high scores on social integration also scored significantly higher on recognizing the need of making cultural efforts to support immigrants, making structural efforts in society for the same, and openness to diversity than those with lower scores on social integration. The most prominent difference between the groups was in the case of openness to diversity. Proactive attitudes towards integration of immigrants were related to the respondents' self-reported level of social integration. Thus, a clear

relationship between one's personal level of social integration and having proactive attitudes towards the integration of immigrants was found.

It has been found that Swedish-speakers, in comparison with Finnish-speakers, have more positive attitudes towards immigrants (Pitkänen & Westinen, 2018). The fact that they are so supportive towards the integration of immigrants contradicts previous research suggesting that minorities are more likely than a majority group to reject other minorities to draw attention to their own ethnic existence (Hindriks, Coenders, & Verkuyten, 2005). Since Swedish-speakers are a well-integrated minority group, they may not experience new minorities as a threat to their existence; instead, they seem to empathize with the incoming minority groups in the country. Thus, belonging to a minority group themselves, they might better understand the challenges of being a minority within the major culture.

3.3 Study III: Proactive Attitudes towards Integration and Intense Group Identification in a Sample of the Swedish-speaking Minority of Western Finland

The first purpose of Study III was to investigate proactive attitudes towards integration of immigrants and intense group identification in a sample of the Swedish-speaking Finns. The second purpose was to test the replicability, in part, of the study conducted by Phelps and colleagues (2011) in the Norwegian context among the university students. Phelps' study described the development and validation of a new psychometric scale which assessed majority members' attitudes toward their own proactive contribution to the integration of immigrants within three domains: cultural and structural efforts, and openness to diversity. This study examined proactive attitudes towards the integration of immigrants within the major minority group – Swedish-speaking Finns – in relation to other minority groups residing in Western Finland. The sample and methods were the same as in the other studies in the thesis.

The findings of this study showed that the scales measuring cultural efforts, structural efforts and openness to diversity correlated significantly positively with each other, while they correlated significantly negatively with intense group identification. In the current study, age did not correlate with any of the scales. However, sex had a significant effect on all dependent variables. Females scored significantly higher than males on the three scales measuring proactive attitudes toward integration, while males scored significantly higher on intense group identification. The educational level was also significant. Participants with a higher educational level scored significantly higher on cultural efforts and openness to diversity, and significantly lower on intense group identification.

Previous research provides a weight of evidence showing that there is a link between low education and stronger authoritarian values, fear of foreigners, stereotyping, discrimination, and increased racism (e.g., Hagendoorn, 1993, 1995; Lipset, 1959; Pedersen, 1996). This evidence corresponds well with the findings of the current study, indicating that participants with a higher educational level are more likely to support integration through their own cultural efforts, they are more open to diversity, and they have greater social and political tolerance towards other ethnic groups.

3.4 Study IV: Social Integration and Attitudes towards Integration in Relation to Witnessing Domestic Aggression

Previous research suggests connections between social factors, such as socio-demographics and social integration, and domestic aggression (Soler, Vinayak, & Quadagno, 2000). The purpose of Study IV was to examine the association between witnessing domestic aggression and levels of social integration as well as attitudes towards the integration of immigrants in a sample of the Swedish-speaking people in Western Finland. The sample and methods were the same as in Studies I–III.

The results indicated that witnessing domestic aggression was overall low and witnessing physical violence was extremely low within the study population. Previous research suggests that domestic aggression affects ethnic minorities disproportionately, and therefore, cultural contexts are important when assessing the rates of domestic aggression occurrences (Kasturirangan, Krishnan, & Riger, 2004). A suggested interpretation is that since the Swedish-speaking population of Finland is a relatively well-integrated minority (Tarkiainen, 2008), their strong sense of social integration deriving from formal and informal social support may contribute to the low levels of domestic aggression, even though domestic violence tends to either be increasing or at least be reported more frequently in the country (Official Statistics of Finland, 2019). Thus, previous research suggests that the perpetration of domestic aggression is closely linked to the social environment, including cultural norms, values, and attitudes that consequently determine how a particular culture view aggression and violence (Lilleston, Goldmann, Verma, & McCleary-Sills, 2017; Linder & Collins, 2005; Tharp et al., 2012). Reasonably, in the case of the study population, their cultural and social norms expressed in formal and informal relationships contribute to low levels of aggression and violence.

The findings from a multivariate analysis of variance (MANOVA) showed that respondents with low levels of witnessing domestic aggression also had low levels of social integration, and thus, have low levels of proactive attitudes towards integration of immigrants. Primarily, this result supports the initial hypothesis that individuals who are well-integrated in their society witness less of domestic aggression. Studies show that individuals who have resources to access social services (e.g., health care, education), perceive their social relationships with family, friends, and immediate acquaintances positively, and have confidence and trust in the institutions, and witness less domestic aggression. Having a strong sense of social integration positively influences health-related outcomes, including physical and psychological health (e.g., Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009; Berkman, Glass, Brissette, & Seeman, 2000; Bosch & Schumm, 2004). This result contributes to a clearer understanding of the relation between domestic aggression and proactive attitudes towards others in the study population. Evidently, individuals living within the social and cultural contexts where interpersonal aggression is more common, also fall into a group whose attitudes towards integration of immigrants are more negative. It is likely that individuals who witness higher levels of domestic aggression are more fearful, and have a sense of inequality and injustice, that in turn, may hinder them to be open towards the immigrants and immigration.

In terms of gender differences, men reported witnessing domestic aggression more often than women. This result challenges existing research and literature where most studies demonstrate a higher frequency of domestic aggression against women and girls (Nyato et

al., 2019; Pallikadavath & Bradley, 2019; Piispa, 2004; Sterzing et al., 2020; Wilt & Olson, 1996).

Finally, this study found a strong association between witnessing domestic aggression and level of education. More particularly, respondents who had a lower level of education witnessed more domestic aggression. This result is in line with previous research showing that individuals with low education experience and witness more domestic aggression (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013; Sampsel, Petersen, Murtland, & Oakley, 1992) and run a higher risk of victimization from domestic violence (Martinez, 2019) in relation and combination with other socio-demographic factors.

4. Discussion

To reiterate, the purpose of the thesis was to examine social integration, psychological well-being, proactive attitudes towards integration of immigrants, intense group identification, and domestic aggression within a sample of the Swedish-speaking population of Western Finland. In the following sections, the results of the original studies in relation to a theoretical framework are discussed, followed by the strengths and limitations as well as implications of the studies.

4.1 Summary of the Findings

Social integration is a process during which becoming a part of and belonging to a certain culture takes place. It may be assessed through such indicators as rights and citizenship, language and cultural knowledge, safety and stability, social bridges, bonds and links, employment, housing, education, and health (Ager & Strang, 2008). It is regarded as dynamic and structural development where its members participate in the creation of a society whether that participation takes place in terms of formal or informal relationships (Ratts & Pedersen, 2014; Umberson & Montez, 2010). The Swedish-speaking population in Western Finland has been found to have high levels of social capital. Various networks of relationships among the people and institutions enable this ethnic group to function effectively, and thus, contributing to its members' well-being and health (McRae, Helander, & Luoma, 1999; Mead, 1993). As expected, in a Study I, respondents had high average scores on social integration. Yet, such social integration dimensions as access to social benefits, positive social relations, and trust in the Finnish judiciary system were higher for women. This finding suggests that in the current sample, it was more important for women than men to have easy and equal access to public services, health care and education, as well as to have respectful interactions with others and the authorities. When it comes to such items as frequency of interaction with immediate neighbors, hospitality, and seeing Finland as one's true home, they were equally important for both females and males.

The quality of participation and engagement in community life determines vitality, health, and well-being of an individual and a society at large (Berkman & Glass, 2000). There is strong evidence that social integration and the quality of existing social ties lead to a better state of mental health (Seeman, 1996), fewer depressive symptoms (Cohen & Wills, 1985; Pössel, Burton, Cauley, Sawyer, Spence, & Sheffield, 2018), less anxiety disorders (Priest, 2013), and good physical health (Liu & Umberson, 2008). The findings of Study I

showed that the respondents, both females and males, who had high scores on social integration had significantly lower scores on psychological symptoms of distress, which is in alignment with previous research (Priest, 2013; Suominen, Blomberg, Helenius, & Koskenvuo, 1999; Whisman, 2017).

Nevertheless, there are persistent gender differences in the degree and patterns of social integration that vary greatly across cultures and geographical locations (Pascall & Kwak, 2005; Pollert, 2005). A variation in social relations and structures could lead to better or worse health outcomes. For instance, social cohesiveness may protect against depressive illnesses, and a repressive nature of social regulation may cause an excess of anxiety disorders (Durkheim, 1897). Intriguingly, supportive and positive relationships may contribute to mental benefits for males but not for females, depending on their sociocultural background (Dressler & Badger, 1985). In Study I, female respondents with a higher-than-average level of social integration had lower levels of anxiety, depression, and somatization. The strongest relationship was found between satisfaction with the neighborhood and low levels of anxiety. On one hand, these results are consistent with the results of a longitudinal study by Fothergill and colleagues (2011), affirming that among urban women, diverse and persistent engagement in the community predicts better health in comparison to non-engaged women. On the other hand, social engagement and social support may lead to psychological health issues, which is related to a question of conformity in traditional and minority settings (Corin, 1985), and especially it is endorsed within rural environments (Brown & Harris, 1978). In the case of male respondents, social integration indicated low levels of anxiety and particularly depression. No association was found between somatization and such social integration domains as satisfaction with the neighborhood and trust in the Finnish judiciary system. This means that for males, a sense of truly belonging to a neighborhood, being a part of and feeling at home in their own community, trusting and respecting Finnish authorities and legal system, and a feeling of equality and freedom do not have any substantial implication in somatization. This sex difference might be because somatization perhaps is a symptom which is more typical for females than males.

The results of a Study I revealed that age matters in the subjective experience of social integration. Respondents who were over 30 years old reported higher scores on positive social relations and satisfaction with the neighborhood than those under the age of 30. The older respondents tended to be more satisfied with their neighbors and immediate neighborhood. To all respondents, regardless of age, access to social benefits and trust in the Finnish judiciary system were equally important. These findings corroborate other results from community-based studies suggesting that social interactions become more positive and satisfying with age (Birditt & Fingerman, 2003; Lansford, Sherman, & Antonucci, 1998). This fact may be due to the approaches older adults use in their communication. For instance, they may apply principles of reciprocity, forgiveness, and everyday conflict resolution techniques that optimize positive social experiences (Field & Minkler, 1988; Luong, Charles, & Fingerman, 2011). There is a documented connection between social integration, health, and late-life well-being. Frequent interaction with community members and engagement in community activities are associated with a decline of depressive symptoms, increased satisfaction in life, and subjective health (Fuller & Fiori, 2017).

Study II aimed at investigating how a well-integrated minority relates to present-day immigrant groups residing in the country. The findings showed that respondents who were well socially integrated also had more positive attitudes towards the integration of immigrants than those who were less well-integrated. This result suggests that being well-integrated is enhancing positive attitudes towards immigrants, but the mechanism behind this circumstance is unclear. There is evidence to suggest that to receive and secure the acceptance of the majority group, minorities are more likely than the majority group to reject other minorities, to signal that they themselves belong to a different ethnic minority (Hindriks, Coenders, & Verkuyten, 2005). This fact may be true in cases when both minorities are relatively new in a country, are not so well integrated, and experience their identity threatened. However, Swedish-speakers in Finland have more positive attitudes towards immigrants than Finnish-speakers have (Pitkänen & Westinen, 2018). This circumstance may be because the Swedish-speakers in Finland are a relatively well-integrated minority who do not experience their existence and culture threatened by the newcomers. Rather, they may see them as a resource; they might feel empathy towards incoming minorities and relate more positively towards them than the majority does. Thus, belonging to a minority group themselves, they might better understand the challenges of being a minority.

Study II showed a clear relationship between the respondents' personal level of social integration and having proactive attitudes towards the integration of immigrants. Respondents who belonged to the group with high scores on social integration scored significantly higher on cultural efforts, structural efforts, and openness to diversity than those with lower scores on social integration. The most prominent difference between the groups was in the case of openness to diversity. It is said that proactive attitudes towards integration encompass efforts by both individuals and the state during the integration processes (Phelps, Eilertsen, Türken, & Ommundsen, 2011). Thus, to produce meaningful interactions between minorities and the majority group, both cultural and structural efforts are required, that in turn, lead to a greater openness towards diversity (Bowman, 2011; Pettigrew & Tropp, 2006). Research among university students has demonstrated that experiencing diversity improves attitudes towards differences among people in terms of behaviors and cultural habits, and thus, helps to decrease prejudice and racial bias (Bowman, 2011; Pettigrew & Tropp, 2006; Tropp & Pettigrew, 2005). Meta-analyses have corroborated the contact hypothesis and shown that, regardless of whether the interaction occurs across ethnic or across other forms of difference, intergroup contact, especially direct experiences of intergroup friendships, tends to reduce prejudice and improve attitudes towards other groups (Pettigrew & Tropp, 2006; Tropp & Pettigrew, 2005). The region of Western Finland is rather diverse in comparison to Northern, Eastern, or Central Finland. In 2019, there were approximately 19,000 foreign-language speakers that originally came from a wide range of countries. Explanations for the diversity of the immigrant population in Western Finland include the opportunities of higher education, the existence of large international enterprises, and the reception of refugees and immigrants (Ojala, 2020). When it comes to a successful integration, which is as a two-way, long-term, and open-ended process, its accomplishments depend on how resourceful an individual is and how open the society is (Strang & Ager, 2010). The Swedish-speaking population and its institutions within the Western Finland region are resourceful. Thus, they are comparatively

acquainted with diversity as well as the areas of integration services required to integrate immigrants.

In Study III, it was found that proactive attitudes towards cultural and structural efforts to enhance integration and openness to diversity correlated significantly positively with each other, and negatively with intense group identification. Here, age did not correlate with any of the scales in the study. Previous research suggests that the strongest prejudice against immigrant groups is found among elderly women (Pepels & Hagendoorn, 2000). In a Finnish school context, the older the student, the more open attitudes she or he would have towards other ethnic groups (Kuusisto & Kallioniemi, 2014). These findings are not in line with the results of a Study III. A possible interpretation of this fact is that the levels of openness and acceptance towards other social groups are more affected by the length of time and quality of interaction with diverse individuals, personality traits, self-image, or size of hometown than age itself. Thus, a set of interrelated experiences determine attitudes and feelings of dominance of one's own social group more than a single experience (e.g., Barkley, Boone, & Hollowat, 2005; Blair, 2002; Guimond & Dambrun, 2002).

In Study III, females scored significantly higher than males on the three subscales measuring proactive attitudes towards integration, and males scored significantly higher on intense group identification. In terms of sex differences, previous research shows mixed results. Some studies exhibited no effect between sex and openness to diversity and social dominance orientation (Pascarella et al., 1996; Snellman & Ekehammar, 2005). Other studies (e.g., Barkley, Boone, & Hollowat, 2005; Høy-Petersen, Woodward, & Skrbis, 2016; Kuusisto et al., 2014) have shown that females show more openness to diversity, are more tolerant, accept cultural and religious differences better, and express less ethnic prejudice than males do, which is consistent with the findings of the current study. It is also known that gender differences in social dominance orientation vary as a function of the social context (Guimond et al., 2006).

Furthermore, Study III found that respondents with a high educational level scored significantly higher on cultural efforts and on openness to diversity, and significantly lower on intense group identification. A link between prejudice against outside groups and low educational level have already been reported in the late 1950s (Lipset, 1959); the well-educated are more tolerant and possess more democratic values, while the poorly educated have a perspective of more simplistic and authoritarian values (Selznick & Steinberg, 1969). Later studies support the notion that highly educated groups have less fear of foreigners and less racist attitudes than those with lower education (e.g., Jackman & Muha, 1984). In the studies by Hagendoorn (1993; 1995) and Pedersen (1996), individuals with an academic background showed less tendencies to stereotyping and inter-group discrimination than those with a working-class background. In student samples, the weight of evidence from previous studies (e.g., Barkely, Boone, & Hollowat, 2005; Pascarella & Terenzini, 1995, 2005) suggests that if students spend an extended period of time in a higher education institution, they tend to develop greater tolerance and openness to diversity than if they spend less time or none. A connection between low education and stronger authoritarian values, fear of foreigners, stereotyping, discrimination, and increased racism have been witnessed (e.g., Hagendoorn, 1993, 1995; Lipset, 1959; Pedersen, 1996). These results correspond well with the findings of the current study, indicating that participants with a higher educational level are more likely to support integration through their own cultural efforts, they are more

open to diversity, and they have greater social and political tolerance towards other ethnic groups.

A lower level of education also has a strong connection with witnessing domestic aggression, which was found in a Study IV. This result is in line with previous research showing that individuals with low education experience and witness more of domestic aggression (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013; Sampsel, Petersen, Murtland, & Oakley, 1992) and statistically have higher risk of victimization from domestic violence (Martinez, 2019) in combination with other socio-demographic factors. Study IV also found a significant sex differences in the experience of witnessing domestic aggression, with males reporting higher levels than females. This result challenges existing research and literature where several studies demonstrate a higher frequency of domestic aggression against women and girls (Nyato et al., 2019; Pallikadavath & Bradley, 2019; Piispa, 2004; Sterzing et al., 2020; Wilt & Olson, 1996). Consequently, in Finland, women report and suffer from domestic aggression (Hisasue, Kruse, Raitanen, Paavilainen, & Rissanen, 2020) and intimate partner violence more than men; three out of four adult victims of domestic violence are women (Official Statistics of Finland, 2019). In this study, the domestic aggression scale included physical, verbal, and indirect forms of violence. Women tend to employ more verbal and indirect forms of aggression, which may be a plausible explanation to this exception. Thus, men in this population may be moving from the social stigma regarding a perceived lack of machismo and denigrations of masculinity when reporting domestic aggression. Also, domestic aggression against men is becoming more recognized by the society in general.

Previous research suggests connections between factors such as socio-demographics, social integration, and domestic aggression (Soler, Vinayak, & Quadagno, 2000). The findings of Study IV show that respondents who scored higher than average on witnessing domestic aggression scored lower than others on access to social benefits, positive social relations, and trust in the Finnish judiciary system. This result supports the initial hypothesis that individuals who are well-integrated in their society witness less domestic aggression. Studies show that individuals who have resources to access social services (e.g., health care, education), perceive their social relationships with family, friends, and immediate acquaintances positively, have confidence and trust in the institutions, and witness less of domestic aggression.

Furthermore, Study IV found that respondents who scored higher than average on witnessing domestic aggression scored lower than others on the scales measuring proactive attitudes towards the integration of immigrants, i.e., cultural efforts, structural efforts, and openness to diversity. The current data contribute to a clearer understanding of the relation between domestic aggression and proactive attitudes towards others. Evidently, individuals living within social and cultural contexts where interpersonal aggression is more common belong to a category of people whose attitudes towards integration of immigrants are more negative. It is likely that individuals who witness higher levels of domestic aggression are more fearful and have a higher sense of inequality and injustice, which in turn, may hinder them from being open towards immigrants and immigration.

The scores on the scale measuring witnessing of domestic aggression were overall low within this sample. Previous research suggests that domestic aggression affects ethnic minorities disproportionately, and therefore, cultural contexts are important when

assessing the rates of domestic aggression occurrences (Kasturirangan, Krishnan, & Riger, 2004). Swedish-speaker's strong sense of social integration deriving from formal and informal social support may contribute to the low levels of domestic aggression, even though domestic violence tends to either be increasing or at least be reported more frequently in the country (Official Statics of Finland, 2019). Thus, previous research suggests that perpetration of domestic aggression is closely linked to the social environment, including cultural norms, values, and attitudes that consequently determine how a particular culture views aggression and violence (Lilleston, Goldmann, Verma, & McCleary-Sills, 2017; Linder & Collins, 2005; Tharp et al., 2012). The cultural and social norms of the respondents in the investigated sample contribute to low levels of witnessing and experiencing aggression. Thus, having a strong sense of social integration positively influences health-related outcomes, including not only psychological but also emotional and physical health (e.g., Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009; Berkman, Glass, Brissette, & Seeman, 2000; Bosch & Schumm, 2004).

4.2 Limitations of the Studies

A limitation of the studies is that the sample cannot be regarded as fully representative of the Swedish-speaking Finns in the region. To obtain a fully representative sample, the questionnaire should have been distributed to a randomly selected sample drawn from the citizens' register in the region. For budgetary reasons, such procedure was impossible, and the data were instead collected using a convenience procedure. As a result, the sample was somewhat imbalanced with respect to gender (more women than men participated) and age (the mean age of the sample was younger than the mean age of the population). However, it can be argued that these facts were of less importance since the focus of the current studies was on the relationships and associations between the investigated variables. The focus was not, for example, on a comparison between Swedish-speaking Finns and Finnish-speaking Finns; a sample of the latter was not even included in the studies.

Another limitation is that the study design was cross-sectional, not longitudinal, again for budgetary reasons. As a result, when the associations between the investigated variables are discussed, inferences about cause and effect cannot be made. One may only conclude that associations between variables do exist, but not certify that one is the cause of the other.

4.3 Implications of the Studies and Conclusions

It is of a certain interest to examine social integration and well-being within a unique minority group such as the Swedish-speaking Finns, who have been living within the major Finnish society for centuries, contradicting any minority stereotypes. This ethnic minority has been actively preserving its own culture through education, employment, media, religion, and politics. Thus, members of the population are well acquainted with the dynamics of belonging to a wider society; at the same time as they are accustomed to cultural and structural processes of integration. Primarily, social integration and proactive attitudes towards integration are reflections of an individual's own responsibility to engage and participate in the integration processes. The exceptional Finland-Swedes way of living may serve as an inspiration to other minorities, residing not only within the region, but also

elsewhere. Both native and foreign-born ethnic minorities may be encouraged and motivated in the construction of their own unique everyday lives within a major culture in a healthy and sustainable way.

The current thesis sheds light on the profile of individuals from the Swedish-speaking community who either see themselves as well or less well-integrated. The findings of the studies indicate that females, respondents over the age of 30, and respondents with a higher educational level tend to report having better individual social integration. Social integration levels could be fostered better among male respondents, a subgroup that not only has a higher level of intense group identification, but also experiences more of domestic aggression in comparison to females. Further, a certain subgroup of individuals who reported relatively lower levels of social integration also reported poorly on (1) their subjective psychological health including symptoms such as anxiety, depression, and somatization, (2) their willingness to recognize the need of making cultural or structural efforts to support the immigrants and openness to diversity, and (3) their witnessing and experiencing domestic aggression. These findings suggest that placing a focus on personal social integration possibly could improve individuals' health and decrease negative attitudes towards others. In this case, a cultivation of a strong sense of one's own social integration might be achieved by pursuing higher education or improving personal prosocial traits, for instance.

The questionnaire "Life in Finland" was designed in the way that it asked opinions and attitudes about a general immigrant population. To understand people's attitudes towards immigrant groups more comprehensively, further research could make distinctions between immigrant samples. People's attitudes tend to vary depending on immigrant groups' country of origin as well as their cultural and religious background. A common pattern in ethnic ranking shows that North Europeans are ranked at the top, followed by East and South Europeans, whereas Africans and Middle East groups are found at the bottom of the ranking list (e.g., Hagendoorn, 1993; Hagendoorn et al., 1998; Hraba et al., 1989). Recognizing diversity in ranking immigrant populations would unmask the important variations in group differences, and thus, give a better understanding on how the members of the Swedish-speaking population and immigrant groups resemble one another.

For policy makers, it is vital to know that opportunities to influence people's attitudes towards more cohesive cultural diversity and more sustainable integration exist. Such prosocial traits are concern for the rights, feelings and welfare of other people, openness, tolerance, and solidarity; these traits are more commonly held among women, well-educated, and young people, and therefore, social integration efforts could be fostered by enriching those traits among all community members. Thus, the attendance of higher degree educational institutions itself cultivates greater social, cultural, and political tolerance, strengthens the support for individual rights, and promotes appreciation of diversity. An appropriate target for intervention could be the creation of a positive multicultural environment by providing education, cross-cultural training, and unforced opportunities to experience diversity to support people's development of open attitudes towards cross-cultural differences and similarities.

Moreover, successful integration comprises a sense of belongingness to a society while at the same time maintaining one's own culture and engaging in trustful and reciprocal

interaction with people and institutions. Proactive attitudes towards the integration of immigrants may also be fostered by creating more trust, not only in informal but also in formal relationships. Cultural and structural efforts create conditions for the development of greater openness to diversity and for overall engagement with individuals of different backgrounds. Here, collaborative communication and cultural exchange between the groups might have positive effects. It is essential to keep in mind that integration is a result of multiple interrelated experiences rather than of a single experience that sets the basis for overall proactive attitudes towards integration. Thus, it is a continuous process of experiences happening over an extended period that shapes the attitudes of an individual.

Implications of this understanding could benefit those who are interested in building peaceful, inclusive, and healthy societies to improve well-being for the individuals, communities, and a whole nation. It is a concern for the state institutions, regional organizations, civil societies, and community-based organizations at the grassroots level to promote sustainable social integration and improve quality and width of health and well-being services.

This work stems from the developmental psychology perspective. Thus, cooperative research between social scientists may do well in promoting interdisciplinary approach and methodological pluralism when investigating social integration and well-being. Future research may also focus on a replication of the current work to determine if the basic findings of the original studies can be applied to other participants and circumstances, and to see to what extent the current findings are contextual or universal. Hence, to strengthen the knowledge within the research field, future research is recommended to extend the population size within the region in question, and/or to cover other Swedish-speaking parts in Finland. An interregional Nordic cooperation on cross-country comparisons could add value to what is happening nationally, and thereby, contribute to the body of knowledge. Also, there is a possibility to focus on longitudinal cohort studies that would allow the possibility to address time-related factors such as developmental trends in the structure of the population or changes related to economics, environment, or any other external circumstances.

The four studies exhibit connections between social integration, psychological health, proactive attitudes towards the integration of immigrants, intense group identification, and domestic aggression. Yet, much remains to be understood about the processes and pathways by which those aspects influence one another. Future research could focus on understanding the mechanisms behind those circumstances. For instance, a further research design may investigate to what extent a relationship between social integration and psychological well-being is mediated by the levels of proactive attitudes towards the integration of immigrants, intense group identification, and/or witnessing domestic aggression. Hence, it could be further explored to what extent those processes are dependent on gender, age, and education.

As mentioned above, the findings of the studies show that there are clear relationships between the studied concepts. Accordingly, high levels of individual social integration can be regarded as a resource for psychological health and positively influence attitudes towards the others. In turn, psychological health can be regarded as a resource for social integration and a healthy society. Hence, psychological health promotion could be seen as a tool for individual and societal development. Simultaneously, promotion of social

integration can be regarded as a tool for the improvement of psychological health. It begins with social and mental empowerment of a single individual that represents an autonomous personal resource at a collective level of a society. Through the focus on building social and mental health at the individual level, the well-being of a whole society can be improved. This further translates into high rankings of peacefulness and happiness as representations of citizens' well-being at a state level in global comparisons.

In conclusion, the purpose of this thesis was to examine the association between such concepts as social integration, psychological well-being, proactive attitudes towards the integration of immigrants, intense group identification, and domestic aggression. For this purpose, the studies among the Swedish-speaking population in Western Finland were conducted. Given the methodological limitations noted above, the original studies draw an up-to-date understanding about the Finland-Swedes ethnic minority residing in the coastal region in Western Finland. It contributes to the growing body of research on social integration and health, and it highlights the importance of formal and informal relationships to individual mental health and a general sense of well-being. This thesis addresses connections between social integration, intergroup relations, and group identification from the minority's point of view. Hence, it may elucidate current profiles of minorities' attitudes and opinions about other minorities.

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Ingrida Grigaitytė

Social Integration, Psychological Well-being, and Proactive Attitudes towards the Integration of Immigrants in a Sample of the Swedish-speaking Population in Western Finland

Social integration is a dynamic and structural development process during which the members of a society participate in formal and informal relationships. The success of becoming a part of and belonging to a certain culture is usually assessed through indicators such as rights and citizenship, language and cultural knowledge, safety and stability, social bridges, bonds and links, employment, housing, education, and health.

To this end, it is important to understand which networks of relationships among the people and institutions enable a minority group to function effectively, and thus, contribute to its members' well-being and health.

On the basis of questionnaire surveys within a Swedish-speaking sample in Western Finland, the research presented in this PhD thesis yielded the following findings:

First, it was shown that altogether, the respondents had high average scores on social integration. Second, the findings showed that respondents who were better socially integrated than others in the sample also had more positive attitudes towards the integration of immigrants. Third, it was found that proactive attitudes towards cultural and structural efforts to enhance integration and openness to diversity correlated significantly positively with each other, and negatively with intense group identification. Fourth, the results showed that respondents who scored higher than average on witnessing domestic aggression scored lower than others on the scales measuring proactive attitudes towards the integration of immigrants, making cultural and structural efforts for the enhancement of their integration, and openness to diversity.

Overall, the present study showed that having a strong sense of social integration is positively associated with health-related outcomes, including not only psychological but also emotional and physical health.