

SOCIAL ADJUSTMENT OF FINNS IN SWEDEN

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Perspective and Purpose of the Study

The social adjustment of Finnish immigrants in Sweden is examined from a multi-disciplinary perspective embracing macro-sociological, psychological and psychiatric theories as well as considerations of geographical location. The social relations of migrants are also discussed within a micro-sociological framework.

Personal characteristics of migrants are cited as additional factors explaining social adjustment. Psychiatric theories about stressful **life events** and **situations**¹⁾ are applied in interpreting relations between

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migration and the genesis of problems of adjustment.

The purpose of the study is to discover the social nature of the **specific** problems which Finnish immigrants in Sweden face. In this endeavour some characteristic features of the Finnish nation, culture and society will be described. Certain differences between the Finnish and Swedish ways of life will also be analyzed. These differences are claimed to be relevant for the understanding of the processes leading to problems in adjustment.

Reactions of Swedes towards their ethnic minorities vary; they may partly explain the **types** of problems Finns face in Sweden. Reactions of migrants to changing living conditions are analyzed in part using the dichotomy between conformity and alienation.² **Conforming** to the demands posed by the new society and learning the rules of a new game is one form of adjustment of immigrants, who have to cope with the loss of games learned in the home country. Old ways of life, closely tied to the geographical territory, are no longer applicable in the new social situation. Sometimes the host environment may be so hostile that immigrants have to buy security at the price of lack of personal freedom.³ In their despair they may turn more 'native' than the host population.

Alienation of immigrants may take several forms: isolation, illness, alcoholism, problems in the family and other social relations, rebelliousness, criminality etc. The alcohol problems of Finns in Sweden are visible and well-known, but there may be other more hidden defects in their social existence. As empirical evidence, some research results on the physical and mental health of immigrants in Sweden will be reported.

Features of Finnish and Swedish Society as Sources of Stress.

The social adjustment of any group of immigrants is related partly to **unique** differences between the countries of origin and destination and partly to more **general** factors related to the adjustment of all migrants.

Material living conditions are better in Sweden than in Finland. Most emigrants in the 1960's left Finland because they considered the standard of living and opportunities for advancement in Sweden to be more advantageous. Only five percent of emigrants leaving Finland in 1961-71 failed to mention some aspect of the higher standard of living in Sweden as having been a factor which had influenced the decision to move. The discrepancy between the standards of living in the two countries was most often mentioned as a motive of emigration

by men who had been industrial or service workers in Finland. Emigrants from Northern Finland, as well as farmers, and other agricultural or construction workers, had most typically come to Sweden because of Finland's poor employment opportunities.⁴

Better material conditions give opportunities for a rich and varied consumption of material goods. Sometimes the temptation to fall prey to material acquisitiveness is so overwhelming that other valuable aspects of life are forgotten.⁵⁾ For example, the value of social relations, religion and cultural activities only surfaces when the immigrant realizes that rewards derived from monetary goods and services cannot satisfy all personal needs. In addition to material security, which is a necessary but not sufficient condition for well-being, there are other basic human needs: for instance, companionship, love, status and self-realization.⁶⁾

Social relations in the family and in informal social networks may differ in Finland and Sweden. The extended family was earlier relatively widespread in Finland.⁷⁾ Like Africans, who derive their identity from the tribal group by having multiple parent figures in childhood and by keeping contact with ancestral spirits,⁸⁾ so many rural Finns were used to deriving support from both a wide social group and from their religious beliefs. This support fades fast in the urbanizing world. In Sweden the nuclear family of immigrants is often their only primary group. In this respect immigrants in Sweden are in a relatively advantageous position compared with foreign workers in Central Europe, because they tend to move there as whole families.

After the baby boom in 1940's and 1950's many Finnish children in remote rural communities had to spend a lot of time alone. In this way they learnt to show initiative and be spontaneous when they followed rules set by parents or others, or when they engaged independently in their own activities.⁹⁾ Social isolation in childhood may be a good preparation for life in an agricultural society, but it can cause problems in a modern urban society, where the peer group is an important socialization agent.

Finns have fewer close friends than Swedes and other Scandinavians.¹⁰⁾ This may be due to their social isolation in childhood which derives from long distances between houses in rural areas, due to general reparing of farm land in Finland in the 18th and 19th centuries. These factors may have contributed to the well-known **uncommunicative disposition** of Finns, which makes it difficult to reveal oneself to others: "Only the dark forest and the clear sky may listen to my worries", to use the wording of a popular Finnish song.

However, according to a study comparing caregiving in Finland and in Sweden around 1980, Finns in Finland do not hide their trou-

bles more often than Swedes.¹¹⁾ Also in an earlier study in the beginning of the 1970's, Finnish parents, particularly fathers, admitted having confidants more often than Swedish parents in the sample (Table 1). Finnish parents anyway preferred own activity and initiative

Table 1. Proportion of parents with school-age children having confidants¹⁾ of own and other sex in Helsinki 1970-71 and in Västerås 1972 according to migration status and sex per-cent (N)

Sex of respondent and confidant	Helsinki		Västerås		Finnish immigrants
	Non-migrants	Migrants	Swedes		
confidants of own sex					
husbands	66 (46)	76 (31)	50 (28)	42 (38)	
wives	67 (48)	55 (30)	75 (28)	51 (37)	
confidants of other sex					
husbands	38	43	29	13	
wives	27	14	21	16	

¹⁾Close personal friends whom one can trust and confide in Nuclear family members, parents and siblings were excluded, but other relatives were included in the concept of friendship.

Source: Unpublished data for Haavio-Mannila 1976 b. Both spouses were interviewed separately using the same questionnaire.

more than Swedish did (in a hypothetical family problem situation).¹²⁾ But compared with Norwegian men, Finnish men more often want to keep familial troubles inside the family.¹³⁾

The uncommunicative and inhibited nature of the Finnish **culture** is sometimes combined with strong expressions of emotions.¹⁴⁾ According to a large comparative study Finns try to avoid uncertainty much more than Swedes and have difficulty tolerating ambiguity. Also, in Sweden the quality of life and environment are considered to be more important than achievements and economic growth.¹⁵⁾ Furthermore, the cultural climate in the Swedish workplace is, according to the subjective evaluations of immigrants, more liberal, egalitarian and democratic than in Finland.¹⁶⁾ But Swedish working life is also basically rational, effective, and sometimes even harsh: "an iron hand in a velvet glove". The diagnoses of mental hospital

patients in Sweden are 'milder' than in Finland,¹⁷⁾ perhaps because of stricter definitions of psychosis, or because of less need to admit patients in a country where employment and housing conditions, as well as the health status of the population¹⁸⁾ are better. At the same time there is a tendency to avoid or delay necessary reforms, which in practice might improve the quality of life and which have been fought for by pressure groups outside the formal system.¹⁹⁾ The division of household tasks in the family in Sweden is not in practice very even, though positive attitudes towards equality between the sexes are widely held.²⁰⁾

The discrepancy between manifest 'softness' of culture and its latent 'hardness' may create just that kind of ambivalence which Finns have difficulty tolerating. Outcasts from the competition in the open market system in Sweden are taken care of by the state, whose welfare and adult education policies are generous and relatively responsive to the needs of immigrants. Official immigration policy is a popular topic of research and debate. Sweden is justly proud of being the first country in the world to give voting rights to unnaturalized immigrants. There is also a compulsory free language tuition for all immigrants who want to be employed in the country.

The lack of knowledge of the **language** of the new country is a particular problem for a majority of Finnish immigrants.²¹⁾ Otherwise, Finns are in a better position than most immigrant groups in Sweden, due to the common historical heritage (Finland was part of Sweden until 1809) and the broadly similar cultural, political and economic systems. Speaking a Finno-Ugric language anyway means that Finns have a lot of linguistic problems in Sweden, at least compared with Western European and American immigrants, who speak Germanic languages.

Attitudes of Swedes and Problems of Adjustment of Finns

Immigrant labour has been necessary for the Swedish economy. However, immigrants may also pose a threat to Swedes; they occupy work-places which otherwise would be available to them. In a situation of increasing competition for work this threat may provoke hostilities against immigrants. Neo-racist reactions against immigrants have sporadically occurred in Sweden.

According to a study by Arne Trankell in 1969, Swedes considered Finnish immigrants as hard-working, but at the same time very rowdy (*bråkiga*). Among the ten nations studied, Finns occupied in this respect a unique position (Figure 1). In addition, Finns achieved

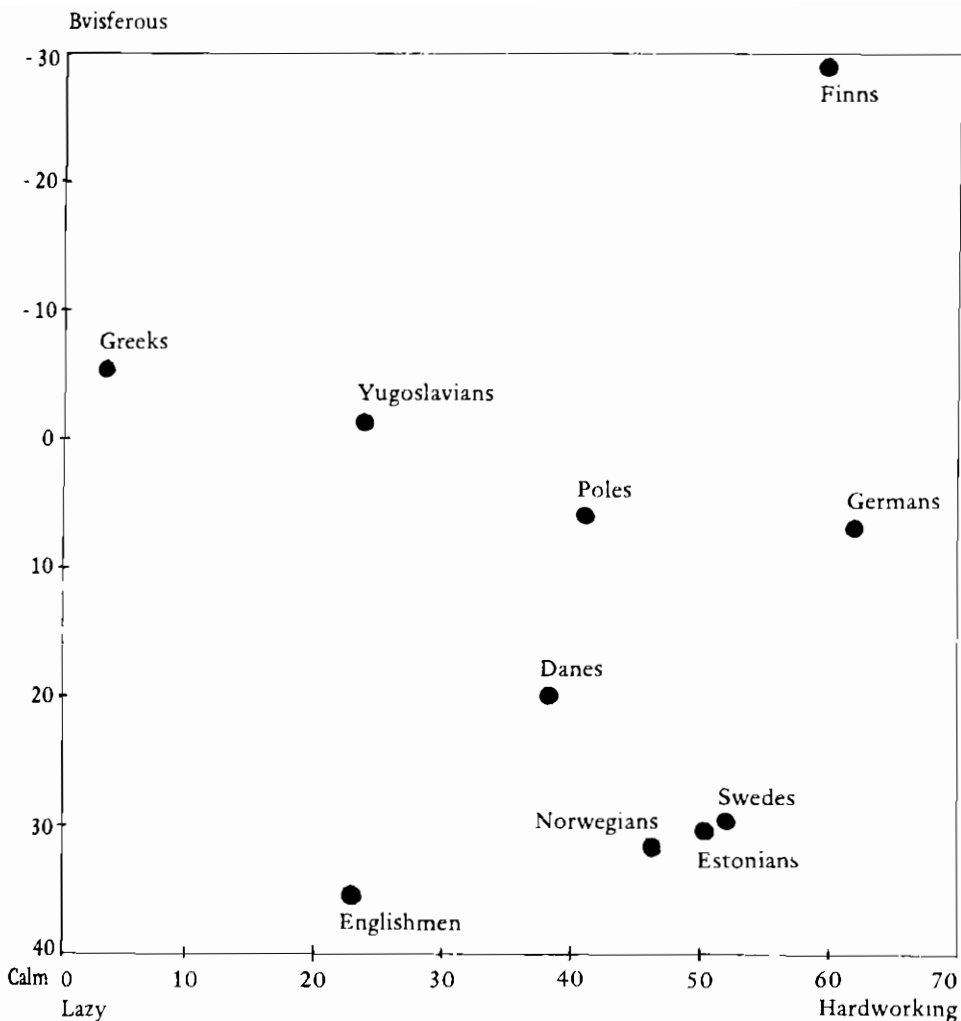


Figure 1. Images by Swedes of ten nationalities on dimensions Calmness – Rowdiness and Hardworkingness Laziness in 1969. Based on Tables 52 and 54 in Trankell 1975, p. 144 and 146.

low rankings on dimensions of 'reliable-unreliable' and 'orderly-careless'. Only Yugoslavians and Greeks were thought to be more unreliable and careless than Finns. On the dimension 'open-closed' Finns were seen as the most uncommunicative, closed-minded nationality of those studied. On the 'modern - old-fashioned' scale Finns were situated in the middle.²²⁾

The close-minded Finnish immigrants may, at least subconsciously, sense ambivalence in the attitudes of Swedes towards them.

They are, on the one hand, perceived by Swedes as hard working which, in our work-oriented Protestant culture, implies appreciation, on the other hand as threatening: they might endanger the work opportunities of Swedes, at least those belonging to the lower social classes.

As some kind of security measure against their hidden fears, Swedes in the above study labelled Finns as boisterous or rowdy hooligans. As a result, the closed-minded, non-communicative Finns, who cannot stand ambiguity, may feel that Swedes do not confide in them and this may weaken their self-esteem. Consequently, they may develop self-hate which is also expressed in their despise of other Finns.²³⁾ But the double messages received may sometimes lead to even more severe psychological reactions (see later discussion).

As a counter-reaction against the threatening, rowdy Finns, Swedes may exclude them and other immigrants from their informal social networks.²⁴⁾ This endangers the fulfilling of some basic needs of immigrants: the need of enjoyment of **being with** other people (company), the certainty of one's bonds with fellow people, of being **related** to them (security), and of **being of importance** to them (status).²⁵⁾

Immigrants try to cope with the ambivalence and exclusion in several ways: they may choose between **loneliness**, **selfsegregation** or **remaining voluntarily in a low status position** in order to avoid fear reactions by Swedes. The weak ability of Finns to countenance uncertainty, however, may also cause psychological reactions. For example, Finnish mental hospital patients, who know Swedish well, have more serious mental health problems than those who keep themselves in the proper place of an immigrant in the Swedish society (Table 2). This is a special characteristics of Finnish immigrants. In

Table 2. Problems of immigrant mental hospital patients according to ability to speak Swedish; Västmanland and Södermanland provinces in 1971.

Ability to speak Swedish	Non-Finnish immigrants	Finnish immigrants
	Severe psychosis, means (N)	
none	0.95 (16)	0.66 (34)
poor	0.78 (33)	0.98 (42)
good	0.74 (56)	0.89 (64)
	Human relations problems, %	
none	25	46
poor	36	42
good	36	49

	Problems in work or financial problems, %	
none	44	34
poor	39	40
good	30	29
	Alcohol problems, %	
none	—	37
poor	6	42
good	20	40
	Somatic symptoms, %	
none	69	60
poor	67	63
good	59	43
	Diffuse problems only, %	
none	75	37
poor	54	54
good	48	49

Source: Haavio-Mannila and Stenius 1977, p. 93.

the other groups, severe psychosis is most common among immigrants who do not know Swedish. Finnish mental patients with feelings of persecution also tend to know more Swedish than those without paranoid reactions (Table 3). Paranoid patients have poor contacts

Table 3. Knowledge of Swedish, Contacts with Swedes, and Type of Work Among Patients¹⁾ with and without Feelings of Persecution; per-cent

		Feelings of persecution	
		Yes	No
Knowledge of Swedish:	good	59	46
	poor	29	26
	none	12	28
		100	100
Contacts with Swedes:	good	18	27
	poor	41	25
	none	41	48
		100	100
Mechanical work:	yes	41	50
	uncertain	18	24
	no	41	26
		100	100
(N)		(17)	(70)

¹⁾Patients of the psychiatric clinic of Västerås Central Hospital in January-August 1971.

Source: Haavio-Mannila and Stenius 1975, p. 91.

with Swedes, whereas the others have either good or no relations.

Knowing and understanding something, but probably not enough, about the Swedish culture and sensing its double meanings is thus connected with severity of psychiatric disorder. Our result can be compared with Lemert's findings of paranoia and the dynamics of exclusion.²⁶⁾

Immigrants who manifest mental illness only after arrival in Sweden often had severe psychosis or disturbed social relations, especially with family or friends. Financial and work problems were more common among those with previous mental disorders.²⁷⁾ This was the case, even though their contacts with Swedes and knowledge of Swedish were quite good. Immigrants who had had problems already in Finland did not know Swedish well and had few contacts with Swedes (Table 4).

Table 4. Knowledge of Swedish and Contacts with Swedes in Relation to the Presence or Absence of Psychological Problems before Migration¹⁾, per cent

		Psychological problems before migration	
		Yes	No
Knowledge of Swedish:	good	43	50
	poor	36	22
	none	21	28
		100	100
Contacts with Swedes:	good	18	28
	poor	25	30
	none	57	42
		100	100
(N)		(28)	(58)

¹⁾Population: see Table 3.

Source: Haavio-Mannila and Stenius 1975, p. 78.

This supports my thesis that the type of psychiatric problems presented is related to the social climate of the environment, as **experienced by the newcomer**. Those who can understand it, thanks to their linguistic or occupational skills, are in danger of developing severe psychological problems. Because of their ignorance, those who cannot grasp the ambivalence of the host society may be saved from mental health problems of this kind.

According to the same small study on patients who attended the psychiatric clinic of Västerås Central Hospital in January - August 1971, a higher proportion (82%) of those immigrants who had psychological problems in Finland had been employed in their home country than had the post-immigration patients (46%). When we looked at the occupations of those employed, we found that 48% of pre-immigration and 41% of post-immigration patients had been working in 'better' occupations (i.e. technicians, skilled or service workers). Members of both patient groups had a similar educational background, with only about 15% having more than a primary education.

Poor mental health on arrival in Sweden consequently led to decline in social position: 21% of those with pre-immigration problems settled into worse jobs in Sweden than they had held in Finland; on the other hand, only 5% of those with post-immigration problems settled into a worse job in Sweden than they had had in Finland. However, one must note that 33% of Finnish *de novo* patients in Sweden had no occupation in Finland because they had migrated at an early age.

The timing of the emergence of psychiatric problems after the migration is shown in Figure 2. There is a bi-modal distribution among

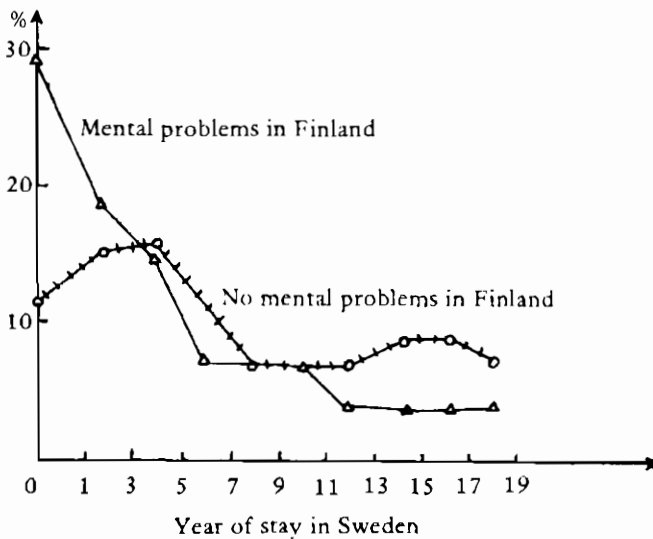


Figure 2. Years spent in Sweden before first mental problem among patients in the psychiatric clinic of Västerås Central Hospital in January-August 1971

Source: Haavio-Mannila and Stenius 1975, p. 76.

patients falling ill for the first time after immigration: the first peak is between one and five years, the other between thirteen and seventeen years residence in Sweden. A corresponding **time span** affect was found by Leiniö in her study on Finnish immigrants, who were followed up in 1968, 1974 and 1981. The proportion of persons reporting health problems was highest in 1974. Poor physical health - including locomotor difficulties, dental caries, poor hearing and circulatory problems - and tiredness and problems with sleep were the most commonly reported symptoms in that year, which was some five years after the start of mass immigration to Sweden. Leiniö argues that migration has a fluctuating effect over time on health: the most critical period is in the initial years following migration, with longterm effects for those persons who cannot succeed in adjusting to life in the new country.²⁸⁾ The large wave of immigration in the late sixties brought to the clinic in Västerås many patients of relatively advanced age who had previous psychiatric problems in their home country. Those who first fell ill in Sweden immigrated earlier in the century, and at an earlier age.²⁹⁾

The crucial years for the personal adjustment of immigrants thus seem to be around five years after arrival. However, the personal relationships and the social status of immigrants are also important predictors in the development of those problems of adjustment which precipitate illness (or return migration³⁰⁾). This can be seen in interviews among Finnish and Swedish parents in Västerås in 1972 (Table 5)

Table 5. Expectations, social status and affiliations, health and expression of emotions of Finnish parents with school-age children according to time spent in Sweden and mother tongue, and of Swedes of comparable social and family status in Västerås 1972.

Expectations, status, affiliations, health and expression of emotions	Emigrants from Finland		Swedes	
	Arrived less than five years ago	Arrived more than five years ago	Mother tongue	
			Finnish	Swedish
	1	2	3	4
EXPECTATIONS AND RESOURCES	Per cent			
Main reason for emigration				
To get a job	14	32	30	.
Better economical conditions	41	37	15	.

	1	2	3	4
Nonmaterial reasons (to look around, family, studies, dissatisfaction with Finland etc.)	45	29	55	.
	100	100	100	.
Never lived in urban area before	24	25	30	54
Speaks only Finnish	24	12	—	.
Visits Finland at least twice a year	61	41	30	..
Has planned to return to Finland	52	35	10	.
Intends to get Swedish citizenship	3	12	28	.

SOCIAL STATUS IN SWEDEN

Objective	Average			
Medium or high social status ¹⁾	72	46	45	67
Monthly income, Swedish crowns	1750	1750	2700	2150
Subjective	Per cent			
Medium or high social status ²⁾	22	27	44	47
Sense of being of importance:				
Only a limited number of other people would be able to do one's duties	36	18	40	24
Job requires special schooling or examination	24	25	50	44
Job requires particular personal qualities	52	70	75	81

INFORMAL SOCIAL RELATIONS

Having company:				
Has close personal friends ³⁾	55	42	55	61
Has other good friends	69	70	80	85
Associates regularly with couples of friends	90	92	85	83
Has close family friends ⁴⁾	31	45	45	59
Meets regularly at least five relatives	24	43	30	48
Has Swedish friends	32	43	63	100
Best friends live in Sweden	21	35	40	100
Has friends in Finland	68	54	53	—
Has Finnish immigrants as friends	96	92	84	55
Has other foreigners as friends	14	27	37	19
Most friends know each other	67	67	63	52
Has work mates of own sex as friends	62	52	60	65
Has work mates of other sex as friends	24	8	30	26
Finns and Swedes are segregated at work	70	53	25	19
Met friends more often when lived in Finland	36	42	75	.
Meets friends more often in Sweden	32	42	5	.
Security of companionships ⁵⁾ :	Scale means			
Friendships	3.0	3.3	3.4	3.6

	1	2	3	4
Work companionships	4.5	4.3	4.9	4.7
Kin relationships	2.3	2.1	1.9	2.4
Marital relationship	4.9	5.1	4.6	4.5
Other romantic relationships	1.3	1.0	1.5	1.0
Feelings about companionships:	Per cent			
Has good opportunities to make contacts (strongly agrees)	67	78	95	92
Has a strong sense of loyalty to something	69	78	70	82
ORGANISATIONAL AFFILIATIONS				
Participation:				
Belongs to two or more associations	10	37	40	35
Attended an association meeting during last year	38	45	45	52
Attends sometimes religious services or occasions	35	48	65	72
- of which within two months	3	15	15	35
Mentioned a party in Sweden which furthers one's interests best	52	43	65	92
Sense of self-determination:	Per cent			
Considers own possibilities to make decisions on one's life to be great	57	72	63	50
Feels never compelled to repress one's opinion	18	40	15	19
Wants to conceal one's Finnish origin in some occasions	14	19	20	.
Morals and values:				
Believes in God for sure	45	45	45	30
Considers Bible as the most important guide in life	34	27	35	20
Thinks that spouses should in all conditions stay faithful to each other	55	62	70	68
Object of aspirations ⁶⁾ :	Scale means			
- family relations	3.9	3.6	3.2	3.8
- sex appeal	8.3	7.8	7.2	8.3
- work and work relations	2.4	2.5	2.4	3.0
- success at work	3.0	3.4	3.2	2.9
HEALTH				
Physical illness: days in bed and away from work	Scale means			
	0.93	1.40	1.15	0.98
Psychosomatic illness: has some difficult illness ⁷⁾	Per cent			
	52	70	60	48
Neurotic symptoms ⁸⁾	48	60	65	46
- of which psychiatric ⁹⁾	24	35	45	31

	1	2	3	4
	Scale means			
Fears and anxieties ¹⁰⁾	2.41	2.43	1.95	2.22
Longing and diffuse pains ¹¹⁾	1.28	1.30	0.90	0.91
EXPRESSION OF EMOTIONS				
Negative feelings ¹²⁾	4.41	4.18	4.05	4.35
Dissatisfaction ¹³⁾	3.52	3.23	2.70	2.35
Relative life satisfaction:				
More satisfied in Sweden	41	55	37	.
As satisfied in Sweden and Finland	38	27	58	.
More satisfied in Finland	21	17	5	.
	100	100	100	.
(N = husbands and wives in the interviewed families)	(29)	(40)	(19)	(54)
Average age, years	32	36	40	39

Notes to Table 5:

- 1) Strata 1-6 on the 9-point scale by Rauhala 1966.
- 2) Subjective evaluation of one's position marked in a square box in row from 9 (lowest) to 1 (highest) with text 'working class', 'middle class' and 'upper class' loosely written above the squares; scores 1-6.
- 3) Definition, see Table 1.
- 4) Close family friends whom they can turn to when they are in trouble or just need to discuss the problems of their family with someone.
- 5) Definitions of the first four of the five 'securities of companionships' are given in Haavio-Mannila 1976a, p. 71. 'Other romantic relationships' were measured by asking if the respondent particularly enjoyed discussing or keeping company with a certain workmate of the other sex, if he or she had during marital time become attracted or fallen in love with a workmate or other person met at work, or if he or she had during marriage become attracted or fallen in love with somebody else than the spouse or a workmate. Affirmative answers were added together for the sum scale. On the average there is about one yes-answer per respondent to the three questions.
- 6) The lower the mean, the more important the matter. Sum scales were composed of following items: Family relations: warm relations at home, pleasant spouse, pleasant children; **sex appeal**: Being popular among persons of the other sex; **Work and work relations**: interesting work, good employer, pleasant workmates; **Success at work**: succeeding at work, earning high income. The respondents gave ranks from 1 (most important) to 9 (least important) to each of the items; the scores were added up for sum scales. The table gives average scores on these scales.
- 7) As examples were given: gastric ulcer, rheumatism, back ache, psychiatric problem, or equivalent. In addition there was a check list of nine psychosomatic illnesses, but the results are not presented here.
- 8) Cornell Medical Index; see, for example, Haavio-Mannila and Srenius 1976.

p. 65. Percentages mean having at least one symptom of the ten mentioned in the list.

- 9) Is constantly keyed up and jittery, 2 Thinking gets completely mixed up when one has to do things quickly 3, Wears oneself out worrying about one's health. 4, Feels usually unhappy or depressed. 5, Frightening thoughts keep coming back to one's mind. Percentages mean having at least one of these five neurotic symptoms.
- 10) **Fears:** Person is afraid of 1. losing his/her spouse through death, 2. foreign political situation, 3. losing his/her job, 4. infidelity of the spouse, or 5. quarrels or other difficulties at work. Replies 'often and sometimes' were added together, 'no's' were omitted. Causes of **pain and anxiety** studied were: 1. Having so few friends, 2. one's input or success at work, 3. financial situation of the family, 4. growing old, 5. being afraid that persons of the other sex may lose their interest in him/her, 6. love, 7. Swedes' treatment of him/her, and 8. thinking about the future of children. 'Yes'-replies to these 13 items were added up for the sum scale.
- 11) Sum scale consisting of 'yes'-answers to following items: 1. Longs for more variety in life, 2. longs for more company, and 3. feels diffuse longing or pain.
- 12) Sum scale of expression of negative feelings consists of items: 1. Has cried recently, 2. is often quarrelling with spouse, 3. admits envying someone, 4. has recently been aggressive, and 5. mentions difficulties in life when replying to an open-ended question. There were several alternatives in each question.
- 13) Sum scale of dissatisfaction is based on items: 1. Is dissatisfied with number and quality of friendships, 2. considers own marriage unhappy, 3. is not satisfied with own work (housewives: household work), and 4. is dissatisfied with life Also here there were several alternative response possibilities to each question. Thus scale means have no absolute meaning.

Source: Haavio-Mannila 1976a, p. 67-81 and unpublished results of the same study (Haavio-Mannila 1976a and b).

The new or recent immigrants, who came less than five years ago to Sweden, had left Finland in order to improve their standard of living, or for non-material reasons. The old or early immigrants came more often because of economic necessity. Ability to speak Swedish and plans for the future differ in these groups: late-comers were less equipped and more uncertain about their stay in Sweden.

The **social status**, measured by social stratum and income, of the newly-arrived immigrants is objectively relatively high. But subjectively they felt themselves somewhat inferior to the early-arrived Finnish-speaking immigrants, and considerably inferior to the comparison groups of Swedish-speaking Finns and native Swedes.

In the area of **social relations** the new immigrants had good

personal friends, whom they can trust and take into confidence, and other good friends, as often as did old immigrants and Swedes. But they lacked close family friends whom they could turn to when they were in trouble or when they just needed to discuss family problems. New-comers were thus less inclined than earlier immigrants and Swedes to deal their family problems to friends.

The uncommunicative disposition, or closed-mindedness, of Finns is therefore manifested in the tendency to hide family problems by those Finnish-speaking immigrants, who arrived in Sweden during the mass emigration, in 1967-72. The earlier immigrants had adjusted to the Swedish ways of disclosing family troubles to friends. They had Swedish and non-Finnish immigrant friends, whereas the newcomers still retained more friendships in the home country.

Having Finnish immigrants as friends was, however, almost as common among recent and early Finnish-speaking immigrants. Nor did friendship networks open up with the length of time in Sweden: most friends knew each other in closed networks in the three immigrant groups studied more often than did the Swedish comparison group.

Another problem, which was not resolved with time, was making friends among workmates. New immigrants saw workmates of both sexes as friends more often than the old Finnish-speaking immigrants. The level of isolation from friends due to migration (or increasing age) can be seen in the percentages of those who felt they had more friends in Finland than in Sweden: it was 36 per-cent among newcomers, 42 per-cent among early arrived Finnish-speakers and 75 per-cent among Swedish-speakers. Perhaps the Swedish speaking Finns do not want to associate with the Finnish-speakers, but they are not fully accepted by the host population in informal social relations either.

Security of friendships, measured by their social supportiveness, as well as by frequency of meeting friends and the diversity of friendships networks, was weaker among recent than among early immigrants and Swedes. Newcomers also have less secure social relationships at work. Only relatives, spouses and other romantic relationships provided them with security of company. As a result, recent immigrants felt that they lacked opportunities to make contacts and to feel solidarity.

New immigrants did not attend voluntary associations or religious services as frequently as early immigrants, who had already developed ties with Swedish formal organizations. (However frequent religious participation can also be seen as a relief for psychological suffering.³¹)

In the first phase of the 'immigrant career', immigrants lack a sense of self-determination. They more often than earlier immigrants

feel compelled to repress their opinions, too.

Finns with a long residence in Sweden were as inclined to hide their national background as the newcomers. Feeling ashamed of being a Finn was not widespread: 14 per-cent of newcomers and 20 per-cent of the long-term residents, "often or sometimes" found themselves in situations where they had to conceal their Finnish origin.

Religious beliefs or **values** did not vary according to length of residence in Sweden. Compared with Swedes, Finnish immigrants more often believe in God and obtain guidance in life from the Bible. Their attitudes to sexual and moral questions, however, seem to be relatively liberal: they do not demand absolute fidelity in marriage quite as often as Swedes.

Interesting work, pleasant workmates and a good employer were valued by all the immigrant groups studied. Newcomers were almost as eager to succeed in work and earn high incomes as were the Swedes. My material thus does not support the importance of 'soft' values in Sweden. However, since 1972 the attitudes may have somewhat changed.

The social and personal adjustment of immigrants, and the functionality of their value orientations, are reflected in their coping strategies for life situations at different phases of "immigrant career." As indicators of adjustment, health status and expression of emotions were examined.

The physical, psychosomatic and psychiatric **health** status of the newly-arrived immigrants was relatively good. Their way of reacting to the stresses of migration at this phase was to **express** their emotions: fears and pains, negative feelings, difficulties, and dissatisfaction with marriage, friends, work and life.

At the second stage, after five years of stay, the health of immigrants was worse, and there were still fears and pains. But open expression of negative feelings and dissatisfaction had disappeared. This may be due to the selectivity of return migration, or an increase in age. But it could also be interpreted as a **change over time in the type of reaction** to one's life situation. From diffuse expressions of emotions, Finnish immigrants move toward 'real' illness, as measured by standardised health indicators. They still, however, have as many fears and pains as the recently arrived immigrants (but not more than a comparable group of parents in Helsinki according to my interviews there). Adjustment of immigrants was therefore not completed after five years of stay in the new country. There were still stresses which could take the form of illness.

Family Relations. Among the same Finnish middle and working class couples in Västerås in 1972, low social and economic status was associated with neurotic symptoms on the Cornell Medical Index.³²⁾ However, in the control group of Swedish families, the wife's high income and resulting high total family income were associated with neurosis. Changing gender roles, because of the wife's employment, clearly contributed to a strain on the Swedish family. On the other hand, this was not manifest among the immigrant Finnish families, since in Finland there is a long tradition of married women in employment. This cultural pattern in the home country may explain why the wife's employment and high income in the Finnish immigrant families were not associated with marital disorder and neurosis.

The great importance of marital dynamics on the mental health of the spouse was a salient feature in the Finnish group. The wives' close relationships outside the marriage seemed to give rise to psychiatric problems for husbands who felt less well-adjusted than their spouses to Swedish society. The husbands often became jealous of these social relationships, even when they were not romantic. Husbands with neurotic symptoms often reported that they felt compelled to **repress their opinions**, an indication of high pressure toward conformity in an ambivalent marital situation.

Social Status. The great immigration wave in 1967-73 brought many uneducated rural Finns to Sweden.³³⁾ Feelings of insecurity of one's status in the labour market seem to be reflected in the mental health of immigrants more than in Swedes.

Satisfaction with work and feelings of having control in decisions concerning one's personal life correlate negatively with neurosis, especially among immigrants. The spouses of Finns suffering from neurosis felt that they were easily expendable and that nearly everybody could do their jobs without special schooling or personal qualities.³⁴⁾ Alienation from work thus explains one sequence in the process of failing to adjust.

Mother Tongue. In the first study period, in 1968, Swedish-speaking immigrants from Finland had better physical and mental health status than Finnish speakers, but worse status than the host population. In 1981, there was practically no difference in the general health status and use of health services between Swedish and Finnish-speaking Finns. In the area of mental health, 35 per cent of Finnish speakers (N=148)

and 29 per cent of Swedish speakers (N=55) had suffered from reduced mental well-being in the year preceding interview. Finnish speakers were somewhat more often 'continuously tired' (9 vs. 4 per cent) and had more disturbance of sleep (13 vs. 9 per cent). There was no difference in the proportion of the samples complaining of 'general tiredness' or 'nervous problems', including depression.³⁵⁾

The superior health status of Swedish speakers in 1968 may be a function of the basic differences between immigrants with Swedish as their first language and those who acquired it later. People speaking the language of the host country as their mother tongue have a different level of understanding of what is happening around them compared with those who have learned the language later in life. This latter group can never totally interpret all the subtle nuances of the acquired language.

The decline in the differences in health status between Finnish and Swedish-speakers between 1968 and 1981 may be due to an increase in both the objective appearance and the subjective understanding of the ambivalent reactions of Swedes to Finnish immigrants over time.

Gender. Compared with Swedish men, Finnish immigrant men have more illnesses and symptoms of stress. Differences among women are smaller (Table 6). Finnish men often felt pressure or pain in the head as well as tension and agitation,³⁶⁾ this may be connected with their type of work, which exposes them, more than Swedes to auditory pollution.³⁷⁾ Thus, it is not surprising that they often use pain relievers (Table 6). The relative well-being of Finnish women compared with men is related to their better integration into the Swedish society. This can be demonstrated, for example, by their greater propensity to marry Swedes.³⁸⁾

Social Adjustment of Other National Groups

Swedes' perceptions of the similarity of values and familiarity of culture of various national groups is shown in Table 7. Norwegians and Danes are closest to Swedes, with whom they share a common historical background on a mutual and relatively equal basis. Finland has also enjoyed a long common historical unity with Sweden, but the relationship was less equal: Finland was in many ways dominated by Sweden. Swedes see Finns as having relatively similar values but less culturally familiar than other Scandinavians. White North Americans, the English and Germans tend to work in Sweden as specialists. The culture of

Table 6. Health status, utilisation of health services and use of pain relievers and tranquillisers among Finnish and Yugoslavian immigrant men and women, and Swedes, matched according to age and occupation in 1974 (and 1975)

Health status and utilization of health services	Sex	Finnish immigrants	Swedes (matched group)	Yugoslavians	Swedes (matched group)	All Swedes 15-75 years	Significance of difference Finns/Yugoslavians
Health status							
Number of illnesses or ailments during 12 months, average	Men	7.9	4.6 *	4.0	4.5	5.3	* / -
	Women	9.6	6.6 *	7.8	6.3 *	7.5	* / -
Ill in bad in 1973, %	Men	38.1	39.4	14.5	40.7 *	37.0	- / -
	Women	28.0	41.9 *	32.9	44.7	39.9	* /
Registered as sick in 1974, %	Men	66.7	50.5 *	82.6	53.7 *	43.9	* / *
	Women	57.3	49.2	70.0	52.1 *	41.0	* / *
Mean number of registered sickness days in 1974	Men	26.4	13.3 *	40.9	11.9 *	14.3	* / *
	Women	19.7	12.2	36.1	11.6 *	11.5	* / *
in 1975	Men	36.5	14.7 *	45.8	14.1 *	15.0	* / -
	Women	20.3	15.1	66.3	14.7 *	13.4	- / *
Utilisation of health services							
Visited a physician during 12 months, %	Men	68.3	53.7	52.2	52.5	55.9	- / -
	Women	73.3	62.8	68.6	63.1	64.5	- / -
Visited a psychiatrist during last year, %	Men	3.2	2.2	1.4	2.2	2.2	- / -
	Women	8.0	2.6 *	8.6	2.6 *	2.7	* / *
Stayed in hospital in 1973, %	Men	9.5	8.7	8.7	7.3	11.0	- / -
	Women	20.0	13.7	15.7	15.1	13.1	- / -
Use of medicines							
Used pain relievers during two weeks, %	Men	34.9	22.0 *	15.9	22.2	23.4	* / -
	Women	45.3	37.0	27.1	36.5	38.5	- / -
Used tranquillizers during two weeks, %	Men	0.0	4.4	0.0	3.8	6.2	* / *
	Women	12.0	7.6	7.1	5.8	10.4	- / -
Used sleeping pills during two weeks, %	Men	1.6	2.3	0.0	1.8	4.1	- / -
	Women	6.7	4.1	2.9	2.7	8.0	- / -

Source: Calculations based on standard of living survey in Sweden in 1974, Swedish Institute for Social Research, University of Stockholm.

* Asterix means that there is a statistically significant difference at 95 per cent level between Swedes and immigrants.

Table 7. Similarity of values and familiarity with culture of 18 ethnic groups as experienced by Swedes in 1981¹⁾

Classification of ethnic group	Ethnic group	Value similarity	Familiarity
Common historical background	Norwegians	94	73
	Danes	91	73
Related via domination	Finns	83	59
Major Western powers	White Americans	64	45
	Englishmen	63	46
	Germans	63	48
Distant political or historical tie	Lapps	57	35
	Estonians	46	25
	Jews	26	28
	Poles	16	19
	Latin-Americans	10	11
	Italians	9	20
Remote cultures	Yugoslavians	5	12
	Greeks	4	14
	Gypsies	3	16
	Chinese	3	4
	Turks	2	5
	Ethiopians	2	1

1) Proportion (%) of Swedes aged 18-70 years (N= 1202) considering that the ethnic group shares similar values (for example, about children's education) with them (scores one and two or a seven point scale) and they are familiar with its ways of life and culture (know them very or quite well – the other alternatives were somewhat and not at all).

Source: Based on Westin 1984, p. 335-337.

these major Western powers is fairly similar to that of Sweden, but less than half of Swedes feel well acquainted with their way of life and culture.

Lapps, Estonians, Jews and Poles have had distant political or historical ties with Swedes. They stand in an intermediate position in the rank orders of value similarity and cultural familiarity. The remaining eight groups, for instance Yugoslavians, Turks, Italians and Greeks, are geographically and culturally remote from Sweden.

The size of the immigrant group may have an effect on the fre-

quency of mental illness and the propensity to seek treatment. A fairly large, self-segregated immigrant group may be functional for the first-generation immigrants, who by staying in the group can avoid intergroup conflicts.³⁹⁾ Murphy has pointed out that the mental hospitalisation rates for immigrants are low in regions where immigrants constitute a large proportion of the population, as in Israel and Singapore.⁴⁰⁾ The large size of the Finnish group in Sweden therefore may be beneficial for the mental health of Finnish immigrants.

Conclusion

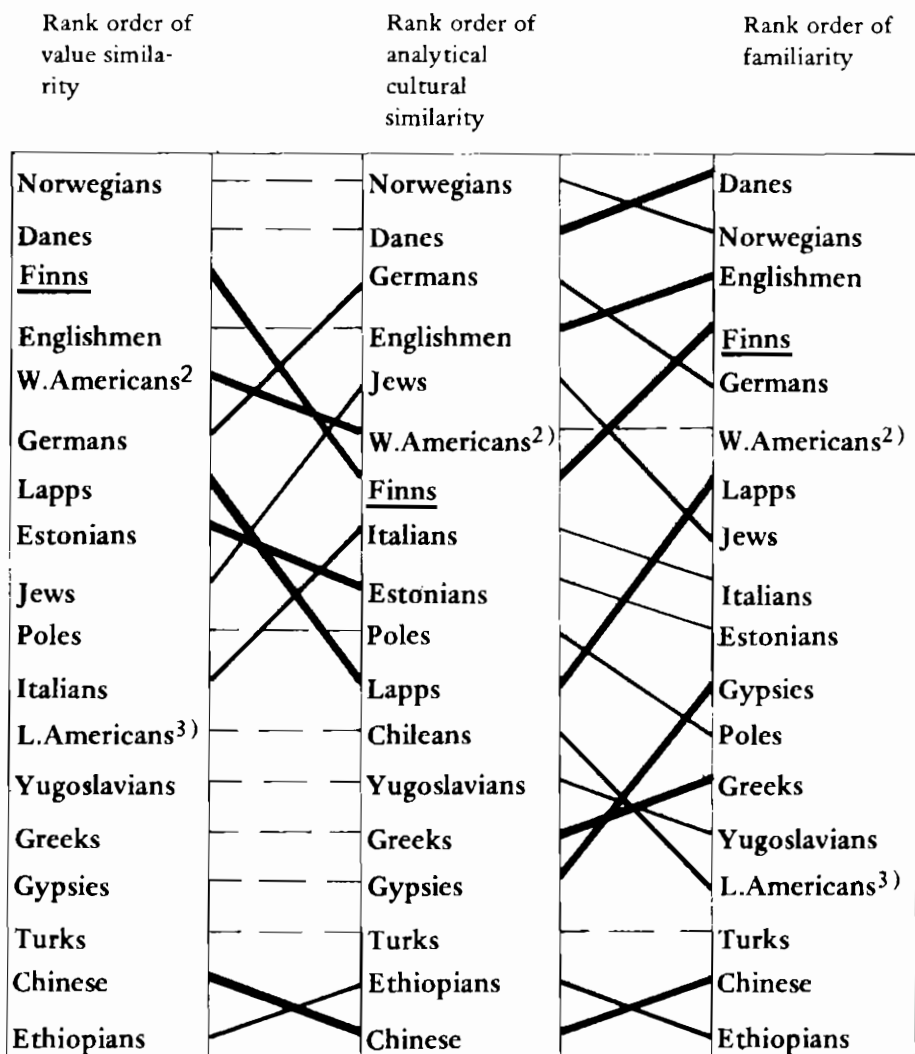
The exacting work ethic of Finns in the home country and in Sweden⁴¹⁾ may be closely related to the high rate of illness in both groups. This relationship might have some association with the special historical and political position of Finland as a buffer between Eastern and Western Europe,⁴²⁾ which may create cross-pressures and doublebinds. Finns try to cope by ploughing themselves into work, frequently overtaxing themselves and, as a consequence, falling ill. The closedmind and the uncommunicative disposition of Finns may serve to exacerbate this process.

The position of Finland is ambivalent in Sweden. On the one hand, it is distant from Sweden due to different language and economic development (Figure 3), on the other Swedes look at Finns as having fairly similar values and are familiar with their ways of life and culture. Finns are partly rejected by Swedes because they are not experienced as interesting newcomers, who bring colour and excitement to Swedish society. According to Westin, those Swedes who long for more variety from immigrants depreciate the adjustment problems of Finns (and Turks) compared with those of the English, Italians and Black Africans to whom they can offer more well-meaning sympathy and pity. On the other hand, Finns are accepted by those Swedes, who are afraid of losing the Swedish customs and traditions because of immigration, and who want to preserve the Swedish community.⁴³⁾

Another kind of problem is the closed nature of social networks among Finnish immigrants, which time does not loosen. Even the Swedish-speaking Finns in Sweden are isolated and their informal social relations were reduced after emigration.

A further ambivalence in the position of Finns in Sweden is the easiness of return migration, thanks to the geographical proximity to the home country. This creates indecision in relation to where to live. Immigrants from distant countries and political refugees have fewer choices.

Figure 3. Value similarity, analytical cultural similarity and familiarity of 18 ethnic groups to Swedes in 1981.¹⁾



1) Rank order of ethnic groups according to **analytical cultural similarity** (Bittermans measure: similarity to Sweden according to following five criteria: language, religion, economic development in the home country, geographical distance between Sweden and home country, and exchange of commodities between Sweden and home country), **value similarity** and **familiarity** with way of life and culture, as experienced by Swedes in 1981 (see Table for more information of the two last-mentioned measures).

2) White (North) Americans.

3) Latin-Americans.

Source: Drawn on the basis of Westin 1984, p. 204-205.

Finns are seen by Swedes at one and the same time as hard-working and boisterous, close and distant. Finns may feel themselves trapped in a system of conflicting demands and expectations which they cannot satisfy. They may react in three ways: by **fighting back**, becoming obstreperous in various ways; by developing an inferiority complex and despising themselves and their own countrymen as a **compensatory** reaction; or **yielding** to (mental) illness, drugs, alcohol and suicide. Most of them, however, do rely on more socially constructive ways of coping, which were not discussed here.

NOTES

1. For example, Dohrenwend and Dohrenwend 1974, Laing 1971, Laing and Esterson 1972, Szasz 1970.
2. Hsu 1964, p. 150.
3. Szasz 1970, p. 35-36. See also Rodrigues 1983, p. 103.
4. Wiman 1974, p. 143, and Appendices IV. 1 and 3.
5. Jaakkola 1984, 43-47.
6. Allardt 1975, Hsu 1964.
7. Voionmaa 1969, Mannila 1969, Gaunt 1983.
8. For example, Kiew 1972, p. 20.
9. Carlson 1975, p. 110.
10. Jaakkola and Karisto 1976, p. 8.
11. Haavio-Mannila, Jallinoja and Strandell 1984, Table III. 10. Information is limited to male industrial worker and 'caregiver' women and should not be overgeneralized.
12. Haavio-Mannila 1976, p. 337, and unpublished data of the same study, conducted in 1970-71 in Helsinki and in 1972 in Västerås, a city of 118 000 inhabitants in Central Sweden. The interviewees were to each other married parents with school-age children. Only middle- and working-class parents were included in the samples. Thus the representativeness of the results for the Swedish and Finnish population is limited.
13. Haavio-Mannila, Jallinoja and Strandell 1984, Table III. 11. The results are based on interviews of representative national samples of urban populations 25 to 64 years of age. The data were collected in Finland in 1981 and in Norway in 1983, as part of a comparative family study coordinated by the European Centre for Research and Documentation in Social Sciences (Vienna Centre).
14. Allardt 1967, Hsu 1979.
15. Kennedy 1983, citing Hofstede 1980.
16. See also Westin 1983, p. 185.
17. Haavio-Mannila and Stenius 1974 a, p. 4.
18. Allardt 1975, Kata 1976, Karisto 1984, Leiniö 1984, p. 136, Haavio-Mannila and Stenius 1974 a, p. 3-11, see also Suominen and Sievers 1970. The statis-

- tics of Finland and Sweden were not quite comparable. Results and interpretations are thus tentative.
19. For example, Finnish immigrant patients in Swedish psychiatric or old peoples institutions do not necessarily receive treatment from staff Finnish speaking nurses in the hospital. This occurs despite many studies, discussions and demands for it. As a further example, the constant demands by immigrants to have language data included in official statistics have not been met by officialdom.
 20. For example Trost 1983, 21-27, Liljeström and Dahlström 1981, p. 178, Haavio-Mannila 1967 and 1983, p. 32.
 21. About one fourth (70 000 persons) of the immigrants from Finland speak Swedish as their mother tongue. This proportion is higher than in Finland because of the high rate of emigration of the Swedish-speaking population.
 22. Trankell 1975, p. 138-154.
 23. Jaakkola 1983, p. 35-37, 111-115; 1984, 39-43; Koironen 1966, p. 195-196, 243.
 24. Jaakkola 1984, p. 31-38.
 25. Hsu 1964, p. 154.
 26. Lemert 1973, p. 106-115; cf. also Jaakkola 1983, p. 35-36, 47, and 1984 p. 35.
 27. Haavio-Mannila and Stenius 1975, p. 81, 95.
 28. Leiniö 1984, p. 120.
 29. Haavio-Mannila and Stenius 1976, p. 76.
 30. Information on characteristics of return migrants is available in Korkiasaari 1983.
 31. Simoes 1983, p. 70-71.
 32. Haavio-Mannila and Stenius 1976, p. 64-72.
 33. Leiniö 1984, p. 24; cf. also Wiman 1975 and Haavio-Mannila and Suolinna 1974, 289-295, about the background of these emigrants.
 34. Haavio-Mannila and Stenius 1976, p. 70.
 35. Haavio-Mannila and Johansson 1974, p. 201, Haavio-Mannila and Stenius 1974 b, p. 372, Leiniö 1984, p. 7, and Appendix Table 14. See also Table 5 in this article.
 36. Haavio-Mannila and Stenius 1976, p. 65.
 37. Leiniö 1979, p. 39-40, Leiniö 1984, p. 192. For gender differences see Haavio-Mannila 1982, p. 33.
 38. Majava 1975, p. 50.
 39. Kuusela 1973, p. 40.
 40. Murphy 1965, p. 24.
 41. Alkula 1981, Jaakkola 1983, p. 110, acknowledgement of it by Swedes, see Trankell 1975.
 42. Allardt 1982, p. 143.
 43. Westin 1975, p. 402.

REFERENCES

- Alkula, Tapani: Suomalaisten työhön kohdistuvat odotukset. Haastattelututkimus 1970-luvun tilanteesta. Licenciate's thesis, University of Helsinki, Department of Sociology 1981.
- Allardt, Erik: Att ha, att älska, att vara. Lund: Argos 1975.
- Allardt, Erik: Finland- Midway between Eastern and Western Europe. In Mika Tiivola commemorative volume "Banking and Economic Policy". Helsinki 1982, p. 34-36.
- Allardt, Erik: Kulttuurin syvärakenne. *Sociologia*, Vol. 4, No. 4, 1967, p. 151-159.
- Carlson, Jöns: Salokylän kuusivuotias. Master's thesis, University of Helsinki, Department of Sociology 1975.
- Dohrenwend, Barbara Snell & Bruce P. Dohrenwend (eds.): Stressful life Events. New York: John Wiley & Sons 1974.
- Gaunt, David: Familjeliv i Norden. Malmö: Gidlunds 1983.
- Haavio-Mannila, Elina: Sex Differentiation in Role Expectations and Performance. *Journal of Marriage and the Family*, Vol. 39, No. 3, p. 568-578, 1967.
- Haavio-Mannila, Elina: Effects of Length of Stay in Sweden or the Social Situation of Married Finnish Immigrants in Sweden. In Proceedings of the Nordic Seminar on Long-Term Effects of Migration, Täljöviken, May 27-29, 1974, Stockholm: Committee of Experts on Immigration Research (EIFO). Report No. 1, 1976 a, p. 67-81.
- Social Linkages Used by Migrant and Nonmigrant Families in Solving Health, Work and Economic Problems. *Acta Sociologica* Vol. 19, No. 4, 1976 b, p. 325-348.
 - Könsskillnaden i invandrades levnadsnivå. In "Den latin-amerikanska kvinnan i Sverige", Uppsala: Centrum för latinamerikanska studier 1982, p. 29-41.
 - Level of Living of Immigrants in Sweden. *International Migration*, Vol. XXI, No. 1, 1983, p. 15-38.
- Haavio-Mannila, Elina and Sten Johansson: Finska utvandrares levnadsnivå i Sverige. *Sociologia* Vol. 11, No. 3, 1974, p. 192-205.
- Haavio-Mannila, Elina and Kertin Stenius: The Social Construction of Psychiatric Diagnoses and the Rates of Mental Illness in Finland and Sweden. Helsinki: University of Helsinki, Institute of Sociology, Research Reports, No. 201, 1974 a.
- Mental Health Problems of New Ethnic Minorities in Sweden. *Acta Sociologia* Vol. 17, No. 4, 1974 b, p. 367-392.
 - Immigration and Mental Health. In M. Sokolowska, J. Holówka and A. Ostrowska (eds.): Health, Medicine, Society. Warszawa: PWN - Polish Scientific Publishers 1976, p. 59-98.
 - Mental Health of Immigrants in Sweden. Helsinki: University of Helsinki, Department of Sociology, Research Reports, No. 211, 1977.
- Haavio-Mannila, Elina and Kirsti Suolinna: Adjustment Problems and Willingness to Migrate of the Farm Population in the Tornio Valley. In Erik Bylund, Håkan Linderholm and Olof Rune (eds.): Ecological Problems of the Circumpolar Area. Luleå: Norrbottens Museum on Behalf of the Town of Luleå 1974, p. 277-296.

- Haavio-Mannila, Elina, Riitta Jallinoja and Harriet Strandell: Perhe, työ ja tunteet - Ristiriitoja ja ratkaisuja. Helsinki: WSOY 1984 (in print).
- Hofstedt, Gert: *Culture's Consequences*. London 1980.
- Hsu, Francis L.K.: *Clan, Caste & Club*. Princeton, New Jersey: D. Van Nostrand Company, Inc. 1964.
- Husu, Liisa: Suomalaisten minä-käsitteestä Atlas of affective meaningin valossa. Master's thesis, University of Helsinki, Department of Sociology 1979.
- Jaakkola, Magdalena: Finnish Immigrants in Sweden: Networks and Life Styles, Helsinki: University of Helsinki, Research Group for Comparative Sociology, Research Reports, No. 30, 1983.
- Siirtolaiselämää. Tutkimus ruotsinsuomalaisista siirtolaisyhteisönä. Vammala 1984.
- Jaakkola, Magdalena and Antti Karisto: Friendship Networks in the Scandinavian Countries. Helsinki: University of Helsinki, Research Group for Comparative Sociology, Research Reports, No. 11, 1976.
- Karisto, Antti: Hyvinvointi ja sairauden ongelma. Helsinki: Kansaneläkelaitoksen julkaisuja M: 46, 1984.
- Kata, Keijo: Psykkisestä hyvinvoinnista ja onnellisuudesta Pohjoismaissa (On Mental Health in the Scandinavian Countries). Helsinki: University of Helsinki, Research Group for Comparative Sociology, Research Reports, No.12, 1976.
- Kennedy, Vieno: Haastattelututkimus. In Haavio-Mannila, Elina, Vieno Kennedy and Bo Lindroos: Äldre finländska invandrare i Sverige, Stockholm: Socialstyrelsen (manuscript) 1983.
- Kiev, Ari: *Transcultural Psychiatry*. London: Penquin Books 1972.
- Koiranen, Vilho A.: Suomalaisten siirtolaisten sulautuminen Ruotsissa. Porvoo: WSOY 1966.
- Korkiasaari, Jouni: Ruotsista Suomeen vuosina 1980-81 palanneet. Turku: Siirtolaisuusinstituutti, Siirtolaisuustutkimuksia A 9, 1983.
- Kuusela, Jorma: Finnar i Sverige - En studie av assimilation och anpassning. Stockholm: Sociologiska institutionen vid Stockholms universitet, C-uppsats 1973.
- Laing, R.D.: *The Politics of the Family and Other Essays*. Frome and London: Tavistock Publications 1971.
- Laing, R.D. and A. Esterson: *Sanity, Madness and the Family*. Harmondsworth, Middlesex: Penquin Books 1972 (originel 1964).
- Leiniö, Tarja-Liisa: Finska invandrare i Sverige 1974. Stockholm: Institutet för Social forskning 1979.
- Inte lika men jämlika? - Om finländska invandrades levnadsförhållanden enligt Levnadsnivåundersökningar 1968, 1974 och 1981. Stockholm: Institutet för social forskning 1984.
- Lemert., Edwin M.: Paranoia and the Dynamics of Exclusion. In Earl Rubington and Martin S. Weinberg (eds.): *Deviance - The Interactionist Perspective*. New York: The Macmillan Company 1972, p. 106-115.
- Liljeström, Rita and Edmund Dahlström: *Arbetskvinnor*. Stockholm: Tiden 1981.
- Mannila, Olavi: Karjalainen suurperhe ja sen häjoaminen Salmin kihlakunnassa. Helsinki: University of Helsinki, Institute of Sociology, Research Reports,

No. 134, 1969.

- Majava, Altti: Migration between Finland and Sweden from 1946 to 1974. Gothenburg: Demographic Institute, University of Gothenburg 1975.
- Murphy, H.B.M.: Migration and Major Mental Disorders. In Mildred B. Kantor (ed.): *Mobility and Mental Health*. Springfield, Illinois: Charles C. Thomas Publishers 1965.
- Rodrigues, Adriano Duarte: L'emigration Portugaise contemporaine: Une forme d'ethnocide? In Rocha Trindade, M.B., M.A. Hily and M. Flaquier (eds.): *Psychopathology of the Transplantation of Migrants*. Strasbourg: European Science Foundation 1983, p. 101-106.
- Rauhala, Urho: Suomalaisen yhteiskunnan sosiaalinen kerrostuneisuus (English summary: *The Social Stratification of Finnish Society*). Porvoo: WSOY 1966.
- Simoes, Mário: Religion and Psycho-Pathology among Portuguese Emigrants in Switzerland. In Rocha Trindade, M.B., M.-A. Hily and M. Flasaquier (eds.): *Psychopathology of the Transplantation of Migrants*. Strasbourg: European Science Foundation 1983, p. 65-71.
- Suominen, Jaakko and Kai Sievers: Skitsofrenia työkyvyttömyyden aiheuttajana Suomessa. Helsinki: Sosiaaliturvan tutkimuslaitos, Kansaneläkelaitoksen julkaisuja M: 16, 1970.
- Szasz, Thomas S.: *Psykisk sjukdom - en myt*. (Original: *The myth of mental illness*) Stockholm: Aldus/Bonniers 1970 (original 1961).
- Trankell, Arne: Svenskarnas fördomar mot invandrare. In Stockholms Universitet, IMFO-gruppen: *Invandrarproblem*, Stockholm: Pan/Norstedts 1975, p. 63-185.
- Trost, Jan: *Män och hushållsarbete* (Summary in English: *Men and Household Work*). Uppsala: Uppsala Universitet, Familjerapporter (Family Reports) 2, 1983.
- Westin, Charles: *Majoritet om minoritet. En studie i etnisk tolerans i 80-talets Sverige*. Stockholm: Liber 1984.
- Wiman, Ronald: *Työvoiman kansainvälisen muuttoliikkeen mekanismi*. Helsinki: Elinkeinoelämän tutkimuslaitos (ETLA), B 9, 1975.
- Voionmaa, Väinö: *Suomen karjalaisen heimon historia*. Porvoo: WSOY 1969 (original 1915).