A QUALITATIVE EXPLORATION INTO HOW UK PAKISTANI MALE IMMIGRANTS DEAL WITH PERSONAL PROBLEMS AND STRESSES IN EVERYDAY LIFE

By

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Dedication

Dedicated to my children, Hirra and Areeb, my source of inspiration.

Acknowledgments

I would like to thank Almighty God for all his blessings and for giving me strength, courage and determination to face all challenges in life, including the current project. I would like to express my gratitude to all the participants in this study who have willingly shared their experiences with me. Without them, this piece of research would not be possible. A heartfelt thanks to both my supervisors, Dr Mark Donati and Dr Elena Gil-Rodriguez for their continual guidance, support and encouragement and thank you for always believing in me and not giving up on me. I would also like to say a huge thank you to my friends and family for their exceptional support and for being such a positive influence during this highly stressful time. I am indebted to my husband for allowing me the time and space to persevere with my studies. Lastly and most importantly, I am grateful to my children for being so patient with me and for having to put up with my mood swings during this time.

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(1) ABSTRACT

There is considerable research to suggest that South Asians residing in the United Kingdom have comparatively low rates of mental health service utilization. Whilst several possible explanations have been offered by researchers, including lack of available information, language barriers, and variations in help-seeking behaviour, existing studies have yielded inconclusive and contradictory results. Many of these have primarily employed culturally heterogeneous samples of South Asians, thereby failing to take into consideration distinct inter-cultural variations in terms of language, history, migration patterns, religious and cultural practices, and acculturation. Additionally, a number of studies have predominantly focused on the experiences of South Asian women, thereby disregarding the perceptions and experiences of South Asian men.

A large body of evidence, mainly quantitative in nature, has reported that men delay seeking help for a range of health issues. However, such studies have been criticised for embodying a distinctly white, middle class, Western male perspective of masculinity. Currently, there is a dearth of studies exploring the help-seeking experiences and world views of ethnic minority men. The current study hopes to address these particular gaps in the research. It seeks to give voice to a small, homogenous sample of first-generation Punjabi Pakistani men in order to gain a richer understanding of their coping experiences and how these influence their views and feelings about seeking psychological support.

A qualitative approach was adopted. Seven first-generation, Punjabi Pakistani immigrant males (n = 7) aged between 21 and 35 were interviewed using semi-structured interviews. Interpretative Phenomenological Analysis was used to analyse the transcripts in order to provide a rich and coherent interpretative account of participants' experiences. Two main super-ordinate themes emerged from the participants' accounts: 'On being "masculine"' and 'The unknown territory of counselling'.

The findings revealed that participants tended to align themselves with views that were consistent with Western hegemonic ideals of masculinity, such as self-reliance and of "saving face" in order to convince the self and others that they were coping. Furthermore, they appeared to restrict the expressions of their emotions and thinking in order to avoid projecting a weaker or vulnerable self. Participants also expressed a general lack of awareness and knowledge regarding psychological services. Despite the powerful element of shame and stigma associated with seeking psychological help, participants expressed a willingness to seek such help but only as a last resort.

The findings from this study have various implications for counselling psychology, in particular improving the access of Punjabi Pakistani immigrant men to mental health information. They emphasise the need to be mindful of the strict adherence by some Punjabi Pakistani immigrant men to traditional male gender roles, largely owing to cultural pressures, and how this may constitute a potential barrier for them in accessing external support. The study also offers a number of suggestions for counselling psychologists to help address Punjabi Pakistani immigrant males' potential feelings of ambivalence towards seeking psychological support and also fears of treatment that may arise within a therapeutic context.

(2) INTRODUCTION AND LITERATURE REVIEW

2.1 Background

The United Kingdom (UK) is a multicultural nation, with currently 7.9% of people living there being from non-white minority ethnic backgrounds, according to the latest available figures by the National Census (ONS, 2001). Within this, South Asians are the largest ethnic minority group, with people of Indian origin constituting 1.8% of the total British population, those of Pakistani origin constituting 1.3% , and those from Bangladesh accounting for 0.5% (a further 0.4% is made up by what is defined as non-Chinese 'other' Asian) (ONS, 2001).

South Asian cultures include many distinct sub-groups, such as Indian-Punjabi, Indian-Gujarati, and Pakistani-Mirpuri. Within each group, there are wide variations in terms of languages spoken, educational level, income, geographical location and level of acculturation (Anand & Cochrane, 2005). Unless stated otherwise, the term "Pakistani" is used throughout this research to refer to people of Pakistani origin, whether born in Pakistan or elsewhere.

Existing UK-based quantitative studies have yielded inconsistent findings regarding the rates of common mental disorders (CMDs) amongst Pakistani and Indian immigrants. In a community sample in Britain, Nazroo (1997) observed that the weekly prevalence of depressive neurosis was 2.5% and 3.2% for Indian males and females, and 3.8% and 2.9% amongst Pakistani males and females. Bangladeshi males were found to have a prevalence of only 1.6%, with 2.2% for females. For Whites, the respective rates were 2.7% and 4.8%. Commander et al. (1997) estimated the prevalence of CMDs within primary care to be 3720/10000 for Asians compared with 2740/10000 for Whites. The term 'Asian' was used in their study to describe Indians, Pakistanis or Bangladeshis. In a later study, Weich et al. (2004) compared the prevalence of CMDs amongst samples of White, Irish, Black-Caribbean, Indian, Pakistani and Bangladeshi men and women. Higher rates of CMDs were found amongst Irish men (2.12%) and Pakistani men (2.10%) aged 35-54 years compared with non-Irish White men (1.00%) of the same age group. Higher rates of CMDs were also

observed among Indian (3.15%) and Pakistani (2.80%) women aged 55–74 years, compared with White (1.00%) women of similar age.

The higher prevalence rates detected amongst Pakistani women compared with White women run counter to the findings reported by Nazroo (1997). Several possible explanations have been offered to account for such differing prevalence rates. For example, such studies tend not to have differentiated between the various samples of South Asians they have included: between those of Indian, Pakistani, Bangladeshi and Sri Lankan origin (King, Cole, Leavy, et al., 1994; Nazroo, 1997). Bhui (1999) further argues that earlier studies (e.g., Commander et al., 1997) employed measurement instruments developed in the West and based upon Western diagnostic conceptualisations of mental illness. Such instruments may not be directly applicable to non-Western populations, and this raises serious questions regarding their reliability and validity. Lloyd (2006) emphasises the need to take into consideration the complex interaction between ethnicity, socio-economic status, social inclusion, age and gender in understanding the nature and course of CMDs amongst various ethnic groups in the UK.

A number of key government initiatives have been introduced in order to address the mental health needs of minority ethnic groups in UK. Examples include Delivering Race Equality: A Framework for Action (2003) and the Social Exclusion Unit (2000). Despite this, South Asians' under-representation in formal mental health services is well-documented (Bowl, 2007; Greenwood, Hussain, Burns, & Raphael, 2000; Fazil & Cochrane, 2003; Netto, Gaag, & Thanki, 2006). This has been attributed to several factors, among them institutional and language barriers, lack of available information, variations in help-seeking behaviour, fear and mistrust of services and the stigma associated with mental illness (Bashford, Kaur, Stevenson, Bingley, & Patel, 2002; Bhui, Bhugra, & Goldberg, 2000; Fernando, 2002). The Macpherson Report (Home Office, 1999) defines institutional barriers as the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. Barriers may involve discriminating against individuals via adopting prejudicial attitudes, ignorance and racism, which may further disadvantage them.

With the rapid expansion of psychotherapy and counselling provision in the UK, including the Improving Access to Psychological Therapies Programme (IAPT, 2011), there is a need

to address the factors contributing to the low uptake of psychological and counselling services by various South Asian communities (Netto, Gaag, & Thanki, 2003).

While this study focuses on first-generation Punjabi Pakistani immigrant men, it is possible that the findings from this group may be transferable to other Pakistani groups. Consistent with Smith, Flowers and Larkin (2009), this study acknowledges that immediate claims are bounded by the group studied, but extension can be considered via "theoretical generalisability where the reader may be able to assess the evidence in relation to their existing professional and experiential knowledge" (p.4). The current study aims to reveal something about the experience of each of the participants by using the ideographic qualitative method of Interpretative Phenomenological Analysis (IPA). It aims to explore in detail the similarities and differences across individuals, thereby enabling a better understanding of the phenomenon of coping within this particular group of Pakistani men.

2.2 Pakistani Migration into Britain

Large scale migration of Pakistanis into the UK commenced in the 1950s, when Britain encouraged migrants from former colonies to satisfy its post-war labour needs such as those in the textile and steel industries (Ansari, 2002). One of the contributory factors for Pakistani migrants arriving in Britain was the partition of the Indian Sub-continent in 1947 which resulted in the formation of two separate states: India and Pakistan. Single men seem to have formed the largest contingent of migrants from Pakistan in the 1950s and 1960s, followed later by their families in the 1970s and 1980s. An additional wave of increased migration of Pakistanis to the UK was observed in the 1980s and 1990s following a period of social and political repression and economic upheaval in Pakistan.

2.2.1 Migration and stress

Individuals who migrate may experience multiple stressors that can affect their mental well-being. These include language barriers, a sense of isolation and marginality, social role changes and identity crises, cultural conflicts, economic hardships, social discrimination and lack of social support systems (Bhugra & Becker, 2005). Extreme stress can occur at any

point of the migration process: prior to, during and afterwards. It can vary according to such factors as individual differences, attitudes of the host country, and acculturation (Aronowitz, 1984; Berry, 1997). Acculturation is defined as the process of cultural and psychological change involving alterations that an individual undergoes in his/her group's customs and economic, social and political life following intercultural contact (Berry, 2003). Migrants may also experience "acculturative stress" which is defined as "the reduction in health status (including psychological, somatic and social aspects) of individuals who are undergoing acculturation" (Berry, Kim, Minde, & Mok, 1987, p.491).

Punjabi Pakistani migrants face the challenge of having to follow their own cultural values and norms while adapting to the requirements of Western culture. Thus it can be argued that they are caught between two cultures (Anwar, 1976). One fundamental difference derives from the Eastern collectivist perspective versus Western notions of individualism (Hofstede, 1991; Triandis, Bontempo, Villareal, Asai & Lucca, 1988). Collectivist cultures such as that in Pakistan tend to emphasise group membership and foster a "we" identity that values interdependence, obedience and duty to social obligations. In contrast, individualistic cultures such as that found in the UK emphasize the importance of the "I" identity that values competiveness, emotional independence, liberalism and autonomy (Trubisky, Ting-Toomey, & Lin, 1991). It can therefore be argued that the challenges and difficulties experienced by first-generation Punjabi Pakistani migrants may differ from those of other first-generation migrants such as those from Canada, who may find it easier to adapt to the cultural context of UK owing to their shared Western values. For Easterners such as Punjabi Pakistanis, language barriers, economic stresses, and the need to integrate within a totally different cultural context may all prove highly stressful.

It is also important to acknowledge that generational differences may exist: that is, the personal problems and stresses suffered by first-generation Punjabi migrants may differ from those of second-generation Punjabi individuals. A quantitative study carried out by Furnham and Sheikh (1993) in the UK revealed a higher level of psychological distress among 35 second-generation migrants (people either born in Britain or having arrived there before the age of 10) compared with 65 first-generation migrants (Indians, Pakistanis, Bangladeshis and East Africans). While first-generation migrants found it harder to cope with migration adjustments owing to their close affiliation with their cultures, language barriers and their experience of racial prejudice, the pressure to conform and abide with traditional values and

family practices seemed to place considerable stress on the second-generation migrants. Similar findings have been reported by Dhillon and Ubhi (2003), who undertook a qualitative study with 32 second-generation, British-born, Punjabi Indian men. However, given that Furnham and Sheikh's (1993) study employed a wide sample of South Asians and tended not to consider the aspect of intra-group diversity, its findings may be interpreted cautiously.

2.3 Stress and Coping

2.3.1 Stress and Coping Model

Lazarus and Folkman's (1984) transactional model defines stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources" (p.19). Lazarus and Folkman also distinguished between two kinds of appraisal processes: primary appraisal involves the assessment of an environmental stimulus as stressful whereas secondary appraisal is an evaluation of the individual's coping options and of the availability of social support.

Lazarus and Folkman (1984) define coping as any effort to manage external or internal demands which are appraised as negative or challenging. They distinguish between two forms of coping: problem-focused coping, i.e. coping responses directed at the external event itself (e.g. seeking social support), and emotion-focused coping which refers to coping with stressors via the individual's emotional reactions or internal state (e.g., denial, avoidance). Coping is thus defined as a process rather than an event; it is seen to vary over time and from person to person according to the type of stressor faced (Mattlin, Wethington, & Kessler, 1988; McCrae, 1984). This may account for why there are differences in the effectiveness of coping behaviour and why some people adapt more quickly to stressors than others.

Lazarus and Folkman's (1984) model has been criticised on a number of grounds. Existing quantitative studies reveal discrepant findings for the adequacy of the model through their use of varied coping and distress measures, variant scoring methods of coping subscales, or dissimilar study samples (Zakowski et al., 2001). Measuring coping retrospectively in such studies may also be problematic owing to participants' memory biases (Penley, Tomaka, & Wiebe, 2002). Questions have also been raised regarding the model's applicability to all

populations: males and females, different social classes and varying racial/ethnic groups (Thoits, 1995). Hobfoll (1998) further argues that Lazarus and Folkman's model focuses exclusively on personal factors to the detriment of underlying social processes/structures or cultural factors. There may well be a need to carry out more focused qualitative research with individuals from various cultural backgrounds in order to provide a more rich and contextualised account of the process of coping (Collins, Onwuegbuzie, & Jiao, 2010).

2.4 Help-seeking

Rickwood, Deale, Wilson, and Ciarrochi (2005) define help-seeking as the process of actively seeking out and utilising social relationships, either formal (e.g., professional help) or informal (e.g., peers and family), in response to a personal problem or a distressing experience. Such problems may be much broader than psychological ones. "Help-seeking" used within the context of this research refers generally to the thoughts, feelings and behaviour that lead to the decision to seek formal and informal support for both psychological and non-psychological difficulties.

The help-seeking literature has revealed the existence of a wide range of individual, social and cultural factors that may affect help-seeking behaviour. These include age, gender, ethnicity, social stigma, socio-economic status, cultural values, acculturation, and treatment fears (Cauce, Domenech, Rodriguez et al., 2002; Vogel, Heimerdinger, Hammer,, & Hubbard, 2011; Yeh, Arora, & Wu, 2006). Whilst it is acknowledged that help-seeking patterns amongst Pakistanis may well be influenced by the dynamic interplay of the above factors, a detailed exploration of this is beyond the scope of this study. Existing research with Pakistanis suggests that culture (e.g., Furnham & Shiekh, 2000; Zafar, Syed, Tehseen et al., 2008) and gender (e.g., Galdas, Cheater, & Marshall, 2010) both have an important impact on their help-seeking. The following section therefore offers a review of these factors.

2.4.1 Pakistanis and help-seeking

Explanatory frameworks of distress

Research indicates that whilst Pakistanis demonstrate an increased tendency to consult with their General Practitioners (GPs) in comparison with their White counterparts, their mental health difficulties are more likely to be inaccurately diagnosed or undetected (Bhui, Bhugra, Goldberg, Dunn, & Desai, 2001; Commander, Odell, Surtees & Sashidharan, 2004). One explanation could be that there exists a discrepancy between Pakistanis' explanatory models of illness (Bhui & Bhugra, 2002) and those of their GPs. Such a view proposes that different ethnic groups may hold different models or explanations for their symptoms and illnesses, including their perceived causes, severity, prognosis and treatment preferences (Kleinman, 1980). Recent quantitative studies have found that Pakistanis who hold religious or supernatural beliefs regarding the cause and management of their mental illness (belief in the will of God, in ghost/spirit possession or in the evil eye) tend to seek support from religion and traditional healers rather than accessing professional help (Sheikh & Furnham, 2000; Zafar et al., 2008).

The under-detection of mental health problems amongst Pakistanis has also been attributed to their increased tendency to somatise their emotional distress by expressing this in the form of physical complaints (Lloyd, 2006; Mian & Grossman, 2012; Mumford et al., 1991). Somatisation refers to complaints about, or the appearance of, physical symptoms such as headaches, stomach aches, musculoskeletal pain, fatigue, difficulties in concentration, loss of sensory functioning, and so on that have a strong psychological basis (Chun, Enomoto, & Sue, 1996). The aforementioned studies by Mian and Grossman (2012) and Mumford et al. (1991) suggest that Pakistanis may be selective in their symptom reporting and in particular be less inclined to disclose their emotional problems to professionals. One possible explanation provided by authors is that referrals to mental health services or being given a mental health diagnosis are often perceived as stigmatising for Pakistanis (Sashidharan & Commander, 2004; Tabassum, Macaskill, & Ahmad, 2000). However Moodley (2000) criticises the notion of somatisation amongst ethnic minorities, arguing that such an idea is based upon overgeneralisations and biased views and is lacking in clinical evidence.

Additionally, research indicates that somatic expressions of emotional distress are common throughout cultures (Bhugra & Mastogianni, 2004).

The difficulties surrounding cultural expressions of distress and misdiagnosis are further compounded by the applicability and validity of various measuring tools and instruments that are at primarily based on Western diagnostic conceptualisations of mental illness. Such instruments may prove insensitive to identifying distress in Pakistanis and may result in low referrals to specialist help, thus delaying treatment (Bhui & Sashidharan, 2003). Furthermore, imposing Western diagnostic frameworks upon individuals belonging to non-Western cultures has been found to be highly problematic (Small, 2006; Thomas, Bracken, & Yasmeen, 2007).

The use of cross-cultural screening instruments has been proposed to assist with a more accurate detection of CMDs amongst ethnic minorities (Bhui, Bhugra, & Goldberg, 2000). Ahmer, Faruqi and Aijaz (2007), whilst undertaking a systematic review of 32 studies, identified 19 psychiatric rating scales available in Urdu, the national language of Pakistan, which had achieved cross-cultural validity. These include the Hospital Anxiety Depression Scale (HADS) and the General Health Questionnaire (GHQ). Six of these rating scales had been developed indigenously while 13 had been translated from English. The study highlighted the issue of whether there should be a totally different set of diagnostic criteria for Pakistanis, given their varied and 'unique' expressions of distress. However, it is important to acknowledge that over 25 languages are spoken in Pakistan, including five regional languages (Punjabi, Sindhi, Pashto, Kashmiri and Balochi) and a wide variety of dialects. Moreover, while 48 percent of the Pakistani population speak Punjabi as their first language, only eight percent speak Urdu as their first language (Pakistani Embassy, 2012). This further highlights the heterogeneity that exists amongst Pakistanis. The specific issues for Punjabi Pakistanis are therefore part of a broader issue for people from non-Western cultural backgrounds.

Taking into consideration the factors outlined above, it becomes critical for counselling psychologists to develop an awareness of Punjabi Pakistani immigrants' cultural value systems and how such cultural meanings attached to their unique and subjective experiences of coping may potentially affect their views regarding seeking help.

Access to mental health care by Pakistanis

It is well recognised that South Asians within the UK have lower rates of mental health service utilization (Commander et al., 2004; Hussain & Cochrane, 2004; Greenwood et al., 2000). Researchers such as Dein (2003) have criticised the concept of explanatory models of distress, which they view as failing to take into consideration systemic socio-political factors such as equitable access to services. This has in some respects led to the ongoing debate about the separate provision of mental health services for ethnic minorities (Bhui & Sashidharan, 2003; Burman, Gowrisunkur, & Walker, 2003).

Earlier research with South Asians (including Pakistanis) has revealed how services have not adequately been able to address the diverse religious needs expressed by such individuals and how this may have implications for their low uptake of services (Hatfield, Mohamad, Rahim, & Tanweer, 1996). Similar findings have been reported by Greenwood et al. (2000), who conducted a grounded theory study with 14 Asian in-patients (including Pakistanis) and their carers regarding their experiences of mental health treatment. Participants in this study stated that they were not offered opportunities to perform prayer and that no provision was made for culturally appropriate food. The need to develop cultural awareness training for the staff was also highlighted. The study found that in-patients had a preference for both psychotherapy and traditional herbal based treatments, lending support to the idea that integrative approaches were to be recommended. However, this study, with its culturally heterogeneous sample of Asians, paid little attention to the language, cultural and religious differences which have been raised by others researchers (Bhui et al., 1995). Furthermore, this study did not differentiate between the views of first and second generation participants.

A qualitative study of Pakistani families conducted by Tabassum et al. (2000) in Sheffield included interviews with 22 first generation males, 29 first generation females and 23 second generation females. The study demonstrated the strong role played by cultural/religious practices and also the social stigma attached to mental illness: both affected Pakistanis' willingness in to seek professional mental health support. Treatment expectations varied, emphasizing family/community support, faith healers as well as GPs and hospital based treatments. Since Pakistanis have been shown to have an increased tendency to consult their GPs (e.g., Commander et al., 2004), who are seen as the initial point of contact for them, this

suggests that family and social support may not be sufficient to meet their needs. As this study was primarily focused on exploring the needs of Pakistani females, males did not seem to be well represented, and the study did not appear to investigate any gender differences. This is an important issue bearing in mind the current under-utilization of services by Pakistani men, to be explored further below. The current study, with its focus on first generation Punjabi Pakistani immigrant men's perspectives of coping, seeks to address this gap in the literature.

Bowl (2007) more recently investigated the perceptions of UK-based Indian and Pakistani service users regarding their use of mental health services in a study that included holding focus group discussions with 15 women and 11 men. The study identified such barriers to receiving effective treatment as institutional racism, culturally inappropriate use of diagnostic tools, lack of prayer and interpreter facilities, inability to engage families in treatment, and lack of information (e.g., regarding medication). Following Singh (2007), the current study defines institutional racism as discriminating against a person belonging to a minority ethnic group on the basis of their race or ethnicity, not providing them with an adequate diagnosis, and not offering them appropriate care. As Bowl's study employed focus groups, it could be argued that group dynamics, such as the reluctance of certain group members to disclose their ideas in front of others, might have influenced the data produced and therefore the validity of the findings. Additionally, discussions were not tape recorded and this may have impacted upon the researchers' interpretations and reliability of the data due to possible difficulties in the recall of details. This particular issue has been raised by Kitzinger (1995), who has made several recommendations regarding the design and evaluation of a focus group study. For instance, she emphasises the importance of closely observing participants' attitudes, priorities, language and framework of understandings within a particular social and cultural context.

Warr (2005) also highlights some of the challenges that may exist in addressing complex interactional dynamics in focus groups. Her study included conducting eight focus groups comprising a total of 54 men and women aged between 18 and 29 years. Participants belonged to naturally existing groups such as friendship and community-based support groups. Warr (2005) argued that whilst using natural groups provided the advantage of obtaining rich, high quality data, certain ethical problems emerged. For instance, it was

important to ensure that discussions were comfortably conducted and non-judgemental, whilst at the same time protecting the confidentiality of the participants who had ongoing associations with each other.

Netto et al. (2006), whilst examining the accessibility and appropriateness of counselling for South Asians, held semi-structured interviews and focus group discussions with 15 men and 23 women of Indian, Pakistani and Bangladeshi descent. This study used a grounded theory approach to the analysis and found mixed views from respondents in relation to both family and community support and seeking counselling. The majority of respondents had positive views regarding counselling, whilst recommending better access to information and access to counsellors from the same cultural background. While this is in line with the findings of some studies (Bowl, 2007; Greenwood et al., 2000), it runs contrary to those of others (Sheikh & Furnham, 2000). Once again, there was a failure to distinguish between the needs and preferences of the various national-cultural groups, with commonality assumed to exist across them. It is of note that much of the current research with South Asians fails to address their heterogeneous character, their variations in terms of history, language, religion, cultural practices, educational level, migration histories and level of acculturation (Anand & Cochrane, 2005; Greenwood et al., 2000; Sheikh & Furnham, 2000).

It is evident that, despite the body of research into the attitudes of Pakistanis towards mental illness and mental health services, much remains to be explored if Pakistani underutilization of these services is to be addressed (Bhui et al., 2003; Commander et al., 2004; Netto et al., 2003; Tabassum et al., 2000). The culturally heterogeneous assumptions of many of the existing studies suggest one source of weakness. Another is the fact that many studies have primarily focused on the experiences of South Asian women (e.g. Anand & Cochrane, 2005; Husain, Waheed & Husain, 2006; Khan & Waheed, 2009), thereby neglecting the perceptions and needs of South Asian men. A brief examination of the current literature on gender and help-seeking follows.

2.4.2 Men and help-seeking

Sex differences in help-seeking

A growing body of research into sex differences suggests that some men are less likely than women to seek help for a diverse range of health issues (e.g., Cochran & Rabinowitz, 2000; Mackenzie, Gekoski & Knox, 2006). "Sex" refers to the biological and physiological characteristics that define men and women (World Health Organisation, 2012). Possible explanations provided for such differences include quantitative evidence suggesting that men are less able than women to recognise and express their emotional difficulties (Danielsson & Johansson, 2005; Gooden & Winefield, 2007). However, it is of note that conflicting results have been reported elsewhere by studies of sex comparison (Emslie, Ridge, Ziebland & Hunt, 2007). This reluctance to seek help has been associated with poorer health outcomes for men when compared with women (Addis & Mahalik, 2003; Courtenay, 2000). According to the Office for National Statistics (Mortality Statistics, Series DH2, No. 32, ONS, 2009), in 2005 the suicide rate for men (averaged across all age groups) was exactly three times higher than that for women. However, existing research on sex differences suggest that men are less likely than women to be diagnosed with anxiety and depression-related disorders (e.g. Sachs-Ericsson & Ciarlo, 2000).

The issues surrounding men's expression of distress may have implications: for example, men may tend to be under-diagnosed by health professionals in comparison to women (Branney & White, 2008; Kilmartin, 2005). Additionally, professionals may not look out for emotional distress amongst men, thereby encouraging performances of stoical masculinity (Courtenay, 2000; Möller-Leimkühler, 2002). Furthermore, some men may manifest emotional difficulties in ways not represented in the diagnostic criteria; they may express such difficulties through over-involvement in work, anger, isolation, and physical pains (Locke & Mahalik, 2005; Magovcevic & Addis, 2008). Arguing that "depression" may be masked amongst men, Rochlen and colleagues (2010) recommend a re-examination of the current traditional diagnostic tools for assessing men.

Most of the available research exploring sex differences in help-seeking behaviour appears to be contradictory. A focus on sex differences can be limiting in two ways. First, the search for

differences between men and women often obscures the great similarity between men and women (e.g., Walsh, 1997). Findings about sex differences also explain little about the processes that may be responsible for the observed differences (Mechanic, 1978). Also, a finding of sex difference may not imply a difference between "all" men and "all" women (Schofield, Connell, Walker, Wood, & Butland, 2000). Secondly, existing research in this area is predominantly quantitative nature and as such does not tend to take into consideration intra- and inter-individual group variability (Addis & Mahalik, 2003; Galdas et al., 2005). For instance, why are some men willing under some circumstances to seek support for certain problems while others are not? Such studies also assume that men constitute a homogenous group that can be compared to women, thereby reinforcing popular stereotypes of men and women (Addis & Mahalik, 2003; Crawshaw, 2009). The issues raised above run parallel to the debate about whether it makes sense to talk of "Asians", "South Asians", "Pakistanis", "Pakistani men", etc., given the wide degree of variability and diversity that can be argued to exist within such groups.

Gender and masculinities

The concept of hegemonic masculinities has made an important contribution to recent developments regarding the social construction of gender and its intersection with men's health (Connell & Messerschmidt, 2005). Hegemonic masculinity is the idealised form of masculinity at a given place and time (Connell, 1995). The concept of gender is used here to refer to the relational or interdependent character of men's and women's everyday lives (Connell, 1996). From this perspective, gender is viewed as a dynamic social structure that is enacted in various ways: in housework, paid labour, child-rearing, sexuality and so on. Connell (2012) most recently proposes the concepts of structure, gender order and gender regime in order to illuminate the multidimensional nature of gender. Structure refers to the large-scale patterns that can be found across various institutions and sites (e.g., families, governments, neighbourhoods), including contrasts between masculinity and femininity and the gender division of labour in the home. The structure of gender relations in a given society at a given time may be called its gender order; and the structure of gender relations in a given institution may be called its gender regime (p.1677). The mapping of gender regimes across various social structures may be a complex task. Furthermore, it has been questioned

whether the concept of "gender" exists on a global scale (Bakare-Yusuf, 2003; Oyěwŭmĭ, 1997).

Schofield et al's (2000) gender-relations approach to understanding men's health recognises that men's and women's interactions with each other, and the circumstances under which they interact, have both positive and negative health consequences. Hence, the health-related beliefs and behaviours that men and women engage in are a means for demonstrating their femininities and masculinities (Courtenay, 2000). Courtenay (2000) theorised that a man who 'does' masculinity as socially prescribed (in Western culture) adopts unhealthy beliefs and behaviours, such as facing risk and physical discomfort, and actively rejects what is seen as 'feminine', such as accessing help.

Recent research suggests that there is no single masculinity but rather several different ways of being masculine (Connell, 1995; Frosh, Phoenix, & Pattman, 2002). This supports the view that the way in which one demonstrates gender is always situationally dependent (West & Zimmerman, 1991). Furthermore, men may not always subscribe to hegemonic ideals of masculinity; they may enact other masculinities such as seeking medical help so as to enhance their sexual performance (O'Brien, Hunt, & Hart, 2005). Similar findings have been reported by de Visser and Smith (2007), who found that whilst particular modes of masculinity were linked to excessive alcohol consumption in young men, alternative modes of masculinity were also identified by some of these men within such practices as abstinence and moderate alcohol consumption. There is now an increased recognition that masculinities are "multiple, diverse, contested, dynamic and socially located in both time and space" (O'Brien et al., 2005, p.504). It is arguably the version of masculinity to which men adhere to that explains poorer health behaviour and health outcomes.

Gender role socialisation

A gender role socialization framework posits that males are reinforced to adopt behaviours and attitudes consistent with traditional masculine norms (e.g., risk taking, emotional control, self-reliance) and punished or shamed when they do not subscribe to such behaviours (Gilbert & Scher, 1999; Krugman, 1995; Levant & Pollack, 1995). Research has found that men tend

to suffer "gender role conflict" when they find it difficult to live up to various versions of masculinity (Schaub & Williams, 2007 p.40). Gender role conflict has been defined by O'Neil and colleagues as a "psychological state in which socialised gender roles have negative consequences on the person or others" (O'Neil, Good, & Holmes, 1995. p.166). A number of studies have found higher masculine gender role conflict to be related to a host of issues amongst, including depression and anxiety (Cournoyer & Mahalik, 1995), interpersonal violence (Franchina, Eisler, & Moore, 2001), substance abuse (Blazina & Watkins, 1996), and enhanced overall psychological distress (Hayes & Mahalik, 2000).

Research has consistently shown that men's endorsement of strict masculine gender roles negatively influences their attitude towards utilising counselling and psychotherapy (e.g., Mahalik et al., 2003; Rochlen, Land & Wong, 2004). Quantitative findings by Schaub and Williams (2007) have also shown high masculine gender role conflict to be associated with minimal expectation of engaging in the counselling process. This may be because the culture of therapy, with its emphasis on vulnerability and verbal expression of feelings, contrasts sharply with being viewed as masculine (Addis & Mahalik, 2003; Mahalik et al., 2003; Rochlen, 2005). In line with Scher's (1990) argument, this tends to create a tension within the potential male client: he has always avoided sharing his feelings in the hope of remaining independent and in control, but at the same time he fears becoming isolated and lonely. Scher advocates the use of male gender roles within therapy whilst challenging the use of traditional therapies for men.

A great deal has been written and discussed recently regarding therapeutic issues that may surface with men (see Brooks & Good, 2001; Mahalik et al., 2003). Consequently, a number of treatment strategies have been offered for working with men (e.g. Blazina & Marks, 2001; Rochlen & O'Brien, 2002). However, at present very few interventions have been evaluated for their effectiveness (Good, Thomson, & Brathwaite, 2005). For instance, Mahalik et al., (2003) provide innovative suggestions for tailoring cognitive-behavioural interventions to treat masculinity-related aspects of men's depression. However, they also argue that research has yet to examine the strengths that men who conform to traditional masculinity may bring to therapy.

Mansfield, Addis and Mahalik (2003) illustrate a number of strategies to assist men in their help-seeking behaviour. These include working to boost men's motivation to change via motivational interviewing techniques (Prochaska, Norcross & DiClemente, 1994). They suggest that men could be offered help in a variety of settings, including the workplace and hospital emergency departments, to increase the likelihood of follow-up care. Additionally, normalising men's experiences, educating them about the detrimental effects of enacting masculine gender socialisation, and offering them alternatives to such roles are recommended.

One major issue raised by Mansfield et al. (2003) is that men are reluctant to initiate contact with health care providers. Robertson and Fitzgerald (1992) attempt to address this by emphasising the need for services to change the way they are marketed to men who endorse highly masculine attitudes: for instance, by using terms such as 'classes', 'workshops' and 'seminars' rather than ' personal counselling'. They also recommend the use of more goal-directed and problem-solving approaches as opposed to utilising emotion-focused or exploratory approaches.

One major limitation of research on gender socialisation is that it overemphasises gender whilst not taking into consideration other factors such as ethnicity, age, class and culture (Branney & White, 2008; Raffaelli & Ontai, 2004). Furthermore, most studies of men's help-seeking behaviour tend to embrace a White, middle class, Western male perspective on masculinity (Galdas et al., 2005; Oliffe, Grewel, Bottorff, Luke, & Toor, 2007). The experiences of White Western men are likely to vary from those of men belonging to other ethnic groups (Galdas & Cheater, 2010).

Mahalik, Lagan and Morrison (2006) undertook a cross-cultural quantitative study with 384 Kenyan men and 162 U.S. men in order to investigate the link between conformity to traditional masculine norms and various health behaviours. The results suggested that men from both nationalities subscribing to masculine norms tended to espouse beliefs regarding self-reliance and physical toughness and were less likely to admit being sick to others unless they really had to do so. However, some clear differences were also noted. Amongst the Kenyan men, endorsement of traditional masculine norms was related to a lower likelihood of seeking help for physical and mental health issues. Such men also tended to view luck or fate

as primarily determining how long a person may live. Masculinity was unrelated to these behaviours and beliefs for the U.S. participants, who reported more frequent use of alcohol or drugs, increased interpersonal isolation, and more verbal and physical aggression in comparison to the Kenyan men. This study, whilst highly influential, was limited in that it did not take into consideration the role of socio-economic factors. Furthermore, it used measures developed with U.S. samples, which raises questions about the validity of the constructs used in the study.

Consistent with Fikree and Pasha (2004) and Oliffe et al. (2007), socio-cultural factors such as cultural beliefs, acculturation, family roles and socio-economic factors may all influence South Asian men living in the UK to respond in a way that is different to existing Western ideals of masculinity. The current study was designed to focus on a specific sample of men within the South Asian community in order to provide insights into how their cultural belief system intersects with representations of masculinity in the context of help-seeking. The aim of this study is consistent with some of the objectives of multi-cultural counselling, in particular developing an understanding into how various aspects of masculinity intersect with race, ethnicity, social class, cultural affiliation, identity salience and the world view of clients (Wester, 2008).

While existing studies suggest that rigid endorsement of masculine gender roles is linked to men's help-seeking behaviour, including their attitudes towards counselling, such findings may need to be treated with caution. Quantitative research predominates here, as does an over-representation of White samples.

South Asian masculinities

There is great diversity in the forms of masculinity produced around the world (Kimmel, Hearn, & Connell, 2005). Alexander (2000) undertook an ethnographic study in order to explore the experiences and identities of British Bangladeshi (Muslim) young men aged 15 - 19 years. She aimed to challenge hegemonic accounts of pathologized 'black' male identity and simplistic notions of Asian patriarchy in the performance of gender relations. Her study

highlighted the complex intersections of ethnicity, race, culture, class, age and gender. Violence seemed to play an important role in these young men's masculine identity. For instance, they viewed themselves as part of the local community and as defending it both from outside attack and from internal conflicts arising within their peer group. Age hierarchies, maintaining solidarity, and gaining the support and respect of their community also played a key role in their identity formation. Alexander (2000) argues that underlying the violence inherent in these men's attitudes, beliefs and behaviours was a strong sense of being marginalised and alienated.

The link between violence and masculinity has also been noted in qualitative research carried out with a lower middle-class community in urban Punjab, Pakistan (Partners 4 Prevention, 2010). Eleven one-to-one interviews and five focus group discussions were carried out with 20 men and 19 women aged between 15-25 years in order to explore the links between notions of masculinity and behaviour, particularly gender-based violence. The need to be a provider for the family and establish clear dominance and control in relationships with women was expressed as an essential attribute of a man. This particular aspect seems to be consistent with Western constructions of hegemonic masculinities that embody the perception of men primarily as "breadwinners" (Connell, 2005). Resorting to violence and maintaining one's sexual potency and performance were also seen by most of the Pakistani men in this study as essential in demonstrating their maleness. What was striking, however, was that the women in the study seemed to be accepting of the perception of a dominant and assertive masculinity.

The findings by Alexander (2000) and Partners 4 Prevention (2010) correspond with the views of several authors who have suggested that when men are marginalised as a result of being a visible ethnic minority in Western society, they may seek other resources for validating their masculinity. For instance, toughness and violence and the disregarding of health have also been noted amongst African-American men as a means of expressing their "true" manhood (Connell, 2000; Rich & Stone, 1996).

De Sondy (2009) provides an interesting account of the diversity and social construction of masculinities in India and Pakistan between the 18th and 21st centuries within the context of Islamic traditions, cultures and societies. He argues that masculinity, femininity, sexuality

and gender were interlinked and largely shaped by biology. This seems to resonate with the views of Connell (2012), who argued that bodies and social processes are closely interconnected, and with those of Krieger (2005), who states that "we live embodied" (p.351). De Sondy's (2009) study highlights how idealised notions of masculinity, femininity, morality and ethics are derived from patriarchal structures such as the family. Similar patriarchal modes of masculinity have been noted in the discourses of conservative Christianity (Eldén, 2002). For De Sondy (2009), the many masculinities and femininities highlighted in the Qur'anic texts were influenced by various principles of Islamic spirituality, such as piety and, were drawn from various examples taken from the prophets' lives. He argues that such constructions of gender may be seen as a strength rather than a weakness as they tend to strengthen an individual's relationship with God.

Galdas and Cheater (2010) undertook a qualitative study employing a social constructionist gender analysis with 20 UK-based Indian and Pakistani men suffering from angina pectoris or acute myocardial infarction. Interviews sought to explore how the men's help-seeking decision making processes played out in relation to dominant Western versions of masculinity. The findings suggested that the participants did not necessarily live up to traditional Western masculine ideals within the context of seeking help for their chest pain. They were willing to talk openly about their physical and emotional experiences, thus putting into question the Western masculine ideal of being "strong and silent" (p.132). Seeking prompt medical help was considered a normal and common behaviour for these men and was not considered a threat to their masculinity. However, this study focused exclusively on medical help-seeking. To date there has been no investigation of how masculine ideologies affect psychological help-seeking amongst South Asian men. The current study therefore hopes to provide a nuanced understanding of how masculinity may affect the willingness of Pakistani men to seek psychological help.

Whilst research into the domain of South Asian masculinities is on the increase, there is currently a dearth of studies focusing on how South Asian men perceive help-seeking and how this may be influenced by masculine ideals. This is crucial considering the challenge of meeting the needs of ethnic minority individuals. The current study seeks to address this particular gap in the research. It can further be argued that familial expectations and gender roles are possible key themes that might present in counselling for South Asian men, and

hence counselling psychologists should attend to these issues in a sensitive manner so as to make therapy meaningful to such a client group.

2.5 Conclusion: Interest and Aims/Research Question

Previous qualitative research into help-seeking behaviours amongst Pakistanis has suggested that they are less likely to access formal professional help and prefer to seek alternative forms of support, such as family, community and religion (Malik, 2000; Mallinson & Popay, 2007; Netto et al., 2006). However these studies generally fail to provide a detailed exploration of subjective experience: for example, what it is like for Pakistanis to use these alternate forms of support to deal with personal or psychological problems, whether they find them effective, and whether this has any bearing on their views and feelings about seeking outside professional help. Whilst we acknowledge that psychological therapies are not the only means of supporting those experiencing mental health difficulties, the low uptake of services by Pakistanis merits attention due to the role of early intervention in preventing people from slipping more deeply into mental distress (Rethink: 'Our Voice', 2007).

As the above review of the literature indicates, past studies have not taken into account the fact that the Pakistani population encompasses a number of distinct regional and linguistic groups. The current study recognises the potential importance of distinguishing between Pakistanis' varying experiences, beliefs, behaviours and needs. It seeks to take into account such inter-ethnic and inter-cultural differences by focussing upon on a specific and homogenous group within the broader Pakistani population, Punjabi Pakistanis in order to provide a more intimate portrayal of their individual experience.

In addition, past research on Pakistanis and South Asians has tended to focus on the experiences of users of professional mental health services (Bowl, 2007; Greenwood et al., 2000). Comparatively little is known about broader community perspectives and perceptions of professional services. As a high proportion of Pakistanis are not currently accessing mental health services, it seems important to understand how they deal with personal difficulties,

how effective their strategies are, and whether they would consider using professional services.

There appears to be a tacit assumption in the discourses of many authors in this field that Western professional services are needed by, and would be helpful to, individuals within such ethnic minority groups. Although there is some evidence to support the utility of such services for these groups, it seems important to appreciate and understand the relevant cultural beliefs and practices of individual groups rather than prematurely imposing what may be a culturally insensitive or narrow evaluative perspective. If such assumptions do exist, it is worth considering whether they may be contributing to the observed lack of uptake of professional services by people from ethnic minorities.

Finally, research exploring the needs and experiences of South Asian men appears to be a highly neglected area (Bhui, Chandran, & Sathyamoorthy, 2002). It therefore seems important to focus on this under-researched area and to give this particular group a voice.

The study has the following aims:

a) To contribute to the existing literature on help-seeking behaviour.

b) To give voice to Punjabi Pakistani immigrant men in order that they might express their needs and experiences.

c) To provide mental health practitioners with increased knowledge and understanding of this particular group towards developing a better level of understanding and communication between services and potential service users.

To meet these aims, the study pursues the following research questions:

1) How do Punjabi Pakistani male immigrants deal with their personal problems, difficulties and stresses?
2) How do Punjabi Pakistani male immigrants experience the coping methods they use? What are the implications of this?

3) What are Punjabi Pakistani male immigrants' views and feelings about the possibility of using professional health services for help in dealing with personal problems? What implications follow from their views?

2.6 Relevance to Counselling Psychology

This study aspires to abide by the philosophy underpinning Counselling Psychology, which is concerned primarily in engaging with and respecting the client's subjective experience, feelings and meanings (Woolfe, Dryden, & Strawbridge, 2003). The current study, with its qualitative focus, is not interested in obtaining universal laws of coping or arriving at any major generalisations. Instead, it seeks to understand the worldviews of Punjabi Pakistani males, their individual meanings, belief systems and the contexts within which these occur. The study also seeks to make a contribution to the existing multicultural literature, with its growing interest in investigating the experiences and within-group differences of particular ethnic groups. Pederson (2007) emphasises that multicultural theory is concerned with understanding how a practitioner or client's racial/cultural identity tends to influence how difficulties are conceptualised, which then determines the counselling goals or processes. This is also consistent with the aims of Counselling Psychology, which also endeavours to demonstrate an empathic understanding of individuals' "worldviews without assuming an objectively discoverable truth" (Woolfe et al., 2003. p.8).

The author's interest in this particular research area has been influenced by ideas inherent in systemic theoretical frameworks (e.g., White & Epston, 1990). Systemic approaches view identity, personality and the self as malleable; individual experience is continually changing and being shaped by external social factors (Dallos & Draper, 2005). The systems paradigm shifts the focus from the individual to the social, cultural and political contexts in which they are embedded. One of the strengths of utilising the systems approach is that it allows counselling psychologists to consider that the "problem" is located outside the individual client (Bor & Legg, 2003). From such a perspective, this study is interested in understanding the contextualised experiences of coping for Punjabi Pakistani males by paying close

attention to their beliefs (discourses), ideas and behaviour as embedded within their social systems. Consistent with systemic thinking, this study suggests that as societal and cultural dynamics change, individual experience and identity can change alongside it. Therefore this study hopes to present counselling psychologists with flexible and creative ways of working with this potential client group.

Counselling psychologists currently face the challenge of reducing and minimising health disparities across various ethnic groups (Tucker et al., 2007). It is therefore important that counselling psychologists are aware of the cultural belief systems that may underpin how Punjabi Pakistani males conceptualise their difficulties. Ward, Bochner and Furnham (2001) argue that cross-cultural counselling can be quite a challenging task, partly because of feelings of difference that can be evoked whilst working with culturally diverse clients. Keeping this in mind and based on the issues that have been previously raised within the literature regarding Pakistanis, this seems to raise a number of therapeutic issues around working with Pakistanis. For one thing, it is important for counselling psychologists to be mindful of not imposing their own viewpoint upon Pakistani clients. In order to empathically attend to this particular client group, counselling psychologists need to understand some of the potential barriers faced by Punjabi Pakistani males. They also need be cautious about applying therapeutic models developed essentially to deal with the experience of White Western men.

This study is aimed at understanding how individual Punjabi Pakistani males may perceive their world from their experiences of being "men" in their respective cultures. From this it follows that not all Punjabi Pakistani men should be viewed the same way or offered the same form of therapy or treatment. Instead, counselling psychologists need to appreciate the diversity, complexity and subjectivity of what it is like to "cope as a man" for this particular group of men at particular points of their lives. This study aims to provide a nuanced reading of how masculine ideologies for this particular group of men may influence their individual needs, preferences and help-seeking behaviour.

This research hopes to contribute to the discipline of Counselling Psychology by exploring how the Pakistani cultural belief system affects participants' views of help-seeking and receiving psychological support. It is hoped that counselling psychologists and other allied

health professionals will be able to use the understandings produced by this research in order to develop culturally congruent interventions and to address any potential barriers faced by this particular group. It is also hoped that the research will help counselling psychologists become more aware of their own assumptions, cultural biases and prejudices regarding potential Pakistani male clients and influence their interaction with them in the therapeutic context.

(3) METHOD

3.1 A Qualitative Approach

There is a growing interest in qualitative research within the area of help-seeking (e.g. Gulliver, Griffins, & Christensen, 2010; Okello & Neema, 2007). Noyes (2010) emphasises the importance of qualitative enquiry when seeking to understand barriers and facilitators to accessing health care, the impact these have on individuals and their experiences and behaviours.

In contrast, Barker and Pistrang (1994) identify some of the advantages of using quantitative methods. They state that the use of numbers in quantitative methods enables greater precision in measurement, thereby supporting reliability and validity. Comparisons may also be made across the data to facilitate in the testing of theories and hypotheses, and generalizations may be made beyond the sample studied. Quantitative research, however, has its limitations. It is heavily reliant upon structured reporting methods, and as participants are only able to comment upon what they are asked to respond to, this may produce a fragmented picture (Nevonen & Broberg, 2000). Additional weaknesses of using quantitative approaches have been highlighted by Rubin and Babbie (2009). They emphasise how the use of such methods may come across as being quite superficial, may not permit greater flexibility in the research design, and may potentially produce misleading results, or ones which may not necessarily be representative of the population to which they are generalized.

With the above in mind, this author decided to adopt a qualitative methodology. This was seen to allow for an in-depth and detailed exploration of a particular phenomenon as opposed to obtaining an "objective statement of an experience" (Lyons & Coyle, 2007, p.15).

3.2 Epistemology

3.2.1 Various epistemological positions in research

A number of epistemologies are associated with both quantitative and qualitative research. A positivist-empiricist epistemology is based on the assumption that it is possible to obtain accurate knowledge of things in the world or gain access to some kind of truth or reality about the world. It contends that such knowledge of the world must arise from the collection and categorization of our sense perceptions/observations of the world (Lyons & Coyle, 2007) and it does not acknowledge the role of the researcher in the production of this knowledge (Willig, 2008).

In response to the limitations posed by positivism and empiricism (see Popper, 1969) the hypothetico-deductive method took precedence. Via disconfirmation or falsification, this allowed researchers to discover what claims were not true and by a process of elimination of such claims helped them move closer to the truth. However, the hypothetico-deductive approach has also been criticised for its failure to acknowledge the role of social, cultural and historical factors in knowledge formation (Willig, 2008).

In contrast to the above positions, a social constructionist epistemology adopts a critical stance towards the taken-for-granted ways in which we understand the world and ourselves. Its assumption is that there is no real objective reality or truth of phenomena (Burr, 2003). Ways of understanding are seen as having been built up through social processes, especially through linguistic interactions. There is nothing fixed or necessary about them as they are culturally and historically determined (Lyons & Coyle, 2007).

3.2.2 A critical realist epistemology

A critical realist epistemological stance was adopted for the current study. A great deal has been written about critical realism over the past twenty years (e.g., Bhaskar, 1994; Sayer, 2000). The general premise of critical realism is that there are stable and enduring features of reality that exist independently of human conceptualisation (Bhaskar, 1978; Finlay, 2006;

Willig, 2008). Differences in the meanings individuals attach to their experiences are considered possible because individuals experience different parts of reality (Fade, 2004). Consequently, critical realism admits an inherent subjectivity in the production of knowledge, which is not invalidated by conflicting alternative perspectives (Watkins, 1994; Finlay, 2006). It recognizes that all knowledge is context-specific and is influenced by the perspective of the perceiver (Lyons & Coyle, 2007). Critical realism argues that the relation between the 'real' word and the concepts or ideas we form of it is the focus of the research process (Danermark, Ekström, Jakobson, & Karlsson, 2002).

In the context of the current study, a critical realist epistemology favours the view that, for Punjabi Pakistani males, reality does exist 'out there': rather, their knowledge of it is contingent upon perception. In line with Willig (2008), the study seeks to gain a better understanding of what might 'really' be going on in the world of Punjabi Pakistani men while acknowledging that the data gathered may not provide direct access to this reality.

Various methodological approaches are employed in critical realist research, including narrative analysis (Gil-Soo, 2010), critical realist discourse analysis (Sims-Shouten, Riley, & Willig, 2007) and grounded theory (Oliver, 2012). The method of qualitative analysis chosen for this study was Interpretative Phenomenological Analysis (IPA) since it is an approach that is compatible with critical realist epistemology owing to its focus on meaning making (Reid, Flowers & Larkin, 2005; Finlay, 2006). IPA is theoretically rooted in the social cognitive paradigm (Fiske & Taylor, 1991) and in critical realism (Bhaskar, 1978). It is concerned with producing a deep understanding of participants' accounts and unique experiences of their world. IPA critically accepts a real world while acknowledging the problematic nature of representing this reality due to limited links between the body, cognition and language (Fade, 2004; Smith & Osborn, 2003). IPA further acknowledges the role of researcher reflexivity. On this basis it is argued that the current study's findings have emerged in a specific interpersonal context.

3.3 Methodology

3.3.1 Research design

The study employed a qualitative research design using semi-structured interview data gathered from a small and fairly homogenous purposive sample of participants. The data were analysed using IPA.

3.3.2 Interpretative Phenomenological Analysis

Theoretical underpinnings of IPA

IPA has been informed by the concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography (Smith, Flowers & Larkin, 2009). IPA is a phenomenological approach in that it focuses on "exploring experience in its own terms" rather than attempting to reduce it to "predefined or overly abstract categories" (Smith et al., 2009, p.1). Hermeneutics, the theory of interpretation, is the second philosophical underpinning of IPA. IPA employs what is known as a "double hermeneutic" in which the researcher is trying to make sense of the participant trying to make sense of their experiences (Smith & Osborn, 2003; Smith et al., 2009). Access to another person's experience is partial and complex, so IPA highlights the value of considering a researcher's role in influencing the interpretative process (Smith & Osborn, 2008). In contrast to traditional nomothetic approaches which focus on the generalisability of findings, IPA is an idiographic approach which is concerned with the particular. It proceeds by investigating in detail, case by case, followed by a cross-case examination, towards revealing how particular lived experiences have been understood from the perspective of particular people in a particular context (Smith et al., 2009).

Why choose IPA?

IPA (Smith & Osborn, 2003; Smith et al., 2009) allows the researcher to gain an insider perspective by exploring in detail how participants make sense of their personal and social

world. IPA's idiographic nature is in keeping with the aims of the current study, as it is concerned with the particular, with revealing something about the experience of each of the individuals involved, and being able to say something in detail about the participant group as opposed to making premature generalisations about larger populations. Although IPA initially gained momentum within the field of health psychology, its application within the domain of help-seeking research is on the rise (Boyd et al., 2007; Mayers et al., 2007).

A further reason for adopting IPA for the current study is its closeness to the philosophical ideas and assumptions inherent in Counselling Psychology. Counselling Psychology pays particular attention to the meanings, beliefs, context and processes that are constructed both within and between people whilst focusing on the psychological well-being of the person (British Psychological Society website, 2010).

Why not a different qualitative method?

In this section a rationale is presented for choosing IPA over other methods such as Grounded Theory and Discourse Analysis. Grounded Theory may be considered more of a sociological approach (Willig, 2001), which draws on convergences within a larger sample to support wider conceptual explanations in order to generate theory. IPA is more psychological, concerned with giving a more detailed and nuanced account of the personal lived experiences of a smaller sample (Smith et al., 2009). There are two key differences between IPA and Grounded Theory. Firstly, Grounded Theory is used to develop a universal theory of a social process i.e., it is interested in developing inductive theory which is closely derived from the data (Lyons & Coyle, 2007). IPA, on the other hand, gives more attention to subjective experience and meaning making. It also separates data collection and data analysis, an approach that is markedly different than the constant comparative method characteristic of grounded theory.

Discourse Analysis was also considered inappropriate owing to a number of reasons. Smith, Flowers and Osborn (1997) argue that IPA and Discourse Analysis differ in the status they afford to subjectivity and experience of the self and body. The epistemological position of Discourse Analysis maintains a sceptical view regarding a chain of connections between language and the experiencing of the 'self' as it tends to bracket assumptions about the

'reality' of the latter (Lyons & Coyle, 2007). Discourse Analysis examines how people use language to construct versions of their worlds and what is gained from these constructions. It is therefore social constructionist in orientation: it assumes that numerous versions of the world exist, each of which is constructed through discourses and practices. It recognises that human subjectivity is largely or wholly structured through language (Willig, 2008). Unlike IPA, Discourse Analysis does not use language as a means of gaining access to participant's psychological worlds. By contrast, IPA is concerned largely with subjectivity and experience, and with understanding how an individual makes sense of what is happening to him/her.

In adopting a critical realist framework, the researcher acknowledges that direct, immediate access to participants' worlds is impossible and that the knowledge produced is dependent upon her own standpoint. This fits in well with the requirements of IPA as it also emphasises a reflexive attitude on behalf of the researcher. Furthermore, a critical realist position also assumes that a particular phenomenon, for example coping, may be experienced in radically different ways by participants. This is consistent with the IPA view that individuals attribute various meanings to events which then shape their experiences of these events (Willig, 2008).

A relativist ontological position has been adopted by the researcher in the current study. Such a position questions the 'out-there-ness' of the world and emphasises the diversity of interpretations that can be applied to it (Willig, 2008). This is consistent with the aims of IPA, its concern with "how" participants experience the situation or event (Willig, 2008). The current study does not explore whether participants' accounts of their coping experience(s) may be 'true' or 'false' or the extent to which their perception of an event corresponds to an external 'reality'. And rather than seeking to generate a theory about their coping or to understand the functions of their talk, it attempts to gain an insider perspective of participants' experiences.

3.4 Reliability and Validity

Assessing the quality of qualitative research requires different criteria from those used to assess the validity and reliability of quantitative work (Barker, Pistrang, & Elliott, 2002). In the case of IPA, Smith et al. (2009) recommend Yardley's (2000) four guidelines of

sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

In the current study, sensitivity to context has sought to be established through demonstrating sensitivity to the extant literature and theory of the topic area (as outlined in the introduction) and sensitivity to the characteristics of the researcher (for example, her age, gender and culture) that may have impacted upon the participants and therefore the findings. The particular aspect of reflexivity will be elaborated upon further below. Close consideration has been paid to the issue of power dynamics in the interaction between the participants and the researcher. The author has also sought to be alert to ethical issues that have arisen during all phases of the study. Sensitivity to the data has also been demonstrated through conducting an in-depth analysis and supporting the findings with verbatim extracts. Smith et al. (2009) argue that this gives participants a voice in the project and allows the reader to check the interpretations being made.

Commitment and rigour have involved making attempts to ensure that participants were carefully attended to during the process of data collection. This also entailed maintaining a careful and cautious attitude during data analysis. Efforts were made to ensure convincing accounts of participants' narratives. An audit trail was carried out. This comprised an example of an annotated transcription (Appendix K), an example of emerging themes for a participant (Appendix M), and a table of themes for that particular participant (Appendix L). A master table of themes illustrating the prevalence of themes and the corresponding quotes across all the participants has also been provided (Appendix N). Although relatively new to IPA, the researcher endeavoured to develop her skills by attending university lectures and also an IPA peer group facilitated by her research supervisor. A peer review was also carried out by two fellow colleagues in order to provide an informal validity check to ensure that the emergent themes were grounded in the data. Angen (2000) states that although peers can never have the same involvement with a topic as its researcher, they can help by ensuring that the themes are coherent and make sense. Feedback from these colleagues suggested that the analysis came across at times as too descriptive and in several instances reflected a degree of "over-interpretation". However, the overall analysis was seen as coherent and reflective of the content of the interviews. Suggestions were also made regarding a few re-interpretations in order to make them more grounded in the participants' accounts. The re-labelling of some

themes, such as 'Acceptance' and 'A manly man', were also made. As the researcher gave consideration to the suggestions for re-interpreting the data, this also prompted her to engage more reflexively with the analytic process by considering how her assumptions and biases may have influenced the analysis. However, further discussion with her colleagues around suggestions for re-labelling themes revealed that this would have resulted in less clarity and coherence of the overall analysis, and no such changes were made.

The transparency and coherence guideline refers to how clearly the stages of the research process are described in the write-up and the need for the research that has been carried out to be consistent with the underlying theoretical assumptions of the approach being utilised. Undertaking an audit trail and inviting peer review help ensure that this is attended to.

Impact and importance refers to the utility, contribution and practical/clinical applications of a piece of research in relation to the existing body of theoretical knowledge. Here, the transferability of findings is a key issue, as is the possible socio-cultural impact of the research. These factors will be further elaborated upon in the discussion section.

Reflexivity

Reflexivity underpins most hermeneutic approaches to qualitative research. Rennie (2007) states that it is vital that we declare to the best of our ability where we are coming from when making our interpretations. This is so that as far as possible we can account for our subjectivity and how we may have shaped both research and findings. However, meeting this requirement is problematic. Firstly, to what extent can we ever know ourselves? Secondly, if we are obliged to disclose everything about ourselves that might have a bearing on our analysis, where would such disclosure end?

Finlay (2002a, 2002b) illustrates some of the complexities that may emerge during the process of engaging in reflexivity. For example, if a researcher becomes preoccupied with their own experience, this may well result in privileging the researcher over the participant.

During the current study, I attempted to bracket my assumptions and biases as fully as possible. However, such a process is by its very nature partial and incomplete. I addressed

this by discussing my assumptions and pre-conceptions with my supervisor and other colleagues and by maintaining a written record of these in the form of a reflexive journal. Evans (2007) emphasises the valuable role played by supervisors in supporting researchers and helping them explore their personal conscious and unconscious experience. Smith (2007) states that we one can only access our preconceptions or fore-understandings (or at least some of them) when confronted with new information or data, which inevitably leads us to change our fore-understandings to new ones. Engaging in reflexivity was therefore an ongoing process throughout the duration of the research. A detailed account of how the researcher's pre-existing experiences and beliefs may have influenced interpretation of the data will be explored in depth in the discussion section.

3.5 Procedures

3. 5.1 Sampling and participants

One characteristic of IPA is the use of relatively small homogenous samples. Seven participants were recruited for the current study. This number was deemed sufficient by the researcher given the aims of IPA. Smith et al. (2009) state that for professional doctorate projects, between four and ten cases "seems about right" (p. 52).

Originally, nine participants had been interviewed for the study, but two of these were excluded owing to their limited fluency in English. This was one of the limitations of the study and has been elaborated upon further in the discussion section where the ethical ramifications will also be briefly considered.

Potential participants were required to meet the following recruitment criteria:

1. Participants were to be first-generation Punjabi Pakistani male immigrants who had been resident in the UK for a minimum period of two years and a maximum period of five years. This minimum time period was selected to ensure homogeneity of the sample and that the participants had had sufficient time to become acquainted with

life in the UK. The maximum time frame for five years was selected on the basis of Bhugra (2004), who suggests that from five to ten years onwards, problems of acculturation and cultural alienation may contribute significantly to stress and psychological difficulties among immigrant populations. This seemed to fit in well with the requirements of the fourth criterion, as explained below.

2. Participants were to be aged between eighteen and thirty-five years. As first-generation Pakistanis tend to largely emigrate to the UK following marriage to a UK citizen (Migration Watch UK, 2011) or for employment purposes (Shields & Price, 2003), a focus towards this particular age range seemed meaningful and viable.
3. Participants were to be Pakistani immigrants: that is, people born in Pakistan but now permanently settled in the UK. Whilst the terms 'immigrant' and 'migrant' are used interchangeably, immigrant usually implies long-term settlement (Castles et al., 2002).
4. Participants were to have no prior experience of mental health services nor were they to be currently experiencing any mental health issues or being prescribed any psychiatric medication. Participants were requested to confirm this during my initial telephone conversation with them, done to assess their suitability to take part in the study.
5. Proficiency in English was set out as an essential requirement owing to the difficulty of ensuring the accuracy and cultural appropriateness of translated data.

Table 1 below displays participants' demographic details. Pseudonyms have been provided to preserve anonymity.

Table 1. Participant Profiles

Name	Age	Occupation	Length of stay within UK	Marital status
Abid	25 yrs	Part-time student/retail employee	4 yrs	Single
Ahmed	21 yrs	Full-time student	3 yrs	Single
Amin	33 yrs	Full-time retail employee/part-time trainee solicitor	4 yrs	Married
Farid	35 yrs	Hotel manager	4 yrs 3 months	Married
Karim	22 yrs	Full-time student/part-time retail employee	2 yrs 5 months	Single
Saif	34 yrs	Businessman/property developer	4 yrs 5 months	Divorced
Shahid	26 yrs	Part-time student/security guard	3 yrs	Single

As may be evident from Table 1, the participants constitute an educated sample. With the exception of one participant (Saif), all come from working class/ lower middle-class backgrounds (during the course of the research they would tell me about their financial struggles and difficulties). Research by the Equality and Human Rights Commission (EHRC, 2012) in Britain suggests that there is a strong association between low socio-economic status and poor mental health. The EHRC's findings also reveal that Muslims, including Pakistanis and Bangladeshis, are more likely to experience poor mental health in comparison with other groups. In view of this, it might have been helpful to have enquired about participants'

reasons for migration since one of the main reasons for Pakistani migration into the UK has been for economic betterment (see inclusion criteria two as specified above).

Four of the seven participants are students, suggesting that their reasons for migrating to the UK may have been primarily educational and economic. While three participants have children, none have any family members living in Britain.

3.5.2 Materials

The materials used to assist this study were a recruitment poster (Appendix C), a participant information sheet (Appendix D), a digital recorder, an informed consent form (Appendix E), an interview schedule (Appendix F), a demographic details form (Appendix G), and a debriefing form (Appendix H).

3.5.3 Procedure

The recruitment of participants was done by various means. A poster (Appendix C) was designed and placed in a number of different locations, including colleges, universities, workplaces and shop windows. Advertising in local community and voluntary centres and organisations such as the Pakistani Welfare Association was also carried out. Five participants were recruited through this advertising strategy. However, it was decided to adopt a 'convenience' and 'snowballing' sampling procedure as difficulties were experienced in recruiting further participants for the study. Consequently, four participants were enlisted through existing participants. (The advantage of adopting a snowballing sampling technique in research has been highlighted by Sadler, Lee, Lim, and Fullerton, 2010.)

None of the participants were known to the researcher. Data collection commenced in April, 2010 and continued until June 2010.

The study began with a pilot interview to ensure that the language of the interview questions and the aims of the study were meaningful to the participants. This offered the opportunity to ensure that the interview questions were grounded in the language of the participants and

provided a reasonable coverage of the research area. As a result of this pilot, a few amendments were made to the interview schedule, including the re-phrasing of certain questions, and additional questions were included (Appendix F) in order to improve clarity and comprehensiveness. Additionally, minor changes were made to the written debriefing form (Appendix H).

Interviews took place within the premises of London Metropolitan University. General written demographic details (Appendix G) were requested from participants prior to the interviews in order to contextualise the sample. This particular information has been incorporated into Table 1. A brief description of the purpose and nature of the study was also provided (the section on informed consent below gives further details of this procedure).

Smith and Osborn (2008) recommend the use of semi-structured interviews for an IPA study. The term 'semi-structured' refers to using the interview schedule (Appendix F) merely as a loose guide so as to follow more closely the participants' concerns and any matters arising. Whilst the interview schedule was used, a non-directive style of interviewing was employed in order to encourage participants to "tell their story" in their own way, a core component of IPA. Such an approach facilitates an informal, flexible conversation, enabling the interviewer to probe particular areas of interest that arise or follow novel areas pertinent to the research question.

A semi-structured interview schedule was developed (Appendix F) that was informed by the relevant literature, discussions with my supervisors and relevant guidance on constructing an interview schedule (Smith & Osborn, 2008). Interviews were therefore 'non-directive' but rather participant-led. Participants were seen as the experiential experts, allowing them greater flexibility and much freedom in taking the interview to 'the thing itself'. This meant not only engaging deeply with the participants and their concerns but also listening attentively and probing them in order to encourage spontaneous, free-flowing descriptions of their experiences (Smith et al., 2009). This process entailed the use of relatively broad questions and at times changing the order of questions to facilitate openness and flow. Appropriately gentle probes and prompts were used to seek clarification and elaboration of participants' responses.

Some questions may have come across as quite leading: for example, the question "*Everyone faces problems and stresses in life. Are you able to talk about a particular personal problem/difficulty that you have faced?*" An alternative question could have been *"Have you ever faced a personal problem/difficulty in your life? If yes, can you tell me about it?"* Or *"What are your ideas/views with regards to how people cope with personal problems and stresses in everyday life?"* Additionally, the question *"How did you deal with this particular difficulty? Why did you deal with it in that way?"* was double-barrelled. The question *"Did you find anything useful or helpful in tackling your problem in this particular way?"* was perhaps too closed; it might have been better to ask *"What was it like tackling your problem in this particular way?"* The inclusion of these alternative questions might well have shaped the direction of the interviews and hence the findings.

Additionally, the interview schedule focused very minimally on questions relating to beliefs around masculinity and the broader concept of masculinity for Punjabi Pakistani people and White British people. This particular issue is elaborated upon further in the discussion, as another limitation of the current study.

Interviews lasted between 45 and 60 minutes and were audio taped, transcribed verbatim and checked for accuracy. Participants were orally debriefed following the interviews; this provided them with an opportunity to ask questions and discuss any related concerns or issues. They were also provided with a written debriefing sheet (Appendix H) highlighting the importance of their contribution to the study (see the section on potential distress below).

3.5.4 Ethical considerations

Informed consent

Ethical approval from the London Metropolitan University Ethics Committee was granted prior to commencing the study (see Appendix B). Maximum effort was made to protect the welfare, safety, physical and mental well-being of participants in accordance with the guidelines stipulated by the British Psychological Society (2006). The written consent form (Appendix E) explicitly stated what was expected of participants. Prior to the interviews, the information sheet (Appendix D) and the consent sheet (Appendix E) were discussed with the

participants and they were given the opportunity to ask questions. Signed consent was then gained from the participants prior to commencing the interviews. Participants were clearly informed of their right to withdraw from the study up to a period of two weeks after the interview.

Confidentiality

Participants were provided with information regarding the limits of confidentiality, such as the disclosure of information relating to criminal offences or impending harm to self and/or others. The guidelines laid out in the Data Protection Act 1998 were thus conformed with. Participants were informed that the data would be made available to academic personnel such as supervisors and external markers. Anonymity in written material was ensured by allocating suitable pseudonyms to all participants, and any other identifying information was removed or altered to maintain confidentiality. Any information indicating client identity (e.g. documentation including name, address, occupation etc) was stored separately from the research data (e.g. interview tapes, transcripts and notes).

Data such as audio recordings and transcripts were kept in password-protected files in a secure, locked location at the researcher's university. Audio recordings were subsequently submitted to the research supervisor at the time of completion. Participants were informed that recordings would be ultimately destroyed according to university procedures, and that interview material would be retained up to a period of five years to allow for publication in peer-reviewed journals. Participants were informed at the time of interview that they had the right to access a copy of the summary of the findings if they wished.

Potential distress

Taking part in this study involved an element of risk for the participants, including their potential distress as they responded to questions. The researcher was an experienced clinician and therefore sensitive to the needs of this group. However, no form of psychological intervention was implemented to avoid the situation of the researcher undertaking dual roles. In order to minimise risk, the researcher adhered to the guidelines outlined in the Distress

Protocol (Appendix I). Appropriate information was provided to participants, and they were recommended to contact general health services, including counselling/therapeutic services, should issues arise from the interviews with which they might need support (Appendix J).

3.5.5 Analytic strategy

Smith et al. (2009) outline a number of useful analytic steps/stages to assist IPA researchers in organising and developing the analysis. However, they maintain that researchers need to be flexible and innovative in implementing such strategies. This section discusses briefly the step-by-step approach taken in analysing the data. The analytic process was also informed by guidelines prescribed by Yardley (2000) for ensuring quality in qualitative research.

In keeping with IPA's idiographic commitment, each interview was initially individually analysed in-depth in a case-by-case approach (Smith et al., 2009). The first step involved listening to each recording, then reading and re-reading each transcript several times. During this, notes on the transcripts were recorded in a reflexive journal. This was to help bracket any preconceived ideas and judgements so that the researcher could focus fully on the participants' worlds.

Step two involved underlining text in the transcripts which seemed important and jotting down the reasons for the underlining in the right-hand margin. This particular process included writing down exploratory notes and comments, describing the content of what participants had said (e.g., key relationships, processes, places, events, values etc.,) and noting the meaning they had for participants. The specific use of language by participants (e.g., metaphor, repetition, degree of fluency) was also noted, as well as conceptual comments which included engaging with the data at a more interrogative and conceptual level. Comments were also made regarding similarities, differences and contradictions in what the participants had said.

Step three involved identifying emergent themes chronologically in the left-hand column of the text. This included mapping the interrelationships, connections and patterns that were emerging from the explanatory notes. The themes thus identified not only reflected the words of the participants but also represented the early interpretative stages of the analysis. As such

they represented one manifestation of the hermeneutic cycle (Appendix K presents an example of an annotated transcript).

Step four involved searching for connections across the chronologically listed emergent themes in order to draw them together and highlight the most interesting and important aspects of the participants' accounts. At this stage, some themes were discarded in favour of other, more potent themes. This process entailed printing out a typed list of themes which was then cut so that each theme was on a separate piece of paper. The themes were then moved about on the floor. This enabled the researcher to visualise the spatial representation of the themes and to form clusters of related themes. Themes that were in opposition to each other were placed on opposite sides of the floor. By attending to the contextual and narrative elements of the accounts, and the specific function and the relative frequency with which the themes appeared in the accounts, it was possible to develop and identify the super-ordinate themes.

The fifth stage five involved moving to the next participant's transcript and repeating the above steps whilst ensuring, as far as possible, that the ideas that had emerged from the earlier transcripts were bracketed. This is in keeping with IPA's ideographic commitment. Each interview was analysed in this way until all seven interviews had been completed.

The final step involved a cross-case analysis in which the super-ordinate themes and theme clusters for all interviews were examined and clustered together (in a process similar to the clustering for each individual interview). From this there emerged a master list of themes and component themes for all participants.

Appendix N presents a master table of the super-ordinate and constituent themes for all the participants, along with their corresponding quotations. This helps one to look at the internal coherence and relative broadness of each emergent theme, and lends greater transparency to the researcher's analysis of the data (Smith et al., 2009). Smith (1996) proposes internal coherence as being an important criterion to assess internal validity and reliability in qualitative research. Internal coherence refers to whether the argument presented in a study is internally consistent and supported by the data. For instance, it involves assessing the validity

and reliability of the interpretations via the emerging themes supported by the participants' actual quotes.

Yardley (2000) defines transparency as the need for the researcher to offer a clear, convincing and persuasive account of a participant's experience so as to (re)create a reality which readers recognise as meaningful to them. She argues that attempts to assess transparency can be made by detailing every aspect of the data collection process, presenting excerpts from the data to help readers assess the patterns and claims made regarding the data, and making available audiotapes and transcripts to other analysts. Also crucial to ensuring transparency is how a researcher's subjectivity influences the research process, as described earlier. This will be expanded upon further in the discussion section. Ensuring transparency and rigour was also supported by undertaking an audit trail.

To ensure confidentiality, participants have been given pseudonyms and all personal or identifying information has either been removed or altered. Throughout the analysis section, extracts have been annotated with identifiers that consist of the participants' pseudonyms and reference point in the transcript. (For example, 10.437 indicates the relevant page number and line number from the transcript.) For ease of reading, repetitive phrases or utterances such as "umm" have also been omitted unless relevant. In order to be succinct, material has been purposefully omitted. Such omission is represented by [ ], with the length of transcript omitted specified: for example, [3 words] or [2 lines]. Throughout, attempts have been made to ensure that the meaning of quotes has not been altered in any way. Ellipses are used to indicate pauses in the flow of participants' speech: for example '...' would indicate a pause of three seconds. A pause lasting between five and ten seconds is indicated by {short pause} and a pause lasting more than ten seconds is indicated by {long pause}. In this way the selective editing can be reconciled with the earlier claim that interviews were transcribed verbatim.

(4) ANALYSIS

4.1 Overview

This section presents the Interpretative Phenomenological Analysis (IPA) of the seven participants' accounts of their experience of coping methods used to deal with their everyday problems and stresses. Two super-ordinate themes emerged from the analysis:

1) **On being 'masculine'**

2) **The unknown territory of counselling**

These themes form one possible account of how Pakistani immigrant men described their experiences of managing and coping with their everyday problems and how they viewed the interplay of their culture, gender and belief systems in understanding and seeking various kinds of support. IPA emphasises that the process of discovering such themes is based on the researcher being engaged in a double hermeneutic (Smith, Flowers & Larkin, 2009), whereby they attempt to make sense of the participants trying to make sense of their experiences. IPA, according to Smith (2004), operates at a level which is clearly grounded in the text, but also emphasises moving beyond a purely descriptive level to a more interpretative and psychological level. The analysis will present data extracts from the participants' interviews to demonstrate this.

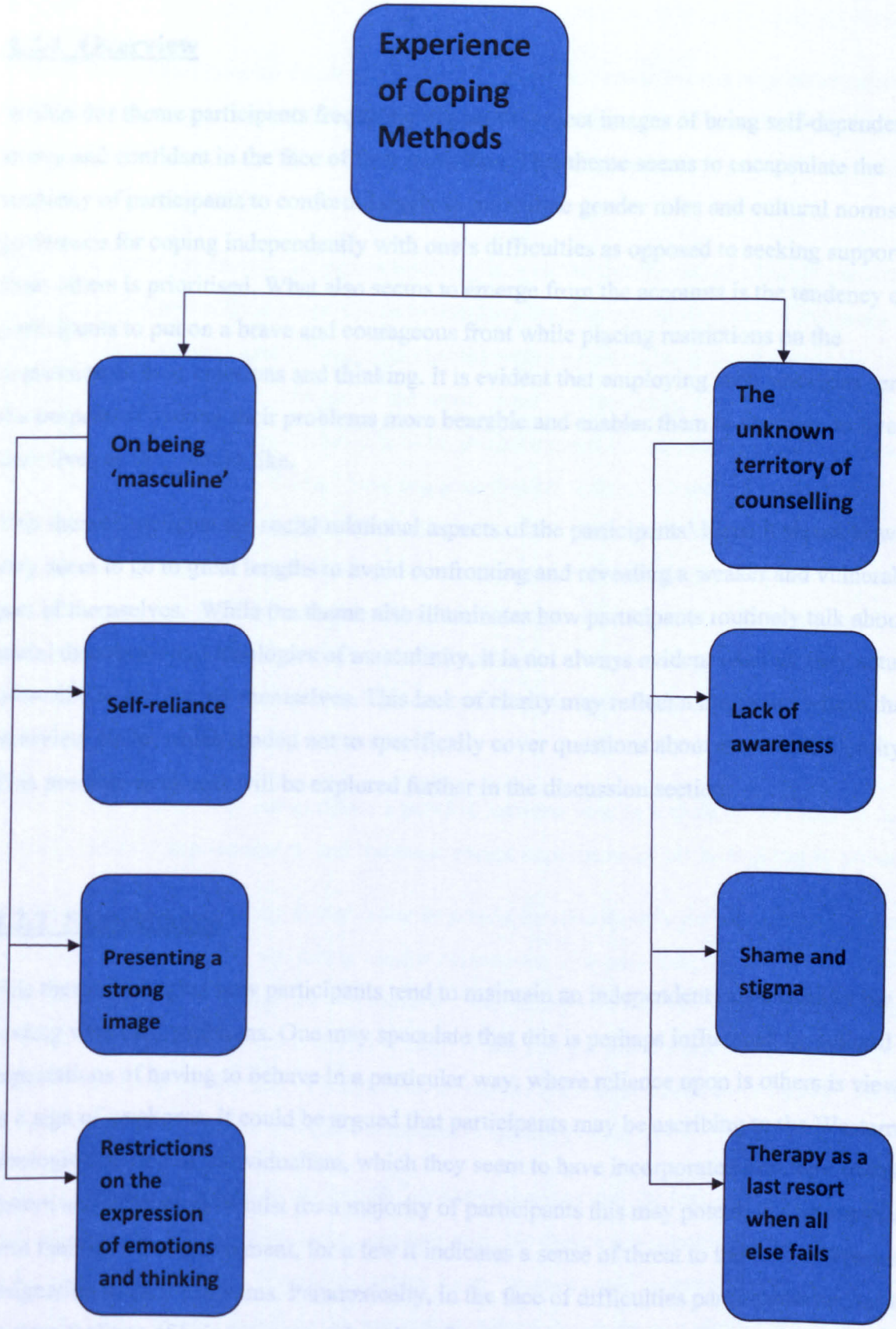
The focus in this section will be on providing a grounded interpretation of the participants' narratives whilst illuminating the meanings attributed by participants to their experience. It is however acknowledged that another researcher may have highlighted different aspects. In the subsequent discussion section these interpretations will be mapped to possible underlying psychological processes and links will be made to existing psychological theory where appropriate.

The themes generated do not cover every aspect of the participants' experiences but were selected due to their relevance to the research questions and their ability to offer insights into those areas identified as lacking in the research literature. The analysis presented, then, here

is not exhaustive. It represents what the researcher perceives as a coherent account of the participants' narratives. Additionally, the analysis examines the more novel and interesting aspects that emerged out of the participants' accounts. The theme of masculinity and to some extent that of cultural identity seemed to recur throughout the participants' accounts.

The two super-ordinate and related themes will each be explored further below, illustrated with verbatim extracts from the interview transcripts. In several instances, overlap across the themes is evident and reference has been made to this where appropriate for clarity of presentation. Figure 1 presents a hierarchy of the two super-ordinate themes and the emergent themes.

Figure 1. Thematic hierarchy of themes



4.2 On being 'masculine'

4.2.1 Overview

Within this theme participants frequently appear to project images of being self-dependent, strong and confident in the face of their hardships. This theme seems to encapsulate the tendency of participants to conform largely to masculine gender roles and cultural norms. A preference for coping independently with one's difficulties as opposed to seeking support from others is prioritised. What also seems to emerge from the accounts is the tendency of participants to put on a brave and courageous front while placing restrictions on the expression of their emotions and thinking. It is evident that employing such strategies serves the purpose of making their problems more bearable and enables them to continue to live their lives as they would like.

This theme highlights the social relational aspects of the participants' lives. It shows how they seem to go to great lengths to avoid confronting and revealing a weaker and vulnerable part of themselves. While the theme also illuminates how participants routinely talk about social discourses and ideologies of masculinity, it is not always evident whether they actually subscribe to such views themselves. This lack of clarity may reflect a limitation within the interview guide, which tended not to specifically cover questions about masculine identity. This possible weakness will be explored further in the discussion section.

4.2.2 Self-reliance

This theme highlights how participants tend to maintain an independent responsibility for dealing with their problems. One may speculate that this is perhaps influenced by cultural expectations of having to behave in a particular way, where reliance upon is others is viewed as a sign of weakness. It could be argued that participants may be ascribing to the Western ideological notion of Individualism, which they seem to have incorporated into their belief system around coping. Whilst for a majority of participants this may potentially be associated with feelings of empowerment, for a few it indicates a sense of threat to the self, and perhaps resignation to their problems. Paradoxically, in the face of difficulties participants appear to express feelings of being in control but also of enduring their pain in silence. Amin, for

instance, describes his reluctance to share the news of his wife's imprisonment with his family:

I didn't tell my family at all because the reason behind it, I come from a very strict culture and err...even though the family's educated and they do understand things but still they...the root cause for them is to stick with the basic culture which is very strict and not touchable for anyone.. {**Amin** (3.138)}

Amin's account appears to highlight a rejecting side of the family and of a highly restrictive culture where there is little scope for understanding his distress. Amin's use of language *"because the reason behind it"* suggests that the reasons behind his distress would be unacceptable to his family. His use of the word *"root"* is interesting as it implies something very deep in the ground that is unlikely to be shifted except in exceptional circumstances. His reference to the word *"basic"* here suggests that his culture is basal, key or perhaps foundational. It might be suggested that the phrase *"not touchable"* refers to something that is forbidden, immovable, and which cannot be changed. It is therefore perhaps inconceivable for Amin to violate such deeply-rooted and fundamental cultural norms. Doing so could threaten his position within the family and by extension within society, undermining his cultural identity. He prefers to contain and internalise his experience and suffering, withholding it from his family.

Later on in his interview, Amin draws a parallel between how as a child he was able to cope with his father's imprisonment and the more recent experience of his wife going to prison:

"Yeah I mean I seen it in my father being in prison for nine months for wrongdoing actually. [3.5 lines]. *It was hard, it was like a similar experience. The only thing is that at that time my understanding was probably not that mature. I was young as I was ten, eleven years old and was more into games and other different stuff. When you get mature and you got to really handle everything by yourself, it's different. It was the same experience emotionally 'cos but on top of it, it was different by different means".* {**Amin** (10.437)}

Amin's expression *"got to really handle"* conveys the idea that the task of managing one's difficulties as an adult is challenging and complex. He makes a distinction between his earlier, less independent self and his current more *"mature"* and seemingly more independent self. He describes how as a child he was able to retreat or escape into playful activities as a

way of coping. There is a contradiction evident in his account as he comments *"it was the same experience emotionally"* whilst emphasising that *"it was different"*, but it remains unclear as to what he is talking about when he says *"different means"*.

Abid further provides further evidence for the theme of self-reliance when speaking of his adjustment to life in the UK:

"I don't know, I have some idea about the life here but as long as you are staying alone, you have a habit to umm...I mean cope with the challenges you are having in your life and it really makes you a better person, I mean than living with family, depending upon others rather than depending on yourself". {**Abid** (3.113)}

Abid's account seems to suggest a degree of uncertainty about life in the UK. His use of the words *"you are staying alone"* indicates a lack of clarity: is he referring to Pakistanis, Pakistani males or the general population? His use of the word *"habit"* here implies that the independent coping pattern he has developed, or has become accustomed to over time, is perhaps quite deeply ingrained or difficult to change. Abid seems to ascribe his personal growth, his ability to cope with adversity, to independence from his family: for him, dependence upon family may be perceived as something that hinders his personal development.

Ahmed provides a broadly similar picture of dealing with everyday stresses following his move to the UK:

"I try to keep it out of the house so that my family does not know about it. Even if I'm going through say a rough time or something, I don't want them to know about it. It is the kind of person, I think that I am. I believe that's my problem, so I should be the one dealing with it. I shouldn't be really talking about it to anyone, unless there is someone who can actually do anything about it". {**Ahmed** (2.70)}

Ahmed's account seems to demonstrate a personal preference for keeping most of his problems to himself. He alludes to the need to protect others from his problems unless those others can perhaps offer him any pragmatic solutions to resolve his issues. Ahmed suggests that his problems are firmly within his control, thus supporting the notion of self-reliance. It could be argued that he sees the ability to make choices to address problems and bring about change as lying solely within himself.

Saif offers an insightful and interesting account in which he reveals his views on his masculinity and on relying on himself:

"Male ego is err basically you know doing it yourself and to what decision you make, you think you can do better from other people and you know as a male figure in society because our society's more male-dominated". {**Saif** (8.281)}

Saif appears to be describing a social discourse of masculinity as opposed to talking about his own subjective experience of subscribing to such masculine ideals. He communicates how the idea of the male ego is all about *"doing it yourself"*, which is deemed much more effective than accepting help from others. He suggests that in order to perhaps be a "real man" one should assume total responsibility for one's problems. There is an interesting lack of clarity in his quote here. It is unclear which society he is referring to: Pakistani society, the Pakistani immigrant society in the UK or British society. It could be argued that for Saif, being seen as a "real man", perhaps within the larger society, involves being self-sufficient and not seeking help. For him, self-reliance seems to encapsulate the idea that one's weaknesses must not be revealed or exposed to others, as this would make one "unmasculine".

For Karim, in contrast, conforming to such gender roles appears to be a struggle:

" I've been as I told you earlier, I've been here now three years and err during this period of time, until this period of my life, I, I didn't feel rest at all [3 lines] *Over here life is really hard. You have to face all the problems yourself and err there is no-one else to support you over here. So it's a quite different thing from my country and here. Over there you have someone to support you but here everyone is busy in his life so no-one can help you. You have to go on your own self so it was hard".* {**Karim** (1.24)}

Karim's account seems to reflect feelings of being overwhelmed and burdened owing to the responsibility and pressure of having to manage *"all"* his problems on his own since his arrival to the UK three years ago. His account seems to conflict with the more positive self presented in that of Abid. Furthermore, his account seems to imply that he is yearning for the support of his family and friends. In the extract above, he suggests that if he had the opportunity to access similar support within the UK, he would perhaps take this up. There seems to be a hint of resentment when he explains how others' preoccupation with their own

difficulties (*"but here everyone is busy in his life"*) tends to act as a barrier against their supporting him. Perhaps this discourages him from approaching others for support, thus leaving him with no choice but to rely solely on himself. Later in his interview, Karim elaborated on some practical reasons for exclusively relying upon himself:

"My father's died and err I've got my sister and my mother's back home, my mother is back home so you know if I'm working over-time, I'm not just working for myself, that I pay the fees and this and that. Sometimes I err think about them as well. So sometimes I save some money and I send for them as well. So why I was thinking I have to do on my own self because there's no-one else who will pay to my mother and sister". {**Karim** (3.124)}

Karim's account above seems to highlight the importance of his role as a financial provider for his family. Given that Karim stated within his interview that he was the only son, he perhaps views himself as the "head" or "man" of his family following the death of his father. For him, assuming financial responsibility for his family appears to be linked with the need and perhaps pressure (*"have to do"*) to rely solely on the self. His phrase *"sometimes I save money"* seems to further emphasise the pressure that he may be facing as he reiterates the idea of his family being financially dependent upon him.

It could therefore be argued from the accounts that participants put in considerable effort into managing their difficulties on their own and maintaining a sense of control owing to their perceived/assigned masculine roles. Some participants, however, view this as quite a challenging task.

4.2.3 Presenting a strong image

This theme describes the particular feature of participants projecting themselves as strong and resilient beings. What is apparent throughout the accounts is the emphasis participants place on "saving face": they need to convince themselves and others that they are coping. It could be argued that participants generally highlight positive aspects of themselves rather than negative features of their coping. This may be because they are aware of the stigma often attached to the expression of such experiences in their socio-cultural context. This could be a protective factor for their sense of self or masculinity in the face of possible adversity.

However, sharing their experiences with a female researcher of the same religious and ethnic identity may also have influenced their responses. This will be explored further in the discussion section.

For Amin, a strong will and inner determination seem to be motivating factors in helping him to cope effectively with caring for his young daughter following his wife's imprisonment:

"Physically, emotionally, financially it was err very hard but human will can change anything and I was strong up in my head that I got to get through this. I will not let other people talk about it, I will not let other people think about me that this gentleman has made a mistake or he is paying through his nose. I would not let them just laugh at me. I got to change it and I got to show them that I did the right thing and was capable of it, which I did". {**Amin** (7.306)}

Amin describes how he is able to overcome the detrimental effects of his difficulties with the help of his mental agility and strength. His determination to display a strong image of himself is influenced largely by the aspect of social approval, as evident in his phrase *"not let other people talk about it"*. He seems to be making the assumption that in order to be fully accepted within the society as a *"gentleman"*, he must always do *"the right thing"*. At all costs he must not make the mistake of revealing a weaker aspect of himself. This links with the earlier extract from Amin's interview in which he was adamant about not sharing his problems with others, including his family.

Farid describes similar feelings of upholding a strong demeanour in front of his family as he talks about his experience of supporting his wife during her depression:

"It's like if you live in a house and you have a small problem, and your wife or your son tells you that this is a problem in the house you know, as the father, just consider as a man in the house, it's like a government in the country, so you have to start considering the problem as it's small and start looking into that, how we can cope with that and you find solutions before it gets stress in your house or you get disturbance and people are getting hurt. So, obviously, you want to protect your family and I think it's very important". {**Farid** (10.455)}

Farid illustrates his strength as a father and as a man by comparing himself to a *"government in the country"*. His choice of language is interesting: *"government"* conjures up the image of an authoritarian, powerful governing body that is responsible for enforcing law and order.

His choice of words could also be a way of emphasising the importance he gives to his role as a protector within his family. On the one hand he expresses a sense of pride at adopting such a powerful and strong position, which seems to enhance his sense of masculinity. On the other hand, he seems pressurised to deal effectively with an escalation of his family's problems and to be pre-emptive in considering *"the problem as it's small"*, in order to protect his family from any form of *"disturbance"* or ensuing chaos.

Shahid's motivation to put on a strong front is rather different:

"..the two persons I know I still feel themselves you know, still they are in depression because I found a person, his nearly forty years, his not married even [1 line] *and he has no status but because he comes of a poor family and he's earning here some good money and he wants to support his parents and he wants to you know make some money. So he don't go back to his country okay* [3 words] *Whenever I feel a problem, you know I look at them okay and see their, what their situation, how they are, you know going through all these difficulties. If they are leading this life, I'm also a human being, why couldn't I okay? What's special about me? I shouldn't face all these problems, so that was a big force you know a big way to push psychologically to do something".* {**Shahid** (10.413)}

Shahid appears to be analysing his coping capacity and comparing it with that of others. He appears to be engaged in a process of convincing himself that he should be coping as well as other socio-economically disadvantaged men. Like Karim, he appears to attach importance to a man's role as financial provider for the family, which he tends to prioritise over one's emotional health (*"still they are in depression"*). His use of the word *"status"* here may also suggest that he is making reference to immigrant males, although it is not entirely clear whether he is specifically talking about Pakistani immigrant men or immigrants more broadly defined. (This lack of clarity again seems connected with limitations in the interview schedule, and will be talked about in more detail in the discussion section.) It appears, however, that Shahid is mindful of others' continual projection of a strong image in the face of extreme adversity. This possibly compels him or drives him *"psychologically"* to endorse such a strong stance.

Karim provides a rather different comparison:

"I'm not the same as I used to be when I was in Pakistan. I was just like a child. My thinking and everything, there were nothing. I was just a child and when I came over here and err in the early stages, I was very upset and I was thinking that I can't you know face problems but when they come upon me and I faced them and err thank God I solved the problems".
{**Karim** (2.81)}

Karim makes a comparison with his earlier, less mature self in order to emphasise the change that has occurred in his ability to face difficulties. Once again, his words reiterate the theme of 'self-reliance'. His phrase *"when they came upon me and I faced them"* demonstrates how closely inter-related are self-sufficiency and the need to "save face". There is a also temporal element (*"in the early stages"*) in Karim's account, suggesting that with the passage of time he has been able to deal with any initial self-doubts.

Abid describes how his religious beliefs have been pertinent in strengthening his resilient attitude:

"It's the Holy Quran says human beings, the supernatural, I mean the masterpiece of God's work, so sometimes I think the human thought is very unlimited err the human powers are infinite. So these are the things which, I mean sometimes I think umm we shouldn't just give up on ourselves. We should just stick and find I mean, there are a number of things, a number of theories we have, I can't explain that (laughs) but these are the source of inspirations".
{**Abid** (8.281)}

The above quote describes the incalculable power, capabilities and authority ascribed to humans by God, as prescribed within the Holy Book of the Muslims, the Quran. Abid's use of the word *"supernatural"* within this context seems to refer to the unnatural, mystical and unexplainable abilities of humans to surpass any difficulties. We can interpret that, for Abid, the notion of presenting a strong image is not exclusive to being male or being Pakistani, and its particular purpose does not appear to heighten his sense of masculinity. Abid seems to be convincing himself that "all" human beings have the potential to be strong and resilient. The laughter in his account, however, suggests a degree of nervousness perhaps reinforced by the presence and questioning stance of the researcher. His sense of nervousness and anxiety seems emphasised by the pause in the subsequent quote as he struggles to articulate how the aspect of 'self-reliance' is played out in his daily life:

"I mean if you are looking for something {short pause} *I can't give you a better example now but if you are looking for a solution of a problem...then it is entirely on the way you solve the problem".* {**Abid** (8.290}

It is apparent from the accounts that negative aspects of one's coping are to be minimised.

Saif talks about how reading religious literature helps him deal with his problems:

"What I learnt, especially one thing I I really tried to understand myself as well that trying to find the happiness over little things [2 lines] *I was reading this book actually which really helped me out called "Don't be Sad" and it's basically giving quotations from from Quran (Muslim's Holy Book) and from Sunnat (Sayings of the Holy Prophet Mohammed) and different authors of the world and it's actually combined the whole thing and it basically err...covers every single part of life"* {**Saif** (4.140)}

Saif's account suggests that he has had to engage in a deep process of reflection and self exploration in order to overcome his stresses. His use of the word *"learnt"* suggests that he has not always been a positive person and that he derives inspiration from others to help facilitate a more positive sense of self. There appears to be a hint of excitement in Saif's narrative via his repeated use of *"I"* and *"from"* and in the way he raises the tone of his voice. Saif's reference to the book is interesting as there appears to be an implicit assumption that "being sad" is perhaps unacceptable or objectionable within his religion. Developing this interpretation further, it could be argued that if Saif were to openly admit to feelings of being low or sad, then this would perhaps contradict a positive view of himself. This particular aspect of participants controlling their emotions is a recurrent feature throughout the accounts and is discussed in the subsequent theme, 'restrictions on the expression of emotions and thoughts.'

During the latter part of his interview, Saif provides an interesting insight into his view of Pakistani men:

"Pakistani men ughh most of people I come across ninety five percent I would say or ninety percent including myself is this err a lot of ego and male err domination which some people openly agree to it, some people don't want to agree to it". {**Saif** (9.338)}

Saif seems to communicate feelings of disgust when he says *"ughh"* at the idea of him being a Pakistani man with a *"lot of ego and male domination"*. He then goes on to imply that there is pressure to *"openly agree with it"* and comply as perhaps he has done. He then goes on to infer that others *"who don't want to agree to it"* may not be able to do so openly. It can be interpreted that Saif expresses feelings of discomfort or shame, or perhaps perceives such an aspect of being a man in his own culture as quite unacceptable. Saif initially distances himself by saying *"most people"*, but then goes on to refer directly to himself: *"including myself"*. Interestingly, we then see that he slips back again into distancing himself from the account: when talking about whether this is acceptable or not, he uses the phrase *"some people"*. Saif's narrative appears to reflect society's commonly held views regarding the male ego, although it is not entirely clear whether he actually endorses such views himself. This seems to be consistent with the ideas expressed in the earlier extract from his interview included in the section dealing with the theme of 'self-reliance'.

It can be observed from the accounts that participants put considerable effort in presenting themselves as strong and as maintaining a sense of control of their difficulties. However, most of the descriptions provided seem to represent participant's "idealised" notions of what it means to be a "man" within their own culture.

4.2.4 Restrictions on the expression of emotions and thinking

This theme explores the various ways in which participants employ the strategy of controlling and restricting the expression of their emotions and thinking. Participants describe how utilising this particular method serves the purpose of alleviating any form of discomfort or emotional suffering. The accounts also suggest that if participants allow themselves to confront their emotions or think too much about their problems, they will find this unmanageable. The participants openly admit to their difficulty in articulating their feelings and thoughts, something that constituted a considerable challenge for the researcher (to be explored in the discussion section below).

Most participants' accounts emphasise the distress which results from focusing upon one's feelings and thoughts. For instance, Abid here describes the impact of witnessing a violent incident that occurred ten years before:

"I mean there are a number of things but these kind of fights left a very bad impression on me. Whenever I remember, I do not want to remember it but whenever I remember {short pause} *it really I mean takes me in trouble or gives me tension. Even its ten years ago but I don't wanna remember it* [30 lines] *but if you are I mean umm busy, if you are doing some mental activity, then roughly it just goes err normally they normally just disappear".* {**Abid** (6.218)}

Abid's repeated use of the word *"remember"* throughout this quote might suggest that he still engages quite deeply with the memories, thoughts and images regarding this particular event. Furthermore, his use of the phrase *"takes me in trouble"* may be indicative of his fear of being overwhelmed or entirely consumed by this highly emotional experience. The pause in his quote appears to emphasise the enormity of such feelings of discomfort or fear. In earlier extracts, Abid appears to rely on positive thinking, but his narrative here suggests that there are exceptions to this. While *"roughly"* or on the surface he is able to keep his difficult emotions at bay, he does not appear to be entirely successful in avoiding such emotions.

Ahmed describes his own way of dealing with difficulty:

"I just go quiet, I just go quiet. I don't talk a lot. Although most people who know me, they know me for being energetic, but once I'm in that phase I tend to be quiet. I don't talk a lot. I just keep myself to myself, as in, I will go out, I will go out with my friends and everything... it's not that I'm just going to lock myself up in my house. I'll stay normal but I won't talk a lot, I'll just keep quiet". {**Ahmed** (6.233)}

Ahmed here depicts a withdrawal of the self from others whilst at the same time drawing attention to the importance of socialising with his friends. He makes a comparison between his more *"energetic"* or perhaps "expressive" self and his more *"quiet"* or "inexpressive" self to highlight this tendency. It can be interpreted that Ahmed puts considerable effort into controlling his emotions and thoughts; he seeks to prove to others that he is unaffected by his difficulties by retaining a *"normal"* public image (a link with the theme of 'presenting a strong image'). Here, the aim is to convince the self and others that one is coping well. This particular feature, recurrent throughout the accounts, reveals the inter-connectedness of these participants' need to be in control of their emotions and their desire to maintain a strong demeanour.

A few participants express a somewhat divergent view. Farid, for example, argues that:

"Communication is a very, very strong thing. If you don't talk, you don't get the answers and then you keep it to yourself and obviously, you become more emotional, you become more stressed and you just think "Oh, no one likes me. Why are people talking about these things?" {**Farid** (8.338)}

Farid's account highlights the importance of communicating one's thoughts and feelings to others. He infers that confining one's problems or emotions is potentially dangerous and may further be suggestive of an emotional imbalance, of one's emotions getting "out of control". His account also perhaps reveals his fear of how others would react to him if he were to ever become over-emotional. We can link this with his comment (quoted earlier) in which he compares himself to a government and where he perceives his role as a "man" to being to protect his family from mental disturbance. Failure to communicate his emotions and thoughts to others would potentially jeopardise not only his "protector" role but also perhaps his identity as a man.

Amin has a similar view:

"I think that if you keep things inside you, it really damages you [1 line] *I had a couple of trustworthy friends....which I've been having actually sharing my thoughts, sharing my feelings and everything and If you talk about things I think err then half of the things said are gone and I think it has been err I must say it's been hard work".* {**Amin** (11.487)}

Amin's quote suggests that the consequences of suppressing one's emotions can be quite damaging to the self and detrimental to one's emotional wellbeing. It appears that Amin has been able to release such suppressed emotions by confiding in his friends. His comment *"half of the things said are gone"* implies that he experiences a sense of relief at unburdening himself or *"sharing"* difficult aspects of himself or his feelings with his friends. But his use of the phrase *"it's been hard work"* suggests that this process of "sharing" can be quite challenging. And his use of the word *"trustworthy"* suggests that he is very cautious about whom he opens up to. This seems consistent with what he goes on to say later in his interview:

"When I was talking about that emotionally heartbreaking time, it was very, very...err I would not say annoying but it was hard to talk about because what happen is memories

actually get driving in your mind and you don't want to think about all these times [2 lines] *If you talk about it, it just comes up on the surface sometimes as if you're actually living that time again".* {**Amin** (13.614)}

Amin articulates in a very clear and emotive way how difficult it has been to discuss his emotional experience. He emphasises this by his repeated use of *"very"*. His phrase *"driving in your mind"* seems to represent an image of *"memories"* in his mind that is vivid, forceful and relentless. He then explains that when he is prompted to reflect upon difficult experiences, he finds these painful memories and feelings revived. It can be argued that Amin perceives confronting such feelings as unbearable. We can link this back to Amin's earlier quote (in the theme 'presenting a strong image') where he explains that presenting his vulnerabilities to others would result in him being *"laughed at"*. Restricting his emotions and thoughts seems preferable. By so doing, Amin hopes to preserve his public image.

A majority of the participants appear to have put considerable effort and energy into inhibiting their emotions or keeping their emotions to themselves. Possibly this could be because within the Pakistani cultural system men are generally expected to be less emotionally expressive than women. Perhaps participants feel that openly expressing themselves would directly conflict with such cultural belief systems. This point of view is expressed by Saif:

"You can't err express your inner desires or inner feelings or your inner things. I think so because you know they err especially in our society because whatever has been taught by their parents or by your own society they so much get restricted to your thoughts that you don't open up...and most of the time you are scared of being opening up and you try to bury that within your own self". {**Saif** (10.369)}

Saif here sheds light on wider societal views of how emotions should be managed by men. Implicit in his account is his sense of being repressed owing to such culturally sanctioned rules around emotional expression; he feels unable to reveal the more open or "true" aspects of himself. Perhaps as a result of not having such freedom of expression, Saif does not possess the ability to express his true emotions. Overall, his account is suggestive of a discourse of masculinity within which men are viewed as struggling to abide by such rules. This corresponds with Saif's discussion of his beliefs and understandings regarding masculinity (quoted earlier), where he does not endorse the concept of male ego/domination.

In conclusion, participants' overall tendency to suppress their emotions or thinking can perhaps be seen as serving as a protective factor, as a shield against any perceived direct threat to their sense of masculinity or even their cultural identity.

4.3 The unknown territory of counselling

4.3.1 Overview

This super-ordinate theme aims to capture participants' views and feelings regarding UK professional psychological services, including counselling. Participants seem to use the terms psychology, psychiatry and counselling interchangeably. Throughout the accounts participants emphasise their lack of awareness regarding psychological services. This could be accounted for through their lack of experience with the mental health system. This super-ordinate theme also explores how shame and stigma are attached to the notion of 'mental illness' by participants, and the implications of this for their accessing services. What is also illustrated below is the idea that participants express no strong motivation to access psychological services, although they seem open to it as a last resort.

The previous super-ordinate theme highlights how participants draw largely upon their own inner resources to cope, relying on dependence on self, projecting a strong image and inhibiting expressions of feelings and thoughts. At the same time, participants frequently refer to masculinity ideologies while not indicating whether they endorse these themselves. It is possible that participants may be unsure as to how psychological services would provide something different from their existing coping strategies and whether that would fit with their perceived "masculine" needs as expressed in the former super-ordinate theme.

4.3.2 Lack of awareness

This theme describes the tendency of participants to express feelings of confusion and uncertainty about the role of professional psychological services. Throughout the accounts, participants demonstrate a very basic awareness of psychological services as being responsible for the treatment of human 'suffering' or 'mental' health difficulties. Also

apparent is tendency of participants to justify their limited awareness of services owing to not having direct experience of such services themselves. The following narrative captures this:

"As far as I'm concerned, the real thing is that I've been busy in my life as much that I have no experience about these things at all and so err I can't talk on that because I've got no experience on that so that's the problem". {**Karim** (187.5)}

Karim seems to rationalise his lack of awareness regarding services in a very clear and convincing way (*"the real thing is that"*) whilst stating that he has had no direct encounter with such services owing to other preoccupations in his life. He implies that possessing knowledge of, or experiencing, psychological support is perhaps not a priority for him and goes on to link this with his inability and difficulty to elaborate further. This perhaps relates to Karim's need to "save face" as illustrated in the theme 'presenting a strong image'. The possibility of pursuing help would most probably be considered unacceptable for his sense of masculinity.

Similar views exist across most participants' accounts. Abid, for example, has this to say:

"Well I don't know a lot about it. I know that the psychiatrist and the psychologist are the people who are dealing with those things I mean well broadly speaking, I don't have any idea of how these people do work and I've never been in any organisation like that before. So sorry it's not, it's very hard for me to say something about it". {**Abid** (8.301)}

Abid appears to communicate a limited but general (*"broadly speaking"*) understanding into services comprising psychiatrists and psychologists. It could be argued that his knowledge of the role of psychiatrists and psychologists would be enhanced if he had ever undergone psychological or psychiatric treatment. It can be interpreted that Abid's lack of knowledge is perhaps driven by his need to maintain a strong demeanour, suggesting that he would abstain from seeking psychological help. This can be linked back to the former theme 'presenting a strong image'. Abid seems to come across as quite apologetic whilst stating this and it could be inferred that he feels this way perhaps owing to the presence of the researcher, who is a psychologist by profession. This particular issue will be commented upon in more detail in the discussion section.

Further on in his interview, Abid adopts on a questioning stance:

"I mean if it's okay what can you do for them? It's my question, what can you do for them for someone suffering with drugs right? [9 words] *if someone is suffering, then psychologist say, what is the role he can play in the society, he needs his goal and if I was a psychologist, I mean if I'm a psychologist, I will try to do something that the people's lifestyle come in a routine".* {**Abid** (11.422)}

Abid's use of the word *"suffering"* suggests that he has some understanding that psychologists deal with human pain and distress. He rather apologetically draws attention away from himself when he makes a reference to *"them"* whilst enquiring about the researcher's own role as a psychologist. Further on in his account, he tends to shift the focus away from the researcher and towards other psychologists when he says *"what is the role he can play"*. He then identifies himself with the role of a psychologist when he comments *"If I'm a psychologist"*, which perhaps helps him understand to some extent the role of psychologists. Developing this interpretation further, Abid may be questioning his own role in society. Or he may be expressing a difficulty he has with the suffering of others -- and not knowing what to do about it.

It can also be argued that for both Abid and Karimo, not possessing knowledge regarding services is in fact a blessing in disguise. For instance, to not know about such help may mean that one does not 'require' such help. This can be linked with Abid and Karim's ideas as revealed in the theme 'self-reliance'. It seems further evidence of the intersection between these participants' sense of masculinity and their willingness to seek professional help.

This also seems to be the case for Shahid, who refers to illegal immigrants in London in order to illustrate his views regarding psychological services:

(Laughs) "I never use a psychological service but I think so there are some services available to you know some different people who have mental health...suffering really you know problems like some depression because in London there's a lot more depression. I would say there is more depression than in Pakistan although Pakistan is a poor country [2 lines] *there is sometimes you lost your loved ones, you are here alone because I have met the people with who you know illegally, I can still feel their feelings and they don't go back to their family for six, seven years."* {**Shahid** (10.402)}

Shahid's account seems to indicate a sense of relief at never having utilised psychological services. He appears to differentiate himself from others, *"some different people"*: that is, people who are i.e. "different" owing to perhaps their experience of *"depression"*. Shahid perceives that life in London is perhaps harder than in Pakistan despite the material wealth. He seems to communicate a sense of empathy (*"feel their feelings"*) or perhaps even a shared sense of identification with illegal immigrants, owing to financial stresses and the unavailability of family. This can be linked to Shahid's earlier comments as described in the former super-ordinate theme 'On being masculine' in which he draws attention to the role of a "real man" as being a financial provider/breadwinner. Whilst he was not specifically requested to elaborate on his views regarding depression (a limitation of the interview), for Shahid, suffering from depression perhaps conjures up the image of something that might threaten his perceived role as a financial provider.

However, a few participants admit to having a relatively better understanding of what psychologists offer. Farid has this to say:

"So I think, obviously, having a counselling and people who deal with psychological problems, deal professionally, comes very helpful for people who are dealing with mental problems, people who are stressed, people who have no access, people who can't talk to their family members or their friends, they get a bit shy that they are going to laugh at them, maybe". {**Farid** (11.479)}

Farid comes across as fairly confident about his knowledge of counselling and psychological services, which he sees as offering professional services. While not elaborating on the notion of *"psychological problems"*, he does tend to place *"counselling"* and *"psychological"* professionals in the same category. His account seems to suggest that he is coping well and that he has the support of others. His earlier comments in which he highlights the importance of his protector role by comparing himself to a 'government' suggest that any admission by him to suffering from *"mental problems"* would perhaps contradict or threaten this powerful image.

It is important to bear in mind that one of the five inclusion criteria for participants was their lack of prior experience of mental health services and their not currently experiencing any mental health issues. Hence, it is not surprising that the particular aspect of participants denying or minimising their "psychological" problems recurs throughout the accounts.

Amin provides a rather divergent view of his own understanding of counselling:

"Counselling is something when someone you just sit down in front of someone and someone tries to snub you or try to taunt you in a way and then you get told off by a certain thing and try to tell you the fact of life and try to strain up your mind and try to fix things for you". {**Amin** (11.521)}

Amin's perspective of counselling perhaps suggests that he is quite threatened by it, or even perhaps quite critical of it. His use of words such as *"snub", "taunt", "strain up"* and *"told off"* suggests that he construes the counselling 'experience' as being quite humiliating or shameful as it would entail a process of breaking him down. It could further be interpreted that Amin finds the prospect disempowering: counselling means him not being in control of his problems. Instead, he would be required to be dependent on counselling to *"fix things"* for him or to put him back together.

The participants thus give voice to general feelings of uncertainty and confusion and lack of direct experience when prompted to talk about their views of psychological services. Also striking is how participants tend to differentiate themselves from 'others' who do perhaps need such services, a perspective that appears to be connected with the idea of "saving face".

4.3.3 Shame and stigma

This theme reveals how aspects of shame and stigma play an important role in influencing participants' attitudes towards seeking 'psychological' help. This theme also describes how participants bring to life their 'cultural' and 'relational' selves as a way of shaping their experiences. It is almost as if there is a sense of mystery around seeking help, perhaps indicating feelings of fear and the rejection of such support. What is also apparent is the notion that seeking help would be perceived as a sign of weakness, vulnerability or failure of some kind. This is seen to apply not just at the level of the individual but is also seen to have negative implications for the wider Pakistani community.

This idea emerges in several participants' accounts. For instance, when specifically questioned what would deter a "Pakistani" from seeking psychological support, Ahmed responds by saying:

"First of all, it would be their personal esteem. Like "why should I be seeing a psychiatrist or a psychologist? There is nothing wrong with me" and then, maybe their families or their friends, they might be stopping them "no, no, you're right, you don't need to go to a psychiatrist or psychologist". {**Ahmed** (8.360)}

Ahmed's account appears to highlight the aspect of denying one's problems and of dismissing psychological input in order to perhaps preserve one's honour or *"personal esteem"* within the Pakistani culture. He seems to create a boundary between himself and others through his use of *"their"* and *"they"*. His phrase *"no, no, you're right"* seems to imply that one's family and friends would collude with one's reluctance to seek help, thus reinforcing the stigma and taboo attached to seeking support. Further on in his interview, Ahmed has this to say when asked about the value of psychological services specifically to Pakistanis:

"It's like depression or diabetes, they're not being, they're not that serious. It's a normal person's life. I have been diagnosed with diabetes so I'm totally fine with that [14 lines] *I don't know. They're wasting their lives, not time, but life, that's what I would call it. Because then, it's not helping them. If anyone thinks that they need help and they personally are convinced that they do need help, I think they should. If I am convinced myself I will."* {**Ahmed** (9.367)}

In this quote, Ahmed does not distinguish between emotional (*"depression"*) and medical (*"diabetes"*) difficulties and appears to normalise them both as common, non-serious conditions, and part and parcel of a *"normal person's life"*. However, this could be explained by the fact that he was not requested to provide a distinction between physical and psychological illness during his interview. Although initially he seems to be communicating a sense of uncertainty (*"I don't know"*) regarding the benefits of seeking psychological help, he is clearly advocating that it should be taken up by Pakistanis. His use of the word *"wasting"* here is interesting, as he seems to suggest that by refusing such help one would perhaps "waste away". Or perhaps he is alluding to "wasted" opportunities of seeking such help. His account further suggests that Pakistanis, himself included, need to be persuaded to

seek such help. But he seems to remain sceptical when he says *"If I am convinced"*. This seems to support the perception of shame and stigma associated with 'mental illness' apparent in other participants' accounts.

For a few participants, the stigma attached to accessing counselling appears to stem from its lack of popularity and accessibility within the Pakistani cultural system. As Shahid puts it:

"The biggest thing is that people...the people, many people don't think okay what the psychologists are going to help me [1 line] *you know psychologists are not really you know much popular in Pakistan where really few people only the upper class or upper middle class only seek the you know the counselling"*. {**Shahid** (12.502)}

Shahid's narrative speaks to uncertainty and lack of trust among Pakistanis regarding the effectiveness of psychological interventions. He seems to distance himself from his account by referring to *"many people"*. His account suggests that he views psychological input to be exclusively for the economically privileged. It could be interpreted that Shahid is experiencing a sense of marginalisation owing to his perception that psychological services discriminate against those who do not belong to the *"upper class"*. Perhaps because he belongs to a working class Pakistani family, he tends to create a sense of 'otherness' here which could explain why he is not receptive to the idea of accessing counselling.

A similar view is expressed by Saif:

"They're not really yeah you know if you see culturally they're not aware or they're not immune to the, to the system of counselling because it's just not been there. [12 words] *or sometimes it can be a matter of, for a Pakistani male I would say it's a matter of ego as well. They say "why I need because I know myself what I'm doing"*. {**Saif** (7.275)}

Saif's account seems to depict cultural barriers such as Pakistanis' overall resistance to the practice and approaches inherent in counselling. His use of the phrase *"they're not immune"* seems to suggest that accessing counselling would be perceived as something quite alien or perhaps intolerable. He initially refers to Pakistanis in general (*"they're"*) but then goes on to specifically talk about *"Pakistani males"*. For Saif, then, it seems that seeking help would be considered particularly shameful for a Pakistani man; it is seen as being inconsistent with one's male gender role of self-reliance (*"I know myself what I'm doing"*). This can be linked

back to the idea of taking responsibility for one's problems and not seeking help as described in the theme 'self-reliance'.

Within the Pakistani cultural context, most participants describe how accessing psychological support is associated with the propensity for 'madness', as described by Abid below:

"Well there's a general way of thinking of Pakistani people that if you refer them a psychiatrist or a psychologist, they just think about their selves that they've gone crazy, they've gone mad and they really don't like it and they are really discouraged".
{**Abid** (9.328)}

Abid emphasises Pakistanis' reluctance to seek psychological help owing to their fear of being labelled *"crazy"* and *"mad"*. To be thus labelled conjures up the image of someone who is potentially dangerous, emotionally unbalanced or losing control. He appears to distance himself from Pakistanis who hold such views when he uses the word *"they"*. However, if Abid were to consider psychological support, this would perhaps directly conflict with his earlier views of himself as being in 'control' of his problems and emotions (see the theme 'restrictions on the expressions of emotions and thinking', above). It might also compromise his sense of cultural identity.

Farid below talks about some of the potential obstacles that Pakistanis might face in accessing psychological services. For him, feelings of stigma and shame appear to be associated with strong familial expectations around maintaining a strong demeanour in the face of adversity:

"There might be people who are educated but they think it's really a psycho thing to go to them and they think, it 's going to make them more disturbed [1 line] *But there might be some people who want to go, but their family, will be like "Are you going crazy? What's wrong with you? Don't do that".* {**Farid** (12.523)}

Farid's account seems to voice societal fears and anxieties about placing 'control' in the hands of psychologists. His choice of the word *"psycho"* is interesting, as it too tends to conjure up an image of being out of control. However, there appears to be something quite sinister and threatening about the use of this particular word, as it implies an element of unpredictability. He conveys a sense of mistrust about seeking psychological support, which he fears may aggravate one's difficulties. One can develop this interpretation further. By

identifying the family as a deterrent to seeking psychological support and thereby holding it responsible, Farid may be absolving himself from such a responsibility. On the one hand, family or cultural expectations may serve as a protective factor, shielding an individual's difficulties from the wider community. On the other, this could be argued as reinforcing the stigma associated with seeking professional help. There is a sense that participants do not openly challenge their own cultural and family systems regarding such views. They perhaps resort to this in order to maintain their own stature within society and to retain their sense of cultural identity.

The participants' narratives seem to reveal the fears of the wider Pakistani community regarding seeking such help. If this theme is linked with the previous super-ordinate theme, 'On being masculine', it can be argued that the prospect of accessing psychological support perhaps endangers participant's sense of masculinity or even their cultural identity.

4.3.4 Therapy as a last resort when all else fails

This theme aims to capture various aspects of participants' willingness to utilise psychological and counselling support. Here, participants express readiness to seek such support only if they feel that their difficulties have not resolved themselves over time or perceive their existing coping resources as insufficient. There seems to be an assumption in the narratives that seeking such support denotes a level of severity to their distress. This option seems to represent both failure on the part of the family to support the individual and failure by the individual to be 'strong enough' to cope with it alone. This is encapsulated in the following excerpt:

"If I think that the society is not helping me, and if I think, my family is not very supportive to me, as, God forbid, if one day my kids, they kicked me out (laughter). [1.5 lines] *if, if I have turned all the stones and nothing is working out for me, uhmm, yes, I mean, and if I, if I think that my last opt can be to discuss my problems with people like you, and if that helps me, I think there is no harm in it at all".* {**Farid** (12.513)}

Farid here states very clearly that accessing psychological input would be a last resort for him. This is evident via his comments *"turned all the stones"* and *"my last opt"*. His laughter may on the one hand denote his ease when he communicates this, but on the other hand it

could be interpreted as expressing his level of discomfort at the prospect of reaching such a low place. His repetition of *"if"* seems to emphasise his level of discomfort.

Amin expresses similar views:

"If you're really feeling depressive or down or you can't make your mind up, you are a confused person and you don't know what to do between two things and then probably, probably you can see that you need to have some professional help but luckily I haven't got to that stage". {**Amin** (13.582)}

Amin's account seems to highlight how reaching his lowest ebb, or experiencing a self that is quite disorderly or chaotic, would prompt him to seek professional help. However, his use of the word *"probably"* suggests some reservations about pursuing such help. His phrase *"between two things"* could be interpreted as mimicking the confusion that could be argued as existing within him, i.e. 'between' weighing the pros and cons of seeking such help.

Saif expresses a similar view:

"Okay the counselling services they can probably able to establish those complications what you have because sometimes you don't able to establish that "oh, this can be wrong with me or this is wrong with me or I should take this way or that way". {**Saif** (6.223)}

Saif's use of *"probably"* also seems to indicate a certain uncertainty or ambivalence about pursuing counselling. However, he seems to feel that it would be beneficial, as it allows one to gain insight into one's problems or possibly face up to them. He also values counselling for its advisory or guidance role. In thinking about this with respect to Saif's earlier views expressed in relation to the male ego i.e., the idea of men being expected to subscribe to common views regarding the male ego within society, it is interesting to observe that that he would be receptive to counselling. Accessing counselling, however, would perhaps not only prompt him to admit to his weaknesses or what is *"wrong"* with him but also might threaten his male ego.

Shahid provides an interesting account of the importance of seeking psychological input:

"You know sometimes you feel you don't wanna live this life once you face a lot of problems, you say okay this world is not for me, I should you know finish my life okay. For those desperate people you know who see, they see they don't have importance because I feel that I

am very important for my family. I don't want to..I love my life a lot okay and I never try to do anything which puts my life at the risk okay. So those people who are not given importance, I would say they especially want...they need some psychological services as well". {**Shahid** (10.436)}

Shahid seems to suggest that psychological services are perhaps only required by people who are so overwhelmed by their problems that they entertain suicidal ideas. He seems to disassociate himself from such *"desperate people"* via his use of *"those"* and *"they"* whilst identifying his family as a protective factor for him. This could further be interpreted as part of Shahid's attempt to create a sense of "them" and "us" that feeds into and facilitates a sense of meaning that he has created for his life. It could be argued that this is a way of protecting Shahid from such suicidal ideas, from experiencing any form of mental illness, and from the need for psychological input. This particular feature of maintaining a strong demeanour seems to recur throughout the accounts and can be linked back to the theme 'presenting a strong image'. This is also evident in the following extract:

"In case of very worst circumstances as long as I am in chance, I will refer to go to some psychiatrist which I don't wanna go to [2 lines] *Most of the problems which could affect me psychologically, I just try to find their solution by myself".* {**Abid** (10.365)}

Abid seems to associate 'psychiatric' help with the severity of one's problems. When he talks about *"as long as I am in chance"*, he perhaps is speaking about having the chance or opportunity to access such help. He appears to justify his dismissive attitude towards seeking such help by expressing faith and confidence in resolving problems on his own, which is reminiscent of the theme 'self-reliance' and again demonstrates the inter-connectedness of these participants' sense of self as males and their attitudes to help-seeking.

For a minority of participants, seeking support seems to be contingent on others' advice. As Ahmed puts it:

"I don't know, maybe people surrounding me. If they noticed that I've gone nuts, then definitely they would encourage me to go and see a psychiatrist, maybe then".
{**Ahmed** (8.346)}

Ahmed's narrative reflects his uncertainty and ambivalence about seeking support. His choice of language is interesting: the phrases *"people surrounding me"* and *"I've gone nuts"*

may be construed as Ahmed placing responsibility upon others to decide if help is needed and to assist him in accessing it. However, it could also be perceived as his way of 'gaining permission' to go "*nuts*". His words *"maybe then"* indicate that he is not entirely convinced that he would be seeking such input. Ahmed seems to contradict himself in this account, indicating the ambivalence he feels. Interestingly, contradiction is also evident in his comments quoted in the previous theme, 'shame and stigma'. Here, he emphasises how family and friends would deter and discourage him from seeking psychological help owing to the cultural taboos surrounding this.

Overall, despite their feelings of uncertainty and discomfort surrounding the notion of seeking psychological help, participants spoke of being ready to consider this option -- but only as a last resort.

4.4 Summary of findings

The first super-ordinate theme, **'On being 'masculine'**, highlights the importance of gendered cultural norms in helping to accentuate participants' sense of masculinity. The initial theme, 'Self-reliance' describes participants' increased tendency to assume independent responsibility for their difficulties, and perhaps to retain a sense of control over their problems and their lives. The idea of participants' non-dependency upon others ties in strongly with the theme, 'Presenting a strong image'. This reveals how participants put considerable effort into "saving face": into convincing themselves and others that they are strong, resilient and coping well, and hence do not require external help. Failure to maintain face means failure to conceal one's emotional vulnerabilities. This aspect reemerges in the third theme, 'Restrictions on the expression of emotions and thinking', which focuses on the tendency of participants to suppress their emotions and thinking, possibly in order to deny or minimise their problems.

The second super-ordinate theme, **'The unknown territory of counselling'**, describes participants' overall ambivalence and uncertainty about seeking psychological services. A prominent feature of the first corresponding theme, 'Lack of awareness', is that of participants justifying their lack of familiarity with services as a way of 'not needing' them. Participants' overall reluctance to seek help seems to be influenced not only by cultural

norms of what it means to be a "man" but also by cultural taboos and stigma surrounding mental illness. The subsequent theme, 'Shame and stigma' highlights this aspect and how seeking help would be perceived as a sign of failure not only for the individual but also for the wider community. However, the last theme, 'Therapy as a last resort when all else fails,' indicates the readiness of participants to consider therapy as a final option when all else has failed. What is also striking is how participants tend to differentiate between themselves and 'others' who do need therapy.

Linking the two super-ordinate themes are the themes of 'masculinity' and 'cultural identity', which appear to be directly influenced by gender and cultural stereotypes of how a man 'should behave' in his particular culture.

(5) DISCUSSION

5.1 Overview

The aim of this study was to investigate how first generation Punjabi Pakistani immigrant men living in the UK manage to cope with their everyday stresses and problems. Additionally, it was interested in exploring how Punjabi Pakistani immigrant men's coping experiences influence their views and feelings regarding the possibility of pursuing psychological services. The study has explicated these experiences using the qualitative methodology of IPA in order to provide a rich and coherent interpretative report of participants' accounts. The need to utilize phenomenological approaches to further our understanding of coping has been highlighted previously in the literature (Guimond-Plourde, 2009).

The chapter will commence with the author discussing the key findings of the study in light of the existing literature, along with their clinical implications. This will be followed by a discussion of the limitations of the study, together with suggestions for future research. The significance of the study, the author's personal reflections regarding the study, and the conclusions will then be explored.

5.2 Discussion of main findings in relation to existing research and the implications of these findings

In this section, salient features of participants' experiences of coping methods will be discussed in relation to existing research findings, and the implications explored.

The study revealed a number of key factors contributing to Punjabi Pakistani men's experiences of coping. It was clear that participants experienced no difficulties in accepting their susceptibility to 'stress' and acknowledging the potential stressors that any individual might confront. The analysis of the data revealed two super-ordinate themes: **'On being 'masculine'** and **'The unknown territory of counselling'**. Of these, the first seemed the stronger and more potent theme across the accounts. Both super-ordinate themes shed new

and interesting light on the cultural beliefs and expectations of participants, and how these seemed to influence their views regarding UK psychological services.

5.2.1 Preserving a 'masculine' identity

Revealing a less 'vulnerable' self

The majority of participants in this study tended to align themselves with views that were consistent with Western hegemonic ideals of masculinity and supportive of the notion of men being strong, resilient and invulnerable (Addis & Mahalik, 2003; Lane & Addis, 2005; McQueen & Henwood, 2002). It is possible that following migration to the UK and the process of being socialised to Western culture, participants perceived a need to construct Western hegemonic masculinities in order to defend their masculine identity. Consistent with aspects of gender-role theory (Thompson & Pleck, 1995), participants may have been socialised into learning gendered attitudes and behaviour in terms of what it means to be 'manly' by their cultural values, norms and ideologies. These may include characteristics such as appearing to be strong, being self-reliant, and maintaining emotional control. Here, acknowledgment of one's difficulties, relying upon others and expressing one's emotions appeared to conflict with these Punjabi Pakistani men's idealised notions of 'traditional' masculinity. This suggested that for some participants, enduring substantial levels of distress and internalizing their pain perhaps was viewed as preferable to depending upon others. This is consistent with previous studies on White men's help-seeking behaviour that have identified aspects such as being "strong and silent", enduring pain, and delaying seeking help as key practices of masculinity (O'Brien et al., 2005; Robertson, 2006).

However, participants' denial of having emotional difficulties does not suggest that they do not experience distress: that they do is evident in their accounts. For instance, some participants such as Amin, Farid and Saif talked about the pressures of abiding by strict cultural rules regarding maintaining a strong public image and keeping one's problems to oneself. This suggests that participants have undergone the process of 'masculine role conflict', described by Good and Sherrod (2001) as "the amount of strain that men encounter in their attempts to live up to the standards set by society" (McCarthy & Holliday, 2004 p.26). Research has shown that high masculine gender role conflict is related to increased

psychological problems owing to men's negative attitudes to seeking professional help (Schaub & Williams, 2007). The gender role strain paradigm has, however, been criticized for not taking into account cultural group differences (Connell, 1993). It could be argued, therefore, that it is vital for therapists to understand the potential impact of gender role strain on Punjabi Pakistani male clients, which may affect the dynamics within the therapeutic relationship. For instance, Punjabi Pakistani men may have a tendency to be emotionally inhibited and to put on a strong front. This may result in a fear of projecting a "weak" and "vulnerable" image of the self within therapy. Failure to present such a stoical image might well produce feelings of shame and embarrassment, and make Punjabi Pakistani men hesitant to seek help. This will be explored further below.

Participants' narratives demonstrated that they needed to "save face". Their need to convince themselves and others that they were coping seemed to suggest that they were displaying an 'internal locus of control' (Rotter, 1966), as it perhaps enabled them to feel in control. In terms of how the participants coped with their problems, this appears to mirror the Western notion of 'Individualism' which emphasises the ability to exercise a degree of control over one's life, reliance upon the self, self-responsibility, self-fulfillment, and self-realization of one's internal resources (Laungani, 1999). It appears that participants, whilst belonging to a more collectivistic culture, did not fully subscribe to the notion of 'Collectivism' which places emphasis on cohesiveness, respect for authority and obedience (Fernando, 2002). For participants such as Amin, Abid and Ahmed, the family was perceived as being uninterested in their emotional difficulties, and this supported the notion of it being their responsibility to cope alone. (Karim's account reflected a divergent view: here, experiencing the unavailability of family support was construed as quite challenging owing to pressure of having to be self-reliant.) It could therefore be argued that for Amin, Abid and Ahmed, approaching their family for help perhaps denoted a sense of failure in preserving the image of the family and of losing respect within the community. This aspect seems to be inconsistent with previous qualitative research findings that highlight the importance of family support for South Asians, including Pakistanis (Bowl, 2007; Netto et al., 2003; Tabassum et al., 2000).

In thinking about the implications of the above, it could be argued that some Punjabi Pakistani men may construe seeking support from their families as undesirable owing to fears of appearing 'weak' and 'vulnerable'. However, it is equally possible that some Punjabi Pakistani men might feel pressurized to cope on their own owing to the unavailability of their

families. Hence, practitioners need to be mindful that, just like men from other cultures, Punjabi Pakistani men may also suffer in silence.

The need for emotional control

An important element running through participants' accounts was their tendency to evade the effects of their problems by avoiding thinking about them and by suppressing their emotions. For some participants, including Abid and Ahmed, confronting their 'emotional' difficulties perhaps would be almost intolerable for them and for others. This is in line with previous qualitative research conducted by Malik (2000), which highlights cognitive avoidance as an important coping strategy for British Pakistanis and Native Pakistanis. In contrast, Farid and Amin seemed aware of the long term consequences of restricting their emotions, which they viewed as damaging and threatening to the self.

Pakistan is a predominantly patriarchal society where the self-esteem and self-image of the entire family are dependent upon the male members of the family (Niaz & Hassan, 2006). There is an expectation that as a man, as the main breadwinner, assumes a dominant and controlling position. It could thus be argued that by virtue of this participants felt that they must also be in control of their emotions. The views of masculinity expressed by Saif in relation to the 'male ego' and by Farid and Karim in relation to being a 'provider' for their family seems to support the notion of the need for Punjabi Pakistani men to maintain a sense of control within society. The findings seem to resonate with research carried out by Partners 4 Prevention (2010), which highlights the role of provider/breadwinner as an essential attribute of a man. This particular aspect also seems to be consistent with Western constructions of hegemonic masculinity that embody the perception of men primarily as breadwinners (Connell, 2005). Interestingly, the perception of Saif of being a businessman suggests that socio-economic status may also contribute to how some Punjabi Pakistani men construct their masculine identity.

It is conceivable that the stigma that participants might have felt in relation to expressing their emotions or vulnerabilities is related to their perceived failings as patriarchs in society and as those who preserve their family honour. 'Alexithymia', a term first used by Sifneos (1967), has been defined by Levant and colleagues (2009) as "without words for emotions"

(p.190). Because of this, some men may be unable to benefit from orthodox psychotherapy. Whilst the wider, cross-cultural applicability of alexithymia remains a matter of debate (Dion, 1996), the findings of the current study suggest that it plays a role in these Punjabi Pakistani men's lives.

The restricted expression of emotions revealed by participants in the current study raises the question of whether Punjabi Pakistani men are able to recognize and articulate their 'distress'. Their inability to do so may result in their emotional difficulties potentially being hidden from others, including professionals. This echoes other research findings that have demonstrated professionals' difficulty in detecting emotional difficulties among men owing to men's inability to express themselves (Rogers, 2001; Gask, 2003). However, other findings have revealed a gender bias among professionals during assessment whereby men are expected to behave in 'gender-appropriate' ways: for example, by presenting themselves as emotionally tough and strong (Branney & White, 2008; Rochlen et al., 2010).

The above issues have implications for cross-cultural counselling. They challenge the stereotypical view that in order for Punjabi Pakistani men to benefit from psychotherapy, they must be able to engage in verbal discussion of emotions, an aspect considered essential within traditional-based psychotherapies (Heesacker & Bradley, 1997). Furthermore, concordant with Sue's (2001) argument, participants' accounts suggest that for men adhering to a collectivistic perspective, such as Punjabi Pakistani men, the typical method of change within therapy, which usually involves personal introspection and self-reflection, may be culturally unacceptable. However, in line with Wong and Rochlen's (2005) recommendations, therapists may help Punjabi Pakistani male clients develop flexible patterns of emotional behaviour that can be adapted to their own emotion-related values as well as to those that are important in their lives.

To sum up, internalised masculine gender roles were revealed in the tendency of participants to restrict their emotions. This particular feature, in combination with professionals' possible diagnostic errors, could be argued as contributing to a lack of recognition of emotional distress amongst Punjabi Pakistani men. This seems to have implications for Punjabi Pakistani men being appropriately referred to psychological services and their subsequent engagement within therapy. The findings also suggest that masculinity ideologies for Punjabi Pakistani men may shift depending on the context in which they find themselves.

Seeking psychological therapy: a threat to masculinity?

Research suggests that men's restrictive emotionality and conformity to self-reliance norms is associated with a range of problems, including depression, anxiety, relationship difficulties, and reduced willingness to seek psychological support (Mahalik et al., 2003). Mahalik and colleagues propose that accessing psychological help tends to run counter to most traditional masculine values such as independence, maintaining emotional control and maintaining a dominant role in relationships. The culture of therapy, with its emphasis on showing vulnerability and on the verbal expression of feelings, can be argued to run against male stoicism and avoidance of emotions (Addis & Mahalik 2003; Mahalik et al., 2003; Rochlen, 2005).

The current study only partially supports the findings of earlier studies (Good & Mintz 1990; Good & Wood, 1995) that propose that men who subscribe to male gender role norms tend to endorse negative help-seeking attitudes. All the participants in the current study expressed a willingness to seek psychological support. It could be argued that participant's willingness to seek help may be a way of restoring a masculine identity and to some extent constitute a legitimate reason for them being able to continue the roles (provider, breadwinner) expected of them as men. Such findings are in line with those of O'Brien et al. (2005). However, most participants described such help-seeking as a last resort; they showed a strong preference for resolving their concerns without the help of others. Also prevalent across participants' accounts was an underlying sense of ambivalence and uncertainty about seeking such help. While this could be construed as re-affirming their sense of self as "men", it may also be related to the fact that they were not currently experiencing any mental health issues. Thus, one of the inclusion criteria for participants may have inadvertently discouraged them from seeking such help.

The accounts of those participating in the current study add to the literature documenting the importance of the male role norm of self-reliance (Mahalik & Rochlen, 2006; Mansfield, Addis & Courtenay, 2005; Rochlen, Blazina & Raghunathan, 2002).

This study suggest that several factors needs to be considered regarding therapeutic issues that may be present whilst working psychotherapeutically with Punjabi Pakistani immigrant

men. To begin with, it seems vital for psychologists to be cognizant of the individual, cultural, racial, political, historical and economic contexts that influence Punjabi Pakistani mens' experiences of masculine socialization. Furthermore, an understanding of how their endorsement of strict masculine roles affects their views regarding seeking help is crucial. Mahalik et al. (2003) emphasise the need for clinicians to be aware of men conforming to certain 'masculinity scripts' or behaviours that may affect their psychological help-seeking. It seems reasonable to assume that Punjabi Pakistani men may be enacting the "strong-and-silent" (p.124) and "independent" (p.126) scripts: appearing to be in control of one's emotions and having difficulty in seeking assistance from others, including health professionals (Mahalik et al., 2003).

Consistent with the views of Mahalik et al. (2003) and Schaub and Williams (2007), Punjabi Pakistani men subscribing to the 'strong-and-silent' script may enter counselling with a minimal expectation of engaging in the counselling process and a high expectation that therapist will be directive. Understanding the positive functions as well as the costs these scripts may have for Punjabi Pakistani men thus becomes imperative. For instance, being strong and silent may be an effective strategy for coping with family and community or for being seen as steady in a crisis. At the same time, it may also be contributing to men's feelings of isolation. This also has relevance for understanding the fears and anxieties Punjabi Pakistani men may have about treatment, including the fear of being judged negatively by oneself and others. Seeking help could be argued to imply dependence, vulnerability, or even submission to someone with power. It therefore becomes important to address issues such as Punjabi Pakistani men's feelings of helplessness and their discomfort at openly expressing or sharing their feelings. Such sensitivity is vital: without it, men will avoid seeking help, or terminate counselling as it becomes increasingly focused on feelings.

Taking into consideration the aspects of masculinity that may create resistance in Punjabi Pakistani men towards seeking traditional psychotherapy, one wonders whether perhaps they would be more open to more goal-directed and structured alternatives such as life coaching (McKelley & Rochlen, 2007). It is also possible that this group of men could benefit from on-line counselling (Rochlen et al., 2004), whose anonymity could relieve some of the anxiety surrounding the expression of vulnerability. Courtenay (2001) argues that clinicians should validate men's efforts to seek help whilst also working towards normalising their experiences wherever possible. He also suggests that clinicians should assume that symptoms are present

and ask for confirmation rather than assume that men will report them. Such approaches may also be considered valuable for Punjabi Pakistani men. Existing research has demonstrated the effectiveness of such approaches with men who report high masculine role conflict (Blazina & Marks, 2001; Rochlen et al., 2004). In accordance with Robertson and Fitzgerald's (1992) recommendations, the use of less stigmatizing terms such as 'classes', 'workshops', and 'seminars' rather than personal counselling may help address treatment fears such as those expressed by the participants in the current study. However, given that there is currently a dearth of research into the effectiveness of the various approaches mentioned above, it cannot be assumed that such strategies will work for all men. Indeed, research has emphasised the need to take into consideration intra- and inter-group variability amongst men in their help-seeking behaviour (Addis & Mahalik, 2003; Galdas et al., 2005). It can be further argued that the recommendations made in this study may not necessarily be effective for all Punjabi Pakistani men. Clinicians need to take into consideration a multitude of factors that might impinge upon Punjabi Pakistani men's health-related behaviour.

The findings of the current study suggest that counselling services should enable Punjabi Pakistani men to feel more in control during the early stage of considering help. Consistent with Good et al. (2005), psychotherapists need to be aware of their own negative assumptions and of stereotypes that may surface during their work with Punjabi Pakistani men who subscribe to traditional gender roles. Failure to do so may result in an inability to understand and empathise with such men. Such biased views may lead to inappropriately labelling Punjabi Pakistani men as 'difficult' and 'resistant', thereby undermining the possibility of forming a solid therapeutic alliance with them.

In summary, subscribing to idealised or traditional aspects of masculinity such as stoicism, restrictive emotionality and self-reliance helps Punjabi Pakistani men preserve a protective 'masculine identity'. Conversely, it may also serve as a potential barrier to their accessing formal help. Counselling psychologists and service providers need to be aware of, and sensitive to, this complexity.

Multiple masculinities

Participants' narratives suggest that they were drawing largely upon social discourses of traditional/hegemonic masculinity. At times it was not clear whether participants actually subscribed to such discourses themselves. It is also of note that it was a particular version of masculinity to which this particular group of Punjabi Pakistani men subscribed. They did so within a specific context of their lives, one that seemed to underpin their coping experiences. It is possible that, in line with other research findings, Punjabi Pakistani men might construct or enact their masculinities in a number of different ways in a number of different contexts (de Visser & Smith, 2007; O'Brien et al., 2005). For instance, Farid expressed the view that he should be able to act strongly and endure his pain/emotions in silence during times of personal stress in order to protect his role as the head of the family. However, he also believed that within the context of family disagreements, emotions should be dealt with in an open manner through communicating with others in order to maintain peace and harmony within the family.

Collinson and Hearn (1994) have argued that multiple masculinities are likely to be constructed through various positionings of the self and others with regard to interconnected social divisions of gender, ethnicity and class. They suggest that some aspects of identity, such as being Pakistani, a husband, a father, a son, an employee, and so on, are likely to be prioritized over others in different contexts. Furthermore, consistent with Robertson's (2003) arguments, how Punjabi Pakistani men actually behave in daily life may actually differ from how they say they will behave.

5.2.2 The applicability of counselling and psychotherapy within Pakistani culture

Need for Information

The findings from the current study reveal participants' lack of awareness and knowledge regarding the role of counselling and psychology services, which they attributed to their own lack of experience of mental health services. While for Karim and Shahid lack of familiarity with services was linked to not needing services, Abid took advantage of the interview to

seek information about the role of psychologists. Such a lack of awareness and uncertainty regarding how services would be beneficial to participants could be argued as constituting a potential obstacle for them in accessing such support. Bowl (2007), Hatfield et al. (1996) and Netto et al's (2006) qualitative research with Asians highlights the increased importance of publicizing the nature and roles of mental health services, and the findings of the current study are consistent with this.

An important implication of this is that mental health services not only make their presence known more widely but also disseminate information to Pakistani communities regarding what the counselling process entails. In line with suggestions offered by other researchers (Rochlen et al., 2002), this study suggests that giving Punjabi Pakistani men access to educational materials about the counselling process early in therapy may have a positive impact on their perceptions of therapy and help build their trust with the therapist. It may also be helpful to make information available to Pakistani-specific organizations, magazines, radio, television and websites, and improve access to services via GPs, who perform a key gateway role to specialist services. Community mental health workers also have a role to play.

Fear and shame underlying reluctance to seek help

Running through participants' accounts was the sense of shame and stigma they associated with seeking 'psychological' and 'psychiatric' help. This seemed to reflect participants' fears of 'losing face' within their culture. This notion lends support to previous research findings that have identified stigma and fear of ostracism from the community as a fundamental factor affecting South Asians' (including Pakistanis) willingness to seek professional help (Bowl, 2007; Tabassum et al., 2000). For some participants, such as Abid, Ahmed and Farid, the perception of 'mental illness' as shameful and associated with "madness", tends to bear out the notion of stigma being attached to seeking psychological support. Implicit within this was the idea that if participants were to talk to an 'outsider' about their intimate problems, they would be failing themselves and the entire community. This is in line with research by Furnham and Malik (1994), who found that for South Asians mental illness can have detrimental effects on the reputation of the whole family. The research suggested that signs of mental health problems might be ignored by the patient and the patient's family, resulting in a

delay in seeking professional help. For the participants in the current study, too, denying their problems seemed to reinforce the cultural taboo associated with seeking help.

Interestingly, Ahmed's account highlighted his open acceptance of diabetes, suggesting that it was common and non-threatening. Whilst participants, including Ahmed, were not specifically requested to comment on the differences between physical and psychological illness, to have done so would have been useful. For instance, Galdas and Cheater (2010) undertook a qualitative study with Indian and Pakistani men suffering with chest pain and who expressed positive views about seeking medical help. Their participants tended to distance themselves from Western masculine stereotypes and refuted strongly the idea that others, including their families, would view them as weak or less masculine if they were to seek help.

The above findings have several implications for health care professionals, including the need to be particularly aware of the possible cultural conflicts faced by Punjabi Pakistani men within the therapeutic context. In line with participants' views about only seeking help as a final step, there may be a sense of weakness and failure following help-seeking which could possibly surface in therapy. Normalizing mental distress, as well as acknowledging Pakistani men's decision to seek help as a strength rather than a personal defeat, may assist in decreasing any feelings of shame or embarrassment such clients may be experiencing.

It also appears likely Punjabi Pakistani male clients would be more receptive to a directive style as opposed to a collaborative style within therapy. Counselling psychologists need to be aware that Punjabi Pakistani men may expect therapy to be quite prescriptive. They may well perceive the therapist as an expert ready to offer them a myriad of suggestions, advice and guidance. As a result, it will be necessary for psychologists to emphasise the collaborative nature of therapy and challenge such misconceptions.

Psychological therapies: a necessity?

While the participants in the current study all expressed willingness to consider the option of psychological input, implicit in their accounts was the idea that counselling and psychotherapy were not essential. It was interesting that participants clearly differentiated themselves from others whom they felt needed such support. Some participants, including

Farid and Shahid, recommended the use of religious and community-based services for Pakistanis, thereby implying that existing services were not meeting the needs of this particular community. This seems to resonate with research into factors that may be responsible for Pakistanis' underutilization of, and dissatisfaction with, mental health services. Such factors have included language barriers, lack of information regarding services, and the belief that help-seeking undermines specific cultural and religious needs (Bhui & Sashidharan, 2003; Commander et al., 2003; Netto et al., 2003; Tabassum et al., 2000).

On the basis of the factors outlined above, it is reasonable to question the cross-cultural applicability to non-Western populations of psychological treatments that have primarily been developed in Western cultural contexts (Bhui & Morgan 2007; Tseng, 2004). There seems to be a prevailing assumption that psychological therapies can meet the needs of all individuals. Consequently, the cross-cultural adaptation of mental health interventions has been emphasized to ensure their acceptability and appropriateness to specific cultural contexts (Patel, 2000). There is some empirical evidence for the effectiveness of culturally sensitive Cognitive Behavioural Therapy (CBT) for Pakistanis with depression and anxiety: for instance, through the use of a culturally adapted therapist manual (Naeem, Waheed, Gobbi, Ayub, & Kingdon, 2010; Rahman, Malik, Sikander, Roberts, & Creed, 2008). However, these studies employed Western measurement tools which could be argued as problematic. They also included both male and female samples. There has been no research to date examining therapy outcomes exclusively for Pakistani men.

It is therefore argued that practitioners need to undertake a 'holistic' assessment of Punjabi Pakistani men's needs whilst attempting not to impose their own beliefs and ideas upon Punjabi Pakistani male clients. Adapting interventions and techniques so as to render them culturally congruent with Punjabi Pakistani men's needs and views is also to be recommended. Devising models of care such as those based upon the principles of community development frameworks may be useful. One such example is the award-winning Enhancing Pathways into Care (EPIC) project (Hackett et al., 2009), carried out with Pakistanis in Sheffield, which highlighted the success of statutory services working jointly with the Pakistani community and the voluntary sector to improve pathways of care for the Pakistani population.

To conclude, it is argued that existing mental health services need to take into account a number of factors if they are to deliver culturally appropriate and gender-sensitive services to Punjabi Pakistani immigrant males. These include re-evaluating existing therapeutic models to fit in with Punjabi Pakistani men's wider needs in order to build trust and promote their willingness to use such services. Involving wider communities in this may be a starting point for reducing the stigmatizing effects of seeking such help.

5.3 Relevance to existing theoretical frameworks

5.3.1 Stress and Coping model

The findings of this study support some of the components of the theoretical frameworks described earlier. In accordance with the claims made by Lazarus and Folkman's (1987) stress model, participants appraised and evaluated a stressful event as a definite threat, and made attempts to reduce the threatening element. For instance, restricting thoughts and emotions seemed to constitute an emotion-focused strategy which helped participants minimize or deny the severity of their problems. Problem-focused coping was demonstrated by attempts by some participants to resolve their problems through practical steps, such as dealing with financial issues by working overtime (Karim), and reading self-help books (Saif). Socializing with friends was another strategy (Ahmed).

Participants seemed to project a strong, resilient image of the self together with an unwavering belief that dependence upon others was a sign of weakness. This particular phenomenon, which seemed to play a significant role in participants' experiences, cannot be fully accounted for within the stress and coping model. Whilst this model provides a useful framework for understanding how participants describe their reactions to stressors, it does not adequately capture the specific character of participants' coping styles. The decision to use IPA (Smith et al., 2007) as the preferred methodology allowed for a more detailed and nuanced account of participants' unique coping experiences.

Findings from this study support other researchers' views pointing to the importance of cultural influences on coping (Chun, Moos, & Cronkite, 2006; Yeh, Chang, Arora, Kim, & Xin, 2003). In line with evidence from cross-cultural studies on stress and coping,

participants in this study seem to have adopted a "collectivistic coping style" where the goal of coping was to protect the harmony of the group (Yeh, Arora, & Wu, 2006 p.56). The findings suggest that coping is a particularly complex and multifaceted phenomenon for these participants.

5.3.2 Masculinity Theory

The findings of the current study suggest that Punjabi Pakistani men perceive a need or expectation to conform to Western hegemonic ideals of masculinity, i.e., of being emotionally inhibited, independent, stoical and power-driven (Mahalik et al., 2003; Möller-Leimkühler, 2002; Rochlen et al., 2002). Our findings support a gender role socialization paradigm in explaining the coping experiences of Punjabi Pakistani men. In line with other previously mentioned research findings (e.g. Addis & Mahalik 2003; Mahalik & Rochlen, 2006), adherence to such traditional male gender roles has implications for one's readiness to seek external support. The themes that have emerged from this study reveal the prevalence of the 'traditional' masculine stereotype for this particular group of men, and how participants' coping experiences seem to have been shaped by gender, social and cultural factors.

Existing research exploring South Asian men's social constructions of masculinity have demonstrated the role of violence (e.g., gang activity, domestic violence) in shaping these particular men's experiences (Alexander, 20000 ; Partners 4 Prevention, 2010). Research has also found that South Asian men tend to distance themselves from Western masculine ideals (Galdas & Cheater, 2010). However, the findings of the current study suggest that the results from Western based studies of masculinity (e.g., Mahalik et al. 2006) may be generalizable in to men from non-Western cultures. The similarity of masculine ideologies between cultures has been highlighted by Kilmartin and Berkowitz (2005). They argue that whilst cultural variation in standards of masculinity exist, there is also "a great deal of overlap in masculine ideologies among cultural groups, reflecting many cultures' historically common societal needs for defence, reproduction, and social arrangements" (p. 24).

In recent years a wide range of therapeutic models argued as particularly relevant to men have been proposed (e.g., Blazina & Shen-Miller, 2010; Mahalik et al., 2003; Wexler, 2009). However, research with men is still in its early phases, and very few interventions have been

evaluated for their effectiveness (Good et al., 2005). Some attempts have been made to further the development of multicultural counselling competencies for men (Liu, 2005). Such competencies include awareness of how a client's concerns regarding oppression and power may impact upon therapy (Sue & Sue, 2003). However, the evidence for the appropriateness or effectiveness of multicultural counselling competencies has been criticized by Patterson (2004); he makes suggestions for appropriate methods and approaches that are effective with all kinds of clients, proposing a "universal system of psychotherapy/counseling" (p.70) which emphasizes respect for the client, genuineness, empathic understanding and a structuring of therapy.

Research carried out by MIND in Bradford and Croydon revealed that men were only half as likely as women to seek the help of their GP or access counselling (Mind, 2009. There is an ongoing debate in the UK about whether there is a need to plan male-specific mental health services. Given the reservations the current study has regarding whether recommendations made in the study would benefit all Punjabi Pakistani men, it seems appropriate to suggest that not all Punjabi Pakistani men would be receptive to male-specific mental health services. Such considerations, together with the lack of available research exploring the 'worldview' of Punjabi Pakistani men, highlight the challenge of applying existing therapeutic models of masculinity to this particular population.

Whilst the current literature on masculinity aids our understanding of Punjabi Pakistani men's coping experiences, many of the conclusions drawn remain contradictory. Addis and Mahalik (2003) and Good et al. (2005) have argued that existing masculinity studies have primarily been undertaken with White, middle-class heterosexual males and that this makes it difficult to generalise their findings to males belonging to other cultures. The current study helps bridge this gap through its exploration of the experiences of a small sample of non-White, non-middle-class men.

Current conceptions of masculinity emphasize the importance of acknowledging the multiple masculinities that individual men construct and manage (Mathewson, 2009). It is therefore conceivable to think that Punjabi Pakistani men may enact various masculinities and that such masculinities may also seem to evolve and change over the course of their lives. The current study provides insights into some of these culturally informed ideas around

masculinity and help-seeking for this particular sample of Punjabi Pakistani immigrant men at this particular point in their lives.

5.4 Contributions of the study

This study contributes to the understanding of the phenomenon of coping for first generation Punjabi Pakistani immigrant males. It reveals how various aspects of masculinity and culture influence the process of help-seeking for this particular sample of men. It appears to be the first study of this sort to have been conducted; searches of the literature revealed no previously published studies of this topic. Currently there seems to be a paucity of research into the experiences of South Asian men, as previous research, whether quantitative or qualitative, has focused primarily on South Asian women (e.g. Anand & Cochrane 2005; Hussain & Cochrane, 2004). The ideographic nature of IPA allows the specifically 'male' perspective.of the participants to be heard.

The findings also contribute to the existing body of research on 'traditional masculinity'.This views men as being strong, independent, emotionally inhibited and dominant (Addis & Mahalik, 2003; McQueen & Henwood, 2002). The findings suggest that adhering to such gendered roles, largely owing to cultural pressures, constitutes a potential barrier for Punjabi Pakistani men accessing help. This suggests the importance of 'masculine role conflict' (Good & Sherrod, 2001) within the lives of these men, a possibility which needs to be further addressed within therapy. Furthermore, the particular aspect of restrictive emotionality, evident across the accounts, is suggestive of the role that 'alexithymia' (Levant, 2009) plays in shaping the experiences of Punjabi Pakistani men. This also requires the attention of counselling psychologists.

The current study makes a valuable contribution to the discipline of Counselling Psychology. It offers a number of suggestions about how to address Punjabi Pakistani men's potential feelings of ambivalence, including their treatment fears and expectations of therapy. The study highlights the need for counselling psychologists to consider the role that masculine socialisation may play in the lives of Punjabi Pakistani men. For instance, it points to an understanding of how Punjabi Pakistani men's masculinity ideologies and their endorsement of strict masculine roles might affect their willingness to seek professional psychological

help. It may not always be the case that Punjabi Pakistani men may be receptive to more traditional psychotherapies, owing to psychotherapies largely emphasising emotional expression. It is important for counselling psychologists to understand that Punjabi Pakistani men may enact their masculinities in a number of different ways, and that such diversity needs to be taken into account. Counselling psychologists may need to consider flexible, alternative ways of helping this group of men, who may benefit from non-traditional forms of support more congruent with masculine socialisation, such as workshops, seminars and life coaching.

This study furthers our understanding of the contextualised experiences of Punjabi Pakistani men through closely attending to their individual beliefs, ideas, and behaviours, understood as embedded within their social systems. This study argues that both systemic and individualised models of treatment may be beneficial in working with Punjabi Pakistani men. For instance, research has demonstrated the effectiveness of systemic frameworks such as community engagement models that have been used largely with Pakistani populations. The EPIC project (Hackett et al., 2009) described earlier is one such example. Based upon the principles of community development, such projects emphasize the role of communities in shaping the provision of healthcare services (Bhopal & White, 1993). The 'Aap ki Awaz' (Your Voice) project by Rethink (2007) is another example of a community engagement that sought to explore the mental health needs of the Pakistani community in Birmingham. The aim of this project was to improve access for the Pakistani community to mainstream mental health services and to raise awareness of mental health issues.

Such initiatives underline the need for counselling psychologists to play an active role in making mental health services more accessible to Punjabi Pakistanis. They also have an important role in challenging some of the misconceptions surrounding mental illness that may exist within such communities and in helping to validate and normalise Punjabi Pakistani men's difficulties. It is also argued that counselling psychologists should consider the personal, spiritual, biological, and social factors that may underpin Punjabi Pakistani men's experiences in order to provide them with meaningful input. Counselling psychologists need to be cautious of not imposing their own beliefs, assumptions and ideas when working with Punjabi Pakistani male clients.

5.5 The limitations of the study and directions for future research

The current study has many limitations. The findings may only be applicable to first generation Punjabi Pakistani immigrant males. It would therefore be of interest to replicate this study with other samples of Pakistani men belonging to different generations and different age groups. This would help to build on the findings of the current study and develop our understanding of how such factors as masculinity and culture influence help-seeking in this cultural group.

It is acknowledged that the sample used in this study is self-selected. Therefore the results may not be largely reflective of first generation Punjabi Pakistani immigrant men's coping experiences, but merely of those who are coping reasonably well. Men who had not been coping well may have responded differently and highlighted other experiences. One idea for future research would be to explore the experiences of Punjabi Pakistani immigrant men who have accessed the mental health system in order to understand how they perceive the phenomenon of coping within the context of having sought help. As the study has revealed a strong theme of masculinity and how this impacts upon help-seeking, there is also a need for extended qualitative studies with Pakistani men into the phenomenology of masculinity in this group.

The age range of the participants (21-35) could be argued as quite broad. This in turn could have meant that the "personal problems and stresses" that were the focus of the study may have been quite varied. In particular, it is possible that the younger men in the sample may have been less likely to encounter the kinds of personal problems and stresses that might lead them to consider using mental health services. For instance, research has shown that young men experiencing social disadvantages such as unemployment, the experiences of abuse and violence, and poor housing conditions, may be reluctant to seek mental health input (National Institute for Mental Health in England, 2012). On the other hand, older men have been considered to present largely with issues relating to deteriorating physical health and mobility, bereavement, retirement, and social isolation (Mental Health Foundation, 2010). It can be further argued that younger men might prioritize seeking help for practically related issues (e.g., financial) over their mental health. Such issues might be addressed in future research by recruiting a sample with a narrower age range.

Another limitation of this study was the omission of interviews with two participants owing to their limited English language fluency, which was seen as restricting their ability to provide a rich description of their lived experience. The role of language can be problematic in IPA. Social constructionists argue that language constructs reality rather than describes it. Therefore it can be said that an interview transcript tells us more about the way in which an individual talks about a particular experience within a particular context, than about the actual experience itself (Willig, 2001). On reflection, it is acknowledged that the researcher's own anxieties of being able to recruit participants successfully for the study influenced her decision to include these two participants in the initial phase of the study. It was during the course of the interviews that the researcher confronted the language difficulties of these particular participants. This dilemma was consequently discussed with the researcher's Director of Studies and with her supervisor, and it was decided to remove these participants' data from the study. It is acknowledged that this issue could have been avoided if a more comprehensive assessment of these participants' proficiency in English had been carried out (perhaps by telephone) prior to conducting the interviews. Eliminating these two interviews raised several ethical issues, besides suggesting the need for future research with non-English speaking Punjabi Pakistani men. Such a path may be fraught with difficulties, however. Ensuring the precise translation of interview data is a challenging task: Temple and Young (2004) highlight some of the problems relating to translation in qualitative research.

It is also important to underline the limitations of the interview schedule used for this study. For one thing, it included very few questions relating to participants' beliefs about their own masculinity or that of White British people. In retrospect, this seemed to be influenced largely by the researcher's standpoint at that particular time where her framing of the questions was guided or influenced less by the 'masculinity' literature than the 'coping' literature. Any future replication of this study could include questions such as *"What are your views/ideas about what it means to be a 'man' in your culture/White British culture?", "How does coping in this particular way affect your ideas about being a man?" and "What is it like in your opinion for a Punjabi Pakistani male/White British male to be seeking psychological support?"*

Another limitation of the interview process was the failure to examine in greater detail participant's understanding of mental health and mental illness. Additionally, enquiring about participant's views regarding the distinction between physical and psychological illness

would have been very useful. Undertaking more focused questioning of participant's beliefs regarding masculinity, mental health and mental illness (e.g., depression) may have resulted in a richer description of their experiences.

It is also important to think about the characteristics and nature of the sample group, and their implications for the validity of the findings. English was the participants' second language. As males belonging to a particular culture, they would have been discouraged from talking about their emotional problems. It is likely that both factors – language and cultural background -- may have stood in the way of the researcher accessing some aspects of their experience. This may have been further compounded by the fact that the researcher was a female belonging to the same religious and cultural background (this will be further elaborated upon in the reflexivity section). These particular issues seem to have affected the ability of participants to communicate a rich texture of their experiences. Smith and Osborn (2008) accept that individuals often struggle to express what they are thinking and feeling, yet argue that their emotional state should be interpreted by a researcher by analyzing what they say and by asking critical questions about what is not said. It may be useful for a male researcher to carry out future interviews with a similar sample, to investigate whether this encourages participants to be more open about their experiences. However, if faced with a male researcher, participants might feel even more pressure to "save face" and present a strong image of coping.

5.6 Personal and methodological reflexivity

During the process of this study I was mindful of the many issues that may have arisen for my participants and my role as a researcher. I am a forty-one-year-old British Pakistani woman who was born in the UK but who has spent ten years of my life in Pakistan, from the age of eleven to twenty-one. I am married and have two children aged thirteen and nine. I have worked within the field of Adult Mental Health in various capacities for approximately the last eleven years. I am currently working for an Increasing Access to Psychological Therapies (IAPT) service in Dagenham where CBT is predominantly offered as the standard evidenced-based treatment. My theoretical orientation has been informed by my counselling

psychology training, my experience of working in the NHS, and my personal values. This has led me to favour humanistic and systemic ideas in both clinical practice and research.

My professional interest in researching men's response to mental health services, and in particular the response of Pakistani men, comes from several years of working within Primary Care as a Mental Health Practitioner. I have observed whilst working here that women tend to access psychological services significantly more than men. At a deeper motivational level, I have often witnessed the initial challenge that I have faced whilst working with 'South Asian' men, who tend to express many reservations at the idea of seeking help. This has also made me question whether psychological therapies are in fact appropriate for such a population. For instance, I have often found South Asian men (including Pakistani men) to be more receptive to practical help related to employment and housing as well as to medically oriented forms of support. For me, this emphasises the need to devise flexible and alternative forms of support for Punjabi Pakistani men. For instance, offering advocacy, holding employment workshops and working towards promoting their general health and well-being may be beneficial. Furthermore, improving Punjabi Pakistani men's access to information and knowledge regarding physical and emotional health may be useful. Providing Punjabi Pakistani men with opportunities for sport, physical exercise, creativity and arts, and enhancing opportunities for them to improve community and social relationships, may also help empower them.

Prior to undertaking this study, I was concerned and expected that the participants, all men belonging to the same culture as myself, would not open up to me regarding their experiences. I attempted to address this via adopting a non-judgmental, reassuring and empathic attitude whilst conducting the interviews, so as to facilitate the participant's openness and to alleviate any anxieties that they may have been experiencing. What also seemed evident throughout the interview context was that participants came across as quite confident and self-reassuring regarding their ability to cope with their experiences. I wonder whether this was in any way related to my position as a female from the Pakistani culture. Perhaps they felt that they needed to act defensively, to re-assert their control/dominance or to 'prove' themselves to me. I wonder whether the participants' degree of openness would have been greater had they been interviewed by a male researcher. Perhaps they would have

felt more comfortable in talking about their experiences. Alternatively, however, they might have felt an increased need to project their sense of 'maleness.'

Reflecting back on the analysis, I acknowledge the possibility that the selection of the themes may have been influenced by my own perspective and my own clinical experience of working with South Asian men. For instance, I have often observed South Asian men presenting with narratives around self-reliance and controlled emotions, all the time projecting a resilient image. I have at times wondered whether the reasons for some South Asian men's disengagement from therapy are largely cultural (e.g., feelings of shame related to seeking help for mental health problems) or gender related (e.g., reluctance in expressing vulnerabilities in front of a female therapist), or perhaps both. However, I am aware that these aspects are not confined to South Asian men, as I have often observed how male clients belonging to diverse cultural backgrounds also enact certain forms of masculinity.
During the interviews, I had expected participants to express some uncertainty regarding their knowledge of psychological services. This was not surprising at all, considering that these participants had no prior experience of such services. However, I am aware that this expectation may have been influenced by my own everyday experience with Pakistanis, who have frequently questioned me about my own role as a psychologist. I was surprised to discover that participants were prepared to access psychological support, even though as a last resort, as I had expected that they would be totally against this idea. In retrospect, I understand that my surprise might have been influenced by my awareness of stereotypical notions regarding mental illness that exist within Pakistani cultures: for example mental illness being equated with "madness".

Following completion of the interviews, a few participants admitted that one of their primary reasons for participating in the research was to discover if I would be providing them with a mental health diagnosis. Interestingly, participants waited until the end of the interview to disclose this to me. Some even expressed relief once the interview was over. It is possible that this expectation of diagnosis caused them to become somewhat anxious or nervous during the course of the interviews, with implications for their degree of openness. This raises a crucial ethical question. In retrospect, it would have been better to clarify on the Participant Information Sheet (Appendix D) that the purpose of the study was to listen to participants' experiences and not to provide them with a mental health diagnosis. Furthermore, this should

have been reiterated at the beginning of each interview as well as during the debriefing process (Appendix H) following the interview so as to deal with any misunderstandings. Appendix O provides a protocol outlining useful steps that could be taken to deal with this particular issue.

I had expected participants to draw largely upon religion as an important source of support. However, with the exception of a few participants, this was not the case. I became conscious towards the later stages of the research process that this may have been influenced by the fact that I, as a Muslim Pakistani, place considerable emphasis on religious and spiritual coping. This could have potentially influenced me to look out more for this particular aspect during the interviews and whilst engaged in the analytic process. Coming from a Pakistani ethnic background, I had also expected that participants would have expressed positive views regarding family support. However, this did not appear to be the case. I am aware that I may have held this idea owing to my own personal experiences of drawing on family support or reading about this in the literature. This expectation may have shaped my research questions to a certain extent, and it may have also prompted me to explore this dimension in more detail during the interview and analysis stage.

I have also wondered about the reactions of participants to being interviewed by a mental health professional belonging to their own culture. It is possible that this influenced participants' responses regarding their readiness to seek psychological help. Were they perhaps trying to please me in some way? This was interesting bearing in mind that many participants had talked about the stigma within their culture associated with seeking mental health support.

It is also important to consider possible differences between the sample in the study and a sample derived from first generation Punjabi Pakistanis who immigrated to the UK in the 1950s. For instance, the availability of family and social support for a 1950s first-generation migrant could be argued as being protective factors for them. For a more recently arrived first-generation Punjabi Pakistani who has immigrated largely for educational and work purposes, the unavailability of social support may be considered a potential risk factor.

5.7 Conclusion

The primary aim of this study was to gain an in-depth understanding of the experience of coping for a small sample of first generation Punjabi Pakistani immigrant males. This included specifically exploring participants' beliefs in utilising such coping methods, and examining participants' feelings regarding the possibility of using UK psychological services. The use of IPA allowed for an in-depth and idiographic investigation of participants' lived experiences.

The analysis yielded two super-ordinate themes. The first, **'On being masculine',** related to participants' tendency to subscribe to traditional ideals of masculinity emphasising, self-reliance, emotional control and a strong demeanour. The second super-ordinate theme, **'The unknown territory of counselling',** revealed the importance of factors such as lack of awareness and how cultural perceptions such as shame and stigma were associated with participant's ambivalence about seeking help and their willingness to access such help only as a last resort.

The results suggested that participants seemed to align themselves with Western hegemonic ideals of masculinity. The findings have been discussed mainly in relation to the theory of male gender role socialisation. This featured participant's increased tendency to reveal a stronger and independent aspect of the self, whilst also highlighting the factor of restrictive emotionality. The conclusions of this study support the view that mental health provision within the UK needs to prioritise both culturally tailored interventions and gender-sensitive approaches to care. As available studies with Punjabi Pakistani men are virtually non-existent, it is hoped that this study has contributed something novel to the evidence base.

A final thought from this study is that caution should be exercised in assuming that Punjabi Pakistani men need help in accessing British mental health services in line with the general population. Listening to the voices of these men, it can be argued that mental health input is not a necessity for them. Hence prematurely imposing such beliefs on them may be not only problematic but also dangerous.

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Appendices

Appendix A: Ethics Application Form

LONDON METROPOLITAN UNIVERSITY

Department of Psychology

Professional Doctorate in Counselling Psychology

DEPARTMENTAL FORMS FOR THE ETHICAL CLEARANCE OF RESEARCH PROJECTS

The forms below will be used by your Supervisor, the module co-ordinator and/or the Psychology Department's Research Ethics Review Panel (RERP) to determine the ethical soundness and viability of your proposed research project.

After submitting this form, you must await notification of ethical clearance before commencing any data collection.

Insert additional sheets only if absolutely necessary. Your descriptions of your proposed research must be as explicit and comprehensive as possible. If they are too vague to assess the project's ethical soundness and viability you will be asked to resubmit these forms which, of course, will take up valuable time and delay you proceeding with data collection. Ensure that all relevant parts of the form are complete before submitting.

Student Name: *Zakia Jabeen Mahmood*

Student number: **07041715**

Contact Address: 528 Green Lane

Goodmayes

Ilford, Essex

IG3 9LL

Email: zakia.mahmood@ntlworld.com

Telephone No: 07884217486

PLEASE NOTE: YOUR EMAIL ADDRESS AND TELEPHONE NUMBER ARE IMPORTANT AS THEY WILL BE USED TO INFORM YOU WHEN YOU HAVE BEEN GIVEN ETHICAL CLEARANCE TO PROCEED WITH DATA COLLECTION.

Professional Doctorate in Counselling Psychology

Study outline and ethics application: Student's Report

Title of study: A qualitative exploration into how first generation Pakistani immigrants in the UK view and deal with personal problems and stresses in everyday life

Student name: Zakia Jabeen Mahmood.

Student number: 07041715.

Supervisors: Dr Mark Donati & Ms Jill Mytton.

1. Study outline

Research topic and question. State clearly the topic to be investigated and the research question(s) to be addressed in your study.

The objective of this study is to investigate how Pakistani immigrants construct and deal with their experiences of personal problems/difficulties and stresses in everyday life. The study will aim to address the following sub-questions:

a) How do Pakistani immigrants experience personal problems/difficulties?

b) How do Pakistani immigrants deal with their personal problems/difficulties?

c) How do Pakistani immigrants experience various forms of help/support that they may access?

d) What are Pakistani immigrants' views and feelings about professional psychological services?

Semi-structured interviews will take place with twelve first generation Pakistani Punjabi immigrants identified mainly through community and voluntary organizations. Transcripts will be analyzed using Interpretative Phenomenological Analysis. The emergent themes will be discussed and conclusions will be drawn in relation to previous literature, the implications for future research and the provision of culturally sensitive counselling services for Pakistani immigrants in the UK. The study aims to explore Pakistani immigrant's preferences for seeking various forms of support and possible barriers faced by them in accessing professional psychological services. This would be useful in understanding how their various identified help-seeking strategies can be adapted and integrated into the counselling context with Pakistani immigrants. It is thus hoped that this study will contribute to culturally appropriate ways of working with Pakistani immigrants in order to promote awareness and reduce stigma surrounding mental illness.

Study design. Outline the proposed design of the study including your methods of data collection and analysis. If an experimental design, state the variables you plan to measure. If a non-experimental design, describe the nature of the study.

The study will employ a qualitative methodology as the purpose is to obtain a detailed description of participants' 'subjective' accounts as opposed to gaining an 'objective knowledge or truth' of a phenomena (Lyons & Coyle, 2007). The study will utilize Interpretative Phenomenological Analysis (IPA) as its methodological framework (Smith, 2003) in order to capture and explore the rich and personal meanings that participants assign to how they construct and deal with their personal problems. The rationale behind choosing IPA and not Grounded Theory (GT), a relatively more established approach is that the focus is not on explicating contextualised social processes which is exclusive to GT (Willig, 2001). Semi-structured interviews adopting an open-ended and non-directive stance will be employed in order to facilitate further exploration and elaboration by participants. Use of semi-structured interviews in IPA allows greater flexibility and richness of data and allows access to participants' perceptions, feelings and understandings in a novel way (Smith & Osborne, 2003).

Transcripts will be analyzed individually via a process of reading and re-reading followed by integrating transcripts in order to obtain a detailed and composite picture of participants' experiences. Thus superordinate themes and sub-themes will be identified via the process of interview dynamics, interpretation, systematic categorization and via further modification of data. This would hopefully allow for unanticipated themes to emerge during analysis. Analysis will rely on the process of making sense of the participants' worlds and their experiences, firstly for the participant and secondly for the researcher. In this way, IPA involves a double hermeneutic (Smith, 2004). In order to address issues of researcher's possible subjective bias, further analysis will be carried out by two independent investigators (i.e. fellow students on the Counselling Psychology Doctoral Course). This will involve analysing partial segments of transcripts in order to ensure inter-rater credibility.

Participants. Specify the population from which you will draw your participants, how they will be accessed, and how many you will need. Specify any inclusion/exclusion criteria which will be applied. If you intend to sample from special populations (e.g. School children), indicate what arrangements you have made (or will be making) to gain approved access.

Purposive sampling will be used to select participants for the study. This study will focus on Pakistani immigrants as an attempt to obtain the views of one specific sector of the larger Pakistani group. Participants will be recruited through advertising in local community and voluntary centres and organisations such as the Pakistani Welfare Association (Appendix 1).

It is anticipated that a maximum of twelve participants will be selected to take part in the study. This number is deemed sufficient by the researcher given the aim of IPA, selected method of analysis, to present an intimate portrayal of individual experience (Smith & Osborn, 2004) and given the work is part of a doctoral thesis.

Inclusion criteria will include first generation Pakistani Punjabi immigrants between the age of 18 and 45 yrs who have been resident in the UK for a minimum period of two and a maximum period of five years. This time period was selected to ensure homogeneity of the sample and to assume that Pakistani immigrants have had sufficient time to have become acquainted to life in the UK. Bhugra (2004) proposes that following the first few years of migration, when the individual has settled, problems of acculturation and alienation may occur thus contributing to the development of stress, The rationale for including this broad age range is partly based upon the reasons that first generation Pakistanis largely emigrate to the UK following marriage to a UK citizen (Migration Watch UK) or for employment purposes (Home Office Report, 2003) and it was felt that inclusion of this age range would adequately reflect such individuals.

The 'Pakistani' population in UK encompasses a number of distinct regional and linguistic groups such as the Punjabis, Pathans, Sindhis, Mirpuris and the Balochis (Department for Communities and Local Government, 2009). Inter-ethnic differences among Pakistanis exist such as variations in religion, language, belief systems, place of origin, cultural practices and migration history (Shaw, 1988; Werbner, 1990). For this reason, the Punjabi immigrant sub-group will be included. *'Punjabi'* is defined as someone who originates from the region of Punjab in Pakistan. In order to ensure homogeneity, refugees and asylum seekers will be excluded from the study. Homogeneity ensures that it is possible to detect whether the established patterns of similarity or difference relate to individual characteristics or social variables (Smith & Osborn, 2004). *'Pakistani immigrant'* is defined as someone who was born in Pakistan and who has permanently settled in the UK. Whilst the terms 'immigrant' and 'migrant' are used interchangeably, immigrant usually implies to long- term settlement (Castles et al., 2002). The study will also exclude participants that have not only had any prior experience of mental health services but also who are currently experiencing any mental health issues. This is to ensure homogeneity of the sample and to make sure that participants are not currently experiencing any serious psychological difficulties which may impact upon them through their participation in the study. Hence individuals with a past or existing confirmed diagnosis of mental health problems e.g. diagnosis received from their General Practitioner, anyone currently taking psychiatric medication and/or who has undergone any former mental health treatment will be excluded from the study. Proficiency in English is an essential requirement owing to the difficulty in ensuring the accuracy and cultural appropriateness of translated data.

Procedure. Briefly outline the procedure through which you plan to collect your data (excluding access to participants).

The study will be advertised in local community and voluntary centres and organisations such as the Pakistani Welfare Association (Appendix 1). The Participant Information Sheet (Appendix 2) will be made available at the first point of contact with potential participants so as to ensure that participants have adequate information regarding the study and to help them decide whether they would like to participate in the study. Following initial contact via telephone/email with potential participants, a consent form (Appendix 3) will be posted or emailed to them for completion. A copy of the consent form will also be given to participants. General demographic details will be requested and a brief description of the purpose and nature of the study will also be provided to participants prior to the interviews.

A pilot study will be undertaken in order to expand and refine the questions within the interview format. An interview schedule/guide (Appendix 4) will be constructed specifying broad and general questions which will serve as leads and be followed up by areas of interest raised by participants. The array of general questions will predominantly focus on Pakistani immigrants' general experiences of viewing and dealing with their personal problems/difficulties and stresses in everyday life. Interviews will be non-directive and open-ended initiated by relatively broad questions and followed by appropriate/minimal probes and prompts in order to seek clarification and elaboration of participants' responses. Interviews lasting approximately 45 to 60 minutes will be audio taped, transcribed verbatim and checked for accuracy. A digital recorder will be used to record interviews which will take place within the premises of the university in order to ensure a safe environment both for the researcher and the participants. Participants will be orally debriefed following the interviews providing them with an opportunity to ask questions and discuss any related concerns or issues. A written debriefing sheet will also be provided (Appendix 5) highlighting the importance of their contribution to the study.

Timetable. Provide a timetable for the key stages in you project:

July 2009	Resubmission of Doctoral Thesis Proposal
Sept 2009	Submit University Ethics Forms to the Psychology Department's Research Ethic's Review Panel for ethical clearance.
Oct - Nov 2009	Resubmission of RD1(R) Form (register Thesis). Following approval by University Ethics Committee, make preparations for advertising and recruitment of participants.

	Undertake pilot study.
Dec 2009 – Feb 2010	Conducting main study (data collection).
March 2010 – July 2010	Transcription, data analysis & interpretation.
Aug 2010 – Feb 2011	Write up of Doctoral Thesis.
March 2011	Submit final version of Doctoral Thesis.

2. Ethics proposals

Briefing and consent. Specify the content of what you plan to say to participants by way of introducing your planned study. If you intend to omit anything important (beyond explicit specification of your focus), or you plan not to include a consent form, say why. Please provide a copy of your informed consent form. If your questions touch on sensitive issues, please attach questionnaires, interview schedules or examples of questions, unless instruments are well known.

Participants will be fully informed about research procedures, the risks entailed within the study and that providing informed consent is entirely voluntary. Prior to the interviews, appropriate information regarding the study will be provided to ensure that participants clearly understand the objectives and nature of the study. An initial telephone conversation with participants will take place which will provide the opportunity to discuss and check their suitability to participate in the study, such as verifying their psychological state. The Participant Information Sheet (Appendix 2) and the Consent Form (Appendix 3) will also be discussed with the participants. The Participant Information Sheet will clarify all aspects of the research process for participants which may influence their willingness to take part in the study. This will include the nature and purpose of the study and why they have been approached to take part in the study. The written Consent Form will cover all aspects of the information sheet. It will explicitly state what is expected of participants and for them to verify whether they are fully satisfied with the information they have received to date about the study. It will also specify their rights as a participant i.e. their right to withdraw from the study at any point in addition to confirmation of their participation in the study.

Confidentiality. Are there provisions for informing participants of confidentiality and protecting data from infringements of privacy? If there are no provisions, say why.

Whilst provisions will be made to ensure full confidentiality of participant's information, the limits of confidentiality will be outlined. This will include disclosure of information relating to criminal offences that may occur in future suggesting that others may be at risk of harm. Thus confidentiality will be broken in the instance where impending harm to self and /or others is evident. The police and appropriate health services such as the participant's General Practitioner will be informed about such revelations. Informed consent will be received on this issue.

Anonymity will be ensured by allocating all participants suitable pseudonyms and information identifying a participant will be duly removed. Hence any form of information indicating client identity (e.g. name, address, occupation) will be disconnected from the research data (e.g. interview tapes and notes). Data including participant's biographical information will be maintained on password protected files, kept in a secure location and locked away safely at the researcher's university or place of employment. Participants will also be informed that whilst the data will be made available to academic staff such as tutors/external markers, it will be anonymised before they use it. Audio recordings will be retained and safely stored by the London Metropolitan University for a period of 5 years (in case publication occurs). After this period and following publication (if applicable), tape recordings will be securely disposed of.

Debriefing. Briefly say what you plan to tell participants afterwards. If your study could identify vulnerabilities, what do you plan to do (e.g., plans to give participants details of potential sources of help)?

A written Debriefing Sheet (Appendix 5) will be provided to participants in order to inform them about the exact purpose of the study and to reiterate their contribution to the study. They will also have the opportunity to discuss any questions or concerns. Participants will have the right to access copies of their interview material as well as a summary of the findings if they require. Maximum effort will be made to protect the welfare, safety, physical and mental well-being of participants in accordance with the guidelines stipulated by the British Psychological Society (2006). This study may potentially evoke associated stress/emotional consequences in some participants. Both the researcher and the participants will have the right to terminate the interview at any point if it is felt that the participants become unduly distressed as a result of discussing their experiences. The researcher is an experienced clinician and will be sensitive to the needs of this group. However, any form of psychological intervention will not be implemented owing to the issue of undertaking dual roles. In order to minimise risk, the researcher will adhere to the guidelines outlined in the Distress Protocol (Appendix 6). Appropriate guidance/information will also be provided to participants such as recommendations to contact general health services (Appendix 7). Additionally, they will be provided with adequate information regarding the complaints procedure such as making contact with the Research Supervisor.

Deception. If your study involves intentional deception (other than harmless omissions of aims or focus), give details or write 'none'.

NONE

Special protection of participants. Specify any foreseeable physical or mental harm/ discomfort that your participants could experience as a consequence of participation, and your plan to minimise the risks. If no risk, write 'none'.

None except for those aspects covered above and in the Participant Information Sheet.

Any other ethical issues. Specify any other ethical issues raised by your proposed study (e.g., use of vulnerable population) and say how you plan to address these.

N/A

I have read, understood, and agree to abide by the Ethical Principles for Conducting Research with Human Participants set out by the British Psychological Society.

Student's Signature: **Date:**

Appendix B: Copy of Ethical Approval

London Metropolitan University,

School of Psychology,

Research Ethics Review Panel

I can confirm that the following project has received ethical approval to proceed:

Title: *A qualitative exploration into how Pakistani male immigrants in the UK deal with personal problems and stresses in everyday life*

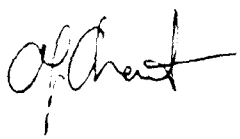
Student: *Zakia Jabeen Mahmood*

Supervisor: *Mark Donati*

Ethical approval to proceed has been granted providing that the study follows the ethical guidelines used by the Psychology Department and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:



Date: 08/11/2011

Dr Chris Chandler

(Chair Psychology Research Ethics Review Panel)

chandler@staff.londonmet.ac.uk

0207 320 1074

Appendix C: Recruitment Poster ***HOW DO YOU DEAL WITH PERSONAL PROBLEMS AND STRESSES IN EVERYDAY LIFE?***

ARE YOU A PUNJABI PAKISTANI MALE IMMIGRANT WHO HAS BEEN A PERMANENT RESIDENT IN THE UK FOR AT LEAST 2 YRS AND A MAXIMUM PERIOD OF 5 YRS?

ARE YOU AGED BETWEEN 18 AND 35?

HAVE YOU HAD NO PAST OR CURRENT MENTAL HEALTH PROBLEMS AND HAVE NOT RECEIVED OR ARE CURRENTLY RECEIVING TREATMENT FOR THIS?

IF YES, THEN PLEASE READ ON....

My name is Zakia Jabeen Mahmood and I am currently studying towards a Professional Doctorate in Counselling Psychology at London Metropolitan University.

My research looks at how Pakistani Punjabi male immigrants view and deal with personal problems and stresses in everyday life. Your participation in the study would mean having a conversation with me lasting approximately an hour where you would be asked to share your experiences.

University Ethical Approval has been gained for this study. If you are interested in participating or would like to know more about the study please contact me at zakia.mahmood@ntlworld.com OR on 07535652988.

THANK YOU FOR TAKING TIME TO READ THIS POSTER

Appendix D: Participant Information Sheet

How UK Punjabi Pakistani males deal with personal problems and stresses in everyday life

You are being invited to participate in a research study. However, before you decide whether you would like to take part or not, it is important that you understand why the research is being carried out and what it will involve. Please take time to read the following information carefully and if you require, you may want to discuss this with other people. If you are unclear about any information or require more details, you are welcome to contact either me or my Research Supervisor (contact details are provided below). Please take your time in deciding whether you would like to take part or not.

Purpose of the study:

This research is being carried out as part of a Professional Doctorate Course in Counselling Psychology. The intention of the study is to explore how Punjabi Pakistani male immigrants deal with personal problems/difficulties and stresses in everyday life. You will be provided an opportunity to have a conversation/discussion about how you deal with your personal difficulties. You will also be asked about whether there any forms of support that you access, and your views and feelings about professional health services. I am interested in understanding participants' experiences and seeing whether there are any common themes or issues that come up. The results of the study will help in developing a better understanding of the ways in which UK health services may benefit Punjabi Pakistani immigrants.

You need to be aware that you will not be provided with a mental health diagnosis as a result of participating in the study. If this is an issue that is of concern to you, then it is advisable that you either contact your GP or consult on-line mental health support. I am happy to provide you with further information regarding this, should it be necessary.

Why am I being approached for this study?

You are being approached for this study owing to your status as a first generation Punjabi Pakistani male aged between 18-35 years, who has emigrated to the UK and who has been a permanent resident of the UK for at least two years and a maximum period of five years. Your views and experiences are hence important.

Am I obliged to take part in the study?

It is solely up to you if you decide to take part or not. In case you agree, you will be requested to sign a consent form. If you decide to withdraw from the study following the interview, you will have up to a time period of two weeks to do so. If you do decide to withdraw from the study, this will not have any adverse implications for you. This means that what you say during our conversation will not be used in the study.

What happens after I decide to take part in the study?

You will be requested to complete the (attached) consent form. I will contact you to arrange a time that is convenient for you to talk about your experiences. The study will involve having a conversation with me for approximately 45-60 minutes. This means that I will ask you a series of general questions in relation to how you deal with personal difficulties and stresses in your life.

What about confidentiality?

With your permission, the conversation will be audio-recorded, transcribed and segments of this may be incorporated into a report that will be accessible to other individuals such as the Research Supervisor and other tutors who will be formally assessing the report. However, you will remain completely anonymous i.e., your name and identity will not at any point be made available and will be kept separate from the findings of the interview. No one will have access to this information except for myself.

All information that you provide will be secured in a safe place by the researcher. However, confidentiality will need to be broken if any information is disclosed suggesting any future illegal activity or any harm to the self or others. In this case, appropriate services or the authorities will need to be informed. The tapes used during the conversation will be destroyed following transcription and once the study has been assessed and marked. Transcripts of the conversation will be kept for a maximum period of 5 years in case the study is published and will then be destroyed.

Costs

The study will take place within the premises of London Metropolitan University. You will be reimbursed for your travel ticket that you purchase for coming to the university.

Risks

Given the personal nature of the issues you will be discussing in the interview, it is possible that this may evoke difficult thoughts and feelings. If you wish, you may also take small breaks during this period to help you feel more relaxed about discussing your experiences. Both you and I, the researcher will have the right to put an end to the interview if at any point during the interview you become unduly distressed whilst talking about your experiences. This is to ensure that your well-being is safeguarded at all times.

It is possible that taking part in this study may bring about some upsetting feelings in you as you are been requested to share your experiences of dealing with your personal difficulties. In this case, information will be provided to you regarding appropriate forms of help that you can access. These will include local counselling/therapeutic and general support services.

Making a complaint

If you wish to make a complaint about any aspect of the study, please contact my Research Supervisor, Dr. Mark Donati at London Metropolitan University:

m.donati@londonmet.ac.uk

Tel. 020 7320 1110.

What about the findings of the study?

If you wish to obtain a copy of a summary of the findings, please provide your contact details. These details will be kept separate from the material that you provide me during our conversation. The results of the study may be published in a journal. However, no information identifying you as a participant will be included.

Your contribution to the study

Your input and contribution will offer helpful information to those professionals trying to make UK health services more useful and relevant to Punjabi Pakistani males and the Pakistani community. I am happy to respond to any further questions or queries that you may have.

Thank you.

Zakia Jabeen Mahmood.

3rd Year Counselling Psychology Trainee

zakia.mahmood@ntlworld.com

Contact No: 07535652988

Appendix E: Informed Consent Form

This consent form is to ensure that you are happy with the information you have received about the study. It is also important to check that you are aware of your rights as a participant and to confirm that you wish to take part in the study.

To be completed by the participant:

Please circle Yes or No

- Have you read and fully understood the information sheet?
  Yes/No

- Have you had the opportunity to discuss further questions related to the study?
  Yes/No

- Are you satisfied with the answers to your questions?
  Yes/No

- Have you received enough information about the study to decide whether you want to take part ?
  Yes/No

- Have you understood that all information you reveal will be kept confidential. However, have you understood that confidentiality will have to be broken if the information disclosed is illegal or likely to cause harm to the self or the other at any point in the future?

  Yes/No

- Do you understand that you are free to refuse to answer any questions?

  Yes/No

- Are you clear that you have the right to withdraw from the study up to two weeks following your interview?

  Yes/No

- Are you clear that both the researcher and the participant have the right to terminate the interview if undue distress is evident?

  Yes/No

- I agree for the researcher to audiotape my conversation and also to allow her to use verbatim quotations from my speech in the writing up or publication of the study.

  Yes/No

- Do you understand that you will remain completely anonymous and that your name and identity will not at any point be revealed and that this will be kept separate from the findings of the study?

  Yes/No

- I agree that my taped conversation and transcript will be kept up to a period of five years in case the study is published.

Yes/No

- I agree to take part in the above study.
  Yes/No

_____	_____	_____
Name of Participant	**Date**	**Signature**
_____	_____	_____
Researcher	**Date**	**Signature**

Appendix F: Interview Schedule

1) I would like to start by asking you why you have volunteered to take part in this study?

2) Can you tell me a bit about yourself and what it has been like for you since settling in the UK?

Use prompts if necessary: expectations (might want focus on reasons for coming to the UK) and difficulties/challenges faced in particular contexts (e.g. family/work/relationships).

3) Everyone faces problems and stresses in life, are you able to talk about a particular personal problem/difficulty that you have faced?

Use prompts if necessary: contexts (family/work etc)/causes/cognitive and emotional impact.

4) How did you deal with this particular problem and difficulty? Why did you deal with it in that way?

Use prompts if necessary: sources of help/support (e.g. self/family/religion etc)/reasons for accessing support.

5) Did you find anything helpful or useful in tackling your problem in this particular way?

Use prompts if necessary: description/ frequency/perceived benefits and challenges

6) If you found that dealing with your particular problem in this way was not very helpful, how do you feel about this and did you do anything about it?

Use prompts if necessary: reasons/cultural or societal challenges

7) What are your views and feelings regarding professional health/psychological services?

Use prompts if necessary: knowledge/beliefs (cultural, religious etc)/perceived benefits and barriers.

8) What would encourage you to seek help and support from professional health/psychological services?

Use prompts if necessary: cultural and social aspects/gender issues.

9) Being Pakistani, is there anything that might stop people from a Pakistani background seeking professional help?

Use prompts if necessary: accessibility/barriers/suggested improvements.

10) What do you think professional health/psychological services should consider prior to offering Punjabi Pakistanis or Pakistani men support and help within your community?

Use prompts if necessary: cultural and gender factors

11) Is there anything else that you like to add to this discussion that you feel is important and would like to share?

12) How has your experience been of taking part in this interview?

Appendix G: Demographic Details Form

Age

Occupation

Marital Status

Length of stay within UK

Appendix H: Written Debriefing Sheet

Title: How UK Punjabi Pakistani male immigrants deal with personal problems and stresses in everyday life

Thank you for your participation in this study. This debriefing is given as an opportunity for you to learn more about this research study, how your participation plays a part in this research and why this research may be important.

The purpose of this study is to understand how Punjabi Pakistani male immigrants living in the UK deal with their personal problems and stresses in everyday life. This means exploring how you experience the various forms of support that you consider useful in dealing with the problems or stresses on a day to day basis. I am also interested in finding out your views and feelings regarding seeking professional psychological services and what cultural barriers that you may be facing whilst accessing these services. As stated clearly in the participant's information sheet, the aim of the study is not to provide participants with a mental health diagnosis. If this something, however, that is of concern to you, then you should either contact your GP or consult on-line mental health support.

South Asians have been found to have the highest prevalence rates of certain mental health problems (e.g. depression) in the UK, whilst at the same time being underrepresented in mental health services. Similarly, South Asians (including Pakistanis) tend to consult their GP's to a great extent but may not always receive a psychological diagnosis. There is also a lot of research demonstrating that 'Asian' cultures and men in particular are less likely to seek counselling and psychological therapies when experiencing emotional/mental health problems. Amongst other factors, this may also be due to factors such as Asians expressing their emotional problems in terms of physical complaints, feeling more confident in turning towards their family and religion for support, lack of knowledge of mental health services and feeling that professionals may undermine their cultural /religious values. Furthermore, there has been very limited research in exploring the reasons why Asian men are not accessing professional support. Hence, obtaining your views and ideas about what helps or prevents you from deciding to seek mental health support/counselling is important in this matter.

Currently there is a considerable research attempting to understand how cultural, social, economic, religious, political and psychological factors affect immigrants' mental health problems. At the same time, despite existing government policies to reduce unfair and unequal treatment amongst ethnic minorities, these groups do not seem to be satisfied with current mental health services offered. I am particularly interested in exploring what areas may require improvement e.g. culturally responsive ways of working with Punjabi Pakistani male immigrants within a counselling setting. For instance, how various help-seeking

strategies that you talk about could be used and adapted to working with Punjabi Pakistani male immigrants.

I understand that it may be difficult at times to answer the questions as part of this research and your generosity and willingness to participate in this study are greatly appreciated. I do however request that you do not discuss the nature of the study with others who may later participate in it, as this could affect the validity of the research conclusions.

Sometimes people find the subject matter of these interviews difficult. If answering any of these questions have resulted in any distress, anxiety or concern and you would like to speak to someone about your thoughts or concerns, I am enclosing a list of useful counselling/therapeutic and support services which you may find useful.

As stated before, the information that you provide will be kept anonymous except for myself, my supervisor and those formally assessing the report. Thus there will be no information that will identify you i.e. pseudonyms will be used. It may be possible that the results of this study are presented at academic conferences or published as an article in a journal. If you would like to receive a summary of the findings of this study or have any additional questions, you may contact either myself or my supervisor. Contact details are:

Zakia Jabeen Mahmood zakia.mahmood@ntlworld.com

Mob No: 07535652988

Research Supervisor: Dr. Mark Donati. m.donati@londonmet.ac.uk

Contact No: 020 7320 1110

Appendix I: Distress Protocol

Protocol to follow if participants become distressed during participation:

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in the research whilst discussing their everyday life problems and difficulties. It is possible that whilst participants have not previously sought treatment and are not currently receiving treatment for any known mental health problems, they may potentially be suffering from some degree of psychological difficulties.

The researcher is an experienced Mental Health Practitioner currently working in a primary care mental health context and also undergoing professional training in Counselling Psychology. She therefore has experience in managing situations where distress occurs. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. This is because full attempt will be made at the initial stages of recruitment to ensure that potential participants have had no prior and current experience of mental health problems. This will be verified in the form of an introductory telephone conversation with potential participants so as to minimise any risks. In the scenario where participants become unduly distressed, below is a three step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

Mild distress:

Signs to look out for:

1) Tearfulness.
2) Voice becomes choked with emotion/ difficulty speaking.
3) Participant becomes distracted/ restless.

Action to take:

1) Ask participant if they are happy to continue.
2) Offer them time to pause and compose themselves.
3) Remind them they can stop at any time they wish if they become too distressed.

Severe distress:

Signs to look out for:

1) Uncontrolled crying/ wailing, inability to talk coherently.
2) Panic/anxiety attack- e.g. hyperventilation, shaking, fear of impending heart attack.

3) Intrusive thoughts of traumatic event/s- e.g. flashbacks.

Action to take:

1) The researcher will intervene to terminate the interview.
2) The debrief will begin immediately.
3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation.
4) The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to their everyday life difficulties/problems and that most people recover from such psychological distress.
5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss this further with mental health professionals and remind participants that this is not designed as a therapeutic interaction.
6) Details of counselling/therapeutic services available will be offered to participants (Appendix H).

Extreme distress:

Signs to look out for:

1) Severe emotional distress such as uncontrolled crying/wailing.
2) Severe agitation and possible verbal or physical aggression.
3) In very extreme cases- suicidal ideation and plans expressed/possible psychotic breakdown.

Action to take:

1) Maintain safety of participant and researcher.
2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform the appropriate mental health services any such as their GP.
3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain them and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency).

Appendix J: List of Useful Services

IF YOU REQUIRE COUNSELLING OR SUPPORT FOR ANY ISSUE YOU MAY CONTACT ANY OF THE FOLLOWING ORGANISATIONS:

MENTAL HEALTH SUPPORT/GUIDANCE

Black and Asian Therapists On-line

177 Brookscroft Road

London

E17 4JP

www.baato.co.uk

E-mail: eugene@baato.co.uk

Directory of Black and Asian therapists across the country.

Men's Health Forum

The Men's Health Forum
32-36 Loman Street
London
SE1 0EH
United Kingdom.

Tel: 020 7922 7908

www.menshealthforum.org.uk

Offers information, guidance and support to boys and men regarding a number of health related issues including mental health.

Mind

15 – 19 Broadway

London E15 4BQ

Tel: 020 8519 2122

Email:contact@mind.org.uk

Website: www.mind.org.uk

Has a confidential helping line. Local Mind Associations provide services such as counselling, advocacy, befriending and support on a wide range of mental health issues.

Multikulti

Lasa, Universal House,

88/94 Wentworth Street,

London, E1 7SA

Information recourse that provides accessible, accurately translated advice and information in a number of languages including Arabic and Urdu.

www.multikulti.org.uk

Muslim Council of Britain

PO Box 57330

London E1 2WJ

Tel: +44(0) 845 2626 786

Email:admin@mcb.org.uk

Provides a database of counselling services for the British Muslim community such as bereavement, marriage, parental and drug counselling.

Muslim Youth Helpline (MYH)

2nd Floor, 18 Rosemont Road,

London, NW3 6NE

www.myh.org.uk

Helpline: 0808 808 2008 Lines open: Mon to Fri 6pm-12 midnight /Sat & Sun 12pm-12am

General enquiries: 020 7435 8171 Lines open: 10am-6pm

E-mail: help@myh.org.uk

Provides a free and confidential service run by young Muslims trained in Islamic counselling skills.

Sakinah

72 -74 Selwyn Road,

Plaistow

London E13 0AP.

Tel: 0870 005 3084

Email:info@sakinah.org.uk

support@sakinah.org.uk

Works largely with a Muslim population in London.

Samaritans

Offers a 24 hour counselling help-line service.

Tel: 08457 90 90 90

Email:jo@samaritans.org.uk

COUNSELLING/PSYCHOTHERAPY

British Psychological Society

St Andrews House

48 Princess Road East

Leicester LE1 7DR

Tel: +44 (0)116 254 9568
Fax: +44 (0)116 227 1314
Website: http://www.bps.org.uk

Provides details regarding qualified psychologists trained in a variety of methods/approaches in UK.

The British Association of Behavioural And Cognitive Psychotherapies (BABCP)

Cognitive Behavioural Therapy (CBT)

Globe Centre, PO Box 9

Accrington, BB5 2GD

Tel: 01254875277

Website: www.babcp.co.uk

Provides details regarding qualified Cognitive Behavioural Therapists in UK.

British Association for Counselling And Psychotherapy (BACP)

BACP House,

35 – 37 Albert St,

Rugby, Warwickshire

CV21 2SG.

Tel: 0870 443 5252

Website: www.bacp.co.uk

Offers CBT, counselling, group therapy and psychotherapy

Faye Mohammed Counselling and Training

10 Kelston Avenue

Ilford, Essex

IG6 2EJ

Tel: 0208 262 6572

Nafsiyat Intercultural Therapy Centre

262 Holloway Road,

London, N7 6NE

www.nafsiyat.org.uk

Tel: 020 7686 8666 Lines open: Mon to Thurs 9.30am- 5.30pm

E-mail: enquiries@nafsiyat.org.uk

Offers specialised therapeutic help to people from ethnic and cultural minorities and for people in mixed cultural relationships as well as for people for whom cultural matters are an issue. Self-referral by letter only.

Newham Independent Counselling Service

365 High St North

London E12 6 PG

Tel: 020 8470 9900

UK Council for Psychotherapy (UKCP)

167 – 169 Great Portland Street

London W1W 5PF

Tel: 0207 326 3002

Website:www.psychotherapy.org.uk

Offers CBT, couples, family, group therapy and psychotherapy

YOU MAY ALSO CONTACT YOUR GP IN ORDER TO ACCESS FREE COUNSELLING AND PSYCHOLOGICAL SUPPORT.

This list has been compiled by referring to a variety of sources taken from the internet.

Appendix K: Example of an Annotated Transcript (Amin)

INTERVIEW - AMIN

I: Interviewer

R: Respondent

I: Right I'll put that down there. Thank you for giving me your time today.

R: Sure.

I: Okay can you tell me just very briefly why you volunteered to participate in the interview today?

R: Well, it's like nothing to lose and err that my interview probably in future somehow is gonna err the studies people are doing it or it's going to be appearing in experience for people that's it.

I: So you think *(gets interrupted)*

R: I don't find it err very.. it's just a problem, inappropriate that I just reveal my personal information and which I have not got that personal and that's gonna affect my personal relationship or my social life or so. I don't find it difficult so it should be okay.

I: So you think (gets interrupted again)

R: That's the best thing to.. a good thing to do voluntary work..somehow just be used for a good cause

I: Okay so you think this thing would be a good cause?

R: Yeah

I: How do you think that this would be a good cause? *(coughs)*

R: I'm not really away into psychology or psychological studies but I think people in this country are suffering a lot a lot these kind of traumas, domestic err financial..and other sorts of err stress and err. I've been a victim of it to be honest with you and err..it's all about sharing information and knowledge with each other. That's how human beings progress and makes things better.

I: So you think that by sharing that information with me..that could possibly benefit other people?

R: Other peoples yeah.

I: Okay that sounds good thank you. Uhmm I'm going to move on and ask you to tell me a bit about yourself and tell me what it's been like for since settling in the UK?

R: Well in the beginning it was not a very pleasant experience coming her err..from Pakistan *(coughs slightly)*. It's been five years now since I've been in this country. Now I've got a ten month old daughter and I'm happily married but back in the days when I came here first time it was terrible 'cos I didn't have my family around yeah. I was the first err person from my family just to err..go outside the country for living or studies in terms of and no friends, no family or any sort of social activity to do. It was a terrible experience but I must say that its', it's the colour of London, it's a very diverse city and it takes in and it absorbs

Does he suggest that he does not really have problems? Repetitive use of 'just'? (Stress?)

Disrupt around discourse

Reasons for not disclosing - perception of others. What is this? Seems to be contradicting himself unsure whether to disclose?

Suggesting participation in interview will make a valuable contribution

Lack of information and knowledge

Is he making a comparison of people in the UK + that of other countries? Who is the making a comparison with? Kinds of stress. Is he alluding to the sharing of stress? Use of 'all' - educating each other equivalent to progress / human development

Importance of sharing / communicating information

Time Period settling/shock

Unavailability of family

Reasons for migration / isolation

His experience seems to be embedded in time; stages of coping + dealing.

Found it very lonely

Use of 'terrible' to emphasise the impact on self

Is he saying that he was able to 'absorb' into the complex life of UK? Use of 'absorb' - mix in, become a part of

people all over the world, it comes in and do studies, work or anything. It wasn't sooner than, it wasn't later that I got absorbed in that diverse society and plus err.. my Pakistani community helped me a lot, I didn't feel a stranger on a different planet. It was very err *(coughs)* I must say a warm place to mix up and have a social life, it was okay but in the beginning it was an awful experience.

I: You, you mentioned in the beginning that it was terrible, it was awful for you because you didn't have a lot of friends and family and then you go on to say that actually...you absorbed yourself in the diverse society because you, your Pakistani community helped you?

R: In a way it was helping because..because err you get on with people from your culture, from your background wherever they live and err..apart from enforced religion or anything. Obviously err...I came here for studies, I was a student, I did go to college, I did make new friends...and I had the opportunity to, to communicate with them and luckily I could speak quite good English at that time so it didn't take me long to mix up and get on with people and with the social life over there and with families but financially and morally it's been really, really awful in the beginning and to find a job and to get on, get on with err your daily domestic chores it's been awful and especially when you live with or share your life with different people and ten, fifteen guys in one house and you got to share their toilets and kitchen and everything, you've got to be very responsible in that terms I must say that it was an awful experience but in the time, as time goes by it was alright.

I: Okay. You, you talked also a little about that you made friends at at, is it college?

R: Yeah I did make friends at college, work and err gym as well. I used to go to library regular and I've seen quite decent people there and the people used to just come there for different purposes and you just chat with them and with your community and different communities all over from different backgrounds so it's not only just my community especially Pakistanis but from all over the country, all over the world they come here and they're black, white and also people you just talk to them and you share your knowledge and information with them and your experiences with them and it's really beneficial for you.

I: So what you're saying is by sharing your knowledge, information and experiences with people from different cultures *(interrupted)*

R: It really helped me yeah

I: So you found that quite useful?

R: Useful yeah and information from each other.

I: In what way was that useful, what was it like?

R: *(coughs)* The country I come from Pakistan, ninety nine point

Sense of identification with Pakistani community

Importance of Culture

Reasons for migration

Adapting into UK society

Social relationships

The moral self

Time as a healer

Integrating with Others

Sharing experiences

'so was it 'sooner' or 'later' expression is confused

Felt welcomed 'Planet' emphasising difference

His community has helped him

Use of time

Interesting use of word 'my' - sense of belongs

Sense of kinship

'Your' to emphasize differences from other communities

Culture/is religious differences

Language important in adjustment

Communication is vital

The social self

Economic constraints limiting/leading to a more deeper sense of moral failure?

Questioning of his morals

Repetition of 'really' and 'awful' in emphasising his difficulty

Highlighting temporal feature

Emphasizes the social and global self

He is flexible & open adjustable

Highlighting the importance of integrating with others cultures and not marginalizing the self from others

Found it beneficial

nine percent of people are Muslim...it's a Muslim state and it's an entirely different life..where we come from..while living in Pakistan, I did not have any idea that err so many things that actually happen in this country that you can't see them there. It means you walk into that Regent St or Oxford St. people come across to you, you see about ten nationalities in about ten metres distance and you see wow, that's amazing, the colour of different styles, different languages. It's really diverse so you, you just come out of that your personal hollow shell that you've just been living in and you think that's all really what life is but life is really broad and it makes your mind and heart broaden and makes your view broaden. You, you, your mind gets actually enlightened in that diverse society.

I: So coming to England for you enabled you to broaden your mind?

R: Broaden my mind, enlighten my wisdom everything yeah. It was a good thing.

I: Before coming to this country..

R: Hmmm

I: ..did you have any ideas and err (*interrupted*)

R: Well, we used to *(interrupted)*

I: ..about coming here?

R: No uhmm I used to dream about coming here for my higher studies when I was young and doing, doing my graduation but I didn't take it seriously but that thought..popped into my mind when I was doing my masters in political science and err a couple of my friends actually applied for the visa and they got it and they told me that it was a wonderful experience. That really actually flourished my desire to come into this country and I think that they were right. I haven't got no regrets of coming over here. It's been a very pleasant experience.

I: It's been a good experience for you.

R: Yeah.

I: Okay mmm you talked a little bit about some of the difficulties, I know that like..friends okay you made friends at the time..

R: Hmmm

I: But you also mentioned that you didn't really have any family here, what was that like...for you?

R: It was in the beginning, it was terrible time especially when it was special occasions or when it was Eid or a religious festival or independence day or the way we used to celebrate different occasions back in Pakistan it was entirely different but luckily the area I used to live in is well accommodated with err Pakistani population. I must say more like Asian population. **** **** (*names of cities*) and everything. I still remember my first independence day, fourteenth of August and it was a big hue and cry on the streets and err my friend was telling me that it was going to be a big crowd rally in *** Street and I went there and it

Religious difference

UK a diverse nation/culture

Life as a broadening experience

Time period

Connecting with Asians

'We' - is he referring to himself and the researcher?

Shock, surprise

'Hollow shell' - has his culture been confining him? Emptiness? Isolated self as diverse self

Experiencing different cultures as life broadens your mind + heart

Repetition of 'broad' / widen yourself; your views of others

Is keen to get his point across

Reasons for coming to UK strengthened by other experiences

Intrinsic desire

A good experience

Use of comparison Pakistan to UK

Lucky to be around Pakistanis / Asians

was very delighted I was very delighted to see the crowd, to just raising slogans, just shouting and celebrating the..it was very jubilant. It was like the same thing as you were in your home country but in terms of err family, it was hard. It was you come home, you see your brothers and sisters, you see your mum and dad and you enjoy a meal with them, you sit around on the table, have a nice conversation. It's like a daily, daily thing you do in your life but you miss a lot when you're away from them which I do and I still do.

I: Okay thank you for that *(coughs)*. We all go through personal problems and difficulties and if you like stresses in our life uhmm I'm interested in finding out a bit about..your, your ever day personal problems and difficulties that you face...at the moment.

R: Well, I don't think so..I've got history of personal problems back in Pakistan. We're four brothers, four sisters, we're a big family, very happy and we have our mum and dad, brothers and sisters living under the same one roof. Everyone gets on with each other, we're okay we have our social life and friends and I used to play cricket a lot but coming here, it changed my life a lot at the same time like given me some good experience as well as bad as well...is one of the thing that I really must say was a a horrific experience of my life was when my daughter was only three months old and my wife went into prison for some past relation activity for which she was involved somehow and she didn't tell me for good cause but it just backfired on her and err caused trouble for me as well. It was a very emotionally.. err heartbreaking experience for me personally for me because I still have not told my family what I did go through. It was a very rough patch of my life because err it was my first child and err I did not have no experience to do things, certain things which a father do and err not having family you around makes things more complicated but at the same time I'm must say it did teach me a lesson as well, it made me more stronger to deal with different situations of like like err...effectively.

I: It seemed as if on one hand although like you said it was emotionally difficult..

R: Emotionally heartbreaking, difficult yeah

I: ..emotionally heartbreaking for you err..because you actually didn't as you mention your family weren't here to support you is that right?

R: Yeah it's just that I didn't tell my family at all because the reason behind it, I come from a very strict culture and err..even though the family's educated and they do understand things but still they...the root cause for them is to stick with the basic culture which is very strict and not touchable for anyone. Obviously I was the eldest son in my family, if I had told them the whole glory details of what happened, I think it would have affected, I did think about it but I did not act upon it because I knew my

loss of family

Change

Emotional trauma

keeping problems to self

Resort to become stronger

Adherence to a strict culture

sense of loss for not having family around

Family an important part of life

His sense of experience is tied with that of his family?

Reflection

what kind of trouble? Emotional/physical? physical or financial? or something else?

Emotionally tormenting experience: emotionally having family as support

Pressure to deal with his problems on his own

Comparison with earlier self - less strong, had to learn how to be stronger

Rigid/unchangeable rules of culture

Education cannot change strict cultural ideals

Change status/position in family - seniority important

'Not touchable'; unable to change or amend

Use of 'root' interesting as placed fig in the ground. Hard to shift like his feelings/views/ideas

parents what they're like, what they are gonna take, what their reaction is gonna be and probably they would not let me see...let me just put this situation and they would not let me do a deal with the, that marriage anyway so I just take one step that I'm doing everything myself and keeping it inside me and I think it was the right thing to do. It was a very difficult thing for the time being..temporarily I mean it hurt me a lot and I was under stress financially, emotionally because err..err when I got married she had two daughters from a previous relationship, one of them was eleven and the other one was thirteen, it was a horrific experience for them. So all of a sudden it was like a big responsibility for me to just look after three girls with limited means of finance and especially off from work. It was a new thing just to look after a three months old baby.

I: It sounded really difficult..

R: Yeah while she, especially when she's err having breastfeeding and..

I: What was that like?

R: It was, it was difficult means she was not drinking any milk for a couple of days and I was getting really worried. Then she got constipated for a lot of days, it happened all of a sudden and it was err..very heartbreaking to just look at my little one, see her suffering and to see her go through all of this because I used to think that she didn't deserve it and probably I did something in the past and that God had punished me and that..it was err I don't wanna think about that anymore, it really makes me stressed, it was a very very difficult time.

I: It must be very difficult for you to talk about it now?

R: Yeah it is actually *(interrupted)*

I: As you don't want to think about it

R: I don't wanna think about it, I don't wanna imagine it, I don't want anyone to just go through that emotional patch of my life and it was hard, heartbreaking...but somehow I coped, I did cope well and the time went by so it's okay now.

I: So okay it seems with time you've been able to deal with it.

R: With time I was able to deal with it yeah.

I: As you were talking a bit about your very difficult emotionally heartbreaking experience you mentioned something about belonging to a strict and basic and not a touchable culture, can you tell me a bit, a bit more about that?

R: Well in Pakistani society, because everybody knows, people got different cultures, different backgrounds. It means, If you talk about English people, they have got a different culture and lifestyle, Indian people have got different culture and lifestyle and so Pakistani people. I think it, it relates more to the err the area than religion and err it's very deep rooted and this goes back to centuries and centuries *(gets distracted by digital recorder as investigator checks recording)*

Doing it on my own

Keeping it inside

A new thing

Very difficult

Time as a healer

A deep rooted culture

I: Yes continue talking.
R: For me personally, what we err we do and you have parents, you've got brothers and sisters, you live life with family and you grow up and you get to a certain age, your parents look for a right match where you agree or disagree it's up to you but they really look for a match for you as you get married, have kids, a nice family and you just get on with life and all domestic chores of life but err...as I mentioned earlier on that I got married with a person, a woman who was already married and she had two daughters from a previous relationship and I was a bachelor at that time and she was five, six years older than me and it's not accepted in my culture. I wouldn't talk about religion but it's not acceptable in our culture. It's err..it's not against a religion but it's against culture. It's err very hard to find the...permission to actually get yourself registered in this society, it's a very strict society just to have a woman in your life who already has a relationship and err that was I think the downside of my relationship. It really caused trouble and you still..it's not one hundred percent err...consent by that as they still find it a bit hard to accept her, they don't mind my daughter, obviously she's my blood and family but when it comes to my wife and anything, they think I probably deserve better, I shouldn't have put myself through all this or I was the oldest one, I should have thought about my family first 'cos they needed me more, they needed me most than someone else. So it's a very high expectation I must say in a way I must say otherwise It's okay. That's how it works I mean people don't take it easily, you take your wife out to do a wedding or a function and acceptance is gonna be really hard if a woman is older than you or she's already engaged and err *(interrupted)*
I: According to the culture?
R: Cultural expectation. It's all about culture, religion is not even an issue. If you talk about religion, then Prophet Mohammed peace be upon him, ` he was twenty five when he got married first with a forty years old widow Hazrat Khadeejah and err he was not even, prophet hood was not even revealed on him at that time but he actually got married with someone fifteen years older than him. So religion is not an issue but the problem is the culture.
I: Cultural constraints?
R: Cultural constraints and is..I know it's gonna be there all my life. It's not gonna be as normal as much as I, probably it's gonna be normal in my boundary but it's not gonna be acceptable in society and it's a heartbreaking truth.
I: So building on that idea that it's going to be staying with you, this kind of cultural constraint and also uhmm the the challenge of your parents, your family not being to accept your wife into the family how do you, how do you see that? What is that like

Adherence to aspect culture

Need for family approval

Social acceptance

Its all about culture

Societal vs self boundary

Simple from use of 'our' to 'my'. Manage to an older woman deemed as unacceptable culture vs religion. Defying culture - its all about culture to make an acceptable place in culture. Needs permission from whom? Caused trouble how? Family + culture all are intertwined. Being hard on self. Expectations re self ? Putting own desires first. Pressures to conform to family / cultural expectations.

'It' gives supremacy to culture over religion. Uses religion to justify own actions / decisions made in life.

Manage to get away from it. Not normal in society? as minded? Normal; outside boundaries of culture + family. My 'Boundary' suggesting that he has set his own sense of boundaries that are different to the boundaries of others eg culture. Heartbreaking that his boundaries are not considered 'normal'

for you?

R: It's not, it's not that bad, means that if I take her with me and take her in the house or anything. It's all about culture, probably they are more worried, they want to accept her from the heart but probably they are somewhere worried about relatives and the cultural constraints outside of the house because where we live is a very congested family oriented areas and it's not that unacceptable for them but probably it's really hard to accept her.

I: So you can understand the problems and difficulties that they are faced with?

R: Yes I do, I do and sometimes when I am just sitting by myself and I think about everything, the only thing that comes to my mind is that probably I should not have done anything, not to err put my parents to go through all that they have had gone through because I think that I am the cause for all this trouble and I could have done things differently.

I: How would you have done them differently if you would have given the opportunity?

R: Well probably in that scenario, I wouldn't say that I do regret getting married to this woman or anything or I regret err having a child from her or anything. I wouldn't really like to do it any other way but I wish she was single and I wish she was in a different circumstances, she didn't have kids so. Even if it, it's not that possible but at least I would have things, I would have done things openly. Probably I would have got err consent of my family and just involve them and make a nice traditional, cultural ceremony where you actually invite everyone and have err just have social acceptance by everyone.

I: So social acceptance is very, quite important to you?

R: Quite important. I didn't, I didn't think about it. I thought everything is gonna be fine. To some extent it did but I must say that people who say that you shouldn't really care about people are the people they who are wrong. You should because we don't live in a forest, we don't live in a jungle. We live in a society, we live in between the people so you have to think about other people as well as the society.

I: So it's important what other people think of you and what opinions they have?

R: Yeah it is, it really important. I don't understand people who talk about err I don't really care what he thinks or she thinks, end of the day it's my life. I've got to lead it the way I want. It's important but I don't know about the British standard society background but what I know about my country is that my life directly or indirectly reflects a lot on my brothers and sisters or my parents and my relatives. I don't care about relatives but at least my close family, my brother and sister. Obviously I've got four brothers so they look up to you for everything what that they do in their life and you should try your best to lead a good

It's all about Culture

sely-blame

social acceptance

A cohesive Culture

Repetition.

social approval important

sense of self being tied with others

Fear of negative evaluation by others

Repetition of I to emphasise his role in all the

Guilt at not following cultures

Set Boundaries!

He has stepped outside

Reflecting upon his actions/consequences

Needing to hide things from others

keep to himself

Comparison to Animals who are free to roam around.

Animal instincts vs human instincts desires

Shift of focus from he to you (self) himself

Contradiction

Comparison of British vs Pakistani

family value systems

Impact of his life on family.

Source of admiration for his younger siblings

example for them to follow.
I: So you, what your (*interrupted*)
It's really gonna hurt me if my younger brother is gonna do the same. I don't wanna put myself in that position to think about what he's gonna do. So it is in a way very stressful. That's the only reason I just sometimes think about it otherwise I'm alright I'm quite satisfied.
I: So that seems to be for you, you've identified that as a stress in everyday life?
R: Yeah it is gonna be there for me for all my life probably 'cos err....I must say that if I was not in love with that woman, I would not have got married with her. It was just err I must say a strong human feeling that really push you to do some unprecedented task which you don't really carry out in normal life and it's emotional, I must say it's emotional blackmail of human being that puts you to really push the boundaries of some undaunted task which are not really normal in human life.
I: Can you tell me a bit more, a bit more about that? You touch on something quite personal and..intense there can you tell me a bit more about that?
R: Yeah well I can't really know more information about it was, it was err I say it wasn't love at first sight love.
I: You talk about emotional blackmail?
R: Emotional blackmailing of human being was err, I'm talking about not from her side. Just inside me, inside you, inside of every human being.
I: Okay every human being.
R: Yeah it's inside of every human being. You get really impatient about something and you get really, you do something you can't help it. This is human nature and I must say this is human emotional blackmailing it probably is the wrong term to use but this is what I think you know. For a certain period of time your feelings are so powerful that it really shuns and numbs your thoughts and your wisdom.
I: Okay so a bit more, I am taking a little risk here but it's a bit like the heart taking over the mind.
R: Mmm yeah it does take, in a while, in a short time you must say, you can say that it's the heart taking over the mind for a short period of time and you really get blind and you can't see anything.
I: What was that like for you to experience?
R: It was very nice I must say. If it was not nice I would not have put myself through it. It was a really nice experience and I think that I was lucky to have that experience in my life but you've got to pay it through your nose remember that (*smiles*). You've got to pay through your nose (*laughs*).
I: Are you paying through your nose at the moment?
R: Well uhmm I did pay a lot but now at the moment I'm alright.

Thinking about it being very hard. Conscious decision not to put himself in that decision.

Heart ruling over mind / Being emotionally blackmailed

Feeling emotionally blackmailed - self being blackmailed by emotions. Emotions lead you to step outside of your boundaries & do something that is not normal

Distances himself from the account rather than including everyone in this process

Not excuse to him feeling one & wanting

Wisdom being taken over by powerful emotions

He sees it this ways others may not necessarily see it like this. Rationality vs emotionality. Discusses a time emotionally powerful experience

Blinded by his emotions. Done know what the emotions true him. No regrets.

Paying for your mistakes

There was a price to pay for his powerful emotions. Use of laughter to help him minimise the impact of how he had to pay for it / how hard it was?

I: *(Laughs)* How did you pay?
R: Well I told you unseen circumstances which you have to really deal with and not having family acceptance or social acceptance and whatever happened with her in terms of prison and everything.
I: You talk a lot about how you dealt with it on an emotional basis and it felt quite difficult for you.
R: It was difficult.
I: How did you deal with it? How were you able to deal with it?
R: Well when your, when you can't see any way out, you've got to do it, you've got to deal with it and err..err...it was err I just made myself understood, I've got to do it and there were two, there were only two options for me. Either just to get on with it or to leave it, leave her, take my kid and to just move on with my own life which was err for some people it was very easier and people gave me advice that to it's gonna be an easy way out for you, now you've got the chance and no-one is gonna point the finger at me and I must say that I had the chance to use that safe exit but I didn't, I got through a hard patch.
I: You chose the harder way.
R: Yeah the harder way and I think that I got through it.
I: How did you get through it though? What was it like getting through it?
R: It was very hard, I mean emotionally it was very hard. I mean I lost about one stone in forty five days. Physically, emotionally, financially it was err very hard but human will can change anything and I was strong up in my head that I got to get through this. I will not let other people talk about it, I will not let other people think about me that this gentleman has made a mistake or he is paying through his nose. I would not let them just laugh at me. I got to change it and I got to show them that I did the right thing and was capable of it which I did. It was really enough.
I: Okay so it appeared..you know looking back *(coughs)* that it was your own kind of will and determination to kind of get through that very difficult patch?
R: Yeah I must say indeed actually it's just only sheer determination and my strong will that really pushed me to deal with this situation. Otherwise it would not have been possible you know that.
I: You, you also talk about the fact that you just got on with it and does that suggest that..you you only relied on yourself?
R: For the time being I did not only to just rely on myself because I was the one who actually knew the whole truth and I was the one who was in love with that woman and I was the one whose child was suffering so obviously I was not betraying her and I was not meant to leave her in the lurch. I was a man and I am a man and I will (*interrupted*)
I: What does that mean for you to be a man?

R: To be a man I think I would have been ashamed of myself if I would have left her at that time and that dark time of her life and I think, when I think about my..hard time when I think about the horrific experience of my life, somehow I am deep down satisfied as well I have done the right thing. Even though it was a hard experience but at least I got through it and it gives me a sense of satisfaction and uhmm and a sense of ...proud you can have a proud on you that you have done well probably rather than just putting your head down and think 'oh! what you have done was not manly' and I am quite satisfied.

I: So it felt that you had accomplished something out of this very difficult experience?

R: But the end of the day what I used to think it because I had a child from her right? Even though I had left her, she still would have been the mother of my child all her life. This was something which err..which I can't change it. So if I can't change anything, she still is gonna see her mum. I wouldn't have taken her away from her mum. You get me, it was more like for her. I used to think about her as well the same time because I didn't want her to grow up just by herself, me and her and just telling her nasty stuff about her mum and I think that if human nature, if you can't change it then at least you modify it and she's a changed person having her and err she's been very careful. More careful about her life and I think she did learn from her mistakes what she done in the past and she will be careful in the future as well.

I: So it appeared that not only had you learnt something, a lesson out of this..

R: Yeah but I think it's all about being selfish you know. I mean if I had left her, if I leave her whose gonna be happy just me myself? Probably I wouldn't be if I think about that five years after but who would have been suffering? She probably would have done suicide or she probably would have slashed her wrists. Her daughters, two daughters probably her family, everybody would have suffered but if you think about it in a happy version, in a broader picture, then you think yeah this is not fair with that woman with three kids if you have been on your own and to go through, having gone through all this for a rough patch and just to leave her for this one mistake. If she was not a characterless woman, I must say then because there are certain principles in my head as well where forgiveness cannot be granted, I must say in my head. If she had done something nasty like that forget about society, what society has to see or talk about, what society have said about her than probably if I was not have been satisfied deep down myself, I wouldn't have kept her.

I: Because you mentioned previously in the earlier part of our discussion that social acceptance and what others, kind of..what opinions others hold of you and your family are quite important

R: Hmm yeah that's right.

I: And that enabled you to kind of continue with this relationship and sustain the relationship.

R: It's not about the other people. Yeah you do think about other people, society and everything but at the end of the day it's you who got to live the life and everyone got the standard principle or standard characteristic in his mind or her mind what a person should be, what a person is like gonna be. It means, if I find it err my wife's sleeping with someone it's a very cheap thing and I think that being a man I can't forget it and I can't get it out of my head, all my life well I can't live with her anymore and I won't live with her even though what other people say but there are some natural inside human mistakes which everyone makes. I must say she's been naive about things and she's been used and abused by other people and err it is forgivable, it's not just err horrific character err characterless things, it's just forgivable.

I: So you were able to forgive her?

R: Yeah I forgive her, I did, I did. It wasn't that or anything that put a stigma on her character or anything. Well socially it was really hard for me and my family or people back home if they find out that look his wife has been in prison for ten days, they wanna give, they don't wanna give, they don't give her that reputation but here it's different. Luckily I must say that in that context, I didn't have no family or relatives and so err just err I must say I got away with it.

I: You also mentioned several things uhmm..you mentioned about if you were to leave her that would be shameful for you as a man?

R: Yeah it's right 'cos err...she had not committed that big sin and my understanding as I mentioned it, it was forgiveable and I forgive her and I did ask myself that you really think you're gonna live with this woman all your life or you're gonna have kids from her and your kids are not gonna be ashamed of what she's been doing in her life but at least whatever she's been doing it , she's been doing it in her life that's fine, forget it and get on with your life. But I did mention to her that if you just do something like this in future then that will be the last thing that I will see and I probably wouldn't be around you anymore.

I: It seems as if you maintained a very kind of strong stance and you needed to be strong for yourself and for your family in this very difficult time.

R: That's right, that's right because I'm thinking about my err..child more than me at the moment because err she don't deserve anything bad. She hasn't done anything, if she was born everyone thinks that that was a mistake, it's my mistake or her mistake well that's my child.

I: Earlier on you also mentioned that when your wife was in prison you went through a very difficult financial, emotional err.. and there was also a kind of physical change or physical impact

528 on you. You mentioned you lost weight, what other kind of err
529 when you say 'physical' effects here I am not quite sure
530 'physical' effects but you mentioned 'physical' can you elaborate
531 on that a little bit?
532 R: Yeah....before getting married with her I used to live with a
533 family so they used to cook for me and everything so obviously
534 home cooked food is different. When she got in prison, it was
535 very.. a sudden thing, a very unlikely thing for me to happen. Her
536 daughters are only only just eleven and twelve, they don't know
537 how to cook. I didn't know myself how to cook and my daughter
538 was three months old and there was no home cooked dinner
539 every day and I used to keep on getting up every two to three
540 hours to feed my little one and I never used to leave her in the
541 cote. I used to sleep with her just right next to her.
542 I: It sounds very difficult
543 R: So yeah it was like err I was awake all night isn't it and I used
544 to be very careful if she got up in the middle of the night just to
545 cope with everything, just to make her more comfortable
546 actually. That's err that's sort of things you know just happen,
547 you don't realise it you even if you're eating taking alright away
548 but inside it's breaking you somehow. You're not realising it, you
549 see the impact of it, the damage that's been done inside you after
550 a while and then it comes outside *(inaudible)*
551 I: When had you realised that it had damaged you?
552 R: I would say after forty five days you know I did realise myself
553 look I have lost some weight and people start saying what
554 happened to you? You look lean you look feeble and
555 undernourished. I said that it's not, it's probably I must say it
556 wasn't, it's got probably nothing to do with food. It was more
557 like emotional damage and the stress and you have it and you can
558 imagine that what stress can do to you and luckily she got bailed
559 out in forty five days and she got tagged on for one and a half
560 months more inside the house and I wonder that if she had carried
561 on in prison for a couple of more months what would have
562 happened.
563 I: What would have that been like for you?
564 R: Well it would have, I can't say anything. I don't like to
565 imagine it. It would have been very hard for me.
566 I: It sounds as if like you say quite unimaginable..quite difficult
567 for you to..
568 R: Yeah physically and emotionally quite both difficult. God
569 knows what would have happened, it would have been very
570 drastic.
571 I: So what enabled you, you know just building from that and
572 adding to that, what enabled you apart from your kind of own
573 inner sense or determination or will power as you said, what
574 other kind of support..did you kind of access?
575 R: Well I must say there's nothing else just only strong

Damage of keeping things inside

Painful thoughts

just coping attached to Note of potent use of 'just' interesting conjoined expression Unaware Internally damaging Impact of keeping things inside of him Inside different to outside later realisation prompted by physical changes / changes in physical appearance and social opinions comparison of physical vs emotional effects of others. Is he asking me? He is assuming I know about this. Reflective Unimaginable. Difficult to consume such an idea / inform of how hard it would be for him Has a sense that it would be extremely hard + drastic consequences

upbringing that's it.
I: So it was all down to your strong upbringing?
R: Upbringing and err...life has not been rosy for me all my life. A difficult patch comes through in everyday life, in everybody's life and it did come to my life as well. Back in Pakistan means err to have a big family even though everything is going nice but it don't run smooth all the time. Things up and down, it does happen.
I: That's human nature isn't it?
R: Yeah I mean I seen it in my father being in prison for nine months for wrongdoing actually. He didn't do anything but he got in prison for nine months. I was young about nine, ten or eleven but I still remember that experience and without being err without a father for ten months even though my uncles everybody was around there but still I could, still feel the pain of having, not having a father around. It was hard, it was like a similar experience. The only thing is that at that time my understanding was probably not that mature.
I: You were young.
R: Yeah. I was young as I was ten, eleven years old and was more into games and other different stuff. When you get mature and you got to really handle everything by yourself it's different. It was the same experience emotionally 'cos but on top of it, it was different by different means.
I: It was different because of course your older now and maturer but then..
R: I have my own child and something is my blood and plus you are a stranger on a land in a different country.
I: It's a different country without the family.
R: Without the family and friends and obviously it's something which you can't repeat it to your friends. You can't tell your friends that 'oh, my wife is in prison and can you please get me this?'
I: What stopped you from telling your friends?
R: Embarrassment. I would have been, got embarrassed if I told them. It's not a very nice thing to tell isn't it? Not in any society. When you know that it's not gonna carry on like this, when you know that you're gotta live with this person and this person has not done anything but unluckily or naively what she's done she has got to pay for it and the thing will be alright. So you try to keep certain things inside you or certainly at the time.
I: What was that like to keep all those very difficult things inside you because of course..
R: I'm still keeping it because I haven't told no-one apart from my err very close couple of friends. They did really help me out...they did really help me out and err and I hope that they haven't blabbed it yet.
I: So you did choose to tell some friends of yours?

Normalising difficulties

Stages of coping

Self-reliance

Social acceptance

Part of life
Normalising problem
He is like everybody
Family as support can sometimes not be enough
Life is not always smooth

Stages, earlier stage of life
Vivid memory
Comparison
As a child experience of pain was strong
Internal thinking about his emotional pain
Experience
Intangible experience
Does maturity make you understand more about coping? / enable you to cope better?
Sense of ambiguity - same or different?
How is it different?

Keeping it from friends.
Implicit that they may reject / disapprove. The
his friends make?
At ten, what would this mean to him?

Struggle; not entirely successful at keeping things inside him
'At the time' - so now has disclosed to friends
Proximity to friends
Idea of being close to friends, what does he mean? What does this say about his ideas of closeness to others?
Friends need to keep it to themselves. Issues of trust important.

R: Yes well some very close friends, I must say that some friends that I trust more than my dad. These sort of people you know they've been through, they've been with me through all the bad patches of my life since I've been here and they do talk about their personal problems and domestic life and everything and I tell them as well and they're like a regular guests to my house and there is no way that I could hide it.

I: So what was it like sharing your problems with your friends, with the very few friends that you had? What was that like for you?

R: For some reason you know, people I told them, I didn't feel embarrassed at all because err...err I think they know me, what sort of person I am. They knew somehow my wife as well and their thoughts were sort of err..she's been unlucky and misfortune and this err she's been a victim of life circumstances and she's been caught up in trouble at the wrong time. Probably these sort of understandings what they told me. Obviously they wouldn't think bad of her.

I: So that kind of helped you to open up to them?

R: Yeah obviously it did really help me emotionally. They used to come and visit me and we used to talk about different things and I used to come, you know ask them suggestions and their opinions and it was like more sharing information and sharing your thoughts with your friends and suggestions. It was okay, it really helped me emotionally and I think if they were not around then it would have been ten times worse for me.

I: How would it err how would it be worse? What would have you predicted?

R: I think that if you keep things inside you, it really damages you.

I: Because err you have been doing that a lot haven't you?

R: Yeah but at least somehow I've been telling them as well. I had a couple of trustworthy friends...which I've been having actually sharing my thoughts, sharing my feelings and everything and If you talk about things I think err then half of the things said are gone and I think it has been err I must say it's been hard work. You get relieved, you get relieved somehow about the bad things in your head, you fear about it, you discuss it. Probably it's not me but with every human being, you talk about things and at least if you don't..get anything, but I don't think you would lose anything.

I: So there is something.. (*interrupted*)

R: Somehow you get suggestions, you get suggestions and somehow you get a way out and somehow you get wise...three things happen. So if you have got friends around you, you must, must err get advice from them. Even when I got married with her, I probably asked about ten friends of mine and err...I must say eight of them did not approve it at all and they did make err try

Reciprocal nature of sharing problems/ Reciprocity is important during sharing of problems

Importance of friends support / valuing social support

Restricting the expression of thoughts and emotions

Importance of communicating with others

Advantages of communicating

Friendship family
Trust vital for discussing problems
Stored by him
Mutual sharing important
Inconceivable

Exception
Implicit that others don't know him so what is he really like?

How is this obvious what they did? Could suggest he may not open up to them
Not obvious to the interviewer? How?

Re-emphasizes impact of keeping things inside/ suppressing emotions/ thoughts
Implicit is destructive

Therapeutic effects of telling / sharing
Hard to do this
Negative thoughts, worries, anxieties unburdening self
A normalising process

Time, guidance
Problem solving

'Must' - emphasizes further the value and importance of seeking advice from friends

their best to make me aware of the drastic effect of the after shocks. A couple of them were married and had teenagers as children. They told me what it is gonna be like and they did advice me different things, means 'It is not nice, it is not easy to live with someone who has kids. Alright if you really really express by your infatuated feelings, then do one thing you can live with that woman for a year, see how it goes and don't have kids and you will know the answer and everything.' I mean different advice.

I: Sometimes different advice can be quite confusing?

R: Different advice yes but I mean I did not hear what everyone said and discussing a lot of things with them. At the end of the day, it's you whose got to do the work (inaudible) and if you've got doubts in your mind then you're gonna leave the person or won't. I wouldn't have done it means...after getting married with her, she left everything for me. She lost a lot for me as well. I know that but err where would she have gone after yeah saying 'sorry I can't cope with it, I'm afraid' and I just step back. This is not a nice thing to say is it?

I: So it seems as if on one hand although *(interrupted)*

R: You get advice but at the end of the day, you get advice, you get counselling, you share your feelings, your thoughts, ask different things about different people but at the end of the day it's you whose got to decide what you've got to do with your life.

I: You mentioned counselling there?

R: I mean counselling in a way err probably is a wrong word. When you ask senior people...advice you can get advice from your friends. It's very, I must say it's a very parallel thing but counselling is something when someone you just sit down in front of someone and someone tries to snub you or try to taunt you in a way and then you get told off by a certain thing and try to tell you the fact of life and try to strain up your mind and try to fix things for you. That's what it is and it happened with me yeah.

I: So that's counselling for you?

R: Well I must say it was like counselling. When I don't say anything, I just totally listen. I don't listen and I just sit down, I don't look into that personally, I just listen. It's a sort of counselling. I never had counselling professional counselling but I reckon it err *(interrupted)*

I: What are you views and feelings regarding professional counselling?

R: That's what I said. You just probably listen..you just listen.

I: You mentioned snubbed, you get snubbed

R: Probably not but obviously people who are actually gave me advice, they were ten, fifteen years older so uhmm they had the right to do that.

I: They weren't professional counsellors?

R: No they weren't, no they were just only older people, probably

Others experiences of sharing helps him to decide / prompt him to think + act

Conflicting advice as we had the same advice / implying it may have been more helpful

Chose to not listen

He lost too. What did he lose?

Not coping means stepping back / being afraid. Man enough to cope?

Advice equivalent to counselling

Advice + sharing is not enough.

Advice as a parallel thing. Also note.

Suggests something quite negative + constraining. Reverting to a kind of dismissive attitude

Unsure / common. Not taking it in entirely passive listening

Interviewer jumps in too quickly

Links confusion + uncertainty to having no personal experience of counselling

Counselling is only listening and nothing else.

Age + seniority valued in the advice giving activity

Self-reliance / self-responsibility for taking action

Advice not being enough

Dismissive attitude towards counselling

Age as crucial in giving advice

my friend's friends and family people.
I: Okay so kind of moving on, what what are your views and feelings regarding professional psychological services in this country?
R: Well I have not been victim of any psychological problem so far by the grace of God Almighty but I have seen people suffering from it and being a victim of it and getting the err ....counselling or support somehow because I know before I got married, my wife was going through a very psychologically depressive tough patch of her life and actually I took her to GP and GP referred her to have err counselling..from err psychiatric and she did prescribe her medicine and depression tablets or something I don't know what it is called for depression...but I think she had my emotional support and she didn't go to that extent and we used to...talk about a lot of things and kept her certain alert and see how she is gonna work and things like that. I think if you've got err..very emotionally...I would say emotionally connected or I would say alert husband or partner err half the job is done.
I: So are you saying that you are quite emotionally alert and you were able to help your wife through it?
R: I think also I was alert and I am alert so she and that's how she probably coped with it well and she, she is a changed person now....I am emotionally alert, if I wasn't, then things probably would have been different.
I: How do you think they would have been different for your wife and for yourself if you weren't emotionally alert?
R: I would have left her and err family would have been shattered. Her girls would have not got what they would have liked and it's unimaginable. It's very unimaginable. Very difficult.
I: You also mentioned that you haven't actually had any personal experience, personal experience of accessing these professional psychological services or counselling.
R: Yeah because I never got to that stage. I don't think so I've ever been err..emotionally or psychologically weak to that extent that I understand that I actually need counselling err..but there are people, there are people around. It depends how strong your determination is and how strong your willpower is and err..how strong you are.
I: So if you..let' s just imagine that you, you're not that strong, you were not that strong and you had to access these services, what would that have been like for you?
R: I can't say unless you experienced it. Probably people in this country are very professional when it comes to counselling and everything. I never seen, I seen it on the tv. There was a documentary programme people having counselling from professional psychiatrics and everything. It sounds quite err nice

Pathologizing Others
value of emotional support
Restricting thoughts
Stages of coping
willpower and determination
lack of personal experience

Use of 'victim' - weak, vulnerable, helpless
Refusing not being a victim & not needy
Use of comparison. Experience of poverty as an example of a victim
His emotional support helped his wife from getting to a crisis point
Sharing / talking
valuing emotional support
Positive role of partner in helping towards deterioration... a problem (unsure 'probably')
Earlier (weak self) vs (more strong) self of wife
Experiencing emotions important in how copes with psychological distress
Unable to imagine / does not want to engage in thinking about this
He is strong enough to cope.
There are stages at which people reach prior to needing such help
Differentiates self from others
Strength & willpower to cope are important
Experiencing counselling is important to having some opinion about it
Suggesting that if he experienced it, he would be sucked in TV images
Implicit - Not experienced recipient & therefore not needy

on tv but I don't know what it's gonna be like in real life experience.
I: What would enable you to kind of access these services? Is there anything that you think would..
R: No I don't know at the moment
I: ..help you to access them?
R: Not at the moment. I think now things have got settled down a lot and err it's just err worry about future, not today. If you say worry about today, you would be alright but I'm just planning certain things about her and for my life as well, people in back home as well. So I don't think emotionally I'll just break down, or I need some counselling just to make up my mind what I've got to do now. I think I'm on the right track, things are going alright.
I: So there's no need to really look into these services?
R: No I mean if you ask a question yourself, if you're really feeling depressive or down or you can't make your mind up, you are a confused person and you don't know what to do between two things and then probably, probably you can see that you need to have some professional help but luckily I haven't got to that stage *(coughs)*
I: Okay in future umm God forbid you need it how would that influence your uhmm kind of *(interrupted)*
R: I don't think so, I can't say anything because I'm not really too sure..actually I've seen it on tv documentary and things and this is one of those things that where you can't really say anything until you experience it personally
I: Okay
R: So yes
I: You would then decide whether to access...
R: Counselling?
I: Yes
R: I don't know I haven't got to that stage yet. God knows, it depends on your life. What your life is gonna be in future. I hope that I don't get to that stage and err nice things happen to my, my life and err I would not imagine it. So you never know, what happens, it happens. So then I will see what happens. But if I need you, I'll give you a call don't worry *(smiles)*.
I: Okay I'll bear that in mind. Okay we're kind of moving on towards the end of our discussion now *(mobile ringing in background)* is there anything else that err I haven't asked that you perhaps you think that it would be useful for you to kind of discuss at this point? Is there anything else that you'd like to add to this discussion?
R: No I've discussed all my personal issues and err I think as much as you've asked me, I have told you ten times more *(coughs)* and in my five year experience in this country, that was enough, more than enough about your terrible ..things happen to

you. So I hope it should be okay. I don't think so I've got any more personal or horrific experience of my life to share or something. I've got happy memories if you like to share that's fine but I haven't got any experiences like that.

I: *(laughs)* Okay. Well of course that would be another study in itself to talk about all the happy times in your life. How has this, how has this experience of the discussion been like for you? What has it been like for you?

R: When I was talking about that emotionally heartbreaking time, it was very, very..err I would not say annoying but it was hard to talk about because what happen is memories actually get driving in your mind and you don't want to think about all these times..but

I: You want to push them behind

R: I tried to push them behind but what happened..if you talk about it, it just comes up on the surface sometimes as if you're actually living that time again.

I: So did you think that you were reliving that time again?

R: For a little time, just for a short period I was talking to you, I did thought about it as if I am just going through that patch again for a little while. It was hard.

I: That must have been very difficult for you.

R: It was hard but that's okay because *(coughs)* I had to tell you something.

I: Well I do appreciate you know you continuing with the discussion despite feeling you know very, despite feeling like that. I do appreciate that. Uhmm is there anything else that you'd like to ask me?

R: I think that's more than enough. Why do you wanna ask me more?

I: No that you would like to ask me?

R: No thank you very much err at the moment I'm quite happy. I'm getting on with my life. In case financially or emotionally I do get collapse, then probably you need to leave your number with me, I will call you.

I: Okay thank you very much for your time today.

R: That's alright. No worries. That's okay.

Retaining the emotional trauma

Struggle in suppressing thoughts

Therapy as a last measure

He has shared enough. Lengthy moments in the interview has disclosed a lot

Intra-psychic process: thinking about his emotions

Trauma memories become active again

Struggle in pushing away his memories inside are too painful Re-living the trouble

He was able to deal with this - short time

Sharing his emotional journey important for aims & the study

Implicit assumption: If not prompted to share his emotions, he prefers to keep them to himself

Collapse - breakdown total breakdown Final stage giving up

Some resistance in seeking help

Appendix L: Table of super-ordinate themes and constituent themes for Amin

ON BEING 'MASCULINE'	
***Page number and line number**	*" I didn't tell my family at all because the reason behind it, I come from a very strict culture and err..even though the family's educated and they do understand things but still they...the root cause for them is to stick with the basic culture which is very strict and not touchable for anyone".* (3.138)*
Self-reliance	*"Well when your, when you can't see any way out, you've got to do it, you've got to deal with it and err..err...it was err I just made myself understood, I've got to do it and there were two, there were only two options for me. Either just to get on with it or to leave it".* (7.295) *"Different advice yes but I mean I did not hear what everyone said and discussing a lot of things with them. At the end of the day, it's you whose got to do the work".* (11.508).
Presenting a strong image	*"I don't wanna think about it, I don't wanna imagine it, I don't want anyone to just go through that emotional patch of my life and it was hard, heartbreaking...but somehow I coped, I did cope well and the time went by so it's okay now".* (4.167) *"Physically, emotionally, financially it was err very hard but human will can change anything and I was strong up in my head that I got to get through this. I will not let other people talk about it, I will not let other people think about me that this gentleman has made a mistake or he is paying through his nose. I would not let them just laugh at me. I got to change* *it and I got to show them that I did the right thing and was capable of it which I did. It was really enough".* (7.306) *"It depends how strong your determination is and how strong your willpower is and err..how strong you are".* (12.564)
	"I used to think that she didn't deserve it and probably I did something in the past and that God

Restrictions on the expression of emotions and thinking	*had punished me and that..it was err I don't wanna think about that anymore, it really makes me stressed, it was a very very difficult time".* (4.160) *"... but inside it's breaking you somehow. You're not realising it, you see the impact of it, the damage that's been done inside you after a while and then it comes outside"* (9.409) *"When I was talking about that emotionally heartbreaking time, it was very, very..err I would not say annoying but it was hard to talk about because what happen is memories actually get driving in your mind and you don't want to think about all these times..".* (13.614)
THE UNKNOWN TERRITORY OF COUNSELLING	
Lack of awareness	*"...advice you can get advice from your friends. It's very, I must say it's a very parallel thing but counselling is something when someone you just sit down in front of someone and someone tries to snub you or try to taunt you in a way and then you get told off by a certain thing and try to tell you the fact of life and try to strain up your mind and try to fix things for you".* (11.520). *"Well I must say it was like counselling. When I don't say anything, I just totally listen. I don't listen and I just sit down. I don't look into that personally, I just listen. It's a sort of counselling. I never had counselling, professional counselling but I reckon it err".* (11.526). *" I can't say unless you experienced it. Probably people in this country are very professional when it comes to counselling and everything. I never seen, I seen it on the tv. There was a documentary programme people having counselling from professional psychiatrics and everything. It sounds quite err nice on tv but I don't know what it's gonna be like in real life experience"* (12.568)
Shame and stigma	*"I seen it on the tv. There was a documentary programme people having counselling from professional psychiatrics and everything. It sounds quite err nice on tv but I don't know what it's gonna be like in real life experience".* (12.569).

	"So I don't think emotionally I'll just break down, or I need some counselling just to make up my mind what I've got to do now. I think I'm on the right track, things are going alright". (13.580). *"...probably you can see that you need to have some professional help but luckily I haven't got to that stage".* (13.585).
Therapy as a last resort when all else fails	*"Well I have not been victim of any psychological problem so far by the grace of God Almighty but I have seen people suffering from it and being a victim of it and getting the err ....counselling or support somehow because I know before I got married, my wife was going through a very psychologically depressive tough patch of her life".* (12.540) *"Yeah because I never got to that stage. I don't think so I've ever been err..emotionally or psychologically weak to that extent that I understand that I actually need counselling err..but there are people, there are people around. It depends how strong your determination is..."* (12.562) *"No I mean if you ask a question yourself, if you're really feeling depressive or down or you can't make your mind up, you are a confused person and you don't know what to do between two things and then probably..."* (13.583)

Appendix M: Chronological list of emerging themes: Amin's interview

Emerging themes	Page no.line no
Discomfort at disclosing self	1.13.
Lack of information/knowledge regarding psychology	1.22; 12.528; 12.568; 12.575; 13.589.
Sharing/communicating information	1.25; 2.64.
The initial 'culture shock'	1.32; 1.34; 2.52.
Time is a good healer	1.32; 2.56; 3.103; 4.169; 4.171.
Feelings of isolation/loss	1.35; 3.114.
Unavailability of family	1.37; 9.398.
Sense of identification with Pakistani community	1.41; 1.47; 3.105; 3.111.
Adapting into UK society	1.41; 2.49; 2.61.
Maintaining responsibility for self	2.56; 4.150.
UK; a diverse culture	2.74; 2.83.
Minimising difficulties	2.94; 3.123; 8.347; 13.597; 13.608.
Projecting a strong/brave image	3.119; 4.169; 4.171; 5.198; 5.216; 7.295; 7.306; 10.445; 12.564; 13.581; 14.630.
Keeping problems to self/relying on self	3.127-133; 3.138-147; 7.295; 7.300; 7.319; 8.362; 10.508-517.
Rejecting family support	3.138-143; 4.146; 8.376.
Suppressing thoughts and emotions	4.146; 4.161; 4.167; 6.253; 9.408-411; 9.418-426; 10.461; 10.487; 12.558; 13.618.
Adhering to a strict culture	3.138; 4.175; 4.182-191; 5.203; 5.217.
Power of religion	4.178; 5.203.
Feeling constrained and dictated by one's community	5.193.
Need for social approval	4.189; 5.194-201; 5.211; 5.237; 8.373.
Guilt at failing one's family	5.197; 6.245; 8.345; 9.389.
Normalising one's difficulties	5.210; 6.253; 6.286; 8.367;

	10.432; 10.493.
Reflecting on past mistakes	5.223; 6.283.
Acting as a good role model for family	6.247; 9.389.
Heart ruling over mind	6.259; 6.270; 6.277.
Seeking advice from friends as secondary	7.299.
Possessing the will and determination to go on	7.305; 7.314; 12.564.
Having faith in self	7.306; 7.309; 8.353.
Being a "man"	7.322; 7.324; 8.365.
Experiencing a sense of accomplishment	7.326.
View of being unmanly	7.330.
Accepting own limitations	7.334; 8.338.
Need to act upon one's problems	8.338.
Comparing self to other 'weaker' individuals	8.338.
Listening to own inner voice	8.353.
Going against societal standards	8.352; 8.361.
Need to move on	9.384.
Importance of strong upbringing	9.430.
Triggering of earlier painful memories	10.441; 13.614-622.
The mature, stronger self	10.445.
Reluctance in opening up to friends	10.453; 10.457; 10.464.
Confiding in friends	10.467; 10.474.
Talking	10.467-474; 10.481; 10.491.
Importance of seeking advice	10.497; 10.508.
Dismissive attitude towards counselling	10.521-527.
Sense of uncertainty and confusion	12.531.
Being tough means not needing psychological support	12.540; 12.548-554; 12.562; 13.577-586; 14.630.
Therapy as a last measure	12.540; 12.562; 13.583; 13.597.
Pathologising others	12.541.
Experiencing counselling is necessary in order to understand it	12.568; 13.589.
Underlying sense of shame associated with seeking help	12.569; 13.585

Appendix N: Master Table of Themes for all participants

ON BEING 'MASCULINE'	
Self-reliance	**ABID**: "*When you talk about living alone then you are more busy and you have to take care of yourself in many respects you have to..and you have to be very careful about most of the things. When you are living alone, sometimes you are stressful but in Pakistan what used to happen to me, when I was a bit stressful I mean my friends and family they used to share the things with me but here you have to do most of the things yourself, you have to sort out the problem yourself*". (4.152) "*...but if you are looking for a solution of a problem, then it is entirely on the way you solve the problem. I mean how good you are, how good you are with the research of that problem. So I mean in finding some agreement, I mean how you use your resources*". (8.291).
	AHMED: "*Even if I'm going through say a rough time or something, I don't want them to know about it. It is the kind of person, I think that I am. I believe that's my problems, so I should be the one dealing with it. I shouldn't be really talking about it to anyone about it, unless there is someone who can actually do anything about it*".(2.71) "*...coming over here living at a friend's place: he had his mum and dad living over here, so that was kind of help at times. At times, I was kind of annoyed that why are they taking care of me so much, I need some space now*". (7.315).
	AMIN: " *I didn't tell my family at all because the reason behind it, I come from a very strict culture and err..even though the family's educated and they do understand things but still they...the root cause for them is to stick with the basic culture which is very strict and not touchable for anyone*". (3.138) "*Different advice yes but I mean I did not hear what everyone said and discussing a lot of things with them. At the end of the day, it's you whose got to do the work*". (11.508).
	FARID: "*I'll try to sort it out for myself. If I can't, I will discuss with my wife. uhmm... yes, when I, if I seriously think that I need to seek some professional advice, I would, I would go, because, because I mean as I know that you are, you are studying all that as well. I mean, I will talk to people. I mean, I love talking to people, and I have no hesitation to go and express with someone*". (11.496). "*I don't really have anything which I can really say that I need for it. As I said, I mean, I think I am, I am strong enough to cope with my*

	issues and matter of fact, I am always willing to help other people to make the society a better place". (11.489).
	KARIM: *"the only thing is that all the responsibility is on me. There is a one problem is that but on the other hand, the real thing is over here life is really hard. You have to face all the problems yourself and err there is no-one else to support over here for you. So it's a quite different things from my country and here.".* (1.27). *"So why I was thinking I have to do on my own self because there's no-one else who will pay to my mother and sister. So if I'm doing it for myself as well and I'm doing it for them as well, so it's mean I'm facing all the problems myself so that's why I've told you this. And other thing is err no-one else is who is giving me the money, here you go, you can pay your fees, here you go you can solve this problem, here you go you can do this. So if I'm doing on my own, that's me, I'm facing all the problems on my own".* (3.128).
	SAIF: *"Male ego is err basically you know doing it yourself and to what decision you make, you think you can do better from other people and you know as a male figure in society because our society's more male dominated".* (8.281). *"Okay the counselling services they can probably able to establish those complications what you have because sometimes you don't able to establish that ' oh, this can be wrong with me or this is wrong with me or I should take this way or that way'. That way I think so counselling services can help you, showing you which way to go but they are not able to resolve that problem. The only person that will resolve it is you".* (6.223).
	SHAHID: *"Yeah actually the problem with me is that I don't..dont discuss my problems a lot with you know with err outsiders. I, I am really conservative with regards to this".* (8.311). *"Actually I would say I don't tell them my big problems because they couldn't help you okay. It's..I have to handle those issues for my studies, for my everything. Most of them are not you know they are not so well literate, they are not so educated. They are educated very low level and my education level was like LLB and they don't have any qualifications on that side so I have to handle all these issues myself".* (8.334).
	ABID: *"I have some idea about the life here but as long as you are staying alone, you have a habit to uhmm...I mean cope with the challenges you are having in your life and it really makes you a better person, I mean than living with family"*(3.114). *"...it's the Holy Quran says human beings, the supernatural, I mean the masterpiece of God's err work, so sometimes I think the human*

	thought is very unlimited err the human powers are infinite. So these are the things which, I mean sometimes I think uhmm we shouldn't just give up on ourselves" (8.281).
Presenting a strong image	**AHMED**:*" I guess, sort of everyone goes through at one stage in their life. Not coming into a different country, but whenever they practically step into a practical life. So that's what everyone goes through."* (1.33). *"No, no, no, it's nothing that is troubling me. It's just that maybe I think a lot towards the future and maybe something like that... I had been doing some stuff that I shouldn't be doing for the past few months and now I am out of it and I've been through drugs and drinking and blah blah blah like that".* (2.85).
	AMIN: *"Physically, emotionally, financially it was err very hard but human will can change anything and I was strong up in my head that I got to get through this. I will not let other people talk about it, I will not let other people think about me that this gentleman has made a mistake or he is paying through his nose. I would not let them just laugh at me. I got to change it and I got to show them that I did the right thing and was capable of it which I did. It was really enough".* (7.306) *"It depends how strong your determination is and how strong your willpower is and err..how strong you are".* (12.564)
	FARID: *"Uhmm, yes in the beginning it was very stressful for me to understand how this society runs, uhmm, but then grass is always greener in the other side. So yes, I... I am settling in and good that I am settling in much happier way than I was five years ago".* (7.304). *"I find myself a very easy and very strong person to deal with any mental issues or any stresses. I come out of it very quickly. Yes, I think I'm a very sensitive person. But then I just say it on the face, get over with it and move on with my life, that's it".* (7.296).
	KARIM: *"because if I'm studying and I'm working hard, so I'm habitual of uhmm hardworking and I can go through anything which err comes upon me which is hard. So I can face that and err it makes me to think about and err I can make my mind for something that I have to do this, that's my goal and it's a feeling you know to appreciate you in your life, to get confidence, to err, to err face the problems".* (4.148). *"I'm not the same as I used to be when I was in Pakistan. I was just like a child. My thinking and everything, there were nothing. I was just a child and the, the when I came over here and err in the early stages, I was very upset and I was thinking that I can't you know face problems but when they come upon me and I faced them.".*

	(2.81).
	SAIF: *"Pakistani men ughh most of people I come across ninety five percent I would say or ninety percent including myself is this err a lot of ego and male err domination which some people openly agree to it, some people don't want to agree to it".* (9.338). *" It's as if you feel in a way that probably this is whatever Allah has written for you and err I think so you should accept that and err you know just ask you know just to have whatever He has decided for you it turns out to be well".* (4.125).
	SHAHID: *"I'm a very competitive person and you know I feel pride for people who got a really good position but I don't want to keep myself behind other people. I want to be in the race always so err".*(6.220). *"I told my parents that I'm going to go to London for a fight, it's just like a war. I'm going for a war okay which is, which I think it's impossible to win okay but I try myself the very best to make at least whatever the achievements I can do".* (4.160).
Restrictions on the expression of emotions and thinking	**ABID** *"Well you can't stop things coming in your mind...it just used to come and sometimes you should just ignore them and err sometimes when you are just doing nothing, you are just sitting free, it just comes into your mind and then they revise themselves, leave an impression on you but if you are I mean umm busy, if you are doing some mental activity, then roughly it just goes err normally they normally just disappear but but what I'm doing in the future is I'm trying to be very careful about speaking something. I mean again about my words and actions".* (7.240) *"Whenever I remember, I do not want to remember it but whenever I remember..it really I mean takes me in trouble or gives me tension. Even it's ten years ago but I don't wanna remember it".* (6.219).
	AHMED: *"I don't know, I just go quiet, I just go quiet. I don't talk a lot. Although most people who know me, they know me for being energetic, but once I'm in that phase I tend to be quiet. I don't talk a lot".* (6.233). *"I don't know, I just go out; meet people, spend time with my friends and try and avoid talking about it. Whenever I am going through anything, I just try and keep it to myself until I am with people whom I can like, literally, trust with anything."*(2.64).
	AMIN: *"... but inside it's breaking you somehow. You're not realising it, you see the impact of it, the damage that's been done inside you after a while and then it comes outside"* (9.409) *"When I was talking about that emotionally heartbreaking time, it was very, very..err I would not say annoying but it was hard to talk*

	about because what happen is memories actually get driving in your mind and you don't want to think about all these times..". (13.614)
	FARID: *"Communication is a very, very strong thing. If you don't talk, you don't get the answers and then you keep it to yourself and obviously, you become more emotional, you become more stressed and you just think "Oh, no one likes me. Why are people talking about these things?" You need to speak up and find out".* (8.338).
	KARIM: *"Uhmm..uhmm this was a good, actually uhmm I am feeling err good to giving you an interview because I have shared lots of my thinkings with you and I have learnt something from you that what you are doing. I didn't know before that, I can tell to my friends, I can tell to everyone else that err this is the step towards Punjabi people to support them and this is err at least there is a thought in their mind that someone is doing something for us and this appreciation for them, it's good".* (8.347).
	SAIF: *"Well I do things you know err trying to make myself extremely busy and err secondly I try to be around with friends all the time, not to be left alone in this particular time"*(3.103). *"You can't err express your inner desires or inner feelings or your inner things. I think so because you know they err especially in our society because whatever has been taught by their parents or by your own society they so much get restricted to your thoughts that you don't open up...and most of the time you are scared of being opening up and you try to bury that within your own self".* (10.369).
THE UNKNOWN TERRITORY OF COUNSELLING	
Lack of awareness	**ABID:** *"I mean you might know it better than me but we have these problems there and most of the problems are arising in their lifestyle, the way they are living and the circumstances they are having and if these are sorted out, then hopefully it would bring the number of depressed people down....yeah but I don't know what psychologist can do for them".* (11.414). *"I mean if it's okay what can you do for them? It's my question, what can you do for them for someone suffering with drugs right? I mean the other examples I gave you and if someone is suffering, then psychologist say what is the role he can play in the society, he needs his goal and if I was a psychologist, I mean if I'm a psychologist, I will try to do something that the people's lifestyle come in a routine. I mean they could sleep well. I will try to find some opportunities that the people of my place could sleep well, could, I mean have food well, good tv, good entertainment channel, healthy fun"* (11.422).

	AHMED: *"They seem to be like your best friends, at times and for some reasons, because the image I have in my mind for psychologists is that they just want to tell you that you have a mental problem. And I'm pretty sure that there is something wrong, but the person, like, no one would believe that they have a mental issue or something or that they've gone nuts".* (8.333). *"I have no idea, as I say I haven't been through that stage as yet. So I don't know".* (8.356).
	AMIN: *"...advice you can get advice from your friends. It's very, I must say it's a very parallel thing but counselling is something when someone you just sit down in front of someone and someone tries to snub you or try to taunt you in a way and then you get told off by a certain thing and try to tell you the fact of life and try to strain up your mind and try to fix things for you".* (11.520). *"I can't say unless you experienced it. Probably people in this country are very professional when it comes to counselling and everything. I never seen, I seen it on the tv. There was a documentary programme people having counselling from professional psychiatrics and everything. It sounds quite err nice on tv but I don't know what it's gonna be like in real life experience"* (12.568).
	FARID: *"I really don't know, I mean, radio, yes, I've seen or heard a lot of people they like to listen to Asian music and Asian, Asian... maybe, what can help is to bring this kind of information on the TV channels. I'm not sure what your research says on it, but I think, because a lot of people spend too much time watching TV".* (13.556). *"I have seen people, who have been, from that origin, in this country for years, and years and years and they still don't speak English. Obviously, if you don't speak the language, how would you develop, how would you understand these kind of issues that the society is going through".* (14.610).
	KARIM: *"As far as I'm concerned, the real thing is that I've been busy in my life as much that I have no experience about these things at all and so err I can't talk on that because I've got no experience on that so that's the problem. I've been too much busy err in my problems and my life. I don't know, if I don't have no information about that, how can I talk on that".* (5.187). *"So I have never been interested in those things and actually I have had no time for that...that's why".* (5.201).
	SAIF: *"I don't know I just think so every, every person is different and I think personally people living in, in the UK probably will take this much more in a positive manner because you know because of*

	the awareness and I think so will take more interest or they should basically you know...if they're, it depends a lot of your, on your education as well. If you're a literate person and you understand that will help probably if you go to an uneducated person although I don't consider no-one is uneducated here in this world.". (9.318).
	SHAHID: *"You know uneducated people you should be like target oriented, reach person to person okay and tell them that okay these are the services that we're providing. If it's helpful, the person especially those going with you, they should be able to speak Urdu, Punjabi or different..there must be multi-languages".* (14.581). *"They should improve their awareness because many peoples here even the Pakistani educated people are really aware as far as I know err because still there are many you know the girls who get married with Pakistani men who are born and brought up here. They look after their children, they are living a domestic life. Mostly they don't do any jobs or they don't have any information about it".* (13.538).
Shame and stigma	**ABID:** *"I'm from Punjab and the way of thinking of Punjabi people. Shall I give you an example? Sometimes, some people have some problem, psychological problems, they never take them to the hospitals, they always take them to the people who deal with ghosts and stuff like this"* (9.334). *"Well there's a general way of thinking of Pakistani people that if you refer them a psychiatrist or a psychologist, they just think about their selves that they've gone crazy, they've gone mad and they really don't like it and they are really discouraged".* (9.328).
	AHMED: *"First of all, it would be their personal esteem. Like "why should I be seeing a psychiatrist or a psychologist? There is nothing wrong with me " and then, maybe their families or their friends, they might be stopping them "no, no, you're right, you don't need to go to a psychiatrist or psychologist". There are a lot of people I know back home who don't even see a doctor just because of the fact that they're scared that there might be some serious issues".* (8.360). *"...Gone crazy, doing stuff that you shouldn't be doing err your mind is gone, it's not working properly, you're just acting strange, the way you should not be acting".* (8.352).
	AMIN: *"So I don't think emotionally I'll just break down, or I need some counselling just to make up my mind what I've got to do now. I think I'm on the right track, things are going alright".* (13.580). *"...probably you can see that you need to have some professional help but luckily I haven't got to that stage".* (13.585).
	FARID: *"So I think, obviously, having a counselling and people*

	who deal with psychological problems, deal professionally comes very helpful for people who are dealing with mental problems, people who are stressed, people who have no access, people who can't talk to their family members or their friends, they get a bit shy that they are going to laugh at them, maybe. So I think, it's very important for them to keep their problems private and confidential to someone they can trust". (11.479). *"There might be people who are educated but they think it's really a psycho thing to go to them and they think, it's going to make them more disturbed. So it can be so many factors that people from Pakistani origin can stop them. But there might be some people who want to go, but their family, will like: "Are you going crazy? What's wrong with you? Don't do that".* (12.525).
	SAIF: *"Yeah because it's a start only, it's not only in.... they're not really yeah you know if you see culturally they're not aware or they're not immune to the, to the system of counselling because it's just not been there. So that can be one of the things I think needs to or sometimes it can be a matter of, for a Pakistani male I would say it's a matter of ego as well. They say 'why I need because I know myself what I'm doing' so you know.* (7.275).
	SHAHID: *"The biggest thing is that people..the people, many people don't think okay what the psychologists are going to help me. They, they don't really think about the importance and because psychologists, you know psychologists are not really you know much popular in Pakistan where really few people only the upper class or upper middle class only seek the you know the counselling. Most of the people you know if they come across with a psychological problem, they just to go to doctors you know and they have the you know, doctor gives them the tablet for sleep".* (12.502).
	ABID: "*(long pause) "Of course I will go to them in case if I've got some problem, If I have err..If, I mean first of all, most of the problems, first of all I don't think I have such a problem that I think so I need to go to a psychiatrist or a psychologist. But of course in case I need a, if I got any, I definitely, I need to contact with them".* (8.311). *"These are I mean, in case of very worst circumstances as long as I am in chance, I will refer to go to some psychiatrist which I don't wanna go to uhmm but in case I've got some really I mean, if I find myself in really some trouble then I would like to go to them but more, most of the problems which could affect me psychologically, I just try to find their solution by myself."* (10.365).
	AHMED: "*I don't know, maybe people surrounding me. If they*

Therapy as a last resort when all else fails	*noticed that I've gone nuts, then definitely they would encourage me to go and see a psychiatrist".* (8.346). *"I don't know. They're wasting their lives, not time, but life, that's what I would call it. Because then, it's not helping them. If anyone thinks that they need help and they personally are convinced that they do need help, I think they should.... if I am convinced myself I will".* (9.384).
	AMIN: *"Well I have not been victim of any psychological problem so far by the grace of God Almighty but I have seen people suffering from it and being a victim of it and getting the err ....counselling or support somehow because I know before I got married, my wife was going through a very psychologically depressive tough patch of her life".* (12.540). *"Yeah because I never got to that stage. I don't think so I've ever been err..emotionally or psychologically weak to that extent that I understand that I actually need counselling err..but there are people, there are people around. It depends how strong your determination is".* (12.562).
	FARID: *"...if I think that the society is not helping me, and if I think, my family is not very supportive to me, as, God forbid, if one day my kids, they kicked me out [laughter]. You know, anything can happen, you never know and yes, I mean, if all, if all, if, if I have turned all the stones and nothing is working out for me, uhmm, yes, I mean, and if I, if I think that my last opt can be to discuss my problems with people like you, and if that helps me, I think there is no harm in it at all".* (12.513). *"I like to talk to people in a sense, because, I think, when you talk to people, you share knowledge, you share experiences, ehm, you share, I don't know, different things people go in their lives and that cross-exposure that that helps you. You learn the incidents which someone has gone through, that might be linked to one of the incidents which you have gone through and you might have dealt it in a different way but when you hear it from someone else, you realise: "Oh, that's a much better way".* (12.502).
	KARIM: *" Uhmm I think so these services, like err if you are in front of me, you are asking me my problem that is a good approach, I appreciate that that at least the advice for the problem. Like me who has a problem I can share with you. Not only, I think so that you are gonna solve my problem, you are gonna support me but at least it's a kind of environment that we feel good over here that we are sharing a problem and we can convey the things which we are facing to others. So this is a good approach".* (5.210).

	SAIF: *"The counselling services they can probably able to establish those complications what you have because sometimes you don't able to establish that ' oh, this can be wrong with me or this is wrong with me or I should take this way or that way'. That way I think so counselling services can help you, showing you which way to go"*. (6.223). *"If I have a problem I go to my friend or go to my elder or go to my uncle, whatever it is and err you know I ask for the advice but that's how we've been brought up...in the, especially in the Pakistani culture. So that's the reason they said you know that's it's a) a problem where you automatically go and seek advice for a problem rather than going to a professional"*. (8.302).
	SHAHID: *"Sometimes I think I should seek psychological services because I have a problem (laughs). Maybe I should discuss it now because whenever I go to the top of the building really very high, I feel I will go down and gonna fell down and going to finish my life and sometimes I feel that okay I'm going to die really soon okay which really makes me more horrified okay. So these are the feelings, I don't know really how they come about but these feelings come to your mind because once you feel that you're really important okay and there are a lot more lives on your , who are living on your behalf and so you feel you should live. You should not, you should not, your life shouldn't be at risk"*. (11.462). *"It's a good experience to sharing your experiences with someone you know who, they don't know you or who is not going to disclose your facts, personal life matters"*. (15.696).

Appendix O: Protocol for issue of mental health diagnosis arising in the interview process

The following steps should be abided to by the researcher in order to address any potential issues that may arise in relation to participants requesting a mental health diagnosis prior to, and/or during the course of the study:

1. Discuss the aims of the study with the potential participant over the phone. State very clearly that inclusion within the study entails that a mental health diagnosis will not be given.

   If:

   (a) Participant fully understands the aims of the study, then proceed with making further arrangements for the interview to take place.

   (b) Participant requests further information re obtaining a mental health diagnosis then advise them to contact their GP and/or consult on-line mental health support. Explain to the potential participant reasons as to why they cannot be included in the study.

2. Discuss the aims of the study with the participant at the beginning of the interview. State very clearly that inclusion within the study entails that a mental health diagnosis will not be given.

   If:

   (a) Participant fully understands the aims of the study then proceed with the interview.

   (b) Participant requests further information re obtaining a mental health diagnosis then advise them to contact their GP and/or consult on-line mental health support. Explain to the participant reasons as to why they cannot be included in the study.

3. Discuss the contributions of the study with the participant after the interview has come to an end. State very clearly that inclusion within the study entails that a mental health diagnosis will not be given.

If:

(a) Participant fully understands the contributions of the study and the fact that they will not be receiving a mental health diagnosis,then include the interview within the study.

(b) If participant requests further information re obtaining a mental health diagnosis then advise them to contact their GP and/or consult on-line mental health support. Participants will also be provided with a list of useful mental health/psychotherapy services (Appendix J).

4. Also refer to the guidelines contained within the Distress Protocol (Appendix I) if necessary to address any further concerns around participants' mental distress.