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DPsych Portfolio

A Portfolio of Research, Professional Practice and a Critical Literature Review on Psychological Aspects of Care in the Context of Acculturation and Adaptation

By

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In dedication to all of you

DECLARATION

This work or any part has not previously been presented in any form to the University or any other body, whether for the purposes of assessment, publication or for any purpose (unless otherwise specified). Apart from any expressed acknowledgements and references cited in the work, I confirm the intellectual content of the work is the result of my own efforts and of no other person.

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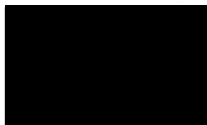
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SECTION A: OVERVIEW

The uniqueness and complexity of an individual is paramount to a Counselling Psychologist. Counselling Psychologists are required to enhance their knowledge of the diverse life experiences of the clients they work with as well as respect diversity of cultural/social beliefs and values held within society (BPS, 2005). Therefore, Counselling Psychologists have become increasingly interested in culture and how it shapes interactions with others and feelings about one's self.

Culture plays an important role in the construction of one's identity through interaction with a persons' internal and external world, which are constantly changing (Dogra, 2010). Therefore, researching culture is valuable as it allows examination of a central part of identity and self-concept, reveals the psychology of migrants, refugees and other multicultural groups as well as elucidating mechanisms of cultural influence.

An important aspect of understanding culture for migrants is developing a greater awareness of the impact of acculturation on self (Tsai, Chentsova-Dutton & Wong, 2002). Acculturation is broadly defined as a psychological adjustment process of cultural attitudes, values and behaviours through contact between two cultures (Berry, Trimble & Olemedo, 1986).

As a Counselling Psychologist and an Asian Indian, I believe it is important to understand the impact of a changing social and cultural environment on one's cultural values and beliefs. This is because through a better psychological knowledge; Psychologists can help reduce health disparities as well as promote greater patient centred cultural sensitivity in psychological practice and service delivery.

Care is a basic human need (Baumeister & Leary, 1995). It can provide emotional, instrumental and informational support as well as be a source of satisfaction and fulfilment (Baumeister & Leary, 1995). Care appears to allow Maslow's hierarchy of five basic needs to be met (Hough, 2004). Care-giving can involve supporting an elderly person physically, emotionally and financially. Providing care for elders can present challenges, especially for those who immigrate to a western culture that does not share the same ideals of intergenerational care that are generally expected in eastern cultures (Mellor, 2009). Guo, Chi

and Silverstein (2009) suggest that, among others, factors such as acculturation level, filial expectations, intergenerational conflicts and caregiver burden may have an impact on the family dynamics and psychological well-being of both the elders and their adult children.

As the migrant populations grow older, the needs of these individuals will increase. Therefore, as Counselling Psychologists it is our responsibility to make sure the services offered are accessible and appropriate for all people, by undertaking research in areas suggestive of emerging difficulties. Consequently, this portfolio aims to explore the complex nature of culture and care and its impact on individuals.

The research section of the portfolio explores British Asian Indian older adults' experiences of a multiple acculturation process and receiving care from a family member (familial care receiving). The study also explores ways in which participants cope with the challenges and distress associated with these experiences whilst living in Britain. Through qualitative analysis the study reveals the role of their Indian identity in maintaining their sense of self following distressing migration and acculturation experiences. Further, the study reveals how care offered by a family member allows them to manage their Indian identity. The study suggests that care is a multi-functional phenomenon, as it can act as mediator in managing one's cultural identity and resolving culture ambiguities, but can also lead to emotional distress and tensions within the relationship. The study also highlights the benefit of ethnic and language matching of participant and researcher as a useful tool in research.

The case study within the portfolio explores, a British Asian Indian, male clients' experiences of caring for his children. Through therapeutic work with this client, it emerged that the care-giving experiences appeared to protect the client from further deterioration in terms of experiencing depressive symptoms. The care given to his children appeared to offer him a sense of purpose, allowed him to receive conditional affection but also assisted him in maintaining a culturally acceptable identity that had been challenged due to experiencing domestic violence. This section highlights the importance of care-giving in managing a persons' cultural identity, but also its implications on their well-being. The case study also highlights the benefit of ethnic matching of client and therapist in therapy.

The research and case study highlight that family care-giving and receiving can be functional in reconciling a persons' cultural identity, especially following culturally challenging

circumstances. The critical literature review goes further to explore causes of elder abuse in informal care and attempts to consider links between elder abuse and miss-matches of cultural understanding between family carers and older persons.

I was stimulated by this topic, as I feel a Counselling Psychologist needs to constantly update their understanding of cultural, relational and systemic issues that may impact on an individual. I feel it is important to explore care as part of one's culture, as this can help us to understand issues that may impact families. In my clinical training I felt challenged when working with British Asian Indian elders, due to limited awareness, knowledge and understanding of their culture and hidden needs. However, from the very beginning of my clinical training, I felt that there was a potential link between one's cultural identity and care-giving and receiving. Therefore, I felt it was important to acknowledge this gap in knowledge and undertake research to develop a better understanding of this interface.

To summarise, the portfolio has been set out to highlight that care can function and act as a mediator in managing one's cultural identity and resolving cultural ambiguities. In particular, I wanted the participants' voices to be at the forefront of my work. Therefore, as did the participants, I have highlighted the significance of one's cultural identity in managing challenges and how care-giving and receiving can help to facilitate this, but also how the changing social world may challenge this.

SECTION B: RESEARCH

Being a British Asian Indian Older Adult in Britain: A Qualitative Exploration of

Experiences of Multiple Acculturation Processes and Familial Care Receiving

ABSTRACT

Objectives: The purpose of the study was to understand British Asian Indian older adults' experiences of multiple acculturation processes and family care receiving.

Design: The study followed a qualitative research methodology. Analysis was undertaken using Interpretative Phenomenological Analysis (IPA), to develop a deeper understanding of the participants' experiences.

Method: Six fully consenting British Asian Indian older adults, who had migrated multiple times before settling in Britain, were interviewed using semi-structured interviews in their preferred language.

Findings: The study revealed that acculturation, following forced migration, may affect an older adults' sense of self in a negative and positive way. Following forced migration to Britain, the participants tended to revert to protecting and preserving their Indian identity. The participants identified various cognitive and innate psychological strategies to manage the distress of acculturation. The study identified that the participants valued their Indian identity and tended to maintain it in old age through family care receiving experiences. However, living in Britain tended to cause tension with the family carer. The participants were reluctant to explore tensions of familial care, but did highlight various cognitive-behavioural, spiritual and innate psychological strategies to manage issues with the carer. The study suggests that care can be a multifunctional phenomenon as it can offer an opportunity to negotiate, mediate and represent one's lost culture.

Conclusions The study offers an insight into British Asian Indian Older adult's lives and highlights the psychological meaning of care. Implications for clinical practice and further research are discussed.

KEYWORDS: British Asian Indian, Care, Older Adult, Identity, Acculturation

Chapter 1: Introduction to Topic and Review of Current Literature

1.1 Overview.

The study is an Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) of British Asian Indian (BAI) older adults' experiences of multiple acculturation processes and receiving care from a family member. This section provides background information about BAIs as well as reviewing the existing literature on elderly receiving care and the potential impact of acculturation on a person's well-being. The section also explains the rationale and the aim of the study, including the decision to use IPA.

1.2 British Asian Indians.

1.2.1 Brief overview on caring for an elder in Asian Indian Culture.

South Asians living in the U.K. are culturally diverse and a heterogeneous population. BAIs are one of several distinct subgroups (Aradhana & Cochrane, 2005). Each subgroup has its own languages, religions, diets, social practices and migration histories. Within each of these communities there are varying levels of education, income, acculturation and geographical acculturation (Aradhana & Cochrane, 2005).

In Asian Indian culture, selfhood and group identity are considered essential (Khurana, 2010). To Indian migrant groups, identity is influenced by the roles held, successful acculturation and adaptation at individual and community levels (Bhugra & Becker, 2005). Western cultures generally reflect individualism, cognitivism, free will and materialism, whereas most Asian cultures, including the Indian culture, are marked by their collectivism, emotionalism, determinism and spiritualistic orientations (Ghuman, 2003).

Some cultural differences are relevant to the acculturation process. Dasgupta (1998), notes that first generation Indian migrants have tried to 'reinvent' their culture on foreign soil although, they have not considered the progressions in their native country. Therefore, they are likely to be more Indian than the indigenous Indian population and retain a culture that no longer exists in India. However, 1.5/second-generation Indians (those who were brought up or lived for a significant part of their childhood in a Western culture) tend to be more willing to adopt and accept western customs and social practices, whilst attempting to maintain some elements of their original culture (Ghuman, 1999).

BAIs are often expected to bring honour to their family by placing the family's needs above their own, e.g. care-giving to an older member of the family (Ghuman, 2003). Care-giving provided by BAI family members can be pervasive and seen as a part of their cultural heritage. The collective nature of Indian families tends to encourage interdependence and responsibility (Ghuman, 2003).

Taking care of the elderly, in Indian culture, begins from early childhood. The child is increasingly exposed to different levels of responsibilities (Eyetsemitan, 2000). This can be considered to form the basis for a psychological care contract with mutual understanding between the adult child and the parent (Cattell, 1997).

Indian culture values the wisdom and the knowledge of its elder citizens. Care-giving to an elder is a continuation of an ancient custom in Indian culture (Naidoo, 2007). It is one of the universal values of Indian culture that are deeply ingrained within the community (Khurana, 2010). Elders are seen as maintainers of tradition. They are valued in the family and the larger community, as they are considered to hold the community together and assist in the family tradition continuing (Khurana, 2010; Naidoo, 2007).

1.2.2 Major events contributing to Asian Indians migrating to Britain.

The Asian Indians from East Africa mainly arrived in Britain in the 1970s from Uganda, Tanzania or Kenya (Ghuman, 1999). This group of Indians consisted of descendants of labourers who had moved to East Africa from India when the British hired them. However, Africanisation policies resulted in the eviction of Asian Indians from East Africa during the Idi Amin regime (Ghuman, 1999).

On August 1972, the President of Uganda, Idi Amin, ordered the expulsion of his country's Asian Indian minorities in 90 days (Ghuman, 1999; 2003), as he felt they were hoarding wealth and goods to the detriment of indigenous Africans and "sabotaging" the East African economy. Following the expulsion of Asian Indians in 1972, many migrated to the U.K. as they were citizens of that country and its colonies (Ghuman, 1999; 2003). Asian Indians owned many large businesses in East Africa, but they had to leave behind belongings following the nationalisation of private properties and their expulsion. It can be argued this may have been a traumatic time for Asian Indians. Although, Ghuman (1999) suggests the Indian migrants, with their history of being a minority group, had already undergone one acculturation process in

Africa, had lived in a cosmopolitan society and had enjoyed successful adaptation due to their higher levels of education, some knowledge of English and entrepreneurial skills. However, there is a lack of research on their experience of acculturation and the impact on them later in life.

1.2.3 Mental health of British Asian Indians in the U.K.

BAIs are the largest ethnic minority group in Britain (Office of National Statistics, 20011a). However, despite continued suggestions in acculturation literature that BAIs could be at risk of psychological adjustment difficulties, only a few studies have examined the mental health status of British Indians. Further, research has focused on South Asians as a collective group, rather than specifying sub-groups e.g. Asian Indian. This is surprising as literature has noted differences among this collective group and suggested research should focus on specific groups under this rubric (Nazroo, 1997).

The lack of research within the South Asian population could be due to the lower level of reported mental health issues among (including Indian) this population when compared to the White British population (Modood et al., 1997). However, previous research does suggest South Asians tend to be a hard to reach community due to various barriers in accessing services (Nazroo, 1997).

Nazroo's (1997) findings suggest that there may be different pathways into care for different ethnic groups through possible expression and experience of difficulties. Also, research has highlighted Asian Indian culture may impinge on mental health issues, making it difficult to recognise and understand distress in western terms (Bhui et al., 2001; Fenton & Sadiq-Sangster, 1996).

The prevalence of mental health issues for older people from the British South Asian community suggests both men and women from these communities do experience psychological and psychiatric illness above the national average figures (e.g. Ardhana & Cochrane, 2005; Hussain & Cochrane, 2003; Sashidharan, 2003). However, research on the well-being of older members of ethnic communities has been lacking in Britain even though older migrants may experience greater stress and losses compared to other non-migrant populations or other age groups due to the heavy demands that arise when adapting to a new culture.

Older adults from ethnic minority communities are generally dependent on their families. Therefore, family structures/roles may be important to consider, when trying to understand issues impacting on older adults from ethnic minority communities. In particular, understanding the impact of 'cultural differences' between older adults and their family adult carers may be important as some of the core values within the mainstream western culture in Britain can be considered to be different to those of traditional Indian culture.

Hwang et al. (2008) and Nazroo (2004) reported South Asian minority groups being likely to suffer from various forms of acculturative and migration stress. They specifically mention pressures in integration into U.K. society, separation from subcontinent family and intergenerational conflict. However, no research has explored the impact of such stress on the care receiving experiences of these individuals.

Peculiarly, there is little research on the impact of more than one acculturation process on later life experiences such as receiving care from a family member. Therefore, as BAIs are the largest growing ethnic minority group who are likely to have experienced more than one acculturation process, the research will specifically focus on BAI. Further, as there appears to be limited research on BAI older adults who have migrated two to three times, before settling in Britain, the research will specifically focus on this population of individuals.

1.3 Informal Care of Older Adults within Ethnic Minorities in the U.K.

The Office of National Statistics (2011b) reports an older adult as anyone who is aged 65 plus. Since 1961 the older population in the U.K. has increased, reaching 9.2 million in 2011 (Office of National Statistics 20011b). It is anticipated in the future there will be progressive ageing of ethnic minorities and in 2016 there will be nearly 1.8 million elderly from ethnic minorities (Age Concern England, 2001). This growth in population includes many healthy and independent people, but also many who require assistance, which is generally provided by family members (Zarit & Edwards, 2000) i.e. family carers.

A family carer can be defined as someone who helps an elderly person on a regular basis with activities of daily living (Zarit & Edwards, 2000). Many family carers may care for

their elderly relatives for longer periods of time compared to residential care, despite major changes in the structure and roles within contemporary families (Zarit & Edwards, 2000). Research suggests older adults are likely to encounter abuse by an unpaid family member/carer due to carer stress (Choi, 2000). Caring for older adults emerges from ongoing family exchanges (Zarit & Edwards, 2000), which may involve conflict and distress, affecting either person's psychological well-being.

However, most of the literature on informal care of the elderly emphasises the consequences of care-giving, especially stress, burden and impact on the well-being of the carer (Pearlin et al., 1990; Biegel & Blum, 1990; Dwyer, Lee & Jankowski, 1994), rather than considering care as a multidimensional concept which also considers the older adults' perspectives.

Zarit and Edwards (2000) highlight that care among various ethnic minorities varies due to perceptions and beliefs held about care. Research suggests many Asian Indians in the U.K. provide long-term care to older family members at home (Sin, 2006). However, the experience of this has not been fully captured especially from an older adult perspective, as there has been little research about this population or their need for assistance and support.

1.4 Impact of Acculturation on Self: Theoretical Contributions and Previous Research.

Care receiving and acculturation are acknowledged as complex experiences which are multi-determined by a combination of factors. Therefore, understanding of these experiences has remained poor; which supports the need for research in this area.

Interpersonal and intrapersonal factors arising from the acculturation process are likely, through interaction with others, to lead to potential difficulties in the care-giving and receiving experiences amongst older adults. However, it is beyond the scope of this chapter to provide a full review of the research into understanding the experiences of receiving care from a family carer in relation to acculturation.

The following sections will provide relevant background information about theoretical contributions and research in this area, highlight gaps supporting the relevance and originality

of this current study. The section will focus on South Asian migrants rather than BAIs, as the majority of research has focused on South Asians as a collective group rather than on specific subgroups. However, where relevant, references to BAIs will be made.

1.4.1 Acculturation.

Individuals migrate from one part of the world to another, for a variety of reasons. These can include economic and educational enhancement (Naidoo, 2007) or due to forced migration as a result of political changes e.g. the Idi Amin regime. This can cause a deep sense of loss of family, childhood friends, culture and language (Rothe, Sabagh & Pumariega, 2011). These voluntary or involuntary shifts can be stressful, as they can bring change in 'everyday rootedness,' which can impact a persons' well-being (Naidoo, 2007).

A potential aspect of the migrant experience can be dealing with acculturative processes related to learning about a new and different culture, including its language, customs, laws and values. Many migrants encounter unfamiliar cultural values, beliefs, norms and behaviours in the initial stage of migration. As migrants adjust to the host culture, their traditional values are challenged by the host culture, leading to personal change i.e. acculturation (Diwan, Jonnalagadda & Balaswamy, 2004).

Acculturation is a phenomenon which is defined as the process of cultural change and adaptation which happens when individuals of different cultures come into interaction with each other (Schwartz, Montgomery & Briones, 2005). This suggests a two-way process of acculturation involving both groups (Hwang, 2006). It can be viewed at group level or at an individual level that involves a change in the psychology of the individual (Berry, 2005).

Throughout the years, theories of acculturation have evolved from the unidirectional school of thought with an emphasis on assimilation to bi-dimensional and interactive perspectives that posit various acculturative outcomes (see Berry, 1980; Castro, 2003; Chun, Organista & Marin, 2003; Gordon, 1964).

However, current models view adapting to the dominant culture as something that does not mean loss of the original culture. Within this perspective the dominant culture and the original culture are separate dimensions, hence a non-dominant culture (i.e. subculture) may

preserve a heritage to varying degrees whilst adapting to the mainstream society (Berry, 1997; Leibkind, 2001).

Acculturation has been considered to be separate to assimilation although more current models have considered acculturation to be more than a one-dimensional process that includes a psychological dimension. Therefore, for the purpose of this study, acculturation and assimilation will be viewed as one process in which members of one group use various strategies to adopt or adapt the cultural traits of another group with whom they are in contact.

According to Berry et al. (1989), people who have lived in two or more cultures face two issues. This is how important their own cultural heritage, identity, values and customs are to them (cultural maintenance) and the importance given to seeking positive relations with and participating in the dominant society by taking up its norms and ideologies (contact participation). These dimensions can be considered separately for conceptual purposes, creating a four-fold model (Berry et al., 1989).

In Berry's model, there are four acculturation strategies: separation, integration, marginalisation and assimilation (Berry, 2005). According to this model, assimilation occurs when there is little interest in cultural maintenance and there is a preference for interacting with the larger society, whilst separation occurs when cultural maintenance is sought while avoiding involvement with others (Berry, 2005). Marginalisation exists when neither cultural maintenance nor interaction with others is preferred and integration is present when both cultural maintenance and involvement with the larger society are sought.

This model of the acculturation process also suggests individuals may experience 'acculturative stress' (Berry & Kim, 1998; Berry, 2005). However, acculturation can also have positive outcomes such as better self-esteem and mental health (Berry & Kin, 1998). Integration is the most preferred strategy and is associated with better psychological well-being (Farver, Bhadha & Narang, 2002a).

Although Hutnik and Barrett (2003) and Coleman, Casali and Wampold (2001) suggest that individuals' strategies vary depending on the social context and domain of life, this questions whether the acculturation process is something more multidimensional that includes

physical, psychological, financial, spiritual, social and family adjustment, and which takes into account individual differences (Padila & Perez, 2003).

Padila and Perez's (2003) multidimensional model of acculturation rests on four concepts: 1) social cognition, 2) cultural competence, 3) social identity and 4) social stigma. The model emphasises the importance of individual characteristics that may emerge from these four concepts. It considers psychological acculturation which refers to the internal process of change that migrants experience when they come into direct contact with members of the host culture (Padila & Perez, 2003).

Despite preparation prior to migration, the internal process of change or acceptance of dissimilar social norms, new language and varied conventional way of living can prove to be difficult and distressing for some migrants (Naidoo, 2007; Rayapol, 1997, Akhtar, 1995). This is because the process of acculturation can often involve separation and loss of attachments related to a person's culture of origin as well as transformation and re-editing of identity, as the person begins the process of adaptation and integration (Akhtar, 1999, 1995).

The model highlights that these experiences may lead people to seek different levels of closeness to their host or heritage culture, which in turn may lead to varying responses in, for example, customs and practices. Padila and Perez (2003) report that the model is better to able explain differences that may occur in acculturation amongst similar individuals.

1.4.1.1 Brief critical analysis of bi-dimensional and multi-dimensional models of acculturation.

Rudmin (2003) and Schwartz et al (2010) mention that bi-dimensional acculturation theorist's (Berry, 1997; Celano & Tyler, 1990; LaFramboise, Coleman, & Gerton, 1993; Laroche, Kim, Hui, & Joy, 1996) focus on how migrants, in a one way process, acculturate themselves into the dominant culture. An example of a bi-dimensional model is Berry's (2005) quadratic model.

Even though the bi-dimensional approach offers various acculturation outcomes, its idea of acculturation, with a strong focus on changes of identity and adaptation of migrants, reflects the assimilation school of thought (Rudmin, 2003).

The dimensions reflecting maintenance of cultural identity, characteristics and relationships with the dominant culture mentioned in Berry's model can be problematic, as identity may require ongoing negotiation, deconstruction and re-creation (Dominelli, 2002, Akhtar, 1995) depending on the individual's experiences. Also, migrants may view their cultural identities differently at various points in life (Dominelli, 2002); therefore conceptual focus considering factors that have been involved in the formation and reformation of their identities (e.g. race, ethnicity, gender) appears essential. The multi-dimensional approach attempts this as it focuses on different factors that may impact on an individual's acculturation experience.

Further, Berry's integration category is associated with favourable psychosocial outcomes (e.g. David, Okazaki & Saw, 2009). However, Rudmin (2003) mentions that the category does not take into account the degree of similarity between the heritage and host culture as well as the impact of this on ease of adaptation. Berry's model requires one to classify the individual as high or low on achieving culture acquisition and heritage culture retention. However, the cut-off points between high and low are unclear and tend to differ across samples, making cross-study comparisons difficult (Rudmin, 2003, Schwartz et al, 2010).

Berry's model also has four pre-existing outcome categories of acculturation that are assumed to be valid. This can be problematic as research has found that not all of Berry's categories (i.e. marginalisation) exist and there are more than likely to be multiple subtypes of a category (Schwartz & Zamboanga, 2008).

According to Rudmin (2003), Berry's model and other similar approaches (e.g., Celano & Tyler, 1990; LaFramboise, Coleman, & Gerton, 1993; Laroche, Kim, Hui, & Joy, 1996) adopt a 'one size fits all approach'. Thus, these approaches assume that all acculturation experiences are the same; migrants have similar characteristics and do not take into account acculturation similarity or ethnicity (Chirkov, 2009). Other factors such as age generally are not considered, but may influence the outcome of acculturation experiences. For example Schwartz et al (2006), report that individuals who migrate as older adults may experience more difficulty integrating into the host culture's way of living.

More recently moving towards multi-dimensional models of acculturation have been proposed (e.g. Padila & Perez, 2003 and Schwartz et al, 2010). Through a multi-dimensional model, different aspects of the acculturation process can be explored and it takes into account the different ways in which migrants may operate. These models consider concepts such as cultural practices, values and identifications as well as hoping to offer more insightful understanding of the adaptation process of migrants (Padila & Perez, 2003). Although this can be helpful, there have been criticisms of research using such concepts separately.

Viewing these concepts separately may only provide a limited understanding of acculturation and cultural adaptation. For example, Portes and Rumbaut (2001) reported that in their sample many participants were not proficient in their families' native languages, even though they still identified strongly with their countries of familial origin and retained many of their heritage values. Thus, Schwartz et al. (2010) recommend considering the acculturation process as an all-inclusive process rather than separately.

Acculturation has been considered to be separate to assimilation although more current models have considered acculturation to be more than a one-dimensional process that includes a psychological dimension. Therefore, for the purpose of this study, acculturation and assimilation will be viewed as one process in which members of one group use various strategies to adopt or adapt the cultural traits of another group with whom they are in contact.

Although contact between members of different cultural groups and strategies used are important to understand, analysis of literature is suggestive of this having a limited approach. However, having an understanding of a conceptual framework allows us to form a better understanding of the process and begin to understand the experience of acculturation. To consider the unique experience for the individual, we need to also consider a multi-dimensional approach that includes social cognition, cultural competence, social identity, social dominance and social stigma (Padila & Perez, 2003).

Therefore, Berry's four-fold (1997, 1998) model of acculturation and Padila & Perez's multidimensional model shall be used as a skeletal framework to understand the participants' acculturation experiences and strategies used to manage challenges. However, the research will

view the participants' experience as unique rather than use the model as an attempt to enforce a one size fits all approach.

1.4.2 Identity development in adulthood and old age: Erikson's psychosocial stages of development.

Erikson's (1968) theory of psychosocial development describes the impact of social experience on self through eight stages of personal development, which extend from birth to death. Each stage involves a crisis with a conflict centred on a particular issue. The quality developed, as an outcome of the conflict, was described by Erickson (1968) as becoming a part of one's ego skills and the opposite form of the virtue if the ego strength was poorly developed. There is an ego strength developed in each stage (Jacobs, 2008).

Erikson (1968) suggested that early development paves the way for later developments and that significant others, including intergenerational relationships, are important at each stage. The theory rests on two major themes: (1) the world gets bigger as we go along and (2) failure is cumulative. Thus, an individual who has to deal with difficult circumstances as a child may be unable to negotiate later stages, as easily as someone who did not have as many challenges early on (Jacobs, 2008/12).

Erikson (1968) mentioned life gets more complex as we attempt to find our own identity, struggle with social interactions and tackle moral issues that could include caring of an older person. However, there can be rehabilitation later in life within positive relationships (Jacobs, 2008/12). Thus viewing Erikson's (1968) stages as a spiralling staircase can be helpful in understanding personal development i.e. each issue (trust, autonomy, initiative, industry, identity, intimacy, generative and integrity) generally repeats itself at each stage of life (Jacobs, 2008/2012.

Jacob (2008/12) clusters the issues into three themes including trust and attachment and authority and autonomy. Jacob (2012) highlights, that the themes can impact an individual at any stage of their life including old age. Trust and attachment issues in adult life are generally rooted in difficulties arising from one's early life experiences (Gerhardt, 2004). Authority and autonomy issues are related to development of independence and initiative and are based on attitudes acquired in early life and reinforced within the family (Jacob, 2012).

However, it has been difficult to create objectives to evaluate Erikson's theory and Jacob's (2008) themes, as many different threads enter into the process of establishing an identity and each person must create a unique synthesis of all the disparate parts (Waterman, 1985). Also, research in developmental psychology has focused on adolescent years and understanding of older adults has largely been ignored, even though these later stages of development are equally as important from a developmental and intergenerational perspective.

Identity development can continue beyond adolescent years (Arnette, 2000) which Erikson (1968) suggested was a task at adolescence. Adams and Marshall (1996) maintain that identity functions as a self-regulatory social psychological structure as it directs attention, processes information and selects behaviours. Thus, these functions provide a structure of understanding of one's self, a sense of personal control as well as consistency and coherence between values and beliefs (Adams & Marshall, 1996).

According to Schwartz, Montgomery and Briones (2006), these functions may be important to migrants as changes in ideals, value and behaviours that occur during acculturation may have implications on how such individuals form, revise and maintain their identity. Schwartz, Montgomery and Briones (2005) mention acculturation and stressors associated with identity development can cause 'side effects'. Therefore, this questions the impact of acculturation on one's identity in old age and especially, in turn, on older persons' care-receiving experiences.

Erikson (1968) observed that at stage seven we tend to be occupied with creativity, meaningful work and issues surrounding our family. According to Erikson (1968), at this stage the task is to perpetuate culture and transmit values of the culture through the family while creating a stable environment. This theory encourages exploration of experience in change of culture and living in various countries prior to settling in Britain and its influence in migrant older adults' ability to preserve and transmit their culture.

Erikson (1968) felt much of life is preparing for the middle of adulthood stage and the eighth stage (reflecting on old age) is recovering from it i.e. integrity vs. despair. He suggested that perhaps older adults often look back on their lives with content, feeling fulfilled with life and believing they have made a contribution to life, i.e. integrity. Their strength perhaps came from wisdom that the world is big and they have now a detached concern for the whole of life,

accepting death as the completion of it (Hough, 2004). Alternatively, many older adults may reach this stage and despair their experiences and perceived failures or they may feel they have all the answers and end with a strong dogmatism, believing that only their view has been correct (Hough, 2004). Therefore, I wonder whether a BAI older person experiences integrity, despair or dogmatism and whether care-receiving experiences and change in culture infringe upon this resolution.

Consequently, although the theory and themes are a helpful starting point, they are a descriptive overview of human social and emotional development. They do not adequately inform us about how, why and the implications of this form of development. Thus, exploring challenges of acculturation, receiving care from a family member and the impact of this upon one's social and emotional development would be beneficial in beginning to understand human development at a deeper level.

The research will consider Erikson's theory of psychosocial development and Jacob's (2008/12) clustered themes where appropriate. This is because these theories attempt to reflect on development of self in adulthood and provide a base for exploration of challenges and conflicts that may arise through the acculturation processes upon familial care receiving experiences. The theory/themes will act as overarching frameworks to develop an understanding of the impact of culture, acculturation and care.

1.4.2.1 Impact of acculturation on cultural identity.

Depending on one's identity, a person may be susceptible to feel in a certain way and respond favourably or unfavourably to certain life events (Naidoo, 2007). This means negative feelings toward the self may impact one's attitude towards coping with problems, which can include the strains of being offered care by a family member.

Cultures can influence the process of a person's development in many ways and mental health clinicians and researchers need to be aware of this as it can help them understand human behaviour (Dogra, 2010). Many authors have identified a struggle to define culture as it is always evolving and changing. Therefore, for the purpose of this study I shall be using D'Ardenne and Mahtani's (1999) definition. They describe culture as a shared history of the beliefs, practices and values of a race, regional or religious group of people. Thus, culture is defined by each person in relationship to the group or groups with which they relate with.

Erikson (1968) became aware of the influence of culture on behaviour and placed greater emphasis on the external world and conceptualised identity being determined by interaction between individuals and the environment. Thus many ethnic minority theories are based on Erikson's model e.g. Phinney (1989). Tsai, Chentsova-Dutton and Wong (2002) mention culture is inclusive of three constructs including cultural identity (the degree to which one views oneself to be part of a cultural group) and acculturation (the process of adjusting to another culture). Schwartz, Montgomery and Briones (2005) highlight, that there is a close relationship between cultural identity and acculturation for migrants.

Cultural identity is important for people's sense of self and how they relate to others. Thus, it is an important contributor to a person's well-being as it helps people feel they belong and gives them a feeling of security (Schwartz, 2005). Cultural identity refers to specific values, ideals and beliefs from a certain cultural group (Jensen, 2003). Bhugra, (2004a/b) mentions that components of cultural identity include religion, rites of passage, language and dietary habits. Thus it is an interface between person and cultural context (Bhatia & Ram, 2001) that has been linked with positive outcomes in areas such as health and education (Bhugra, 2004a).

Cultural identity is the integration of culture into one's self-concept or self-image and it develops from within, instead of being an image that is imposed by society stereotypes (Rayapol, 1997). However, stereotypes that large societies place on ethnic groups can influence a person's sense of pride or shame about their own ethnicity and can be a central component to cultural identity conflicts (Naidoo, 2007).

Erikson (1968) mentioned cultural identity can impact ones individual development and challenges those who immigrate and become minorities in a culture. According to Erikson (1968), this is particularly the case during adolescence as teenagers try to find an identity that fits them. However, Simic (1987) argues that one's cultural identity also plays a central role in old age as older people are cultural carriers and transmitters. Luborsky and Rubinstein (1990) found that over the course of an individual's life, cultural identity may offer a sense of connection with one's life experiences in coping with varying losses by linking earlier and later stages of life together.

The development of cultural identity is a complex and continuous process (Naidoo, 2007; Rayapol, 1997). Acculturation can represent changes to one's cultural identity due to changes in linguistic preferences and in core beliefs (Schwartz, Montgomery & Briones, 2006). The family is a major force in the process as it provides experiences of a particular ethnic group (Naidoo, 2007). There is evidence to suggest parent's involvement in the ethnic community is directly related to an adolescent's stable sense of ethnic identity (Baptiste, 2005). In the same way, parents who have difficulties with the process of acculturation and their own cultural identity may facilitate adolescents' conflicts (Baptitst, 2005). This questions whether BAIs face these difficulties and the impact of this on later life experiences, such as familial care receiving. The following section explores the impact of acculturation on familial care receiving experiences relevant to Asian Indian older adults.

1.4.3 Current research on the impact of acculturation on familial care receiving experiences of older adults.

The above sections have highlighted the importance of considering the influence of acculturation processes in ones understanding of themselves, especially amongst older BAIs. This is perhaps, as the influence of acculturation processes may impact on an individual's sense of self and, in turn, their well-being due to varying adjustments to host-culture life. These changes may affect familial, personal and professional roles. They could also have implications for a person's identity (Moriarty & Butt, 2004) and influence their perceptions of care offered by a family member. Therefore, factors such as changes in cultural/social environment appear important when considering within human development. The following section offers a brief literature review on the impact of acculturation on care-receiving experiences in ethnic minority older adults.

Most of the literature on informal care of the elderly has emphasised the consequences of care-giving, especially stress and burden and its impact on well-being. Literature on family care-giving amongst ethnic groups has suggested differences in expectations and attitudes towards the role in family care support (Haley et al., 1996; Hinrichsen & Ramirez, 1992) as well as coping mechanisms (Aranda & Knight, 1997) but very few studies have been conducted (in Britain) considering the influence of acculturation experiences on care receiving experiences amongst older adults.

Jolicoeur and Madden (2002) explored the dynamics of informal care of the elderly in Mexican-American families. Data drawn illustrated how acculturation affects the care-giving

experience and the consequences of it in terms of stress, burden, rewards and overall satisfaction. The burden of care-giving for both highly acculturated and less acculturated[i] caregivers was considerable. Less acculturated caregivers' experienced greater stress, burden, and significantly lower satisfaction even though they were in more fulfilling obligatory roles and had more family members available to assist with care-giving. Although this study focuses on family caregivers, it also highlights the importance of exploring the impact of how acculturation may affect familial care receiving experiences of older adults.

Differences in older adult behaviours and attitudes have emerged as a predictor of caregiver distress (Matire, Newsom, Schulz & Wrosch, 2003). However, factors such as acculturation stress and acculturation gap as triggers for reactions in family care have generally been ignored. This is surprising as acculturation is an important factor to consider as even well-intentioned adaptive acculturative strategies or misunderstood acculturative gap in views/values of care of family members can have negative effects on care recipients (Burg & Seeman, 1994).

Generally, research on older adults has focused on care-recipient satisfaction using pre-determined ideas about care (e.g. Thomas, 1993). By doing so, has limited exploration of one's experience of care as a multi-level process. Therefore, research has failed to consider individual differences and assumed all experiences are similar. Research on older persons has been inconsistent and difficult to compare across studies. This is because factors such as the minimum age of older persons have been different (i.e. ranging from 50 to 70).

Research suggests many elderly care recipients respond negatively to the care they receive from their family, leading them to experience psychological consequences (Matire et al., 2003) such as feeling depressed (e.g. Thompson & Sobolew-Shubin, 1993). However, research has focused on specific clinical populations. Although this has been helpful in health research, there is a lack of understanding of familial care receiving experiences amongst non-clinical populations. Also, only a few studies have focused on positive responses to familial care receiving amongst the elderly, possibly because of the serious consequences of negative reactions of care-giving (Matire et al., 2003).

Matire et al. (2003) suggest that research in care has been one-dimensional, and has not considered the cultural aspects of receiving care. In particular, research has focused on care but

not considered the implications of acculturation on these experiences. For example, Newsom and Schulz (1998) investigated negative reactions to care in a large sample of older adults with a variety of health problems. Reactions were measured by asking recipients about their experience of strain. Forty percent reported emotional strain including lower self-esteem. Interestingly, the sample included African Americans indicating possible migration and acculturation, which literature suggests can also cause low self-esteem (Farver et al., 2002b).

A study by Cattan and Giuntoli (2010) explored the views of older people and their carers from ten ethnic communities living in Bradford, in relation to their needs and experiences of care and support. The study found that older people felt it was unrealistic to have the same expectations of support in Britain compared to what they would have had in their countries of origin. Some older Pakistani women reported highly stressful cohabitations with their daughter-in-laws and wanting to live independently. This study highlights how changes in cultural environment may challenge persons' cultural expectations of care which, in turn, may impact on their well-being. However, the study did not consider how acculturation and migration experiences may impact experiences of care.

Mui and Kang (2006) studied the role of support provided by family members and its impact on the psychological well-being of Asian immigrant elders. The study revealed participants perceived there to be a culture gap between themselves and their adult children which collated with high levels of depression. This suggested a difference in cultural expectations in family support among Asian migrants dependant on age (Mui & Kang, 2006).

Mui (2006) mentioned a stressful life event for Asian immigrant elders can be the split of the household between elderly parent and adult child, as it can lead to intergenerational conflicts. The study highlighted that elders can be faced with loss of power and respect as their role as a culture conserver and family decision maker may be undermined. The study, however, included a range of Asian elderly people (including Indian, Chinese and Korean) from America. Therefore, such results cannot be directly compared with ethnic groups in Britain due to the diversity that exists among these various groups (Kalavar, 1998). Also, it is unclear whether the respondents' depression was related to high unmet needs or to higher family expectation in intergenerational exchanges. These are unanswered questions in the research although outcomes seem to indicate acculturation plays a role in family care-giving.

Current literature has identified intergenerational culture conflicts as being salient to the Asian Indian community in America although there is a lack of research in Britain. Research on how immigrant older adults manage possible acculturative stress and culture conflicts is scarce even though Farver et al. (2002b) reported lower self-esteem and higher anxiety in families where there was an acculturative gap between the strategy adopted by first-generation parents and their second-generation children. Those parents adopting a separated or marginalised acculturation style reported greater family conflicts (Farver et al., 2002b).

Ghuman (1999, 2003) and Krishnan and Berry (1992) found integration as a strategy predicted lower acculturative stress among Asian Indian adolescent. However, it is important to explore whether these strategies continue in later life and have implications on receiving care in the dominant culture. Baptiste (2005) and Segal (1998) identified primary concerns among Asian Indian immigrant parents (who value interdependence, family harmony and obedience to authority) in America. Concerns included loss of parental authority and children's out-of-culture behaviour. This questions the implications of traditional care-giving /receiving values in the host culture, as a study using grounded theory found Asian Indian parents (immigrants) living in North America experienced family conflicts due to pressures to maintain traditional values in areas such as parental control, poor communication and expectation of excellence (Dugsin, 2001).

Although these studies (Krishnan & Berry, 1992; Dugsin, 2001; Baptiste, 2005) have identified acculturation patterns among immigrants in America, very few have been carried out in Britain. This is an important factor to consider and some caution should be taken when generalising patterns of acculturation observed in the United States to other countries of settlement. This is because it is important to understand patterns of migration and history of immigration in various ethnic groups as their experiences may be linked to trauma and discrimination that may have implications on their ability to acculturate effectively (Yoo, Gee & Takeuchi, 2009; Portes & Rumbaut, 2001).

According to Abouguendia and Noels (2001), the struggle of balancing two value systems may vary in intensity among immigrants, depending on generational status. Thompson and Bhugra (2000) argue culture conflicts may intensify due to possible rigidly defined roles in one's culture, particularly in terms of unquestioning deference to elders. This in turn could have implications on care-giving/receiving experiences between older adults and family carers.

The majority of studies have concentrated on the impact of acculturation on family carers (e.g. Kao & An, 2012; Jolicoeur & Madden, 2002; Aranda & Knight, 1997; Shurgot & Knight, 2004) and children's/adolescents' (e.g. East & Weisner, 2009) perceptions of care-giving as well as intergenerational conflicts between parents and children (Farver et al., 2000b; Baptiste, 2005).

However, research suggests those who migrate as young children are likely to attain receiving-culture practices, values, and identifications more easily than those who migrate at older ages (Portes & Rumbaut, 2001). Individuals who migrate as adolescents or adults are likely to have recollections of life before migration and may experience difficulty in adopting the practices and values of the receiving society (Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006). Conversely, adult immigrants may have more difficulty finding a balance between two cultures leading to 'cultural value conflicts' (Inman, Constantine &, Ladnay, 1999).

Acculturation and migration experiences can also create strong links to traditional family-oriented cultures from their countries of origin (Bean & Tienda, 1987). Arjouch (2005) reports in her study on Arab-American older adults, that many of her participants immigrated before experiencing the burden of caring for their own older parents, which seemed to encourage attitudes closer to traditional norms than those moderated by lived experiences.

Valk and Schans (2008) studied perceptions of filial obligations among immigrant (five ethnic groups) and Dutch older people in the Netherlands. The study explored how and to what extent these perceptions were determined by ethnic background or attributable to socio-demographic factors and how filial obligations among immigrant older people differ by level of acculturation. The study suggested that immigrant background impacts on the perception of an adult child's obligations towards its parents, as immigrant elders generally had more expectations of their adult children than was the case for the Dutch. It was also found that different aspects of acculturation were related to the perception of filial obligations among older people with Mediterranean and Caribbean backgrounds.

Similarly, Lee and Aytac (1998) found that Black elderly parents in the United States had higher expectations of filial obligations than Whites, but Seelbach (1981) and Hanson, Sauer and Seelbach (1983) do not confirm this difference. Although Valk and Schans (2008) offered an indication that care-giving experiences may be influenced by acculturation and immigrant background, the study was limited in terms of methodology. This was because the study used Likert scales to collate participants' experiences. However, attitudes of a population for one particular item generally exist on a multi-dimensional continuum (Blaikie, 2003). Further, the Likert Scale is one dimensional; offering only limited options and the space between each choice is not equidistant. Therefore, it fails to measure the true attitudes of respondents (Blaikie, 2003). Also, the study only considered duration of stay and proficiency in language to be aspects of acculturation whereas Rudmin (2003) mentions that the effects of acculturation are better understood by exploring immigrants' experiences of the host culture.

Burholt and Dobbs (2010) explored the relationship in two societies (the U.K. and South Asia) between prevailing family values, receipt of help and emotional closeness in older South Asians (including Indian Gujarati's, Bangladeshis and Punjabis). The study found sons and daughters were more likely to offer care than any other family members in both countries. However, daughters were more likely to offer care in the U.K. The level of emotional closeness was related to receipt of help, which the study suggests is likely to impact the psychological well-being of older adults and their family carers.

This study suggests living in the U.K. may lead to differences in care-giving roles and expectations, but also questions the impact of acculturation on these differences. The study reported that the level to which each subgroup (Guajarati, Punjabi and Bangladeshi) acculturated remained different as the host society was different. However, the study did not consider other aspects of acculturation experience that are constrained by demographic or contextual factors (Chirkov, 2009).

Thus, such studies highlight potential differences in family care perceptions being related to immigrant background and different aspects of acculturation. The studies also suggest that to understand acculturation, one must consider the interactional context in which it occurs (Rohmann, Piontkowski, & van Randenborgh, 2008). This includes the characteristics of the migrants themselves, the groups or countries from which they originate, their socioeconomic status and resources, the country and local community in which they settle, and their fluency in the language of the country of settlement. Therefore, Chirkov (2009) stipulates, based on

Berry's model, but considering the variations among migrants and their circumstances, may have more explanatory power and broader applicability than a "one size fits all" perspective.

1.4.3.3 Concluding comments on literature review.

Literature has suggested an interesting hypothesis that an increased gap in acculturation leads to greater family conflict (Szapocznik & Kurtines, 1993). However, limited studies have considered whether this continues into adulthood and its implications on receiving care from a family member. Also, each study exploring acculturation has considered different methodologies and this could be why research has yielded mixed results as other studies have failed to support the hypothesis (e.g. Lau et al., 2005; Pasch et al., 2006).

Generally, research on the impact of acculturation on ethnic minority older adults', living in Britain and perceptions of receiving care from a family member has been lacking; j leaving a significant gap in knowledge regarding the implications of acculturation on care-receiving experiences among ethnic minorities. This is surprising as Saran and Eames (1980) predicted intergenerational cultural conflicts would be a source of strain among immigrant families.

No study to date has considered older adults who have experienced more than one acculturation process, even though Al-Krenawi and Graham (2005) found in two case studies acculturation and re-acculturation (a process of double transition) caused conflict, confusion and disintegration. However, the authors acknowledge only one of the case studies considered the experience of the process of migration and acculturation to more than one country, although this has been in the realms of business research i.e. Wamwara-Mbugua, Cornwell and Boller, (2008).

Studies on acculturation have generally used quantitative methods (Cabassa, 2003). Although this has produced numerical data it has not provided rich understanding of the participants' experience i.e. the use of surveys with closed-ended rating scales only provides differences among groups rather than a better understanding of the experience. This is important as Osborne and Willcocks (1990) report that accessing experiences of old age cannot be attempted scientifically without the active engagement of older people and an active participative framework will only be enriched by a dialogue based on older people's interpretations of their own lives and experiences.

Some studies have relied on proxy variables such as place of education and food preference to measure acculturation (Cabassa, 2003). Thus, minimal attention has been given to methodology that explores acculturative challenges to core cultural beliefs, attitudes and values (Cabassa, 2003; Castillo, Conoley & Brossart, 2004). This is significant since one can accept and practice behaviours of a new culture but also maintain core beliefs/values of their culture of origin. Therefore, when exploring acculturation, researchers need to consider changes in one's cultural values and beliefs and their implications to adjustment.

Overall, research in the U.K. of an individual's acculturative experience has been limited and has assumed an immigrant can only assimilate whereas recent models and research have suggested a more multidimensional aspect of acculturation. Further, limited studies have considered experiences of familial care receiving in relation to acculturation even though this appears to play a significant role in understanding immigrant older adults' lives.

1.4.4 The importance of the current study.

From a clinical point of view, our ability to understand a person's psychological health and provide a service to older adults from diverse cultural backgrounds will be limited if issues of cultural background and cultural changes arising from acculturation are ignored (Berry, 1997).

Studying culture would benefit counselling psychology and psychotherapy as Mays (1985) and Lewis, Croft-Jefreys and David (1990) suggest misalliances can occur in the therapeutic process due to limited understanding of culture on the part of the therapist. Limited understanding of the culture can hinder therapeutic alliances and the process of psychological healing (Coll, 1998). Thus, such research could provide more knowledge to therapists, reduce negative factors in therapeutic interactions (Ayonrinde, 1999) and increase engagement.

As migration becomes more common in the ethnic minority ageing population, the nature of culture-specific issues, such as acculturation, need to be explored to examine the impact upon humans as they are psychologically and socially complex processes.

Research on older persons is important as it has the power to enhance their lives. Studying areas such as perceptions of care is significant as it can help to achieve change and development in policy and services for older people. This is particularly important as older people are the major user group of health and social care services in the U.K (Department of Health, 2006).

Currently 14% of the U.K. population is non-white (Office of National Statistics, 2011a). Therefore greater emphasis needs to be placed on the context of culture (Consedine, Magai & Kudadji-Gyamfi, 2006) to develop a better understanding of multi-cultural issues (Littlewood & Lipsedge, 1997). Further, the number of immigrants in many western countries has risen in the last decade and, in the near future, a rising proportion of older people in western societies will be of immigrant origin, with implications for care and family relations (Warnes et al., 2004).

Consequently, the study hopes to develop a better understanding of the needs of ethnic minority older adults (an under researched area) by exploring their subjective experiences of acculturation and care-receiving. This is because immigrant family members appear to acculturate at different levels, depending on the age at which they experience acculturation (Szapocznik & Kurtines, 1993), which could lead to intergenerational family conflicts (Hwang, 2006) occurring from acculturative differences (Lee, Choe, Kim & Ngo, 2000).

Also, most studies on acculturation have taken place in America. Thus it is difficult to make universal comparisons as British Migrants they may have different migration histories and experiences of acculturative processes to American migrants (Schwartz et al., 2010). Therefore, this study is important as it hopes to shed light on an unexplored area which considers experiences of migrating to Britain. This is significant as Dugsin (2001) found BAIs manage intergenerational cultural conflicts in contradictory and complex ways which may lead an individual to suppress desires that contradict their cultural values. Zarit and Edwards (2000) and Ghuman (1999) report, that this can cause potential personal conflicts and mental health issues. Thus, studying experiences of BAIs is imperative to mental health practitioners.

Multi-cultural issues and ageing are connected (Hinrichsen, 2006). Thus, research on culture and care will assist in raising awareness of issues that older adults encounter and equip mental health professionals for the future. Research on care receiving perceptions has been

limited and has concentrated less on ethnic minority older adults. However, as the population grows, it is important to begin to consider this area of research to allow clinicians to be more aware of issues that this population struggle with.

Older adults from varied cultural backgrounds may experience 'double jeopardy' (Dowd & Bengston, 1978) i.e. racism and ageism. Therefore, understanding the possible implications of acculturation can assist in understanding psychological/social adjustments and help lessen emotional difficulties. Thus, through this research it is hoped that health professionals will be able to encourage a better quality of life for older adults by improving services/interventions and helping family members to better deal with the practical and emotional demands of caring for an older adult.

Currently, literature does not provide awareness of how older adults who have experienced more than one acculturation process would like to be treated in the country of their final destination in life. Further, there is lack of research on immigrant older adult's experiences of acculturation, its possible impact on care receiving experiences whilst living in Britain and how this is managed.

Chapter 2: The Research Report

2.1 Introduction and Overview.

This initial aims of this study were to explore BAI older adults' and family carers' experiences of multiple acculturation processes as well as their experiences of care-giving and receiving. The study also aimed to understand the implications of acculturation processes to care-giving and receiving, as well as how these implications are managed and negotiated by them. However, due to the volume of data collected, this research report will focus on older adults and data for family carers will be analysed in future publications.

Thus, the aim of this study was to explore BAI older family members' experiences of multiple acculturation processes as well as their experiences of receiving care from family members (familial care receiving) and how both these experiences were/are managed by them.

The study was exploratory and undertook a qualitative research methodology. Participants were recruited with permission from local community and neighbourhood centres in Leicester. Six fully consenting BAI older adults who had migrated two or three times before settling in Britain were interviewed using semi-structured interviews in their preferred language.

Using Interpretative Phenomenological Analysis (IPA), the study revealed that the participants had developed a strong Indian identity whilst growing up in India which enabled them to develop self-worth. This was fostered further when migrating to East Africa, but was challenged when being forcefully evicted. This led them to experience distress but also growth. As a result, whilst residing in Britain the participants appeared to hold a strong Indian identity. Receiving care from a family member appeared to be a multi-functional phenomenon that enabled the participants to negotiate and maintain their Indian identity whilst living in Britain. However, it also tended to be met with challenges which had an impact upon their well-being. Challenges of migration, acculturation and receiving familial care tended to be managed using cognitive, behavioural, spiritual and innate psychological strategies.

2.2 Aim of Study.

The aim of this study was to explore experiences of multiple acculturation processes and care offered by a family member amongst British Asian Indian older adults living In Britain.

2.3 Research Questions.

~ What are British Asian Indian older adults' experiences of multiple acculturation processes and care offered by a family member?

~ How do British Asian Indian older adults manage and adapt to multiple acculturation and familial care receiving experiences whilst living in Britain?

Chapter 3: Methodology

3.1 Rationale for Qualitative Methodology.

Qualitative methodology has its roots in social science and is more concerned with understanding of peoples' behaviour, attitudes, beliefs, fears, etc. It implies direct concern with experience that is 'lived', 'felt' or 'undergone' (Sherman & Webb, 1988, p. 7). The aim of qualitative research is to understand the world through the participants' eyes (Willig, 2008). Thus the purpose of qualitative research is to contextualise and interpret.

These aims clearly fitted with the purpose of the study as I hoped to explore and understand BAI older adults' acculturation and care-receiving experiences. Qualitative methodology was selected as the study did not have a hypothesis, but a flexible plan to explore the phenomena and the aim of the study was to investigate in depth the complexities and processes of the phenomena, rather than gain statistical data. Thus, the study aimed to produce 'rich data' and encourage exploration of meaning and concepts, which Willig (2008) suggests quantitative data does not allow.

Cabassa (2003) advocates qualitative methodologies can portray the realities and challenges of the acculturation process more clearly than quantitative methods as they can capture the social and personal processes associated i.e. acculturative changes in values, beliefs and attitudes. Further, Marshall and Rossman (1995) suggest that qualitative methodology is helpful if there is a lack of research regarding the phenomena. This applied to the current study as it hoped to take an exploratory route to shed light on an under-researched phenomenon and highlight areas for future research.

Finally, research questions considered in this study are the type of questions best answered by qualitative research methods as they hope to understand the participants' world and are open-ended thus not hypothesis driven (Smith, 2009; Willig, 2008).

3.2 Relevance of Qualitative Research to Counselling Psychology.

Qualitative methods have been underutilised in counselling research, as most counselling psychologists were trained in the post-positivist research paradigm and associated quantitative methods (McLeod, 2001). Quantitative research is considered to be helpful for counselling psychologists as it allows the testing of objective theories by examining the

relationship between variables and assists in developing therapeutic interventions and measuring their effectiveness. Further, perhaps quantitative research offers scientific and evidence-based practice which is considered to underpin a counselling psychologist's work as a scientific practitioner (Bury & Strauss, 2006).

In recent years counselling psychologists have also begun to consider the qualitative methodology. This is potentially because as part of being ethical practitioners, counselling psychologists are encouraged to '*engage with subjectivity and intersubjectivity, values and beliefs [of clients]… to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing…'* (BPS, 2005, p. 1)

One of the purposes of qualitative research is to gather non-numerical data to help explain or develop a theory about a relationship (McLeod, 2001). Coyle (1997) and Ponterotto, Kuriakose and Granovskaya (2008) suggest qualitative research and the practice of counselling psychology tend to be also closely related. This is because counselling psychologists adopt a reflective practitioner approach and combine their understanding from formal psychological enquiry and the interpersonal relationship between them and the client (Coyle, 1997; Pontertotto et al., 2008).

According to Coyle (1997), characteristics of qualitative research overlap with counselling psychology as both tend to place emphasis on emotive and cognitive aspects of participants' experiences from their socially constructed view of the world. Ponterotto et al. (2008) suggest that qualitative research has shown its relevance, as it has provided awareness into the clients' experiences. This awareness raising can be helpful to counselling psychologists, to help them develop a therapeutic relationship that entails greater understanding of the clients' needs.

Qualitative research offers information on the meaning of the participants' experiences in their social world and an understanding of their sense-making activities. Therefore, qualitative research is relevant in counselling psychology as in such cases it can allow a therapist to arrive at a more therapeutically useful psychological formulation of the client's presenting issues.

Ponterotto et al. (2008) suggest that qualitative research considers the socio-cultural context of the clients' difficulties, which is important to consider as all phases of the therapy process are influenced by culture. Many qualitative approaches consider the participants to play an active role in the process of defining and assessing the phenomena of interest. Therefore, the research process is more collaborative and so data that emerges is likely to have enhanced clinical relevance to clients and therapists (Ponterotto et al., 2008).

The relevance of qualitative research to counselling psychology appears to be strong and a good starting point for researching unexplored phenomena. Through the overlap in characteristics and purpose, qualitative research and counselling psychology appear to strengthen counselling theory development and application in practice.

Overall, Haverkamp, Morrow and Ponterotto (2005) describe qualitative research as being like photography as it produces images characterised by precision. Qualitative research is described as similar to portraiture as it offers a hint of "what resides beneath" (Haverkamp et al., 2005). Both quantitative and qualitative research need skill and both qualify as science. However, as our psychological knowledge base grows, it is a time for counselling psychologists to pursue qualitative explorations of human experience.

3.3 Overview of IPA.

3.3.1 What is IPA?

Interpretative Phenomenological Analysis (IPA) is a qualitative research approach that is committed to understanding how people understand major life experiences and their significance (Smith, Flowers and Larkin, 2009). IPA aims to do this through an in-depth exploration of people's lived experiences and close examination of how people make sense of these experiences (Reid, Flowers & Larkin, 2005). IPA assumes people are 'self-interpreting beings' and that interpretative activity, i.e. sense making is central to human activity (Reid et al., 2005).

Important theoretical touchstones for IPA are phenomenology and hermeneutics (the theory of interpretation). It is also influenced by symbolic interactionism and fourthly by ideography.

IPA considers phenomenology as it aims to engage with the personal reflections, thoughts and feelings of participants' major life experiences rather than attempting to produce an objective record of the event (Smith et al., 2009). IPA offers the researcher the opportunity to understand and interpret what is happening to the participant through its theoretical commitment of viewing participants as 'sense making creatures' (Smith et al., 2009, p. 3) and their reflections as attempts to understand their experience.

IPA considers hermeneutic inquiry as it is concerned with interpreting the sense making which individuals undergo (Eatough & Smith, 2008; Willig, 2008). Therefore, IPA assumes to capture and understand these experiences. The researcher is required to interpret the experience from the participants' perspective. It also acknowledges, however, that whilst trying to understand the participants' personal world, the researcher cannot do this directly (Smith et al., 2009). Access is dependent on the researcher's own conceptions, which are required to make sense of the participants' personal world through a process of interpretative activity (Smith et al., 2009).

Therefore, the researcher plays a dual role as IPA research is engaged in a double hermeneutic i.e. the researcher is trying to understand what the participant is trying to make sense of, what is happening/happened to them (Smith et al., 2009). Consequently, IPA's aims are achieved through interpretative activity on the part of the researcher; viewing research as a dynamic process in which the researcher plays an active role.

Symbolic interactionism views that human interaction takes place in a symbolic and linguistic world rather than being one of causes and effects (Smith et al., 2009). Therefore, to understand human interaction it is important to understand how the symbols are used. For symbolic interactionism, the meanings that individuals ascribe to events are of central concern but those meanings are only obtained through a process of social engagement and a process of interpretation, which Smith et al. (2009) write IPA aspires to. IPA takes a central position between a phenomenological perspective and a symbolic internationalist perspective (Willig, 2008).

IPA is idiographic as it aims to study specific individuals or situations/events in their lives (Larkin, Watts & Clifton, 2006). Eatough and Smith (2008) write that nomothetic studies work at the group/population level to make predictions where idiographic studies work at an individual level to make specific statements about individuals. Methodologically, IPA involves highly intensive and detailed analysis of data collected (generally by semi-structured interviews). Analysis considers patterns of meaning developed. These are reported in thematic form (Eatough & Smith 2008).

Therefore, the basic principles of IPA are: it is inductive, it is idiographic (IPA works at the individual level as individuals actively interpret their experiences and their world), concerned with understanding lived experiences and how they are made sense of, it is data-driven (bottom-up: prioritises participants' accounts) and the research is a dynamic process – the researcher is active in the research (Eatough & Smith, 2008; Reid et al., 2005). Larkin et al. (2006) mention two overall aims of IPA. These are understanding the participants' subjective world, but being aware the account is co-constructed by both participant and researcher, and developing an interpretative analysis of the initial 'description' to a wide social, cultural or theoretical context.

3.3.2 Making the choice: IPA and other qualitative methods.

The research question, data collection method and data analysis method are dependent on each other (Willig, 2008). Therefore, considering my research question I have chosen my data collection method to be semi-structured interviews, as semi-structured interviews aim to produce textual data, which Willig (2008) and Reid et al. (2005) suggest is compatible with IPA.

IPA was chosen because the aims outlined by Smith et al. (2009) match the aims and the research questions presented within this study, i.e. research questions imply an exploratory line of thought and aim to explore an individuals' personal 'lived' experiences/perceptions of acculturation and care offered by a family member. Further, IPA allows in-depth exploration of the phenomena by allowing complex aspects to be explored (Cabassa, 2003) (i.e. acculturation and care receiving).

IPA was selected because analysis focused on personal meaning and sense making in a particular context for a specific group of people who share a particular 'lived' experience (Smith

et al., 2009) which match the characteristics of the study. IPA also takes into account the fact that the researcher plays an active role in research. IPA allows the researcher to interpret the chain of connections through its theoretical commitment by viewing the 'person as a cognitive, linguistic, affective and physical being' (Smith & Osborn, 2008, p. 54). This complements the research questions as it allows the researcher to freely analyse.

Overall, IPA best suited this study as it did not focus upon developing an explanatory level account, like grounded theory, nor did it focus on how narratives related to sense making activities, like narrative psychology. Also, the study aimed to explore the emotive and cognitive aspects of the participants' 'lived' experience. Thus, the analysis would not explore the constructive function of language and practices that Parker (1992) informs as being Foucauldian Discourse Analysis.

3.3.3 Epistemology of IPA.

IPA assumes that individuals perceive the world subjectively and that everyone experiences the same situation/event in different ways, as experience is reconciled by our own beliefs and assumptions (Willig, 2008). Therefore, IPA is interested in the participants' subjective experiences rather than the external world (Smith & Eatough, 2006). Thus, it can be considered to subscribe to relativist ontology. However, Willig (2008) notes that IPA also acknowledges peoples' interpretations are not totally personal as they are intertwined with social interactions and processes.

Therefore, IPA aims to produce an understanding of what and how participants view and experience the phenomena under investigation, thus taking a realist approach (Eatough & Smith, 2008). IPA analysis assumes people's accounts inform us of about parts of their private thoughts and feelings and are implicated by experiences (Willig, 2008).

IPA also recognises the researchers' understanding and analysis of the participants' reflections is influenced by their own beliefs, assumptions (Eatough & Smith, 2008) and conceptions of their own personal and social worlds that are caught up within their understanding and experiences (Willig, 2008). Here, IPA is influenced by the hermeneutic versions of phenomenology. Therefore, knowledge produced by IPA is also reflexive as it is also dependent on the researchers' epistemological standpoint (Willig, 2008; Eatough & Smith, 2008).

Willig (2008) reports that IPA insights collated from analysis are considered as a product of interpretation carried out by the researcher. She further states that the researcher plays a major role in the research process through his/her engagement and interpretation of the participants' experience. Therefore, analysis is phenomenological, interpretative and the researcher requires a reflexive attitude and findings are viewed as a discovery through emerging themes and categories.

3.3.4 Researcher's ontological and epistemological standpoint.

Within this section I aim to outline my ontological and epistemological position. I hope to do this, by incorporating Willig's (2008 p.12-13) epistemological questions into a framework to offer the reader a clear and clarified position:

What type of knowledge do I aim to produce?
What type of assumptions do I make about the world?
What is my role within this research process?
What constitutes reality and how can we understand existence?

I aimed to gain an understanding of how participants view and experience their world. However, I acknowledged it is not possible to obtain direct access to another's personal world, but hoped to engage with participants to develop an insider's perspective. Therefore, my objective of analysis within the research was to obtain an insight into the participants' thoughts and beliefs in relation to the phenomena under investigation. I believed people's views of their experience tell us something about their private world and this has an impact upon their experiences. I aimed to produce knowledge of what and how people think about the phenomena under investigation. I believed the status of my data to be in between the 'realist' and 'relativist' endpoint of the continuum. The position could be described as phenomenological (Willig, 2008).

I was interested in the way the participants perceived their world rather than the objective nature of the world. I further believed, as do interpretivists, that the world is not an orderly, law-bound place but can be interpreted in multiple ways, i.e. reality is constructed in the individual's mind (Ponterotto, 2005). I felt experience is meditated by the thoughts, beliefs and expectations the individual brings to it. My interest lay in understanding how the participants experienced the phenomena. Thus, in this sense I ascribed to relativist ontology

(Willig, 2008; Ponterotto, 2005). Further, I believed I followed an interpretivist position as this assumes multiple and equally valid realities (Ponterotto, 2005).

Epistemology considers the relationship between the research participant and the researcher (Ponterotto, 2005). As do interpretivists, I followed the viewpoint that reality is socially constructed, i.e. as Willig (2008) mentions meanings are a product of the participants' interactions between actors in the social world. Therefore, I believed participants' interpretations are not fully free-floating but are linked by social interactions and processes. Thus, I share the point of view of Ponterotto (2005), that the dynamic interaction between researcher and participant is important in capturing and describing the "lived experience" of the participant.

Axiology considers the researcher's values in the scientific process (Ponterroto, 2005). As with interpretivists, I hoped to understand the participants' experiences by collating data and developing a possible understanding of their reality. I aimed to go beyond the data by stepping outside of the account, and reflecting upon status and its social and cultural meaning by providing a critical and conceptual commentary of the participants' personal sense making activities. However, I believed the insights gained from the research are a product of interpretation.

Therefore, although I hoped to represent the participants' view of the world, I was aware my understanding of the participants would be influenced by my own sense-making activities. Here, I agreed with Willig (2008) that this was not a bias, as through engagement with the participants I was able to develop an insider's perspective of the phenomena. Thus analysis was both phenomenological and interpretative.

Considering this, I believe my epistemological stand point is one of a post-positivist critical realist. I believe that all observations have some inaccuracies and that theories are revisable. As a critical realist, I am critical of our ability to know reality with confidence and believe that the aim of research is to hold consistently the goal of being accurate about reality although I am aware that we can never entirely achieve that (Trochim, 2006).

I believe that observations are theory-laden and that we are inherently biased by our cultural experiences, world views, etc. However, this does not mean that we cannot translate from each other's experiences. I consider myself as a constructivist as I believe that we each construct our view of the world based on our perceptions of it (Trochim, 2006).

I believe our perceptions, observations and constructions are unique to us yet fallible and imperfect through our own biases. Thus, I do not believe the idea that any individual can see the world perfectly as it really is. I believe it is important to triangulate across multiple perspectives to understand what multiple individuals are trying to achieve when they are expressing their perceptions and observations (Trochim, 2006). Therefore I think we can not entirely achieve objectivity perfectly, but we can approach it.

3.3.5 Epistemological issues.

I believe the research questions aimed to explore the lived experiences of the participants, in relation to migration, acculturation processes and care offered by a family member. The study aimed to provide an insight into the participants' view rather than represent a factual account of their experience.

The design of the study aimed to elicit these views by directly interviewing the participants about the phenomena. This would provide the participants with the opportunity to fully express their experiences which in turn would help develop an understanding of their experiences. The research also aimed to go further by interpreting data collated and reflect on the social and cultural meaning for participants. However, I was aware this was implicated with my person observations and knowledge, which did not totally offer insights into the implications of migration, acculturation and care of the participants' subjective worlds.

I felt my knowledge would enable me to engage with participants through my personal experience in observing this phenomenon. I aimed to generate a strengthened analysis through the relationship between myself and the knowledge. Therefore, I aimed to acknowledge, describe and 'bracket' my values but did not eliminate them (Smith et al., 2009). This was because I was aware the research process would require interpersonal contact with the participants to facilitate the construction and expression of their 'lived experience'. Thus it would have been difficult to eliminate this 'interdependent researcher–participant interaction' (Ponterotto, 2005).

I endeavoured to adopt a reflexive attitude by reflecting upon my own views and their influence over the research. I aimed to do this by reflecting self-consciously on the research, questioning my own assumptions and working to make my values an explicit part of the process (Tolich & Davidson, 1999). I did this by referring to the 'layers of reflection' mentioned by Smith et al. (2009, p. 189) and keeping a reflective log of the interviewing process.

3.4 Ethical Considerations.

Ethics and practicality were considered in accordance with current British Psychological Society guidelines. These are outlined below:

3.4.1 Informed consent and information sharing.

Informed consent is an important ethical cornerstone in research. Therefore all participants were provided with a consent form (including permission to record interview (Appendices 2 a/b) to complete prior to participating. All participants were briefed (Appendix 3) and provided with an information leaflet (Appendices 4a/b) with general aims of the research to avoid deception. The participants were debriefed (Appendix 5) with full aims verbally at the end of the interview. Participants were also informed they have access to the publication arising from the research.

3.4.2 Protection of participants.

To protect participants from harm as well as preserve dignity and rights, all participants were informed at the beginning of the interview they had the right to withdraw at any time, could request for data to be excluded and choose not to answer any of the questions with no obligations. It was anticipated the study would not cause any major psychological distress. However, if a participant should indicate any distress whilst undertaking interview they were offered the right to withdraw. All participants were forwarded a resource information sheet should they require further information regarding support services available to them (Appendix 6).

My work was supervised by Professor Marina Gulina (an academic staff member) to ensure safeguards were in place. Due to the possibility of disclosure of elder abuse or similar issues, through agreement in supervision, in such cases the interview would cease at the participant's request. Consultation and agreement with the participant would take place (information resource would be provided). As per the consent form, confidentiality would be

broken and the supervisor/centre manager/group organiser would be informed if any concerns about the participant's or another's safety were shared.

All participants were informed of confidentiality regarding any information collected about them and that this would be anonymous. Thus all names and identifiers have been removed from the research, information gained has been kept in a secure place under lock and key and only the researcher and supervisor have access to this for the purpose of the study only.

3.4.3 Ethical permission.

Permission in the first instance was sought from City University's Ethics Committee (Appendix 7). Further, approval was sought from community and neighbourhood centres to recruit participants. A formal letter (Appendix 8) accompanied with the information leaflet (Appendix 9) was sent to them. Thereafter, an informal meeting was arranged to discuss and implement the recruitment strategy. This created the settings for them to raise queries and become familiar with the researcher.

3.4.4 Equal opportunities.

The interviews were held in a place mutually agreeable to participants and interviewer. With permission from local community and neighbourhood centres, a small room was sought to offer privacy. The aim of conducting interviews at these venues was through consideration of fairness, mutuality and sensitivity of the participants' time constraints (Breakwell, 2000).

Further, as many of the participants' first language was unlikely to be English a multi-lingual interviewer (myself) made sure the predominant languages within the community were offered i.e. English/Gujarati/Hindi. However, as all participants who agreed to participate were Gujarati speaking, only materials in Gujarati are included in the Appendices.

All materials given to participants (consent form (Appendices 2a/b), information leaflet (Appendices 4a/b), prize draw form (Appendices 10a/b) and posters (Appendices 11a/b) were designed to be accessible by using basic terminology in English and Gujarati as these are the common languages used among BAIs (Leicester City Council, 2001), to allow full participation.

3.5 Sampling and Participants.

3.5.1 Sample size.

A sample of six participants were selected as it is considered a reasonable number (Smith & Osborn, 2008) when considering method of analysis and time limitations.

3.5.2 Purposive sampling criteria.

All participants were recruited using purposive sampling. Purposive sampling was chosen as it aimed to ensure inclusion of key characteristics which are important in the context of the study (Fife-Shaw, 2000).

As the study aimed to understand experiences of acculturation processes of between two and three countries/cultures prior to settling in Britain and care received by older adults from a specific ethnic group, purposive sampling was chosen. This was because differences between individuals who have experienced the process of acculturation from different ethnicities are likely to be so great that a general focus on their experience is unlikely to generate a meaningful set of shared themes/master themes. Thus, a more focused sample, i.e. BAI, was chosen as BAI older adults are the largest ethnic minority group in Britain (Office of National Statistics, 20011a).

Further, recruiting participants who have expertise with the phenomenon (i.e. BAI) would generate meaningful data by virtue of it being an integral part of their life experiences. Therefore, BAIs were chosen as they are also likely to have undergone two to three acculturation processes prior to settling in the U.K. (Ghuman, 1999).

3.5.3 Inclusive criterion.

All participants were recruited from a non-clinical population. The sample included six, British Asian Indian older adults (i.e. have *Asian* descent and/or have ancestors who are born or are native to India) who were aged 65+ and were cared for (i.e. fit the criterion as mentioned by Zarit and Edwards (2000) by a British Asian Indian family carer (30+) who lived with them. The participant must have immigrated between two to three times and lived in those countries prior to settling in Britain for at least ten years each.

All participants must have resided in each country for at least ten years to enable the individual to establish themselves within these countries. Further, as the length of stay to

acculturate may vary among individuals and because not much is known about this ethnic group it was felt that some commonality between participants was required to accumulate a common valid understanding of the participants' experiences. Further, although limited, research suggests a minimum length of stay to adapt to a culture to be ten to fifteen years (Besevegis & Pavlopoulos, 2008; Ward, Okura, Kennedy & Kojima, 1998). Further, efforts were made to include three males and three females in each group to avoid gender biases.

3.5.4 Exclusive criteria.

Participants who were in institutionalised care or not currently residing with their family carer were not included within the sample to provide consistency in type of care provided. Due to the study requiring recalling events and gaining information, participants with dementia or any difficulties that may inhibit expression were excluded as this may have caused psychological distress and gaining consent may have become complicated (Knight, 2004). All participants were unrelated to each other, i.e. no two members of the same family were interviewed. If an older person was interviewed then no other older person from the same family was interviewed. This was to maintain the confidentiality of the participants.

3.6 Data Collection.

3.6.1 Recruitment.

Recruitment took place in Leicester as it holds one of the largest BAI populations in Britain (Leicester City Council, 2001). Participants were recruited through local community groups and neighbourhood centres using posters (Appendices 11 a/b) and information sheets (Appendices 4 a/b) where older person groups were based. To encourage participation all participants interviewed had the chance to take part in a prize draw to win a £25 voucher (Appendices 10a/b). Light refreshments were provided at the interview.

3.6.2 Recruitment Response.

Three male participants and two female participants responded to the posters. One female was recommended by a fellow participant to contact me. All participants preferred to undertake the interviews in Gujarati.

3.6.3 Pilot study.

A pilot study was undertaken prior to the main study being carried out. This was to assess and amend the interview schedule (Breakwell, 2000). For the pilot study one BAI older

adult who met the inclusion criteria was sought from personal support networks to be cost effective. The participant was required to speak either Gujarati or Hindi to assess the translation of materials and whether the interview schedule elicited exploration of the focus of the study.

A Gujarati-speaking BAI older adult was recruited. The participant was briefed and signed consent was sought. Thereafter the interview took place, in which the interviewer observed and noted any issues arising from the interview schedule. Thereafter, the participant was debriefed and comments were sought to establish appropriateness (process of amendments made are attached (Appendix 12a). Any issues raised were amended as per the responses to strengthen engagement to the study. The revised interview schedule is attached with amendments made (Appendix 12b).

3.6.4 Participant profiles.

Transcript Code	Fictional Name referred to in Analysis and Discussion section	Age & Gender	Migration pattern	Relationship to Family Carer
OPM1	Manish	86/ male	East Africa-India-East Africa- Britain	Father
OPM2	Shashi	86/ male	East Africa-India-East Africa- Britain	Father-in law
OPM3	Deepak	70/ male	East Africa- India-East Africa-Britain	Father- in law
OPF1	Dipti	84 / female	India-East Africa-Britain	Mother-in law
OPF2	Shilpa	74/ female	India-East Africa-Britain	Mother – in law
OPF3	Sheena	70/ female	India-East Africa-Britain	Mother- in law

Table 1: Table to Show Profiles of Participants Recruited For Study

3.6.5 Collecting Data.

The data collection method was semi-structured interviews due to its compatibility with the analysis methods i.e. IPA (Willig, 2008; Reid et al., 2005). IPA is considered to be compatible with semi-structured interviews as IPA researchers are aware that interviews are not a 'neutral' means of data collection (Reid et al., 2005). The interviewer-participant relationship is considered flexible. This helps to identify and interpret the meanings used to make sense of the topic. Also, individual interviews can allow a rapport to develop by allowing participants to think, speak and be heard, they are also well suited to in-depth and personal discussion which is required in IPA (Reid et al., 2005).

Semi-structured interviews were chosen for data collection as they can allow full expression of how people think and feel about the phenomenon. This was important in this study as many older adults may suffer from physical/chronic difficulties that may inhibit them from, for example, completing questionnaires. Also, semi-structured interviews allow the researcher to take into account the complexity of expression of views which may be suppressed or ignored if questionnaires are given (Smith et al., 2009). Thus, semi-structured interviews are an appropriate form of data collection for this study due to the sensitive nature of the topic.

To carry out full analysis of the data collected, the semi-structured interviews were digitally recorded, transcribed and translated by the interviewer (myself). Also, common languages in the BAI community include English and Gujarati (Leicester City Council, 2001). These languages were provided by me to ensure clear communication (Smith & Osborn, 2008).

Within the interview I asked open-ended questions to encourage participants to express their personal views and feelings on the topic. The style of interviewing was non-directive I was aware that I had research questions that directed the interview.

An interview schedule was used to derive data needed to answer the research questions. The schedule consisted of a small number of open-ended questions which were either descriptive, structural, contrast or evaluative (Willig, 2008).

The interviews lasted for approximately 30 minutes to ensure active participation. Further, a systemic set of questions was used and the same interviewer (I) undertook each interview to achieve greater validity, reliability and consistency across responses (Breakwell, 2000).

The research supervisor was consulted to make sure the interview schedule was appropriate. Thereafter, to assess whether the interview schedule devised was accurate in terms of elicitation of data required for the study, a pilot study of the interview schedule took place.

3.6.6 Procedure overview.

1) Once the pilot study had been completed six participants (as per the recruitment procedure) were recruited from organisations through posters and visiting groups. An information flyer and consent form explaining the nature of the study was forwarded to participants who showed interest.

2) Each participant was allocated a date and time that was in line with their visit to the neighbourhood or community centre and when a room was available for the interview to be undertaken. Also details from the participants, e.g. contact details and language preferences were sought for communication purposes.

3) A courtesy call was made on the day prior to the interview to confirm attendance.

4) On the day of the interview, participants were briefed on the nature of the study, asked to complete the consent form for participation and recording prior to the commencement of the interview.

5) Interviews lasted on average 30 minutes (utilising the interview schedule in the preferred language).

6) On completion of the interview, participants were debriefed and thanked for their participation. Should they wish to be entered in a prize draw they were asked to complete the entry form. Also, all participants were forwarded an information sheet.

7) There was a week between each interview to minimise the feedback loop between participants as earlier interviewees may act as informants for later interviewees from the community centre (Breakwell, 2000). Further, this allowed the researcher to reflect upon the interview process with each participant.

8) Thereafter, as each interview was completed, transcription and translation (Appendices 13 and 14) took place. During this period, brief notes were made on initial thoughts on each interview.

9) Once the interviews had been translated into English and transcribed, the analysis process took place (please refer below for the analysis procedure).

10) Finally, a report was written and the winner of the prize draw was sent the voucher.

Throughout this process, regular contact was maintained with my supervisor to discuss any issues and concerns.

3.6.7 Recording, transcription and analysis strategy.

An IPA analysis should be developed around substantial verbatim excerpts from the data (Reid et al., 2005). Therefore, all interviews were audio recorded and transcribed verbatim. As per IPA, the level of transcription was at systematic (Smith & Osborn, 2008) i.e. including laughter, false starts, incomplete sentences and repetition of words. As there is no single definitive way to do IPA, I followed the guidelines provided by Smith and Osborn (2008). A brief overview of the analysis process is attached (Appendix 15).

All translation, transcription and analysis of data were completed by me (the researcher). Firstly, the audio-taped interview was listened to. Thereafter, as all interviews took place in Gujarati these interviews were transcribed in the participants' preferred language (Appendix 13). Then this transcript was translated into English alongside listening to the audio recording (Appendix14). This was to ensure accuracy of translation and transcription.

As advocated by Reid et al. (2005), the analysis process was systematic and relied on the process of people making sense of the world and their experiences, firstly for the participant and secondly for the analyst. The inductive and iterative procedures of IPA helped me develop an 'insider's perspective' on the topic (Reid et al., 2005). I documented this through interpretative commentary, using verbatim examples to illustrate and support interpretations (Appendix 14).

I began by hearing participants' stories and prioritising their world view. Thereafter, I attempted to understand (interpret) the participants' experiences and tried to answer the research questions (Appendix 16). This was underpinned by a process of detailed coding, organising, integrating and interpreting the data (Reid et al., 2005). This meant there was a balance of 'emic' and 'etic' positions in this study.

The analysis maintained some level of focus through the study being idiographic, but I also attempted to balance this against commonalities across a group of participants (Reid et al., 2005). Also, the analysis was interpretative. Thus, it was not given as fact but was transparent by being grounded in examples from the data (Reid et al., 2005). Further, I (as the researcher) reflected upon my role within the interview and interpretation.

3.7 Validity of Qualitative Research.

3.7.1 Difference between quantitative research and qualitative research validity.

Many qualitative researchers assert validity is an important aspect of research. Validity involves making judgements about whether the findings presented are trustworthy and useful (Yardley, 2008). Yardley (2008) writes there are three criteria that quantitative researchers should follow: objectivity, reliability and generalizability. However, these cannot be equated fully to qualitative research.

Quantitative research views the researcher's influence as a bias. However, within qualitative research including IPA, this influence is acknowledged and accepted as part of the research process. Further, attempting to eliminate this from data would make it difficult to obtain rich data, which is a one of the major benefits of qualitative data (Yardley, 2008). Qualitative research focuses on context and individual differences that quantitative researchers aim to eliminate, whereas quantitative research tends to seek a predictive causal relationship that can be replicated (reliability) (Yardley, 2008).

Viewpoints regarding generalizability are different. Qualitative researchers are interested in interactive processes in particular contexts, i.e. logical and theoretical generalisations, whereas quantitative researchers attempt to make generalisations about the population (Yardley, 2008). Through these differences in validity of qualitative research, Yardley (2008) has identified four principles to assessing the quality of qualitative research (below). Considering these principles, I hoped to develop better validity of my research.

3.7.2 Sensitivity to context.

Through close engagement with the idiographic meaning and the use of purposive sampling I, like Smith et al. (2009), believe that IPA identifies a need for sensitivity to the

context. I therefore aimed to meet this criterion and enhance the validity of the research. Further, within this study, the interactional nature of semi-structured interviews aimed to demonstrate sensitivity of context through close awareness of the interview process by the researcher, e.g. showing empathy and putting participants at ease.

Also, as suggested by Smith et al. (2009) I endeavoured to include verbatim extracts from participants' material to support discoveries made. It was hoped this would give voice to participants in the research and allow the reader to check interpretations being made (Smith et al., 2009). Finally, sensitivity to context can be considered, through awareness of literature (Smith et al., 2009). Therefore, relevant literature was used to help orient the study and findings were related to relevant literature in the analysis and discussion section.

3.7.3 Commitment and rigour.

To conduct and analyse in-depth IPA interviews requires attentiveness to participants (Smith et al., 2009). Therefore, during the data collection and analysis stage of the research process, great commitment was required by me. Further, certain skills are required to manage this process which I felt I have gained through my training in counselling psychology. Therefore, I felt this component of Yardley's (2008) principle is evident within this study. The thoroughness of this study can also be identified through purposive sampling to match the research questions. Quality assurance can be gained through regular supervision from an academic staff member (Smith et al., 2009).

3.7.4 Transparency and coherence.

Transparency of the study was demonstrated through carefully describing the research process. Coherence was demonstrated through ensuring a degree of fit between research and the underlying theoretical assumptions of IPA, i.e. phenomenological and hermeneutic sensibility (Smith et al., 2009).

3.7.5 Impact and importance.

The research was important as there are relatively few studies in this area despite the growing population of Asian Indian older adults. Further, it was hoped the study would tell something interesting and useful to the reader, and thus enhance understanding in clinical practice.

3.8 Enhancing Validity of the Study.

Considering Smith et al.'s (2009) and Yardley's (2008) suggestion in enhancing validity by conducting an independent audit and considering triangulation, I aimed to keep a paper trial of the research process. This was to demonstrate a coherent chain of arguments that runs from raw data collection to the write-up. Also, my research supervisor reviewed my interview transcripts annotated by initial codes, categories and themes and checked the text to ensure they had some validity.

3.9 Limitations of Research.

Throughout this section, various benefits have been outlined for the use of IPA. However, there are also limitations in using IPA. Firstly, whilst IPA is able to generate a detailed description of the participants' experiences, it is unable to offer an explanation of why such experiences take place (Willig, 2008). Therefore, the approach does not take into account origins of the phenomena and so limits our understanding of it.

Willig (2008) notes that, IPA works with text and within this study data was collected using semi-structured interviews. Thus, language provides participants with the tools needed to capture their experiences. However, IPA relies on the representational validity of language. Thus, here it should be noted that language constructs rather than describes reality (Willig, 2008). Therefore, the same experience could be articulated in various ways. Consequently, through language we cannot fully access one's experiences but Willig (2008) notes that interviews are more likely to tell us how the participant talk about a particular experience rather than simply about their experiences.

Willig (2008) questions whether the accounts provided by participants are suitable for analysis and whether participants are able to communicate the rich texture of their experiences, especially if they are not used to expressing their thoughts and feelings. Smith et al. (2009) believe IPA considers cognition as it aims to understand thoughts and beliefs about the phenomena. However, Willig (2008) also questions the compatibility of cognition with phenomenology thought as phenomenologists challenge the subject/object distinction mentioned by the cognition theory. Further, she highlights that the use of the term cognition suggests a subjective quality of experience and this requires further exploration.

3.10 Translation Issues.

An issue that has been highlighted within the research process is that of translation. As the participants within this study were not be born in Britain, it was likely their preferred language would not be English. Therefore, to ensure the sample was unbiased, avoided discrimination and allowed full participation, the study considered offering participants the opportunity to conduct the interview in their preferred language. Thereafter, these interviews were translated verbatim into English for analysis by the researcher (Appendix14).

Young & Temple (2004) suggest it is important to consider the epistemological implications of who does the translation and the consequences upon the final product. Therefore, to ensure the epistemological standpoint of both researcher and translator remain consistent I, the researcher, conducted the interviews in the participants' preferred language. This in turn limited biases and maintained confidence and sensitivity of topic. I was aware within this process it was possible that meaning may be lost. However, through personal reflexivity, thanks to my fluency in Gujarati and my cultural knowledge, I hoped to keep this limited. Further, all material given to participants was validated and my ability to translate from one language to another has been verified by qualified professionals (Appendices 17 a/b).

3.11 Researcher-participant Relationship.

Considering IPA, I, the researcher, and the participants were recognised to be active participants within the research process (Smith et al., 2009). Therefore, I was led partially by the participants and also prompted them using an interview schedule. The schedule only acted as a guideline for me to allow the participant to fully express their thoughts and emotions about the particular topic being researched. The participants were considered to be the experts on their experience and I, the researcher, was considered to be the expert on the research (Smith et al., 2009).

Understanding what was being said required close interpretative engagement on my part. However, I acknowledged it would be difficult to be fully aware of my preoccupations. Therefore, from the onset, as suggested by Smith et al. (2009), reflective practices and an approach to bracketing theories were integrated into the analysis process. Thus, my main role in the interaction between the participant and myself was to build rapport and attentively listen. I also endeavoured to engage with the participants' experiences by being flexible and responsive rather than developing my own personal theories of the participants' meaning-making activities. Subsequently, I took a centre-ground position that, Smith et al. (2009) inform as combining a

hermeneutic position of empathy and suspicion. By maintaining this position, I hoped to gain an insider perspective but also be inquisitive. This was so there would be sufficient idiographic engagement and the data offered would allow me to go beyond a simple description of the account (Smith et al., 2009). My sense-making activities were applied during the analysis stage of the research process (Smith et al., 2009).

Smith et al. (2009) term this process the 'hermeneutic circle', i.e. at the data collection stage my focus was towards understanding the clients' world. In turn, the interpretation of the data will be informed by the researcher's current knowledge and knowledge will change through the encounter with the new text (Smith et al., 2009).

Finally, within IPA, it is acknowledged the researcher undergoes a dual process. This process is termed as 'double hermeneutic', meaning that the researcher tries to understand the participants who are also trying to understand their experiences (Smith et al., 2009). Therefore, this study considered the participants' meaning-making activities first whilst my sense, making activities as the researcher came second (Smith et al., 2009).

3.12 Omitted Data and Name Change

The initial study aimed to focus on both older person and family carer experiences. Therefore, both British Asian Indian older adults and family carers were interviewed. This data was analysed however, due to the large volume of data gathered this study solely focused on the older adults. Data collected from the family carers will be utilised in future publications. Please also note that following data collection and analysis the researchers name changed from *Miss Khushbu Sheth* to *Mrs Khushbu Haria.*

Chapter 4: Analysis and Discussion

4.1 Presentation of Findings and Summary of Master Themes.

Each section begins with a master theme followed by super ordinate themes that contribute to the master themes. The first part of the analysis section explores the participants' experiences of migration and acculturation. The second part of the analysis section explores the participants' experiences of care offered by a family member and the potential influence of migration and acculturation on these experiences.

This is followed by an exploration of ways in which difficulties experienced in migration, acculturation and the care-receiving relationship are managed. The section on this has been divided into three parts. The first two sections reflect on cognitive-behavioural coping strategies used by the participants to manage challenges of migration, acculturation and care-receiving experiences. The third section reflects on potential unaware psychological strategies used by the participants to manage the internal tension of migration, acculturation and care receiving experiences.

Cognitive-behavioural strategies refer to a way of managing difficulties utilising cognitive and behavioural skills, e.g. positive thinking (Wells, 2009). These strategies are actively used and the individual is aware of using the strategy to cope with the difficulty they face. Unaware psychological strategies are unconscious defence mechanisms we use to manage internal tension/conflicts. These strategies reflect a psychodynamic way of thinking and are based upon the Freudian psychoanalytic theory (Freud, 1937). The theory suggests that such strategies are brought into play by the unconscious mind to manipulate, deny or distort reality. Such strategies were explored in terms of the participants distancing themselves from full awareness of unpleasant thoughts, feelings and behaviours in relation to experiences of migration, acculturation and experiences of care offered by a family member.

Participants are referred to by their anonymous names as per the participant profile presented in the methodology section. Participant quotations are identified by the participant name, transcript code and line numbers from the original transcript, e.g. Manish (OPM1) 1. Those quotes that are more than five lines long (unless seen as important for description) have been placed in Appendix 18 and will be noted by participant name, transcript code, identifier in appendix and line(s) number e.g. Sheena (OPF3, Appendix 18 (A) lines309-321).

Adjectives that describe the majority, i.e. 70% of participants, will be described, for example, as 'most respondents'. Moderate support, i.e. 40 to 49% of participants will be described, for example, as 'some respondents'.

Overall, a total of four master themes were identified from analysis. Table 2 offers a structural overview of the master themes. A comprehensive table (Table 3) of master and super ordinate themes can be found in Appendix 1.

MASTER THEMES
MASTER THEME 1: Motherland to East Africa: Affirmative Experiences of Living in India and Its Implications on Acculturation/Adjustment Following Migration to East Africa
MASTER THEME 2: Forced Migration from East Africa to Britain: Psychological Distress to Opportunity and Growth
MASTER THEME 3: British Asian Indian Older Adults Cautious Reflections on Receiving Care from Family Members and Its Impact on their Well-being.
MASTER THEME 4: Strategies Identified in Managing Challenges of Migration, Acculturation and Care Offered by a Family Member

Table 2. Structural Overview of the Master Themes Generated From Interviews with British Asian Indian Older Adults

4.2 Master Theme 1: Motherland to East Africa: Affirmative Experiences of Living in India and its Implications on Acculturation/Adjustment Following Migration to East Africa.

This theme explores the participants' experiences of migration and acculturation from India to East Africa. In particular, when speaking about their experiences of living in India, the participants tended to focus on the positive impact of living there and implied a close connection to their native country. This closeness appeared to assist the participants to develop a positive self-concept that entailed self-confidence and pride.

When speaking about their experiences of migrating and living in East Africa, the participants tended to reflect on the ease of adjustment and linked this to their prior experiences of living in India. Therefore, this section describes the participants' affirmative experiences of residing in India and migrating to East Africa.

4.2.1 'In India they will respond with a smile' - The Indian self as a positive self-concept for Asian Indian older adults.

"Self-concept is our perception or image of our abilities and our uniqueness" (Pastorino & Doyle-Portillo, 2013). Pastorino and Doyle-Portillo (2013) mention, that initially an individual's self-concept is very general and changeable. However, as they grow older, their self-perceptions become more organised, detailed and specific.

Through analysis it became apparent that for all the participants, living in India had allowed them to develop a positive self-concept. The participants appeared to consider three different dimensions of self-development whilst reflecting on their experiences of living in India. These were emotional connection, social interaction and a developed feeling of competence.

From the analysis it appeared that the participants felt that outcomes of experiencing these three dimensions in their childhood had enabled them to develop a feeling of hope, purpose, loyalty, competence and will. This reflected the outcome of successfully experiencing Erikson's (1978) first four stages of psychosocial development. Through these virtues, the participants appeared to be able to develop a positive self-concept that entailed confidence and self-esteem (Erikson, 1978).

4.2.1.1 A sense of hope, purpose & loyalty- Positive social interaction and communal closeness leading to an emotional connection to India.

Baumeister and Leary (1995), mention that people have a basic need to belong and this motivates them to seek out social interactions with close others. These interpersonal ties with others serve as important functions, as they provide emotional, instrumental, informational support and can be a source of satisfaction as well as fulfilment.

All of the participants spoke about their experiences of living in India in an emotionally connected manner. This provided insight into the level of closeness to their native country. They reflected living in India as being a positive experience. From the on-set it was observed that all the participants had a close connection to their Indian roots through their childhood memories. This was evident from the emotionally charged reactions when speaking about their experiences of living in India.

Dipti (OPF1)-114. I felt so much in India ... (gulps)

Manish (OPM1) -30. ... everything...was in India!! (loud tone of voice)

The closeness was evident from all the participants' affirmative verbal and non-verbal communication when speaking about India during the interviews.

Dipti (OPF1) 11-13 my birthplace was in Jam Bhanvad (smiles) ...you write Jam Bhanvad (points at interviewers' paper)... and that is in Halar (precision and command in tone of voice)

For example, Dipti, at the beginning of the interview, wanted me to confirm that I had correctly noted her place of birth. It appeared important for her to make sure that her Indian roots were represented as the most important aspects of her identity. From the extract above it can be noted that she smiled when she mentioned that she was born in 'Jam Bhanvad' (a village in India). She attempted to be more specific by mentioning which district she was from ('Halar'). Her preciseness suggested a level of pride in her Indian roots, as did the command in her tone of voice.

Deepak (OPM3) 135-137No... in India that tension is not there... In India what you do is up to you...

Deepak reflected on life in India as being 'tension' free. This 'tension' free living appeared to reflect a level of stress of living in Africa and Britain. In India, the participants appeared to feel that they were able to live as they would have liked. For example, Deepak uttered the words 'what you do is up to you'. This suggested a level of autonomy and a sense of feeling unbound by social expectations. These affirmative experiences appeared to be related to a feeling of trust, security and closeness. This seemed to allow the participants to develop a positive self-concept that entailed value for themselves (Leary & Baumeister, 2000) and a sense of self-security (Murray et al, 2003).

The participants tended to smile and were willing to share personal stories about living in India and the pride they held for their country. It appeared that they had a strong belonging to their society and felt able to fit in. The participants reflected on their ability to interact with others. This was particularly the case with Dipti and Deepak, who shared examples of positive relational interactions that they had experienced whilst living in India. Deepak spoke about how he found it easy to fit in, interact and gain support from the community.

> *Deepak (OPM3) 17-31.   As in hard... for example in India no one really knew me*
> *(1 second silence)......andddd... in Africa... I was born... and there it was good and*
> *....and like err everybody there .... have seen most of east Africa... so wherever I went*
> *I did not have a problem... but in India... like err even though we do not know anyone...*
> *but we were able to find a way..... you would get guidance*

Many of the participants also spoke about the community spirit and a feeling of connectedness among people in India.

> *Deepak (OPM3) 61-67   In India there is... there is empathy... there is definitely...it's*
> *not just that it is your family member... Or... err your relative.... even people you do not*
> *know.... even they support you in a good way*

For Deepak, it seemed that the community in India was as close and connected as he reflected on the community as being empathic. He also referred to the community as being as close to him as his family. For many participants, India appeared to offer a feeling of warmth and love. This friendliness seemed to allow the participants to develop a positive sense of their social identity and developed their confidence in communicating with people.

Deepak (OPM3) 53-55.   In India they will respond with a smile...even people you do not know... they will respond to you with a smile and talk

The participants tended to feel that in India, family and community relationships were strong, long lasting and intimate. According to Naidoo (2007) this is a common feature in Indian communities. Deepak (OPM3, Appendix 18 (B) lines 191-251) spoke at great lengths about an incident in which he attempted to summarise the love, affection, and closeness of his experience of living with people in India, which he felt was lacking in Britain.

This connection and closeness appeared to hold importance for Deepak and many of the other participants, as it allowed them to feel self-content. This appeared to help them develop and maintain positive self-concepts. In particular, Dipti and Deepak reported that by developing social skills they were able to develop self-confidence.

Living in India appeared to allow the participants to develop their interpersonal skills with ease, as they were able to communicate with the Indian community without hesitation. This appeared to allow them to develop a sense of purpose and feel secure, in interacting with others. Through these positive interactions, the participants appeared to be able to fit in and develop a sense of belonging to their native country. It seemed that by being able to do this, the participants were able to establish a communal identity and develop a sense of loyalty towards their native country.

Overall, it appeared that the participants had experienced consistent, reliable and predictable interactions with their families and other community members whilst growing up in India. Through these experiences, it appeared that they were able to develop a sense of trust, security and hope. By developing this, it appeared that the participants perceived that they were able to migrate to East Africa with ease rather than fearing it.

4.2.1.2 A sense of will and competence - Developed skills and abilities in India.
According to Branden (1969), self-esteem equates to a feeling of personal capacity and personal worth. Dipti and Manish spoke highly of developing skills in India and this being useful in later migrations. Living and studying in India appeared to provide them with a sense of

competence that they appeared grateful for. This appeared to maintain their self-esteem as it reflected them being competent enough to cope with the challenges of life and being worthy of happiness (Branden, 1969).

For example (below), Manish spoke about obtaining his education in India. Following this he mentioned India being 'good', as living there he learnt 'a lot'. Within the interview I attempted to explore this sense of obtained competency further. This resulted in Manish becoming overwhelmed with emotion, as he interrupted in a louder tone of voice and mentioned 'everything' being in India. This overwhelming feeling suggested a strong sense of loyalty and pride. This 'everything' appeared to suggest his existence which was rooted within his native country.

Manish (OPM1) 24- 30: whilst I grew up and also I had my education in India... so India is also good (interrupts and speaks louder) and so...so... in India I got to learn a lot in my childhood... (interrupts and speaks louder) all my education everything...was in India!!

Similarly, Dipti spoke about the domestic skills which she had obtained from living in India. There appeared to be senses of pride in being educated in India, as she clearly mentioned her skills were learnt there.

Dipti (OPF1) 309-317: But was good at housework with water pots... I filled them with water, washed clothes made food

Dipti (OPF1) 319: In India I learnt my skills

Dipti also spoke about these skills enabling her to function within the house-hold and support her family. The skills that she developed in India appeared to have, enabled her to survive in East Africa. Although, other participants did not directly mention developing their skills in India, they did perceive themselves to be able to adapt and adjust themselves to any situation.

Sheena (OPF3) 65-67: Na it was not hard.... it has not been hard anywhere.... I used to adjust myself everywhere

Overall, this suggested to me, that the participants had experienced a positive learning experience in India, which had enabled them to develop a sense of competence and security in

their own ability to survive in the world. This appeared to allow the participants' to, with confidence, migrate to East Africa to seek new opportunities.

4.2.2 'Wanted to earn, earn by working...so we liked'- Impact of migration to East Africa on self.

4.2.2.1 Tentative reflections on experiences of adjustment to an East African lifestyle.

All the participants reported voluntarily migrating to East Africa and living there for at least ten years. However, when reflecting on their experiences of residing there, their responses were minimal and short. This was interesting as the majority of the participants reported preferring to live in East Africa than India, despite expressing an emotional bond to their native country. However, whilst analysing the data it emerged that this preference appeared to be shown with reluctance. This was evident from the pause or the silences before the participants committed to preferring East Africa to India.

Shilpa (OPF2) 108: Compared to India ... Uganda was better

Shashi (OPM2) 16-18: (1 second silence) it was better than India... Uganda was better

Some participants reported migration to East Africa, being financially driven. They mentioned that they had decided to migrate there due to better job prospects.

Shashi (OPM2) 20: Because there was more scope for work

Manish (OPM1) 14: then... because it was for work purposes and because we wanted to work ...wanted ...wanted to earn, earn by working... 'so we liked' (speaks in English)

Choosing to migrate to East Africa for financial reasons appeared to enable them to maintain their sense of competence and purpose. In particular, Manish mentioned that working in East Africa allowed him to earn and this was something he 'liked'.

However, like other participants he spoke in the third person, saying 'we' rather than 'I' and there was hesitation in his tone and repetition of wording. By committing to the migration as a personal decision appeared threatening. Saying 'we' seemed to allow participants to distance themselves from the choice, which had repercussions later (i.e. forced eviction).

Validating his residency in East Africa in relation to financial benefits seemed to allow him and other participants to fit in on a work-related level. Thus, viewing migration for financial gains appeared to allow some of the participants to distance themselves from integrating with the African community.

From the analysis it was noted that some participants tended to be reluctant to engage in conversations about their experiences of living in East Africa. There appeared to be a block in conversation as they maintained that they had moved to East Africa for work purposes only. It seemed they were avoiding any further discussion about living there. Although it is unclear, it appeared that this hesitance may have been related to the distress caused by being forcefully evicted from East Africa and having to leave behind their livelihoods.

Other participants tended to migrate to East Africa as their partners had moved there for work purposes. They seemed less hesitant to share their views about migrating to East Africa. It appeared that their role was to help the family function whilst their partners, was to be the bread winner.

Some participants reflected on the 'environment' in East Africa being different. This appeared to be their way of describing an alternative culture. Using the term 'environment' seemed to allow them to show they were able control their surroundings whilst maintaining their Indian identity.

Shilpa (OPF2): 106: There the environment... in Uganda was good

Sheena (OPF3) 73-57: No... err the only way you have to change yourself ... their way of living... In Africa ... in the environment

In particular, Sheena spoke about the challenging nature of acculturation and adjustment. She reported not changing herself, but rather her lifestyle. By reflecting a change in her lifestyle appeared to be an acceptable way of acknowledging a self-controlled change, as it was suggestive of maintaining her innate India self, whilst living an East African life.

Sheena (OPF2) 93-99 Well in culture when you go from here (referring to India) ... then you find the environment really different ...and the environment here it takes a little time to mix into... yeah ... its take time to mix in .... when you do it slowly... slowly... you can change ...then we can mix in

Sheena described living in East Africa as being 'really different'. Sheena linked this difference to the reasons for it taking time to 'mix in'. For Sheena, it appeared that the adjustment of living in a culturally different country was a slow process. Sheena mentioned that taking her time to 'mix in' allowed change to occur, yet her response was in the third person. There appeared to be reluctance to disclose any change in self. Her response appeared to be describing integration as an acculturative strategy.

Dipti (OPF1) 126-128: Then it was totally new... went I got to Mombasa I was very anxious ... for the first time I saw African people

Dipti (OPF1)150: If you see them then (imitates scary eyes)

Dipti mentioned feeling anxious when arriving to East Africa. She reported that this was the first time that she had seen African people. She imitated scary eyes and implied that she was fearful of the African people. Arriving in a country where there was not familiarity seemed to cause her to feel unease and uncertainty.

Dipti (OPF1) 192-198: But at starting... I was anxious when I came to Mombasa... and then I was settled in my own way when I came to Lindi... then it's just children... at the beginning it was really hard

However, in the interview Dipti reported that she was able to adjust in her 'own way', but acknowledged this to be 'hard'. She recognised a change in self, but this was deemed not to be difficult. Therefore, there appeared to be ambivalence between the difficulty of settling and the ease of changing self.

Dipti (OPF1) 329: I did have to change but I did not find it difficult

Manish (OPM1) 84-86: in Africa was an African country so Africa had African culture but nevertheless in that country... we were able to happily fit in

Overall, analysis suggested that the participants appeared to be tentative in considering adjustments related to themselves, when migrating to East Africa. It seemed by expressing a purpose or accepting of change in their lifestyles according to East African culture, allowed them to perceive themselves as maintaining their Indian self as well as adjusting to a new 'environment'. This appeared to be a more acceptable way of acknowledging change, as it offered a change in status rather than their innate self.

4.2.2.2 Impact of socioeconomic status and occupational prestige on development of self-esteem.

High social status and wealth can alter the individual's perception of his or her relational value (Leary & Baumeister, 2000).Through the interviews it emerged that living in East Africa had allowed the participants to, by working and living affluent lifestyles, develop a sense of self that reflected high status and occupational prestige. Through this success the participants appeared to develop their self-value further.

This appeared pertinent for the participants, as they experienced success in a place (East Africa) where they were a minority. The sense of value and prestige that the participants held seemed to allow them to function effectively in their new environment.

Sheena (OPF2) 57: in Africa in our place... Africa we were living .. we had servants

Deepak (OPM3) 90-92: have any problems... (raises tone of voice) even in Africa I have been helpful and made people there rich.... by building them shops... but we have pleasure in that we did that and that we were able to live in Africa leisurely

Some participants spoke about their occupational success in East Africa whereas other mentioned living an affluent lifestyle through their partners running successful businesses, but all mentioned retaining their Indian values and beliefs. As they spoke there appeared to be pride in their tone of voice. The migration appeared to have provided them with an opportunity to attain success and high status in the African community.

This feeling of acceptance by the African community seemed to develop their confidence of functioning in a new environment, but also appeared to help them develop an identity which separated them from the rest of the African community. For example Shashi spoke with pride about him and his family members being 'chartered accounts'. As he spoke there was almost an

element of arrogance in his tone. This tone seemed to create a divide between him and the African community.

Shashi (OPM2) 54: Well it's like 'we were chartered accountants' (speaks in English) 'professional' (speaks in English)

In particular, Shashi and Manish spoke about their professional career in East Africa with great pride. This was evident from their tones of voice and tending to speak in English when mentioning their careers. For Shashi and Manish, being professional business men in East Africa appeared to enable them to develop an identity in a minority country. This appeared to be an important factor in enabling them to survive and function in a culturally different country.

Overall, through work-related success, the participants were able to carve a unique identity for themselves in East Africa, which represented high status and prestige as well as their Indian values and beliefs. The participants viewed themselves as being highly regarded members of the community. This appeared to let them maintain a respectable unique Indian identity in East Africa as well as maintain self-worth in a country where they were minority.

4.3 Master Theme 2: Psychological Distress to Opportunity and Growth: Forced Eviction from East Africa to Britain.

The following section reflects on the impact of the forced eviction from East Africa on the participants. Analysis revealed that through socioeconomic success and occupational prestige the participants appeared to develop their self-esteem and confidence even more so whilst residing in East Africa. However, analysis also suggested that this appeared to lead the participants' to be hesitant about their feelings towards living in East Africa, as they had experienced forced eviction from East Africa and had to migrate to Britain.

For all the participants migration from East Africa to Britain was unplanned due to forced eviction by Idi Amin. During the Idi Amin regime the ethnic cleansing of Indians in East Africa was done in an 'indophobic' climate. The government claimed that the Indians were hoarding wealth and goods to the detriment of native Africans and "sabotaging" the Ugandan economy (Patel, 1972). This appeared to evoke hostile feelings and affect their sense of self-worth.

The forced eviction appeared to lead to the participants to experience a feeling of anxiety, anger and hostility towards East Africa. Further, the participants reported moving to Britain as being challenging and stressful.

The impact of the forced eviction appeared to affect the participants' self-esteem. However, at the same time it appeared, the distress that the participants experienced allowed them to develop a feeling of personal strength and greater appreciation of life.

4.3.1 'Amin had kicked everybody out!'- Impact of forced migration from East Africa to Britain on the psychological well-being of Asian Indian older adults.

4.3.1.1 Anxiety, anger and hostility towards East Africa.

Bhugra and Decker (2005), report that the impact of forced migration on refugees can lead to problems appearing in cultural, social and psychological aspects of one's well-being. When exploring with the participants' their experiences of migrating, from East Africa to Britain, Manish and Shashi initially expressed anxiety towards the situation. For Manish and Shashi, being evicted from East Africa appeared to have had an impact on their self-value, as there was a feeling of despair for being rejected from a country that they felt they had helped to build. This anxiety appeared to be also related to a feeling of supressed anger towards the situation. Shashi referred to being 'kicked' out of Africa. Although limited, this reflection was strong and emotive, and reflected the painful and hostile memories of the migration experience.

Shashi (OPM2)24. Amin had kicked everybody out! (Speaks in English, eyes widen, tearful)

Shashi anxiously mentioned that he was forced to leave. He spoke parts in English, as if he were reliving disturbing memories of the eviction and reflecting on the distress it caused him. Speaking in English appeared to allow him to preserve a sense of self-respect and control the potential supressed anger he had towards the situation.

Further, in the interview it seemed that Shashi felt there was as little regard for him as he did not hold a Ugandan passport. This appeared to leave him feeling that he had lost his or lacked an African identity when being evicted from East Africa.

Shashi (OPM2) 26-34: We had a British passport ...there they said you don't have an Uganda passport 'you can't not stay here' (speaks in English)... they gave us three months notice ...like in 3 months ' you have to leave the country'(speaks in English)

Within the interview, when speaking about the forced eviction, Shashi mentioned that all he wanted to do was work. It appeared that the eviction had also led Shashi to remind himself of the reasons for migrating to East Africa, as if he had, perhaps become comfortable with his African lifestyle and needed to justify his stay. This inability to no longer work in East Africa appeared to bring a feeling of rejection and sadness but also a feeling of humiliation, as he became emotionally muted when he spoke.

Shashi (OPM2) 48-50 Because all we want to do is work (tearful) ...Hmm (clears throat)

Similarly, Manish described the forced eviction as being difficult. He mentioned that the eviction had resulted in him experiencing 'hardship'. Manish reflected on the hardship in terms of having to relocate himself and his family and needing to solve 'problems'

Manish (OPM1) 36-40: even then now...ermm errm errm errm... back then there was hardship because of er ermmm ... there was hardship... because you move from one country to another to do feel hardship and there was hardship...because there are many problems... and you have to solve the problems [Speaks word 'Hardship' in English]

From the above quote it can be noted that as Manish shared his experience of the forced eviction from East Africa, he became anxious and was unable to initially verbalise his thoughts and feelings. There appeared to be an emotional block, which Manish struggled to overcome. He managed to overcome this struggle by finding a description in English, i.e. 'hardship', and spoke in a business-like tone. This seemed to allow him to contain his emotions and express his thoughts. This business-like tone, like Shashi, appeared to allow Manish to maintain self-respect and control the potential supressed anger he had towards the situation.

Manish referred to other migrants experiencing this 'hardship' and that he was able to survive this as he had come prepared and had money. Manish raised the tone of his voice when he mentioned that he had come to Britain with money. For Manish and the majority of the other

participants, financial security appeared to be an important factor in surviving the impact of the forced migration and settling in Britain.

>*Manish (OPM1) 42-52: and whilst coming to the country you have to work... and buy a house so to solve these problems I had to work hard... and because I came here with money (speak in a louder tone of voice)...I didn't have much hardship.. I came prepared... I left with preparation.*

Interestingly, Manish mentioned that when he lived in Africa he did not have any enemies, but anxiously struggled with his words. It seemed he now viewed Africans as his enemy although the emotions attached to this thought were difficult for him to consider.

>*Manish OPM1 88-98: so even when we lived in Africa we didn't have any enemies... ermm (struggles with words)... have any problems... (raises tone of voice) even in Africa I have been helpful and made people there rich...by building them shops... but we have pleasure in what we did and we were able to live in Africa leisurely ... and at the end due to government and we had to leave... so we left .... (interrupts himself with a louder aggressive tone in voice) without money (implying leaving without assets)*

Manish mentioned that he had 'helped' them and had 'pleasure' in doing this, as it allowed him to live leisurely. The emotions appeared to be related to feelings of bitterness and hostility towards the African people. This was reflected by an interruption to himself with a louder tone in voice when mentioning the government telling him to leave. This tone suggested aggression and sadness about the situation, but also memories that appeared to maintain his sense of self-worth.

Although Deepak did not directly speak about his experience of being forcefully evicted from East Africa, there appeared to be reflections that suggested the eviction had, had an impact of his ability to trust others as he appeared to struggle to develop close relational bonds when he moved to Britain.

>*Deepak (OPM3) 73: (1 second silence)... no one wants you to be one step ahead of them*

Deepak, after a one second silence, reported competition and jealousy amongst people. This appeared to be linked to reasons for the East African government evicting Indians from East Africa.

Deepak (OPM3) 81: But they will not give you a straight answer

Deepak appeared to be suspicious of others, mentioning that generally people were unhelpful, crafty and intrusive. Deepak appeared to be ambivalent in terms of trusting others as initially he mentioned in the interview that he would give a 'proper answer' to people but then raised his tone of voice, almost like an internal barrier and said 'No!. He then proceeded with explaining how he does not fully share himself, keeping 'certain parts hidden' and giving short answers to people.

Deepak (OPM3) 165-171 And you ask... then we would give them a proper answer...
No! (raised tone of voice) so I keep certain parts or items hidden... hidden meaning...
Like why I get and what I get... We don't tell ...We get it...Just tell in short

It seemed that the force eviction had led Deepak to become protective of himself when migrating to Britain. This seemed to have implications on Deepak fully interacting and integrating into the British community.

Overall, some participants did not mention the impact of the forced eviction on them. However, tended to focus more on the impact of adjusting to life in Britain whereas, other participants appeared unable to reconcile underlying aggressive thoughts and feelings about their experience of being forcefully evicted from East Africa. As a result, it seemed they had supressed their thoughts and feelings. This appeared to leave them feeling somewhat ambivalent about themselves and in turn, developing a fragile sense of self.

4.3.1.2 Forced migration as factor in impacting an Asian Indian males' sense of worth.

A fragile sense of self appeared to emerge through the rejection that the male participants had experienced in Africa. It appeared that the male participants experienced denunciation of their hard work, something that was a cardinal value for them. This appeared to cause a feeling of worthlessness. This was evident from the male participants' responses, as they constantly tended to revert to speaking about earning money and being able to buy houses.

It seemed money was symbolic of power and control (Hayes et al., 2005), which they had lost. Money appeared to be an important aspect of maintaining their self-value following the

forced migration and experiencing interpersonal rejection as well as social exclusion (Zhou, Vohs & Baumeister, 2009). Their sense of self-value appeared to be a way of buffering against the distress they had experienced (Zhou, Vohs & Baumeister, 2009).

For example, Manish mentioned on numerous occasions that he had been able to buy a house on the fifth day of involuntarily migrating to Britain. It appeared that through expressing this, Manish was able to exert his strength, on the situation and maintain an element of his self-worth as well as his values and beliefs.

> *Manish (OPM1)-68: ermm...for me the values and beliefs have not affected me because even on the fifth day of being in the country I bought a shop (speaks in an exaggerated tone of voice)*

Deepak mentioned that he was unable to buy a house and work when involuntarily migrating to Britain. He mentioned that he worried about what people thought about this. This was indicative of a fragile sense of self, as he was utilising his external locus of control rather than an internal one (Mearnes & Thorne, 2007).

> *Deepak (OPM3) 154-161: Yeah.. what they get and how they get it? There are many people like that (aggressive tone) .... thatttt...(1 second silence) what you are getting... what have you done to work for it? ...Oh well... whether I have worked or not ... You don't have to give it do you?... It is hurtful!!..(raises voice) with some people I have arguments about this*

Perhaps money justified the participants' actions and experiences, when they experienced disappointment. Further, the disappointment seemed to activate an internal process (self), which led to a substitution effect to manage their self-esteem (Zhou, Vohs & Baumeister, 2009).

Deepak spoke aggressively about people asking him about his finances. He reported feeling hurt as people kept on asking him about what benefits he received when he migrated from East Africa. It appeared; admitting to receiving benefits was embarrassing and affected his self-worth as it was suggestive of his incapability.

Not working or appearing financially unstable seemed to reflect a lack of status and worth but also perhaps challenged cardinal Indian values, of being hard working and successful, which the male participants held. Involuntary migration to Britain appeared to have an impact on male participants' sense of self as they were no longer able to hold these values due to a change in their circumstances. For Deepak, this appeared to have an impact on his identity as he questioned himself as to whether he was 'a real Indian' in the interview. It seemed by other people questioning his status, appeared to have an impact on perceptions he held about himself. Being unemployed appeared to suggest he was not a 'real Indian', which appeared difficult for Deepak to consider.

> *Deepak (OPM3) 265-267 Yes about the money... that's because they cannot see beyond that ...I argue with a lot of people about this... that...(1 second silence)... I am a real Indian?*

Deepak mentioned living in three countries had left him with no real identity.

> *Deepak (OPM3) 273: Therefore nor I am Indian nor I am I African nor I am I European*

It appeared that multiple migrations had an impact on what he perceived his cultural identity to be. This confusion or loss of his cultural identity appeared to be painful to consider as Deepak reverted to speaking about how people should be helpful and faithful after mentioning his uncertainty with regards to his cultural identity. However, this lack of trust also appeared to reflect experiences of unfaithfulness in East Africa and lack of support in Britain due to his employability skills being viewed as futile.

I attempted to explore this confusion in himself, further although perhaps this was too raw for Deepak to consider, as he became annoyed, aggressive in tone and said he was a 'human what else?'. It seemed confusion or loss of identity had led Deepak to conclude that he was a mere human. This was suggestive of his lack of self-worth.

> *Deepak (OPM3) 282-285*
> *Researcher: hmm ok so said that you are not Indian, nor African or European ..*
> *so if someone asks you what your ethnicity is then what would you say?*
> *Deepak:(1second silence) a human what else? (aggressions and annoyance in tone)*
> *Researcher : Hmm and*

Deepak : (talks over) It is about keeping humanity ... what else?

Overall, living in Africa appeared to allow the male participants to develop a positive self-concept. However, the distress of the forced eviction from East Africa appeared to have affected their self-concept and challenged their self-worth as well as questioning perceptions they held about themselves.

4.3.2 'I learnt to live independently' -Asian Indian Older adults experiences of growth, following distress.

"Suffering ceases to be suffering in some way at the moment it finds a meaning"
Victor Frankl, 1963

The construct of growth following distress is viewed as a positive psychological change that occurs as the result of one's struggle with a highly stressful and traumatic event (Calhoun & Tedeschi, 2006). Tedeschi & Calhoun (2004), mention that change towards growth is reflected within five domains including personal strength, spiritual change and a deeper appreciation of life. They also say that this does not suggest that there is no suffering as wisdom grows, but rather that growth occurs in the context of pain and loss.

Although the participants did not refer to their experiences as being traumatic they appeared to find their experience of forced eviction to be distressing. The following section reflects on the growth that the participants experienced following being forcefully evicted from East Africa and residing in Britain. From the analysis it appeared that the participants had developed a feeling of being personally stronger, having deeper appreciation of life and appearing spiritually connected. Although not all participants directly linked the growth to the distress of the situation they had experienced, it seems that that the suffering caused by the ordeal was significant enough to create psychiatric symptoms to alter their "assumptive worldview" (Janoff-Bulman, 1992) and generate growth. It seemed that the instilled positive experiences of living in India had enabled the participants to develop resilience (Erikson, 1968) and cultivate growth from the distress.

4.4.3.1 Personal strength, perceived benefits, and development of resilience.

Although the participants found the forced eviction from East Africa to be stressful and this seemed to affect their sense of self-worth, they also appeared to view the incident to have had long-term benefits. Even though Shashi was angered and expressed distress towards the incident, he also mentioned that the force migration to Britain was positive because living in Britain was 'better' for life.

> *Shashi (OPM2) 58-66: 'we thought better rather we should work here then there'*
> *(speaks in English) 'That country is better' (speaks in English)... 'instead of going to*
> *India, if you go to UK'(speaks in English)... 'it is better' (speaks in English)...'for then*
> *life' (speaks in English)*

The impact of being forcefully evicted from East Africa had led the participants to develop innate strength and resilience within them. In particular, following forced migration to Britain, the participants appeared to perceive a developed sense of confidence in adjusting to situations without much difficulty.

Sheena mentioned that she had been able to 'adjust' herself 'everywhere' and this had enabled her to manage her health. As she spoke, there appeared to be confidence in her tone of voice, this was indicative of developed personal strength.

> *Sheena (OPF3) 65-69: Na it was not hard ... it has not been hard anywhere...*
> *I am used to adjusting myself everywhere (positive tone of voice)...*
> *That's why I used to like it (smiles)*

As the participants spoke there appeared to be a sense of wisdom-building that the event had led them to experience. Although the participants felt sadness and pain as well as loss of self-worth following the event, they also seemed to experience positive growth towards their new reality and realisation of their true potential.

Shilpa initially appeared to find it difficult to reflect on the adjustments that she had undergone, as she became unable to verbalise her thoughts and feelings. However, using the

multiple migrations that she had experienced as a reference point, she reflected on the positive outcome of her experience.

Shilpa (OPF2)-102-110: The reason for it is (clears throat) err errr...
I have been to India right...or I stayed in Uganda There the environment..
in Uganda was good... compared to India ... Uganda was better...
and it is better here than there!

Many of the participants also mentioned that through their experiences they had become more independent. This sense of independence appeared to reflect personal strength by taking control and managing difficult situations independently, but also being resilient and aware in their ability to cope with future difficulties, which Calhoun & Tedschi (2006) report to be symptoms of post-traumatic growth. The self- perceptions of being independent appeared to be an important notion for the participants, as it seemed to offer them insight into their abilities.

Dipti (OPF1)- 42: Because I learnt to live independently myself so it suited me (smiles)

Dipti mentioned that involuntary migration and living in Britain meant that she had to financially support her family. Dipti perceived this to be stressful yet a positive experience, as this had enabled her to learn to live independently. Whilst living in India and East Africa she mentioned that she had been dependent on family to support her. However, Dipti appeared content about becoming self-sufficient, when moving to Britain as it appeared to 'suit' her.

Dipti (OPF1)-444-450: When we came to this country .. we got support from everyone
here because everyone was prepared .. but I did not really need anyone.. or say
anything ... I did not have to ask...everyone helps in their own way however, they can
... so in that I have not had any difficulty

Manish reported that when involuntarily migrating to Britain that he was able to buy a shop in five days. This appeared significant for him, as he identified having 'inner strength' in being able to do this. This realisation of having the personal strength to be able to cope with the adversity of the situation seemed to allow him to make sense of the situation and process the distress. This recognition of his ability appeared to be deeply profound and wisdom-building.

Manish (OPM1) 72-74: (speaks in a louder tone of voice) I had inner strength in me as
a businessman to bring up a shop on the fifth day... in a week in my own way...

Overall, it appeared that the impact of the forced migration was challenging yet it seemed to reveal to the participants their abilities to re-develop their self-concept and to inoculate them against future stress.

4.3.2.2 Deeper appreciation for life and spiritual closeness.

The participants' responses in the interview appeared to suggest a greater appreciation of life. Lindstrom, Cann, Calhoun and Tedeschi (2013) suggested that this is indicative of growth following a distressing event/situation.

From the interviews, it seemed that being confronted with the distress of being forcefully evicted allowed the participants to develop a sense of individual vulnerability and a conscious understanding that they cannot predict or control certain events. Calhoun and Tedeschi (2001) suggested that this recognition of the instability of life is due to cognitive restructuring following a trauma. As the participants spoke there appeared to be a greater sense of satisfaction and meaning in life as well as, answering fundamental existential questions.

Deepak (OPM2)- 283: (talks over) It is about keeping humanity ... what else?

Manish (OPM1)- 82: otherwise if you think about it... individuals are able to survive on their own and are surviving

In particular, the participants appeared to utilise the interview as an opportunity to share their viewpoints on life in the midst of speaking about their experiences of migration, acculturation and familial care receiving experiences. Exploring their experiences of migration seemed to enable them to recognise and express their learning from these experiences. For Manish, it seemed that reflecting on the acculturation experiences allowed him to begin to consider changes within himself and develop an appreciation of adjusting to a 'western' way of living.

Manish (OPM1) 128-130: like today if we did not adjust... we could tell you not to study (portrays strong tone in voice)... so if you think about it... we are safe with the western thoughts because as much as we can we stay within ours but also with harmony live westernised as well

Manish and other participants also began to reflect on the impact of living in a western society and that although they were surrounded by a westernised environment they were able to maintain their own opinions, thoughts and feelings. This awareness appeared to be liberating for the participants.

Manish (OPM1) 152-156: western does not tell us to become non-veg or vegetarian... it's up to us... it's our own thoughts

This sense of liberation and control over their thoughts and feelings appeared to also indicate a developed sense of spiritual closeness, as most of the participants reflected on religion and spiritual involvement in terms of managing the distress and becoming more existentially aware. Fallot and Heckman (2005) and Doolittle and Farrell (2004) suggest that religion and spiritual involvement provide an important mechanism for coping with challenging and traumatic events.

Manish (OPM1) 194: your religion will come in use to you ...your religion... will... attain peace from it... happiness from it (lowers tone in voice)

Shashi (OPM2) 152: 'on the contrary there was favour from our god' (speaks in English)

Sheena (OPF3) 301: With god's blessing we are like that...our hands and legs are working

It seemed following distress, the articulation of greater meaning being found through spirituality was an important aspect of the participants' sense of growth. For the majority of the participants, spirituality appeared to alleviate unhelpful symptoms and lead them to experience a better quality of life by experiencing of more positive emotions. This indicates, in line with the results of several studies, that trauma may lead to a deepening of a person's spiritual or religious beliefs (Cascio & Santangelo, 2005; Pargament et al., 2005; Calhoun & Tedeschi, 2000; Siegel, Anderman & Schrimshaw, 2001).

Overall, through the distress of experiencing forced eviction and migration to Britain, it appears the participants were able to find an innate benefit and greater self-awareness. They seemed to be spiritually connected and tended to reflect on their life experience in developing themselves rather than viewing their experiences as a painful tragedy. This appeared to help them cope with the distress of the forced migration.

4.4 Master Theme 3: British Asian Indian Older Adults Cautious Reflections on Receiving Care from Family Members and its Impact on their Well-being.

This master theme explores the participants' hesitancy in reflecting on their experiences of receiving care form a family member. The subordinate themes which emerged are suggestive of reluctance to consider issues of care to protect one's culture and identity, an experience of emotional distress following conflict, and a fear of being abandoned by family carer.

4.4.1 'We are happy!'- British Asian Indian older adults' reluctance in sharing issues of familial care to preserve and protect their culture and identity.

All the participants were reluctant to share their difficulties of receiving care. It appeared that familial care receiving reflected an element of their Indian identity. Thus, the participants tended to avoid the subject of difficulties in their care-receiving experiences and maintained that everything was well. It appeared easy for them to reflect upon the positive elements and avoid the negative side of their relationships.

Being critical of the relationship seemed to reflect a relationship that was not perfect. They appeared to want to create an 'imagined world' that represented their Indian identity and a relationship in a positive light (Akhtar, 1995). It seemed important for them to show me and the community that they were functioning well, which is an important aspect of Indian culture (Baptiste, 2005). However, I also wondered whether this was also to avoid feelings of despair within them.

> *Deepak (OPM3)*
> *523. Researcher Yea... and what is your own experience of care-*
> *giving because obviously... you live with aunty... and she looks after*
> *you... so what is you experience of care-giving?*
> *524. We are happy!*

The participants tended to become frustrated, annoyed or avoided the subject when they were probed to reflect upon possible issues that may have arisen for them. Shashi on regular intervals within the interview assured me that he was well looked –after. However, he also informed me that he kept low expectations to avoid disappointment. Within the interview I attempted curiously to probe him further. He reacted by providing a repetitive response and diverting our conversation to nostalgia about his successes i.e. marriage of his sons. Shashi (OPM2, Appendix 18 (C) lines 225-243).

Tension between the participant and their family carers seemed to be viewed as an unacceptable cultural norm and the thought of conflict appeared to disturb their Indian identity and 'imagined world'. According to Appadurai (1990) and Akhtar (1995) this is an important feature of immigrant groups and nostalgia and reminiscing are ways in which imagined worlds are constructed.

Further, whilst reflecting upon their relationships the participants tended to refer to their own care-giving/receiving experiences from their childhood. It appeared that this was a nostalgic composition of their 'imagined world' that was perfect (Naidoo, 2007; Akhtar, 1995). Therefore, this sense of optimism seemed to help them manage difficulties, experience fewer feelings of sadness and develop a positive attitude towards the relationship.

Family care-giving /receiving appeared to be viewed as a private matter which the participants did not feel comfortable talking about. Manish and Dipti mentioned at the end of the interview that it did not look good to talk about issues as it would induce gossip. Talking about shortcomings within the care-receiving relationship appeared to reflect embarrassment and did not portray their family or them in a good light.

Overall, avoidance of speaking about familial issues seemed to be a way for the participants to protect their Indian identity and perceived culture at home. It appeared important for the participants to maintain this, to protect their sense of self and manage distress of a changing social world.

4.4.2 'I am hurt... that, why does he not still understand!' - Emotional distress following conflict with family carer.

Manish, Sheena, Shilpa and Dipti did reflect upon the anger, sadness and hurt as they perceived the care that they received as being inadequate and not always meeting their needs. Although they mentioned being independent, they also felt it was the family carers' 'duty' to ensure care was adequate. However, when arguments or conflicts arose between them and the family carer, they felt hopeless and disappointed in the lack of respect towards them.

> *Manish (OPM3) 386: But I am hurt... that why does he not still understand!... what should I do... so what's the point of telling him*

As Manish spoke of his sense of disappointment at the care his son offered, there appeared to be an element of anger and hopelessness in his tone. For these participants, this sense of lack of respect towards them, led to feelings of devaluing of self, feeling unwanted and being burdensome.

The participants reflected upon the conflicts causing them to experience physiological symptoms of emotional distress. These included difficulty sleeping and tension headaches. These conflicts appeared personally difficult for the participants to comprehend. Lane and Tribe's (2010) study found similar outcomes but they focused upon older gypsies rather than BAI participants.

Dipti (below) spoke about how a conflict affected her sleep and also led her to experience tension headaches.

Dipti (OPF1) 590-596: Na..but it did affect a little bit my mind.. that what is happening is not right… Errr...And it was on my mind..that my sleep.. at night it affected my mind …my head started hurting and things like that …it hurt ...however... when my husband passed away.. then it was difficult.. and it hurt

It seemed for Dipti, conflict led her to experience rumination and worry about the incident. This further caused her to experience disturbed sleep patterns and subsequently tension headaches.

Overall, conflicts that occurred tended to affect the participants' emotional and physical well-being. It seemed conflicts tended to be unbearable for the participant and triggered sadness. This perhaps also caused the participant to feel a loss of significance and familial bonds, which is considered as an integral part of their cultural identity (Desai & Subramanian, 2000). Thus, it appeared functional for them to avoid considering difficulties and acknowledging their negative emotions.

This is reflective of many qualitative studies of older adults. Such studies have found relationships between positive attitudes, such as optimism and less depressive feelings (Easley

& Schaller, 2003; Hinck, 2004; Kinsel, 2005; Yoon & Lee, 2007). However, the concept of resilience is largely unexplored within the care-receiving population. The lack of research on resiliency in the care-receiver population could be due to the construct being difficult to maintain within a psychological context (Miller, 2003). However, this study has highlighted a gap in knowledge and potential avenues for future research.

4.4.3 'If I say something my children may take offence' - Fear of abandonment from family carer.

The participants appeared to be acutely aware of the daily stresses of life that the carers experienced. Deepak mentioned the stressors of daily life had an impact upon their ability to care for him.

> *Deepak (OPM3) 303-307: And plus' (in English) they are in their own 'tension' (in English)…They have their own 'tension' (in English)… A person can become tense … if I say something and my children may take offence*

This worry with regards to the carer being under pressure due to having to deal with their own pressures of life and doing 'less' of the caring appeared to be linked to an anxiety of becoming a burden upon the family.

> *Dipti (OPF2) 464. The experience is getting less... because I am getting older..until now they have been looking after.. so they would also be tried*

Further there appeared to be an acknowledgement of their health deteriorating. However, this seemed to be something that the participants were still coming to terms with, as when they spoke about this they became nervous. The participants seemed to worry about their health deteriorating and the carer perceiving looking after them, as stressful and burdensome. This perception of becoming a burden upon the family seemed to lead the participants to fear abandonment by the family carer and a loss of their culture. Thus, many of the participants said they did not mind going into a residential care home as they felt this would avoid the family carer having to tolerate the pressure, but perhaps this was also an acceptable way for them to manage disappointments.

Dipti reflected upon this and became emotional. Although she was aware of the pressure the family carer may face in the future, it appeared easier for her to say she would go to

a residential home rather than considering the family sending her there. It appeared easier for her to think this way rather than, feeling abandoned and rejected, which would refute cardinal values of being an Indian (Desai & Subramanian, 2000). Further, she mentioned she would 'train' her mind, as if she was forcing herself to believe and feel different in light of the possible future.

Dipti (OPF1)

956-962: If I have any difficulties then I will tell them myself to send me there..err diffic..don't stay in pressure...on my behalf do not tolerate this (sadness in tone of voice).... I will tell them myself ..err my mind.. from now I am thinking to train my mind

> 961. *Researcher: Hmm...as in going to a home?*
> 962. *Yeah..yeah err if you have difficulties ... then here there are home*

This fear of abandonment was a common thread in the interviews. Most of the participants attempted to portray an independent and strong self. However, it seemed this was to self-shield their vulnerabilities, as they were fearful of losing their sense of 'Indian -ness' and familial bonds.

From Sheena's (OPF3, Appendix 18 (D) lines 309-321) interview it seemed she wanted to be cared for by her family as she liked this. However, there was also a part of her that appeared to fear being lonely. She seemed to feel threatened by the fact that this family care may not continue, but held the expectation that it should.

Dipti (OPF1) 105-113. You do feel ... because like unhappiness of leaving the children err chil err leaving a 12 year old child ... children are young...then I feel hurt... Yeah..yeah.. like I cannot stay with them..hmm yeah... Sometimes I do feel (tearful)

Dipti spoke about her closeness with her family members and how not being offered care by them would affect her interaction with her grandchildren. She mentioned a loss of her family bonds would cause her to feel hurt.

Overall, from other interviews the participants appeared to value the care that they received from the family as it allowed them to maintain close, loving bonds and also preserve

cardinal values of their Indian identity, which Phinney (1991) and Porter and Washington (1993) mention affects one's self-esteem. However, among the participants, there was also a feeling of deep ingrained pain and fear of abandonment. It seemed that abandonment would affect their sense of self and disturb their imagined world (that reflected their mother land (Akhtar, 1995)) which care offered by family members helped them create.

4.5 Master Theme 4: Strategies Identified in Managing Challenges of Migration, Acculturation and Familial Care-receiving Experiences

This section reflects on the strategies that the participants appeared to use to manage the challenges of forced migration, acculturation and familial care receiving experiences. From the analysis it emerged that they tended to use cognitive-behavioural and unaware innate strategies to cope with the challenges of migration, acculturation and care-receiving experiences.

4.5.1 Cognitive-behavioural strategies used by older adults to cope with challenges of migration and acculturation.

This master theme reflects on the cognitive-behavioural strategies used by older adults to cope with the challenges of migration and acculturation. Themes that emerged were centred on holding a strong sense of their cultural identity, segregating self and strengthening perceptions of self and the meaning of events.

4.5.1.1 Older adults' strong sense of cultural identity and segregated viewpoint.

Analysis of the participants' interviews suggested issues of rigid self-control and inability to adapt to new circumstance as it seemed this would disturb 'order' too much (Jacob, 2012). They tended to hold a strong and rigid sense of themselves and their Indian identity. They felt they were able to practise their culture with no hesitation in Africa and Britain through food, clothing and strong closeness to religion. Thus, this self-control and rigidity appeared to allow them to develop self-confidence. The section reflects upon these aspects in assisting them to maintain their strong sense of cultural identity.

4.5.1.1.1 Strong sense of cultural identity and culture maintenance through food.

A majority of the participants spoke about maintaining vegetarian diets that were healthy and provided them with a sense of well-being. It seemed food provided the participants with closeness to their Indian roots (Macchiwalla, 1990). Further, they tended to prefer home-cooked meals that perhaps were reminders of their Indian identity (Naidoo, 2007; Stacey, 1998).

Deepak (OPM3) 581-583: Here we observe that... daily we eat warm food... I don't like today's food tomorrow ...and she makes it daily...

From the above extract it appeared that, as mentioned by Lakha and Stevenson (2000, p. 252), food carried a set of interrelated meanings through the way it was prepared as well as its "ritual connections and the social context of its consumption" for participants.

Further, from the above extract it can also be seen that for Deepak ensuring he only consumed Indian food was a way of maintaining his Indian culture. As he reflected upon the changing world and family structures he identified his dislikes and preferred ways for the food to be prepared, which reflected traditional preparation methods (Naidoo, 2007). It seemed he only wanted to consume 'Indian-ness'.

Maintaining strict diets appeared to allow the participants to also maintain social control. In the extract below, Manish refuted his Muslim friend as he did not remain vegetarian. He suggested this was an unrealistic way of living.

Manish (OPM1) 172: That is vegetarian... for him 'hey mate his non-veg' but that's him...'.I want to live unrealistically!' (mimics Muslim friend)

Overall, from these extracts and also from other participants' interviews it seemed food and diet allowed the participants to maintain their culture both at a personal level and a social level. Further, the strictness of their diets appeared to suggest strength in their ability to control and maintain their culture identity in an opposing environment.

4.5.1.1.2 Strong sense of cultural identity and cultural maintenance through clothing.

Another arena for culture maintenance for participants was that of clothing. It seemed clothing provided the participants with important 'cultural codes' when interacting with the community and the mainstream culture (Naidoo, 2007). When visiting the participants, they all wore traditional clothes such as sari and suits.

It seemed Indian clothing allowed them to "*maintain family reputation, i.e. the collective and public self was evident, resulting in dress codes that showed respect for traditional South Asian patriarchal values, typically wearing less revealing clothes or choosing South Asian clothes like Punjabi suits or saris*" (Lindridge et al., 2004, p. 226).

> *Sheena (OPF3) 105-107: They wear different clothes (laughs) and mine is Gujarati clothes (points at sari)…that was the difference (smiles)*

Sheena (above) highlighted a cultural difference as the wearing of Indian clothing. She pointed at her sari and said her clothing was 'Gujarati'. However, she laughed and smiled when she said this, as perhaps she was aware of her world around her potentially changing and this was perhaps uncomfortable for her.

Overall, it seemed that wearing traditional clothes allowed Sheena and other participants to maintain a physical element to their cultural identity. Sheena mentioned (below) that although she was living in Britain, she did not feel it was necessary to become British. She reflected upon the type of clothing British people wore and emphasised that Indians should not wear such clothes. Thus, it seemed her clothing allowed her to also keep a physical barrier to ensure her cultural identity was preserved. Jamison (1989) refers to this in terms of "nostalgia for the present", where migrants experience a nostalgia for not only what they left behind but also for what is not available to them in the present.

> *Sheena (OPF3) 160-166: Just because we are British that does not mean we should become like British people…like if we wear frocks and stuff like that… British people wear frocks and stuff like that… We should not wear it we are Indian... Gujarati... we are from India*

4.5.1.1.3 Strong sense of cultural identity and cultural maintenance through religion.

All the participants tended to reflect upon their religion and culture interchangeably. Whilst they spoke there was great pride in their tone. For them it seemed their religion was a reflection of maintenance of their cultural identity.

> *Shilpa (OPF2) 158-170: That's why we are different.. we become different… you should have trust in god and prayers*

Religion seemed to allow the participants to create a barrier between them and the British culture. It seemed the participants referred to religion as a point of reference in allowing them to manage the anxieties of a different cultural environment. Religion or religious affiliation appeared to allow them to feel that they were "good Indians" despite the perceived dynamics of their cultural world potentially changing and being directed towards a British lifestyle.

Their religion appeared to offer them the ability to feel different without hesitation. It seemed to also have a positive psychological impact on their self-esteem and confidence. Shilpa mentioned having 'trust in god'. This seemed to demonstrate a sense of self-confidence in light of external differences.

Religion appeared to allow the participants to be different without feeling isolated. They were empowered by this difference rather than demoralised. It seemed such expressions of cultural affinity allowed the participants to increase their sense of ethnic pride and in turn increase their sense of personal self-worth, especially in times when perhaps this was perceived as a challenge, i.e. perceived changing social world.

A single continuum model of acculturation reflects that the maintenance of some religious practices can be maladaptive (Naidoo, 2007). However, from an ethnic identity perspective, retaining the cultural heritage through native religious practices has been viewed as a way of developing self-esteem even when such practices do not reflect the host culture (Phinney, 1990; Porter & Washington, 1993). Thus, the ethnic identity perspective seems to reflect the participant's experiences.

Manish (OPM1) 188-196: That unless necessary if you can do..stay within your own community if you can stay within your religion… your religion will come in use to you… your religion... will... attain peace from it... happiness from it (lowers tone in voice)… like...Gandhiji!

Manish advised to 'stay with our religion' as it offers 'peace' and 'happiness'. His response suggested that religion helped him to manage difficulties faced when managing his cultural identity and sense of self. His advice indicated a sense of innate peace through maintaining a unified self rather than a fragmented self.

Further, places of worship and spiritual leaders/gurus, appeared to allow the participants to preserve and strengthen their cultural identity (Naidoo, 2007). Reflecting upon these individuals, e.g. Gandhiji and visiting places of worship, also appeared to allow them to feel comfort in their cultural identity whilst living in Britain.

Shilpa (OPF2) 172-174: and in our Jain eer if we go to a... place of worship... all your sins are washed

Shilpa reflected upon her religion, allowing her to wash her sins in the context of living in Britain. The sins appeared to reflect changing cultural norms and her religion (Jainism) appeared to help her manage distancing from these traditional norms.

Overall, it seemed, whilst living in Britain, that religion provided an anchor and the ability to manage their identity, but also guilt for any misgivings, e.g. involving themselves in non-Indian activities. Thus religion appeared to be a buffer and mediator in managing changing cultural norms.

4.5.1.1.4 Segregated viewpoint.

Most of the female participants mentioned generally remaining at home unless it was to assist with caring for their grandchildren, which is viewed to be a cultural norm in Indian culture (Rayapol, 1997). It seemed they managed the challenges of interacting with the outside world by avoiding being in contact. They viewed home to be a safe place where everything remained the same whereas the outside world was different. This appeared to reflect Berry's (1997) model as they seemed to want to separate themselves from the dominant culture.

Sheena (OPF3)103.: But at home everything is the same nothing is different

They generally only tended to visit the temple or local community gatherings where they would interact with people from their own community. This seemed to allow them to maintain their culture and an 'imagined community' (Rayapol, 1997) where they spoke, ate, wore similar clothing and followed similar cultural beliefs. Sheena (OPF3, Appendix 18 (A) lines 194-206).

The participants maintained the attitude that they should respect individual differences, but at the same point, they all held a 'segregated' view that they should not lose their Indian identity or culture (Berry, 1997).

Sheena (OPF3) 160: Just because we are British that does not mean we should become like British people

Sheena acknowledged being British but differentiated this from her cultural values by viewing British people as different. All the participants felt they were and should remain Indian. It seemed integration would suggest a lack of respect towards their culture and potentially their identity and religion that they had grown up with.

Sheena (OPF3) 168: So we should respect Indian culture

Through this strong conviction (e.g. 'I should) to maintain their Indian identity and culture, it seemed that the participants did not feel they had to participate in British culture. They were proud of their cultural heritage and felt the British society was welcoming of this. As they spoke about this, they demonstrated a strong unique self, which appeared to boost their self-confidence.

Shashi (OPM2) 292-294: 'there were no restrictions' (speaks in English)…'there was no restriction we can live our own way of life' (speaks in English)

Shashi perceived this in terms of having no 'restrictions' in practicing his values and beliefs. This seemed to bolster, strengthen and generate confidence within him, as he spoke with no hesitancy in English. His translation of his thoughts into English suggested confidence in himself especially, as English was not his first language.

Overall, the participants maintained a segregate viewpoint in terms of interacting with the British community. They appeared to separate themselves by maintaining a strong Indian identity. This appeared to be bolstered by the participants feeling supported by the British society in maintaining their Indian roots, as the British government did not place any 'restrictions' on them. This seemed to lead to stronger feelings of self-worth and pride in their cultural identity (Phinney, 1990).

4.5.1.2 "I had inner strength" – Positively restructuring and strengthening perceptions and meanings.

Highly stressful situations require restructuring of the assumptive world (Calhoun & Tedeschi, 2006). The threat to the assumptive world presented by a major crisis can produce cognitive responses such as changes in self-perception and the meaning of events (Janoff-Bulman, 1992).

Within the interviews it appeared that the participants attempted to cognitively re-evaluate and restructure perceptions of themselves and the meaning of the forced eviction/ migration. This appeared to assist them to alleviate distress and develop an awareness of growth.

Taylor's (1983) theory of cognitive adaptation suggests that individuals are active agents in restoring psychological balance following a distressing life event. According to Taylor (1983), distressing life events challenge people's sense of mastery and their self-esteem. Therefore, people are motivated to recover their self-esteem and sense of mastery as well as regain meaning by the production of self-enhancing cognitions (Taylor & Brown, 1988).

4.5.1.2.1 Positive sense of self.

Taylor (1983) suggests that individuals will preserve their mastery by focusing on domains of their life where they do have control. Empirical research supports this prediction (Taylor, Helgeson, Reed & Skokan, 1991). According to the theory, an individual's self-esteem is preserved by focusing on aspects in which one's self-concept is unchanged or improved, or by comparing oneself to less fortunate others in an effort to project one's self in a more positive light (Taylor & Lobel, 1989; Taylor, Wood & Lichtman, 1983).

Some of the participants tended to express that they were able to manage acculturation processes well as they were highly regarded professionals. Viewing themselves as successful professionals appeared to allow them to create a unique identity for themselves to manage painful memories of being 'kicked out' of Africa. This positive self-image was perhaps part of their Indian Diaspora in managing physical changes around them (Naidoo, 2007).

This sense of status appeared to maintain the participants' sense of self-value, as they spoke with pride of their achievements. Self-positive thoughts of their past appeared to allow them to function and manage a changed reality. This positive self-image that they constructed seemed to allow them to function with a segregated attitude without hesitation.

> *Shashi (OPF3) 54-58. Well it's like 'we were chartered accountants' (speaks in English)… 'professional' (speaks in English)… we thought better rather we should work here than there' (speaks in English)*

From the above extract it can be viewed that holding a high status job allowed Shashi to create a positive image of himself in light of experiencing trauma in which there was perceived lack of self-regard for him.

> *Manish (OPM1) 72. (speaks in a louder tone of voice) I had inner strength in me as a businessman to bring up a shop on the fifth day*

In the interview Manish raised his voice to explain that due to him being a businessman he was able to fit into living in Britain. Perceiving himself as a businessman appeared to provide him with self-confidence and a positive self-image, when faced with considering possible challenges faced in relation to the forced migration and acculturation processes. By viewing themselves as professionals, allowed some of the participants to manage their Indian cultural identity in which they are expected to be the breadwinners, but also this allowed them to, as Rayapol (1997) describes, reconstruct a social status and symbolise their value.

Some participants appeared to also hold positive views about themselves in-light of the distress that they experienced. For them, there was an element of pride in being able to cope with the challenges of migration and acculturation. In particular, there appeared to be great pride in being able to keep the family together and preserving their beliefs despite living in a western country.

As Sheena spoke about her experiences of adjusting to living in Britain she mentioned that the only things she had to adjust was her use of language. She then mentioned that everything at home was the same and smiled. This facial expression appeared to suggest a sense of pride and confidence in her abilities to retain parts of her cultural heritage.

Sheena (OPF3) -103: But at home everything is the same nothing is different (smiles)

For Dipti there appeared to be a sense of pride in being self-reliant as she mentioned not applying for benefits when moving here. Through mentioning this it appeared that she was attempting to imply her ability to be self-sufficient and survive. Being self-sufficient appeared to develop her sense of feeling independent and confident, which in turn appeared to allow her to reconstruct and positively strengthen her perception of self.

Dipti (OPF1) 96-102: (younger son) was dependent on me .. even that benefit I did not get and I did not take it for 1 to 2years... (smiles) but when I met (friend) and I talked to him about it ... he asked how I am and I told him but I can't remember ... he gave me advice... he said you have done wrong... this is not enough for you why do you not take it?

Further, this self-confidence, that the participants showed, appeared to come from awareness of others not being able to cope as well as they did. The participants appeared to feel that they had resources that others did not. This sense of comparing oneself to those less fortunate appeared to be an effort to reflect oneself in a more positive light.

Dipti (OPF1) 84: Those who have facility it does not take long to settle

Manish (OPM1)- 70: so on the fifth day normally a person would not be able

For these participants the stress-related growth was perhaps also a product of their motivation to enhance their self-perceptions as they had positive experiences of living in India that they could reflect on and implement to reconstruct positive self-perception.

Overall, it can be noted that the participants appeared to restore their views of themselves and their distress by positively reinterpreting the distress they experienced. Further, although Taylor's basic model focuses almost exclusively on the production and maintenance of people's positive beliefs about themselves and their situations, it may have implications for guiding adaptive behaviour, as research suggests that these positively-biased beliefs can motivate people towards active goal attainment (Taylor et al., 1992; Taylor & Goll-witzer, 1995).

4.5.1.2.2 Strengthening and positively restructuring the meaning of the forced migration.

Taylor (1983) suggests that by understanding why a traumatic event occurred and what its role in a person's life has been, a sense of meaning is typically produced. Although all the participants experienced forced migration, they mentioned that they viewed the move to Britain as a positive one. In light of being unable to control the event they appeared to attempt to reconstruct their thoughts about the forced migration to protect themselves, by reflecting on the affirmative experiences of moving to Britain.

All the participants reflected on the helpful nature of people in Britain. Mentioning the helpfulness of the British community appeared to enable the participants to feel self-value and worth something that was affected whilst being forcefully evicted from East Africa.

For example, Sheena mentioned that people in Britain looked after her a little better. This suggested that Sheena had restructured her views about East Africa and placed migrating to Britain in a positive light to help her overcome the distress of being rejected.

Sheena (OPF3) 41: And here people look after us a little bit better

This sense of helpfulness of the host community seemed to allow the participants to regain some element of acceptance. Deepak reflected his sense of closeness to the British community to the extent of mentioning that he felt that other communities in Britain were more helpful than his own community.

Deepak (OPM3) 75: No they are not... here I have observed ... err more than our Asian... white people, Pakistani or these white people..... they still help us

Shashi and Manish appeared to also reconstruct their views about East Africa by reflecting on the benefits of moving to Britain. Shashi mentioned that he had better scope here and that it was better to live in Britain.

Shashi (OPM2) 58-60: 'we thought better rather we should work here than there' (speaks in English).... 'That country is better' (speaks in English)

Shashi's response suggested improved status and appeared to reflect an ability to adjust to this new way of living. This was reflected not only in the words that Shashi uttered ('this country is better') but also through a change in language. This change in language appeared to be an attempt to reflect on his strengthened ability to adjust. This seemed to allow him to hold self-value.

Shashi and Manish also mentioned that they had obtained British citizenship. Receiving this appeared to allow them to feel more secure and develop self-worth.

> *Manish (OPM1)-62:...the reason for this is because when I became a citizen of this country... when I got my British citizenship*

Overall, re-evaluating and reconstructing the outcome of the forced migration to Britain appeared to allow the participants to regain self-worth. Through this it seemed the participants were able to develop more meaningful outcomes for the distress that they had experienced.

4.5.3 Cognitive- behavioural and spiritual strategies used by older adults to manage strain of care offered by a family member.

This theme reflects upon cognitive-behavioural and spiritual strategies identified by older adults to manage the strains of receiving care. These included consciously developing resilience for anticipated future difficulties, lowering their expectations of care and using religion for spiritual growth and distraction. Participants also mentioned how distress triggered within the relationship was managed through thought switching and tolerance.

4.5.3.1. 'Our expectations are low' - Developing resilience and re-adjusting expectations to manage disappointment and distress.

Resilient older adults are able to adjust to difficulties in life. Resilience is considered a personality characteristic that adjusts the negative effects of stress and promotes adaptation (Wagnild & Young, 1993).

Within this study, Dipti and Manish nervously acknowledged the hurt and pain they experienced of not receiving the care they expected to receive. Further, they also mentioned being aware of the possibility of deterioration in care as they became older.

A way of coping with this was through mentally training their mind and reflecting on previous stressful experiences. These experiences included bereavement of their spouses at an early age and experiences of migration to East Africa and Britain. Dipti (OPF1, Appendix 18 (E) lines 935-948). This seemed to allow them to develop emotional robustness.

Dipti mentioned mentally training her mind for perceived future difficulties. This feeling of mental preparedness seemed to allow her to reflect directly on the possible future difficulties she may face.

Dipti (OPF1)

960. I will tell them myself ..err my mind.. from now I am thinking to train my mind

961. Researcher Hmm...as in going to a home?

962. Yeah..yeah err if you have difficulties ... then here there are home

Thus, mental preparedness seemed to allow the participants to develop emotional robustness and resilience. Further, it seemed Dipti and Manish relied on protective factors to help them adjust to difficult times. It appeared their sense of independence and courage, allowed them to develop an internal protective layer. According to the resiliency model (Richardson, 2002), this internal protective factor allowed them to re-establish emotional balance through the process of resilient reintegration.

For the majority of the participants, receiving care from a family member was viewed as a continuation of cultural traditions.

Shilpa (OPF2) *188-189. I have satisfaction ... if they look after me what else do I want… the children are my own so they bound to look after me…it's our family so they would look after us wont they…sorry I am (smiles)*

Shilpa reported it as a given that her family would look after her. However, she appeared to be doubtful, as she questioned this and then nervously smiled and then apologised. This doubtfulness seemed to reflect a changing world and a feeling of uncertainly about the future. This caused Shilpa to become anxious.

There appeared to be a sense of ambivalence in terms of the participants' expectations of care. Some of the participants said they did not hold any expectations apart from the family carers looking after them. However, they also mentioned they expected the carer to respect their independence, but also allow them to be dependent upon them. Similar findings are also mentioned by Harper and Levin (2005), who put emphasis on this as causing difficulties among ethnic families.

The participants appeared to want to let go of the family carer, but at the same time still remained connected. On one level the participants wanted to be independent but at the same time they did not want to move away from cultural traditions of dependency, which is an important value of Indian culture (Shi, 2007; Kakar, 1988).

Shashi (OPM2):

148.   'I can live my own way of life' (speaks in English and tone of voice is raised)

149.   Researcher: Hmm...Yeah... and do you feel that is important that you live your own way of life rather than being dependant on them?..What's important for you?

150-154   Because... er dependant ...er at the moment what we require in the house and I am unable to do it all...and they are able to do it... so in that way we have to be dependent

They also wished there to be interpersonal harmony. Shashi mentioned for the family to remain happy and peaceful.

Shashi (OPM2) *412-414. 'and so..er they live a happy and peaceful life' (speaks in English)...'I also live a happy and peaceful life' (speaks in English)*

Shashi and other participants also mentioned not holding high expectations as this avoided them experiencing any disappointment. Shashi mentioned lowering his expectations allowed him to remain in good health. However, this thought appeared uncomfortable as his verbal and non-verbal communication did not match, as he smiled when he said this.

Shashi (OPM2)

319. Researcher: Ok and erm looking back at care-giving has there been a...a incident at home that you have felt that er you're er your own wishes have not been fulfilled...has anything like that occurred?

320-324. (1 second silence) no... if our expectations are low then this would not happen!... I (smiles) I don't have any expectations like that we should have all this…'we have to adjust' (speaks in English)

From the above extract from Shashi's interview, holding low/no expectations seemed to be viewed as a means of adjusting. Viewing the self as adjusting seemed to suggest not losing a part of one's identity, but moulding to the expectations of the environment.

This suggested that holding in mind, no expectations/low expectations was a temporary adjustment that allowed the participants' to function within the family. However, considering Shashi's and other participants' interviews, this was easier said than done, as when expressing this they presented anxiety and sadness, in their tones of voice.

The notion of holding fewer expectations appeared to be a way for Shashi to protect himself from disappointments, but perhaps he also held lack of regard for himself. This was perhaps the case as he viewed his needs as important in maintaining interpersonal harmony and that this equated to good health. Desai and Subramanian (2000) also found this in their study of BAI youth. Many of the participants reflected a similar philosophy to care receiving; mentioning conflict should be avoided although they appeared uncomfortable with this.

Further, there appeared to be a disconnection between what they expressed and how they felt. For example, it seemed that although Shashi did not want to feel he was placing expectations, there was a disconnection, as he also expressed that by the family carer caring for him, the carer's duty would be fulfilled. Thus having no expectations seemed to allow him to manage disappointments about his family carer not fulfilling his/her duty.

Shashi (OPM2) 641: They would feel that they have fulfilled their duty

This again was a common aspect of the participants' experiences of receiving care from a family member. It seemed that avoiding thinking of their expectations and by saying they did

not have any, allowed them to avoid feeling disappointed. However, at the same time there was a feeling of wanting the family caregivers to fulfil their expected traditional duties.

Shilpa (OPF2)

865. *No.. it's like they do fulfil their duty*
866. *Researcher: Uhu..they fulfil their duty*
867. *Fulfil duty (lowered tone)*

Sheena mentioned care-giving as a means of fulfilling a duty, although she had also mentioned earlier in the interview that she had no real expectations of receiving care. She repeated the words 'fulfil duty' twice. The second time her tone of voice was lowered. This suggested that this was an expectation she held but that she was aware of it not being maintained or feared its significance would be lost.

Therefore, the participants seemed aware that their desires and goals that they imagined, i.e. the ideal family, were unachievable and so they lowered their sights to something they believed was more possible or realistic. It seemed that a gap between wanting and not having caused them tension, and that lowering/not having expectations appeared to relieve this.

Shashi (OPM2) 410-412. 'that's not required' (speaks in English)
'and so..er they live a happy and peaceful life' (speaks in English)

However, these findings are not supported by Sin's (2006) study on White British and Asian Indian older people in Britain. This study found a higher level of expectation of family support amongst Asian Indian participants. However, in the study the participants did acknowledge that the idea of family support did not always materialise. Further, this study viewed participants to be over 55. However, this current study sought views from participants who were over 65. Thus, this age difference may suggest differences in the level of expectations.

4.5.3.1 "Because of karma" - Religion providing answers, spiritual growth and distraction.

Religion has a powerful role in the preservation and the perpetuation of cultural identity for migrant populations (Laungani, 2004). The participants tended to view themselves as 'religious persons'. Naidoo (1997) says the use of religion has proved to be an effective tool in social control and compliance to normative values. This is interesting as participants tended to

use this as an anchor to distinguish themselves from other family members. Religion seemed to allow them to maintain a central role within the family.

Shashi (OPM2*) 210: 'I lead a religious life' (speaks in English)*

Further, maintaining a strong religious belief enabled them to preserve their native culture within the household (Laungani, 2007). This was generally by following a strict diet, e.g. remaining vegetarian, which is a symbol of their roots (Macchiwalla, 1990).

All of the participants tended to refer to religion as a means of being able to deal with difficulties within the care receiving relationship. This appeared to offer them a place to divert their attention and provided them with hope as well as inner and outer strength to manage difficulties that they faced. Dipti offered an example of this whereby she spoke about her religion allowing her to gain hope and strength (Dipti (OPF1, Appendix 18 (F) lines 907-933).

Most of the participants appeared to be fearful and anxious of assimilation into the British way of life. This fear appeared to be embedded in an anxiety of losing their status, role and importance within the family. Therefore, the participants tended to refer to religion as a point of reference in allowing them to manage these anxieties. It seemed religion or religious affiliation allowed them to feel they were "good Indians"; despite the perceived dynamics of the familial care receiving relationship potentially changing and being directed towards a British way of living.

Manish (OPM1) 192-196. Your religion will come in use to you… your religion... will... attain peace from it... happiness from it (lowers tone in voice)… like...Gandhiji!

The participants also spoke with pride and confidence regarding their religion. It seemed that to retain the cultural heritage through native religious practices provided them a way of developing their self-esteem, in light of perceived lack of affection received from their family carers.

Such expressions of cultural affinity appeared to allow the participants to increase their sense of ethnic pride and, in turn, develop their sense of self-worth in challenging times. This reflects literature which suggests that religious coping is related to higher levels of well-being,

self-esteem, mastery and sense of control (e.g. Klaassen, Mcdonald & James, 2006; Pieper, 2004).

Religion appeared to be a way of being able to rationalise the lack of control over care received from the family carer. The participants felt that the family carer's lacked empathy and understanding of care receiving was due to the impact of karma. Karma (meaning action) is a belief in destiny that acknowledges the numinous (i.e. supernatural) powers in the background of human existence (Mensching, 1976, p. 195). Laungani (2004) states beliefs about Karma help Indians defend against guilt as situations are out of their control and they draw comfort from atoning for wrong doing. This raises the importance of understanding one's own religious convictions whilst working with BAI participants.

Manish (OPM!) 447-449: Because of karma...he must have some karma.. that he just doesn't understand

Further, some participants spoke about praying regularly to manage tensions. They said it allowed them to manage anxieties and offered them comfort. This reflects current literature that has found praying to be helpful for older adults in enhancing well-being, psychological calmness, comfort and support (Maltby, Lewis & Day, 2008; Smith & Simmonds, 2006). Considering this, it seems religious coping addressed five functions for the participants: to find meaning in the unexplainable or adverse event, to gain control and comfort by achieving closeness to God and others as well as to aid life transformation (Pargament et al., 2000).

4.5.3.2 Managing difficult thoughts through thought switching, tolerance and forbearance.

The participants spoke about managing difficulties they faced with their family carer through altering their personal thoughts about the difficulties.

Dipti (OPF1) 466: Therefore in my life...my thoughts... I have to make changes

Majority of participants tended to take ownership of the difficulties experienced and appeared to be psychologically minded (Appelbaum, 1973). They appeared to use cognitive restructuring strategies to manage their distress. This was evident from the participants' ability to consciously recognise personally distressing thoughts and their ability to alter them to

manage distress (Hope et al, 2010). They mentioned that they did this by consciously switching the negative thought into a more positive or balanced one.

Dipti (OPF1) 640-646. I do sometimes have the thoughts… I have felt its bad…
but never mind... they are like our daughter

Some of the participants tended to reflect on positive elements of relationship versus hardship experienced to build upon their resilience. Building this resilience seemed to allow them to moderate the negative effects of their care-receiving experiences and helped them to develop a new level of adaptation (Wagnild & Young, 1993).

Literature on coping with care-receiving experiences reflects similar findings (e.g. Narum & Transtorm, 2003; Zarit & Edwards, 1999). Switching to positive thoughts can help to manage difficulties and anxieties in care-receiving relationships among participants and their family carers (Zarit and Edwards, 1999).

Most of the participants mentioned restraining themselves and tolerating conflicts that occurred within the relationship. They said that they tended to not say anything and did not respond back when they felt upset about something.

Toleration and forbearance appeared to reflect the participants' inner strength in their ability to cope with life's challenges. However, it also seemed the participants feared losing the love, affection and respect they that received. Toleration appeared to be a way for them to control their perceived changing world.

Dipti (OPF1) 466-470. Therefore in my life..my thoughts I have make
changes…inside... inside I understand ... but I am unable verbalise... I have
really tolerating it

Most of the participants believed it was important to 'let go' of things although it was painful to accept internally.

Dipti (OPF1) 582-588. So I let go… 'Never mind' (speaks in English)... I will stay in

the house and do religious things… I don't annoy them back… inside...sometimes...
sometimes if there is a question ... but it has not every affect my mind ... but two days
before it did affect my mind a little bit

Overall, toleration appeared to be a way of acknowledging conflict, but not acting upon it, thus finding a middle ground. This reflected findings by Baptiste (2005) that BAIs are expected to respect their parents regardless of their own thoughts and feeling. Furthermore, it can be noted that tolerance and forbearance are common coping strategies within ethnic communities and they allow people to accept and endure what cannot be changed and make something positive out of a negative event (Wong, 2006), which reflected this theme.

4.5.4 Unaware psychological strategies (observed in interviews) used by older adults in managing internal tensions of forced migration to Britain and familial care receiving experiences

This theme explores the innate psychological strategies used by older adults to manage internal tensions of forced migration, acculturation processes and familial care receiving. These include reminiscing about their lives spontaneously, to avoid engaging with difficult material and managing the internal pain as well as denying, displacing or unconsciously referring to difficulties as an in-group experience, i.e. projecting painful memories as a 'we' response rather than an 'I' response.

4.5.4.1 Spontaneous reminiscing

4.5.4.1.1 Psychological engagement and processing of migration/acculturation experiences through reminiscing.

Reminiscing has been described as a helpful tool in managing distress for participants by allowing them to create a narrative of their life (Armstrong & Wright, 2002). Although generally referred to a means of reconstruction of cognitive thoughts, this theme has been placed under innate psychological strategies as the reminiscing in the case of the particular participants was spontaneous and unplanned. For the participants, this type of thinking was not intrusive and appeared to involve problem solving, trying to make sense of their life experiences (Martin & Tesser, 1996) and searching for how the struggle had changed their lives in a positive way. Calhoun and Tedeschi (2006) suggest that an individual engaging and reflecting over elements of their distress allows them to repair and restructure their understanding of the world.

All of the participants tended to reminisce and become nostalgic about their life experiences. They were nostalgic about how life was like when living in India. Manish and Dipti were particularly reminiscent about their lives. They spoke about what they had learned about themselves, which reflected Erikson's eighth stage of development.

Interestingly, the participants tended to become nostalgic when asked about their experience of migrations and acculturation. They tended to not fully reflect upon these experiences, but instead reflected upon the positive memories of the move or non-related topics, e.g. experience of marriage or having money. This type of thinking appeared to involve resolving discrepancies and making sense of their previous goals, self and their current reality.

> *Manish (OPM1) 68-76: ermm... for me the values and beliefs have not affected me... .because even on the fifth day of being in the country I bought a shop… so on the fifth day normally a person would not be able... (speaks in a louder tone of voice) I had inner strength in me as a businessman to bring up a shop on the fifth day...and... in a week in my own way...I brought this house... well in one or two weeks... one or two weeks… (muddles up words) ... because I came with money here.*

The above extract provides an example whereby Manish is asked whether he was affected personally by the acculturation process. He denied this affecting him and then spontaneously reverted to his memories of buying a shop and house in five days of moving to Britain. As he spoke, there was anxiety in his tone through muddling up of words and telling a narrative of his achievement. It seemed this reminiscing allowed him to recover from an innate pain and instead develop self-esteem (Bryan, Smart & King, 2005).

Reminiscing and nostalgia was perhaps a means of the participants being able to construct an 'imagined world' and to come to terms with what was not present to them now (Akhtar, 1995). All the participants spoke with enthusiasm and it seemed by expressing their life narratives they were able to gain self-regard. For example, for Dipti this sense of nostalgia tended to become strong and appeared to satisfy a craving of being able to indulge herself in her culture (Lindridge et al., 2004) as she spoke in great detail about her experiences of getting married.

> *Dipti 250-262. Then you have to do everything by tradition, that way we talked and got engage… then they came to give jewellery… not only engagement sari.. but… gold , garland and necklace (smiles) … Bangles so much chanaya choli (traditional Indian*

dress), frock and hat… That's new…At 17, the sari was was filled and decorated well…
I made petticoats for it

This type of processing appeared to lead to recognition of changes experienced as being deeply profound and building a kind of wisdom. It seemed that my interest in them and the speaking in Gujarati perhaps triggered the sharing of this wisdom. It seemed as if this was an opportunity for them to pass wisdom to me as I was a British Asian Indian, especially as they perhaps felt that their community was changing and this was an opportunity to preserve their culture.

As per Erikson's final stage (eighth) of psychosocial development, most of the participants appeared to use the interview as an opportunity to talk about their life experiences and what they had learned about the world. Many tended to want to use the interview as a way of imparting knowledge about this to me. They all valued the time spent with me and said at the end of the interview that they had enjoyed the opportunity to talk about their experiences. This seemed to stem from the possibility of feeling their family did not have time for them. Thus, it felt as if they adopted me as a family member; momentarily to impart knowledge and develop integrity of their lives' work. Dixon & Gould (1998) report this is common among older adults, as it gives them the opportunity to retell their story and resolve ambiguities.

Overall, it appeared that spontaneous reminiscing about life experiences allowed the participants to begin to psychologically engage and process difficult material regarding migration and acculturation processes. Through considering their life stories they appeared able to reflect on changes experienced, without it feeling threatened and begin to come to peace with difficult experiences.

4.5.4.1.2 Reminiscing about past self to manage sense of self-worth in care-receiving relationships.

Care from a family member appeared to offer the participants an anchor in managing family and cultural values (Schrauf & Rubin, 2001). However, although all the participants highly regarded the care that they received, due to changing cultural values and beliefs, they were also adamant and proud of their ability to be independent.

Interestingly, they seemed to view their dependency upon the carer as something negative. When considering this dependency, they tended to revert to reminiscing about themselves and their achievements when they were younger. It seemed that mentioning their success allowed them to symbolise their value, strength and ability to cope.

Reminiscing about their past achievements seemed to allow the participants to come to terms with present difficulties, maintain self-worth and an expression of individual identity. This reflects work by Bryant, Smart and King (2005) and Armstrong and Wright (2002) who mention that reminiscing can assist one to maintain a positive sense of self.

This study found that the participants preferred independence rather than being dependent; however, this appeared to be connected to perceiving that they were not receiving the care which they wished for. Thus it was easier for the participants to view themselves as them being independent and able. An extract from Manish's interview offers an example of this.

> *Manish (OPM3) 226. (coughs)... beliefs as... it like I am myself successful*
> *he hasn't done it for me.. and I don't ask him to..(stutters) to do it for me*
> *I do everything by myself*

From the interview it appeared that Manish felt that his beliefs about care were not maintained. The thought of this was so unpleasant that Manish coughed and struggled to verbalise this. This struggle was followed by a recovery of viewing himself as successful and being self-sufficient in the past. This was common among the participants, as they tended to reminisce about being successful and able individuals when reflecting on care offered to them meeting their needs.

Overall, it seemed reminiscing allowed the participants to maintain a self-worth and manage disappointments in care in light of the changing family and cultural values. Considering Erikson's (1968) stages, perhaps the participants were attempting to come to terms with changes in their ability to function and develop integrity for themselves through reminiscing. Similarly, Wareing (2000) found that reminiscing allowed participants to meet emotional and psychological needs.

4.5.4.2 Projection, Denial & Displacement.

   4.5.4.2.1 We-ness - Projection as a collective to manage challenges of migration and acculturation.

Projection is a protective mechanism whereby a person subconsciously refutes his or her painful thoughts and feelings to ascribe them to another person. This allows reduction of anxiety without letting the conscious mind recognise it (Lemma, 2007). The majority of the participants

tended to reflect upon their migration and acculturation experiences in terms of 'we' rather than 'I', although, this was not conscious and was referred to without a clear thought process. There appeared to a conflict between being ones own and the urge for belonging collectively to manage perceived difficulties (Dencik, 2005).

It seemed that assuming others do, think and feel the same way as them allowed the participants to manage uncomfortable thoughts about their personal experiences. It seemed unconsciously projecting painful experiences as a socio-centric collective point of view was an acceptable way of describing the difficulties of migration and acculturation without relating them directly to one's self. Bhugra (2007) notes that maintaining a collective viewpoint enables socio-centric individuals to manage threats to the self. Maercker's (2001) study noted that traditional values that socio-centric individuals hold are negatively associated with psychiatric disorders.

Shilpa (OPF2)36-41: Remained low (coughs)… but now its ok we are used to it… when we came at the beginning we got messed up…however, as days go by we became settled

Shashi (OPM2) 24. Amin had kicked everybody out! (Speaks in English, eyes widen, tearful)

For example, Shilpa and Shashi appeared to project their thoughts/emotions into a more collective thought e.g. 'we' and 'everybody'. This seemed to allow them to express and reflect upon their experiences (evident from the no verbal cues e.g. tearfulness) but without feeling the discomfort of knowing these thoughts and emotions were only theirs. Through collectively projecting the challenges they had experienced, appeared to allow them begin to come to terms with the distress which they had experienced.

Overall, this notion of 'we-ness' appeared to reflect the emotional interdependence, and solidarity that in turn appeared to allow the participants to control their low feelings of inferiority, inadequacy and worthlessness (Klien, 1975; Bhugra, 2007) but also begin to make sense of their experiences.

4.5.4.2.2 Denial: difficulties in recognising issues in the care receiving relationship

Denial is refusing to acknowledge an event has occurred. The person affected acts as if nothing has happened (Lemma, 2003). A majority of the participants appeared to deny or revert to an opposite feeling as a way of coping with possible conflicts experienced within the care

receiving relationship. Their responses were generally presented with stuttering or nervousness. Considering difficulties appeared too anxiety-provoking and it was easier to refute or avoid considering that there were any issues.

For example, Manish described his care receiving experience as 'lovely' but interrupted me when I asked him the question. This appeared to almost a non-verbal barrier, to avoid difficult emotions and thoughts before they triggered any painful memories.

His expression of 'lovely' appeared sarcastic and he said there were no problems. The word 'lovely' was said in English which was not his preferred language. This suggested any denied issues which was attempting to avoid sharing, were perhaps to do with difficulties in managing cultural ambiguities. It seemed that denying any problems allowed him to maintain a problem-free world.

Manish (OPM1)

173.Researcher: oh..ok... alright ... well could you tell me about your experience of care-receiving... your experience... in your family... between you and the person that helps you like?

174.   (interrupts) Everything ...everything is lovely... there is no problem (over emphasis on happy tone almost sarcastic tone)

It seemed that denying conflicts or that there were any issues within the relationship enabled stressful thoughts about what this may mean, to be banished from memory. However, I wondered whether denial was also used to manage the impact of disclosing conflicts to a fellow BAI (me), to avoid being judged by me. Therefore, I made sure that the participants were aware of confidentiality to create an atmosphere that was non-judgemental. This seemed to allow them to be a little more open.

For example, Manish initially denied any issues however later in the interview shared his difficulties. Initially, he struggled as he coughed and mentioned that he was successful. However, this was followed by a negative experience, in which he felt that his son had not fulfilled his role as a carer, or as a son. This appeared to cause Manish internal anxiety as he reverted to denying asking for any support. This was followed by stuttering and a positive thought about himself. The successful perception about himself, appeared to save him from experiencing the internal pain of his son not being able to fulfil his duty.

> *Manish (OPM1) 226-229: (coughs)... beliefs as... it like I am myself successful ... he hasn't done it for me...and I don't ask him to...(stutters) to do it for me... I do everything by myself*

Like Manish, some of the participants tended to follow the denial of conflict in the relationship with a positive response regarding the care receiving or about them. This seemed to help them manage their internal anxiety as the positive part of the relationship or by themselves tended to be said with an overtly optimistic tone.

Shashi (OPM2)

363. Researcher: So you receive that.. ok.. and how is your relationship with your family caregivers... your son and daughter in law?

364-366. Very good (speaks hesitantly)... Very good (speaks in a stern and commanding tone)

367. Researcher: You...

368-370 (interrupts) 'for whatever we need ... for whatever is require I get it' (speaks in English).... 'I get it' (speaks in English in an stern tone)

For example, Shashi, he was adamant that his relationship with is carer was 'very good' however, his stern tone of voice suggested otherwise. Speaking in a stern manner in English was almost a barrier which Shashi was unwilling to explore. Further, when I attempted to explore this further, he interrupted and in English told me he received what he required from his family carer. Shashi, like other participants tended to focus on an aspect of the relationship which was function rather than difficult aspects; denying any issues in the relationship.

4.5.4.2.4 Displacing emotions to articulate adjustment difficulties.

Displacement is a protective unconscious defence mechanism. It involves expressing our feelings and impulses on people or objects that are less threatening, to manage anxiety in the face of aggressive or sexual impulses (Akhtar, 2009).

All the participants tended to displace adjustment difficulties. The participants appeared to struggle in expressing adjustments within themselves when moving to Britain. This was evident from the struggle in verbalising change in self and pride in being able to say that they did not struggle to adjust. It appeared that for the participants adjustment was suggestive of

maintaining their values and beliefs. Thus, externalising any adjustment difficulties appeared to diminish any impact of adjustment on the participants.

Shashi was adamant that he did not change in any way in terms of his values and beliefs, although his strong conviction appeared to mask an internal awareness of change. This was perhaps something Shashi did not feel comfortable considering.

Shashi (OPM2) 78: Absolutely not ... absolutely not...Absolutely not ... same..
same (aggressive tone of voice)

Deepak mentioned that he did find it 'a little bit hard to adjust'. When he mentioned this there appeared to be preliminary hesitation, as there was silence, after which he disclosed the difficulty in a raised voice. It seemed disclosing difficulty in adjustment was hard for Deepak, as perhaps this would represent being unsuccessful.

Deepak (OPM3) 10:   (1 second silence, picks up cup of tea)... find it like.. means...
when I came here... you do find it a little bit hard (raises voice)

Manish mentioned that he did not have any problems in settling, but did say that he struggled to adapt to the weather. This appeared to be symbolic of his thoughts and feelings as he reported this to be the main difficulty in adjusting.

The notion of weather appeared symbolic in describing, Manish as well as other participant's, difficulties of adjusting. This was evident from the emotional connection there appeared to be when describing the weather. Manish lowered his tone of voice whilst speaking about the weather, whilst Shilpa described the weather as if she was expressing the low mood and loneliness.

Manish (OPM1) 80: here..the system here..ermm.. there is only one real bad thing
about here... because of the weather...because of the cold, people need to remain warm
and that is slightly a difficulty...the main difficulty (lowers tone in voice)

Shilpa (OPM2) 30-44: It would become dark very early.... and it was very cold...
then I did not like it ...remained low (coughs)... But now it's ok we are used to it..

When we came at the beginning we got messed up. ..however, as days go by we became settled

From Manish's reflections, initially he referred to 'the system' and then he reverted to speaking about the weather being 'really bad' and 'cold'. As he spoke in a lowered tone of voice, it appeared that speaking about the weather was his way of expressing difficult emotions. He described adjusting to the weather as being the main difficulty and needing to remain warm. This appeared to be indicative of the lack of warmth and happiness he felt when adjusting to life in Britain.

Shilpa described the weather to be dark and cold. She directly related this to her low mood, coughed and then said 'it's ok now we are used to it'. It seemed the adjustment in Britain was depressing for her and she had now accepted the change although perhaps this was something that did not feel right within her. She also mentioned getting 'messed up'. Both this and the low mood were suggestive of the adjustment impacting her psychological well-being. Similarly, Deepak mentioned the weather affecting his health as it is unpredictable. This appeared to reflect the instablility of adjusting to his new environment but also the unpredictable nature of the forced migration from East Africa.

Deepak (OPM3) 569: The thing is... let me tell you one thing... if something happens to my health... the weather here ... something might happen to a person at anytime.. if there are any problems...

Language is an important element of one's identity. Anzaldúa's (1987) eloquent phrasing captures the language-identity fusion: "Ethnic identity is twin skin to linguistic identity—I am my language" (p. 59). Sheena spoke about not knowing English and having difficulties in being able to communicate with others. From Sheena's nervous laughter and giggling, it was evident that this was something that she found potentially embarrassing and difficult to consider. She mentioned that she had to change the how and what she spoke about, so that she could interact with others. However, when she mentioned changing from conversing in Gujarati to Hindi, it seemed that to abandon Gujarati, her mother tongue, either literally or symbolically would relinquish an important dimension of her identity (Johnson, 2000). Therefore, she attempted to manage this by finding a language that was close enough to Gujarati i.e. Hindi.

Sheena (OPF3) 81-9:1 In England I had to that much change that I do not know the language... I do not know the language (nervously laughs) of here so I had to put from

Gujarati into Hindi... that's how much I had to change... I had to be aware...like how you communicate... how I am talking... or I have to call my son or someone and ask them if they know Gujarati... then you can explain to them... I have to say that

Sheena (OPF3): 101 All that was different (giggles) is the India and the English here we found it different

Shilpa acknowledged a change in self but was unable to explore this further. It appeared the thought of altering herself was difficult to consider as she became emotionally subdued and cleared her throat twice when expressing changes in herself. Shilpa attempted to express the adjustment in self through externalising the differences, i.e. the 'environment' here was different due to everything being English. This appeared to be a more comfortable way of expressing and acknowledging change.

Shilpa (OPF2) 68-86: We have to change don't we... Like (clears throat) India's environment was different... and here it is different ...like here (clears throat) here in English .. everything is in English... then also when you go shopping you need English... when you go on buses you need English... in India you don't need that there you get rickshaws and everything....here you have to go by bus ... if you don't know how to drive a car therefore, it is a lot different

Mentioning adjusting to language differences appeared to allow some participants, to reflect on changes in themselves. However, by mentioning this they appeared to have some control over changes in themselves without fully losing their identity. This appeared to be the case as their mother tongue would always be accessible to them, so it appeared acceptable to mention adjustment to their language to manage interactions with the external environment (Akhtar, 1995). It seemed that adjusting to language differences was a safe way of expressing innate adjustment difficulties, without fully losing their identity.

Overall, it seemed adjustment in self was difficult for the participants to contemplate, as it perhaps challenged their values and beliefs of being successful Indians. Thus, using external objects such as the weather and language, as points of reference in expressing their experiences of adjustment, appeared to enable the participants to safely express difficult thoughts and emotions as well as acknowledge adjustment within them, following their migratory experiences.

4.6 Integration and Summary of Findings.

4.6.1 The Indian identity as a positive self-concept.

From this study it emerged that the participants had experienced a positive upbringing in India. This seemed to allow them to develop a positive self-concept that reflected their Indian identity. From the interviews it appeared that the participants were able to develop a sense of hope, purpose, loyalty, competence and will whilst living in India. These characteristics appeared to be parallel to Erikson's (1968) eight basic virtues, which emerged at eight different stages of life. Erickson (1968) mentioned that these virtues allow the ego to resolve subsequent crisis's and develop a strengthened sense of self.

This positive sense of self which encompassed their 'Indian-ness' appeared to be further developed when migrating to East Africa. It seemed whilst living in East Africa, they were able to cultivate their Indian identity but also develop other aspects of themselves. By adjusting and experiencing occupational success, the participants appeared to develop greater self-esteem and confidence within themselves.

This sense of their Indian identity appeared to be a theme that ran throughout the research. It seemed their sense of 'Indian-ness' appeared to be a part of them that was constant and a reliable source of strength that they could fall back on in times of distress, adaptation growth and development. Sue and Sue (2003) noted that people's world views are influenced by their cultural background and this can have a powerful influence on their ability to successfully adapt to environments, as world views are "composed of our attitudes, values, opinions, and concepts and affect how we think, define events, make decisions, and behave" (p. 268).

Thus, it appears that the participants' sense of their Indian identity acted as a protective factor in managing psychological difficulties. Research on adolescents suggests that cultural identity plays a significant role in how they deal with adverse circumstance and is supportive of this idea (Arrington & Wilson, 2000; Garcia Coll & Magnuson, 2000). However, this research highlights how the concept may also be applied to older adults.

4.6.2 Distress of forced migration to growth.

This study has been able to consider the impact of migration experiences, in particular that of Asian Indians in Britain. For many of the participants, the move to East Africa from India was for work purposes. The majority of the participants reflected upon African lifestyle as being similar to India and as a result, they did not feel there was a struggle to fit in and were able to live affluent lifestyles through their families holding high-status jobs.

However, this experience appeared to be short lived as the participants reported to have had to leave East Africa due to the Idi Amin regime. The study revealed the forced migration from East Africa to Britain affected these participants' psychological well-being. Although the participants tended to struggle in speaking about their experience, they did reveal that the experience of the migration had left them feeling angered and hostile towards East Africa.

The study also revealed that the forced migration appeared to affect the male participants' self-worth. Adjustment to Britain appeared to be difficult for all the participants. The participants struggled to articulate these difficulties and tended to displace them to protect their sense of self that seemed to reflect their Indian identity.

However, the distress that the participants experienced was also indicative of growth. This was indicative through the participants' reflection on the personal strength, perceived benefits, development of resilience, deeper appreciation for life and spiritual closeness following their migration and adjustment to living in Britain.

For the participants, although the forced migration was distressing and challenged their sense of self, which they had developed whilst living in India and East Africa, the experience seemed to also enable them to value their innate ability to survive.

4.6.3 Experiences of migration and acculturation processes amongst British Asian Indian older adults.

Naidoo (1997) highlights, that for one to understand how a change in social and cultural environment will impact on one's self, it is necessary to examine the process of acculturation and assimilation. A common conceptualisation of acculturation has been a 'canonical' assimilation concept (Berry, 1997). This concept suggests that acculturation is a dimension of assimilation (Alba & Nee, 1997) and refers to the adoption of the host society's culture and behaviours (Keefe & Padilla,1987).

A common model of assimilation has been the single continuum model (Keefe & Padilla, 1987; Porter & Washington, 1993). The model suggests a linear process where the migrant groups slowly let go of their traditional ethnic practices in favour of more beneficial host culture behaviours (Naidoo, 2007). Within this model high acculturation suggests assimilation into the host society and low acculturation suggests maintenance of the ethnic culture (Naidoo, 2007).

This conceptualisation and model did not reflect the experiences expressed by the participants as the majority of the participants viewed themselves as Indian and held a segregated viewpoint but also mentioned adjusting their behaviour to interact with other cultures. The study has found that perhaps with increased cultural diversity in Britain, models of assimilation, which place emphasis on a uni-linear process of adopting the practices of the host culture and 'letting go' of their native culture, may not apply to the experience of the older Asian Indian migrants living in Britain. Instead, it seems that a "segmented assimilation" and related multi-dimensional models be more appropriate. This is backed by Gans (1997), Portes and Zhou (1993) and Rumbaut (1997).

It seems such models maybe more effective as they support the idea that adaptation can occur without totally letting go of native cultural practices and that successful adaptation is dependent on how a migrant's characteristics intermingle with the circumstances in which they find themselves in the host country (Zhou & Bankston, 1998).

The participants seemed to hold a strong sense of their cultural identity that had been formed whilst they grew up in India. The participants tended to keep traits and practices related

with their native culture. This appeared to benefit their sense of identity while also adopting host-culture practices that led to more effective adaptation in other circumstances (Naidoo, 2007), which reflects a more multi-dimensional model.

Thus, it seems that the multi-dimensional model of acculturation (Keefe & Padilla, 1987; Phinney, 1990) appears to be more reflective of the participants' experiences. This model suggests that individuals "can have either strong or weak identifications with both their own or the mainstream cultures and a strong relationship with one culture does not necessarily imply a weak relationship with the dominant culture" (Phinney, 1990, p. 502). This model allows a multi-dimensional viewpoint of adaptation rather than one "assimilated" model.

4.6.4 The function of care in the present lives of British Asian Indian older adults.

From the analysis, participants seemed to respect communal goals and familial unity when considering care. The participants were able to speak about the positive aspects of their care-receiving experiences but were reluctant to fully engage in a conversation about the challenges of care they had experienced. The participants tended to reminisce and become nostalgic when talking about their experiences of care. It appeared that talking about their experiences of care enabled them to reflect on their past self. This suggested that care can offer an anchor in understanding one's physical needs but also offer insight into one's psychological and emotional well-being.

Conflicts in the care offered by a family member, appeared to be a vulnerable and fragile concept for the participants to reflect upon as it seemed that it reflected their 'imagined world' and their Indian identity. Their 'imagined world' and Indian identity appeared to reflect an innate part of them, their motherland, which they needed to protect as it served as a suit of armour to protect and help them manage challenges of their changing environment (Akhtar, 1995).

Familial care receiving appeared to maintain their 'imagined Indian world' and positive sense of self, but appeared to be challenged, as the family carer appeared to represent a dualistic British and Indian self (segmented assimilation to British culture). This appeared to disturb the participants' world view. Thus, the care-receiving exchanges appeared to allow the participants to preserve their self-esteem, however these care-receiving exchanges did not always fit in with

their values and beliefs (which represented their Indian identity) and so also tended to be the root of their emotional and psychological distress.

As a result, interpersonal harmony was a primal concern for the participants and so they tended to avoid conflicts. Avoidance of conflict was related to a fear of abandonment by the family carers, which seemed to equate to loss of the cultural values that represented their Indian identity

4.6.5 Familial care receiving as mediator in managing older adults identity and resolving cultural ambiguities.

For the participants, it seemed that the forced migration to Britain challenged their sense of self and belonging (Varvin, 2003). As a result, the participants appeared to revert back to what they felt safe with, i.e. their Indian identity. This identity appeared to allow them to feel confident and manage the challenges of migration and acculturation.

The participants appeared to hold a strong Indian identity and appeared to utilise the care-receiving relationship to maintain this. In old age, it seemed receiving care from a family member offered them an anchor to remain connected with their cultural identity and familial bonds, something that one may argue reflects what Winnicott (1953) refers to as a transition object. Care receiving offered by a family carer appeared to symbolise their 'Indian-ness' and perhaps offered them opportunities to maintain a sense of self that was positive.

The participants seemed to also hold onto the practices that mirrored authentic home cultures (Shi, 2005) and tended to function within the role of an authoritative figure that symbolised tradition, i.e. someone who represented the Indian culture. This clustering and maintaining of the participants' 'Indian-ness' seemed to allow them to 're-root their floating lives and reach a closure in making sense of their constantly changing subjectivities' (Shi, 2005, p. 57).

Consequently, the participants were able to maintain self-esteem through care offered by a family member, but they also felt stuck and experienced feelings of ambiguity as they wanted to feel free but were dependent on their carer to maintain parts of themselves. Thus, to cope with these difficulties, the participant used cognitive-behavioural and emotional/internal

tension-managing strategies. This appeared to be helpful at times, yet at other times appeared to be counterproductive.

Overall, the study has shown that familial care receiving perhaps acts as a mediator in maintaining the participants' identity and resolving cultural ambiguity. The study shows that this can be a point of struggle within such relationships in which they are faced with family carers who utilise different acculturation strategies, but also a point of renegotiation of their cultural identity and reconciliation of cultural ambiguities that may arise from acculturation processes.

4.6.6 Coping strategies employed by British Asian Indian older adults to manage distress.

Coping is an important concept for the study of adaptation and health (Lazarus & Folkman, 1984). Coping can be viewed as a cognitive, affective or behavioural effort made by the individual to manage stress when an automatic response is not readily available (Zeidner & Endler, 1996).

Cognitive coping involves internal processes such as positive reassessment or finding inner strength in religious beliefs (Boschi et al., 2000). The avoidance style includes such strategies as trying to ignore the problem and keeping fears or worries to oneself (Boschi et al., 2000).

From the study, cognitive strategies in managing strain appeared to be helpful for the participants but they also tended to lead to tensions. It seemed the cognitive strategies were more effective for alleviating distress than passive strategies such as forbearance, which appeared to have a spiralling impact upon their psychological well-being.

Another aspect of the study reflected on ways in which I observed the participants managing internal tensions. I was aware this was my own interpretation, but I made sure my interpretations were valid through embedding it with direct quotes and cross referencing my understanding with my supervisor.

The participants appeared to be functioning more at a primitive level, e.g. through reminiscing, to develop a positive self-image and refusal to accept external reality, i.e. issues in their relationship with the carer. From the study it seemed the participants tended to utilise strategies that were typically concerned with the boundary between the self and the external world. This seemed to reflect keeping their 'imagined world' and perceived Indian identity (Akhtar, 1995).

4.6.7 Conclusions.

The study suggests that acculturation, following forced migration, may affect an older adults' sense of self in a negative and positive way. Following forced migration to Britain, the participants tended to revert to protecting and preserving their Indian identity. Further, the participants identified various cognitive and innate psychological strategies to manage the distress of acculturation.

The study suggests that the participants valued their Indian identity and tended to maintain it in old age through family care receiving experiences. However, living in Britain tended to cause some tension. This tension could be attributed to the family carers. The participants were reluctant to explore tensions in familial care, but did reveal various cognitive-behavioural, spiritual and innate psychological strategies to manage issues with the family carer.

Overall, through this study it has become apparent, especially amongst this group of participants, that care is a multi-functional phenomenon which can influence one's health and emotional well-being. The study suggests that care offers an opportunity to negotiate, mediate and represent one's lost culture. Therefore, the study attempts to highlight the psychological meaning of care and its potential underestimation by society in the role it plays in managing BAI older adults' well-being.

4.6.8. Recommendations for clinical practice and research.

Through conducting this study, various recommendations for clinical practice and research have emerged. These include ways of increasing engagement and participation of ethnic minorities, better understanding of BAI older adults and the impact of forced migration and acculturation on BAIs who have migrated from East Africa as well as their views on care and the potential tensions within the care-receiving relationship. The study has also shed light

on ways in which older adults may cope with distress and the challenges of forced migration, acculturation and conflicts in family care-giving relationships as well as the importance of fostering their Indian identity to maintain good mental health.

4.6.8.1 Increasing engagement through client-clinician ethnicity and language matching.

Although the literature states that in ethnic minority communities, participation in research or engagement in therapy is difficult, this particular study found that participation and engagement was not a problem. It was noted that before agreeing to participate the participants tended to confirm that the interview would take place in their preferred language and whether the person conducting the interview was Asian. Offering the participants an opportunity to speak in their preferred language and having ethnic similarity of researcher appeared to give them the confidence to participate.

Although research on ethnic/racial matching has been inconclusive (Cabral & Smith, 2011; Shin et al., 2005), Sue et al. (1991) found ethnic/linguistic matching did improve outcomes for clients who were non-English speaking. Further, research on trauma and domestic abuse has found that non-matched clients terminated earlier that than did racially matched clients (Rosenheck et al., 1995; Taft et al., 2001)

Therefore, a recommendation from this research would be to match the clinician/researcher with the client/participant ethnicity/language, especially amongst non-English-speaking BAI older adults who have experienced forced migration or multiple migrations. This can help build confidence, rapport and a therapeutic relationship (Farsimadan et al., 2007; Murphy et al., 2005) in which they feel comfortable, especially as Asian older adults tend to hold a segregated viewpoint and may avoid disclosing difficulties to those they feel are 'outsiders'.

4.6.8.2 Assessment of migration and acculturation experiences.

From the study it became apparent that the participants experienced planned migration to East Africa as well as forced eviction and involuntary migration to Britain. It seemed through the unplanned nature of the forced eviction the participants experienced distress, but that through developing a positive sense of self whilst living in India the participants were also able to experience growth.

These experiences appeared to lead the participants to function and manage their sense of self in a segregated manner whilst living in Britain, which literature suggests is indicative of poor mental health outcomes (Berry, 1990). However, conversely, the study found that such an attitude enabled the older adults to function and maintain a positive sense of self.

The research is thus unclear in terms of correlation between mental health and acculturative strategies, but in agreement with Ghuman (1999) this study indicates that first and second generation immigrant South Asians from East Africa may have experienced distressing migration and acculturation experiences.

Therefore, it may be helpful to allow them to process this through narrative work to gain a better understanding of their world view. Mental-health clinicians may want to also consider the migration and acculturation experiences of British Asian Indian clients as part of their history taking to help develop a greater understanding of their presenting issues.

4.6.8.3 Fostering an Indian identity and managing distress through developing culturally responsive psychological models

From the study it became apparent that for the participants their Indian identity was an important aspect of them, even though they had experienced two to three migration and acculturation processes. It seemed their 'Indian-ness' enabled them to maintain self-esteem and confidence. Care offered by a family member, appeared to play a pivotal role in managing the participants' imagined world. Thus, this Indian identity appeared to be maintained in old age through familial care receiving experiences. Therefore, it may be beneficial to promote BAI Indian identity to enhance well-being. This is reflected in literature about promoting South Asian older adults' positive mental health (Tribe, Lane & Heasum, 2009; Rait & Burns, 1998).

The study highlights that when working with BAI older adults it may be of benefit to explore the role that their Indian identity plays in managing their well-being. In particular, it may be helpful to utilise cognitive-behavioural therapy to develop an understanding of cultural core beliefs. This is because from the study it was evident that the participants tended to be psychologically minded and utilised cognitive-behavioural strategies to cope with distress.

However, as Koder, Brodaty and Anstey (1996) mention, it would also be essential to modify existing CBT programmes so that they incorporate culture core beliefs, differences in thinking styles and age-related adjustments. Also, the study highlights the importance of validating client's experiences of oppression, being culturally responsive to thought change processes as well as viewing ones culture as a source of strength and motivation.

The study also highlighted the importance of focusing on religion and faith as therapeutic tools when working with older British Asian Indians and noted that certain innate strategies may be positive in managing a sense of self, e.g. nostalgia and reminiscing. Therefore findings of this study may also be helpful within reminiscent therapy, especially when working with the BAI population. Overall, developing culturally responsive psychological models is likely to enhance quality and equity of services.

4.6.8.4 Familial care receiving of British Asian Indian older adults.

From the study it came to light that the topic regarding care received from a family member was delicate yet important. From the interviews it was apparent that the participants were hesitant to speak about the difficulties that they experienced with their family carer. This was indicative that the topic was an important one (as they voluntarily agreed to participate) but also something that was emotionally difficult to talk about.

The study was able to highlight, cultural aspects of care causing conflicts in the care-receiving relationship as well as the older person experiencing emotional distress and fear of abandonment. Thus, the study highlights the importance of encouraging exploration of care-receiving experiences when working with migrant BAI older adults. Further, it may be helpful to include the family carer (with the older adult's consent) in the assessment. This may help identify any systemic issues that may require resolving.

4.6.8.5   Developing culturally appropriate services

The study serves as a foundation in making a difference and enhancing the lives of ethnic minority elders. The study does this by disseminating psychological knowledge and providing insight into Asian Indian elders' lives. By doing so, the study supports the view of developing mental health services to be more accessible for ethnic minority older adults.

The study suggests to meet the needs of ethnic minority elders requires developing culturally appropriate services by developing a community based service delivery model which includes community based interventions. The study recommends liaison with community groups as being good practice in strengthening psychological practice and service delivery and encouraging participation. This may include regular visits by mental health professionals to community centres/groups to support, raise awareness of emotional wellbeing as well as help reduce barriers in accessing mental health services.

In addition to this psychological information may require revising so that it can be more accessible to ethnic minority communities. This may include developing psychological material and models so that they can be understood in everyday culturally relevant language. Furthermore, in the study client language preference and ethnic matching was highlighted as an important factor in participation and engagement. Thus the study also highlighted the importance to encouraging training and recruitment of bi/multilingual mental health professionals from different ethnic minority communities to be essential in delivering a culturally appropriate service.

Overall, developing a culturally appropriate service is likely to promote recovery-orientated service delivery and is essential in enhancing the quality as well as equity of mental health services especially for ethnic minority older adults. The study implies that a culturally appropriate service is likely help develop better communication and understanding of needs, resulting in improved quality of care as well as greater consumer satisfaction and increased levels of trust in health services.

4.6.9 Future research.

The research area of migration and acculturation in Britain continues to be limited. This study has highlighted the need for more research to take place due to the complexity and the potential influence of this phenomenon on a person. Surprisingly, there appears to be no standardised method of measuring acculturation in any of the minority ethnic groups in Britain. Research may benefit on focusing on developing measures of acculturation that are inclusive of the role of migrant type, ethnicity, and cultural similarity in acculturation (Schwartz et al., 2010).

This study did not focus on the impact of caste, class and religion on the participants' experiences of migration, acculturation and care offered by a family member. However, from the themes that reflected on religion and spiritual growth perceived by the participant, it was indicative that it may be helpful to explore these areas to gain an enhanced understanding of migration, acculturation and care-giving experiences.

Although this was not directly mentioned by participants nor was it the focus of the study, the research indicated that participants had experienced distress at being forcefully evicted from East Africa. Therefore, it may be helpful to research the impact of trauma on acculturation processes, especially amongst East African BAIs, as research in this area is scarce.

Finally, familial care receiving appeared to act as a mediator in managing the BAI older adults' Indian identity. Therefore, it would be of benefit to understand BAI care givers' experiences of care-giving following forced migration and acculturation to Britain. This is likely to yield interesting findings as these carers also experienced the distress of forced migration but this is likely to have occurred for them in adolescence.

Chapter 5: Critical Appraisal and Reflection upon the Research Experience

5.1 Designing the Study.

The aim of the research was to understand the impact of acculturation on care-giving/ receiving experiences among carers and older adults living in Britain. However, the Research Board felt this was too broad a venture - justifiably given the magnitude of data this would involve. Further, the research would move away from an idiosyncratic perspective and be too generalised to obtain any meaningful data. The lesson learnt from this experience is to remember to manage my enthusiasm and idealistic tendencies with care. I need to make sure my objectives are realistic and manageable to avoid being overwhelmed emotionally and practically with work.

5.2 Methodological Considerations.

The methodological approach chosen for the study enabled a rigorous exploration of BAI older family members' experiences of acculturation and familial care receiving.

Considering little research had been previously conducted in this area and no previous studies had explored the experience of BAI elders and, the idiographic nature of IPA was ideally suited. However, because of the idiographic approach it was not possible to simply generalise the findings from this particular study to all BAI older family members. Instead the study focused on the situated experience of a particular phenomenon emphasising the idiosyncratic nature of experience, which might have been lost in studies based on a positivist assumption.

Therefore, when considering the transferability of findings, one must acknowledge findings from this study are prominent for this particular group of participants in their particular contexts.

Selection Bias: When considering the findings of this study, it is important to consider potential selection bias for those who chose to participate. This is especially relevant as I had chosen to recruit through two community centres in Leicester. Thus, participants from different parts of Britain may have had qualitatively different experiences that are not accounted for in the themes identified from the interview data.

5.2.1 Inclusion and exclusion criteria.

When considering the inclusion and exclusion criteria retrospectively, what was not considered was which countries the participants migrated from. Whilst most participants confirmed that they had lived in two countries prior to moving to Britain, there was not a mix of migration from a variety of countries. All participants emigrated from India to East Africa or vice versa and then to Britain. Therefore, the study only captures the experiences of BAIs who had emigrated from India to East Africa or vice versa initially. However, I do not fully view this as a critique as the research has allowed me to shed light on possible difficulties faced by these particular participants.

5.2.2 Data collection.

While all participants showed a keen interest in the study, the level at which participants were willing to share their personal experiences varied. Most participants were happy to give detailed accounts of personal experiences whilst a minority chose to give more generic responses based on their knowledge of cultural issues. Retrospectively, I could have been more explicit about the level of personal engagement that was desired for the study. However, I

wonder if this may have discouraged people from participating, resulting in losing the opportunity to hear their experiences.

It may have been useful to conduct a follow-up interview to reflect on the experience of participating and also outcomes of this study. This would have allowed a check-in of the analysis and validated findings further. However, due to time constraints of the study and inability to follow up with participants, due to e.g. death/illness, this was not possible.

5.2.3 Researcher bias and reflexivity on findings.

Another important consideration for readers of the study is the interpretative nature of the IPA methodology. Whilst I provided a detailed outline of my experiences and assumptions that would inevitably influence data interpretation, I feel it is important to elaborate on a number of points relevant towards the process of conducting the study and reflect upon what steps I took to minimise my own particular views.

As a BAI, my influence on the study encompassed many aspects of the research process. From the beginning, the choice to study BAI carers and older family members was not only influenced by my own experiences of living with my father who is a caregiver for my grandfather but also by my tendency to give a voice to the otherwise unheard. My choice to introduce the study from a psycho-sociological perspective was due to the lack of psychological research in the area. However, through my belief that one can never hope to capture the richness of human experience from a narrow perspective I kept my mind open to various other perspectives. This perhaps partly explains my tendency to question psychological conceptualisations that reduce complex experiences to generic and impersonal categories.

I feel the strength of IPA was that it allowed in-depth exploration of the participants' experiences. Each interview was analysed carefully and in detail. This was to improve the rigour of the study, ensure the participants' experiences were captured and facilitate a good level of interpretative engagement with the text.

The findings reflected many aspects of my own personal understanding of the phenomena. I am aware this may have impacted on the analysis but through use of IPA I feel the findings are my interpretation of the participants' understanding of their experience. Further,

aware of my potential biases, I attempted to apply my new understanding by informally speaking to friends, family and members of the Asian community as findings emerged throughout the research process.

5.2.4 Sample size.

A criticism of the methodology of this study is that a small sampling pool was used. Participants from two community centres were invited to participate. This decision was made due to time constraints, as it would have taken much longer to apply for and gain ethical approval from multiple recruitment sites. However, I feel the small sample size, which some researchers may view as a weakness, was a strength, as it allowed time for this depth of analysis and to make certain that the voices of all participants were heard, thus meeting the idiographic commitment of IPA (Smith et al., 2009).

5.2.5 Beginner in IPA and transparency of data.

Although I was new to IPA and to qualitative analysis generally, I endeavoured to make sure the quality of the research by conducting a lot of reading about IPA, seeking support from tutors who had a good understanding of IPA and by attending a workshop on IPA presented by John Smith (founder of IPA). This was in addition to the teaching on qualitative methods I received as part of my doctoral training.

As described in the methodology chapter, the transparency of the analysis was supported by peer reviews in the form of regular check-ins for analysis undertaken by my supervisor, who has a good knowledge of IPA and expertise in the field of intergenerational transmission of trauma and developmental psychology.

5.2.6 Participants' understanding of the topic.

The heterogeneity of participants within this study is defensible as similar themes were identified. Use of the Participant Information Sheet to invite individuals to participate appeared to be helpful as this provided the participants with a good understanding of the study and what they were required to do.

Some participants were anxious about being recorded or giving the 'right answer'. I tried to develop a rapport with them but there is also the possibility that potential participants were deterred by the topic under investigation, given the findings of this study suggesting that

individuals who have moved from two countries prior to settling in Britain tend to unconsciously avoid thinking about their experiences and the impact upon them. However, I did conduct two pilot interviews (one with a caregiver and one with an older family member) to develop the interview schedule and make sure that the questions were not too threatening but at the same time elicited the data required.

A further criticism of the interview schedule was that some questions referred to 'self' and this may have been difficult to answer because 'self' is an abstract concept. However, the participants' information sheet detailed what would be expected from participation. It can be considered that the context of this study is markedly different than a situation in which such a question would be asked out of the blue. Participants were also given time and offered more specific prompting (e.g. "Could you tell me a bit more about what X means to you?") to answer questions if required. Effort was made by me to give participants ample opportunity to provide as full answers as they could.

It was recognised that the interview schedule would have had some effect on the themes interpreted in the analysis. However, efforts were made not to use leading questions and the interview schedule was used flexibly, with additional questions formulated in response to participants' responses. All participants were given the chance to comment upon any areas they felt were unexplored at the end of the interview. This allowed unanticipated areas to be followed up. In terms of the validity of the findings, a point to be noted is that due to participants' strategies of avoiding and disconnecting from their self-experience, it is likely they were unable to tell me the full extent of their thoughts about themselves and thus it was not possible to access some aspects of their experiences.

5.2.7 Analysis phase.

The analysis phase was a long process. This was due to analysing two sets of data, i.e. raw material and translated material, separately. However, I felt the number of participants was sufficient, allowed me to analyse individual cases in detail, and therefore to a certain degree maintain an idiographic stance. I found it particularly difficult to locate example quotes to present the experiences that the participants had portrayed. With hindsight, it may have been better for me to organise data systematically from the outset.

Nevertheless, I do feel that there were benefits in allowing myself to read text and analyse in a less constrained manner. I felt it allowed me to appreciate the dual interpretation process (double hermeneutic) as I was more involved in trying to make sense of the participants' world but also my conceptions whilst making sense of their world. Further, I feel this free-floating way of working allowed me to prioritise the participants' accounts as I was not forcing levels of interpretation but understanding the participants' lived experiences and how they make sense of those experiences from their perspective. I also feel that by allowing myself to freely navigate the analysis process considering IPA principles allowed me to move between sets of data, identify themes and explore links in a less controlled manner. However, I feel that if I had had more time I could have presented my findings to the participants to act as a 'check-in'.

The process of identifying themes and clustering was intense. On completion of identifying themes, I felt I was still left with large amounts of data. I renamed, rearranged and moved identified themes to make the data more concise. However, being unhappy with master themes and subordinate themes (as I felt they represented data well or through new themes emerging whilst organising data) I went through a further process of identifying and clustering. This was frustrating as I began to wonder whether data would ever be fully absorbed and at what point would I need to stop analysing. However, it was also exciting as new and interesting themes emerged that I had not considered when I began the study.

5.2.8 Reliance on the research diary.

The reflective diary allowed me to explore the process of analysis and my personal experiences. This reflective tool was helpful in considering new angles to my research but also kept me focused on the task at hand.

I feel the research diary also helped me to manage my anxieties about completing my portfolio as I used the diary to express my worries and also identify ways to manage them. However, sometimes I was concerned about whether I was utilising the diary as a means of procrastination as I found it easier to write about my personal experiences than, for instance, analysis and developing new insights.

Overall, I feel the diary allowed me to keep my anxieties regarding completing my portfolio at bay and also acted as a tool for managing thoughts and feelings that the research

evoked in me. It was able to capture challenges and enjoyable memories of the study as well as learning points of research errors that I felt I made in my research, for future research.

5.3 Observations, Personal Reflexivity and Reflections of Working with Ethnic Minority Groups.

5.3.1 Engagement and participation.

Mclean and Cambell 2003) and Sin (2004) report the challenges of working with ethnic groups and older adult populations. These challenges were considered when developing the data-collection procedures. Thus, the study itself could offer a model of engagement for working with ethnic minorities.

From my experience of working with ethnic groups and from this study it was apparent that becoming known to the BAI community was essential for engagement. Becoming a familiar face at community venues helped me to develop research genuineness and trustworthiness, which can be considered to be a necessity in interviewing participants (Edward, Temple & Alexander, 2004).

I did this by attending the community venues personally and introducing myself and my research interest to individuals attending various groups. This helped individuals feel more at ease and also acted as an opportunity to promote the research as many who did not fit the criteria knew individuals who did and mentioned they would forward my contact details to them.

This level of engagement developed interest in older adults within the community centres as recruitment was not difficult. Older adults did not show reluctance to participate; conversely, they recommended participation to other individuals who fitted the criteria.

Identification and agreement by individuals to participate occurred relatively easily but organising appointments proved difficult. This was due to older adults attending centres on limited days. Further, many of the older adults identified suffered on-going physical difficulties

that led to some of them being hospitalised. This again had an impact upon undertaking interviews in a short time-scale.

Undertaking interviews in neutral venues was helpful as it allowed participants to speak in confidence. The participants at the end of the interview reflected on their enjoyment and ability to freely express their concerns. This suggested they felt empowered, heard and that the topic was pertinent to them.

Also to encourage participation, incentives were offered. These included refreshments at the interview and also the option of being entered into a prize draw. This generated greater interest in participation.

5.3.2 Impact of offering to conduct interviews in the participants' preferred language.

I conducted the interviews in the participants' preferred language as from my experience of working with ethnic minorities I found that individuals tend to be more comfortable talking in their own language. Offering interviews in the participants' preferred language appeared to provide them with the confidence to fully participate. This was apparent as initial questions asked prior to participation by older adults included whether they would have to speak in English.

Edward, Temple and Alexander (2004) report the level of trust the participants have in the interviewer is crucial for truthful reporting by them. Therefore, to demonstrate genuineness I offered to carry out the interviews in their preferred language. This was because I was already skilled in speaking most common BAI languages and had good awareness of the cultural knowledge. I also considered myself as a BAI. Blackwell (2008) considers these as important aspects when facilitating interviews in an alternative language.

Further, I did not find it necessary to use an interpreter as from my clinical experience of using interpreters, I have found the process often impacts on the interview as it does not allow for spontaneous questioning nor does it offer optimum confidentiality. Additionally, I was aware that involving an interpreter would lead to the issue of a triple hermeneutic in the process of interpreting the meaning and experience of the participants, thus creating further distance in terms of understanding the participants' true experience.

Being the interviewer and 'interpreter' was a helpful combination. I was able to develop good rapport and understand the meaning of the concepts mentioned by the participants through my knowledge of Indian culture with ease. The development of this fluidity in conversation appeared to allow the participants to develop trust and express their inner concerns with greater ease. Further, being present at the moment of the exchanges, I was able to observe verbal and non-verbal cues as well as make connections between these more clearly.

This was important, as during analysis I noticed that some participants mentioned being unable to communicate in English and said that was something they found particularly difficult when moving to Britain. When they mentioned this, they were very anxious and some were tearful. Thus, it is important to ensure interviews are conducted in the preferred language of the participant to avoid undermining individuals and causing distress linked to memories of isolation and being outsiders.

5.3.3 Translation and transcription.

All interviews with Asian older family members were undertaken in Gujarati as they opted for this as their preferred language. Lapdat and Lindsay (1999) mention conversion of field text to research text, i.e. transcription is a theory-laden process and the decisions/choices the researcher makes along the way enact the theories influencing analysis and interpretation.

Translating is also a cultural issue as it involves converting ideas expressed in one language in one social group to another social group in their language, which requires cultural coding (Torop, 2000). Subsequently, I felt I was at an advantage as I belonged to the same culture as my research participants and I did not have to translate the culture too. However, I did think of my target reader and I tried to make my translations understandable for the general reader.

The process of translation both at the interview stage and at the transcribing stage was perhaps what Halai (2007) describes as 'boundary crossing between the cultures'. At the interviewing stage, although I was conversing in Gujarati there was an internal translator within me attempting to interpret the moment-to-moment exchanges. Further, as the participants and I were from the same culture, I was faced with the dilemma of being focused too much on the target reader and losing the essence of the source culture (Halai, 2007). Achieving this balance proved difficult and challenging.

The translation from Gujarati to English was an exhausting process. At times, I became frustrated as it involved double transcription, i.e. audio tape to written Gujarati and then to written English. However, retrospectively this allowed another layer of analysis to take place and allowed a deeper understanding of the participants' experiences.

By facilitating the interview I feel I was able to be more accurate with my translation, i.e. matching the Gujarati meaning to the English meaning, especially as there were multiple words to describe one word in English, e.g. pain. However, I found that being able to interview and translate and being of the same culture allowed me to describe the experience more accurately.

During the interviews both the participants and I tended to switch between English and Gujarati. Halai (2007) terms this as 'code switching' due to certain English words being commonly absorbed into the language or vice versa and used in everyday conversations. Through code switching, it can be considered that the data collected was bilingual and it was my role to make sense of it. To manage this appropriately, as suggested by Halai (2007), I converted the recordings into text. This was a complex process due to generating bilingual data, i.e. elements of both languages being mixed together. Transcribing data from two languages was difficult as it involved making step-by-step decisions in the conversion process. As literature on conversion of bilingual data, as undertaken by Halai (2007), is limited, at times I had to improvise and develop rules based on common sense.

As suggested by Clandinin and Connelly (2000), I considered the process of listening to the tape and handwriting word for word the interviews in the participants' spoken language (field text - stage 1). I then listened to the recording again, read the transcript and translated it into English (interim text - stage 2). I made sure that the translation was converted to English that could be used for interpretative analysis or directly as quotes or examples (research text - stage 3). I was aware through this process that the final text had undergone a process that had transformed and possibly altered the text to a certain extent; however, I endeavoured to keep the essence of the data intact by sharing translated anonymised material with a Gujarati teacher. Once I had completed the translation of the transcription, I read the transcribed material while listening to the tape to check for errors and inaccuracies.

As I read the transcripts on their own, sometimes I found it difficult to make sense of them. However, I was able to listen and understand the audio recordings. This could be due to speech and writing being separate media and transcribing being a transformation process (Halai, 2007). Therefore, as suggested by Halai (2007), I included non-verbal cues as I found them to be essential in developing a better understanding of the text.

When translating the interviews I viewed my role as being able to convey the essential meaning of the words spoken by the participants in Gujarati to English rather than in aiming to translate the 'exact' equivalence, thus by having awareness of style and idiomatic expressions as there are various forms of dialects in Gujarati. However, this was not difficult but I did refer to Gujarati-English and English-Gujarati dictionaries and a Gujarati tutor to verify any translations (which were anonymised) if I was unsure.

From the outset I was aware that some meaning may be lost in translation. However, I tried to convey the experiences in their purest form. I feel I managed this potential loss of data by using my knowledge of the language and the community as well as regularly paraphrasing and reflecting my understanding in the interviews.

Finally, during the transcription phase I began to wonder what is considered to be a 'perfect transcript' and recognised that 'completeness' was an illusion (Silverman, 2000). Therefore, I endeavoured to follow Flick's (1998) criteria of manageability, readability, learnt ability and interpretability.

5.3.4 Impact of same ethnicity interviewer.

I observed that being a friendly young BAI female instilled in the elderly a sense of respect towards me. This was evident through a noticeable difference in their willingness to contribute their time and thoughts.

Having a commonality, i.e. both the interviewer/interviewee being BAI, appeared to make it easier for us to develop rapport. Some participants reflected on how I being a BAI allowed them to feel understood. Being the same ethnicity as the participants seemed to allow me to explore their experiences at a deeper level. However, I also wonder whether parts of their

experience were missed through assumptions, i.e. we understood each other's world through being the same ethnicity as each other.

At times in the interviews and analysis stage I wondered whether my own theories and understandings of BAI culture were impacting on the outcomes. However, through keeping a diary, I attempted to bracket these issues and used them as a vehicle for learning.

The participants' ease and openness was observed through non-verbal cues presented by the participants and their openness in sharing personal aspects of their lives. However, I wondered whether there was some hesitancy in fully sharing information in terms of feeling judged, embarrassed and fearing repercussions from sharing information.

Unease around this was managed through the participants completing consent forms, which had been translated in Gujarati/Hindi, to address issues around confidentiality. However, had resources been available it may have been helpful to offer the option of the interview being carried out by a non-BAI to eliminate any factors of resistance in sharing information.

5.4 Concluding Comments.

Initially, it was unforeseen that the participants would have experienced forced migration, as this was not a part of the selection criteria. However, the inclusion criteria of requiring the participants to be British Asian Indians, who had migrated at least two to three times before settling in Britain, resulted in all the participants reporting to have experienced forced migration from East Africa. Although this was not the focus of the study, the analysis yielded some interesting learnings and findings.

Although, there was some hesitancy in sharing information amongst the participants, the study, highlighted the benefit of ethnic and language matching of participant and researcher as being useful research tool in engaging hard to reach communities in research.

Further, the study revealed that acculturation, in particular following forced migration, may affect an older adults' sense of self in a negative and positive way. Further, the study discovered that forced migration lead the participants to revert to protecting and preserving their Indian identity when migrating to Britain. The study also identified that the participants tended

to use various cognitive and innate psychological strategies to manage the distress of migration and acculturation.

Generally, it has been assumed that time heals wounds. However, the study highlighted that nostalgia may become stronger with time and age. This may be the case as older adults as they have more chances in old age to reflect on their past experiences and reconsider their lives. Thus, older adults who have experienced stressful migration and acculturation experiences earlier in life may benefit from grief work in old age, to help them deal with past painful memories.

The study revealed that the participants valued their Indian identity, as it enabled them to preserve their self-esteem in a foreign land especially, in old age through family care-receiving experiences. However, living in Britain tended to cause some tension. This tension could be attributed to the family carers. The participants were reluctant to explore tensions in familial care, but did reveal various cognitive-behavioural, spiritual and innate psychological strategies they used to manage issues with the family carer. .

Social services generally view care-giving as an act of helping older adults to meet their basic physical needs. However, through this study it has become apparent, especially amongst this group of participants, that care is a multi-functional phenomenon which can influence a persons' emotional well-being. The study identified that care offers an opportunity to negotiate, mediate and represent one's lost culture. Overall, the study highlights the psychological meaning of care and its underestimation by society.

SECTION D: CRITICAL LITERATURE REVIEW

Chapter 7: What Causes a Family Carer to Abuse Their Elderly Family Member? - A Critical Literature Review of Theories of Elder Abuse in Domestic Settings

7.1 Introduction.

For the benefit of this literature review, the mistreatment of the elderly will be referred to as elder abuse as this is an all-inclusive term, representing all types of mistreatment or abusive behaviour towards older adults (Wolf, 2000).

'Elder abuse is a single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust which causes harm or distress to an older person' (The World Health Organisation (WHO) & the International Network for the Prevention of Elder Abuse (INPEA), 2002, p. 3). This definition coincides with Nahmish (2002) who argues the most important element in defining elder abuse is a betrayal of trust.

Elder abuse has been identified as a phenomenon both in the media and in academic writing since the 1970s (Wolf, 2000) and was referred to as "granny bashing" (Glendenning, 1999) or "battered older person syndrome" (Choi, 2000). Elderly abuse entered the public arena due to identification of family violence i.e. child abuse and domestic violence (Wolf, 2000). However, generally elder abuse has been largely ignored and has not been given the high profile it deserves (Pritchard, 2001).

Abuse is a 'diverse and complex phenomenon' (McCreadie, 2002) which has led to disagreement in the literature and inconsistency. Abusive behaviours are characterised by violation of human rights and decreased quality of life occurring in diverse situations e.g. malnutrition in an institutional setting or verbal abuse by family carer (Wolf, 2000). The table offers a brief summary of the types of abuse from a cross-cultural perspective as defined by Kosberg and Garcia (1995). These categories of abuse have been utilised to guide current practice and research.

Type of Abuse	Examples
Physical abuse	Slapping
Psychological abuse	Insulting
Financial abuse	illegal exploitation of funds
Social/physical isolation	locking away in a room
Passive neglect	unintentional inability to fulfil care needs
Active neglect	intentional failure to fulfil care needs
Self-abuse/neglect	failure to take care of self
Sexual abuse	Rape
Violation of rights	dominating in decision making

Table 3. Types of Abuse

Understanding the effects of abuse on elderly victims is scarce. Some evidence suggests that abused elders are more likely to suffer from depression or psychological distress than those among non-abused cohorts (Pillemer & Prescott, 1989). Other effects of elder abuse can include feelings of guilt, fear, anxiety and post-traumatic stress syndrome (Booth, Bruno & Marin, 1996; Goldstein, 1996).

A longitudinal study by Lachs et al. (1998) investigated the effects of elder abuse and found that it causes extreme interpersonal stress and conferred an additional death risk. The characteristics of victims of elder abuse suggest that frail, vulnerable and dependent older people suffering from psychological and physical problems are likely to be abused (O'Keeffe et al., 2000). These findings emphasise the need for more research, not only on the psychosocial and physical consequences of mistreatment, but also to consider effective clinical interventions.

The prevalence of elder abuse in Britain has been difficult to establish due to lack of research and difficulties in defining abuse. Although elder abuse has not gained a high profile two large scale studies have been undertaken to measure prevalence of elder abuse in Britain (e.g. Ogg & Bennett, 1992; O'Keefe et al., 2007).

Ogg and Bennett (1992) surveyed 2,130 elderly people (60 plus) on their experiences of physical, financial and verbal abuse that the elderly from family/carers. The study found elderly people suffered from physical (2%), verbal (5%) and financial abuse (2%). A national study was conducted by O'Keefe et al. (2007) using both qualitative and quantitative methods. It found

that 2.6% of elderly people suffered abuse from family carers over the past year. Overall, the study encapsulated a large volume of variables, including different forms of relationships, gender, socio-economic status and living arrangements.

However, Ogg and Bennett's (1992) study excluded those living in residential settings and therefore did not give a comprehensive picture. Further, the study used a vague definition of abuse and did not incorporate other forms of abuse including neglect, psychological and sexual abuse, which makes comparisons difficult. The study was carried out as face-to-face interviews, raising questions with regards to how open the participants would have been regarding a sensitive topic. Further, there is no mention of the key variables such as gender, ethnicity and excluded elderly people who are most frail or most likely to be at risk. Nevertheless, the study provided a useful baseline to develop a more comprehensive piece of research.

O'Keefe et al. (2007) acknowledged their research may be an under-representation of elder abuse as institutional settings were excluded. Notably elderly abuse can occur in a domestic or institutional setting. However, research suggests elder abuse occurs mainly in domestic settings (Saveman et al., 1999; Glendenning, 1999) therefore this literature review will concentrate on domestic settings.

A family carer can be defined as a family member who helps an elderly person on a regular basis with activities of daily living (Zarit & Edwards, 2000). Research suggests most abused elderly people are mistreated by an unpaid family member/carer (O'Keefe et al., 2007; Bergeron & Gray, 2003; Nahmiash, 2002; Choi, 2000). Therefore, the literature review will concentrate on the perpetrator being a family carer.

In the U.K., recognition and progress towards addressing the phenomenon has been slow (Pritchard, 2001). Although, on viewing the prevalence rates suggested by O'Keefe et al. (2007), what is unique about these 2.6% of elderly abuse cases and causes of elder abuse are unclear

Considering the possible theories would be a significant contribution to counselling psychology as it would allow greater understanding of the phenomenon, not only from a

victim's perspective but also a perpetrator's. This would allow appropriate interventions and greater precision in the formulation and development of care plans.

Professional awareness has been gained from other countries (Pritchard, 2001). However, lack of research in the U.K. has led to lack of growth in developing concepts, theories and interventions for victims and perpetrators of elder abuse specific to communities living in the U.K. This questions the readiness of U.K. professionals to deal with this issue competently, which is a growing concern as older people are likely to seek help from therapists in the years ahead (O'Leary & Barry, 2005).

This literature review will explore theories mentioned by Bennett, Kingston and Pehale (1997) and Bennett and Kingston (1993) and also discuss research supporting each theory. The table describes each theory briefly.

Theory	Description
The individual dynamic theory	This theory considers the pathology of perpetrator to be the cause of elder abuse. Research has found mental incapacitation and substance misuse to be related to elder abuse (O'Keefe et al., 2007; Reay & Browne, 2001; Reis & Nahmiash, 1998; Brownell, Berman & Salaman, 1999; Anetzberger, Korbin & Austin, 1994; Greenberg, McKibben & Raymond 1990; Homer & Gilleard, 1990).
The stressed carer theory	This theory considers situational factors which may lead to stress and abusive behaviour on the part of the perpetrator. Research has found secondary stressors play a significant role (O'Keefe et al., 2007; Brownell et al., 1999; Reis & Nahmiash, 1998; Coyne, Reichman & Berbig, 1993; Bendek, 1992; Grafstorm, Norberg, Winblad, 1992; Pillemer & Suitor, 1992).
The intergenerational transmission of violence theory	This theory originates from a social learning theory. The theory suggests that violence is learnt within the family environment in childhood and is then exerted in adulthood, numerous studies have found this to be true (Kwong et al., 2003; Stith et al., 2000; Snyder & Patterson, 1995; Haapasalo & Trembay, 1994).

Table 4. List of Theories on Elder Abuse Reviewed in Literature Review

These theories have been selected as their origins stem from psychology and consider the pathology of the perpetrator, situational factors and childhood experiences. Other proposed

theories include the social exchange theory[xi] and the symbolic interaction theory[xii], although due to word limit they will not be included.

It is hoped that reviewing literature will assist in developing a greater knowledge base of the causes of elder abuse, raise awareness and instigate best practice among all professionals. As well as encouraging the development and implementation of appropriate interventions and support (Pritchard, 2001).

Psychologists play a significant role in providing research on elder abuse from a psychological perspective, but to date, research has paid attention on child abuse and spouse abuse and has forgotten this generation of vulnerable people. The American Psychological Association's (APA) conference on 'Training Psychologists for Working in Ageing' was aimed at educating psychologists to work with older people (Santos & VandenBos, 1982). However, only in 1998, basic competencies were recognised by the APA.

Pritchard (2001) carried out in-depth interviews with victims of elder abuse. The needs highlighted by victims included permission to talk about abuse and losses. This is interesting from a counselling psychology perspective as these are core aims of counselling. Therefore, it is relevant to develop psychological interventions that can assist victims.

Psychologists, therapists, psychiatrists and counsellors are among the few individuals who are likely to be approached by workers for practical and emotional support (Prichard, 1999). Thus, it seems obvious that health professionals require consistent and adequate information, which does not currently exist.

Therefore, this section will examine theories proposed for elder abuse through critically reviewing research on causes of elder abuse on both a national and international scale (due to lacking research in the U.K.). Current research will be critically evaluated and unexplored avenues will be identified.

7.2 Intra-individual Dynamic Theory.

The intra-individual dynamic theory suggests that abusive behaviour is linked to the pathology of the part of the carer. The theory focuses on the abusers personality and character flaws causing the abusive behaviour (Bennett et al., 1997; Bennett & Kingston, 1993).

Various studies indicate perpetrators having psychological problems including mental incapacitation (O'Keefe et al., 2007; Reay & Browne, 2001; Reis & Nahmiash, 1998; Brownell et al., 1999; Greenberg et al., 1990; Pillemer, 1986). Some studies indicate specifically alcohol misuse to be related to elder abuse (Homer & Gilleard, 1990; Anetzberger et al., 1994) as this can lead to numerous types of abuse including physical, psychological and financial (Bradshaw & Spencer, 1999). Therefore, this part of the literature will review studies suggesting that the perpetrators' pathology plays a role in elder abuse.

O'Keefe et al. (2007) found 8% of perpetrators of physical, psychological and sexual abuse had mental health problems, 30% of perpetrators of financial abuse had alcohol problems and 9% had drug problems suggesting alcohol abuse is highly likely in perpetrators.

Reay and Browne (2001) investigated differences in the risk factor characteristics of perpetrators. One group consisted of carers who physically abused their elderly dependants and the other group neglected them. Recruitment was established through identifying carers who were referred to clinical psychologists by their general practitioner/psychiatrist. A detailed history of alcohol dependency, mental health, childhood abuse and duration of care was taken. Information regarding whether they felt isolated as carers was obtained. Participants were then given five assessments to establish possible differences between the two groups. Assessments included the Beck Depression Inventory and Beck Anxiety Inventory. The study revealed that perpetrators of physical abuse are likely to suffer from depression, whilst perpetrators of neglect are likely to suffer from anxiety.

Reis and Nahmiash (1998) studied cases of elderly people aged 55 plus who were cared for by unpaid family carers. The study investigated physical, psychosocial and financial abuse plus passive and active neglect. The study found that 20% of cases involved elderly people who were likely to suffer from elder abuse and identified substance misuse, mental and emotional difficulties among abusive carers.

Greenberg et al. (1990) studied 204 validated cases of abused parents above the age of 60 (qualitatively and quantitatively). The study explored cases of neglect, physical and financial abuse which were reported within 18 months. The study found 11% of perpetrators had a mental illness of which, 44% of the male and 14% of female perpetrators had alcohol/drugs problems.

Pillemer's (1986) case-control study found that abused elderly reported higher levels (79%) of pathology on the part of the carer compared to the non-abused group (24%). The study indicated a greater level of hospitalisation within the abused group (35.7%). Further, the study found that the abused group was more likely to be cared for by alcoholic dependent carers (45.2%) compared to the non-abused group; highlighting links between elder abuse and the pathology of the perpetrator.

Anetzberger et al. (1994) compared 23 elders who had been physically abused by their adult children with 39 elders who had no history of abuse. They found abusers were more likely to drink alcohol frequently/heavily and half of the perpetrators had been told by family/acquaintances that they may have a drinking problem.

Finally, a six-month quantitative study undertaken by Homer and Gilleard (1990) in the U.K. focused on elder abuse in domestic settings. 66 carers who lived with a disabled elderly person were interviewed. Research indicated high levels of abuse amongst elderly people; particularly those associated with carers' suffering from alcohol abuse.

The above studies all indicate a pathological connection to abuse. Research has shown higher rates of abuse among substance misuse compared to the mental incapacity of perpetrators.

7.2.1 Discussion and critique of intra-individual dynamic theory.

The intra-individual dynamic theory is beneficial as it allows a diagnosis, which can be useful for identifying interventions. Research has shown that perpetrators are more likely to have poor mental health or a substance misuse problem. However, it should be acknowledged that substance misuse/abuse can work in different ways i.e. the perpetrator or victim has a substance misuse problem or may use alcohol as a way of coping with the abuse (self-neglect).

Also, consumption may leave the elderly person (victim) vulnerable to abuse (Bradshaw & Spencer, 1999).

Whilst the connection between the pathology of the abuser and elder abuse is clear, the nature of the connection is not (Bradshaw & Spencer, 1999). A possible cause is the psychological make-up of those who have alcohol problems; as they often experience anger, anxiety, guilt and depression which are interestingly also linked to stress.

Psychological abuse by an abuser who has alcohol problems seems to take the form of isolating family members from normal opportunities for social interaction (Hayes & Emshoff, 1993). Bradshaw and Spencer (1999) consider that a person who has an alcohol problem is likely to suffer from financial crisis and due to chemical dependency the person is likely to need a continuing supply of the substance, resulting in theft or fraud perpetrated against senior members is possible.

Pillemer and Suitor (1992) found that one of the most common factors of elder abuse is where the carer is financially dependent on the elderly person and this being related to the carers' alcohol dependency. O'Keefe et al. (2007) found 39% of perpetrators had an alcohol problem and 9% had a drugs abuse/misuse problem. Interestingly, both alcohol and drug abuse/misuse was related to financial abuse whereas only alcohol abuse was related to psychological, physical and sexual abuse.

Bradshaw and Spencer (1999) suggest that in western culture drinking is widely used as a coping strategy for dealing with stress. They suggest alcohol is used as a coping mechanism leading to dependence, which can then lead on to elder abuse mentioned.

From the studies mentioned, it seems that the pathology of the perpetrator plays a crucial role in understanding elder abuse. However, many of the studies had small (less than 200 participants/cases) sample size (Reay & Browne, 2001; Anetzberger et al., 1994; Homer & Gilleard, 1990; Pillemer, 1986). This is possibly as many of these studies were case-control studies, which although can identify factors, is limited due to smaller sample size.

Further, the sample size the number of cases of elder abuse was small (Anetzberger et al., 1994; Reis & Nahmiash, 1998). Additionally, most studies lack randomised sampling. Such issues can have implications for the validity and reliability, therefore they cannot be generalised. In O'Keefe et al (2007) and Pillemer (1986) research, the reporting was not from the perpetrator but from the victim/worker. Therefore, these studies highlighted the victims/workers perception of the perpetrator rather than the perpetrators views on the difficulties.

In Brownell et al (1999), Reis and Nahmiash (1998), Greenberg et al (1990) research, data was collected through cases which had been documented by services. This raises questions on the credibility of the research, as they did not utilise participants and based research on documentation. This could be open to interpretation and bias as each service can potentially have its own definition and criteria as to what is considered as elder abuse. Such a sampling method can be problematic as research has shown that the majority of elderly people who are abused are isolated and are less likely to seek help. Therefore, it can be suggested that these figures can only be attributed to elderly people who are not isolated and are willing to seek help. Additionally, many studies were not anonymous, but controlled studies. This questions the likelihood of the participants answering questions honestly.

Williamson and Shaffer (2001) also found pre-illness relationship between carer and care recipient was characterised by common responsiveness to each other's needs. This suggests the relationship between the carer and elder person plays a significant role, which can lead to possible mental health problems causing harmful behaviours.

Homer and Gilleard (1990) study reported many perpetrators had long-standing, mutually abusive relationships and this was related to domestic violence in the relationship over a number of years. Also, although the research was carried out in London, the sample size was small and participants were recruited from hospital wards therefore it has limited scope but was a well-designed study.

Pillemer and Finkelhor's (1989) random sampled study of 2020 elderly people (65 plus) in Boston and Massachusetts (considering physical and psychological abuse as well as neglect) found only 3.2% of cases were of elder abuse. However, this study found this percentage of perpetrators had a high incidence of being hospitalised for psychiatric condition or involvement in violent behaviour. Also, during this time awareness of elder abuse was relatively weak, leading to possible lack of disclosure.

In Anetzberger et al. (1994) study, participants were asked whether a concerned friend or family member had ever considered them as having an alcohol problem. Such questions may have compromised the accuracy of the results as the participants may have not wanted to disclose private information. Also, in this study, participants were predominantly white. Therefore, this research does not offer a representative sample.

Reay and Browne (2001) and Anetzberger et al. (1994) focused on physically abused elderly people, however did not take into account other possible forms of abuse. Therefore, rates could potentially be higher if all forms of abuse were considered. Further, all studies examined do not seem to be consistent in the type of abuse researched. For example O'Keefe et al. (2007) grouped physical, sexual and psychological abuse together, making it difficult to establish whether one type of abuse has more of a bearing than another.

Finally, Anetzberger et al. (1994) question whether alcohol abuse is a result of infliction of abuse as it allows an increased impulse reaction or because of the stress of caring. This thought may also be applied to the theory i.e. does caring for an older person lead to pathological problems or do pathological problems exist onset of the abuse?

7.2.2 Summary of the intra-individual dynamic theory.

To summarise the intra-individual dynamic theory considers individual differences and has enabled us to consider possible characteristics and traits which perpetrators may hold. From research it seems that mental incapacitation and substance abuse play a possible role in elder abuse. However, many of these studies are outdated, not undertaken in the U.K. (e.g. Brownell et al., 1991; Ries & Nahmiash, 1998) and criterion of abuse was different for each study therefore making it difficult to establish a valid comparisons. Additionally, sample size and data collection methods were problematic in these studies.

7.3 Stressed Carer Theory.

Current thinking suggests that carer stress could be a contributing factor of elder abuse. Zarit and Edwards (2000) suggest care-giving for an elderly person is one of the most stressful and disruptive events in the family life cycle as it can interfere with other aspects of one's life. There are many potential effects of carer stress, including increased use of expensive resources,

withdrawal from productive employment and poor relationships; which can all lead to elder abuse (Zarit & Edwards, 2000).

Assuming that elder abuse is related to carer stress, researchers have attempted to distinguish whether or not the predictors of stress also predict abuse. Depression, which is highly predictive of carer stress, has also been found to be a strong predictor of elder abuse, particularly when carers' levels of depression reach near-clinical levels (Paveza et al., 1992; Coyne et al., 1993). Similarly, cohabitation has been found to be highly predictive for both carer stress and elder abuse (Pillemer & Suitor, 1992).

Bendek et al. (1992) hypothesise that stress does not cause carers to become abusive; rather, it leads to "mood disturbances" which may lead to abuse. When carers lack sufficient income, problem-solving skills or social support, it can trigger mood disturbances and a loss of rational behaviour leading to elder abuse. Also, Garcia and Kosberg (1992) identified anger as the mediator step between stress and abuse.

The stress process model developed by Pearlin et al. (1990) has been used to guide longitudinal research on family care of elderly people. The model identifies possible dimensions of the stress process and could suggest possible causes of elder abuse. The model has been divided into three components of primary stressors, secondary role strains and secondary intra-psychic strains. These components are further maintained and are dependent on background/context and coping strategies/support.

Primary stressors are events and actions which are directly related to the elderly person and providing assistance. Secondary role strains include a focus on disruption in carers' personal life and secondary intra-psychic strains, including the carers' self-esteem/loss of self (Pearlin et al., 1993).

Notably, these components are evident in research on elder abuse. Reis and Nahmiash (1998) found a lack of understanding of the elderly persons' medical problem (primary stressor) and marital/family conflict (secondary stressor) in elder abuse cases. Also, Grafstrom et al. (1992) found that the abusive group reported ill health compared to the non-abusive group and

reported that perpetrators were likely to be socially isolated (secondary stressor). Brownell et al. (1999) found that perpetrators were more likely to be unemployed (secondary stressor).

O'Keefe et al. (2007) found 8% of perpetrators of financial abuse were unemployed, 3% of perpetrators of physical, psychological or sexual abuse (interpersonal abuse) were permanently unable to work and 81% of perpetrators were retired. It is important to note 78% of perpetrators of financial abuse were in paid work and Reis and Nahmiash (1997) report that perpetrators in the study were less likely to have social support networks. These statistics seem to reflect secondary stressors, including work disruption and possible social isolation.

Godkin et al. (1989) found perpetrators were more likely to suffer from personal problems and family conflict. Brown (1989) found caregivers with personal problems were more likely to be physically abusive. These two studies seem to reflect relational problems, which can be considered also as a secondary stressor. Another dimension of the model is intra-psychic strain. This concept takes into account the tendency for carers of becoming too immersed in their role and losing their sense of self. This can lead to exacerbation of the caregiver's overall well-being (Zarit and Edwards, 2000).

7.3.1 Discussion and limitations of stressed carer theory.

It seems that current thinking identifies the stress of the carer as a contributing factor of elder abuse, however it agrees with Wolf (2000) in that stress is not the only factor. Other factors, including mental health and substance misuse seem to also play a role in leading to a complex web between older people and their carers (Bergeron, 2001; Wolf, 2000). Therefore, it seems important to understand this dynamic in greater detail through qualitative methods, as this would allow in-depth analysis.

Another emerging critical point is that people adapt to similar situations differently (Zarit & Edwards, 2000). Research has found that some family carers assisting an elder report little/no problems whereas others report a 'burn-out' (Zarit, Reever & Bach-Peterson, 1980; Aneshensel et al., 1995). Therefore the quality of relationships between carers and care receivers, perceptions of burden and carers' patterns of coping could explain why stress leads some carers to abuse. Such studies highlight care-giving as a 'multifaceted process' (Zarit & Edwards, 2000). Also, there appears to be a strong link between the perceived situation and

abusive behaviour; as abusive carers are more likely to feel inadequate when recipient of help from their families and social networks (Compton, Flanagan & Gregg, 1997).

However, there has been numerous studies which have highlighted care-giving can lead to some kind of benefit (Lundh, 1999; Murray et al., 1999) e.g. promoting of positive self-concept but this can also contain stress overtime (Zarit & Edwards, 2000).

Nevertheless, the model has been useful as it has taken into account cultural and individual difference, which many other theories have not considered. The model allows pinpointing the main sources of stress and helps indicate possible interventions e.g. stress management and individual therapy. Social support can be an important source of help for carers as if can decrease frustration and provide relief from on-going pressure of care-giving (Hansson & Carpenter, 1994). However, some studies suggest social support has no effect (e.g. Stommel, Given & Given, 1990). Also, some perpetrators are employed and this can cause a role strain (Neal et al., 1990; Mutschker, 1994) leading to conflict (Gibeau & Anastas, 1989) and possible abuse. However, some family carers enjoy care-giving and find having more than one role beneficial (Zarit & Edwards, 2000).

It seems this theory is difficult to dispute as it takes into account many factors. However, in O'Keefe et al.'s (2007) study, although random probability-sampling technique was used it excluded older adults with ill health. The ethnicity of the participants was covered, however it was split into two categories of white and non-white. Different types of abuse were considered, however self-neglect was not. Also, only participants that had experienced abuse in the past year were included. This highlights exclusion of older adults who did not fit these criteria's, suggesting the rates could be higher. The researchers also acknowledge that the reliability and validity of the incidence rate is questionable as data collection was dependent on self-reporting by participants questioning the judgement of what participant considered abuse as it becomes dependent on participants' perceptions.

Other studies of carer abuse have mirrored the literature on carer stress, e.g. Homer and Gilleard (1990) found no evidence of carer stress. Some researchers consider that the victims of carer abuse are no more impaired than non-abused care receivers (Pillemer & Suitor, 1992). Moreover, carers' low self-esteem has also emerged as a significant factor in predicting abuse.

However, there is no a causal relationship between abuse and self-esteem (Pillemer & Suitor, 1992).

Finally, according to the theory, carers who are stressed are more likely to abuse. When considering this hypothesis it is probably worth considering the relationship between victim and perpetrator as husbands caring for wives report less emotional distress compared to caring wives (Sculz et al., 1993). Therefore, it seems that husbands are less likely to be abusive according to the theory; however this seems to go against statistics which suggest there is a higher rate of male perpetrators (O'Keefe et al., 2007).

7.3.2 Summary of stressed carer theory.

Research indicates the mental status of the carer plays a crucial role in indicating elder abuse. However, Zanit and Edwards (2000) suggest processes and cost cannot be captured by a single dimension. Further, it is important to consider that many of these studies are outdated and have not been generated in the U.K. Therefore, it is important to question the validity of the research as ethnic groups differ in values and beliefs about the importance of caring (e.g. Mintzer et al., 1992). Many families differ in willingness and ability to take on the role of care-giving, there is a possibility that affection and obligation towards an elder differ in cultures (Zanit & Edwards, 2000). Nonetheless, the model of carer stress provides some insights and paves the way for also guiding clinicians when assessing care-giving families (Zanit & Edwards, 2000).

7.4 Intergenerational Transmission of Violence Theory (Cycle of Violence).

This theory suggests experiencing or witnessing violence/abuse in one's family originally can increase the likelihood of perpetrating abuse in adulthood (Widon, 1989). This theory takes a social learning perspective which argues that growing up in an abusive family teaches individuals that the use of aggression is a viable way of dealing with interpersonal conflicts (Bandura, 1973).

The theory has been suggested as the cause of elder abuse, especially as Choi (2000), Lachs et al. (1997) and Pillemer and Wolf (1997) suggest elder abuse occurs between parent and older son/daughter. These findings seem to support the idea that abusive patterns of behaviour in childhood can give rise to abusive behaviour in adulthood. Therefore looking at childhood experiences in relation to violent behaviour may shed light on elder abuse.

Haapasalo and Tremblay (1994) studied young boys with different patterns of fighting behaviour, to view whether the groups differed from each other in family background and later misbehaviour. The results showed that aggressive behaviour correlated with poor child-rearing practices. This was measured by the level of supervision, number of rules and level of punishment. Also, high level fighters that were in the high punishment subgroup showed high level of delinquency. The researchers concluded child-rearing to be important in the development of later aggressive behaviour amongst family context variables.

Another study (Snyder & Patterson, 1995) also examined parent-child interactions. The study showed how the process of reinforcement could explain individual differences in aggression. It was found that aggressive mother-child communication was more likely to reinforce aggressive means of dealing with conflict as these exchanges should provide children with the opportunity to develop skills for dealing with disagreements with others.

Another possible way of viewing this theory in relation to elder abuse is to consider it from a spouse abuse perspective. The reason being that recent research suggests 51% elder abuse is likely to involve a partner (O'Keefe et al., 2007).

Kwong et al. (2003) carried out a large random sampled survey in Vancouver. The survey considered age, type of relationship, ethnicity, education and socio-economic position and found across all analyses, exposure to family violence was associated with a greater likelihood of relationship abuse (perpetrated and received). Furthermore, it found violence between parents was not more predictive of perpetration in subsequent relationships than parent-to-child violence.

Rutter (1981) suggests neglect and dysfunction in the family can lead to conduct disorders, which seems to suggest a link to elder abuse. Further, a meta-analysis by Stith et al. (2000) found a moderate association between family violence in childhood and perpetration in adulthood.

7.4.1 Discussion and limitations of intergenerational transmission of violence theory.

Research suggests that elderly abuse may result from parental rejection, poor childrearing practices, negative interactions in childhood and lack of identification. Although, this questions whether there is a difference in the intensity of the abuse among family members and external perpetrators (e.g. care workers and friends).

From reviewing research, it seems aggression does not develop in all individuals, although parental behaviours affect all individuals similarly. However, when aggression does appear it seems to develop early in the developmental process and has been shown to remain fairly stable through the lifespan of an individual.

If childhood aggression is the most reliable predictor of elder abuse, what is happening to encourage this behaviour? Although research suggests parental variables could have an effect on the development of the aggression it could be possible that these variables play a role in its maintenance (McCord, 1991). Also, most of the studies validating the theory have based claims on physical abuse forgetting other forms of abuse e.g. psychological abuse.

Many victims of abuse in childhood are likely to be victims in other relationships; therefore this theory may be more applicable to elderly people who are abused. Also, perhaps the intergenerational violence occurs because physical punishment and physical abuse teach the norms of violence which are observed and accepted by children (McCord, 1991).

McCord (1991) suggests findings can be explained more adequately by the construct theory. She proposes the same mechanism that relates parental physical abuse and punishment to later expressions of aggression can be extended to include non-physical punishments and neglect. An essential element of establishing a lifelong pattern of aggression is due to the use of punishment as a reaction to aggression and other negative behaviours. However, punishment provides a model for violence, which the child generalises to include illegitimate uses of force as acceptable behavioural responses (McCord, 1991).

Without affectionate parents, children have no method of learning socially approved norms to guide their behaviour. Therefore, children who are abused, neglected or punished are

not sufficiently exposed to norms, such as social responsibility and equity, which would endorse pro-social behaviours. However, they do internalise a "norm of self-interest" (McCord, 1991, p. 170) which steers their behaviour into an antisocial pattern, here aggression is a device which serves to increase one's power to benefit, in a variety of situations (McCord, 1991).

Research related to the theory suggests abusive behaviours can be transmitted across generations although findings are inconsistent. The construct theory provides integration for some of the inconsistent data about the cycle of violence and supports research, that aggression has early beginnings and is part of a larger antisocial pattern of behaviour. The theory also supports research on the continuity of aggressive, antisocial behaviour throughout the lifespan, which could lead to elder abuse. It is unlikely the family environment of a physically abused, neglected or rejected child would provide enough positive reinforcement of behaviours other than aggression and can lead to other forms of abuse (McCord, 1991).

Some studies have drawn a connection, although these studies were not longitudinal (Haapasalo & Trembay, 1994; Snyder & Patterson, 1995) and therefore, cannot suggest aggressive behaviour continues throughout a person's lifespan or leads to adult abusive behaviour. Also, one of the studies only consisted of male participants (Haapasalo & Trembay, 1994) indicating gender bias. Further, many of these studies (e.g. Kwong et al., 2003) were also not carried out in the U.K., questioning whether these results may differ to possible culture differences.

Pillemer (1986) found no significant difference in this variable between the abused and non-abused group. However, Pillemer (1986) suggests the data and methodology of the study was limited when measuring this childhood experience; as a survey may not be the ideal way of collating such data and therefore is not able to support this hypothesis.

Suitor and Pillemer (1988) also found low levels of intergenerational conflict. Conflict was lower when the adult child was older and in a similar marital status as the parent. Conflict was not related to the parents' health or dependency upon the adult child. Thus, social characteristics were most important in predicting intergenerational conflict.

Korbin, Anetzberger and Austin (1995) discovered child-abusing parents were significantly more likely than elder abusing adult offspring to have experienced 'severe' violence in their childhoods. In this study, the Violence Scale of the Conflict Tactics Scales (CTS) was administered to adult children who had physically abused a parent (60+) and had a physically abusive childhood. Although, only physical violence was considered, this suggests that the intergenerational transmission of family violence is not an inevitable process; it is a more useful construct for explaining violence toward children than violence toward elder parents.

Stith et al.'s (2000) study had narrow criteria for inclusion of cases and so it could be suggested a large sample of studies were excluded. Also, although Kwong et al. (2003) considered numerous variables the data collection was through a 10 to 15 minutes telephone survey, which may not have enabled participants to build trust with the interviewer. Further a random digit dialling method was utilised to recruit participants, which does not take into account sensitivity of the topic. Also 13% of the sample was 55 plus, questioning the study's relation to elder abuse. However, admirably the researchers did provide language choices to allow better communication.

7.4.2 Summary of intergenerational transmission of violence theory.

There is considerable evidence suggesting the cycle of violence hypothesis can logically explain the aggressive behaviour being transmitted and maintained within certain families. In the past, researchers suggested the existence of a causal link between physical abuse experienced in childhood and later adult violence. However, research in this area has failed to show why this happens, especially why neglect or rejection causes more dysfunctional behaviour than physical abuse (McCord, 1991).

Therefore, it seems that aggressive behaviour is a complex process of interactions between individual and environmental that can produce a variety of outcomes in different individuals. This has caused difficulty in determining which variables interact to increase the potential for violent behaviour in adulthood. Although it seems safe to assume that children learn to become violent by observing violence or being physically abused. Overall, the evidence to support the cycle of violence hypothesis is weak and often overestimated

7.5 Summary, Conclusions and Recommendations from Critical Literature Review.

Each reviewed theory offers a plausible explanation, however, due to methodological flaws e.g. small sample size, inconsistency in definition/type of elder abuse and data collection methods; it is difficult to draw any conclusions. Therefore, the review suggests a lack of reliable scientific evidence to suggest possible causes of elder abuse.

The review suggests that most research is based on case-controls/comparative studies. However, to measure childhood experiences and gain real knowledge of the phenomena a follow-up longitudinal study would be more beneficial. Also research is dated and there is a need for more robust researching on effects and interventions. Increasing sample sizes and using greater qualitative methods to encourage in-depth understanding may improve research further.

There is a lack of consistency in starting age of the participants, ranging from 50 to 66 and there seems to be a bi-directional effect of a violent relationship (Kwong et al., 2003). Areas which have not been robustly investigated include self-neglect and sexual abuse. Throughout the literature a common theme has been a lack of clarity and types of elder abuse being inconsistent. A pilot study could be set up to explore the meaning of abuse among elderly people and carers from diverse backgrounds allowing in-depth insight. Such research would assist in indicating and developing theoretical understanding which can assist in directing appropriate interventions for all health care professionals. From the literature, it seems this is an area which is under researched therefore it is unclear what causes a carer to abuse an elderly family member.

The theories seem to provide a basic causational understanding of elder abuse by providing risk factors. Although common interlinks between theories emerged i.e. inability to learn conflict resolution techniques in childhood can lead to an inability to cope with conflict in adulthood. This inability to cope can cause stress leading to some form of psychological difficulty e.g. alcohol abuse/depression, which can result in elder abuse. Therefore, development of model should consider the multiple themes of negative childhood experiences, carer stress and pathology of the perpetrator. Fusing together adequately these risk factors may provide better understanding of the processes involved in elder abuse and help develop intervention programmes.

Exploring the experiences of care-giving/receiving among ethnic minorities living in Britain from an older person and family carer's perspective has been under researched.

Generally research has focused upon western concepts to provide explanations of elder abuse and not considered the impact of culture, acculturation and migration as factors impacting care-giving/receiving or even instigating elder abuse.

Research suggests that migration (Tran, 1997), acculturation level (Song, 1996) and culture (see review by Tolman & Bennett, 1990) can also be related to family violence and elder abuse. Therefore, Tam and Neysmith (2006) caution researchers in the field of elder abuse "about applying elder abuse categories derived from western cultural perspectives to understand or account for abuse in other cultures" (p.149).

Currently, there is a scarcity of theoretical frameworks capable of describing the dynamics associated with elder abuse in ethnic communities. However, Schiamberg and Gans (2000) have proposed an ecological framework for the study of elder abuse. Parra-Cardona, Meyer, Schiamberg and Post (2007) have expanded on this by identifying diverse factors and dynamics associated with elder abuse in ethnic minority families (in particular Latino families). The model highlights the importance of studying ways in which multiple systems are associated with the etiology and maintenance of elder abuse.

According to Parra-Carcona et al. (2007), ecological framework of elder abuse micro systems have risk factors related to acculturation including dependence of immigrant elders, caregiver stress or burden. Migrant elders can be dependent on relatives because they are likely to require economic and emotional support as they may not be aware of legal rights or community resources available to them (Podnieks, 2008). Such factors may encourage immigrant elderly to tolerate abuse through potential shame and honour (Murzban Dinshaw, 2004; Sung, 2001) but also as they are unable to access appropriate support.

Research suggests that caregivers from ethnic minority communities may over lend themselves by attempting to provide financial stability for their family and their ageing relatives (Angel et al., 2004). Further, both migrant elders and foreign born caregivers may experience social isolation and cultural conflicts due to language barriers and having a limited quality of support networks, which may increase the risk of elder abuse (Vazquez & Rosa, 1999).

An important aspect of Parra-Cardona et al.'s (2007) model, in relation to acculturation, is the conceptualisation of within-family cultural identity differences as a risk factor of elder abuse. The model highlights four types of cultural identity, similar to Berry et al.'s (1989) four-fold acculturation model, of how an individual may develop following migration (Parra-Cardona, Busby & Wampler, 2004).

The country of origin orientated identity which applies to foreign born individuals whose main identification of values and traditions is with their homeland. This category applies to elderly immigrants who hold strong cultural bonds to their homeland (Parra-Cardona et al., 2007). Bicultural identity refers to those who hold both homeland and foreign land cultural values. Foreign land-orientated (U.S. orientated) refers to those who identify themselves with foreign cultural values/traditions and moratorium refers to those who remain unsure about identifying with a specific culture (Parra-Cardona, Busby & Wampler, 2004).

The model mentions lack of recognition of within-family cultural identity may lead to the cultural needs of the elderly being overlooked, causing them to experience emotional neglect (Vazquez & Rosa, 1999). In particular, they mention that foreign orientated caregivers may struggle to identify their own beliefs as well as their elderly relatives, causing them to be unaware of the elderly persons' struggles or conflicts in the relationships (Podneiks, 2008). The immigrant elders may also fear a lack of understanding from their caregivers and suppress expression leading to increased mental health issues (Beyene, Backer & Mayen, 2002).

Macro systems related to the impact of culture/acculturation include cultural values and beliefs they hold about family life and community cohesion. For example the South Asian population is one of the most unified communities when it comes to the value attached to family interaction, preservation of ethnic customs and traditions (Tran, Kaddatz & Allard, 2005). Thus trying to embrace these values may constitute a risk factor as such values may cause one not to report abuse.

Parra-Cardona et al. (2007) mention three attributes that facilitate the application of this framework to elder abuse and in particular immigrant older adults, as the model highlights/addresses:

1) The relevance of studying elder abuse in terms of multiple interrelated systems and the fact that elders are part of the system (i.e. individual, familial and contextual) whereas other theories suggest a more cause and effect conclusion.

2) The importance of considering relational processes and individual factors e.g. it is important to consider the importance of individual cultural beliefs of elders as well as to explore whether such beliefs are recognised and valued by family members.

3) The need to evaluate the ways in which interactions between ageing parents and caregivers change over time. This is an issue which is particularly relevant for ethnic and immigrant communities because of differences in cultural identity arising from acculturation (Szapocnik et al., 1989).

The ecological model for understanding elder abuse appears to be in its early stages of development and has been developed through a cluster of risk factors within each system, therefore it appears too broad to research. However, the approach highlights the importance of researching elder abuse considering culture and the whole family rather than just the victim or perpetrator.

Although the model provides a holistic perspective to the issues surrounding/influencing elder abuse, it can be argued that these models offer a bird's eye view rather than a detailed understanding of the mechanisms which may influence elder abuse. Such a faction can be helpful as a screening and assessment tool to identify a list of risk factors and addressing systemic issues arising or influencing elder abuse e.g. identifying respite for the carer. However, even though Para-Cardona et al.'s (2007) model expands upon the ecological framework developed by Schiamberg and Gans (2000), considering culture, acculturation and migration as factors influencing elder abuse it has been primarily developed for U.S. and foreign born Latinos. This suggests the importance of individual differences and paves the way for research to develop individualised integrative theoretical models which consider an ecological and cultural understanding of different ethno cultural communities in relation to elder abuse.

REFERENCES

Abouguendia, M., & Noels, K. A. (2001). General and acculturation related daily hassles and psychological adjustment in first and second generation South Asian immigrants to Canada. *International Journal of Psychology, 36(6)*, 163-173.

Adams, G. R., & Marshall, S. K. (1996). A developmental social psychology of identity: Understanding the Person-in-context. *Journal of Adolescence, 19,* 429–442.

Age Concern England (2001). Ethnic Elders: Access, Equality. The Impact of Government Policy for Black and Minority Elders. Age Concern England. Retrieved on 26/6/13, from: http://www.asksid.org.uk/bme/docs/BMEE_Background.pdf

Ajrouch, K. J. 2005. Arab-American immigrant elders' views about social support. *Ageing & Society, 25* (5), 655–73.

Akthar, S. (1995). *A Third Individuation: Immigration, Identity, And The Psychoanalytic Process. Journal of the American Psychoanalytic Association, 43* : 1051-1084

Akhtar, S. (1999). *Immigration and identity: Turmoil, Treatment and Transformation.* Northvale, New Jersey: Jason Aronson.

Akhtar, S. (2009). *Comprehensive Dictionary of Psychoanalysis.* London: Karnac Books

Alba, R. and Nee, V. (1997). Rethinking assimilation theory for a new era of immigration. *International Immigration Review*, 31, 826-74.

Al-Krenawi & Graham (2005). Marital therapy for Arab Muslim Palestinian couples in the context of re-acculturation. *The Family Journal*, 13*(3)*, 300-310.

Aneshensel, C., Pearlin, L., Mullan, J., Zanit, S., & Whilach, C. (1995). *Profiles of Care-giving: the Unexpected Career*. New York: Academic Press.

Anetzberger, G., Korbin, J., & Austin, C. (1994). Alcoholism and elder abuse. *Journal of Interpersonal Violence, 9*(2), 184-193.

Angel, J. L., Angel, R. J., Aranda, M. P., and Miles T. P. (2004). Can family still cope? Social support and health as determinants of nursing home use in the older Mexican-origin population. *Journal of Aging and Health, 16,* 338-354.

Anzaldúa, G. (1987). *Borderlands/La Frontera: The New Mestiza.* San Francisco: Aunt Lute Book Company.

Appelbaum SA (1973). "Psychological-mindedness: word, concept and essence". *The International Journal of Psycho-Analysis 54* (1): 35–46.

Aradhana, A., & Cochrane, R. (2005). "The mental health status of South Asian women in Britain: A Review of the U.K. Literature." *Psychology & Developing Societies. 17*(2): 195-214.

Aranda, M. P., & Knight, B. G. (1997). The Influence of ethnicity and culture on the caregiver stress and coping process: A socio-cultural review and analysis. *The Gerontologist, 37*(3), 342-354.

Armstrong, L., & Wright, A**.** (2002). Communication in day care: Talking without words. *Journal of Dementia Care*, *10*(5): 18-19.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through to the twenties. *American Psychologist, 55,* (5)469–480.

Arrington, E. G., & Wilson, M. N. (2000). A re-examination of risk and resilience during adolescence: Incorporating culture and diversity. *Journal of Child and Family Studies, 9*(2), 221-230

Ayonrinde, O. (1999). Black, White or shades of grey: The challenges of ethnic and cultural difference (or similarity) in the therapeutic process. *International Review of Psychiatry, 11*, (2-3) 191-196.

Ayyub, R. (2000). Domestic Violence in the South Asian Muslim immigrant population in the United States. *Journal of Social Distress and the Homeless, 9*(3), 237-248.

Bandura, A. (1973). *Aggression: A social learning analysis*. Englewood Cliffs: Prentice-Hall.

Baptiste, D. (2005). Family therapy with East Indian immigrant parents rearing children in the

United States: Parental concerns, therapeutic issues and recommendations. *Contemporary Family Therapy: An International Journal, 27*, 345-366.

Bateman, A., Brown, D., & Pedder, J. (2000). *Introduction to psychotherapy: An outline of psychodynamic principles and practice* (3ʳᵈ edition). London: Routledge.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117,* 497–529.

Bean, F. & Tienda, M. (1987). *The Hispanic population of the U.S.* New York: Russell Sage

Beck, J. (1995). *Cognitive Therapy: Basics and Beyond.* London: Guilford Press.

Beck, A. T., Rush, A. J., Shaw, B. F., and Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford Press.

Bedrosian, R., & Bozicas, G. (1994). *Treating Family of Origin Problems: A Cognitive Approach*. London: Guilford Press.

Bendik. M. (1992). Reaching the breaking point: Dangers of mistreatment in elder care-giving situations *Journal of Elder Abuse & Neglect, 4*(3), 39-60.

Bennett, G., & Kingston, P. (1993). *Elder Abuse: Concepts, Theories and Interventions*. London: Chapman & Hall.

Bennett, G., Kingston, P., & Penhale, B. (1997). *The Dimensions of Elder Abuse- Perspectives for Practitioners*. London: Macmillan Press Ltd.

Bergeron, R. (2001). An elder abuse case study: Caregiver tress or domestic violence? You decide. *Journal of Gerontological Social Work, 34*(4), 46-63.

Berry JW. (1990). Psychology of acculturation. In: Berman JJ, editor. *Cross cultural perspectives. Current theory and research in motivation*. (pp. 201 234).Nebraska: University of Nebraska Press.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review, 46*(1), 5-68.

Berry, J. W. (1998). Acculturation and health. In S. S. Kazarian & D. R. Evans (Eds.), *Cultural Clinical Psychology: Theory, Research and Practice* (pp. 39-57). New York: Oxford: University Press.

Berry J. W. (2005). Acculturation: living successfully in two cultures. *International Journal of Intercultural Relations 29*, 697–712.

Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P.R. Dasen, J. W. Berry & N. Sartorious (Eds.), *Health and Cross-Cultural Psychology: Towards application* (pp.207-236). California, USA: Sage Publications.

Berry, J. W., Kim, U., Power, S., Young, M., & Bujaki, M. (1989). Acculturation attitudes in plural societies, Applied Psychology, 38, 185-206.

Berry, J., Trimble, J. & Olmedo, E. (1986). Assessment of Acculturation, In Lonner, W., and Berry, J. (Eds.), *Field Methods in Cross-Cultural Research*, (pp. 291-324), London: Sage.

Besevegis, E., & Pavlopoulos, V. (2008). Acculturation patterns and adaptation of immigrants in Greece. In M. Finklestein & K. Dent-Brown (Eds.), *Psychosocial Stress in Immigrants and Members of Minority Groups as a Factor of Terrorist Behavior* (NATO Science for Peace and Securitiy Series, E: Human and Societal Dynamics, vol. 40, pp. 23-34). Amsterdam: IOS Press.

Beyne, Y., Becker, G., & Mayen, N. (2002). Perception of aging and sense of well-being among Latino elderly. *Journal of Cross-Cultural Gerontology, 17,* 155-172.

Bhatia, S., & Ram, A. (2001). Rethinking 'acculturation' in relation to diasporic cultures and postcolonial identities. *Human Development, 44,* 1–18.

Bhugra, D. (2007). Cultural identity, cultural congruity and distress. *European Psychiatry, 22,* S60-S60

Bhugra D. (2004). Migration and mental health. *Acta Psychiatr. Scand.* 109, 243–258.

Bhugra, D., & Becker, M. (2005). *Migration, cultural bereavement and cultural identity. World Psychiatry. 4(1)*, 18–24.

Bhugra D. (2004). *Migration, distress and cultural identity*. Br Med Bull. 69, 1–13.

Bhui, K., Bhugra, D., Goldberg, D., Dunn, G., Desai, M. (2001). Cultural influences on the prevalence of common mental disorder, general practitioners' assessments and help-seeking among Punjabi and English people visiting their general practitioner. *Psychological Medicine*, *31*, 815-825.

Biegel, D. E., & Blum, A. (Eds.). *Innovations in practice and service delivery with vulnerable populations.* An interdisciplinary series published by Oxford University Press and sponsored by the Mandel School of Applied Social Sciences, Case Western Reserve University.

Blackwell, D. (2005). *Counselling and psychotherapy with refugees*. London: Jessica Kingsley Publishers.

Blaikie N (2003) Analysing Quantitative Data. London: Sage publications.

Blau, P. M. (1964). *Exchange and Power in Social Life.* New York: John Wiley & Sons.

Blenkiron. P., (1999). Who is suitable for Cognitive Behavioural Therapy? *Journal of The Royal Society of Medicine, 92*, 222-229.

Blumer, H. (1986) *Symbolic Interactionism: Perspective and Method.* London: University of California Press

Boschi, S., Adams, R. E., Bromet, E. J., Lavelle, J. E., Everett, E., Galambos, N. (2000). Coping with psychotic symptoms in the early phases of schizophrenia. *American Journal* of *Orthopsychiatry*, *70*(2*):242–252.

Booth, B. K., Bruno, A. A., & Marin, R. (1996). Psychological Therapy with Abused and Neglected Patients. In L. A. Baumhover & S. C. Beall (Eds.), *Abuse, Neglect, and Exploitation of Older People: Strategies for Assessment in Intervention*. (pp. 85-206). Baltimore: Health Professions Press.

Bowlby, J. (1988). *A Secure Base: Clinical Applications of Attachment Theory*. London: Routledge.

Bozinovski, S. (2000). Older self-neglecters: Interpersonal problems and the maintenance of self-continuity. *Journal of Elder Abuse & Neglect, 12*(1), 37-56.

Bradshaw, D., & Spencer, C. (1999). The role of alcohol in elder abuse cases. In I. J. Pritchard (Ed.), *Elder Abuse Work- Best Practice in Britain and Canada*. London: Jessica Kingsley Publishers.

Branden, N. (1969). *The psychology of self-esteem*. New York: Bantam.

Breakwell, G. (2000). Interviewing. In G. Breakwell, S. Hammond & C. Fife-Shaw (Eds.), *Research Methods in Psychology* (pp. 239-250). London Sage Publications.

British Psychological Society. (2005). *Professional practice guidelines.* Leicester: BPS.

Brown, A. (1989). A survey on elder abuse in one native American tribe. *Journal of Elder Abuse & Neglect, 1*(2), 17--37.

Brownell, P., Berman, J., & Salamone, A. (1999). Mental health and criminal justice issues among perpetrators of elder abuse. *Journal of Elder Abuse & Neglect, 11*(4), 81-94.

Bryant, F. B., Smart, C. M., & King, S. P. (2005). Using the past to enhance the present: boosting happiness through positive reminiscence. *Journal of Happiness Studies*. *6*, 227–260.

Burg, M., Seeman. TT., (1994). Families and health: The negative side of social ties. *Annuals of Behavioural Medicine, 16*, 109-115.

Burholt, V., Dobbs, C. (2010). Care-Giving and care-receiving relationships of older South Asians: functional exchange and emotional closeness. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*. *23*(4), 215-25.

Bury, D., & Strauss, S. M. (2006). The Scientist-Practitioner in a Counselling Psychology Setting. In: D. A. Lane & S. Corrie (Eds.), *The Modern Scientist- Practitioner: A Guide to Practice in Psychology.* (pp. 112-126). London: Routledge.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioural therapy: A review of meta-analysis. *Clinical Psychology Review, 26*, 17-31.

Cabassa, L. J. (2003). Measuring acculturation: Where we are and where we need to go. *Hispanic Journal of Behavioral Sciences, 25*, 127-146.

Cabral, R. R., & Smith, T. B. (2011). Racial/Ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counselling Psychology. 58*(4), 537-54

Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of posttraumatic growth: An expanded framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), *The handbook of posttraumatic growth: Research and practice* (pp. 1-23). Mahwah, NJ: Lawrence Erlbaum.

Calhoun, L. G. & Tedeschi, R. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1-18

Calhoun, L. G., & Tedeschi, R. G. (2001). Posttraumatic growth: The positive lessons of loss. In R. A. Neimeyer (Ed.). *Meaning reconstruction & the experience of loss.* (pp. 157-172). American Psychological Association.

Calhoun, L. G., & Tedeschi, R. G. (2000). Early posttraumatic interventions: Facilitating possibilities for growth. In J. M. Violanti, D. Paton & C. Dunning (Eds.). *Posttraumatic stress intervention: Challenges, issues, and perspectives.* (pp. 135-152). Charles C. Thomas Publisher, Ltd.

Cattan, M., & Giuntoli, G. (2010). Care and support for older people and carers in Bradford-Their perspectives, aspirations and experiences. Joseph Rowntree Foundation. Retrieved on 29/7/14 from http://www.jrf.org.uk/sites/files/jrf/Bradford-older-people-care-full.pdf

Cascio, T., & Santangelo. (2005). Hope, meaning, and growth following the September 11, 2001, terrorist attacks. *Journal of Interpersonal Violence, 20*(5), 523-548.

Castillo, L. G., Conoley, C. W., & Brossart, D. F. (2004). Acculturation, white

marginalization, and family support as predictors of perceived distress in Mexican American female college students. *Journal of Counseling Psychology, 51*, 151- 157.

Cattell, M. G. (1997). The discourse of neglect: Family support for the elderly in Samia. In T. S. Weisner, C. Bradley, & P. L. Kilbride (Eds.), *African families and the crisis of social change* (pp. 157-183). Wesport, CT: Bergin and Garvey.

Celano, M., & Tyler, F. (1990). Behavioral acculturation among Vietnamese refugees in the United States. *Journal of Social Psychology, 131,* 373-385.

Cheung, M., Leung, P., & Tsui, V. (2009). Asian male domestic violence victims: Services exclusive for Men. *Journal of Family Violence. 24, 447-463.*

Chirkov V. (2009). Summary of the criticism and of the potential ways to improve acculturation Psychology..*International Journal of Intercultural Relations. 33*, 177–180.

Choi, N. (2000). Elder Abuse, neglect and exploitation. *Journal of Gerontological Social Work, 33*(2), 5-25.

Chryssochoou, X. (2003). *Cultural Diversity: It's Social Psychology.* London: Wiley Blackwell.

Clark, D. A., & Beck, A. T. (1999). *Scientific Foundations of Cognitive Theory and Therapy of Depression*. New York: John Wiley.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey-Bass.

Coleman, H. L. K., Casali, S. B., & Wampold, B. E. (2001). Adolescent strategies for coping with cultural diversity. *Journal of Counseling and Development, 79*, 356-364.

Coleman, H. L. K. (1995a). Cultural factors and the counselling process: Implications for school counsellors. *The School Counsellor, 42*, 180-185.

Coleman, H. L. K. (1995b). Strategies for coping with cultural diversity. *The Counselling Psychologist. 23*, 722-740.

Colerick, E. J., & George, L. K. Predictors of institutionalization among caregivers of patients with Alzheimer's disease. 1986 *Journal of the American Geriatrics Society*, 34, 493-498.

Coll, X. (1998). Importance of acknowledging racial and cultural difference. *Psychiatric Bulletin, 22*, 370-372.

Compton, S., Flanagan, P., & Gregg, W. (1997). Elder abuse in people with dementia in Northern Ireland: Prevalence and predictors in cases referred to a psychiatry of old age service. *International Journal of Geraitric Psychiatry, 12*(6), 632-635.

Consedine, N., Magai, C., & Kudedjie-Gyamfi, E. (2006). Research Report: Stress versus discrete negative emotions in the prediction of physical complaints: Does predictive utility vary across ethnic groups? *Cultural diversity and Ethnic Minority Psychology, 12*(3), 541-557.

Coyle (1998) Qualitative research in counselling psychology: Using counselling interview as a research instrument. In P. Clarkson (Eds), *Counselling Psychology: Integration of Theory, Research and Supervised Practice.* (pp.37-55). London: Routledge.

Coyne, C., Reichman, W., & Berbig, L. (1993). The relationship between dementia and elder abuse. *American Journal of Psychiatry, 15*(4), 643-646.

Curwen, B., Palmer, S., & Ruddell, P. (2000). *Brief Cognitive Behaviour Therapy*. London: Sage Publications Ltd.

D'Ardenne, P., & Mahtani, A. (1999). *Transcultural Counselling in Action* (2nd edition). London: Sage.

Dasgupta, S. D. (1998). Gender roles and cultural continuity in British Asian Indian immigrant community in the U.S. *Sex Roles,* 38, 953-74.

David EJR, Okazaki S & Saw A. (2009) Bicultural self-efficacy among college students: Initial scale development and mental health correlates. *Journal of Counseling Psychology. 56* (2), 211–226.

Department of Health (2006) Our Health, Our Care, Our Say. London: Department of Health

Desai, S. & Subramanian, S. (2000). Colour, culture, and dual consciousness: Issues
  Identified by South Asian immigrant youth in the Greater Toronto area. In P. Anisef and
  K. M. Kilbride (Eds.). In: *Managing Two Worlds: The Experiencesand Concerns of
  Immigrant Youth in Ontario*. (pp.1- 82), Toronto: Canadian Scholar's Press.

Diwan, S., Jonnalagadda, S. & Balaswamy, S. (2004). Resources Predicting Positive
  and Negative Affect During the Experience of Stress: A Study of Older British Asian
  Indian Immigrants in the United States. *The Gerontologist, 44*, 605-614.

Dilworth-Anderson, P., & Anderson, N. (1994). Dementia care-giving in Blacks: A
  contextual approach to research. In E. Light, G. Niedereha & B. D. Lebowitz
  (Eds.), *Stress effects on family caregivers of Alzheimer's patients,* (pp. 385-409). New
  York: Springer.

Dilworth-Anderson, P., Williams, I., & Gibson, B. (2002). Issues of Race, Ethnicity and
  Culture in Care-giving Research. *The Gerontologist, 42*, 237-272.

Dixon, R. A., & Gould, O. N. (1998). Younger and older adults collaborating on retelling
  everyday stories. *Applied Developmental Science*, *2*, 160–171.

Dogra, N. (2010). Culture in child and adolescent psychiatry in Bhattacharya R., Cross S. &
  Bhugra D. (editors). *Clinical topics in cultural psychiatry,* (pp.209-221). London Royal
  College of Psychiatrists.

Doolittle, B.D., & Farrell, M. (2004). The association between spirituality and
  depression in an urban clinic. *Primary Care Companion Journal of Clinical
  Psychiatry, 6,* 114-118.

Dominelli, L. (2002). *Anti-oppressive social work theory and practice*. NewYork:
  PalgraveMacmillan.

Dowd, J. J., & Bengston, V. L. (1978). Ageing in minority populations: An examination of
  double jeopardy hypothesis. *Journal of Gerontology, 33*(3), 427-436.

Dugsin, R. (2001). Conflict and healing in family experience of second-generation
  emigrants from India living in North America. *Family Process, 40*, 233- 241.

Eatough, V., & Smith, J. (2008). Interpretative Phenomenological Analysis. In C. Willig and W. Stainton-Rogers (Eds). *The Sage Handbook of Qualitative Research in Psychology*, (pp. 179-194). London: Sage Publications.

Easley, C., & Schaller, J. (2003). The experience of being old-old: life after 85. *Geriatric Nursing*, *24* (5), 273-277.

East, P.L & Weisner, T.S (2009). Mexican American Adolescents' Family Care-giving: Selection Effects and Longitudinal Associations With Adjustment. *Family Relations. 58*(5), 562-577.

Edwards, R., Temple, B., & Alexander, C. (2004). Users experiences of interpreters: The critical role of trust. *Interpreting, 7*(1), 77–95.

Erikson, E. (1968). *Identity, Youth, and Crisis.* New York: Norton.

Eyetsemitan, F. (2000). Care of elderly persons in the family: An approach based on a developmental model. *Psychological Reports, 86*, 281-286.

Fallot, R. D., & Heckman, J. P. (2005). Religious/Spiritual coping among women trauma survivors with mental health and substance use disorders. *Journal of Behavioral Health Services & Research, 32*(2), 215-226.

Farsimadan, F., Draghi-Lorenz, R., & Ellis, J. (2007). Process and outcome of therapy in ethnically similar and dissimilar therapeutic dyads. *Psychotherapy Research, 17*(5), 567–575.

Farver, J. M., Bhada, B. R., & Narang, S. K. (2002a). Acculturation and psychological functioning in British Asian Indian Adolescents. *Social development, 11*(1), 11-29.

Farver, J. M., Bhada, B. R., & Narang, S. K. (2002b). East meets west: ethnic identity, acculturation, and conflict in British Asian Indian families. *Journal of Family Psychology, 16*(3), 338-350.

Fenton, S., & Sadiq-Sangster, A. (1996). Culture, relativism and the expression of mental distress: South Asian women in Britain. Sociology of Health and Illness, 18 (1), 66-85.

Fife-Shaw, C. (2000). Survey and sampling issues. In G. Breakwell, S. Hammond & C. Fife-Shaw (Eds.), *Research Methods and Psychology*, (pp. 88-104). London: Sage Publications.

Fivush, R. (1993). Emotional content of parent-child conversations about the past. In C.   A. Nelson (Ed). *Memory and Affect in Development: The Minnesota Symposia on Child Psychology*, 26. Hillsdale, New Jersey: LEA.

Flick, U. (1998). *An Introduction to Qualitative Research*. Thousand Oaks, CA: Sage.

Frankl, V. E. (1985). *Man's search for meaning (Revised and updated).* New York, NY: Washington Square Press.

Friedman, M. A., McDermut, W. H., Solomon, D. A., Ryan, C. E., Keitner, G. I., & Miller, I. W. (1997). Family Functioning and Mental Illness: A Comparison of Psychiatric and Non-clinical Families. *Family Process, 36*(4), 357–367.

Gans, H. (1997). Toward a reconciliation of 'assimilation' and 'pluralism': The Interplay of acculturation and ethnic Retention. *International Migration Review*, 31: 875-92.

Garcia, J., & Kosberg, J. (1992). Understanding anger: Implications for formal and informal caregivers. *Journal of Elder Abuse & Neglect, 4*(4), 87-99.

Gerhardt, S. (2004). *Why Love Matters.* London. Routledge.

Ghuman, P. A. S. (1999). *Asian Adolescents in the West*. Leicester: BPS Books.

Ghuman, P. A. S. (2003). *Double Loyalties: South Asian Adolescents in the West*. Cardiff: University of Wales Press.

Gibeau, J., & Anastas, J. (1989). Breadwinners and caregivers: interviews with working women. *Journal of Genrontological Social Work, 14*(1/2), 19-40.

Gillath, O., Shaver, P. R., & Mikulincer, M. (2005). An attachment theoretical approach to compassion and altruism. In P. Gilbert (Ed.), Compassion: Its nature and use in psychotherapy, (pp. 121–147). London: Brunner-Routledge.

Gilbert, P. (2009). Developing a compassion-focused approach in cognitive behaviour therapy. In G.Simos (Eds). *Cognitive Behaviour Therapy: A Guide for the Practising Clinician, Volume 2,* (pp. 201-205). London: Routledge.

Gilbert, P., & Leahy, R. (2007). Introduction and Overview: Basic issues in the Therapeutic Relationship. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies*, (pp: 3-22). London: Routledge.

Glendenning, F. (1999). Elder Abuse and Neglect in Residential Settings: The Need for Inclusiveness in Elder Abuse Research. *Journal of Elder Abuse & Neglect, 10*(1/2), 1-11.

Godkin, M., Wolf, R., & Pillemer, K. (1989). A Case-Comparison Analysis of Elder Abuse and Neglect. *International Journal of Aging and Human Development, 28*(3), 207-225.

Goldstein, M. (1996). Elder Mistreatment and PTSD. In P. E. Ruskin & J. A. Talbott (Eds.), *Aging and Post Traumatic Stress Disorder,* (pp. 126-135). Washington, D.C.: American Psychiatric Association.

Gondolf, E. W. (2008). Program completion in specialized batterer counseling for African-American men. *Journal of Interpersonal Violence, 23*(1), 94–116.

Gondolf, E. W., & Williams, O. J. (2001). Culturally focused batterer counseling for African American men. Trauma, *Violence & Abuse, 2*(4), 283–295.

Grafstorm, M., Norberg, A., & Winblad, B. (1993). Abuse is in the eye of the beholder. *Scandinavian Journal of Social Medicine, 21*(4), 73-86.

Greenberg, L. (2007). Emotion in the Therapeutic Relationship in Emotion-Focused Therapy. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies,* (pp: 43-63). London: Routledge.

Greenberg, J., McKibben, M., & Raymond, J. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse & Neglect, 2*(1/2), 73-86.

Greenberg, L. (2007). Emotion in the Therapeutic Relationship in Emotion-Focused Therapy. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies,* (pp: 43-63). London: Routledge.

Greenberger, D., & Padesky, P. (1995). *Clinicians Guide to Mind Over Mood.* London: Guildford Press.

Guo, M., Chi, I., & Silverstein, M. (2009). Intergenerational support of Chinese rural elders with migrant children: Do sons' and daughters' migrations make a difference? *Journal of Gerontological Social Work*, 52*(5),* 534–554.

Haapasalo, J., & Trembay, R. (1994). Physically aggressive boys from ages 6 to 12: Family background, parenting behavior and prediction of delinquency. *Journal of Consulting and Clinical Psychology, 62*(5), 1044-1052.

Hardy, G., Cahi, J., & Barkham, M. (2007). Active ingredients of the therapeutic relationship that promote client change: A research perspective. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies,* (pp: 24-42). London: Routledge.

Harper, S., and Levin, S. (2003). Changing Families as Societies Age: Care, independence and ethnicity. Working Paper Number WP503 Oxford Institute of Ageing, University of Oxford August 2003 Oxford Institute of Ageing Working Papers. Retrieved on 26/6/13. from http://www.ageing.ox.ac.uk/files/workingpaper_503.pdf

Halai, N. (2007). Making Use Bilingual Interview Data: Some Experiences from the Field. *The Qualitative Report, 12*(3), 344-355.

Haley, W. E., West, C. A., Wadley, V. G., Ford, G. R., White, C. A, Barrett, J. J., Harrell, L. E., Roth, D. L. (1995). Psychological, social and health impacts of care-giving: A comparison of Black and White dementia family caregivers and non-caregivers. *Psychology and Ageing, 10*(4), 540-552.

Haley, W. E., Roth, D. L., Coleton, M. I., Ford, G. R., West, et al. (1996). Appraisal, coping and social support as mediators of well-being in Black and White family caregivers of patients with Alzheimer's disease. *Journal of Consulting and Clinical Psychology, 64*(1), 121-129.

Hall, S. (1992). The Question of cultural identity. In S. Hall and A. McGrew (Eds), *Modernity and Its Futures*, (pp273-320). Cambridge: Polity Press - The Open University.

Hall, S. (1996). Introduction: Who needs identity? In Hall and P. Du Gay (Eds.). *Questions of Cultural Identity*, (pp2-17). London: Sage.

Hanson, S. L., Saur, W. J. & Seelbach, W. C. (1983). Racial and cohort variations in filial responsibility norms. *The Gerontologist, 23*(6), 626–31.

Hansson, R., & Carpenter, B. (1994). *Relationships in Old Age: Coping with the Challenge of Transition*. New York: Guildford.

Hauari, H., & Hoolingworth, K. (2009). *Understanding Fathering: Masculinity, Diversity and Change. Joseph Rowntree Foundation.* Retrieved on 11/1/10, from *http://www.jrf.org.uk/publications/understanding*

Haverkamp, B.E., Morrow, S.L., Ponterotto, J.G., (2005). A Time and Place for Qualitative and Mixed Methods in Counselling Psychology Research. *Journal of Counselling Psychology, 52*(2), 123-125.

Hayes, H., & Emshoff, J. (1993). Substance abuse and family violence. In T. R. L. Hampton, Gullotta, G. R. Adams, E. Potter and R. Wiesberg (Ed.), *Family Violence: Prevention and Treatment*. Newbury Park: CA: Sage.

Hefner, P. (1998). The spiritual task of religion in culture: An evolutionary perspective. *Zygon, 33*(4), 535.

Hinck, S. (2004). The lived experience of oldest-old rural adults. Qualitative Health Research, *14*(6), 779-791.

Hinrichsen, G. (2006). Why multicultural issues matter for practitioners working with older adults. *Professional Psychology, Research and Practice, 37*(1), 29-35.

Hinrichsen, G., & Ramirez, M. (1992). Black and White dementia caregivers: A comparison of their adaptation, adjustment and service utilization. *The Gerontologist, 32*(3), 275-381.

Homer, A., & Gilleard, C. (1990). Abuse of elderly people by their carers. *British Medical Journal, 301*(6765), 1359-1362.

Hook, J. N., & Valentiner, D. P. (2002). Are specific and generalized social phobias qualitatively distinct? *Clinical Psychology: Science and Practice, 9,* 379–395.

Hope, D.A., Burns, J.A., Hyes, S.A., Herbert, J.D. & Warner, M.D. (2010). Automatic thoughts and cognitive restructuring in cognitive behavioral group therapy for social anxiety disorder. *Cognitive Therapy Research, 34*, (1) 1-12.

Hough, M. (2004). *Counselling Skills and Theory*. London: Hodder & Stoughton.

Hui, C. H., & Triandis, H. C. (1986). Individualism-Collectivism: A study of cross-cultural researchers. *Journal of Cross-Cultural Psychology, 17*, 225-248.

Hutnik, N., & Barrett, (2003). *Ethnic Minority Identity: Twenty Years On*. Paper presented at the 11th European conference on Developmental Psychology.

Hussain, F., Cochrane, R. (2004). Depression in South Asian women living in the U.K.: A review of the literature with implications for service provision. *Transcultural Psychiatry*, *41*: 253-270.

Hsueh, K., Hu, J., & Clarke-Ekong. (2008). Acculturation in filial practices among U.S. Chinese Caregivers. *Qualitative Research. 18(6), 775-785.*

Hwang, W. (2006). Acculturative family distancing: theory, research and clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 397-409.

Inman, A. G., Constantine, M. G., & Ladany, N. (1999). Cultural value conflict: An examination of British Asian Indian women's bicultural experience. In D. S. Sandhu (Ed.), *Asian and Pacific Islander Americans: Issues and concerns for counselling and psychotherapy,* (pp. 31-41). Commack, NY: Nova Science Publishers.

Ivey, A. E., Ivey, M. B., & Simer-Downing, L. (1987). *Counseling and Psychotherapy: Integrating Skills, Theory and Practice* (2nd edition). London: Prientice-Hall International Ltd.

Jacobs, M. (2008). *Presenting the Past: Core of Psychodynamic Counselling and Therapy,* (2nd edition). Berkshire: Open University Press.

Jacobs, M. (2012). *Presenting the Past: Core of Psychodynamic Counselling and Therapy,* (4th edition). Berkshire: Open University Press.

Jameson, F., (1989). Marxism and postmodernism. *New Left Review*, *1*(176), 41.

Janoff-Bulman, R, (1992) *Shattered Assumptions –Towards a New Psychology of Trauma.* New York: Free Press

Jensen, L. A. (2003). Coming of age in a multicultural world: Globalization and adolescent cultural identity formation. *Applied Developmental Science, 7,* 189–196.

Johnson, F. L. (2000). *Speaking culturally: Language diversity in the United States*. Thousand Oaks, CA: Sage Publications.

Jolicoeur, P.M., & Madden, T. (2002). The good daughters. Acculturation and care-giving among Mexican-American women. *Journal of Aging Studies, 16,* (2), 107-120.

Kachru, B. B. (1992). *The other tongue: English across cultures* (2nd edition). Urbana: University of Illinois Press.

Kakar, S. (1988). Feminine identity in India. In R. Ghadially (Ed.) *Women in Indian Society*. (pp 44-68). New Delhi: Sage.

Kalavar, J. M. (1998). *The British Asian Indian Elderly in America: An Examination of Values, Family, and Life Satisfaction.* London: Routledge.

Kao HF & An K. (2012). Effect of acculturation and mutuality on family loyalty among Mexican American caregivers of elders. *Journal of Nursing Scholarsh. 44*(2), 111-119

Keefe, S. E., & Padilla, A. M. (1987). *Chicano Ethnicity.* Albuquerque NM :University of New Mexico Press.

Khurana, I. (2010). The effects of an Indian Heritage: cultural reminisces. In C.Lago (Eds.), *The Handbook of Transcultural Counselling and Psychotherapy,* (pp 331-339). Berkshire. Open University.

Kitayama, O. (1991). The wounded caretaker and guilt. *Int. Review of Psycho-Anal*ysis, *18,* 229-240.

Kinsel, B. (2005). Resilience as adaptation in women. *Journal of Women and Aging, 17*(3), 23-35.

Klaassen, D., McDonnald, M., & James, S. (2006). Advances in the study of religious and spiritual coping [Electronic Version]. In P. Wong, L. Wong, & W. Lonner (Eds.), *Handbook of multicultural perspectives on stress and coping.* New York: Springer.

Knight, B. (2004). *Psychotherapy with Older Adults* (3rd edition). London: Sage Publications.

Korbin, J., Anetzberger, G., & Austin, C. (1995). The intergenerational cycle of violence in child and elder abuse. *Journal of Elder Abuse & Neglect, 7*(1), 1-15.

Koder, D., Brodaty, H. & Anstey, K. (1996) Cognitive therapy for depression in the elderly. *International Journal of Geriatric Psychiatry, 11* (2) 97–107.

Kosberg, I., & Garcia, I. (1995). Common and Unique Themes on Elder Abuse from a World-Wide Perspective. In I. Kosberg & I. Garcia (Eds.), *Elder Abuse: International and Cross-Cultural Perspectives,* (pp. 183-199). New York: The Haworth Press.

Krishnan, A., & Berry, J. W. (1992). Acculturative Stress and acculturation attitudes among Indian immigrants to the United States. *Psychology and Developing Societies, 4*(2), 187-212.

Kwong, M., Batholomew, K., Henderson, A., & Trike, S. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology, 17*(3), 288-301.

Lachs, M., Williams, C., O'Brien, S., Pillemer, K., & Charlson, M. (1998). The mortality of elder mistreatment. *Journal of the American Medical Association, 280*, 428-432.

Lachs, M., Williams, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist, 37*(4), 469-474.

Lago, C. (2010). Introduction to Part 2: Addressing issues of description, ascription, projection and British Heritage. In C.Lago (ed). *The Handbook of Transcultural Counselling and Psychotherapy*, (pp 169-182). Berkshire. Open University.

LaFramboise, T., Coleman, H., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin, 114,*

395-412.

Lakha, S., and Stevenson, M. (2001). Indian Identity in multicultural Melbourne. Some preliminary observations. *Journal of Intercultural Studies*, 22, 3 (2001).

Lane, P., & Tribe, R. (2010). Towards an understanding of the cultural health needs of older gypsies. *Working with Older People, 14 (2): 23-30.*

Lapadat, J., & Lindsay, A. (1999). Transcription in research and practice: From standardization of technique to interpretive positionings. *Qualitative Inquiry*, *5*, 64-73.

Larkin, M., Watts, S., & Clifton, E., (2006). Giving voice and making sense of Interpretative Phenomenological Analysis. *Qualitative Research in Psychology. 3*, 102-120.

Laroche, M., Kim, G, Hui, M., & Joy, A. (1996). An empirical study of multidimensional ethnic change: The case of the French Canadians in *Quebec. Journal of Cross-Cultural Psychology, 27,* 114-131.

Lassiter, S. M. (1998). Cultures of colour in American: A guide to family, religion, and health. Westport, CT: Greenwood.

Lau, A. S., McCabe, K. M., Yeh, M., Garland, A. F., Wood, P. A., & Hough, R. L. (2005). The acculturation gap-distress hypothesis among high-risk Mexican American families. *Journal of Family Psychology, 19,* 367–375.

Laungani, P. (2004). *Asian Perspectives in Counselling and Psychotherapy*. East Sussex: Brunner-Routledge.

Lawrence, V. (2008). Attitudes and support needs of black Caribbean, south Asian and white British carers of people with dementia in the U.K.. *British Journal of Psychiatry, 193* (3), 240-246.

Lawrence, V., Murray, J., Samsi, K., & Banerjee, S., (2008). Attitudes and support needs of Black Caribbean, south Asian and White British carers of people with dementia in the U.K.. *The British Journal of Psychiatry*, *193*(3), 240-246.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Leahy, R., & Holland. S. J. (2000). *Treatment Plan and Interventions for Depression and Anxiety Disorders.* London: Guildford Press.

Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), Advances in experimental social psychology (pp. 1–62). San Diego, CA: Academic Press.

Lee, E., Choe, J., Kim, G., & Ngo. V. (2000). Construction of the Asian American family conflicts scale. *Journal of Counseling Psychology, 47*(2), 211-222.

Lee, Y. J. & Aytac, I. A. (1998). Intergenerational financial support among Whites, African Americans and Latinos. *Journal of Marriage and the Family, 60 (*2), 426–41.

Leicester City Council (2001). Estimates of Ethnic Minority Languages Spoken In Leicester. Retrieved on 6/2/09, from http://www.leicester.gov.uk/your-council--services/council-and-democracy/city-statistics/languagestatistics

Lemma, A. (2003). *Introduction to the Practice of Psychodynamic Psychotherapy.* West Sussex: John Wiley & Sons Ltd.

Lewis, G., & Croft-Jefreys, D. A. (1990). Are British Psychiatrists racist? *British Journal of Psychiatry, 157*, 410-415.

Liebkind, K., & Jasinskaja-Lahti, I. (2000). The influence of experiences of discrimination on psychological stress: A comparison of seven immigrant groups. *Journal of Community and Applied Social Psychology, 10*(1), 1-16.

Lindridge, A. M., Hogg, K. M., & Shah, M. (2004). Imagined multiple worlds: How South Asian women in Britain use family and friends to navigate the "border crossings" between household and societal contexts. *Consumption, Markets and Culture*, *3*, 211-238.

Lindstrom, C. M., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2013). The relationship of core belief challenge, rumination, disclosure, and sociocultural elements to posttraumatic growth. *Psychological Trauma, 5*(1),

Lithwick, M., Beaulieu, M., & Gravel, S. (1999). The mistreatment of older adults: Perpetrator victims relationships and interventions. *Journal of Elder Abuse & Neglect, 11*(4), 95-112.

Littlewood, R., & Lipsedge, M. (1997). *Aliens and Alienists: Ethnic minorities and psychiatry*. London: Routledge.

Liotti, G. (2007). Internal Working Models of Attachment in the Therapeutic Relationship. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies,* (pp: 143-162). London: Routledge.

Luborsky, M. R., & Rubinstein, R. L. (1990). Ethnic identity and bereavement in later life: the case of older widowers. In J. Sokolovsky (Ed.), *Cultural dimensions of aging: Worldwide perspectives.* Brooklyn, NY: Bergin and Garvey.

Lundh, U. (1999). Family carers: Sources of satisfaction among Swedish carers. *British Journal of Nursing, 8*(10), 647-657.

Macchiwalla, T. (1990). *Sense of Belonging: Identity and Ritual at the Muslim Community Center of Greater Pittsburgh*, Pittsburgh: University of Pittsburgh.

Maercker, A. (2001). Association of cross-cultural differences in psychiatric morbidity with cultural values: A secondary data analysis. *German Journal of Psychiatry*, *4,* 16–23.

Maltby, J., Lewis, C., & Day, L. (2008). Prayer and subjective well-being. *Mental Health, Religion and Culture, 11*(1), 119-29.

Marshall, C., & Rossman, B. (1995). *Designing Qualitative Research.* (4th edition). London: Sage Publications.

Martin, L. L., & Tesser, A. (1989). Toward a motivational and structural theory of ruminative thought. In J. S. Uleman,& J. A. Bargh (Eds.), *Unintended thought* (pp. 306-326). New York : Guilford.

Matire, L., Newsom, J., Schulz, R., & Wrosch, C. (2003). Perceptions and implications of received spousal care: Evidence from caregiver health effects study *Psychology and Ageing, 18*(3), 593-601.

Mays, V. M. (1985). The Black American and psychotherapy: the dilemma. *Psychotherapy: Psychotherapy with Ethnic Minorities, 22*(2), 379-388.

McCord, J. (1991). Questioning the Value of Punishment. *Social Problems, 38*(2), 167-176.

McCredie, C. (2002). A review of research outcomes in elder abuse. *Journal of Adult Protection, 4*(2), 3-8.

McKay, M., & Fanning, P. (1992). *Self-esteem,* Oakland: New Harbinger Publications.

McLean, C., & Campbell, C. (2003). Locating research informants in a multi-ethnic community: ethnic identities, social networks and recruitment methods. *Ethnicity and Health*, *8*(1), 41-61.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.

Mearns, D. & Thorne, B. (2007). *Person-Centred Counselling in Action*. (3ʳᵈ ed.). London: Sage

Mellor, M. J. (2009). Social work with older immigrants & their families. *Journal of Gerontological Social Work*, 52*(3),* 443–444.

Mensching, G. (1976). *Structures and patterns of religion.* New Delhi: Motilal Banarasidass Publishers.

Mintzer, J., Rubert, M., Loewenstien, D., & Gamez, E. E. A. (1992). Daughters care-giving for Hispanic and Non-Hispanic Alzheimer patients: Does ethnicity make a difference? *Community Mental Health Journal, 28*(4), 293-303.

Miller, E. (2003). Reconceptualizing the role of resiliency in coping and therapy. *Journal of Loss and Trauma*, 8, 239-246.

Modood T., Berthoud R., Lakey J., Nazroo J., Smith P., Virdee S., & Beishon S. (1997). *Ethnic Minorities in Britain,* London, Policy Studies Institute.

Morrison, A. P. (1989). *Shame: The Underside of Narcissism*. Hillsdale, New Jersey: Analytic Press.

Moriarty, J., and Butt, J. (2004). 'Inequalities in quality of life among older people from different ethnic groups', *Ageing and Society*, 24(5), 729-753.

Mui, A. C., & Kang, S. Y. (2006). Acculturation stress and depression among Asian immigrant elder. *Social Work. 51*(3), 243-55.

Murray, S. L., Holmes, J. G., & Griffin, D. W. (2000). Self-esteem and the quest for felt security: How perceived regard regulates attachment processes. *Journal of Personality and Social Psychology, 78,* 478–498.

Murray, B., Scheider, J., Banerjee, S., & Mann, A. (1999). Eurocare: A cross-national study of co-resident spouse carers for people with Alzheimer's disease. *International Journal of Geriatric Psychiatry, 14*(8), 662-667.

Murphy, M. J., Faulkner, R. A., & Behrens, C. (2004). The effect of therapist-client racial similarity on client satisfaction and therapist evaluation of treatment. *Contemporary Family Therapy, 26*(3),279–292.

Murzban Dinshaw, F. (2004). Elder Abuse: South Asian women speak up. *COSTI Immigrant services. Toronto.*

Nahmiash, D. (2002). Powerless, abuse and neglect of Older Adults. *Journal of Elder Abuse & Neglect, 14*(1), 21-47.

Naidoo, J. C., & Davis, J. C. (1988). Canadian South Asian women in transition: A dualistic view of life. *Journal of Comparative Family Studies, 19*(2): 311-327.

Naidoo, L. (2007). Re-negotiating identity and reconciling cultural ambiguity in the Indian immigrant community in Sydney, Australia. *Anthropologist Special, 2,* 53-66.

Narum, L., & Transtrom, N. (2003). *Caregiver stress and coping: The journey through care-giving.* Retrieved 2/2/12, from
http://www.ndsu.edu/ndsu/aging/caregiver/pdf/stress/manual.pdf.

National Institute for Health and Clinical Excellence (2009). Depression: The Treatment and Management of Depression in Adults (update). Retrieved on 7/1/10, from
http://guidance.nice.org.uk/CG90

Nazroo, J. Y. (1997). The health of Britain's ethnic minorities: findings from a national survey, London: Policy Studies Institute.

Neal, M., Chapman, Ingersoll-Dayton, B., Emlen, A., & Boise, L. (1990). Absenteeism and stress among employed caregivers of elderly, disabled adults, and children. In D. E. Biegel & A. Blum (Eds.), *Aging and Care-giving: Theory, Research and Practice,* (pp. 160-183). Newbury CA: Sage.

Neenan, M., & Dryden, W. (2004). *Cognitive Therapy-100 Key Points and Techniques*. Hove: Brunner-Routledge.

Newman, C.F. (2007). The therapeutic relationship in cognitive therapy with difficult-to-engage clients. In P. Gilbert & R. Leahy (Eds.), *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies*, (pp: 165-184). London: Routledge.

Newsom, J., & Schulz, R. (1998). Care-giving from the recipient's perspective: Negative reactions to being helped. *Health Psychology, 17*(2), 172-181.

Office of National & Statistics (2011a). Population Estimates by Ethnic Group
Retrieved 3/9/13, from
http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates+by+Ethnic+Group#tab-sum-pub

Office of National Statistics (20011b). What Does the 2011 Census Tell Us About Older People? Full infographic Retrieved 3/9/11, from
http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-older-people-/what-does-the-2011-census-tell-us-about-older-people--full-infographic.html

Ogg, J., & GCJ, B. (1992). Elder abuse in Britain. *British Medical Journal, 304*, 998-999.

O'Keffee, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., et al. (2007). U.K. Study of Abuse and neglect of Older People. Prevalence Survey Report. Retrieved on 3/7/08. Obtained from http://www.comicrelief.com/elder-abuse

O'Leary, E., & Barry, N. (2005). Professional and ethical issues when working with older adults. In R. Tribe & J. Morrisey (Eds.), *Handbook of Professional and Ethical Practice.* (pp. 197-208). Hove: Brunner-Routledge.

Osborne A, & Willcocks D. (1990) Making research useful and usable. In: Peace S (Eds). *Researching Social Gerontology: Concepts, Methods and Issues.* London: Sage

Overholser, J. V. (1993). Elements of the Socratic Method: I. Systematic questioning. *Psychotherapy, 30*(1), 67-74.

Padesky, C. (1993). *Socratic questioning: Changing minds or guiding discovery?* Paper presented at the European Congress of Behavioural and Cognitive Therapies, London.

Padilla, A. M., & Perez, W. (2003). Acculturation, social identity, and social cognition: A new perspective. *Hispanic Journal of Behavioral Sciences*, 25(1), 35-55.

Parra-Cardona, J. R., Meyer, E. M., Schiamberg, L.B., & Post, L. A. (2007). Elder abuse and neglect in Latino families: An ecological and culturally relevant theoretical framework for clinical practice. *Family Process, 46*, 451-470.

Parra-Cardona, J. R., Busby, D. M., & Wampler, R. S. (2004). No soy de aquí ni soy de allá?: Transgenerational cultural identity formation. *Hispanic Journal of Higher Education*, 3, 322-337.

Pargament, K., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, *27*(1), 90-104.

Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology, 9*(6), 713-730.

Parker (1992). *Discourse Dynamics: Critical Analysis for Social and Individual Psychology.* London: Routledge.

Parham, I. A., & Wood, J. B. (1990). Coping with perceived burden: Ethnic and cultural issues in Alzheimer's family care-giving. *Journal of Applied Gerontology*, 9 *(3),* 325-339.

Pasch, L. A., Deardorff, J., Tschann, J. M., Flores, E., Penilla, C., &Pantoja, P. (2006). Acculturation, parent-adolescent conflict, and adolescent adjustment in Mexican American families. *Family Process, 45,*75–86.

Pastorino, E. E. & Doyle-Portillo, S. M. (2013). *What Is Psychology?: Essentials.* Belmont, CA: Wadsworth.

Patel, H.H. (1972). "General Amin and the Indian exodus from Uganda". *Issue: A Journal of Opinion. 2* (4): 12–22.

Paveza, G., Cohen, D., Eisdorfer, C., Freels, S., Semla, T., Ashford, J. W., et al. (1992). Severe family violence and Alzheimer's disease: Prevalence and risk factors. *The Gerontologist, 32*(4), 493–497.

Pearlin, L., Mullan, J., Semple, S., & Skaff, M. (1990). Care-giving and the stress process: an overview of concepts and their measure. *Gerontologist, 30*(5), 583-594.

Phinney, J. S. (1989). Stages of ethnic identity development in minority group adolescents. *The Journal of Early Adolescence*, 9(1-2), 34-49.

Phinney, J. (1990). Ethnic Identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*, 499-514.

Phinney, J. (1991). Ethnic Identity and self-esteem: A review and integration. *Hispanic Journal of Behavioural Studies, 13*, 193-208.

Pieper, J. (2004). Religious coping in highly religious psychiatric inpatients. *Mental Health, Religion, and Culture, 7*, 349–363.

Pillemer, K. (1986). Risk factors in elder abuse: Results from a case control study. In K. A. Pillemer & R. S. Wolf (Eds.), *Elder abuse: Conflict in the family,* (pp. 239-263). Dover: Auburn House Publishing Company.

Pillemer, K., & Finkelhor, D. (1989). The prevalence of elder abuse: A random sample survey. *Gerontologist, 28*(1), 51-57.

Pillemer, K., & Prescott, D. (1989). Psychological effects of elder abuse: A research note. *Journal of Elder Abuse & Neglect 1*(1), 65-74.

Pillemer, K., & Suitor, J. (1992). Violence and violent feelings: What causes them among family carer givers? *Journal of Gerontology, 4*(47), 165-172.

Podneiks, E. (2008). Elder Abuse: The Canadian experience. *Journal of Elder Abuse & Neglect, 20*(2), 126-150.

Ponterotto, J.G (2005). Qualitative Research in counselling psychology: A Primer on research paradigms and philosophy of science. *Journal of Counselling Psychology. 2 (52),* 126-136.

Ponterotto, J.G., Kuriakose, G. and Granovskaya, Y. (2008). Counselling and psychotherapy. Interpretative Phenomenological Analysis. In C. Willig and W. Stainton-Rogers (Eds). *The Sage Handbook of Qualitative Research in Psychology,* (pp. 455-471). London: Sage Publications.

Porter, J. R., & Washington, R. E. (1993). Minority identity and self-esteem. *Annual Review of Sociology,* 19, 139-61.

Portes, A.; Rumbaut, RG (2001) Legacies: The story of the immigrant second generation.

Berkeley: University of California Press

Pritchard, J. (1999). Lessons learnt in working with elder abuse in the last decade. In J. Pritchard (Ed.), *Elder Abuse Work- Best Practice in Britain and Canada*. London: Jessica Kingsley Publishers.

Pritchard, J. (2001). *Male victims of elder abuse- Their experiences & needs*. London: Jessica
    Kingsley Publishers.

Portes, A., & Zhou, M. (1993). The new second generation: Segmented assimilation and its
    variants among post-1965 immigrant youth. *Annals of the American Academy of
    Political and Social Science,* 530: 74-96.

Powell, J., Yamamoto, et al. (Eds.). *Transcultural child development: Psychological
    assessment and treatment,* (pp. 103-125). NY: John Wiley & Sons.

Rait, G. & Burns, A. (1997). Appreciating background and culture: the South Asian elderly and

    mental health, *International Journal of Geriatric Psychiatry. 12* (10), 973-977

Ramsey-Klawsnik (2000). Elder-Abuse offenders: A Typology. *Generations, 24*(2), 17-22.

Ranganath, V. M., & Ranganath, V. K. (1997). British Asian Indian children. In G.
    Johnson- Reay, C., & Browne, K. D. (2001). Risk factor characteristics in carers who
    physically abuse or neglect their elderly dependants. *Aging 7 Mental Health, 5*(1), 56-
    62.

Rastogi, M., & Wampler, K. S. (1999). Adult daughters' perceptions of the mother-
    daughter relationship: A cross-cultural comparison. *Family Relations, 48*, 327-336.

Rayapol, A. (1997). *Negotiating Identities: Women in the Indian Diaspora*. Oxford
    University Press, Delhi.

Redfield, R., Linton, R., & Herskovits, M. (1936). Memorandum on the study of acculturation.
    American Anthropologist, 38(1), 149-152.

Reid, K., Flowers, P., and Larkin, M. (2005). Exploring Lived Experience. *The Psychologist*, 1
    (8). 20-23.

Richards, P., & Bergin, A. (2005). *A Spiritual Strategy for Counselling and Psychotherapy* (2nd
    edition). Washington, D.C.: American Psychological Association.

Richardson, G. E. (2002). The meta theory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321.

Ries, M., & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *The Gerontologist, 38*(4), 471-480.

Riso, L., Du Toit, P., Stein, D., & Young, J. (2007). (Eds.). *Cognitive Schemas and Core Beliefs in Psychological Problems-A Scientist-Practitioner Guide*. Washington D.C.: American Psychological Association.

Rober, P. (1999). The Therapists inner conversation in family therapy practice: Some ideas about the Self of the therapist, therapeutic impasse and the process of reflection. *Family Proc., 38*, 209-228.

Roopnarine, J. L., and Hossain, Z. (1992). Parent-child interactions in urban Indian families in New Delhi: Are they changing'? In J. L.Roopnarine and D. B. Carter, (Eds.). *Annual Advances in Applied Developmental Psychology*, (p1-17). New Jersey: Ablex Publishing Corporation.

Rosenheck, R., Fontana, A., & Cottrol, C. (1995). Effect of clinician-veteran racial pairing in the treatment of posttraumatic stress disorder. *The American Journal of Psychiatry, 152*(4), 555–563

Rothe, E. M., Pumariega, A. J., Sabagh, D. (2011). Identity and Acculturation in Immigrant and Second Generation Adolescents. *Adolesc. Psychiatry*: 72-81.

Rudmin F.W. (2003) Critical history of the acculturation psychology of assimilation, separation, integration and marginalization. *Review of General Psychology.7*, 3–37.

Rumbaut, R. (1997). Assimilation and its discontents: Between rhetoric and reality. *International Migration Review*, 28: 748-94.

Rutter, J. G., & Friedberg, R. D. (1999). Guidelines for the effectiveness use of Socratic dialogue in cognitive therapy. In L. VandelCreek, S. Knapp & T.L. Jackson (Eds), *Innovations in clinical practice: a source book. Vol 17, (pp. 418-490)* Sarasota. Florida: Professional Resource Press.

Rÿser, R. (2008). *American Indian Caregiver Policy Study: An analysis with findings of the barriers to Federally funded and State and tribally administered caregiver*

programs in western Washington, Center for World Indigenous Studies. Retrieved on 2/2/10, from

http://centerfortraditionalmedicine.org/publications/NIH%20Report_08.pdf

Salway, S., Chowbey, P., & Clarke, L. (2009). *Parenting in Modern Britain: Understanding the experiences of Asian Fathers.* Joseph Rowntree Foundation. Retrieved on 11/1/10, from http://www.jrf.org.uk/publications/experiences-asian-fathers

Santos, J., & VandenBos, G. (Eds.) (1982). *Psychology and the Older Adult: Challenges for training in the 1980s.* Washington, D.C.: American Psychological Association.

Saran, P., & Eames, E. (1980). *The new ethnics: British Asian Indians in the United Sates*. New York: Praeger.

Sashidharan, S. P. (2003). *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*. Department of Health.

Schiamberg, L. B., & Gans, D. (2000). Elder abuse by adult children: An applied ecological framework for understanding contextual risk factors and the intergenerational character of quality of life. *International Journal of Aging and Human Development, 50,* 329-359.

Schrauf, R. W., and Rubin, D. C. (2001). Effects of voluntary immigration on the distribution of autobiographical memory over the lifespan, *Applied Cognitive Psychology,* 16, 75-88.

Schulz, R., Williamson, G., Morycz, R., & Biegel, D. (1993). Changes in depression among men and women caring for an Azheimer's patient. In S. H. Zarit, L. I. Pearlin, & K. W. Schaie (Eds.), *Care-giving Systems: Informal and Formal Helpers,* (pp. 119-140). Hillsdale, NJ: Erlbaum.

Schwartz, S. J. (2005). A new identity for identity research: Recommendations for expanding and refocusing the identity literature. *Journal of Adolescent Research, 20,* 293–308.

Schwartz, S. J., Montgomery, M. J., & Briones, E. (2005). The role of identity and acculturation among immigrant people: Theoretical propositions, empirical questions, and applied recommendations. *Human Development, 304*, 1-30.

Schwartz SJ & Zamboanga BL. (2008) Testing Berry's model of acculturation: A confirmatory latent class approach. *Cultural Diversity and Ethnic Minority Psychology. 14*, 275–285.

Scott, M. J. (2009). *Simply Effective Cognitive Behavioural Therapy- A Practitioners Guide*. London: Routledge.

Segal, U. (1998). British Asian Indian families. In C. Mindel, R. Habenstein, & R. Wright, Jr. (Eds.), *Ethnic families in America: Patterns and variations,* (pp. 331-360). Upper Saddle River,NJ: Prentice Hall.

Seelbach, W. C. (1981). Filial responsibility among aged parents: a racial comparison. *Journal of Minority Aging, 5*, (2), 286–92.

Siegel, K., Anderman, S. J., & Schrimshaw, E. W. (2001). Religion and coping with health-related stress. *Psychology & Health, 16*(6), 631.

Sherman, R., & Webb, B., (1988). Qualitative Research In Education: A focus. R.Sherman and B. Webb (Eds). *Qualitative Research in Education: Focus and Methods, (*pp. 2-21). London: Falmer Press.

Shin, S., Chow, C., Camacho-Gonsalves, T., Levy, R. J., Allen, E. I., & Leff, S. H. (2005). A meta-analytic review of racial-ethnic matching for African American and Caucasian American clients and clinicians. *Journal of Counselling Psychology, 52*(1), 45–56.

Shurgot, Gia S. Robinson; Knight, Bob G. (2004). Preliminary study investigating acculturation, cultural Values, and psychological distress in Latino caregivers of dementia patients. *Journal of Mental Health and Aging. 10*(3), 183-194.

Silverman, D. (2000). Analyzing talk and text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd edition, pp. 821-834). Thousand Oaks, CA: Sage.

Simmons, J., & Griffiths, R. (2009). *CBT for Beginners*. London: Sage Publications Ltd.

Sin, C. (2004). Sampling minority ethnic older people in Britain. *Ageing and Society, 24*(2)*, 257-277.

Sin, C.G. (2006). High expectations of support among White British and Asian-Indian older people in Britain: the interdependence of formal and informal spheres. *Health and Social Care in the Community (2006), 14 (3), 215-224.

Singh, K. (2008). The Sikh spiritual model of Counselling. *Spirituality and Health International, 9*, 32–43.

Sloan, G. (1999). The therapeutic relationship in cognitive-behaviour therapy. *British Journal of Community Nursing, 4*(2), 58-64.

Smith, A., & Simmonds, J. (2006). Help-seeking and paranormal beliefs in adherents of mainstream religion, alternative religion, and no religion. *Counselling Psychology Quarterly, 19*(4), 331–341.

Smith, J. (2008). Introduction. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd edition, pp. 1-4). London: Sage Publication.

Smith, J., Flowers, P., & Larkin, M., (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage Publications.

Smith, J., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd edition, pp. 53-80). London: Sage Publication.

Snyder, J., & Patterson, G. (1995). Individual differences in social aggression: A test of reinforcement model of socialization in the natural environment. *Behavior Therapy, 26*(2), 371-391.

Song, Y.I. (1996). *Battered women in Korean immigrant families: The Silent Scream*. New York. Garland.

Stacey, J. (1998). *Brave New Families: Stories of Domestic Upheaval In Late-Twentieth Century America.* Berkeley: University of California Press.

Stith, S., Rosen, K., Middleton, K., Busch, A., Lundeberg, K., & Carlton, R. (2000). The intergenerational transmission of spouse abuse: meta analysis. *Journal of Marriage and the Family, 62*(3), 640-654.

Stopes-Roe, M., & Cochrane, R. (1991). *Citizens of this Country: The Asian British* Clevedon: Multilingual Matters.

Stommel, M., Given, C., & Given, B. (1990). Depression as an overriding variable explaining caregiver burden. *Journal of Ageing and Health, 2*(1), 81-102.

Suitor, J., & K, P. (1988). Explaining intergenerational conflict: When adult children and elderly parents live together. *Journal of Marriage and the Family, 50*(4), 1037-1047.

Sue, D. W., & Sue, D. (2003). Counselling the culturally diverse: theory and practice (4th ed.). New York: John Wiley & Sons, Inc.

Sue, S., Fujino, D. C., Hu, L., & Takeuchi, D. T. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology, 59*(4), 533–540

Sung, K. (2001). Elder respect: Exploration of ideals and forms in East Asia. *Journals of Aging Studies, 21(*3), 213-228.

Swanson, S. (1998). *Abuse and Neglect of Older Adults*. Ottawa, Canada: National Clearinghouse on Family Violence.

Szapocznik, J., & Kurtines, W. M. (1993). Family psychology and cultural diversity: Opportunities for theory, research and application. *American Psychologist, 48*(4), 400-407.

Szapocznik, J., Santisteban, D., Rio, A., & Perez-Vidal, A. (1989). Family effectiveness training: An intervention to prevent drug abuse and problem behaviours in Hispanic adolescents. *Hispanic Journal of Behavioural Science, 1*12-27.

Taft, C. T., Murphy, C. M., Elliot, J. D., & Keaser, M. C. (2001). Race and demographic factors in treatment attendance for domestically violent men. *Journal of Family Violence, 16*(4), 385–400.

Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist, 38,* (11) 1161-1173.

Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: a social psychological perspective on mental health. *Psychological Bulletin, 103*, (2) 193-210.

Taylor, S. E., Helgeson, V. S., Reed, G. M., & Skokan, L. A. (1991). Self-generated feelings of control and adjustment to physical illness. *Journal of Social Issues, 47*, 91-109.

Taylor, S. E., & Lobel, M. (1989). Social comparison activity under threat: Downward evaluations and upward contacts. *Psychological Review, 96*, (4) 569-575.

Taylor, S. E., Wood, J. V., & Lichtman, R. R. (1983). It could be worse: Selective evaluation as a response to victimization. *Journal of Social Issues, 39*, 19-40.

Temple, B., & Young, A. (2004). Qualitative Research and Translation Dilemmas. *Qualitative Research, 4*(2), 161-178.

Thomas, J. L. (1993). Concerns regarding adult children's assistance: Comparison of young old and old-old parents. *Journal of Gerontology: Social Sciences, 48*(6), 315-322.

Thomas, S. C., & Sobolew-Shubin, A. (1993). Overprotective relationships: A non-supportive side of social networks. *Basic and Applied Social Psychology, 14*(3), 363-383.

Thompson, N., & Bhugra, D. (2000). Rates of deliberate self-harm in Asians: findings and models. *International Review of Psychiatry, 12*, 37-43.

Tirrito, T., & Nathanson, I. (1994). Ethnic differences in care-giving: Adult daughters and elderly mothers. Affilia, 9 (1), 71-85.

Tolich, M. and Davidson, C. (1999). *Starting Fieldwork: An Introduction to Qualitative Research in New Zealand*, Auckland, Oxford: University Press.

Tolman, R. M., & Bennett, L. W. (1990). A review of qualitative research on men who batter. *Journal of Interpersonal* Violence, *5,* 87-118.

Torop, P. (2002). Translation as translating as culture. *Sign System Studies*, *30*(2), 593-605.

Tran, T. V. (1997). Ethnicity, gender and social stress among three groups of Hispanics. *Journal of Cross-Cultural Gerontology*, *12,* 341-356.

Tran, K., Kaddatz, J., Allard, P. (2005). South Asians in Canada: Unity through diversity. Canadian Social Trends. No. 78. Statistics Canada Catalogue no 11-008-x, pp. 20-25. Retrieved on 1/6/10, from http://www.statcan.gc.ca/pub/11-008-x/2005002/article/8455-eng.pdf

Trochim, W. (2006) Positivism & post-positivism . Retrieved on 4/8/14, from http://www.socialresearchmethods.net/kb/positvsm.php.

Tribe, R., Lane, P., and Heasum, S. (2009). Working towards promoting positive mental health and well-being for older people from BME communities. *Working with Older People, 13* (1), 33-40

Tsai, J. L., Chentsova-Dutton, Y., & Wong, Y. (2002). Why and how we should study ethnic identity, acculturation, and cultural orientation. In G. Hall & S. Okazaki (Eds.)*, Asian American Psychology: The science of lives on context,* (pp. 41–65). Washington D.C., American Psychological Press.

Vaillant, G. (1971). *Theoretical hierarchy of adaptive ego-mechanisms. Archives of General Psychiatry, 24,* 107-11.

Vaillant, G. (1995). *The Wisdom of the Ego: Sources of Resilience in Adult Life.* London: Free Association Books.

Valk de H. G. & Schans. D (2008). 'They ought to do this for their parents': perceptions of filial obligations among immigrant and Dutch older people. *Ageing and Society,* 28, 49-66.

Varvin, S. (2003). *Flukt og eksil Traume, identitet og mestringz (Flight and Exile Trauma, Identity and Master).* Norway: Universitetsforlaget.

Vazquez, C. I., & Rosa, D. (1999). An understanding of abuse in the Hispanic older person: Assessment, treatment and prevention. *Journal of Social Distress and the Homeless, 8,* 193-206.

Wagnild, G. (2003). Resilience and successful aging: Comparison among low and high income older adults. *Journal of Gerontological Nursing*, 29(12), 42-49.

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resiliency Scale. *Journal of Nursing Measurement*, 1(2), 165-178.

Wamwara-Mbugua, W., Cornwell, B. T., & Boller, G. (2008). Triple acculturation: The role of African Americans in the consumer acculturation of Kenyan immigrants. *Journal of Business Research*, 61 *(2),* 83-90.

Ward, C., Okura, Y., Kennedy, A., & Kojima, T. (1998). The U-curve on trial: A longitudinal study of psychological and sociological adjustment during cross-cultural transition. *International Journal of Intercultural Relations, 22*, 277-291.

Wareing*,* L. A. (*2000*). '*Pathways through the senses to individualised care*', *Journal of Dementia Care, 8*(1), 22-4.

Warnes, A. M., Friedrich, K., Kellaher, L. &Torres, S. (2004). The diversity and welfare of older migrants in Europe. *Ageing & Society, 24*(3), 307–26.

Waterman, A. S. (1985). Identity in the context of adolescent psychology. In A.S. Waterman (Ed.), Identity in adolescence: *Progress and contents: (New directions for child development, No.30*). San Francisco: Jossey-Bass.

Whisman, M. (2008). *Adapting Cognitive Therapy for Depression Managing Complexity and Co morbidity.* London: Guildford press.

Whisman, M. A., & Bruce, M. L. (1999). Marital Distress and Incidence of Major Depressive Episode in a Community Sample. *Journal of Abnormal Psychology, 108,* 674–678.

White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: WWNorton.

WHO/IPEA (2002). *Missing Voices: Views of Older Persons of Elder Abuse*. Geneva: World Health Organisation.

Widom, C. (1989). The cycle of violence. *Science, 244*(14th April), 160-165.

Williamson, G., Dooley, W., Matin-Cook., K., Wiener, M., Svetlink, D., Saine, K., et al. (2005). Caregiver Resentment: Explaining why care recipients exhibit problem behaviour. *Rehabilitation Psychology, 50*(3), 215-223.

Willig, C. (2008). *Introducing Qualitative Research in Psychology* (2nd edition). Berkshire (England): Open University Press.

Willis, R. (2008). Ethnicity and family support. *Working with Older People, 12* (3*)*, 27-30.

Winnicott, D. (1953). Transitional objects and transitional phenomena. *International Journal of Psychoanalysis*, *34,* 89-97.

Winnicott, D. (1988). *Babies and their Mothers.* London: Free Association Books.

Wilson, R., & Branch, R. (2006). *Cognitive Behavioural Therapy for Dummies*. London: John Wiley & Sons Ltd.

Wilson, R., & Branch, R. (2006). *Cognitive Behavioural Therapy for Dummies*. London: John Wiley & Sons Ltd.

Wright, J., Basco, M., & Thase, M. (2005). *Learning Cognitive-Behaviour Therapy: An Illustrated Guide* New York: American Psychiatric Publishing.

Wright, J. H., & D. D. (1994). The therapeutic relationship in cognitive-behavioural therapy: Patient perceptions and therapist responses. *Cognitive Behav Pract, 1*, 25-45.

Wolf, R. (2000). The Nature and Scope of Elder Abuse. *Generations, 24*(2), 6-13.

Wolf, R., & Pillemer, K. (1997). The Older Battered Woman: Wives and Mothers Compared. *Journal of Mental Health and Aging, 3*(3), 325-336.

Wong, L. (2006). How Visible Minority Students cope with supervision stress. In P. Wong & L.Wong (Ed). *Handbook of multicultural perspectives on stress and coping,* (pp. 361-387). New York: Springer.

Yardley, L. (2008). Demonstrating Validity in Qualitative Research. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd edition, pp. 235-251). London: Sage Publication.

Yuen, E. J., Kauh, T. Mental health and acculturation in Korean American caregivers. Health Policy Newsletter (2002), 15(3): Article 7. Retrieved on 25/4/13, from http://jdc.jefferson.edu/hpn/vol15/iss3/7

Yoo HC, Gee GC, Takeuchi D. (2009) Discrimination and health among Asian American immigrants: Disentangling racial from language discrimination. *Social Science and Medicine. 68*, 726–732.

Yoon, D. P., & Lee, E. O. (2007). The impact of religiousness, spirituality, and social support on psychological well-being among older adults in rural areas. *Journal of Gerontological Social Work*, *48*(3/4), 281-298.

Young, J. E. (1994). *Cognitive Therapy for Personality Disorders: A Schema Focused Approach.* 2nd edition. Sarasota, FL*:* Personal Resource Press.

Zarit, S., & Edwards, A. (2000). Family care-giving: research and clinical Intervention. In R. T. Wood (Ed.), *Psychological Problems of Ageing,* (pp. 153-193). New York: Wiley.

Zarit, S., Reever, K., & Bach-Peterson, J. (1980). Relatives of the impaired elderly: Correlated of feelings of burden. *Gerontologist, 20*, 649-655.

Zeidner, M., & Endler, N. (Eds.) (1996*). Handbook of coping: Theory, research, applications.* New York: John Wiley.

Zhou, M. & Bankston, C. L. (1998). *Growing Up American: How Vietnamese Children Adapt to Life in the United States*. New York: Russell Sage Foundation.

Zhou, X., Vohs, K. D., & Baumeister, R. F. (2009). The symbolic power of money: Reminders of money alter social distress and physical pain. *Psychological Science* , *20*(6), 700 -706.

Footnotes
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Appendix 1: Table 5: Structural Overview of Master, Super-ordinate and Subordinate Themes

MASTER THEMES	SUPER-ORDINATE THEMES And SUB-ORDINATE THEMES

MASTER THEME 1:
 	
Motherland to East Africa: Affirmative Experiences of Living in India and Its Influence on Migration and Adjustment to East Africa
	Super-ordinate Theme 1: *'In India they will respond with a smile'- The Indian self as a positive self- concept for Asian Indian older adults.*
	
	   Sub-ordinate Theme 1: A sense of hope, purpose & loyalty- Positive social interaction and communal closeness leading to an emotional connection to India.
	
	   Sub-ordinate Theme 2: A sense of will & competence- Developed skills & ability in India.
	
	Super-ordinate Theme 2: *'Wanted to earn, earn by working...so we liked'- Impact of migration to East Africa on Self.*
	
	   Sub-ordinate Theme 3: Tentative reflections on experiences of adjustment to an East African lifestyle.
	
	   Sub-ordinate Theme 4: Impact of socioeconomic status and occupational prestige on development of self- esteem.

MASTER THEME 2:
 	
From Psychological Distress to Opportunity and Growth: Forced Migration from East Africa to Britain:
	Super-ordinate Theme 3: *'Amin had kicked everybody out!'- Impact of forced migration from East Africa to Britain on the psychological well-being of Asian Indian older adults.*
	
	   Sub-ordinate Theme 5: Anxiety, anger and hostility towards East Africa.
	
	   Sub-ordinate Theme 6: Forced migration as a factor in impacting an Asian Indian male's sense of worth.
	
	Super-ordinate Theme 4: 'I learnt to live independently' - Following distress Asian Indian older adult's experiences of growth
	
	   Sub-ordinate Theme 7: Personal strength, perceived benefits, and development of resilience.
	
	   Sub-ordinate Theme 8: Deeper appreciation for life & spiritual closeness.

MASTER THEME 3: British Asian Indian Older Adults Cautious Reflections on Receiving Care from Family Members and Its Impact on their Well-being.	***Super- ordinate Theme 5:*** *'We are happy!'- British Asian Indian older adults' reluctance in sharing issues of familial care to preserve and protect their culture and identity.* ***Super – ordinate Theme 6:*** *'I am hurt... that, why does he not still understand!' - Emotional distress following conflict with family carer.* ***Super- ordinate Theme 7:*** *'If I say something my children may take offence' - Fear of abandonment from family carer.*

MASTER THEME 4: Strategies Identified in Managing Challenges of Migration, Acculturation and Familial Care Receiving Experiences	***Super-ordinate Theme 8:*** *Cognitive-behavioural strategies used by older adults to cope with challenges migration and acculturation.*
	
	   Sub-ordinate Theme 9: *Older Adults strong sense of cultural identity & segregated viewpoint.*
	
	   Sub-ordinate Theme 10: *"I had inner strength" – Strengthening and positively restructuring perceptions and meanings.*
	
	Super-ordinate Theme 9: *Cognitive- behavioural and spiritual strategies used by older adults to manage strain of care offered by family members.*
	
	   Sub-ordinate Theme 11: *'Our expectations are low'- Developing resilience and re-adjusting expectations to manage disappointment.*
	
	   Sub-ordinate Theme 12: *"Because of karma"- Religion providing answers, spiritual growth and distraction.*
	
	   Sub-ordinate Theme 13: *Managing difficult thoughts through thought switching, tolerance and forbearance.*
	
	Super-ordinate Theme 10: *Unaware psychological strategies (observed in interviews) used by older adults to manage internal tensions of forced migration to Britain and familial care receiving experiences*
	
	   Sub-ordinate Theme 14: *Spontaneous reminiscing and nostalgia.*
	   Sub-ordinate Theme 15: *Projection, Denial & Displacement.*

Appendix 2a: Consent form

The Culture and Care Study

Participant Consent Form

- I, the undersigned, voluntarily consent to take part in the Culture and Care study

- I have read and understood the information sheet provided. This aims and purpose of the study have been explained to me and I know what participating in the study will involve.

- I understand that information about me will be held in the strictest confidence in accordance with the Data Protection Act (1998), and my anonymity will be preserved. I understand that confidentiality will only be broken where there are concerns about my safety or the safety of others.

- I understand that I am free to withdraw from the study at anytime, without needing to give a reason.

- I confirm that I have read above and consent to taking part in this study. I agree to comply with the instructions of the study.

- I understand that the interview shall be recorded for only the purpose of the study and this shall be kept in a secure place and destroyed on completion of the study.

Name of participant

_____

BLOCK CAPITALS

Signature _____   Date _____

Name of Researcher: Khushbu Sheth

Researcher signature _____ Date _____

Appendix 2b: Consent form in Gujarati

સાર સંભાળ અને સંસ્કૃતિનો અભ્યાસ.
ભાગ લેનારનું પરવાનગી પત્રક

- હું સારસંભાળ અને સંસ્કૃતિનો અભ્યાસ વિશે ભાગ લેવા માટે મારી મરજીથી પરવાનગી ફોર્મમાં સહી કરું છું

- માહિતી પત્રમાં આપેલી માહિતી મેં વાંચી છે સમજ્યુ છે. આ અભ્યાસ માટેનો હેતુ અને સમજાવવામાં આવી છે. અને મને ખબર છે કે આ અભ્યાસમાં શીની સમાવેશ કરવામાં આવશે.

- મારી સમજણ પ્રમાણે મારા વિશેની માહિતી અને ઓળખબળ ડાટા-પ્રોટેક્શન એકટ (૧૯૯૮) મુજબ તદ્દન ખાનગી રહેશે. મારી સમજણ મુજબ ખાનગી વિગતો રૂક્ત મારી અથવા તો બીજનને સલામતી માટે જ રજુ કરાશે.

- મારી સમજણ મુજબ કોઇ પણ કારણ આપ્યા વગર હું અભ્યાસ માટે ના કરી શકુ છું

- હું આથી આપું છું કે શ્રી અભ્યાસમાં ભાગ લેતા મારી પરવાનગી આપુ છું. અને હું આના અભ્યાસનાં સેશનની સ્વોકવા તૈયાર છું

- મારી સમજણ મુજબ આ ઇન્ટરવ્યુ રૂકત અભ્યાસના હેતુ માટેજ રેકોર્ડ કરવામાં આવશી અને તેની ખાનગીમાન જગ્યામાં રખાશી. અને અભ્યાસ પૂરી થયા બાદ તેની ખાંખનો નાશકરવામાં આવવાશી.

ભાગ લેનારનું નામ :
_____

સહી:_____   તારીખ_____

રિસર્ચરનું નામ : પ્રબુ શેઠ.

રિસર્ચરની સહી:_____તારીખ_____

Appendix 3: Brief

Brief shall be read out to participants as follows:
N.B if required shall be read out in Gujarati

Hi! Thanks for agreeing to take part in the study. The study will involve you undertaking a face-face interview with myself and will last about 30 minutes. The study is to understand your experience of moving from one country to another and change in culture prior to settling in Britain, in relation to care. This interview will be digitally recorded so that we can analyse your responses accurately. You don't have to give any information you don't want to or feel uncomfortable talking about. Any information you do give will be kept confidential and anonymous. Should you feel uncomfortable at any point in the interview you can withdraw at anytime from the study or interview. If you are happy to continue please could complete the consent form

Appendix 4a: Information leaflet for participants

THE CULTURE AND CARE STUDY
Thank you for considering taking part in the Culture and Care Study. My name is Khushbu Sheth and I am the main researcher on the Culture and Care Study. Before taking part in the study, I think that it is important for you know what the study is about and how you can take part. If there are any questions that have not been answered below, please feel free to contact me. My details are given at the end of this information sheet.

What is the Culture and Care Study?
The Culture and Care study aims to look at issues regarding care that are important for older persons and family caregivers who have experienced change in cultures i.e. by moving from one country to another. This includes the way you feel about care and any difficulties that you have experienced in relation to changing cultures. I hope that the results of the study will increase our understanding of the important issues for older persons and family care givers. This can then help improve services for older persons and care givers in the future.

What does taking part involve?
If you agree to take part in the study you will be asked to take part in a recorded interview which will last for about 30 minutes. The answers you give will be kept confidential and anonymous. To take part you will need to read this information sheet and sign the consent form attached saying you agree to take part and give me permission to record the interview. The interview is fairly straight forward however if you are unable to understand any part of the interview or you become upset by any of the part of the study it is important you inform me. You do not have to answer any question you do not wish to answer. You can withdraw from the study at anytime without needing to give a reason, even after you have completed the interview. The interview will be available in English, Gujarati and Hindi.

What happens to the information I give?
If you agree to take part in the study and complete the interview the answers you give will be kept confidential and anonymous. The consent form that you sign will be kept in a separate place. This means that the interview will not have any identifiers and the information will not be passed on to anyone, unless I have worries about your safety or the safety of others from your responses. In this case, I will talk to you about it first and then bring it to the attention of my supervisor/ centre manager or group organiser.
The interviews will be analysed and overall results will be summarised and made available to you on completion of the study. No-one's individual's answers will be presented nor will they be identified in any way.

What will I get for taking part?
From taking part in the study you will have the opportunity to voice your opinions regarding culture changes & care. Also, as a good will gesture and to show our appreciation for you commitment you will have a choice to enter a £25 prize draw

What do I do now?
If you agree to take part in the study, please sign the consent form attached. Thereafter,
please forward this to me when I visit a group you attend next or contact me on the number below and we can discuss participation further. Please tear off this information sheet and keep for you information.

<center>Thank you!!</center>

Researcher contact details
Name: Khushbu Sheth
Email: khushbu.sheth@city.ac.uk Mobile: **07743750665**

Appendix 4b: Information leaflet in Gujarati

હવે હું શું કરું ?

જો તમે અભ્યાસમાં જોડા લેવા માટે કરવા હો, તો મહેરબાની કરીને આ સાથે જોડેલું પરવાનગી પત્ર સહી કરી પછી મહેરબાની કરીને મને પહોંચાડું કરો. હું તમને તમારા ગામમાં આવવા આગળ અને અભ્યાસ લેવા માટે વાતચીત કરવા મહેરબાની કરીને આ ભલામણી મંજૂરીનું પાણ ત્યારોજાણ માટે કાઢી લેખો

આપનો આભાર

સંપર્ક માટેની વિગત

નામ: ખુશબુ શેઠ   મોબાઇલ નંબર ૦૭૪૩૩૮૦૫૬૫

ઈ મેઇલ એડ્રેસ: Khushbu.sheth@city.ac.uk

Appendix 5: Debrief

Debrief read out to participants as follows:
N.B brief shall be spoken in Gujarati/Hindi if required

Thank you for taking part in the study. The information you have provided is very useful and will help us understand your experience of moving from one country to another and change of culture and its implications on care. The study aimed to understand the experience of moving from one culture to another, by moving from one country to another, and its implications on care-giving/receiving and how you deal with this. All the information you have provided will be kept confidential and anonymous. You have the right to withdraw your information if you wish. If you do wish to withdraw information you provide please me contact me on *research number* (contact details will be provided via information sheet) and your records will be removed from the study. If you have any queries or questions about the study please do not hesitate to contact me. Finally, if you would like to take part in the £25 prize draw please complete entry form/provide me your contact details should you win you will be contacted by telephone.

Appendix 6: Resource sheet

RESOURCE LIST FOR OLDER PERSONS AND CAREGIVERS

Here is some information about useful organisations that older persons can turn to for help and advice. Some of the organisations are based in Leicester other are national.

Name and contact	Information of services provided
ADHAR Project 79 St Peters Road Leicester LE2 1DH Tel: 0116 220 0070 Email: admin.box@adharproject.org.uk Language support provided	This local project provides support, advice and therapy groups for Asian people with mental health problems and their carers in the community.
Age Concern Leicestershire & Rutland Lansdowne House 113 Princess Road East Leicester LE1 7LA Tel: 0116 299 2233 Website: www.ageconcernleics.com Email: enquiries@ageconcernleics.com	This organisation provides services including day centres, carer respite service, lunch clubs, minority ethnic outreach service, information and advice and homecare.
Akwaaba Ayeh, 40 Chandos Street Highfields Leicester LE2 1BL Tel: 0116 247 1525 Website: www.akwaabaayeh.com Email: akwaaba@akwaabaayeh.com Language support: Patois, Punjabi	This project provides advocacy for African, African-Caribbean or Asian people experiencing mental health difficulties and their carers, by providing support it aims to provide a service that is confidential, accessible and responsive to diverse cultural needs.
Benefit Enquiry Line (BEL) Tel: 0800 882 200 (free phone)	A national helpline giving general advice/information about benefits to people with disabilities, carers or representatives. BEL is part of the Department for Work and Pensions.
Carers UK 0808 808 7777 (helpline) / 020 7378 4999 (switchboard) Website: www.carersuk.org	This organisation provides information and advice on aspects of caring. The Carers Line is a confidential advice line for carers staffed by welfare rights, community care and benefits experts.
Domestic Violence Integrated Response Project (DVIRP) PO Box 7675 Leicester LE1 6XY Tel: 0116 255 0004	This is a local helpline and provides support, signposting/access to other agencies and advocacy to anyone who is affected by domestic violence.
Help the aged Tel: **020 7278 1114** **Wed:** www.helptheaged.org.uk Email: info@helptheaged.org.uk	This is an organisation which provides support and information for older persons and caregivers
Action on Elder Abuse Tel: 0808 808 8141 Website: www.elderabuse.org.uk	This is a national helpline for older persons suffering from abuse. The helpline/website provide support and information

We hope you have found this list useful. This is just a selection of national and local resources available to older persons and caregivers out of many that are available. The Culture and Care is not affiliated to any of these organisations, nor does it take responsibility for any of the services offered by them.
Best Wishes The Culture and Care Study

Appendix 7: Ethics form

Ethics Release Form for Psychology Research Projects

All trainees planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Trainees are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐   MPhil ☐   MSc ☐   PhD ☐   **DPsych X**   N/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Acculturation and the implications on the giving and receiving of care: A qualitative exploration of the implication of care giving and care receiving for Asian Indian Older Person & Asian Indian Family Caregivers

2. Name of student researcher (please include contact address and telephone number)

Miss Khushbu Sheth
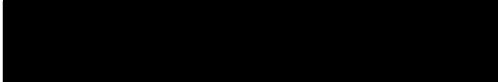
N.B. a separate mobile number will be used for research purposes

3. Name of research supervisor
Prof. Marina Gulina- City University London

1

4. Is a research proposal appended to this ethics release form? **Yes**

5. Does the research involve the use of human subjects/participants? **Yes**

If yes,

a. Approximately how many are planned to be involved?

4 in Pilot Study + 12 in final study therefore total= 16 participants

b. How will you recruit them?

I shall recruit participants through local neighbourhood/community centres and organisations related to topic area e.g. age concern at coffee/tea mornings, luncheon clubs and support groups. A poster and information sheet shall be forwarded to organisations to place in a visible place. Participants will be approached through the organisations to place in a visible place. Participants will be approached through the various groups held at the centres and via poster. Participants shall be provided with an information sheet with information regarding the study. Participants will be asked to contact me should they wish participate. NB Both my supervisors' and my contact details will be provided. .

Letter to organisations (appendices 1)
Information sheet for organisations (appendices 2)
Posters (appendices 3 and 4)
Information sheet for participants (appendices 5)

N.B All participant materials (appendices 3, 4 and 5) shall be translated in Gujarati and Hindi

c. What are your recruitment criteria?

Inclusions Criteria:

All participants shall be recruited from a non-clinical population.

Older person group to include: 6 Asian Indian Older persons (i.e. originally immigrated from India) must be aged 65+, be cared (i.e. fit the criterion as mentioned by Zarit and Edwards, 2000) for by an Asian Indian family caregiver (30+) both living in same home. Asian Older person must have immigrated between 2-3 times and lived in those countries prior to settling in Britain for at least 10 years each.

Family caregiver group to include: 6 Asian family caregiver must be 30+ (i.e. originally immigrated from India), must care (i.e. fit the criterion as mentioned by Zarit and Edwards, 2000) for Asian an older person (65+) living together. Asian family caregiver must have immigrated between 2-3 times and lived in those countries prior to settling to Britain for at least 10 years. All participants must have resided in each country for at least more then 10 years (respectively) so that acculturative processes have occurred.

Efforts shall be made to include for each sample of older persons (6) and family caregivers (6). Further, each sample group shall include 3 males and 3 females to avoid gender biases

Exclusion Criteria:

Older persons who are in institutionalised care or not currently residing with family caregiver shall not be included within the sample to provide consistency in type of care provided. Also, older persons suffering from dementia shall also not be included due to possible psychological distress and issues regarding consent.
Family caregivers who do not live with older parent shall not be included in the sample to meet family care giver criterion.

Older persons and family caregivers must not be related i.e. both samples will be exclusive due to possible conflict of interests that may arise. Further, older persons and family caregivers must consider themselves in a care recipient and care giver role (respectively).

---

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent?   **No**

I shall be studying older persons and family caregivers in the general population. Therefore, informed consent shall be sought from only participants ensuring that they fully understand the nature of study and have right to refuse.

Brief (appendices 6)
Participant Consent form (appendices 7)
N.B Brief and consent form shall be translated in Gujarati and Hind

If yes, will signed parental/carer consent be obtained? N/A

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Participants will take part in a semi-structured interview lasting approx 30 minutes.   up

Interview schedule (appendices 9)

N.B Questions shall be translated in Gujarati and Hindi

7. Is there any risk of physical or psychological harm to the subjects/participants?
                                                                    Yes

If yes,

a. Please detail the possible harm?

Expressing their experience of immigration and acculturation processes and it's implications on care giving/receiving may be distressing.

b. How can this be justified?

To understand the experience of immigration and acculturation processes and it's implications on care giving/receiving from a subjective perspective it seems necessary to ask questions related to this area albeit questions will be open-ended

hence the participant shall be able to guide their disclosures and can refuse to answer any questions they wish not to express.

Furthermore, the interview questions will be developed to elicit negative and positive perceptions and participants will be briefed, debriefed and consent will be sought from each of them. Should the interview cause psychological distress an information sheet with list agencies that can provide advice and guidance shall be forwarded to participant.

Debrief (appendices 8)
Resource list (appendices 10)
N.B debrief and sign posting information sheet shall be translated in Gujarati and Hindi

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes

Information sheet (appendices 5)
N.B information flyer shall be translated in Gujarati and Hindi

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes

Consent form (appendices 7)
N.B consent shall be translated in Gujarati and Hindi

(Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

Interviews with the participants will be digitally recorded, transcribed on computer and participant information e.g. contact details shall be kept on a spreadsheet.

Participant contact information sheet (appendices 11)

12. What provision will there be for the safe-keeping of these records?

All tape recordings, transcripts USB stick and records (hard copies) shall be kept locked in a cabinet (access only to researcher). Further, all recordings, transcripts and spreadsheet shall be saved on an USB stick and password protected (access only to researcher).

13. What will happen to the records at the end of the project?

Once project has ended all records shall be destroyed: hard copies will be shredded and computer records e.g. spreadsheet, recordings and transcripts will deleted from the USB stick

14. How will you protect the anonymity of the subjects/participants?

All information issued or reviewed by academic staff (i.e. supervisor) shall be anonymous through the use of pseudo names and any identifiers shall be changed/removed.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

Once interview has been completed participants shall be de-briefed. Should participants require further psychological support a resource list of possible support options shall be provided.

De-brief (appendices 8)
Resource list (appendices 10)
N.B de-brief and resource sheet shall be translated in Gujarati and Hindi

If you have circled an item in bold print, please provide further explanation here:

As per question number:

4) Proposal has been attached
5) The research involves older persons and family care givers
6) None of the participants will be under 16 or unable to give consent
7) Talking about experience of acculturation and implications to care giving/receiving maybe distressing although safeguards have been put into place i.e. de-brief and resource sheet
8) All information to be forward to organisations/centres and participants has been appended
9) No participants' treatment or care shall be compromised as interview shall take place at convenience of participant
10) Consent form has been attached

Participants shall also have the opportunity to take part in a prize draw to the value of £25. They shall have a choice to take part at the de-briefing stage and be asked to complete a prize draw form (appendices 12). All information shall be kept confidential and destroyed once draw had taken place. The draw is hoped to take place in December 2009. Also, a research schedule has been attached for your information (appendices 13). Also, refreshments will be provided to all participants at interview.

N.B All communication to participants as above will also be available in Gujarati and Hindi.

Signature of student researcher Khushbu Sheth   Date 17/4/09

Original signature on hard copy

Section B: To be completed by the research supervisor

5

Please mark the appropriate box below:

☑ Ethical approval granted

☐ Refer to the Department of Psychology Research Committee

☐ Refer to the University Senate Research Committee

Signature ████████ -------------------------------------- Date *05/06/09*

Section C: To be completed by the 2nd Department of Psychology staff member
(Please read this ethics release form fully and pay particular attention to any answers
on the form where bold items have been circled and any relevant appendices.)

☑ I agree with the decision of the research supervisor as indicated above

Signature -------████████------------------- Date *11.06.09*

6

Appendix 8: Template of letter to organisations

<div align="right">The Culture & Care Study
Contact address/details</div>

Community/Neighbourhood Centre Address

<div align="right">Date</div>

Dear xxxxxxxxxxxxxx,

Re: THE CULTURE AND CARE STUDY

We are researchers from City University in London conducting a project about the impact of moving from one culture to another, by moving from one country to another, and its implications on care-giving/receiving in older person and family caregivers. We are particularly looking at the experience of moving to/from 2-3 countries prior to living in Britain and its implications on care-giving and receiving in British Asian Indian older persons and British Asian Indian family caregivers. The study shall focus on the general population to gain a better understanding of this phenomenon. It is hoped that this knowledge will enable more accurate advice to be given to professionals and will help to continue develop appropriate interventions and programmes.

The Ethics Committee at City University has approved this study. We have chosen to conduct the study in Leicester because it boasts a multicultural population therefore, we are writing to community and neighbourhood centres in Leicester to invite them to participate in this important study.

The enclosed information sheet provides further information about the rationale to the study and what participating would involve. Your co-operation is very important to us, and we would be grateful for any assistance you may be able to provide. We are aware of the many pressures on your time and resources. Therefore, we feel it is important to discuss the possibilities and practicalities with you, in order to ensure that participation will cause minimal disruption. We hope that your participation in the study may also provide you with some useful information.

We will be contacting you in the near future to discuss the study and address any issues you might have around participating. We would also be very interested to hear your comments and feedback on the study. Should you have any questions in the meantime, please do not hesitate to contact us at the address above.

Thank you very much for your help

Yours sincerely,

Miss Khushbu Sheth
Research Student
Research supervised by Prof. Marina Gulina

Appendix 9: Information sheet for organisations

CITY UNIVERSITY LONDON

The Culture & Care Study

The well-being of older persons and caregivers is a major concern especially as older persons are living longer. Moreover, difficulties experienced by an older person and family caregivers, who have experienced change in culture by moving from one country to another, can cause great distress and discomfort. Although, many studies have been conducted to understand the impact of culture on care-giving/receiving in the USA, this has not been the case in Britain. In addition, detailed research of the experience of migrating to 2-3 countries has not considered implications on care.

This research aims to explore experience of the process of immigration and changes in culture between 2-3 countries prior to settling in Britain as well as its implications on care receiving and giving on British Asian Indian older persons and British Asian Indian family caregiver (respectively) from their perspective as well as to understand how older persons and family caregivers manage and negotiate beliefs culture changes regarding care.

The study will focus on a non-clinical population to arrive at a better understanding of the experience of change in culture and its implications on care-giving/receiving. The knowledge gathered will enable more accurate advice to be given to professionals and will contribute to the development of appropriate interventions.

Importance of the study
Findings from this study may impact both at a scientific level and have practical value. The findings will help provide greater understanding of how older people would like to be cared for as well as understanding of possible adjustment difficulties experienced by caregiver and older persons who have experienced change in culture.

How you will be involved
The organisation will be involved in three main ways
1) Allowing a poster/flyers to advertise the study to be displayed at organisation
2) Allowing the researcher to come to your organisation and give a short introduction of study (around 15 minutes) to older persons and caregivers in various groups and allow them to take home an information sheet and consent form
3) Allowing interested older persons and caregivers to undertake a 30 minute face to face recorded interview, perhaps at the organisations/centres during their attendance to a group to provide conveniences to participant and not to disrupt daily routine. No other involvement is required from the organisation

Confidentiality
All information will be kept in strict confidence. No one outside the research team will see any of the raw data. Individual participants will not be identifiable from the research data. If there are any serious concerns about personal safety or the safety of others from the answers given by the participant, the researcher will ask to speak to the participant in question to inform them of this concern will be brought to the attention of you (Centre Manager/Group organiser).

Potential hazards
There are no major risks anticipated for participating in the study. However, there is a chance that for a small minority of participants, answering questions about feelings and behaviours may be upsetting. For this reason, it is important that the interview is conducted in a safe environment with the researcher to monitor such reactions. In addition, all participants will be provided with local and national resources that have set up help and support for older persons and family caregivers.

Benefits
- The primary benefit for the organisation is in making an important contribution to our knowledge about older persons and family caregivers'.
- Organisations will also receive feedback about the findings of the study
- The lead researcher will also compile and make available to older persons and family caregivers a list of possible local and national resources for their information

Please do not hesitate to contact me with comments & questions
Khushbu Sheth, DPsych Counselling Psychology, Department of Social Sciences, City University, Northampton Square, London, EC1V 0HB **Tel:** ███████ **Email:** ███████████

Appendix 10a: Prize draw form

The Culture & Care Study
£25 voucher prize draw form

Thank you for taking part in the study.

As a good-will gesture we are running a prize draw
to win a £25 voucher, if you would like to be
entered please complete the form below:

Name:

Address:
Town:
Postcode:

Tel:

Your information will not be forwarded to any other parties
Should you be the lucky winner you will be contacted by telephone

Good Luck!!!

Appendix 10b: Prize draw form in Gujarati

સંસ્કૃતિ અને સંભાળના
અભ્યાસ માટે ૨૫૦૦ પાઉંડના
ઈનામ જીતવાનું ફૉર્મ

અભ્યાસમાં ભાગ લેવા બદલ તમારો આભાર.

તમારી કદરરૂપે ૨૫·૦૦ પાઉંડનું ઈનામ જીતવાનું
વાઉચર. જો તમને ઈનામ જીતવા માટે ભાગ
લેવો હોય તો મહેરબાની કરી નીચેનું ફૉર્મ ભરશો.
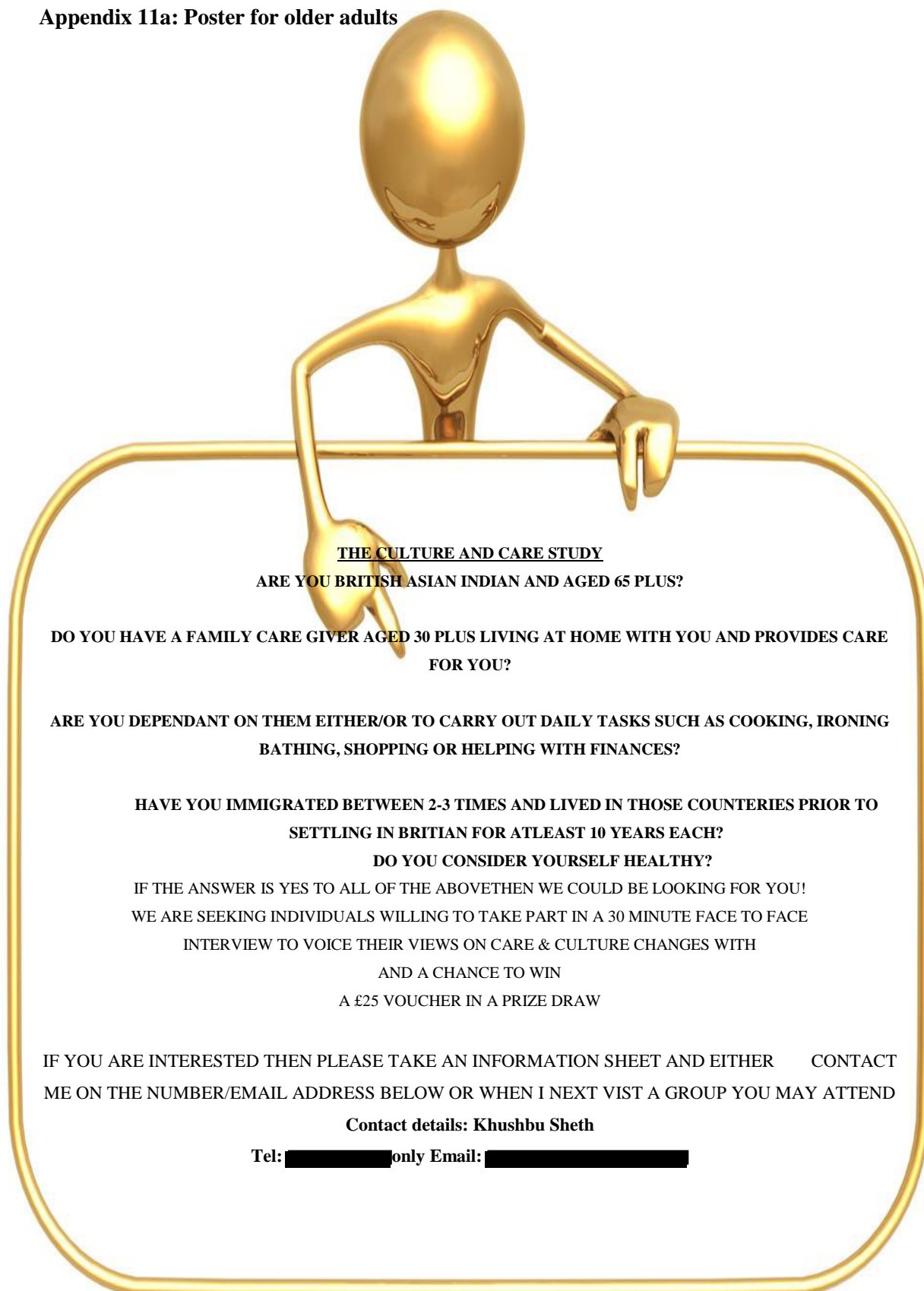
Name: નામ:

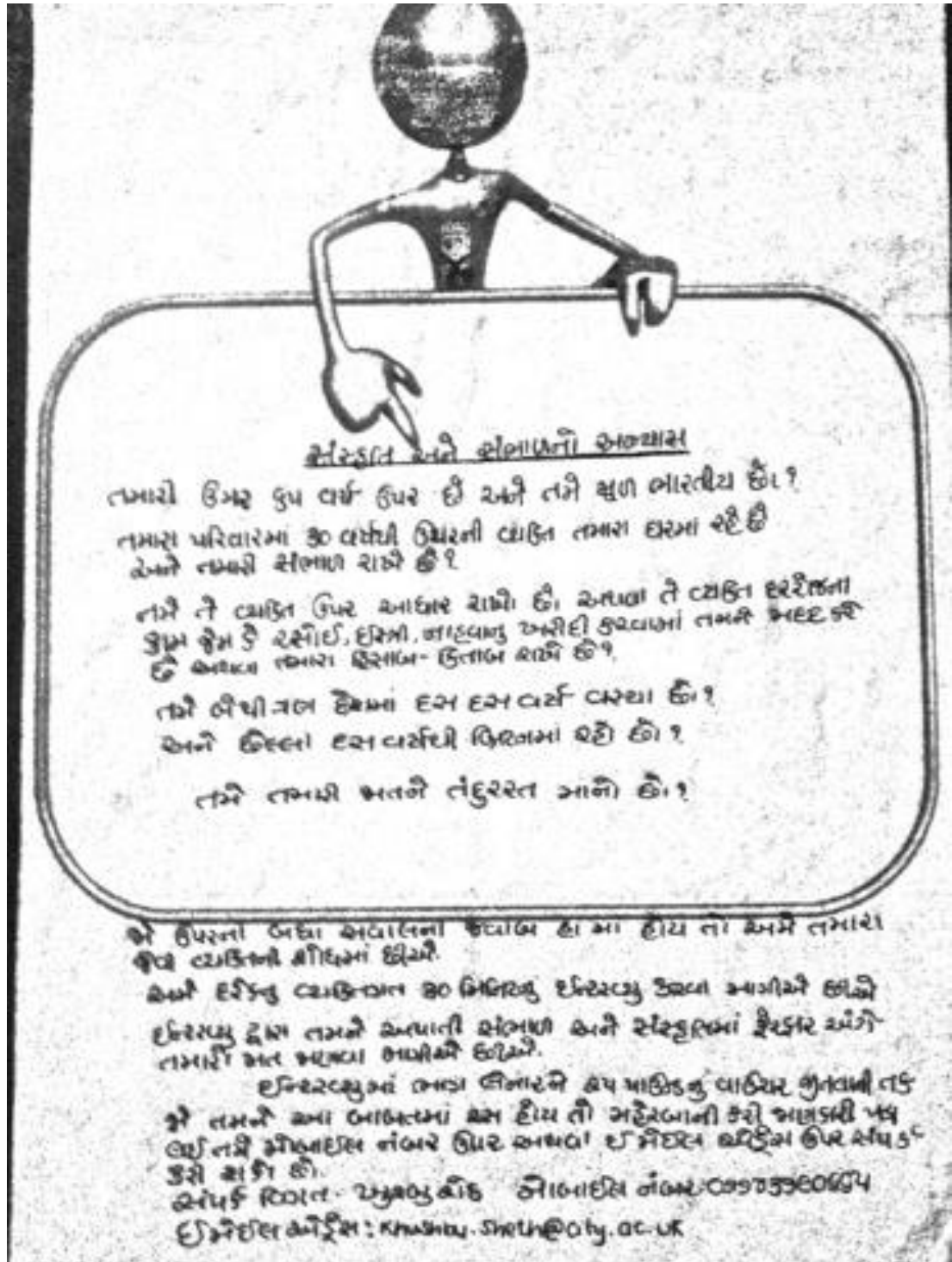Address: સરનામુ:
Town: ગામ
Postcode: પૉસ્ટકૉડ.

Tel: ટેલિફોન:

તમે અભ્યાસ માટે આપેલ વિગત કે માહિતી બીજા કોઈને
આપવામાં આવશે નહી. જો તમે ઈનામ જીતવામાં
સફળ બનશો તો તમારી ટેલિફોનથી સંપર્ક કરવામાં
આવશે.

સદ્ભાગ્ય

Appendix 11a: Poster for older adults

THE CULTURE AND CARE STUDY
ARE YOU BRITISH ASIAN INDIAN AND AGED 65 PLUS?

DO YOU HAVE A FAMILY CARE GIVER AGED 30 PLUS LIVING AT HOME WITH YOU AND PROVIDES CARE FOR YOU?

ARE YOU DEPENDANT ON THEM EITHER/OR TO CARRY OUT DAILY TASKS SUCH AS COOKING, IRONING BATHING, SHOPPING OR HELPING WITH FINANCES?

HAVE YOU IMMIGRATED BETWEEN 2-3 TIMES AND LIVED IN THOSE COUNTERIES PRIOR TO SETTLING IN BRITIAN FOR ATLEAST 10 YEARS EACH?
DO YOU CONSIDER YOURSELF HEALTHY?
IF THE ANSWER IS YES TO ALL OF THE ABOVETHEN WE COULD BE LOOKING FOR YOU!
WE ARE SEEKING INDIVIDUALS WILLING TO TAKE PART IN A 30 MINUTE FACE TO FACE
INTERVIEW TO VOICE THEIR VIEWS ON CARE & CULTURE CHANGES WITH
AND A CHANCE TO WIN
A £25 VOUCHER IN A PRIZE DRAW

IF YOU ARE INTERESTED THEN PLEASE TAKE AN INFORMATION SHEET AND EITHER   CONTACT
ME ON THE NUMBER/EMAIL ADDRESS BELOW OR WHEN I NEXT VIST A GROUP YOU MAY ATTEND
Contact details: Khushbu Sheth
Tel: ▮▮▮▮▮▮▮▮ **only Email:** ▮▮▮▮▮▮▮▮▮▮

Appendix 11b: Poster for older person in Gujarati

Appendix 12a: Interview schedule without amendments

<u>**Older adults interview schedule**</u>

Thank you for agreeing to take part in the interview. I am going to ask you a few questions about your experiences of change in culture and its implications on care while migrating from one country to another.

1) Where were you born? How long have you been living in the U.K? What other countries have you lived in?

Probing
- How did you feel when you moved to Britain?
- How did you feel when you moved from you place of origin to (other countries resided in)?
- Do you feel you had to change yourself in any way when you moved to these countries If, so how?

2) Who currently cares for you? Please can you tell me what are your experiences of receiving care from (family care givers name) are?

Probing
- What were your expectations, beliefs and values about care from you FC?
- Do you feel these are same/different to Britain/(other countries) values and beliefs?
- How did you manage these values and beliefs?
- Has this affected you in anyway ? If so how?

3) Looking back can you recall a time when you encountered an incident with (name if care giver) where you had to negotiate your personal beliefs/values of care?

Probing
- If yes can you tell me about this, how did you respond? How did it make you feel?
- Please tell me how you managed the incident?
- Has this affected you in anyway ? If so how?

<u>Is there anything else you would like to add regarding your experience of care receiving from (name of care giver) which you feel will provide us with a better understanding of your experiences?</u>

Appendix 12b: Revised interview schedule

Appendix 12b: Revised interview schedule

<u>Older adults interview schedule</u>

Thank you for agreeing to take part in the interview. I am going to ask you a few questions about your experiences of change in culture while migrating from one country to another and its implications on your experiences of family care while migrating from one country to another.

1) Can you tell me where is your place of birth Where were you born? What was it like to live there? What other countries have you lived in?
Probing

> **Formatted:** Indent: Left: 0.63 cm, Space After: 10 pt, Line spacing: Multiple 1.15 li, No bullets or numbering, Hyphenate, Adjust space between Asian text and numbers, Font Alignment: Auto

2) How long have you been living in other countries /Britain? What other countries have you lived in?

Probing

> **Formatted:** Indent: Left: 0 cm

- How did you feel when you moved to the other countries /Britain?
- How did you feel when you moved from you place of origin to (other countries resided in)?
- Do you feel you had to change yourself in anyway when you moved to these countries If, so how?

> **Comment [KH1]:** Give enough time to reflect on experience of living in each country and emotions attached if participant willing to share

2) Who currently cares for you at home? Please can you tell me what are your experiences of receiving care from (family care givers name) are?

Probing

- What were your expectations, beliefs and values about care from your family carer FC?
- Do you feel these are same/different to Britain/(other countries) values and beliefs?
- How did you manage these values and beliefs?
- Has this affected you in anyway ? If so how?

4) Looking back can you recall a time when you encountered an incident with (name if care giver) where you had to negotiate your personal beliefs/values of care?
Probing

> **Comment [KH2]:** Explore emotions attached to care giving if participant willing to share   recieno

- If yes can you tell me about this, how did you respond? How did it make you feel?
- Please tell me how you managed the incident?
- Has this affected you in anyway ? If so how?

Is there anything else you would like to add regarding your experience of care receiving you feel will provide us with a better understanding of your experiences?

> **Comment [KH3]:** Give opportunity to share experiences which research has not considered

Appendix 13: Example of transcript in Gujarati (Stage 1) p. 1/6

Key
I1: interviewer
I2: interviewee

Age: 85
Gender: Male
No. of countries lived in: 3
Religion: Jain
Relationship to care giver: Father

Brief read out by interviewer

Consent form signed by interviewee

Appendix 13: Example of transcript in Gujarati (Stage 1) p. 2/6

Appendix 13: Example of transcript in Gujarati (Stage 1) 3/6
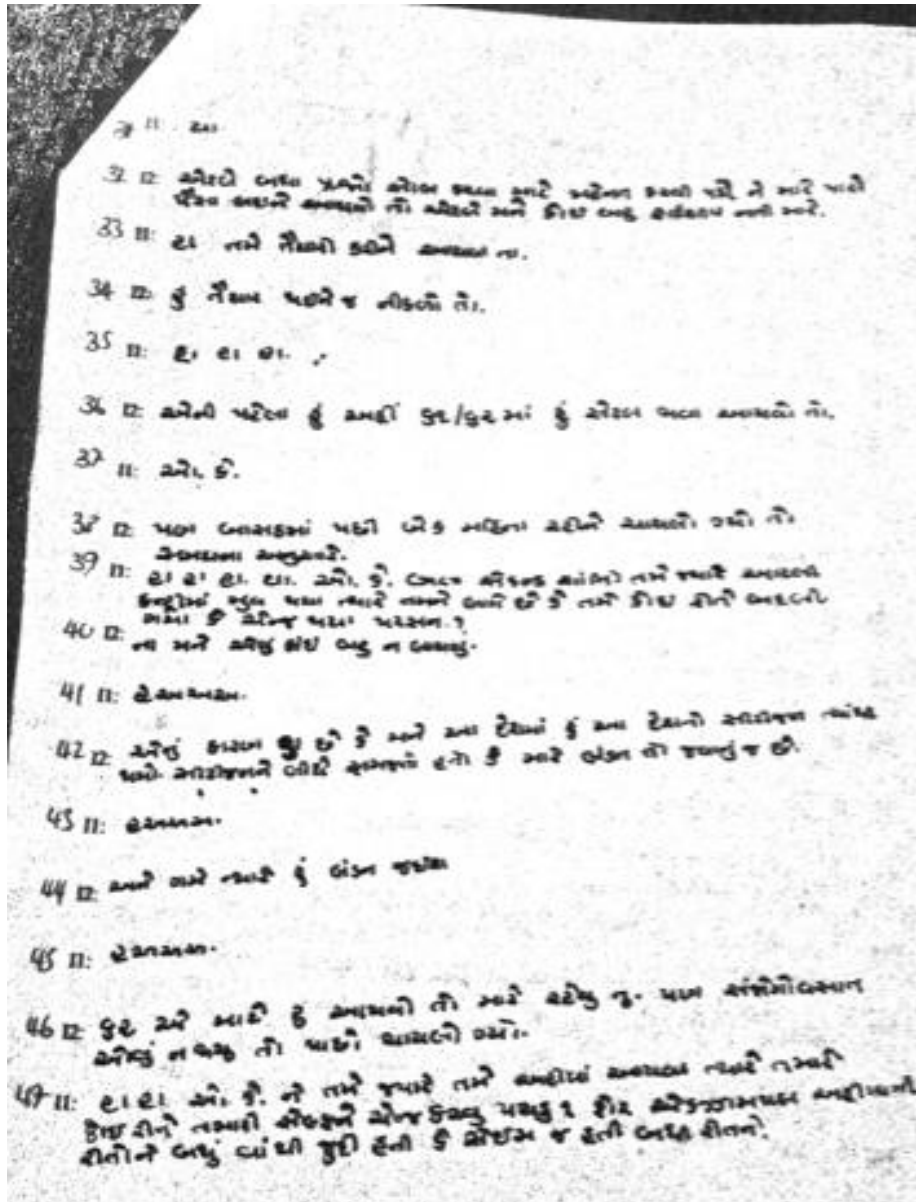
Appendix 13: Example of transcript in Gujarati (Stage 1) 4/6

Appendix 13: Example of transcript in Gujarati (Stage 1) 5/6

Appendix 13: Example of transcript in Gujarati (Stage 1) 6/6

Appendix 14: Example of translation to English of transcript and Initial comments and thoughts(Stage 2 and 3) 1/2

OPM1

Emergent Themes	Original transcript	Exploratory comments

Key
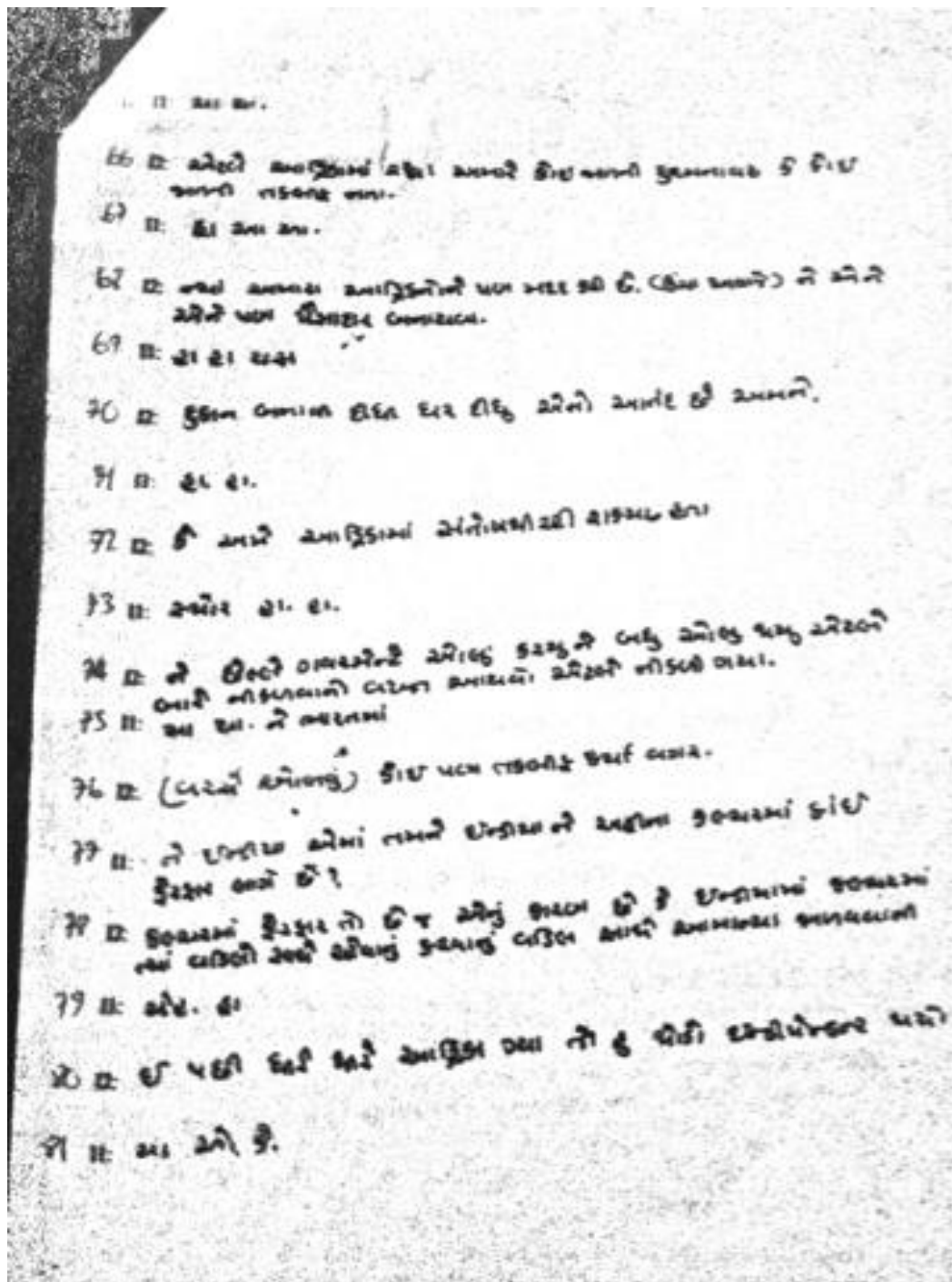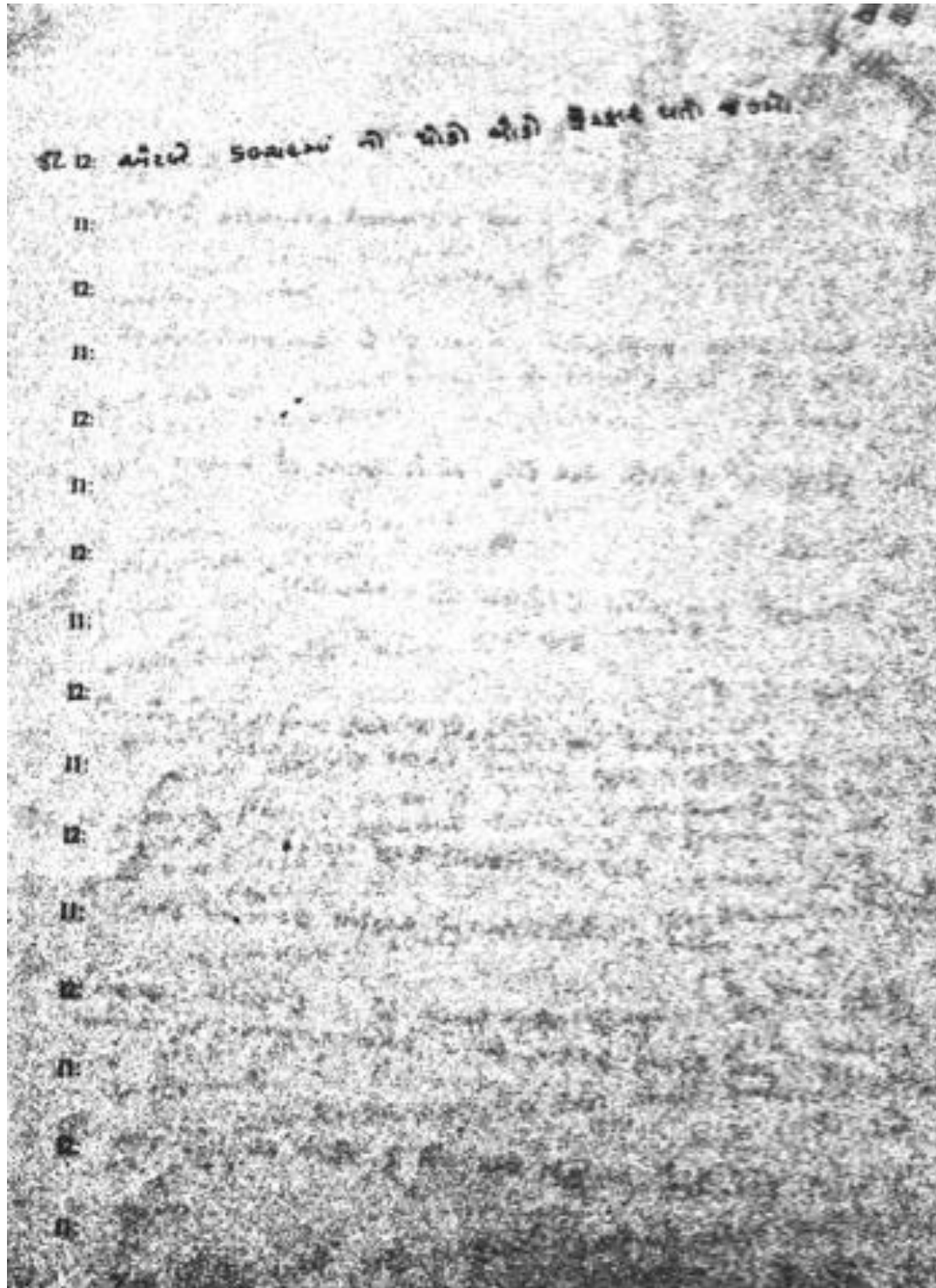I1: interviewer
I2: interviewee

Age: 85
Gender: Male
No. of countries lived in: 3
Religion: Jain
Relationship to care recipient: Youngest Son
Language: Gujarati

Brief read out by interviewer

Consent form signed by interviewee

1. I1: Hi, firstly I am going to ask you some questions erm about moving from one country to another that you have been lived in

2. I2: hmm

3. I1: and your experience of it... so erm where were you born?

4. I2: Africa

5. I1: Africa... and in Britain how many years have you been lived?

6. I2: 34 years

7. I1: 34 years ok... and have you lived in any other countries?

8. I2: India

9. I1: you lived in India.. hmm ok... am when you came to Britain, when you moved.. how did you find it?

10. I2: moving here... err err.. it was ok. because... we wanted to come and live here.. so it was ok

11. I1: ok

12. I2: I liked it

13. I1: and when you moved from one country to another for example when you moved from Africa to India or India to Africa how did you find that?

14. I2: then... because it was for work purposes and because we wanted to work ...wanted wanted to earn, earn by working.. so we liked it.

15. I1: liked it

16. I2: because wanted to earn money... get some money

17. I1: so this was important for you?

18. I2: it was important and because i was born in that country

19. I1: hmm. ok

20. I2: because Africa is a country where I was born

Handwritten margin notes (left, Emergent Themes):
Collectivist view Reasoning Compensating individualistic

on work related move Financial constraints Collectivist self part of a group Communal expectations pmpt of work + earning

Handwritten notes (centre/bottom):
Individualistic
because wanted to earn money... get some money
↳ Reputation maintainance in Community
→ Pride of earning
Perhaps there is a sense of pride in place of work

Handwritten notes (right, Exploratory comments):
Setting Scene
says it was ok wanted to come here Bangladesh
move related to work purposes
Expectation of family important to earn money as born here

Appendix 14: Example of translation to English of transcript and Initial comments and thoughts (Stages 2-3) (2/2)

22. I2: I also liked it in India, because... errm errm errm. My education took place in India
23. I1: ok
24. I2: and I have lived in India for 14 years whilst I grew up and also I had my education in India... so India is also good
25. I1: ok and...
26. I2: (interrupts and speaks louder) and so...so... in India I got to learn alot
27. I1: hmm
28. I2: in my childhood
29. I1: so... new ways
30. I2: (interrupts and speaks louder) all my education everything... was in India!!
31. I1: so you experienced the culture there and also experienced culture in Africa
32. I2: (speaks together) and Africa culture
33. I1: hmm ok
34. I2: I experienced both cultures
35. I1: and when you came to Britain how did you find it?
36. I2: even then now...errm errm errm errm... back then there was hardship because of (inaudible) there was hardship
37. I1: hmm
38. I2: because you move from one country to another to do feel hardship and there was hardship
39. I1: hmm
40. I2: because there are many problems... and you have to solve the problems
41. I1: hmm...ye
42. I2: and whilst coming to the country you have to work
43. I1: hmm
44. I2: and buy a house
45. I1: hmm
46. I2: so to solve these problems I had to work hard
47. I1: hmm and..
48. I2: (interrupts) and because I came here with money
49. I1: hmm

Appendix 15: Brief description of the analysis procedure

- **Stage 1-** Transcript annotated in Gujarati and listened to carefully
- **Stage 2-** Transcript translated into English.
- **Stage 3-** Transcript read closely a number of times. Annotations were made about what was interesting or significant in the right hand margin.
- **Stage 4-** Emerging themes: The transcript was read again and in the left hand margin emerging themes were be documented. The emerging themes were then listed chronologically on a separate paper and connections were sought.
- **Stage 5-** Clustering the themes: Then on a separate list a more analytical ordering was devised. Themes were clustered together with participant phrases to support theme, given names and indicate super ordinate themes.
- **Stage 6:** Validating: The clustered themes were checked against the primary transcript and given names to represent super ordinate themes. A table was formed to represent the super ordinate themes including the clustered themes. Identifiers (Key words and page number of transcript) were added at each clustered theme
- **Stage 7-**Continued analysis with other interview: This process was repeated with each transcript separately and then convergence and divergence were sought.
- **Stage 8-**Results: A master table of super ordinate themes was constructed including identifiers and a final statement outlining the meanings inherent in the participants experience was given

Parts obtained from Smith & Osborn (2008: pp.66-77)

Appendix 16: Example of clustering of themes and Validating (Stages 4-5)
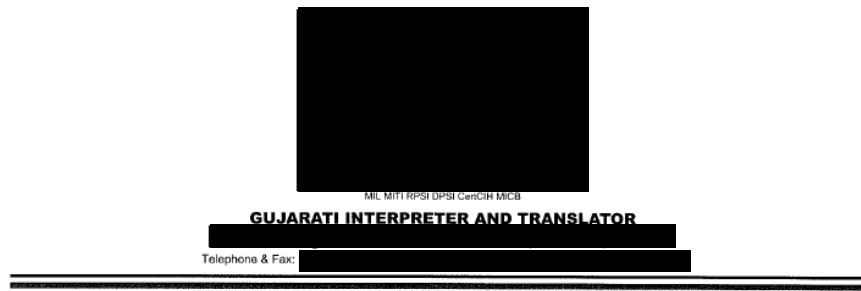
I1- researcher
I2- participant

Possible Master Themes	Possible Super ordinate Themes	List of emergent themes for Older Person	line no.	Line example
				1. I1: Hi, firstly I am going to ask you some questions erm about moving from one country to another that you have been lived in
Contact-participation	language as a barrier	hesitation	2	2. I2: hmm
				3. I1: and your experience of it... so erm where were you born?
				4. I2: Africa
				5. I1: Africa... and in Britain how many years have you been lived?
Contact-participation	language as a barrier	hesitation	6	6. I2: 34 years
				7. I1: 34 years ok... and have you lived in any other countries?
Culture maintenance	pride in place of birth/cultural Id	tone of voice is proud	8	8. I2: India
				9. I1: you lived in India.. hmm ok... am when you came to Britain, when you moved.. how did you find it?
Tension management	Rationalising	I wanted to anyway attitude	10	10. I2: moving here... err err.. it was ok..because... we wanted to come and live here.. so it was ok
Tension management	Collectivist view	we'	10	
				11. I1: ok
Independent view point	Individualistic	I'	12	12. I2: I liked it
Psychological well-being	self-concept	self-esteem	12	
				13. I1: and when you moved from one country to another for example when you moved from Africa to India or India to Africa how did you find that?
Migration	money, work, happiness	work related	14	14. I2: then... because it was for work purposes and because we wanted to work ...wanted wanted to earn, earn by working... so we liked it
Tension management	collectivist view	we'/ self as part of a group/raises tone in voice	14	
Culture maintenance	economically successful	expectation of family	16	15. I1: liked it
Culture maintenance	Status in community	reputation	ult	16. I2: because I wanted to earn money... get some money
				17. I1: so this was important for you?
Cultural maintenance	Cultural Id	Respect towards country		18. 2: it was important and because I was born in that country
				19. I1: hmm..ok
Contact participation	Cultural Id	pride of earning money in Africa		20. I2: because Africa is a country where I was born
				21. I1: and when you went to India how did you find it?
Culture maintenance	greater sense of pride, stutters through feeling overwhelmed	linked to education	22	22. I2: I also liked it in India, because... errm errm errm...My education took place in India
Cultural Id rootedness in India	education laid foundations	linked to education	22	
Tension management	separateness	ed and work	22	23. I1: ok

Cultural Id rootedness in India	laid foundations of growing up	education/early years	24	24. I2: and I have lived in India for 14 years whilst I grew up and also I had my education in India... so India is also good
Cultural Id rootedness in India	pride in home land	sense of gratitude	24	25. I1: ok and...
Cultural Id rootedness in India	pride in home land	sense of gratitude	26	26. I2: (interrupts and speaks louder) and so...so... in India I got to learn allot
Cultural Id rootedness in India	overwhelmed with pride	tone raises and interrupts	26	
				27. I1: hmm
Cultural Id rootedness in India	laid foundations of growing up	education/early years	28	28. I2: in my childhood
				29. I1: so... new ways
Cultural Id rootedness in India	laid foundations of growing up	education/early years	30	30. I2: (interrupts and speaks louder) all my education everything...was in India!!
Cultural Id rootedness in India	overwhelmed with pride	tone raises and interrupts	30	
communication style	verbally expresses through tone	speaks louder	30	31. I1: so you experienced the culture there and also experienced culture in Africa
communication style	frustration inability to communicate	aggressive tone/interruption		
communication style	emotional regulation through understanding each other	speaking together		32. I2: (speaks together) and Africa culture
Acculturation	ownership of experience	I'	34	
Acculturation	successful acculturation	pride in being able to participate in both cultures	34	33. I1: hmm ok
Migration	Hardship of moving	acknowledgment of difficulties	36	
Migration	Difficult memories	stutters unable to verbalise/ becomes emotionally mute	36	34. I2: I experienced both cultures
Migration	difficulty in expressing emotions	struggles to verbalise	36	
				35. I1: and when you came to Britain how you did find it?
				36. I2: even then now...ermm errm errm... back then there was hardship because of (inaudible) there was hardship
				37. I1: hmm
Migration	Hardship of moving	acknowledgment of difficulties	38	38. I2: because you move from one country to another to do feel hardship and there was hardship
Tension management	Intellectualisation	financial concerns avoidance of emotional issues	40-44	39. I1: hmm
Tension management	Intellectualisation	viewing migration as a problem to be solved	40-44	40. I2: because there are many problems... and you have to solve the problems
Collectivist	context orientated	viewing migration as a problem to be solved	40-44	
				41. I1: hmm...ye
				42. I2: and whilst coming to the country you have to work

				43. I1: hmm
				44. I2: and buy a house
				45. I1: hmm
Tension management	Intellectualisation	viewing migration as a problem to be solved	46	46. I2: so to solve these problems I had to work hard
Individualistic	respect for person goals	individual uniqueness	46	
Psychological well-being/tension management	through personal achievements	self-praise	46-50	47. I1: hmm and..
Psychological well-being/tension management	through personal achievements	raised voice	46-50	
Psychological well-being/tension management	developing integrity	trying to get all achievements in	46-50	48. I2: (interrupts) and because I came here with money
	contradicts previous statement *note*			49. I1: hmm
				50. I2: I didn't have much hardship
				51. I1: you came prepared?
Cognitive behavioural Strategies	preparation of migration	prepared	52	52. I2: I came prepared... I left with preparation
Cognitive behavioural Strategies	preparation of migration	trail visit	54-56	53. I1: hmm...ok
				54. I2: and before that in 1962 I came here
				55. I1: oh...ok
				56. I2: but in 1962 I came for 2 months and then went back
				57. I1: hmm..ok
Loss??	personal circumstances cause upset	sadness in tone	58	58. I2: because of personal circumstances (lowered tone of voice)
				59. I1: hmm.. ok (silence for 3 seconds)... and when you moved between these countries did you feel it changed you in anyway?
Cultural Id rooted	strong sense of self	directly responds no hesitation	60	60. I2: no not really..I don't think I changed..
Cultural Id rooted	no change though uncertain/ inner conflict??	I don't think'	60	
Cultural Id rooted	fear of change	rejectful of Id	62	61. I1: hmm
Tension management	rationalisation	citizenship/right to be in country	62	
Contact participation	acceptance	citizenship/right to be in country	62	62. I2: ..the reason for this is because when I became a citizen of this country... when I got my British citizenship... I knew from then that I would be going to London
Tension management	externalisation/ projection	avoidance of personal change	62	63. I1: hmm
Tension management	isolation effect	citizenship/right to be in country	62	64. I2: and I would be going to London at anytime... that's why I came to visit prior
Cognitive behavioural Strategies	mental preparation to manage unexpected	making self believe that wanted to migrate	62	
				65. I1: hmm
Loss??	personal circumstance cause upset		66	66. I2: but because of unforeseen circumstances I went back
Culture Maintenance	maintaining cultural values to a certain	personal values related to	68	67. I1: hmm...ok.. and when you came here did you feel you had to change yourself in anyway in relation to for example British values and beliefs? Was it different or the same as here?

	extent	work and money		
Individualistic	respect for person goals	personal values related to work and money	68	
Psychological well-being/tension management	through personal achievements	self-praise/status	68	68. I2: ermm.. for me the values and beliefs have not affected me because even on the 5th day of being in the country I bought a shop
Psychological well-being/tension management	viewing self as independent	self-praise	68	
Psychological well-being/tension management	comparing others achievements to self	self-praise	70	69. I1: oh..ok..
Autonomous	managing autonomy	self-praise/status	68-70	70. I2: so on the 5th day normally a person would not be able
				71. I1: hmm..
Psychological well-being/tension management	through personal achievements	status	72-74	72. I2: (speaks in a louder tone of voice) I had inner strength in me as a businessman to bring up a shop on the 5th day
Psychological well-being/tension management	through personal achievements	pride	72-74	
Psychological well-being/tension management	through personal achievements	self-praise	72-74	73. I1: ye
Communication	verbal tone	loud tone in voice	72-74	
Cultural Id rooted	innate ability	inner-strength	72-74	74. I2: and... in a week in my own way...I brought this house... well in 1 or 2 weeks... 1 or 2 weeks
Psychological well-being/tension management	developing integrity	reminiscing and nostalgia	72-74	
				75. I1: ye
Cultural Id rooted	overwhelmed with rootedness	muddles up words	76	76. I2: (muddles up words) ... because I came with money here
Cultural Id rooted	personal Id	money reflects personal Id		
				77. I1: hmm... ye
Psychological well-being/tension management	through personal achievements	personal strengths	78	78. I2: so really I did not have or see any problems settling here
Psychological well-being/tension management	through personal achievements	self as capable	78	
Autonomy	self is autonomous	no need for help	78	79. I1: hmm ok..errrm culture here and culture in Africa and India, do you feel there was any difference?
Tension management	projection through weather	struggles to verbalise	80	80. I2: here..the system here..ermm.. there is only one real bad thing about here... because of the weather...because of the cold, people need to remain warm and that is slightly a difficulty...the main difficulty (lowers tone in voice)
Tension management	projection through system- does not elaborate	non-personal	80	
Cognitive-Behavioural	avoidance	through system- does not elaborate	80	81. I1: hmm..ye
Individualistic	self-surviving individual	survivor	82	
Individualistic	own personal goals	Lone-ranger?	82	82. I2: otherwise if you think about it... individuals are able to survive on their own and are surviving
Contact participation	no need for unity	serving on own	82	
Trust and attachment	lack of trust in other	view self as self-serving	82	83. I1: so you don't see a difference in culture here and in India and Africa culture?- 5:02

Appendix 17a: Letter of approval 1

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MIL MITI RPSI DPSI CertCIH MICB

GUJARATI INTERPRETER AND TRANSLATOR

Telephone & Fax: [redacted]

15th January 2010

TO WHOM IT MAY CONCERN

I confirm having verified the attached translations, into Gujarati, of the following six documents in English and certify them to be accurate in substance:

1) The Culture and Care Study (information leaflet) – 2 pages- marked (1)

2) Interview (Transcript from Gujarati into English)-6 pages- marked (2)

3) Participant consent form- 1 page- marked (3)

4) The Culture and Care Study voucher prize draw form- 1 page- marked (4)

5) The Culture and Care Study (Invitation for participant to care receivers aged 65+)- 1 page- marked (5)

6) The Culture and Care Study (Invitation for participant to family caregiver aged 30+)- 1 page- marked (6)

Each of the six translations bears my official embossment.

I am full member/registered of the following professional organisations:

- The Chartered Institute of Linguistics, London

- The Institute of Translation and Interpreting, Milton Keynes

- The Association of Police and Court Interpreters, London

- The National Register of Public Service Interpreters, London

[black redaction box]

MCIL MTI MAPIC RPSI DPSI CertCIH MICB

Member of the Institute of Linguists • Member of the Institute of Translation and Interpreting • Full Member of the National Register of Public Service Interpreters • Practitioner Member of the Chartered Institute of Housing • Member of The Institute of Certified Book Keepers

Appendix 17b: Letter of approval

[redacted]

[redacted]

Tel/Fax: [redacted]

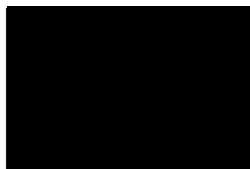10th January 2010

TO WHOM IT MAY CONCERN

I confirm having verified the attached translations, into Gujarati, of the following six documents in English and certify them to be accurate in substance:

1) The culture and Care Study (information leaflet) – 2 pages-marked (1)

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3) Participant consent form – 1 page marked (3)

4) The Culture and Care Study voucher prize draw form – 1 page – marked (4)

5) The Culture and Care Study (invitation for participant to care receiver to care receiver aged 65+) -1 pages – marked (5)

6) The Culture and Care Study (invitation for participant to family caregiver aged 30+)-1pages – marked (6)

I am Teaching Gujarati Language up to GCSE level in this country for 25yrs. and also I am a GCSE Examiner for OCR Boards Examination board.

[redacted]
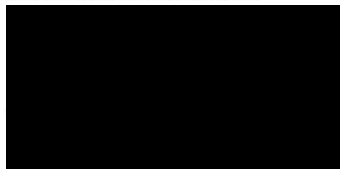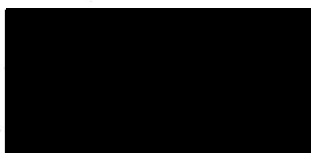
Appendix 18: Extracts from analysis & discussion section

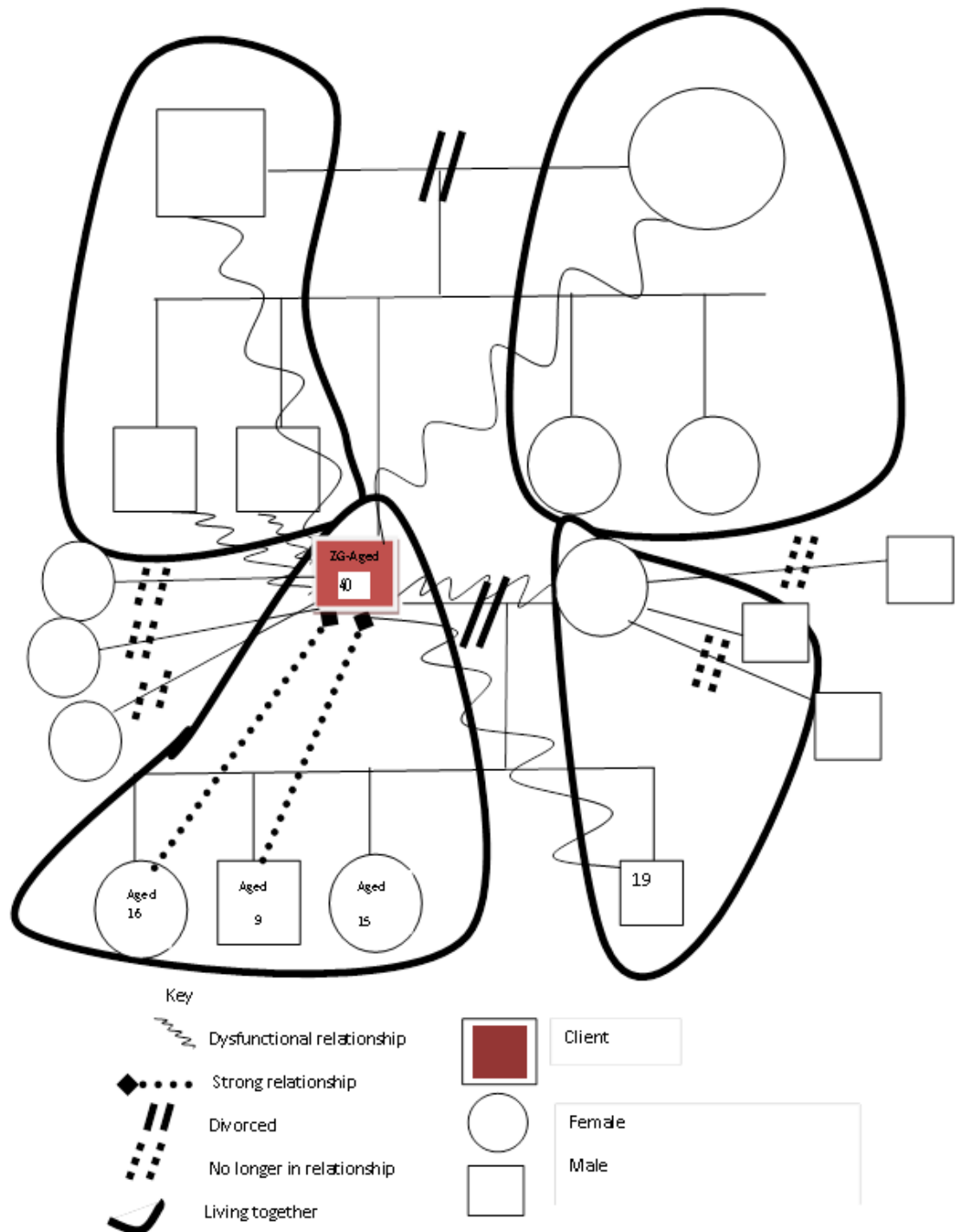|	
Sheena OPF3 (A)	*194- 206 I go to the mandir (temple) ... we have a Mataji mandir.. shakti mata mandir... Yes I go to the mandir...Yeah I mix there..., there are many gujarati like us... so we mix easily... We do Bhajans... we enjoy and do it together.... I do like that....I have not gone to any other places*
Deepak (OPM3) (B)	*191- 243 Soo... (1 second silence) ... I stood near a Pan alley... near a Pan shop* *so at the Pan shop I said I need a job...there was a muslim brother (1second silence) who .. the pan shop keeper was a relative of mine..the Muslim brother said 'okay you come tomorrow'...' right now nearby whereby I work part time...'Try it'...' if you find it comfortable'.... That man gave me a job... I worked there for 31years... 31 years... I took 1 years wages ...30 years a I did free services...how much help is that?... the place where I did the job... the job I stayed they gave me 1 years worth of wages... and in one year I was well set and saw the roads.. that man... helped me to a point.. then I thought to myself I do not want to take wages ... that man also did me a favour and gave me a space to do business...I did a business until now... when I came here I gave back to him the space... that this is your space... so he responds .. you are going right now .. for you son ... that space he can look after... I said 'I tell my son.. his lines different..business is totally different' ... he might or he might not look after tomorrow waking up and says' no i will not vacate'... then our relationship will be ruined ... Right?...when I came from there to here there was riots... in 2000...when there were riots that boss rang me to ask whether I wanted to give my son money at home?* *244-451 Ok... so he looked after you?* *245-451 Yes! (aggressive tone)... that boss phoned to ask ' do you want to give your son money?' (1second silence) To the point that man also arranged my marriage ... I did not know him at all*
Shashi OPM2 (C)	*226-243Everything is in order...'I got 3 sons and all are married after err one was married errr in seventy ....seventy.... because (2 second silence)..., (opens draw and takes out a note book and flicks through pages)errr ... eighty five ... seventy... I think (Eldest sons name) married in ninety eighty one... (middle sons name) married in nineteen sixty... (youngest sons name) ... nineteen sixty he is born.. (middle sons name) born. He married in nineteen er...nineteen eighty-eighty five.... eighty seven.... married in eighty seven. It could be in eighties... (youngest sons name) married in nineteen eighty.... and er ye everything is ok*
Sheena OPF3 (D)	*309-321My husband is not alive.. I am alone I am widow... So just even if they look after me that all... I do not want anything else (starts to cry)....That's all they should look after us (tearful whilst speaking)... That's all...I like that (tearful whilst speaking)*
Dipti OPF1 (E)	*935-948 At the moment there is not .. now in one maybe 2-3 months or 6 months things may change then... I am not able to say that I will not be able to do any changes... changes will have to be made then... are you worried about that.... err from inside I am being brav... if something happens no matter what to body or my mind I have confidence... I have self-confidence...I will tolerate it*
Dipti OPF1 (F)	*907-933 Like.. personally I have had to change things I have had support from my religion annnndd.. eer many time I have experienced like if there is going to be event then from an early point I am able to get god's blessings... oooor... like I get advice... and on my mind you do get tension like today I want to go to temple... have to wake up... I get lots of energy so much time..I make it early errrr .. and I get there fast fast I get their... when there is something... naturally in my body I get energy* *928. RESEACHER yeah.. it comes...hmm.. ok... so from religion you gain strength* *929-933 hmm (nods head)... get supports... yes it supports me*

Appendix 19: Genogram of friends/family members discussed by ZUNAID

Key

∿ Dysfunctional relationship		■ Client	
◆•••• Strong relationship			
// Divorced		◯ Female	
⋮ No longer in relationship		▢ Male	
) Living together			

Appendix 20: Risk Assessment for domestic violence

Risk Indicator Check List
To be completed during completion of initial assessment

1. Does perpetrator have a criminal record for violence or drugs? **If yes, is record Domestic violence related?**	Yes (No)
2. Did the most recent incident result in injuries? **If yes, do injuries cause any significant concern?** *Scratching*	(Yes) No
3. Did the most recent incident involve use of weapons? **If yes, does this cause any significant concern?** *various from scratching to verbal abuse.*	Yes (No)
4. Is the perpetrator experiencing any of the following problems? a) Financial b) Drugs & Alcohol c) Mental Health	Yes (No) (Yes) No (Yes) No
5. Is the victim pregnant?	Yes (No)
6. Has the perpetrator expressed/behaved in jealous or controlling ways?	Yes (No)
7. Has there been/going to be separation between victim and perpetrator	(Yes) No *Are now divorced*
8. Is there any conflict with perpetrator over child contact	Yes (No) *Client is carer of children.*
9. Has the perpetrator ever threatened to kill anybody If yes which of the following (please circle) Victim Child Other	Yes (No) *No, longer in contact.* *No children + client* *Read all*
10. Has the perpetrator attempted to strangle/choke/smoother the victim?	(Yes) No *But is No longer in contact Read all*
11. Is the abuse becoming worse or happening more often?	Yes (No) *No longer in relationship*
12. Has victim or perpetrator ever threatened/attempted suicide?	Yes (No)

If yes please circle Victim Perpetrator 13. Is the victim very frightened?	(Yes) No of what family think about him.
14. If the victim afraid of further injury or violence?	Yes (No)
15. Does the victim have any children aged 1 or under?	Yes (No)
16. Is the victim afraid that the perpetrator will harm the children?	Yes (No) As no longer in contact
17. Does the victim suspect of being stalked?	Yes (No)
18. Has the perpetrator used any sexual violence within the relationship	Yes (No)
19. Does the victim feel isolated from friends and family (Please give details, including details of forced marriage/insecure immigration status and if victim resides in isolated area	

Yes, Client has moved from
to   to re-build life wife with his
Children. Does not know many people.
Isolated from friends + family as do not want to know him

20. Summary Observations

Client is attempting to rebuild life.
Family + friends disowned + not
supportive. Is no longer (incl children)
in contact with perpetrator.

Do you feel this victim is at high risk of experiencing further domestic violence?	Yes (No) Unsure
Completed by	Khushbu Shah ▮

Appendix: 21: Evaluation of suicide

Evaluation of Suicidal Risk

c lient's Name: _____ Today's Date: 16/11/09

Therapist's Name: Khushbu Sheth

Evaluate for current suicidal ideation and behavior and for any past incidence of suicidal plans, intentions, or behavior.

Question	Current	Past
Do you have any thoughts of harming yourself? [If yes:] Describe.	None	None
Have you ever felt indifferent about whether something dangerous would happen to you and you took a lot of risk—like you really didn't care if you died or hurt yourself? [If yes:] Describe.	None	None
Have you ever threatened that you would hurt yourself? [If yes:] Whom did you say this to? Why?	None	None
Have you ever tried to hurt yourself on purpose? [If no, go on to p. 3 of form]	No	No
Exactly what did you do to try to hurt yourself?	N/A	N/A
How many times have you tried this? When? Describe.	N/A	N/A
Did you tell anyone before or after your attempt? Had you threatened to hurt yourself or talked about it before? [If yes:] Describe.	N/A	N/A

(cont.)

Evaluation of Suicidal Risk (p. 2 of 5)

Questions	Current	Past
Had you planned to hurt yourself, or was it spontaneous?	N/A	N/A
What was your state of mind when you attempted to hurt yourself? Were you depressed, spaced out, anxious, relieved, angry, excited? Were you using alcohol, medication, other drugs?	N/A	N/A
Did you call someone at that time, or were you discovered by someone? What happened?	N/A	N/A
Did you go to a doctor or to the hospital? [If yes:] Which doctor/hospital? [Obtain release of information.]	N/A	N/A
Did you feel glad that you were alive? Embarrassed? Guilty? Sorry you didn't kill yourself?	N/A	N/A
Did you want to hurt yourself soon after your attempt?	N/A	N/A
Was there any event that triggered your attempt? [If yes:] Describe. [If no, go to next page of form]	N/A	N/A
What were you thinking after this event that made you want to hurt yourself?	N/A	N/A
If something like that happened again, how would you handle it?	N/A	N/A

(cont.)

Evaluation of Suicidal Risk (p. 3 of 5)

Question	Current	Past
Has any family member or close friend ever hurt himself or herself?	N O	Yes - ex-wife
How would you describe your current [past] desire to live? None, weak, moderate, or strong?	Strong - responsibile of Children	strong - had family
How would you describe your current [past] desire to die? None, weak, moderate, or strong?	None	None
[If current or past desire to die:] What would be the reason for wanting to die or harm yourself? Hopelessness, depression, revenge, getting rid of anxiety, being with a lost loved one again, other reasons?	N/A	N/A
[If current or past desire to die:] Have you ever planned to hurt yourself? What was that plan? Why did you [did you not] carry it out?	N/A	N/A
Are there any reasons why you would not harm yourself? Explain.	>My children >At I want to achere something for myself	>Family >Friends >Wife & Children
Do you have more reasons to live than reasons to die?	Yes - definately	Yes
[If not:] What would have to change so that you would want to live more?	N/A	N/A
Do you own a weapon?	NO	NO

(cont.)

Evaluation of Suicidal Risk (p. 4 of 5)

Question	Current	Past
Do you live on a high floor or near a high bridge?	NO	NO
Are you saving medications for a future attempt to hurt yourself?	No	NO
Do you drive excessively fast?	Do not drive anymore	NO
Do you ever space out, not knowing what is going on around you? [If yes:] Describe.	NO	NO
Do you drink more than three glasses of liquor or beer a day? Do you use any medications? Other drugs? Do these substances affect your mood? [If yes:] How?	NO - muslim family NO drugs, substance medication antidepressant to treat depressive symptoms	No
Have you written a suicide note? Have you recently written out a will?	NO	NO
Do you feel there is any hope that things can get better?	Sometimes	YES
What are the reasons why things could be hopeful?	Make a better life for myself show my family I worth it	Supportive friends
Why would things seem hopeless?	When my family + friends let me down	when family let me down when wife left me down
Would you be willing to promise me that you would not do anything to harm yourself until you have called me and spoken with me?	Yes - no Khushi + help me	Yes - help me

(cont.)

Evaluation of Suicidal Risk (p. 5 of 5)

Question	Current	Past
Is your promise a solemn promise that I can rely on, or do you have doubts about whether you can keep this promise? [If doubts:] What are these doubts?	No doubts	N/A
Can I speak with [loved ones or a close friend] to be sure that we have all the support that we need?	Yes – eldest daughter	N/A
Does this client need to be hospitalized?	No	N/A

Therapist: Summarize dates, precipitating factors, and nature of the client's previous suicide attempts, if any: No suicide attempts identified but safety plan in place - ie contact no. s & action plan if depressive symptoms escalate.

If the client is willing to promise that he or she will contact and speak with the therapist before engaging in any self-harmful action, have him or her sign this statement:

I, _____ promise that I will not do anything to harm myself until I have called and spoken to you, my therapist. I also agree that you may speak with a loved one or close friend of mine to be sure that you and I have all the support we need.

_____
Client's Signature

_____
Therapist's Signature

Date 16/11/09.

Appendix 22: Case Conceptualisation- in italics is the information gathered within session
Predisposing Factors
Lack of social support
Avoidant mother
Critical and uncaring father

Core Beliefs (Unconditional)

"I am unlovable", "I am unwanted", "I am worthless"; *"I am failure"*

Assumptions: Nobody wants me; I am no good to anyone; *Bad things happen to me*
Rules: If I don't attempt things my life will be easier; *If I avoid people so they can't hurt me;*

Precipitating Factors
Wife abusive towards Zunaid & children
Wife divorcing Zunaid
Family and friends disowning Zunaid
Community unsupportive
Lots of failed relationships (romantic and platonic)
Wife having affairs

Triggers: 'when others let me down'*Children avoidant*
Modifiers: Care-giving to children
Maintenance Factors Cultural stigma attached to being a divorced male Muslim victim of abuse. Cultural beliefs about being a lone parent and looking after his children reduces ability to develop social networks and challenge beliefs about self
Cultural beliefs about being a 'good father'

Cognitive
Negative Automatic Thoughts
Thinking errors
"I am not good father"
"I am not a good lover"
"They will leave me"
"I failed because I am unsuccessful at parenting"
Pre-occupation with Self

Emotions
Diminished self-esteem
Depressive mood,
Lonely,
Sad
Guilt
Sense of worthlessness,
Frustration

Behaviours
Emotional distancing from Children
Inactivity
Tearfulness
Reduced libido
Coping mechanism:
Withdrawal from social contact

Physiological reactions
Tiredness
Physical tension
Lack of attention to physical appearance
Lack of appetite
Disturbed sleep

Appendix 23: Zunaid's Cognitive-behavioural profile

Zunaid's Cognitive Behavioural Profile

Cognitive factors:
Me: 'I am worthless; 'I am unlovable; 'I am unwanted'

Others: 'No one likes me'; 'Others will reject me'; 'Other think I am bad'

World: 'What's the point'

Assumptions/beliefs/rules: 'Nobody wants me'; 'People will reject me; 'If I don't attempt things my life will be easier''

Information processing biases e.g. rigid rules, pre-occupation with self and self-blame

Behavioural factors: withdrawal &emotional distancing from others, inactivity, tearful and unproductive

Emotional Factors: depressive mood, sense of worthlessness, lonely, sad, guilt

Physiological Factors: Tiredness, physical tension, physical neglect (i.e. not eating healthily, not bathing), disturbed sleep

Triggers: When others 'let me down'

Modifiers care-giving to children and receiving their approval:

Maintenance processes: Unemployed thus experiencing long periods of loneliness

Cultural stigma attached to being a divorced male Muslim victim of abuse.

Cultural beliefs about being a lone parent and looking after his children reduces ability to develop social networks and challenge beliefs about self

Appendix 24:Session contract

Session Contract

I _____ agree to attend ___ 10 ___ sessions.

I understand that the sessions are arranged at the end of each previous session attended and that I should try to inform my counsellor if I am unable to attend as soon as possible.

I am aware that I am able to terminate my contract at anytime.

Name:

Sign:

Date 16 /11 /09

Appendix 25: Statement of understanding

Statement of Understanding

The counsellor has explained   Projects name   and I have received an information sheet.

I agree to attend the sessions on the following conditions:

Attendance

1) I will try to be on time, if I am late I will contact the Projects   office and inform my appointed
   counsellor.   name

2) I will try to attend all sessions agreed; if I am unable to attend I will contact Project   office and
   inform my appointed counsellor at the earliest possible convenience.   sname

3) I understand that a follow up call will be made if I do not attend a session without any prior
   notice in the interest of my safety

Behaviour

1) I must not attend if an under the influence of drugs or alcohol

Sessions

1) I understand that a contract will be set between myself and the counsellor regarding number of
   sessions and frequency

2) I understand that session run for a minimum of 6 weeks although this can be negotiated with
   my counsellor

3) I understand that sessions run for 60 minutes

4) Failure to attend 3 or more sessions will result in closure of case

Confidentiality

1) Anything* discussed in the sessions will remain confidential, although issues of concern
   maybe discussed in supervision.

2) * I understand that if I disclose any information which maybe a danger to myself or others i.e.
   child/ren or terrorist acts confidentiality will be broken

3) I understand that every session will have brief written notes which will be added to my file
   although these will remain confidential and only my appointed counsellor will have access to
   these.

4) I understand that the Projects   office is a confidential address and that it's disclosure should be
   avoided   name

Evaluation

1) I understand that I will fill an evaluation form at the end of my final session to help assess the
   programme

2) I understand a review of contract and sessions will take place a week before my last session.

I have been explained the form fully and agree with the above statements

Signed

Date 16/11/09

Appendix 26: Consent to tape form

CITY UNIVERSITY LONDON

Consent to Tape
Therapeutic Sessions

Placement Supervisor's Confirmation
I confirm that _____*Khushbu Shell.*_____ (trainee's name) has completed Form CT1, page 1 and obtained the client's signed consent to the taping of their therapeutic sessions.
Placement Supervisor's Name: __*DR NISHA KARIA*__ Placement Supervisor's Signature: _____ Date: *18/12/07*

Complete page 1 and show to the supervisor who is supervising your work with this client. Ask your supervisor to complete page 2 to confirm that you have obtained the client's permission to tape the session.

<u>To ensure full anonymity of the client, page 2 only must be submitted with your case study / process report, and the client's name must not appear anywhere on the form.</u>

Page 1 must not be submitted, and should be retained with the client's notes within the agency/ placement setting.
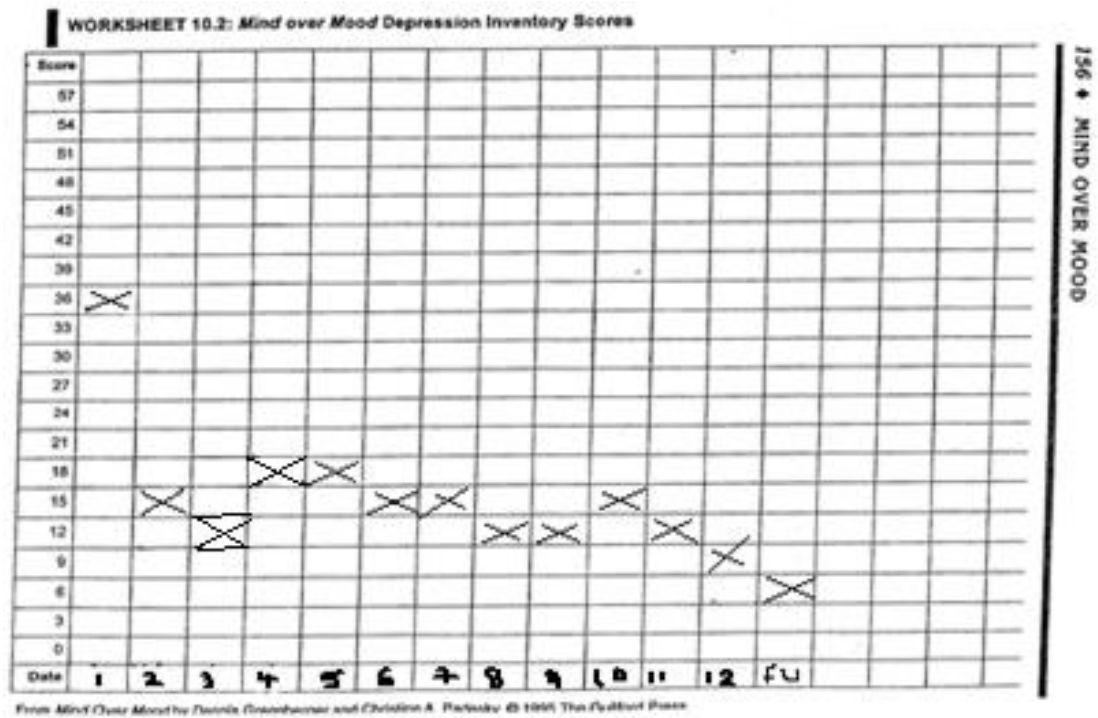
Form CT1 (2 of 2)

Appendix 27: Initial therapeutic plan and main skills considered

Session no.	Therapeutic Plan	Main skills used
1	Keep record of progress	Complete MOMDI
	1) Review recent episode of low mood to develop case conceptualization by collating data on following: 2) Main negative automatic thoughts – identify meaning and significance 3) Safety behaviours- understand behaviours employed which maintain problem 4) Depressive symptoms - nature and meaning attached to symptoms	Direct questioning Guided discovery Down ward arrow technique Socratic questioning
	Socialisation to model of depression	Draw model out Elicit model and illustrate components by applying it to a recent situation -
	Explore automatic thoughts	Homework: To record automatic thoughts, behaviours, feelings and physiological reactions using a thought record when feeling low
2	Keep record of progress	Complete MOMDI & review
	Revisit conceptualization	Check homework and whether responses fit model
	Reviewing safety behaviours, guiding Zunaid's in understanding the significance of these elements and their interaction in maintaining the problem thus build rational to drop safety behaviours	Guided discovery Socratic questioning
	Begin testing specific NATS	Verbal reattribution techniques Socratic questioning
	Begin to build rationale to encourage to drop safety behaviours (e.g. avoiding socialising) and shift to external focus	Homework: Complete diary of daily routine with evaluation of mood
3	Keep record of progress	Complete MOMDI & review
	Revisit conceptualization	Check homework and whether responses fit model
	Conceptualize impact of passive/asocial behaviour on maintaining low mood and introduce scheduling in self-directed reward planning and pleasurable activities	Guide discovery Down ward arrow technique Socratic questioning Providing direct psycho education
	Identify self-rewarding /pleasurable activities	Identify activities enjoyed in pass or meaningful to Zunaid
	Motivate and initiate self-reward	Imagine of what it was like and how it was to build motivation Behavioural activation Identify a rewarding activity for self to do during the week. To record automatic thoughts, behaviours, feelings and physiological reactions using a thought record before and after completing activity
4-8	Keep record of progress	Complete MOMDI & review Review homework
	Evaluate behavioural activation tasks	Verbal reattribution techniques Socratic questioning
	Identify NATs Challenge NATs Challenge and modify assumptions and rigid rules	Verbal reattribution techniques Socratic questioning Defining the terms Examining the logic thoughts Examine internal contradictions
	Challenging Anticipatory processing Continue to encourage behavioural activation	Verbal reattribution techniques such as looking at advantages and disadvantages in engaging in this processing Socratic questioning
	Homework tasks	To increase pleasurable/rewarding activities from 1 to 8 a week
9-12	Keep record of progress	Complete/Review MOMDI Review homework
	Begin to develop social networks and re-engagement in social activities	Explore potential volunteering /groups Set task to find out information on areas of interest Set goals to initiate accessing group/volunteering

	Incorporate elements of Social Skills training	Exploring issues around personal hygiene Practicing initiating conversations Modelling
	Work on residual negative thought	Verbal reattribution techniques Down ward arrow technique Socratic questioning
	Elicit and challenge assumptions and beliefs	Verbal reattribution techniques Guided discovery Down ward arrow technique Socratic questioning
	Develop therapy blue print	Create a positive data log

NB the plan excludes initial assessment stage

Appendix 29: Session progress chart on MOMDI

WORKSHEET 10.2: *Mind over Mood* Depression Inventory Scores

From *Mind Over Mood* by Dennis Greenberger and Christine A. Padesky © 1995 The Guilford Press

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NB Sessions 1 & 2 are initial assessments

Appendix 30: Session progress table on HADS

HAD Scale Scores		
	Depression Scale	Anxiety Scale
Initial Assessment (Session 1)	8	5
Final Session (Session 12)	5	3
Follow Up	5	3

Footnotes

[i] High & low acculturation was measured by whether the participants were ''English-speaking'' or ''Spanish-speaking''

[ii] Zunaid is used as a pseudonym and all identifying details have been changed to protect client confidentiality.

[iii] Initial Assessment not attached due to Organisation Policy and Procedures.

[iv] Risk assessment of safety in relation to domestic abuse: Appendix 20.

[v] Risk assessment in relation to suicidal risk: Appendix 21.

[vi] MOMDI not attached due to Organisation Policy and Procedures.

[vii] HAD scale not attached due to Organisation Policy and Procedures.

[viii] For the benefit of this report the session numbers will be inclusive of 2 initial assessment sessions i.e. session 1 is initial assessment 1 and session 2 is initial assessment 2.

[ix] Please note that the client has come to therapy with a number of issues although for the benefit of the report not all concerns have been identified and explored to enable focusing on particular issues.

[x] MOMDI completed in session not included due Organisation Policy and Procedures.

[xi] Blau (1964): **Social exchange theory** explains social change and stability as a process of negotiated exchanges between parties. Social exchange theory suggests that human relationships are formed by the use of a subjective cost-benefit analysis and the comparison of alternatives.

[xii] Blumer (1986) **Symbolic interaction theory** addresses the subjective meanings that people place on objects, events, and behaviours. It is believed that people behave based on what they believe and not just on what is objectively true. Thus, society is thought to be socially constructed through human interpretation. People interpret one another's behaviour and it is these interpretations that form the social bond.