Integration:

Exploring identities and experiences with pluralism

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Declaration

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Section A

Doctoral Research

A qualitative exploration of the experiences of Black Caribbean MSM living with HIV

“I’m positive and I remain positive”

Preface

Integration, the theme of my portfolio, has featured in various forms throughout my counselling psychology training. Integration is often a key goal of the therapeutic journeys engaged in with clients. From a personal standpoint, I have been encouraged to consider how I might incorporate the skills, techniques and theory from the various models I have learnt into my style of therapeutic intervention. This portfolio follows the theme through the three pieces presented here, all undertaken during my four years in the DPsych programme. The case study uses an integrative model, cognitive analytic therapy (CAT) to work with depression. My empirical piece shows how the participants, three Black Caribbean MSM living with HIV, have, to greater and lesser extents incorporated a stigmatised chronic condition into their respective identities. This research also demonstrates my feelings about the significance of perspective whether in therapeutic work or, as in this occasion, in research. I use two different methods to interrogate the data collected. My use of analytical pluralism is the focus of my journal article where I reflect on my experience of this relatively new approach within qualitative research.

My work prior to and during my counselling psychology training was in the field in of sexual health. Here, working in an allied professional role, I have combined skills and knowledge from counselling, teaching, public health and health promotion. This DPsych programme has provided another type of challenge as I attempted to integrate my existing skills and experience into my new counselling psychology identity. In this sense this portfolio is not only a demonstration of my counselling psychology knowledge and skills, it also a personal reflection of my journey in therapeutic change.

My portfolio opens with my empirical piece exploring the experiences of Black Caribbean MSM (men who have sex with men) living with HIV. The subject stemmed from questions raised in my mind from practice, wondering whether their life experiences relayed to me through the years, might impact on their management of HIV illness. The choice of topic also

reflects concerns expressed by the psychology field regarding their ability to meet the needs of sexual and ethnic minority clients (British Psychological Society et al.,2011) The areas of interest illustrated in my research questions inform my choice of methods and consequent use of two forms of analysis. I use interpretative phenomenological analysis (IPA) to create a rich descriptive account followed by a psychosocial approach, which informed by Kleinian theory, provides tentative answers to the "why" element of my research questions. Though I offer separate accounts of my findings, I contemplate the possibility of a true integration of the two approaches, drawing on my comparison of their epistemological positions. The research illustrates integration from the perspectives of both my process and those of the participants. The use of interview techniques based on free association narrative interviewing (FANI) gives rise to three accounts that show how HIV has been incorporated into identities which have experienced distress prior to HIV diagnosis due to heteronormative environments. My attempts to create meaning from our encounters bear witness to their individual meaning making processes and highlight the relational aspect of the data collection and analytic process. The findings of this work will be useful for counselling psychology in terms of the insight it gives into these particular experiences of sexual and ethnic minorities living with chronic conditions. I believe my reflections on the methods used will also prove beneficial for future qualitative research beyond the health arena and in our multi-disciplinary work with medical colleagues.

The second section of my portfolio, a journal article, follows from the first not only in order of presentation but as an extension of the process started in the empirical piece. As interest in pluralism in research grows, I felt it would be timely to write a piece reflecting on my experience of using analytical pluralism. I look back on how my research interests required more than one approach to explore the questions posed adequately and I show my decision-making process in selecting those methods I felt to be most appropriate. There are debates about what analytical pluralism can bring to qualitative research, how it might be carried out

and the ways in which it might be assessed. I use my experience of the approach to give my thoughts to the discussions.

The final piece in my portfolio is the case study in which I use cognitive analytic therapy (CAT) to work with a client experiencing depression. CAT draws on cognitive behaviour therapy, psychodynamic, personal construct and developmental models to create its approach to conceptualising distress and how it might be worked with. This presentation of our journey, undertaken in a secondary care setting, demonstrates the flexibility offered by this relational therapy which can use a wide range of tools to conceptualise aspects of a client's distress. The client study also gives a sense of the navigation skills needed to manage the inevitable choppy waters of therapy, especially the ending to which CAT pays special attention. The usefulness of supervision throughout this process is evident. I also highlight the benefits of a reflective period following the completion of therapy; following a difficult ending, a follow-up session allowed the client and I to share our new understandings of our therapeutic journey.

This portfolio represents the culmination of my trainee counselling psychology journey. It is also the marker of the start of an ongoing challenge to select, reflect on, and integrate learning from a variety of sources throughout my career.

Abstract

HIV is a stigmatised chronic condition which affects approximately 100,000 people on the UK. Sexuality, gender and ethnicity and cultural background are some of the factors which give rise to different experiences of living with HIV; not all experience is well documented. Psychological support is an important part of HIV care; knowledge of socio-cultural context can assist in the provision of therapy through building therapeutic relationships based on understanding. This study looks at Black Caribbean MSM living with HIV and using analytical pluralism, explores their experiences beyond their HIV identity. Through the use of IPA it produces accounts of (dis)connection and inner conflict while a psychosocial lens, utilising the dynamics of the research interview space, notes the self-reliance apparent in the three participants today. It reflects on the methodological benefits of pluralism and considers how counselling psychologists can use the findings to refine their practice when working with sexual and ethnic minorities.

Chapter 1 Introduction

Human Immunodeficiency Virus (HIV) impairs the immune system eventually leaving it unable to offer protection against illnesses. The developments in treatments over its relatively short lifespan[1] have meant that it has moved from a life-threatening illness to a chronic condition. It remains a life-changing diagnosis which can have a significant impact on the emotional health of the wide range of individuals and communities affected by HIV. Counselling psychologists are amongst the many disciplines outside of medicine that have become involved in the care of people living with HIV (PLWH) and hence, have been required to keep pace with the changes in the HIV arena over the years.

In November 2011, the British Psychological Society (B.P.S.) published the first national guidelines on the provision of psychological support for adults living with HIV (PLWH). The guidelines were produced approximately thirty years after the first cases of HIV. Though this appears to be quite a lengthy timeframe, the passage of time has allowed for the development of some understanding of the psychological needs of PLWH and reflection on what further information is required to improve existing services. A key message from these guidelines was a call for services to understand the experiences of population groups most affected by HIV in the UK. It also noted evidence suggesting that black and minority ethnic groups are less likely to be offered, take up and more likely to drop out of talking therapies. Further, there was concern expressed about the ability of mainstream psychology, counselling and psychotherapy to meet the needs of LGBT communities (British Psychological Society et al., 2011).

From an epidemiological perspective the Caribbean is, numerically, the region second most affected by HIV (Anderson et al., 2008; Kempadoo, Taitt, UNIFEM, & IDRC, 2006). The rate

[1] The first documented cases of HIV were in 1981.

of HIV infection within the Caribbean is higher amongst men who have sex with men as compared to heterosexuals (Dougan et al., 2005; Figueroa, 2014; Millett et al., 2012). The lives of Black Caribbean MSM living with HIV intersect across a number of areas including ethnicity, sexuality, geographic region of origin and the experience of living with a chronic illness. There is a genetic similarity with individuals of Black African ethnicity yet Black Caribbean MSM have the unique experience of starting life in a region where, over centuries the presence of indigenous, European, African, Middle Eastern and Asian peoples has contributed to a distinct cultural mix.

There is a limited amount of research on Black Caribbean MSM living with HIV in the UK, however, there is greater documentation of the lives of other members of the Black diaspora living with HIV including other Black MSM. Given that the experiences of Black Caribbean MSM living with HIV intersect not only with the HIV arena but life in the Caribbean, Black Caribbean migrants in the UK and Black MSM lives, this literature review will use the concept of intersection to consider what is already known about the lives of Black Caribbean MSM. It will, therefore, include reflections on MSM living with HIV, Black African MSM and Black Caribbean heterosexuals living with HIV across the diaspora with a particular focus on the Caribbean and London. Constraints of space prevent a full critical review of each source however those most salient to the purposes of this research will be analysed in this way.

Literature Review

1.1 A quantitative overview of HIV

The predominance of quantitative (principally epidemiological) research in HIV reflects the concern with the control and management of what is still a relatively new virus. Such studies are useful in highlighting the illness's disproportionate burden on Black MSM across the diaspora. They are fifteen times more likely to be living with HIV as compared to the general population (Millett et al., 2012). Within black populations, their overburdened status remains as they are eight and a half times more likely to be living with HIV as compared to other non-MSM black populations (Millett et al., 2012). Data from the United Kingdom shows that MSM communities are most affected by HIV numerically and the Black Caribbean population are second only to Black African populations in terms of their incidence of HIV infection.
While quantitative data can illustrate that Black Caribbean MSM are one of the ethnic and sexual minority communities most affected by HIV, it is less able to reveal their lives behind the statistics. One of the aforementioned changes in the HIV landscape over time, is the move to qualitative studies which are better equipped to capture the experiences of Black Caribbean MSM living with HIV. In the interests of context, it is useful to step back and consider the lives of Black Caribbean MSM in the Caribbean.

1.2 The experiences of Black Caribbean MSM in the Caribbean – Sexual Minority Stress (SMS)

Sexual minority stress (SMS) is a term used to describe the distress experienced by lesbian, gay and transgender communities due to living in heteronormative environments (Skinta et al., 2014). There are four components to this phenomenon:

- internalised stigma,
- the expectation of stigma,
- the concealment of one's identity and

- experiences of discriminatory events.

Though described as four distinct elements, manifestly they are quite entwined. Discrimination, for instance, can be seen as behaviour which can result from the stigmatisation of an individual or group. I will use this framework to describe the experiences of Black Caribbean MSM in the Caribbean.

1.2.1 The expectation of stigma and internalised stigma

These elements of SMS are discussed and illustrated together however the distinction between expectation of stigma and internalised stigma is important hence my clarification of my understanding and use of the terms. The former describes how someone may think and behave due to their perception and anticipation of how another person *will* treat them. This can be due to personal experience of being stigmatised or it can occur where disapproving cultural messages indicate stigmatisation is likely. Internalised stigma refers to feelings towards oneself, which may manifest in behaviour, that remain even where a stimulus is not present. This stimulus can be actual or anticipated experience of stigma.

1.2.1.1. Power: a context to stigma

Stigma has been described as a mark of disapproval or stain on one's identity (Goffman, 1969). In commenting on Goffman's work, Link and Phelan (2001) note that stigma can only have the impact that it does if such labels are imposed by those who are in a position to influence the norms accepted by society. The reference to power here is a significant aspect of the lives described in the literature on Black Caribbean MSM in the Caribbean. I use this rather loaded term "power" in the Foucauldian influenced sense as described by Hippe (2011):

“disciplinary power is the power that moves through and regulates our bodies and minds as we strive to conform to the norm or suffer the social and psychological consequences of a pathological or stigmatised identity” p.202

1.2.1.2 Discriminatory laws

One such manifestation of disciplinary power, in which the intertwined nature of stigma and power can be seen, concerns the laws in the many Caribbean territories which ban the practice of anal sex (Carr, 2003; Millett et al., 2012; Schleifer, 2004). Such laws have been interpreted and enforced as laws banning homosexuality, specifically relationships between men. Black Caribbean MSM have spoken of their awareness of such laws and how such legalised stigma not only adversely impacts their ability to form intimate relationships (Schleifer, 2004) but also gives ammunition to those with homophobic views who can claim that the law of the land is on their side (Carr, 2003). The expectation of stigma that Black Caribbean MSM may have can, in this instance, be attributed to laws against sexual acts associated with homosexuality.

1.2.1.3 Religious influence

Religion can be viewed as one of the sources of the aforementioned cultural messages with regards to the stigmatisation of homosexuality in the Caribbean. The influence of religion, principally Christianity has also been a contributory and regulatory factor in how same-sex relationships are viewed in the Caribbean. A human rights report on homophobia, violence and HIV conducted in Jamaica found that the church to be a powerful social force hence its denunciation of same-sex relationships as sinful carried great influence (Schleifer, 2004). Religion has been described as having “a double role” (Anderson et al., 2008, p.790) in the lives of Black Caribbean MSM. It reinforces and adds validation of the stigma they have experienced (Anderson, Elam, Gerver, et al., 2009; Doyal, Paparini, & Anderson, 2008; Kirby

& Love, 2014) yet also serving as a source of support. Respondents in Anderson's et al.'s paper have described how influential religious doctrine has been in building the perception that same-sex relationships are sinful and therefore prohibited. As a consequence, some respondents in this study felt there was an "irreconcilable conflict" (Anderson et al., 2009, p.321) between their sexuality and their religion. This cognitive conflict contributes to actual mental distress as respondents spoke of their struggle with the stigmatised disapproval of this aspect of their identity from such a powerful cultural authority.

Notably, in contrast to the disapproval of collective organised religion, some research has shown that Black Caribbean MSM had positive experiences with religion. Many have described maintaining their faith through spiritual relationships at an individual level (Doyal et al., 2008; Gill L, 2012).

1.2.1.4 A restricted masculinity

Religion is not the only social force in the lives of Black Caribbean MSM which contributes to their expectation of stigma. They are also subjected to the aforementioned "disciplinary power" (Hippe, 2011, p202) of cultural constructions of masculinity which prescribe ways of being a man (Figueroa, 2014; Hippe, 2011; Millett et al., 2012; Murray, 2000). A paper examining the experiences of Black and South Asian gay men in Britain stated that Black African and Caribbean respondents, in contrast to those of other ethnicities, described the challenge that their cultural backgrounds posed to being accepted as a gay man. They indicated that homosexuality is seen as a rejection of the "orthodox model of masculinity" (McKeown, Nelson, Anderson, Low, & Elford, 2010, p.847). They describe culturally imposed assumptions of what being a man entails and interestingly, though the paper does not describe what this model of masculinity *includes*, it does not include being gay. Participants struggled to define the unacceptable aspect of masculinity which homosexuality presented, so often leading to rejection from their family and communities: "being black and gay, the two things don't go together. It's just wrong according to most people, a taboo even though

nobody knows why" (McKeown et al., 2010, p.847). The powerful nature of this cultural message is clear; its palpable strength contrasting with its apparent intangible raison d'être. This qualitative paper gathered data by conducting interviews by email and taking an intersectional approach, analysed the data by themes. This method of data collection comes with specific challenges, many noted by the authors, such as an inability to build rapport with participants, or use visual cues with regards to data collection or to ensure that the respondent remained the same individual across interviews. Despite these concerns, the findings replicated many of those focussed on a similar demographic of MSM or gay men. While sixteen of the forty-seven respondents described themselves as of Black Caribbean origin, only two were born outside of the UK. The authors having made this distinction do not go on to describe any anticipated or actual difference in experiential data collected.

From the world of literature, Jamaican author Patricia Powell made similar observations on Caribbean masculinity which can be seen as contributing factors to the expectation of stigma that Black MSM in the Caribbean may have. She describes how each gender has culturally prescribed ways of acceptable behaviour: men can be independent and strong while women can be sensitive and nurturing (Powell, 2013). These qualities are not transferable between genders. This leads to a restricted masculinity due to the "unspoken rules for masculine performance" (Powell, 2013, p3) and the monitoring and patrolling of men's behaviour for signs of anything "remotely feminine" (Powell, 2013, p3). Black Caribbean MSM themselves perhaps give voice to the unspoken aspect of masculinity voice; curiously research has found that in a form of projection or outward manifestation of internalised stigma, Black Caribbean MSM have policed themselves, blaming effeminate gays for societal homophobia (Anderson, Elam, Gerver, et al., 2009; Millett et al., 2012).

The phenomenon of the down low (DL) has been described as a Black American MSM rejection of 'white and feminine' expressions of homosexuality (Stockton, 2006). This black *MSM* expression (i.e. not gay or homosexual) of sexuality involves covertly engaging in

relationships with men while appearing as heterosexual expression to an outside world, including engaging with relationships with women. While noting the possibility of being bisexual, the hidden nature of the homosexuality aspect of their sexuality illustrates a manifestation of the expectation of stigma and the lack of freedom that MSM in the black diaspora can have with regards to the expression of their sexuality. Stockton (2006) notes that while those on the DL describe their situation as more positive than 'being in the closet', both groups remain somewhat side-lined. These references to strict gender roles and the sense of the peril of transgression convey the potential limited way of being for black men in the areas they refer to: in the Caribbean and North America. As homosexuality falls outside of these limits, it appears to become prohibited and marginalised.

1.2.1.5 Tensions: homosexuality identity and racial identity

A health promotion led assessment of the health needs of Black African and Black Caribbean MSM in south London (Kirby & Love, 2014) included focus group discussions on the unique challenges which they faced as Black MSM. Five of the six respondents were born and raised in the UK which is significant as it gives clues to the experiences of second and perhaps third generation African and Caribbean individuals. The participants noted how within their communities, homosexuality has been described as "a contagious white disease"(Kirby & Love, 2014, p6) a finding echoed in other studies (Anderson, Elam, Gerver, et al., 2009; Doyal et al., 2008). It introduces an additional component to the expectation of stigma which Black MSM may have, based on race. Participants described homosexuality as being positioned as an identity which only white men can have hence black MSM men are not only somehow 'afflicted' with a gay identity, they are also a less acceptable form of a black man as a result.

1.2.2 Concealment of one's identity

As a result of these societal and cultural prohibitions of same-sex relationships, life has been challenging for MSM in the Caribbean. In an attempt to thwart the disapproval and rejection of those around them, one response of some black Caribbean MSM has been to assume the identity of a heterosexual man (Anderson, Elam, Gerver, et al., 2009; Joseph et al., 2011; Millett et al., 2012).

An anthropological study of MSM in Martinique described the practice as "the wearing of a heterosexual mask" (Murray, 2000, p.263). A key motivating factor in the adoption of this behaviour is that social disapproval could often take the form of physical as well as verbal abuse hence the "mask" appears to have been quite comprehensive. Respondents described how they "tried to walk, talk, dress like a heterosexual…this behaviour could extend in some instances to having a girlfriend and marrying a woman" (Kirby & Love, 2014; Murray, 2000, p.263). This study suggests that reputation, close relationships and the wider community are important aspects of the respondents' lives. The adoption of a heterosexual mask has also been described as a means of protecting their family name which suggests a belief in the ability of gay identity to have a sullying and shaming effect on the respondent and by association his family.

The aforementioned health promotion needs assessment of Black African, Black Caribbean MSM in south London noted that Black Caribbean MSM are less likely to have disclosed their sexuality to others as compared to white males (Kirby & Love, 2014). Interestingly though this paper was based on interviews with Black Caribbean MSM living in the UK its findings echoed those of Murray's Martinique based study noting how important family and religion were in the lives of the participants. This indicates possible commonalities across the diaspora and the potential for cultural factors to maintain their significance even with migration and across generations in the case of UK born Caribbean MSM.

The influence of societal expectations and the pressure to conform illuminate the heterosexism and homophobia which Black Caribbean MSM may be exposed to. Within a Caribbean context, with Murray's study in mind, small island states perhaps geographically accentuate the pressure to conform given the potential lack of alternative physical social spaces. Murray notes the challenges that these men face in turning to French-speaking overseas territories in search of a place where they might feel accepted. In noting the racism as well as homophobia that these men often experienced, Murray highlights the frustration of the migration solution. The "double marginality" of skin colour and sexuality is revealed as black MSM risk being exposed to racism as well as heterosexism.

1.2.3 Experiences of discriminatory events

1.2.3.1 Racism

Racism is an additional discriminatory factor revealed in UK studies. Exploratory research in south London has found that Black Caribbean MSM have experienced racism which they have felt to be worse than the homophobia within black communities (Kirby & Love, 2014). The aforementioned online study with Black and South Asian gay men in the UK describes how respondents often felt "discounted as individuals" (McKeown et al., 2010, p849) in their intimate relationships with white gay men. They also reported feeling valued only for the hypermasculinity it was assumed came with their skin colour (McKeown et al., 2010).

1.2.3.2 Physical violence

A paper from the social work arena gives detailed background to the experiences of Black MSM in another Caribbean territory, Jamaica. The author Robert Carr was also executive director of Jamaica AIDS support at time of writing the article and notes that the growing body of work on homosexuality and the lives of gay men in the Caribbean was due to the over-representation of these communities in HIV statistics across the region. The focus of

his work was the violence experienced within the MSM community and to this end, ten participants gave what he refers to as testimonials about personal incidents as well as those they had witnessed where others had died. The paper has a social anthropological quality to it as it notes how factors such as poverty and violence are integral aspects of daily life in deprived inner city areas which contributes to the vulnerability of MSM living there.

Carr states that he held three focus groups where participants were encouraged to share their stories however he did not use the data, instead using the opportunity to recruit additional individuals to provide their personal testimony. It is difficult to justify encouraging participants to share clearly sensitive information when there is apparently no intention to use the data provided.

The analysis describes the general animosity towards their sexuality which MSM experience from the communities in which they live, punctuated by tolerance and violence. Most despairingly they found that they could not consistently turn to the police for help in dealing with the physical assaults meted out to them and that the police were often accomplices in these crimes. The title of his paper “on judgements” refers to a phrase given to these physical manifestations of disapproval of homosexuality by participants. The phrase is also a religious connotation referring to the wrath of God wrought on offending individuals and Carr (2003) describes the Christian bible as an “ideological weapon” (Carr, 2003, p15) used against gay men. The laws banning anal sex, present on the statutes throughout many territories in the Caribbean, are interpreted as the forbidding of a gay identity hence law becomes a weapon also. Though the author described a goal of gaining first-hand testimony, there are, unfortunately, no first-hand quotes to illustrate what is still an illuminating and compelling paper. A striking element from these testimonies is what Carr describes as the “randomness” of the violence. Participants, giving examples of other MSM experiences, noted that victims could be living in their communities for years apparently being tolerated without experiencing physical harm when they would suddenly and inexplicably be beaten.

The paper also illustrates the complexity and multifaceted natures of expressions of power(lessness) when it describes two positions that women in these communities have

taken. Participants noted that women can feel unable to stop the physical abuse of MSM in their communities “all they could do was watch in tears” (Carr, 2003, p19). However there is another recollection of an event whereby a woman who rode past a group of men then informed another group of men further down the road, that “a group of battymen” were coming (Carr, 2003, p18).

It is to be expected that papers from the fields of social work, anthropology and health promotion will have different objectives from those exploring psychological processes. What is missing from the former, is a detailed intrapsychic account of what it is like to live with external pressures such as heterosexism and homophobia as a black MSM, while holding the desire for a sense of belonging and acceptance from one’s family and wider community.

1.3 Experiences of select people living with HIV (PLWH)

Having given a background to what life might be like for Black Caribbean MSM in the Caribbean, I turn to the literature describing the experiences of PLWH, including White American and Black African MSM as well as Black African and Black Caribbean heterosexuals. It is noteworthy that the aforementioned components of sexual minority stress are mirrored in the experiences of PLWH. The now familiar echoes of sex(uality), sin and morality are topics which are also prominent in the literature on HIV.

1.3.1 White American MSM

Stigma features heavily throughout the literature on PLWH including MSM. A qualitative paper set in the United States explored stigma as experienced by MSM living with HIV. The authors provide quite detailed information on their eight participants noting the length of time that they have been treatment, the number of years since they received a HIV diagnosis and

whether they had experienced any physical markers of HIV. The authors do not specify how these details relate to the phenomenon under investigation. It is possible that the length of time since diagnosis may relate to potential time of exposure to HIV-related stigma. The length of time on treatment may correspond with experience of managing a daily treatment regime which has the potential for unplanned disclosure of HIV status to anyone observing them taking such treatment and consequent risk of HIV-related stigma. Medication is quite a tangible aspect of living with HIV which can illuminate a person's feelings about themselves, their HIV status and any HIV-related stigma they may have experienced, whether internalised or otherwise. The paper describes the challenge the participants faced in acknowledging that their need for support would necessitate disclosure of some form but feared loss of relationships as a result due to HIV-related stigma. The participants were drawn from the San Francisco which the authors point out is known as one of the first areas in the world to have documented cases of HIV and has a long history of HIV activism. The authors express their surprise at hearing the participants relate their experiences of their HIV+ status being perceived as a threat within the gay community in San Francisco and their feelings of being marginalised due to the practice of sero-sorting[2]. Perhaps the awareness and familiarity with HIV that one might expect in an area such as San Francisco, does not necessarily give rise to acceptance and tolerance amongst (un)affected communities or individuals.

1.3.2 Black Africans of mixed genders in the UK

The descriptions of the experiences of Black Caribbean MSM in the Caribbean and the UK have shown how social and cultural factors inform the stigma which can lead to discrimination from their communities. Research looking at the experiences of an ethnically

[2] Sero-sorting is a practice whereby people seek (sexual) partners of the same HIV status as themselves so people living with HIV seeking others also living with HIV, while HIV negative individuals seek other HIV negative people

similar group in the same geographic location: Black Africans living with HIV in London (Flowers et al., 2006), noted similar social challenges. Curiously while the gender, age ranges and countries of origin of the thirty participants are detailed, the sexuality of the participants is not mentioned. MSM and Black Africans of different genders are considered two of the highest risk groups for acquiring HIV. It is not unusual to see them referred to as two distinct groups, thus increasing the invisibility of Black African MSM who, though fitting into both categories, are one of the groups with a tendency to fall through the research gap.

The use of interpretative phenomenological analysis (IPA) informed the data collection method as well as the analysis as participants were encouraged, via semi-structured interviews, to detail their experiences of living with HIV. To meet the objective of "avoid[ing] limitations of a priori assumptions" (Flowers et al., 2006, p112), the participants had the opportunity to tell their stories with a focus on those areas that were most important to them. The findings described the significant impact of an HIV diagnosis and what this meant for participant's concepts of identity. It also noted the issue of stigma and positioned living with HIV within an already challenging set of social and cultural circumstances. This added weight to the authors' assertions that people living with HIV lead very different lives from one another due to the interplay of the experience of illness against social and cultural contexts. With reference to the aforementioned descriptions of the lives of Black Caribbean MSM in the UK and the Caribbean this paper gives an echo of the importance of social and cultural factors in understanding individual experiences. In an almost exact repetition of the impact of sexual minority stigma, participants describe how their HIV diagnosis contributes to unwanted changes in how others (family, places of work) treat them but also in how they view themselves. The wrestling with their identity is evident as participants note that HIV consumes previous notions of how they viewed themselves.

The relatively fast pace of change in the world of HIV is evident as this paper written in 2006 refers to the physical changes that medication at the time could cause which often led to the visibility of a HIV diagnosis. Ten years later in a new chapter of what is referred to as a post

highly active antiretroviral therapy[3] (HAART) era, such physical changes, especially where treatment is accessible, are rare enough to the point that unavoidable visual disclosure of one's HIV diagnosis is unlikely to occur. Conceptualisation of HIV-related stigma often referred to the physical identification which added to the fear of HIV yet now that complication is hardly present, stigma remains as can be seen in more recent research conducted in the Netherlands in 2012.

1.3.3 African and Caribbean PLWH in the Netherlands (unknown gender or sexuality)

Stutterheim et al (2012) focussed entirely on HIV-related stigma interviewing PLWH of African and Caribbean origin living in the Netherlands. This qualitative comparative study interviewed 42 PLWH and 52 HIV negative members of the same ethnic communities. The methodological description is confusing in there is a reference to coding, categories and saturation suggesting grounded theory, however there is no direct mention of a method. The presentation of the findings however, suggests a form of thematic analysis.

The paper does not indicate the age range, gender break down or sexuality of the participants. In examining HIV-related stigma, the decision to interview both PLWH and HIV negative members of the community could be seen as possibly contentious as the findings quote HIV negative participants as having "confirmed" and "acknowledged" the views of PLWH. This may give a troubling impression that the experiences of stigma voiced by PLWH somehow need verification. However the authors conclude that strategies to tackle stigma should not only focus on PLWH but on those HIV negative community members who participate in stigmatising processes. For this reason, it could be argued, that their views also need to be heard. The research team appear to be based within a psychology department hence it is interesting to note the focus on social as well as psychological forces with regards to the contextualising of experiences as well as the findings. The authors

[3] The umbrella term used to describe HIV treatments

describe stigma as an exercise of power which “reproduces social inequalities” thus linking the macro social structures to micro, individualised manifestations.

The findings vividly and compellingly note the all-encompassing nature of stigma and its consequences. The research juxtaposes words and silence as sources of rejection for PWLH. They note that they are often subjected to painful gossip if they disclose their HIV+ status yet family and friends that appear accepting of the news then refuse to discuss the issue any further. The latter is experienced as a denial of this important aspect of their identity. Participants describe both the social and physical distancing they experience; friends refusing to hug or shake hands as they did prior to learning of their HIV diagnosis and no longer receiving invitations to family functions. The positioning of HIV as dangerous and contagious seems evident here though the interviews were conducted between 2005 and 2008 hence it is reasonable to expect that participants were aware of the impossibility of acquiring HIV through social contact. Such responses perhaps instead speak to aforementioned stigma as an exercise of power and persistent moral judgement that PLWH are somehow deserving of the illness as it has come about through some moral failing related to sex(uality). The coping mechanisms mentioned by participants in this study replicate the findings in similar studies with reference to behavioural responses to psychological distress. PLWH describe the “pain, sadness, loneliness…anger and frustration” (Stutterheim et al., 2012, p402) they experience and their attempts to mitigate against potential sources of pain through self-isolation, giving a sense of futility at thinking there could be different outcomes in the future. The study also described strategic decisions to associate with others living with HIV only, relying on their faith as a source of support and limiting disclosure of their status in order to reduce instances of rejection. Some participants also distanced themselves from a HIV identity choosing to focus on other aspects of self.

1.3.4 Black Caribbean of mixed gender and sexualities in the UK

The Livity research project, conducted by a sociologist, was a large scale mixed method study, the first to focus exclusively on Black Caribbean people living with HIV in London(Anderson et al., 2008). In a paper focussed on stigma and discrimination, the research project conceptualises and organises the terms along the lines of felt and enacted stigma. Participants are asked to give their views on the reasons why HIV/AIDS-related stigma and discrimination (HASD) exists. They attribute it to ignorance in the usual understanding of the term meaning a lack of knowledge. The participants also describe ignorance in a Caribbean sense of an unwillingness to be better informed (Anderson et al., 2008). Notably, the respondents also mention socio-cultural sources of HASD. They describe how becoming HIV+ is seen as a consequence of some form of behaviour deemed immoral by wider society such as prostitution or homosexuality. A MSM participant illustrates this view with his comment, "I suppose HIV is seen as a by-product of being gay in Jamaica" (Anderson et al., 2008, p792). Religion is seen as an influential social reinforcer of discriminatory attitudes by respondents as they told how they have heard pastors describe HIV as a "punishment for sins"; sin being, for example, having sex outside of marriage. The participants voice their concerns regarding 'felt' stigma, i.e. their expectations of being stigmatised by others, before finally presenting examples of their actual experiences of stigma. The authors draw the conclusion that "the above fears..mobilise stigma avoidance strategies [and] as a result there has been little "enacted" stigma."(Anderson et al., 2008, p794) While this conclusion is compelling, it is possible that there are other factors contributing to the participants' fortunate lack of "enacted" stigma experiences. From a behavioural standpoint, it could be argued that their understandable unwillingness to test whether their expectation of stigma is valid means they cannot be sure that it is still present. Some respondents describe positive experiences of disclosure which suggest not only that their considered management of disclosure reaps benefits but also that HASD is not as omnipresent as some PLWH may feel it to be. One female participant described how she tried to prevent others using her cutlery suggesting a view of herself as a source of

contamination. Internalised stigma is a closely related yet different aspect of stigma which can impact on an individual's perception of and experience of stigma and discrimination.

1.3.5 Black African MSM in the UK

As the preceding reviews illustrate, stigma is a common focus of papers detailing the lives of Black Caribbean and African groups living with HIV. An exploratory paper on the lives of Black African MSM living with HIV in London also documented the challenge that stigma presented to this community and the compartmentalised lives they had as a consequence (Paparini, Doyal, & Anderson, 2008). The authors described their challenge in recruiting participants with an eventual take-up rate of thirty-two percent (32%). Interestingly they attribute what they deem a low take up rate to the stigma attached to homosexuality and HIV and this population's consequent reluctance to talk about their life experiences. Stigma is likely to be one of the factors and perhaps the idea of *talking* about life experiences also contributed to their recruitment challenge. The detailed background of the eight participants was given noting their age range, the number of years they have lived with HIV and the number of years they have lived in the UK. The ages of the participants ranged from 27-43 and the number of years living in the UK varied from 2-17. There was a similar disparity in the number of years participants had been living with HIV: 1-17 years. Though generalisability is not necessarily a goal of qualitative research, it is useful to consider how far findings might be transferable outside of the sample selected (Willig, 2013). In this instance, the experiences of life as a Black African MSM living with HIV in London may vary across age, years living with HIV and years spent in the UK however the authors do not reflect on this when discussing their findings. The paper describes the methodology used as a thematic analysis of data gathered from individual semi-structured interviews. The themes detailed include diagnosis, disclosure dilemmas, intimate relationships as well as those with health care providers and social connections all of which reflect common concerns that have been previously described by research conducted with this population. The quotes from the

participants not only helped to illustrate the analytical points made by the authors but also greatly enriched the presentation of the research findings.

As with the paper which looked at the lives of mixed gendered Africans living with HIV in the UK, this paper includes participants who were living with/affected by HIV at a time when treatments were only just becoming reliably effective. The impact of HIV during that period is evident as participants looked back at their diagnosis and noted how their only references to living with HIV was in fact dying of HIV as they recalled people in their countries of origin who had died or become very ill and hence they feared that this would be their fate. In the current era of HIV treatments with much improved efficacy, it is striking to note the degree of progress in the biochemical aspects of HIV management and how this stands in great contrast to some of the social and cultural aspects of the virus which remain stubbornly resistant to change.

One such area is the compartmentalised nature of the eight men's lives which is evident prior to their HIV diagnosis as they describe not disclosing their sexuality to family or sometimes friends for fear of their negative response. This expectation of condemnation or rejection, described as felt or perceived stigma elsewhere, remains as a reference point post HIV diagnosis. Their fear of disclosure is apparent as participants state that they hardly share their HIV diagnosis with family for fear of burdening them and being blamed for contracting HIV. The juxtaposition of these concerns illustrate the complex nature of the participant's relationships: the fear of burdening relatives with the knowledge of their HIV+ status indicates their feelings of care towards their relatives and their tacit acknowledgment of being cared for, however the fear of rejection remains as they believe, ultimately, their HIV+ status would be tied to their disapproved of gay identity.

A further illustration of the compartmentalisation, the authors suggest, is evident in the participants' social worlds. The participants described themselves as being open with their sexuality and HIV status in their social worlds however these worlds as the authors perceptively note, are composed of white gay men *or* straight African men. There are social spaces where they are able to be gay and/or HIV+ and other worlds where they are able to

be ‘African’; more at ease with their culture and race. This openness that they claim is in fact conditional and compartmentalised.

The brief description of this paper’s methodology does not give indications of how the themes were compiled, leaving the reader to wonder whether they were elicited on a quantitative basis, i.e. the topics that were most referred to were the ones presented or perhaps the ones which the authors found more meaningful caught their attention. With the latter in mind, it would also be helpful to know the authors’ thoughts on how their backgrounds and interests influenced the manner in which the research was conducted. It is also plausible that their interactions with the participants during the interviews had some impact on the data which was produced however these areas were not discussed.

1.4 Liminal Identities

The Livity research project, the aforementioned large scale mixed method study on Caribbean people living with HIV in London included interviews with a subset of ten MSM (Anderson, Elam, Gerver, et al., 2009). The concept of a liminal or fractured identity amongst this group is highlighted and explored in a paper generated from the study. The authors provide details of their ten participants giving the ages range (26-61yrs), and number of years living in the UK (3-10yrs). Three of the ten participants described themselves as bisexual and four of them were born in the UK. As with the paper on Black African MSM living with HIV, there is no reference to the significant disparities in these variables across the sample, which may have impacted on the findings.

The authors contextualised the paper by stating their interest in identity formation amongst MSM given their exposure to “pervasive societal anti-gay sentiment” (Anderson et al., 2009, p316). There is an immediate challenge presented to the reader as the authors declare their use of the term “homophobia” as a reference to MSM’s internalised anti-gay sentiment. This is a change in their understanding and use of the term from other journal articles generated from the Livity research project (see Anderson et al., 2008). While anti-gay sentiment

certainly exists amongst MSM, it is often referred to as self-loathing or internalised hatred. Homophobia is usually a reference to the sometimes violent manifestation of hatred or disapproval of homosexuality directed towards those perceived as lesbian, gay or bisexual. The use of the term homophobia in reference to the intrapsychic processes of MSM only may obscure the presence of a form of discriminatory behaviour *by others* that is known to have serious psychological, physical and social consequences for lesbian, gay, bisexual, transgender communities.

A curious aspect of the paper is that there is only one reference to HIV; this occurs in the context of trying to account for the participant's views on their sexuality. The authors note the negative association between HIV and homosexuality made by Caribbean populations as described in another paper from the Livity project (Anderson et al., 2008) but suggest that the discomfort participants have with their sexuality began before their HIV+ status hence cannot be wholly attributed to their HIV status. The general lack of reference to HIV could be seen as a deliberate attempt to humanise and normalise those living with HIV, showing that they have similar challenges to those not living with HIV and that an HIV identity does not hijack all other aspects of self. Given the focus on identity formation, perhaps there is a missed opportunity to explore further what impact, if any, living with a chronic condition has on their clearly already challenging lives.

With reference to their methods, the authors stated that participants were asked to reflect on their first awareness of their same sex attraction, religious influences and attitudes to sexuality and homosexuality held by themselves and others. They did not mention why these subjects were selected but naturally the results are a reflection of these topics.

The participants described experiences of discrimination ranging from hurtful gossip to physical violence. The authors drew on the theory of cognitive dissonance to describe the position that participants found themselves in: with their natural need for acceptance from their families and wider communities, while experiencing the implicit and more often explicit rejection of their same sex identity from said social groups. The title of the paper "liminal identities" describes the outcome of participants having not integrated their sexual identity

with cultural expectations of their Caribbean society, expectations which reject homosexuality. This liminal state is also a reference to the feelings of ambivalence that some of the participants have towards themselves; they appear to have introjected the societal rejection of their homosexuality and as a result are not at ease with themselves.

1.4.1 Resistance against a liminal existence

A paper based on anthropological research in Trinidad and Tobago, notes how the discourses about an intensely homophobic Caribbean can lead to the "presumption of impossibility" (Gill L, 2012, p.277) with regards to the existence of black *gay*[4] men in the anglophone Caribbean. He describes the irony of public health departments searching for concealed groups of MSM while, the author insists, "openly gay Caribbean men" are overlooked. Gill's fieldwork was conducted with a grass roots support group for gay men affected by HIV. He explored how Black Caribbean MSM living with HIV created sensual, political and spiritual self-supportive physical spaces for themselves. Their 'chat room', used in a literal rather than virtual sense, provided the setting for resistance against (at the time) an emerging life-threatening epidemic of HIV. Gill notes that HIV can be seen as a biological echo of the existing social and cultural threats to gay identities in the twin island nation and wider Caribbean.

1.5 Normalisation of HIV and the implication for experience

HIV is now one of the most well documented of chronic conditions (Mazanderani & Paparini, 2015). Talking has been a much prescribed method of challenging what has been described as a lethal stigma of silence[5]. People living with HIV have been encouraged to talk about

[4] Gill (2012) makes an unsubstantiated point that "a significant proportion" (p277) of gay men in the anglophone Caribbean self-identify as gay. His periodic use of the term gay rather than MSM seems to be another element of resistance to the prevalent narratives he describes.

[5] Silence=Death was a campaign started in New York in the 1980's in response to the HIV crisis of that time

their experiences whether in grass roots support groups or in clinical therapeutic settings. Some researchers have suggested that people living with HIV have become so used to talking about their experiences that the tool of the semi-structured interview, rather than providing a vehicle to illumination, has simply become a mechanism to regurgitate themes of "normalisation" (Mazanderani & Paparini, 2015) Normalisation, the authors continue, has become the term used to convey HIV's change from life threatening to chronic condition. They describe how PLWH have been encouraged to see their condition as 'normal' and clinical comparisons are often made to other common chronic conditions such as diabetes or hypertension. The change in the medical conceptualisation of HIV and it's ensuing imposition on PLWH perhaps has good intentions as it seeks to lessen the threatening status that HIV still has, particularly for those newly affected/diagnosed with the condition or who have come into personal contact with it for the first time. The quest of normalisation narrative also speaks to the power of biomedicine as the progress in that aspect of HIV is not reflected other areas e.g. stigma, discriminating laws hence a normalisation blanket may hide areas of HIV which remain considerably challenging and distinctly abnormal.

1.6 Summary

This literature review has noted the importance of considering the socio-cultural aspects in an individual's life to begin to understand what it might be like to live with a chronic condition such as HIV. Counselling psychology is naturally interested in how individuals make sense of the world and manage emotional distress yet it appears the interaction between the individual and their social world is a significant component of experiences of living with HIV as a Black Caribbean MSM. Research from the Caribbean has described how power in the form of national laws and religion have, from the perspective of Black Caribbean MSM, contributed to the homophobic discrimination that they have experienced. In order to avoid the emotional distress and physical violence, the concealing of their homosexual identity is a method often used though it may bring limited success resulting in a fragmented or liminal

existence. Black Caribbean MSM living in the UK have described similar homophobic discrimination within their black communities as well as experiences of racism from individuals from white MSM communities in the UK.

The pace of change in the HIV world is evident as improvements in treatment mean that stigma as a result of the visual identifying aspects of HIV is now quite rare, yet stigma and discrimination remain significant causes of distress for those living with HIV. This positive change in the biomedical arena of HIV has led to a quest for the 'normalisation' of the condition.

Turning to the methodological issues, the question posed by Mazanderani & Paparini (2015) the semi-structured questionnaire, influences the responses it collects is pertinent. Normalisation, the authors note, along with stigma, is a topic that features in literature and perhaps is a reflection of the issues that participants are asked to consider. Data collection methods which allowed participants more freedom in giving their experiential accounts seem to have generated material outside of the aforementioned usual topics. Studies have noted the welfare needs and immigration difficulties faced by PLWH (Flowers et al., 2006; Paparini et al., 2008).

In thinking about the transferability of research findings, it seems important to consider the nuances of samples, for example the age range of participants or the number of years living with HIV, which might impact on the response given. It seems helpful to give a clear description and justification of methodological decisions. Reflexivity is an integral component of this; where a researcher has placed themselves in the research project, declaring their interests and concerns, it gives greater transparency to the on-going decision making that is part of the research process. The next chapter on methodology will continue the discussion of these considerations.

Chapter 2. Methodology

2.1 Research Questions

What are the experiences of Black Caribbean MSM living with HIV?

Why might Black Caribbean MSM living with HIV describe their experiences in the ways they do?

My concerns from practice and the literature review of the previous chapter both indicate the value of exploring the experiences of Black Caribbean MSM living with HIV as there is little documentation of the lives of this particular subset of PLWH. My research questions illustrate my desire to find out more about their lives but just as importantly what factors might account for these experiences. I go on to explain my inclusion of both phenomenological and psychosocial dimensions to this research.

2.2 Rationale for a pluralistic approach

The openness of my research questions convey the fact that I intend to explore territory which, to a great extent, remains uncharted. I would like participants to be able to be as unconstrained as possible in discussing their experiences of living with HIV hence I have chosen not to restrict them e.g. to time by asking “what was your experience of receiving a diagnosis of HIV?”. As I do not intend to prove or test a particular hypothesis, a qualitative approach is best suited to my research aim.

I believe that the complexity and multi-dimensional nature of human experience might be best captured by methods that can attend to these various dimensions (Frost & Nolas, 2011). There is also the possibility of a methodological synergy with the use of more than

one method. The data yielded could be widened, possibly deepened, with a pluralistic approach resulting in a more comprehensive response to the research question.

I recognise that such an approach will not be straightforward, conceptually, at the data collection stage nor at data analysis. Using methods with different epistemological roots may give results which contradict rather than complement one other. While such an outcome is of interest itself, it is vital that I give considerable thought to the process of carrying out this research using multiple methods.

Using a pluralistic approach allows me as researcher to free myself of the restriction of one method or one view on the nature of the world (Willig, 2013). I can appreciate the possibility of underlying structures, including psychological ones, impacting on events as we experience them. I can also take a more relativist ontological position and see these events as open to a range on interpretations due to changing contexts.

Most importantly my use of a pluralistic approach is guided by my desire to find the best way of interrogating if not answering my research question. I decided to use methods which together will take account of the fact that the phenomenon under review is “multi-layered, complex and multi-faceted” (Willig, 2013, p20). My epistemological stance also informs my use of pluralistic methods.

2.3 Epistemology

Before discussing my choice of methods for addressing my research question, I believe it is helpful to situate myself within this research project by discussing my epistemological stance. The multiplicity of influences on an individual’s experience of phenomena suggest that it is possible to have different experiences of an event according to changing external and internal factors, e.g. time, mood, environment. Rather than one definite truth or reality, an individual may have different experiences of the same event, each of which may feel no less real than the other. The myriad of influences, including that of the researcher, suggest they may play an important role in the research process. I concur with both critical realist and

phenomenological stances which recognise the multiplicity of influences on experience (Willig, 2013; Eatough and Smith, 2008). I begin by introducing the methods selected: Interpretative Phenomenological Analysis (IPA) and a psychosocial approach.

2.4 Phenomenology

Phenomenological psychology focuses on human experiences and how people make sense of these experiences (Langdridge, 2007; Smith et al., 2009). It also appreciates that experience must be understood in a context as such it can be seen as both idiographic and inductive in its approach to research. Phenomenology has philosophical roots and two major contributors to its ethos describe the importance of context and interpretation to this sense making activity. Heidegger, (1988/1927) refers to the concept of "intraworldliness" (p169) to describe how our being in the world, our "Dasein" (Heidegger, 1988/1927, p169) is an interrelated existence. Hence any attempt to understand phenomena must involve considering of this interrelated concept.

Ricoeur (1981) notes that meaning making is "central to phenomenology" (Ricoeur, 1981, p114) and that such meaning may be hidden hence the importance of hermeneutics or interpretation to the meaning making activity. I have selected IPA rather than descriptive phenomenology as I consider the attention to interpretation to be integral to my research. IPA combines phenomenology with hermeneutics, the study of interpretation. There is explicit acknowledgement of the role of the researcher as the co-constructor of the findings (Langdridge, 2007). IPA has a focus on experience in its social and cultural context and notes that such experience is a product of interpretation (Willig, 2013). The process of meaning making in IPA involve a choice of different levels of interpretation with higher levels taking a more a critical stance. It is possible to "probe the accounts in ways in which participants might be unwilling or unable to do themselves" (Eatough & Smith, 2011, p189). These thoughts on levels of interpretation continue as hermeneutics is an important facet in my second choice of methodology which uses another tool from a clinical setting: psychoanalysis.

2.5 Psychoanalysis and psychosocial research methods

Psychoanalysis is seen as a “mode of hermeneutics” (Frosh, 2008, p32) focussed on the “layers of meaning” (Langdridge,2007) underneath the manifest content of our accounts. It positions individuals as “unconsciously impelled to express themselves in particular ways” (Frosh & Young, 2008, p117). Though these meanings are not directly accessible, through psychoanalytic interpretations, an indication of these meanings can be derived. A psychosocial approach to research is a relatively new one; indeed the term ‘psychosocial’ has different meanings in different settings. I start by situating my use of the term with a definition of psychosocial research:

“conceptualising and researching a type of subject which is both social and psychological, which is constituted in and through its social formations, yet it is still granted agency and internality” (Frosh, 2010, p196).

I am seeking to take account of both internal (psychic) and external (social) influences on the individual. Psychosocial research is informed by psychoanalysis and a key assumption is the “powerful yet hidden role of unconscious processes on our behaviour and in our relationships” (Day Sclater, 2007). My selection of an appropriate mode of psychosocial approach has been influenced not only by my research question but also by the fact that I am using it alongside an IPA approach, a fact which needs to inform my decision making process from this early stage. There are different forms of psychosocial research methods of which Lacanian and Kleinian feature quite prominently. A Lacanian approach has been used successfully in artistic settings connecting intrapsychic processes with social and cultural contexts through the medium of film for instance (Hollway & Jefferson, 2013; Woodward, 2015). It has also been used productively in psychosocial research often as a means of enriching or deepening discursive methods and for the questioning of sense making that a

Lacanian perspective can offer (Frosh, 2010). It is this disruptive feature which places it at odds with the meaning making objective of the IPA method I plan to use. Generating contrasting readings of the data may be of interest in itself however as I am seeking to understand experience I intend to take a Kleinian informed relational approach to my use of a psychosocial method. This approach conceptualises individuals as formed as a result of a myriad of social influences. Early relationships, (parents, siblings, care givers) though important are not the only such influences; changing social contexts throughout our lives gives rise to building of other significant connections based on e.g. religion, ethnicity and sexuality (Frosh, 2010). The method ties in with my objective of trying to understand how Black Caribbean MSM's make sense of living with HIV and the importance of appreciating their particular social, cultural and historical influences which, as these interact with individual intrapsychic processes, make their experiences of living with HIV unique.
There are differences in the strength of certainty with which psychosocial findings are presented. My interpretations will be produced from only two hours to three with each participant (who will be interviewed twice), a rather limited time frame. In acknowledgement of the fact that I do not intend to verify my interpretations as I would seek to in a clinical setting, I will present my findings in a tentative rather definite way, as "possibilities rather than certainties" (Frosh & Young, 2008, p116).

2.6 Using IPA and psychosocial methods as part of a pluralistic approach

The two methods used have different epistemological roots with a psychosocial approach often seen as part of a critical realist stance while IPA is part of a phenomenologist belief system. A significant point of divergence is the psychosocial approach's positioning of the individual "hidden defended self" (Phoenix, 2007) subject to unconscious processes (Hollway & Jefferson, 2013). This is in contrast to a phenomenological view which "assumes a knowing self-conscious self" (Phoenix, 2007). Further IPA would not seek to draw on theories from outside to understand the participant. The preceding sections on each method

have highlighted some commonalities however. Both consider there to be multiple influences on experience and try to acknowledge these during the research process. Both seek to place experience in its social and cultural context and notes that such experience is a product of interpretation (Willig, 2013). The researcher is firmly situated in the research as she has greatest responsibility in deciding what data is to be collected and the final interpretation of the data. As such, reflexivity is naturally a part of the use of both these methods and the researcher is tasked with attending to their responses to the data throughout the research process. The interpretative aspect of IPA at its highest level accepts the necessity to dig deeper critically as there may be influences on a participant's behaviour that they are either unaware of or reluctant to acknowledge (Lyons & Coyle, 2008). There is, therefore, an acceptance of 'critical' interpretation from both sides however the psychosocial approach might be positioned further along the empathic/critical spectrum sitting at the 'suspicious' end. It is interesting to note key proponents of IPA accept the possibility a psychoanalytically informed interpretation of IPA data (Smith et al., 2009). I intend to follow the suggestion made there and keep the two analyses separate out of respect to both approaches.

2.7 Procedures

2.7.1 Sampling and Recruitment

Participants were recruited from a sexual health service in London. Eligible patients met the following criteria:

- Born male and present as male
- Born in the English-speaking Caribbean
- Aged between 18-64
- Have been in the UK for at least one year
- Have received a HIV diagnosis at least six months ago

- Not current patients of a mental health team or have ceased contact with such a service for at least six months
- Consider themselves to be homosexual as opposed to bisexual or heterosexual
- Not have received their HIV+ diagnosis from me

In terms of the possible emotional upheaval that might occur due to migration and receiving a HIV positive diagnosis, it is important to have allowed enough time to have passed to allow the individual to feel more settled. From a research perspective, it is vital to acknowledge that the prospective participant has had enough time to at least begin to make sense of their new situation before they can articulate their circumstances to another person.

I decided to limit the age range to 18-64 as I believed the issues facing younger (under 18) and older (65+) people living with HIV might warrant research focusing on their specific issues. I recognised however it is possible that my random sampling within a purposively selected (meeting the aforementioned criteria) data set, might result in three participants across a wide age range e.g. 21yr old and a 63yr old. My previous research drawing on phenomenological methods suggested that participants having other factors in common e.g. ethnicity, sexuality and life events might still have similar experiences to relate.

The IT department generated a list of patients living with HIV who met the criteria of being born in Caribbean and male. I was given a list of one hundred and four patient numbers at which point I accessed the patient files to ensure that they met the additional criteria as listed above. This generated a shortlist of ten. These participants were informed of the research project at their next clinic appointment by the member of staff whom they were coming to see (doctor, nurse, and welfare coordinator) and given the patient information material. These prospective participants were given the stipulated twenty-four hours to consider their participation. I made contact in order of the date of their introduction to the research project to enquire whether they would be interested in taking part. If they indicated they were willing

to take part, both interview dates were booked and I asked whether they had any questions about the research after looking through the participant information sheet. Three participants were recruited following this procedure: a 61 year old, a 52 year old and a 41 year old from two different islands in the English-speaking Caribbean. All identified as Black Caribbean MSM and had been diagnosed HIV+.

2.7.2 Reflections on recruitment

I accept that my decision to recruit from my place of employment was made on the basis that it would be easier for me. I also considered that fact that my place of employment has made a financial contribution to my course fees and asked that in return, my research be of benefit to the department. I considered whether I felt obligated to produce a particular kind of research as a result, whether I was unconsciously being guided in my decision making process to produce research which my employers would want to see. I had two responses to this: I have always been interested in the lives of MSM in the Caribbean so in this way I was not aware of being pushed into this subject area. Secondly, as a primarily medical unit, the research conducted is often quantitative and focussed on innovations in treatments hence my qualitative piece of work exploring experience did not appear to be acquiescing to the kind of research my employers would encounter. I believe it will be helpful to bear this issue of potential conflict of interest in mind throughout the research project. There may be occasions when I am unwittingly guided to direct my research to meet the demands of participants, supervisors as well as employers.

2.7.3 Interviews

Having decided on using methods of IPA and psychosocial approaches to answer my research question, I gave some thought to the method of data collection. I considered the use of a focus group however I believe the intensity of a one on one, face to face encounter would yield the most useful material. Group dynamics, while an intriguing factor in the collection of data, was an area that I felt might detract from the less provoked data gained

from a single person interview. I also thought about the benefits of participants keeping diaries as a way of accessing material that might be difficult to vocalise however I felt that this approach would need a longer relationship between myself and the participants than my course requirements would also. I decided that interviewing participants would be the most appropriate method.

My decision to gather six sets of data was based on the suggested number of data sets for an IPA project (three to six (Smith et al., 2009)). Rather than interviewing six participants once, I believed the more detailed material that I might gain by interviewing participants twice meant that it would be preferable to interview three participants twice. I anticipated that the opportunity to build rapport over two interviews might allow participants to speak more freely and hence generate more data and greater depth. It also allowed both myself and the participant to reflect in the week between interviews (Chamberlain, 2011). It was also a key element of the psychosocial method to meet participants twice to explore further issues raised in the first interview including those conspicuous through their absence (Hollway, Jefferson, 2013).

Interviews took place in the clinic where participants received their HIV care. The service has therapeutic/research rooms used by the research and psychology teams which I felt were appropriate for this purpose. Participants signed the consent form at this point and were given a copy to keep for themselves (see appendix 3). They were reminded that they could ask to pause or stop the interview at any time and that they should expect the interview to last approximately one hour.

The interviews were recorded using two audio recorders and notes were also taken during the interviews. I explained the purpose of recording to participants suggesting that I did not want to solely rely on my memory when it came to recalling the information they had given to me. I also informed them that I wished to use the second interview to explore select topics raised in the first, hence I was taking notes to remind me of facts that I might want to return to think about later.

I followed the free association narrative interviewing (FANI) technique as suggested by (Hollway & Jefferson, 2013). I felt that my curious stance and my interest in the experiences of these participants could be best served by "eliciting the kind of narrative [whereby] the associations follow pathways defined by emotional motivations" (Hollway & Jefferson, 2013). I began each interview by asking the participant to tell me about himself and I had a list of topics which I tried to ensure were covered by the end of the second interview (see appendix six). I intended to raise these topics if the participant did not raise them themselves during either of their interviews, however I found that each participant made reference to most of the topics without prompting; my questions therefore followed more of an IPA approach whereby I tried to explore the issues they spontaneously raised.

All participants were paid £10 after the first interview. I also debriefed participants, attempted to reorient them to current time and place by commenting on the weather evident at the end of the interview. The interviews were conducted one week apart to give both the participant and myself time to reflect on what was said in the first interview. During this interval between interviews, I looked at the notes which I made post interview, listened to the interview at least once and made additional notes. The research supervision I received throughout the data collection period was beneficial in considering my responses to the data from each participant, particularly in looking at transference and countertransference issues. The second interview schedule for each participant was tailored to the specific issues he raised in the first. All participants were given £30 after the second interview.

2.7.4 Reflections on interviews

There was a noticeable ease with participants during their second interview, reflected in both their body language and the increased fluidity with which they spoke. I felt quite awkward when it came to the moment of giving payment to each participant post interview. I noted I was quite careful to place the fee in an envelope rather than give it "cash-in-hand". I felt this added a degree of discreteness and professionalism to the transaction however it was

difficult to escape the fact that what had taken place was a transaction. It was interesting that one of the participants addressed this aspect of our relationship directly in his interview. It impressed upon me how the issue of power relations was quite present in this research project e.g. place of interview despite my attempt to mitigate against this by using a non-medical interview room. I noted my attempts to lessen the differential between us as I thanked each participant quite profusely yet genuinely for their time and asked for their ideas for the way to disseminate the finished work so as to reach Black Caribbean MSM.

2.8 Ethics

This research followed the ethical principles suggested by both the British Psychological Society (BPS) and City University. Further, as the research took place in a NHS setting with patients of a NHS service, I was also required to fulfil the ethical criteria laid out by the NHS. I will begin by describing how I met the four principles laid out by the (BPS, 2010).

2.8.1 Respect for the Autonomy and Dignity of Persons

Participants were advised via an information sheet and verbally before the start of their interviews that they were under no obligation to participate in the research. They were also informed that a decision not to participate or to withdraw from the research project would not affect their care at the centre. The information sheet gave details of how the confidentiality of the participant would be maintained.

2.8.1 Scientific Value

The preceding sections on methods has illustrated the thought and consideration I have given to the design of this research project. This detail has hopefully made the goals of the research quite clear and demonstrated the worthiness of the contribution it can make to the

field of counselling psychology. This is to maximise the scientific value of the research while at the same time minimising the risk to participants.

2.8.2 Social Responsibility

My research strategy has detailed how I felt this research would be of benefit to counselling psychology and other members other disciplines working with patients living with HIV and those of Black Caribbean ethnicity. I have considered how equipped I am to conduct this research as a factor of social responsibility. I have worked as a sexual health adviser for the past ten years so I believe I have developed skills around talking about sex, sexual practices and sexuality. I have had access to clinical supervision throughout this project and I have taken issues that have arisen from my research to this outlet. I have also continued personal therapy throughout this study as I anticipated that it might have been quite demanding and given rise to unexpected challenges.

2.8.3. Maximising Benefit and Minimising Harm.

My decision not to recruit participants under the age of eighteen was a reflection of my attempt to minimise harm through acknowledgement that I may not have the additional skills to conduct research with participants under eighteen. My training as a sexual health adviser and a trainee counselling psychologist has equipped me with the skills to deal with unexpected distress which might have arisen as a result of this research despite my attempts to mitigate against this.

This project has passed NHS ethics, City University ethics (see appendix five) and met with B.P.S. ethical standards. I believe this has been a form of reassurance for participants as well as useful exercises for me in terms of ensuring that I considered all possible ways that participants, myself or my co-researchers could be adversely affected by the project.

Participants have given their signed consent to take part in this project. This signed consent indicates that they have had a verbal introduction to the project, they have had at least twenty-four hours to consider their participation, including taking away written material and that they have had an opportunity to ask questions before being interviewed. The information sheet advised participants that the interview material will be kept confidential within the research and assessment teams and that any identifying material will be removed. The recordings and notes have been kept in a locked area for an indefinite period as requested by the NHS ethics committee I presented my research to.

I was aware that I was asking participants to discuss experiences that may have been and may continue to be quite difficult. I hoped that by excluding participants who were in therapy or had only recently finished therapy, I was excluding a category of patients that might be too psychologically fragile to participate in this study. I recognised that as a sexual health adviser working in the service from which I was recruiting participants, there was potentially a conflict of interest as my role involves giving HIV positive diagnosis to affected individuals. For this reason, any Black Caribbean gay male to whom I have given such a result was excluded from the list of potential participants. This was to avoid any feeling on their part that they need to “comply” with my research to continue their care. It also removes the factor of any additional self-consciousness that a participant may feel as we would have a shared history of negotiating a distressing, often shocking situation.

As I intended to recruit participants from a NHS service, I was required to complete the NHS ethics process. I submitted my IRAS form requesting a (faster process) proportionate review which was described as a format designed for smaller projects with no apparent difficult ethical issues. My request was declined and I was invited to attend a full REC meeting. I met with the committee and answered questions on various issues such as disclosure of criminal activity by a participant, what would become of data should a participant fail to complete both interviews. I was given verbal feedback on the same day that I would be given permission to recruit, followed by written confirmation following my submission of requested amendments.

The research department at the hospital where I intended to conduct my research having received IRAS confirmation, then gave their approval for me to recruit participants.

2.9 Transcription

As I am undertaking two types of data analysis, I had to pay special attention to transcription as the data would have to suit the purposes of both IPA and psychosocial approach. I made the decision to transcribe all of my interviews. I believed it to be a crucial part of the psychosocial element of the analysis; as I typed I recalled how I felt at various points of each interview and this added to the notes I had compiled both during and post interview.
The emotional aspect to each participant's interviews would be an important element of each approach hence I made the decision to do a naturalised transcription (Willig, 2013). I recognised that not all communication is captured by words so I included as much non-linguistic detail (Hammersley, 2010) as I could including details such as pauses, repetitions and volume.

2.9.1 Reflexivity

This process illustrated that transcription is indeed another level of interpretation undertaken before data analysis. I was forced to make decisions regarding recording of body language, whether to translate participant's unexpected use of creole or patois into English, if not whether to record it phonetically or using spelling from a published Caribbean dictionary.

2.10 Analytic strategy

I decided to complete an interpretative phenomenological analysis of the six interviews before proceeding to looking at the data through a psychosocial lens. By doing the analysis in this order, I hoped to avoid the psychosocial findings influencing the higher level interpretation of the data which is a feature of IPA. Though both of these exercises in interpretation had a similar goal in trying to get underneath the surface data to get a fuller understanding of the participant's experiences, they differed in important ways. The IPA was using the data only to consider hints or suggestions regarding unconscious efforts at sense

making. The psychosocial approach used the emotional logic of the interviews, noting the free associations made by the participant and instances of transference to inform the interpretation. It was the use of these external psychosocial elements that I was trying to avoid informing my IPA interpretation hence why I proceeded with the latter first. I was aware that the notes and research supervision which occurred between interviews would have meant that the thoughts from the psychosocial approach were still on my mind. I felt that the fact that I acknowledged this and noted them to avoid them being forgotten made it easier to proceed with the IPA. I treated each of the two interviews for each participant as one set of data.

2.10.1 IPA

I began by listening to the recording of each participant's interviews and re-reading the transcript, making notes regarding my initial responses. I repeated this step several times each time trying to put aside previous responses and look at the transcripts anew. When I was satisfied I had collected as many responses as possible, I began to make notes in the right margin of the transcript on comments which were descriptive, linguistic or conceptual (Smith et al., 2009). As I went through this process, I tried to bear in mind my goal of making sense of each participant's attempt to make sense of their experience: the double hermeneutic. The descriptive comments were words that captured key features of the participant's world whether animate or inanimate. The change of focus to language involved looking at words and phrases that caught my attention in tone, speech patterns such as pausing or rapid speech as well as use of linguistic devices. I paid special attention to moments when participants used vernacular rather than Standard English. The conceptual stage was the start of a deeper analysis by considering each participant's "overarching understanding" (Smith et al. 2009, p88) of particular events. To draw out these comments, I continually returned to the text to see if the concepts I described were genuinely illustrated in the data.

The next step involved drawing out themes from these comments listed on the right margin. This was a process of connecting comments, particularly the conceptual notes into themes which still captured the original ideas. I compared the original transcript to these themes to ensure that they reflected each participant's actual words. I then created a table listing super-ordinate themes with transcript reference and words which captured the essence of the respective theme (Smith et al. 2009) (See appendix nine). I repeated this process for all three participants. Finally, I created another table of master themes made up connected super-ordinate themes and concepts from each participant (see appendix ten). This involved noting clear overlaps e.g. where participants had the same superordinate theme as well as connecting the concepts from one participant with the theme(s) from another.

2.10.2 Psychosocial analysis

As with the IPA, I treated each participant's two interviews as one data set. I completed analysis of one entire data set before moving on to the second and third. I began by re-listening to the recordings for each participant. By listening to the tapes and looking at the notes I made post interview, I tried to connect with the feelings I could recollect from the moment I met the participant in the waiting area to the conclusion of the recording. Any additional notes were recorded for the purpose of focussing on transference later in the analytic process.

As a guide to my interrogation of the data, I used the four core questions suggested by Hollway & Jefferson (2013 p51):

"What do we notice?

Why do we notice what we notice?

How can we interpret what we notice?

How can we know that our interpretation is the "right one"?"

With regards to “what” I noticed I looked for, I started with the manifest content, taking what each participant had to say at face value and noting down key ideas and themes. While I had taken this step already with IPA and anticipated overlap, I felt it was important to complete the psychosocial analysis without relying on physical data from the IPA in order to treat them as the distinct processes that they were. In conducting this stage of the psychosocial analysis, I paid attention to the participant’s references to key figures in their life. I considered whether descriptions of family members were similar or contrasted with one another. In line with a relational psychotherapeutic approach, particularly object relations, I started to think about these early relationships in relation to current relationships and how the participant was relating to me in the research space.

I made diagrams (see appendix eleven as an example of this process) mapping significant early life events e.g. how the participant described their family’s response to their homosexuality, the nature of their relationships, who were they close to, distant from. I used this information to consider what early messages about themselves they received; what sense of self they may have developed. Here I drew on Hinshelwood’s concept of “point of maximum pain” or core pain which uses object relations theory to describe how early relationships contribute to the formation of an area of vulnerability which subsequent defences are designed to evade (Hinshelwood, 1991).

In turning to the second step, I considered “why” I noticed what I did, I turned to the latent content of the data. This process makes certain assumptions about the individual which are worth making explicit so that this aspect of my analytic strategy is clear. As previously noted (p43) the psychosocial approach I have chosen sees the individual as “forged out of unconscious defences against anxiety” (Hollway & Jefferson, 2013, p17). This division of the data analysis into manifest and latent illustrates the psychosocial premise that unconscious emotional dynamics, often with childhood or early origins (Willig, 2012), give rise to observable behaviour. The contradictions, omissions, inconsistencies in the participants’ accounts are seen as clues to these emotional dynamics or defences. These defences, such

as splitting, introjection and projection are intersubjective and an assumption made by a psychosocial approach, is that they can be identified by the researcher (Willig, 2012) through the participant's descriptions of relations with others and interaction with the interviewer in the research space.

Splitting occurs when people in an individual's life are perceived as all good or all bad; there is an inability to integrate both the negative and positive aspects of others (and self) into a more realistic picture. Projection is a mechanism whereby unacceptable thoughts, feelings or qualities are expelled out of the self and onto others (Lucey, 2007). Introjection occurs when aspects of the external world are taken in but presented in a self-contextual, modified form (Bateman & Holmes, 1995). Notably these aspects and qualities can be positive or negative. This psychosocial conceptualisation of the individual and their behaviour is based on a Kleinian stance as such it is not only psychosocial approach to research and clearly a very specific way of viewing the psychological subject (Willig, 2012). A key assumption of a psychosocial approach is that individuals are not aware of these unconscious processes, the motivations that lie behind their overt behaviours.

In considering why I had noticed particular defences, I was forced to ground my findings in the evidence of the actual data, thinking about what exactly had contributed to why I had noticed what I had e.g. tone, voice level, silences. I reflected on my feelings about issues raised by the participants and how this might have interacted with my interpretation of the data. The notes that I had made during and post-interview were helpful at this point in considering possible instances of transference and countertransference which in turn contributed to interpretations I made of the data. My use of transference refers to instances where a participant, "sensitised by past experience" (Bateman & Holmes, 1995) makes reference to some aspect of the research interview experience, including the researcher. Countertransference is a reference to feelings or thoughts evoked in me in response to the participant's transference.

After completing the four steps, I compared my latent reading to my manifest reading of the data in light of the evidence: my response to each participant and the issues he raised, my changing feelings across the course of interviews, and the biographical data for each participant. In this way, I felt greater confidence in psychosocial analysis findings.

Chapter 3. Analyses

In this chapter, I present the two interpretations of the data collected from the three participants Byron, Fernando and Terry.

3.1 The Interpretative Phenomenological Analysis (IPA)

The two transcripts produced for each participant were treated as one set of data. Emergent themes were generated from participant's transcripts, an example of which can be seen in appendix eight. The emergent themes for each participant were used to produce superordinate themes which were the basis for the master themes discussed below (see appendix nine for superordinate themes).

An idiographic presentation of interpretative phenomenological analyses prioritises the participant. While the master themes of *power relations, a conflicted self, connection and scrutiny* were present in all three participants' narratives, they manifested in subtly different ways. In choosing to present my findings case by case rather than theme by theme, I hope to capture more of the nuances of each experience. I believe this style of presentation stays closer to the phenomenological process of relating the lived experience of each participant even as I also note the commonalities amongst them.

I have presented excerpts from transcripts in the language in which the participants spoke. Where translation is needed, I have asterisked the start of the translation and provided it in square brackets immediately after the section as illustrated here:

> "dey was living *above area from me, [in a better area than me] dey didn't see me as person coming from de ghetto, dey see me as somebody who from de ghetto but very clean, very nice, you know, ok" F.2.106[6]

[6] Each excerpt is identified by the first letter of the name of the participant, followed by the number of the interview (first or second) then the line of the transcript where the excerpt starts.

Figure 3.1 IPA Master themes

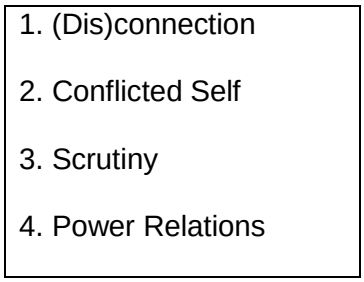


Figure 3.1 shows the master themes developed from the IPA. Each participant is introduced with brief biographical details. Their analysis is presented with the above themes as headings, together with any particular subthemes relevant to their experiences.

3.2 Terry

Figure 3.2: Brief Biographical details on Terry

Terry is a Black Caribbean MSM in his early 40s. He was diagnosed HIV+ in 2011. He has lived in the UK since 2001.

3.2.1 (Dis)connection

This theme speaks to the desire for connection with others which the three participants at times found problematic. In Terry's case, there is not only a feeling of his disconnect with others but at times, also with himself. His experience of an AIDS-defining illness gives an illuminating look at how the challenges of managing physical illness affected his view of and relationship with himself. The illness contributed to a change in identity which in turn impacted on his relationships with others. Terry describes mental torment in another theme, conflicted self; here he recalls the physical pain he endured as result of HIV. The despair of not being able to connect with his body due to the physical impact of illness, suggests his pain is not just physical.

> "de Kaposi[7] had lead (sic) to a lot of medical complications for me. There were time (sic) when it was impossible to walk two feet away from my bed because I was basically covered in Kaposi from the top of my skull to the bottom of my feet and it was very, very, very, very, very painful.." T.1.107

He struggles to maintain connection with his physical self in the face of this condition. Though he owns aspects of his body: "my skull" and "my feet", he makes a distinction with his reference to "de [the] Kaposi" which is designated an outsider that seems almost to

[7] Kaposi's Sarcoma is an AIDS defining illness

smother him, such is its comprehensive coverage of his body. It gives the impression that the Kaposi's sarcoma has become a second skin, separating him from himself, an unwanted intermediary. The extent of the disability, he is not able to walk very far from his bed, gives a sense of the restriction imposed on him. It is possible that his condition would have resulted in a much reduced physical interaction with the outside world. His repetition of "very" conveys the degree of pain that he felt which while clearly relating to his physical self, probably had emotional components too.

> "..my, my body, my immune system ain't working properly I end up…at the [name of hospital]" T.1.122

Here his words speak to a malfunctioning of his body, a machine which has broken down. His repetition of "my" suggests how much he is clinging to ownership of his former self even while illness transforms him and almost as an admission of defeat, he is admitted to hospital. He describes this transformation in greater detail:

> "..it try to make you very very small, it can make one very confused, very frustrated.." T.1.287

> "..very low, very low, very low, you just don't want to talk to anyone you just want to keep to yourself.." T.1.279

Terry hints at the opposing forces involved ("it try to make you") as he seeks to maintain his former identity even as he acknowledges how the HIV diagnosis and illness impacted him. His use of second person almost seems to see him take on the perspective of an outsider viewing the situation, paralleling the outsider Kaposi taking over his body. His particular use of language can also be seen as evidence of the disconnect with himself both then and now as he reflects on this period. The further reference to a reduced sense of self "very, very small" connects with the retreat that Terry decides to take. He disconnects from others as a result of how he feels about himself.

3.2.1.1 Rejection

The experience of being rejected by another person can be seen as a form of disconnection. All three participants received some form of rejection due to their sexuality and feared further rejection due to their HIV+ status. Whether being forced to physically leave home or remaining at home while enduring being ostracised or abused, Terry experienced difficulty forming and maintaining mutually supportive relationships with his family. Terry felt that his experiences of rejection originated from his mother which caused him particular distress. While living in an unfamiliar district following his violent ejection from his community, Terry has no source of income. He relates the consequences of asking his mother for financial assistance:

> "My mom wouldn't support me at all even though, I had to ask my mom for food money, money, my mom say no I'm batty man, batty man must dead and she do not want no gay man in her family and no gay son." T.1.437

Terry described this event with some sadness conveyed by a despondent facial expression and a lowered volume to his words. His raised hunched shoulders created a visual of someone turning into themselves which illustrated his words: at that time he was being forced to turn to himself, rely on himself, a form of forced independence. His mother's refusal to assist in his time of need is one painful form of rejection. However, his pain is heightened by the ferocity of the verbally abusive rejection of his sexuality compounded further by her sentiment that he should die.

3.2.1.2 Peripheral existence

This subtheme captures the physical disconnection that Terry experienced with regards to his family. This episode of Terry's life illustrates an on-going experience of not being fully accepted for who he is, manifesting in the treatment he receives from others which ranges from a grudging tolerance descending into full blown rejection. As a result, he is forced into a

life on the sidelines, while not fully out, he is not fully in either. The first extract sets the backdrop of Terry's peripheral existence once he decides to return to his community following being "run way" after an accusation of sexually touching another male. Though he is allowed back into the family home, the environment is one of constant verbal abuse and physical threats from both family members inside the house and community members outside of the house.

> "I didn't go on de street for like four months so I basically, I don't (sic) even go to de gate (laughs) from de first night I arrive back… T.1.469

> "I didn't go to my gate for over almost six months (laugh), so I was just stood in de house, literally just in de house." T.1.473

Terry's words add a visual element to the impact that his abuse had on him. The picture is of him stunned, trapped, unable to move almost like a deer in headlights and illustrates both his vulnerability and the extent of his distress. As Terry reflects on this past event, he extends the period of his confinement from four to six months perhaps capturing how he experienced the nature of his suffering at that time: drawn out and extended. The sense of restriction which Terry felt is conveyed here.

3.2.2 Conflicted self

For Terry, the theme of a conflicted self involves the tension between how he perceives and feels about himself as a gay man and how this jars uncomfortably with the heterosexist assumptions and homophobic stance of those around him. He observes the abuse that other men suspected or known to be gay receive from people in his neighbourhood and he is at pains to try to hide this part of himself for fear of receiving similar treatment. He feels forced to take steps to conform to external expectations resulting in inner conflict.

The origin of his conflicted self occurs with his realisation of his sexual attraction towards males. Though he was only thirteen years old at the time, his clear recollection suggests the extent to which this was a life changing moment for Terry.

> "..well at age, uhm, 13 I realise dat I had tendency for male and it develop from there.." T.1.14

> "quite a strange feeling because how I remember it vividly is that I was with friends, I was at a river you know and I realise you know I saw naked guys around and I just feel dis strange feeling toward males, my same sex and from there I was a bit, I was very confused very, very confused I was worried, more so I was confused and I was worried about my safety rather than anything else, yeah..." T.1.20

This emergence of a conflicted self has both mind ("very, very confused") and body ("feel dis strange feeling") components suggesting physiological aspects to his experience as well as an emotional response. Together they give an overriding sense of uncertainty regarding his situation. His use of the adjective "strange" seems to relate to the fact his teenage feelings of attraction were towards other males. His repetition of "strange" and gender references "males, my same-sex" could suggest the heterosexist norms of his society have come to his mind and his confusion emanates from positioning his experience as different from what is considered normal. His dissonance emerges as he tries to link his feelings with his understanding of sexual attraction. His attempt to try to capture the degree of his confusion moving from "bit" to "very, very" perhaps mirrors the development of his confusion back then, the more he considered his feelings, the more confused his thoughts became. His words "from there" suggest the event was both a moment of realisation and the start of an on-going process. The notion that his attraction to men continued to develop alludes to an ownership of his sexuality which was quite clear throughout his interviews. Despite the perils that seemed to go alongside being a gay man Terry does not disown his feelings, rather like the thirteen year old that first acknowledged them, they continue to grow. His use of the word

“it” in reference to his attraction towards males perhaps speaks to an attempt to distance himself from them. This possibility is strengthened by his mention of safety as his overriding concern; he had associated his feelings with the risk of harm.

His HIV diagnosis compounds his struggle to belong, to fit in as described in the previous theme. His desire to belong is apparent once more as he considers whether he will be alienated by society for being HIV+. In this HIV related area of conflict, Terry considers how he will be treated by others and which of the worlds that he inhabits will accept him.

> “I wouldn’t say oh now I’m going to condemned by society, no I wouldn’t say that but I, it just like you know, maybe, you know, you’re not fit anymore for the de gay scene.” T.1.239

This is a curious statement; Terry implies that as an HIV+ man he will still be accepted by society but not the gay scene which implies they are perhaps two distinct worlds. He subsequently describes a distinction he makes between society and the gay scene, anticipating different responses from them:

> “I believe within the gay scene you’re more to be condemned of being HIV+, so it’s like you are a ghost. T.1.263

By becoming HIV+ Terry is transformed into a ghost, a statement which illuminates his thoughts on society and the gay scene. He is now perhaps between worlds, not part of the gay world but not belonging to wider society either. It also gives a sense of how Terry is experiencing himself, the idea of a transitory ghost-like existence has a feeling of disconnect to it, speaking to how Terry feels about not only his place in the world but his body. It might be expected that a gay man might experience the gay community as more understanding regarding being HIV+. It is very interesting therefore, that Terry positions the gay world as more persecutory than wider society. Given that his experience of being HIV+ has, so far, been focussed on unpleasant, distressing changes to his body, his comments could be seen as anticipation of the rejection of him, a body that is no longer up to the standards of gay

society. There appears to be a parallel of endeavouring to live up to other's expectations, whether the Caribbean's expectations of a male sexuality or the gay scene's expectations of the body. Terry's responses which also speak to his lack ability to be himself and be accepted, illustrate his conflicted self as he seeks to hide his sexuality or in the latter case, to assume a ghostlike existence.

3.2.2.1 Conflicted existence

This subcategory captures the conflict in Terry's life. Those who might be expected to show him love and care do not; in fact they display quite the opposite feelings. His repeated physical displacement during his teenage years (as described in the previous theme) illustrates his continuing search for a place of safety, somewhere where he feels he belongs. This physical displacement is echoed in the consequent mental distress that he experiences.

In another watershed moment for Terry, at age sixteen, he was violently forced to leave the community where he was living due to accusations that he sexually touched another male. He describes the incident in greater detail:

> "I was attack [by] my brother, my brother, my brother got de support from de rest of family so I was really stone[d] near, nearly to death...No, not physically, mentally no physical injuries but mentally, mentally, was very dangerous." T.1.408

His repetition of "my brother" conveys the incredulity that Terry feels at the fact that his brother was the instigator of his assault. His use of the word "stone[d]" to describe the mental injuries inflicted on him captures the ferocity and viciousness of the verbal assault. It also speaks to the emotional impact on Terry at the fact that his family were behind the assault.

Terry was able to find accommodation with an elderly member of his extended family. In this instance, he gains relief from the threat of physical and mental assault however he is in an

area that is unfamiliar to him**.** While he is physically safe, he now has financial pressures which lead to mental distress of a different kind.

> "Obviously I was mentally tormented, ah, I was going through financial hardship but yeah I had a peace of mind." T.1.448

This period of Terry's life exemplifies the sense that he never seems to have complete relief from stress of one form or another. Here he describes how he felt staying in the countryside given that word of the incident in his community hadn't reached that part of town: he has both peace of mind yet remains mentally tormented. This contradiction can be explained by his references to "financial hardship" which is one source of stress and his use of the word "torment" which suggests that the incident of being mentally stoned had stayed with him, it was being replayed in his mind. He is physically in a place where he gains relief from abuse, he is in a place of physical safety yet remains mentally distressed.

3.2.3 Scrutiny

Terry's experiences of abuse and rejection leads to him determining that being visually identified as gay is something to be avoided. He develops a strategy of scrutinising himself and others, looking for particular behaviours that others might observe and use to identify him as gay and subject him to abuse as a result. To prevent being abused, he tries to adjust his behaviour and avoid the company of others who might be perceived as being gay. Intriguingly, though he develops and uses this strategy in the Caribbean where, he reflects, he has been most at risk of being abused due to his sexuality, this behaviour persists in the UK where he reports feeling safer. There is a parallel between the abuse that Terry experienced and the scrutinising strategy that Terry employs: both are relentless, time consuming and result in distress. This theme links in with that of a conflicted self; though

there is a high degree of self-acceptance as a gay man, here there is struggle to conceal any outward sign of sexuality.

3.2.3.1 Self-scrutiny

To hide his sexuality from those around him, Terry engages in self-scrutiny, checking his behaviour and considering whether it shows to others that he is gay. Here he reveals the comprehensiveness of this self-observation:

> "What I do, how I speak, how I walk, what I say, who I talk to, yes, I spend most of my time monitoring [rather] than getting on with my life." T.2.208

The manner in which he relays these details, employing a faster speech pattern with a monotonous tone suggests an automatic aspect to his strategy; it became a part of his daily routine employed with little thought to it. His self-scrutiny became quite intrusive; it had a negative impact on his quality of life as he recognises the amount of time he spent on it. He turns his scrutiny towards other Caribbean gay men and draws comparison between his body language and theirs but also between the body language of the collective "gay guys" and female body language.

> "In [the Caribbean] obviously gay guys, we have a tendency which we can display but unaware of, the way we stand, how we speak, how we move our hands, our body language can be quite similar to that of a female." T.2.213

Interestingly he notes that this behaviour is something which gay guys are unaware of though in drawing attention to it, he shows his awareness. In doing so, he positions himself inside the world of Caribbean gay men but also as an outside observer.

3.2.3.2 Scrutiny from others

Terry takes the perspective of an outsider and notes how his scrutinising tactics are employed by others to identify who is gay. He shows his awareness of being subjected to the scrutiny of others and hence adds another dimension to the "monitoring" previously mentioned: he monitors himself and is monitored by others.

> "There are signs where guys could easily identify as being gay because of how they walk and how they talk and how they present theyself (sic) in lady fashion which you could tell basically that person is gay because that's, that's the sign." T.1.365

Once again, with some certainty and conviction, he compares the behaviour of a gay male to the behaviour of a female and suggests this is how gay men can be identified. Both this and the previous extract show the benign aspect to Terry's comparison of a female and a gay man's behaviour. The aspect of undesirability exists only in that it results in being seen as gay and hence subject to abuse. Being associated with a female per se, does not seem to be problematic for Terry. He goes on to explain the consequences of recognition:

> "One guy, he could easi[ly] [be] identif[ied] as being gay and *he has to run away from [he is forced to leave] de community and people who are allege, who de community perceive to be gay is also at de same risk." T.1.30

Terry notes that the risk of harm to both those "easily identified" and those "allege" to be gay means that they have to leave the community. The lack of agency that gay men face again speaks to the presentation of the community as a powerful force which dictates who is tolerated or accepted and who is rejected.

3.2.3.3 Scrutiny of others

Here Terry fondly reminisces about growing up with his cousin, who is also gay. Though there is the same sense of scrutiny, there is a pleasurable tone to his narrative. His use of

the word “we” conveys how his cousin was also being observed by others, perhaps other family members. He starts with his observations of his cousin “he was feminish,” before including himself in the observations.

> “He’s my cousin we see a bit, you know, signs of gay…he was feminish (sic) too, he loves, we love netball, we like dandy shandy[8], we play with the girls rather than the guys so when all the boys going to play their football, we heading, me and my cousin go and play netball with the girls (laughs).” T.2.470

Terry extends his scrutiny of himself and others beyond body language to the area of play and association. He suggests that the type of drink they preferred and the sort of sports they liked to play were signs of being gay. Once more he makes the point that, as a male, enjoying activities deemed as female, means that they are likely to be characterised as being gay. For Terry, this appears to be negative in so far as being perceived as a gay male puts his life at risk. However, as this extract highlights, Terry does not reject the association with being “feminish”.

3.2.3.4 Gender sorting

I have used the term “gender sorting”, a modification of the term serosorting[9], to capture the quite specific manner in which Terry categorises his and other’s behaviour. For Terry, gender sorting appears to help him understand the expectations of others with regards to male and female behaviour.

> “At a young age I was very very feminish (sic) I was very very feminish, I will do everything that a young lady will do, I will play dollies house, I will be the mother.” T.1.496

[8] A popular brand of shandy in the Caribbean

[9] The action of categorising people by their HIV status, positive or negative, usually with the goal of lessening the risk of transmission, i.e. those living with HIV endeavouring to have sex with those of the same status

Terry presents his reflection in a matter of fact way though he emphasises, through repetition, his belief that his behaviour was akin to that of a female. Terry continues his recollection of an early awareness of gender roles.

> "that was fun you know to play dollie house with the girls on my street in my community I'm the mother I would send them to school (laughing) T.2.480

His delight in recalling those times and the enjoyment he felt in embracing what he perceived as female roles is in stark contrast to later in life when, as a man, being seen to have female traits was something he actively tried to avoid. A second area of contrast is the agency that Terry appears to have at this age; he chooses to play with the girls and selects which character, "mother", to play. Later on in life, his observation that black gay men have "[female] tendencies that are displayed but that which they are unaware of" suggests less control over how the world sees them.

Terry returns to a more positive observation of his gendered activity when he recollects living with an ex-boyfriend in London.

> "I was a housewife (chuckles) so maybe (laughs) T.2.783
>
> [Me: You laugh again]
>
> "Yeah cause it was nice I mean fun times with him very good times of course I was the housewife in the sense I do the cooking and laundry, la la la, so it was good, it was very, very good fun times." T.2.785

By describing himself as a housewife, he once more embraces what he considers to be a female role. He also categorises the work he did in the house as female work and his statement "of course" seems to suggest that this was a natural role for him to take. In this setting, he is more comfortably able to live with his notion that he behaves like a female and performs female activities.

3.2.4 Power relations[10]

This theme considers the important role that power played in Terry's relationships. The previous themes have alluded to the lack of agency that Terry felt at times. Here I explore the occasions where there is a sense of his powerlessness as well as his ability to exercise power or agency. Though not directly referred to, power is such a pivotal factor in his ability to live safely; he actively seeks relationships which will afford him the protective nature of another person's power.

3.2.4.1 Law as persecutor

Terry describes the powerlessness he experienced in his country of origin. He distinguishes between life in the UK and life in the Caribbean by suggesting the law contributed to the oppression he felt. There are different levels of oppression: he feels that the laws of the land through penalising anal sex lay the foundation of this oppressive atmosphere. The police, as law enforcers, actively contribute to the oppression he experiences as he describes the irony of being unable to turn to the police for protection. Their power is not used in his interests; instead it is used in the favour of those in his community who might wish to harm him and in this way adds to the persecution he receives from others.

> "the atmosphere is quite different in this country for me, ah, given de fact that I'm from de Caribbean and which especially in [country of origin] the law is against homosexual so there is a buggery act there is a penalty for ten years in hard labour in [country of origin]" T.1.57

Terry's words suggest the feeling that he has living in the UK differs from that in the Caribbean beyond tangible factors such as physical surroundings. The oppression pervades his surroundings; it is something that is present though it cannot be touched, it is felt. There

[10] The term power is used in this master theme as described in the literature review. I refer the reader to page 18 for a reminder of my interpretation of the term

is a sense that knowledge provides a means to agency; to survive in this environment, Terry has had to make himself aware of the law and penalties for acts that could lead to his imprisonment should he be caught practising them. Once more there is a relentless element to his abuse and a pervasiveness which illuminates his earlier reference to atmosphere. The risk of abuse comes from all areas, even from those who are meant to protect him hence it feels atmospheric to Terry.

> " ..you're being attacked by the, by the, by the resident, or by your community but you (sic) also being attacked by the police." T.2.254

> "police terrorise gay people and they are a threat to gay people and…police attacking gay people…you can't depend on the police for protection..but the law supports them in such actions...so therefore the police take disadvantage of it." T.2.270

His use of the word "disadvantage" appears to be a malapropism yet perhaps conveys the disadvantage he feels at the hands of the police and the law. His distortion of the word advantage also echoes the distortion of his experience of the police actively persecuting gay people.

His words convey how he experiences the non-negotiable finality of the law and how the fact that it leaves him without human rights gives the sense that he is left feeling less than human in this respect. His inability to protect himself and his desire for protection in the face of relentless attacks is evident. There is a sense of isolation as he suggests that he had no-one or nowhere to turn to.

> "If the law is against you then basically you have nothing to ride on because the law says buggery ten years..so there's no human rights and there's no protection for homosexuals in [country of origin]". T.1.65

Terry experiences the law as wielding its power in such a way as to render him powerless. In contrast, the subtheme of survivor strategist conveys the various ways that Terry is exercise agency.

3.2.4.3 Survivor Strategist

Terry's life in his country of origin is one of a constant battle. He describes strategies that he develops which vary. At times there is a degree of self-blame with agency ("I'm not going to allow them to win") (T.1.534). He reflects that if he drops his defences ("skin my shell") (T.1.536) that is appear vulnerable, then this will be in his abuser's favour ("arm my enemies") (T.1.537). He places the onus on himself to change to bring a change in his circumstances. The battle analogies continue with the decision to take a different tactic of withdrawal:

> "If I can keep away from de enemy I'll be in a much better position." T.1.560

There are times when Terry feels his battle for survival is too much. His suicidal thoughts do not result from the abuse he received regarding his sexuality but from the physical pain he was experiencing as his AIDS-related symptoms progressed:

> "Ah, there were times when I just felt like not to go on more living, ah, it was a time of very dreadful pain in my body…physically it prevented me from moving about ah it was very hard, it was very difficult the pain was like twenty-four hours." T.1.116

As Terry reflects on this period of his life, he has associated this timeframe of his life with the pain of KS. He recalls the extensive and relentless nature of the pain and the physical impediment it resulted in. Despite his clear physical and (less direct) reference to the emotional pain he was experiencing ("it was very hard"), there remains a strategic element to his decision making. Here Terry considers suicide as a way to reclaim control in response to the reduction of control that his AIDS symptoms caused.

3.3 Fernando

Figure 3.3: Brief biographical details on Fernando

Fernando is a Black Caribbean MSM in his mid-fifties, living with HIV in London, UK. He moved to the UK in 1999 and was diagnosed with HIV later that same year.

3.3.1 (Dis)connection

Fernando's accounts often spoke to his sense of connection with those around him. Following on from his tendency to examine and compare himself and others (to be described in detail in the following theme, scrutiny) he also describes how close or not, he feels to others. He describes the rejection he experiences through verbal abuse due to his sexuality and the ensuing disconnection from those around him as he sought to remove himself from his community physically. There is a feeling of isolation resulting from the fact that he is not able to remain in or be part of his community as he does not conform to their expectations of whom he should be attracted to.

> "People start 'oh you're a batty man, him a batty man and him dis' because [of this] I didn't, I didn't stay in de area I was always out, always out, going out, going out, going out" F.2.68

The repetition of "going out" gives the impression that Fernando was continually on the move. It gives a sense of someone not at rest physically and additionally, without emotional peace of mind. In this regard his experience of being abused due to his sexuality caused disconnection with those around him.

Fernando's sense of loss of a feeling of belonging extends to his immediate family. Though he describes a relatively good, yet emotionless relationship with his stepfather, he grew up without much contact with his biological father. He feels that he missed out on what he

imagines a father-son relationship would have to offer. His tendency to compare himself to others is apparent once more as he expresses regret that he is not able to talk to his father in the way that others can.

> "But we neva really have a father and I always tell people when I heard people talk about 'oh my father do dis' I feel a bit outta space cause I can't say it." F.2.913

Here Fernando reveals how disconnected he feels from those who talk about having a father; his phrase "outta space" spatially illustrates how far this distance is. This feeling of disconnection not only occurs in an embodied sense but also in relation to his mind as "outta space" gives a sense of not being in the present. Given that Fernando is concerned with how others view him, (which is illustrated in the following theme scrutiny) it is interesting to see that he describes wanting to share with others these feelings of a lack of belonging ("I always tell people."). Fernando has previously described his belief that his sexuality would not be accepted by his community and his physical dislocation, "always out" which occurred as a result.

The accounts in general, give voice to experiences of disconnect and an absence of care however Fernando describes a close, caring relationship with a friend who helped to bring him to the UK, suspecting that Fernando was HIV positive and aware of the poor standard of healthcare in their country of origin at that time. Here Fernando had just arrived in the UK and is reflecting on his circumstances and trying to take in the fact that he has successfully come into the country. He quotes Eric who is sharing his feelings about Fernando with him, giving his motivation for the help that he has given to Fernando.

> "'Yuh a mi friend, mi brudda, you is everything to mi' "…..I feel like, yuh know…I couldn't express miself. He start cry and mi cry and wi siddung [sit down] and embrace each other" F.2.460

This extract is startling both in the context of Fernando's story and within the research project as a whole. This (literally) touching, expressive account of love and care stood out

against a backdrop of abuse and rejection. It is notable that Fernando could not verbally respond to expressions of affection and even now in narrating the past event, it remains difficult to put his feelings into words ("I feel like, you know"). He does, in fact, express himself through his tears which are those of relief, joy and immense gratitude. The physical connection described here accentuates the closeness of Fernando's relationship with Eric.

At times, there was a noticeable discrepancy between the emotions that one would expect to be evoked by Fernando's words and the manner in which he was relating his account. One example of this, is his recollection of an event which occurred while he was homeless (having being forced to leave his home through threats of violence due to his sexuality). Fernando revealed that he verbally and physically assaulted in a public park by a group of male strangers who suspected that he was gay. He was left with two broken legs and unable to move. It appeared that he was left in a great deal of physical pain and distress at being attacked by strangers due to being suspected of being a homosexual man. However, Fernando described the aftermath of the event in a very matter of fact way, without the expected emotion of what was a frightening, prolonged, life-threatening event.

> "Anyhow I was in that situation [physically assaulted unable to move] from seven o'clock in the evening up until after three in the night and God send a man who was passing and going to work." F.2.150

The way in which he talked about the incident gives a sense of his disconnection from the event, referring to it as "that situation". It is noticeable that Fernando places God as his rescuer, having perhaps understandably lost his faith in man; periodically throughout this account he invests benevolence and control in God.

In a further illustration of his connection with God through his faith that He is looking out for him, Fernando gives details of the circumstances surrounding his HIV test in the UK.

> And the day in question God send, it was a woman and I was really comfortable. If it was a man even when he said HIV [offered an HIV test] I would have said no. F.2.638

His experience of violent homophobic rejection from men in his country of origin influences his preference of health care provider. He is seen by a woman and is at ease enough to be able to take a HIV test while if he had been seen by a man that day, he would have declined. There is also a lack of agency as he invests the power to be seen by a female clinician in God's hands. Presumably it might have been possible for him to request a female clinician. However this may reveal something of how Fernando felt as a newly arrived migrant, navigating an unfamiliar healthcare system, thinking about taking a life changing blood test. It is possible that he may not have felt assertive enough to make such a request and invested hope in a benevolent God instead. In this situation what is familiar and known to him is the difference between how men and women behave towards him treat him as a gay man.

3.3.2 Conflicted Self

In common with the two other participants, Fernando's principle conflict centred on his sexuality. He is aware that homosexuality is not accepted by his family and neighbours in the community where he lives. He describes how this leaves him with two stark choices.

> "You have to live this double life in the sense where you has to live to suit your family and you have to live to suit the community so you have, you have a choi-, you have a choice which one o dem you want to live. You can live to suit yourself and when you live to suit yourself den you don't care about de family and you don't care about the community so you have choice and the choice is to leave and if you leave you on your own" F.1.9

> "We were living this life we have to suit society, we have to suit our families, we have to suit everybody, so everybody has to live you know according to how you see society run." F.1.335

The sense of a conflicted self comes through as Fernando describes how he and other gay males are forced into a fragmented existence by having to live according to the demands of their families and society. There is a feeling of constraint as he describes the restriction of societal expectations as well as his sense of being reduced to an either/or existence: being gay and leaving his community or staying and hiding his sexuality. While he reveals his awareness that everyone is subject to societal expectations, not only gay men, his repetition of "have to" throughout these extracts illustrates that he feels particularly restricted. There is a clear lack of agency too, a theme that will be explored further later. One area that does not seem to pose a conflict for Fernando is ownership of his sexuality.

> "I was the sort of person who doesn't (sic) care what nobody want to say because I choose my friend and they start to judge me from the friend that I kept because I wasn't the sort of guy growing up with girlfriend so I had girlfriend but not sexually" F.1.22

He asserts that he did not have the need for a girlfriend to give the impression that he was heterosexual. This dismissal of a 'cover' while showing agency also contributes to his conflicted situation as his choice of friends opens him up to being evaluated as a gay man. The solution brings him back to a fragmented existence.

> "But in me, with me personally I live a double, I had was to live a double life because of my family and the community that I live in. I couldn't come out and let dey know that I attracted to men, it couldn't, it wouldn't have accept it" F.1.17

Though Fernando's description of "a double life" conveys how divided he feels, his words introduce not so much a double life as a complex multi-layered life. Herein lies the complexity of Fernando's position: he has to hide his sexuality to be accepted yet he also

displays a disregard for maintaining this secrecy by refusing to subscribe to the usual methods of disguising himself with a declaration that he does not care what people have to say about him. Acceptance is an important issue for Fernando; he attributes his decision to hide his sexuality to the desire to be accepted by the community.

Fernando's initial embodied reference to his dichotomous existence "but in me, with me" gives insight into the nature of his conflict. His double life is something that he experiences internally "in me" and as well as something that he carries, "with me". The pervasive and burdensome nature of this existence and his willingness to endure this in pursuit of acceptance illustrates how important acceptance is for Fernando. His subsequent comments concerning his mother's feelings towards him provide a contrast to this picture. His apparent indifference surfaces again as he dismisses his need for her acceptance and love, insisting that it is not needed as he has the financial means to look after himself.

> "I don't have to ask- talk to my mother, *she nah wah accept me and love dah fi har business mi a work" [if she doesn't want to accept me and love me that's her lookout, I'm busy, taking care of myself] F.1.392-3

Fernando's incomplete thought "I don't have to ask" gives a suggestion that it has crossed his mind to ask someone, perhaps his mother, for something whether it is love, acceptance or something of a more material nature cannot be known. It is notable that his exclamation ("that's her lookout") indicates a disregard for emotions (love, acceptance, care) when faced with the option of action (working). There is a possibility that financial gain and activity, amongst all the other benefits of work, are adequate substitutes for a mother's love and acceptance in Fernando's eyes.

3.3.3 Scrutiny

Fernando's scrutiny of himself and others serves as a method of assessing status which appears to be quite important to him. Throughout his interviews, he gave statements which indicated that he was comparing himself to others: going through a process of considering whom he regarded as of higher status and whom he saw of lower status and crucially what this meant for his association with the particular person. Fernando is concerned with class in particular and presents quite a stratified experience of society in the Caribbean territory that he lived in. It appeared important that others held him in high regard and his ability to earn a reasonable income became a vital way of achieving this. It is a contrast to the low regard he felt he was held in by others due to his sexuality which he seemed less able to influence.

Fernando was forced to leave his home, the area he grew up in through threats of violence due to his sexuality. Here he is reflecting on these circumstances and he describes his perception of a group of men: he believes that ordinarily they would not have even approached him due to his higher social status. Due to his loss of social standing, this same group of men can not only talk to him but address him in a disrespectful way, sneering at him because he is homeless.

> "Mi see some people weh dem couldn't even talk to me, hear dem a tell mi bout: 'Lard look pon yuh, yuh nuh live no weh' " [I saw some people that would not have dared to speak to me before, they said to me, 'Lord, look at you, you don't even have anywhere to live.'] F.1.255

It is telling that the particular words of theirs which have remained with Fernando, relate to what for him is the ultimate loss: a place of abode. His reflections on this period suggest that this loss was not only of a physical sense, somewhere to live but, given the circumstances in which he was forced to leave, a loss of a feeling of belonging, where he could be himself and be accepted.

In his search for acceptance, he turns to a group of people of higher social standing, a fact which he determines as they are more affluent than he is. In contrast to the previous extract, here there is a feeling of appreciation that he has had the opportunity to associate with such people.

> "I start to affiliated (sic) with people who was well off I should say, dat rich, but financially, they was b-financial better than me" F.2.103

> "dey was living *above area from me, [in a better area than me] dey didn't see me as person coming from de ghetto, they see me as somebody who from de ghetto but very clean, very nice, you know, ok" F.2.106

Fernando focusses on external characteristics as he takes an outsider's perspective of himself. He imagines that he is seen as not as someone from the ghetto but at the same time seen as someone from the ghetto. He explains this paradox by presenting his physical appearance and personality as exceptional. There is an insinuation that people from ghetto areas are seen (by others, perhaps him as well) as undesirable. He makes a distinction between himself and others from the ghetto as he believes he would be seen as more presentable person.

3.3.4 Power Relations

Throughout Fernando's accounts, there are indications that control is important to him. Despite being placed in positions of powerlessness throughout his life due to the homophobic behaviour of those around him, Fernando extracts agency from difficult circumstances. As such his is not a one-sided picture of being subjected to the power of others instead, it is a more multifaceted situation involving resistance.

Fernando has described growing up in an area which was heterosexist and extremely homophobic. Here he reflects that following being (r)ejected from his community and left

homeless, taking his life might have been an option to manage the challenging circumstances that he faced. His narrative presents a complex picture of experiencing being on the receiving end of, yet trying to manage a powerful force by finding ways to resist.

> "suicide is something that you has to think about it and if you thought of it you will do it..if you don't thought of it you'll never commit suicide…even when I found out that I am HIV that [suicide] have never cross my mind never and if that had cross my mind probably I would have done it. Because I would be looking at not just HIV, stigma and in [country of origin] to be gay and HIV is very taboo so even then I don't think I would commit suicide I would fight to get some form of treatment but not suicide so suicide you know is ahm something that you have to think about and you becomes weak within yourself, yes, yes it's a weakness." F. 1.101

Fernando describes suicide as an event that does not happen automatically; it requires thought to enable it to be realised. These thoughts appear to have the ability to be quite potent yet his strength means he can withstand what he experiences as quite a powerful, compelling drive. His phrase "never cross my mind" sounds like a threshold that he has barricaded and is determined not to let suicidal thoughts cross acknowledging that if he had not put up this resistance, he might have succumbed. Fernando's reflection on his HIV diagnosis begins with: "I am HIV" which conveys how engulfing this event was for him. It took over his being, transforming his sense of self, which suggests he experienced HIV as a powerful force. Suicide is presented as an equally powerful entity that can entice someone through thought however Fernando believes that he has the strength to resist its pull. There is a sense of urgency in the present as Fernando recollects the importance of suicide not entering his thoughts at that time. He imagines that by keeping suicide out, he would have been able to have an assertive response to his HIV diagnosis had he received it in his country of origin, despite the myriad of connected challenges that he would have been faced with.

3.4 Byron

Figure 3.4: Brief biographical details on Byron

Byron is a Black Caribbean MSM living with HIV in his early 60s. He has been living in London, UK for 25 years and was diagnosed with HIV in 2011.

3.4.1(Dis)connection

The theme of connection is a pivotal, complex and on-going issue for Byron. He describes how he sees himself in relation to others and this relates to where he deliberately places himself. This positioning of himself as on the outside contributes to his experience of not being close to others, particularly family. This lack of closeness also characterised his early relationships with family which he attributes to hardly being physically present in the family house.

> "I never go close to family I always out…I never come home as such and I was mostly an outdoor person, I never [had] close contact with family, relatives." B.1.385

There is a spatial aspect to Bryon's narrative as well as some amount of intentionality as he describes deliberately locating himself on the outside (of the family house). He attributes the distance he experiences between himself and his family as due to his lack of physical proximity. Byron repeatedly referred to the lack of closeness he has with his family. His continual turn to and examination of where he is in relation to others, suggests that, contrary to his professed lack of concern, he devotes time to at minimum thinking about, perhaps even caring about his connections with others. His use of perfect present tense captures the fact that this lack of closeness with his family is a continuing state of affairs. There is an ambiguity to his phrase "I always out"; it is unclear whether Byron places himself out of the family or whether this positioning is done to him, either way it appears to lead to the same outcome.

Byron coins a term to convey his lack of connection in a spatial sense “nowherian”. The word suggests he has a feeling of not belonging anywhere, a further illustration of Byron’s sense of disconnect.

> “I was always a nowherian, I was always out, never home, ‘nowherian’, like uh prodigal son, always out, never home, family will come and visit and I’s never there” B.1.385

Byron explains that his term is like that of a prodigal son, relying on a biblical reference to illuminate his point. Interestingly the prodigal son in the Bible is welcomed home after a long term absence. Byron does not have such an ending to his experience of being somewhat cut off from his family; once more perhaps this speaks to an unobtainable desire.

Byron relates how as a young adult he ran a grocery store with his sister. He moved from his parental home to his sister’s residence however the impending homecoming of one of his nieces resulted in his sister asking him to leave. As Byron recalls this event, he seems to have experienced his eviction as being physically replaced and his mind turns to his parent’s house where he grew up.

> “My sister tell me her daughter is coming so then where should I go? I have nowhere to go back to, my parents the room is occupied, they told me so.” B.2.496

A lack of belonging comes through in this excerpt as Byron appears to have been bewildered, genuinely at a loss as to where to go. He seems to relive the moment with his use of the present tense “where should I go?” There is a reminder of his “nowherian” term with his exclamation “I have nowhere to go back to”. It builds on the term suggesting that it may not only refer to the fact that he was always out but also having nowhere that he belongs or is accepted. His reference to his old room in his parents’ home, (“the room is occupied”), accentuates his feeling of having been replaced. As Byron came from a big family, it is possible that his parents always had demands from another child and he may have often had to accommodate the needs of his siblings. His aforementioned association of

physical proximity with emotional closeness suggests he experiences the absence of physical provision as an emotional rejection as well.

There are further illustrations of the complexity of Byron's connections with his family. He declares:

> "We were a, a, loving knit family." B.2.32

His use of "we" gives a sense of inclusiveness to his reflection; he felt part of this loving family, knit conveying the interwoven nature of their relationships. His use of the past tense could be part of the reflective aspect of his narrative or the description of a situation that is no longer the case.

The following extract gives a curious apparent contradiction to the first.

> "I wasn't close knit into my family I was mostly outside ahm looking in" B.2.29

Once more Byron uses the past tense which while giving further validation to the possible reflective stance of the first excerpt, still leaves a contradiction. His spatial placing of himself on the outside indicates that he set himself apart from the rest of the family. The key phrase "looking in" supports that idea that Byron's preoccupation with gauging the distance between himself and his family stems at least in part, from a desire to be part of the family unit.

This extract gives an arresting image to Byron's state of connection with others.

> "...like to live in the sky so I don't miss anyone, I don't trust, I don't miss people, no I don't, that's why I can't be unhappy alone." B.2.433

The distance between earth and sky gives a spatial indication of how far Byron would like to be from others. His subsequent statements give a sense of insistence as he repeats that he doesn't miss anyone as result of this disconnection. His introduction of the term trust gives further insight into Bryon's situation, suggesting that is a factor in his decision to live in the sky and be alone.

Byron gives further insight into his apparent lack of connection with others and trust. He explains that his meaning making of his relationships come from what he has understood from the Bible. His interpretation of the quote he uses instructs him not to trust other people, leaving his secrets with a more trustworthy God.

> "So the Bible say none en no good, don't trust no man so ahm…don't trust nobody." B.1.866

> "if you think you saying something will change that atmosphere let it stay there it between you, yourself and God." B.2.266

The Christian word and his relationship with God both have an important place in Byron's life. His reference to a fear of change in a relationship should he disclose his HIV status speaks to the importance of relationships in Byron's life and how vital it is for him to maintain the status quo. There is an ethereal quality to his words as his phrasing has a religious resonance of the Trinity "you, yourself and God" though interestingly he occupies two spaces; perhaps this captures the degree of his preference for self-reliance. His reference to "atmosphere" adds to the otherworldliness of his words, echoing his earlier desire to "live in the sky" and adding to the sense of disconnection.

3.4.2 Conflicted Self

For Byron the theme of conflicted self, concerns his feelings about his sexuality and managing his HIV+ status. Throughout his interviews Byron tended to use second person rather than first person which gave an additional dimension to his theme of conflicted self. This particular use of language had a distancing effect; perhaps it was hard for Bryon to talk about this topic, to acknowledge and own feelings which remain difficult hence his efforts to disclaim ownership. Byron related a similar experience to Terry, that of perceiving himself as

a man with feminine characteristics. His response to the situation however, is different from that of Terry's hence the subcategory:

3.4.2.1 Body as battle site

Byron describes an embodied conflict as he tries to manage the physical and emotional aspects of his sexuality.

> "It's a man body but yet still yuh operating as a female or you have a female, you have desire for guys instead of girls yeah." B.1.182

This extract introduces the setting for an on-going battle for Bryon: the disparity between his body, appearing to the world and himself as a male, and his inner feelings, the yearnings that he believes only a female would have. It illustrates the sense of confusion that Byron experiences as he seems to perceive an attraction to men as an exclusively female trait. While he sees his physical appearance as being male, he suggests that inside he behaves in the way that a woman would behave, that is, being attracted to males. His use of the word "operating" gives the sense of a machine, mechanical behaviour, without feeling however the word desire captures the emotional side of this conflict. The manner in which he stumbles, "yuh operating as female or you have female..." suggests it is hard for Byron to find the words that capture his conflict perhaps also reflecting how challenging the actual conflict is itself.

The sense of a battle continues as Bryon describes his attempts to manage his desire for males.

> "You try to resist it, fight it and you just can't." B.1.185

His sense of turmoil, of feeling forbidden feelings lead him to try various methods to be rid of them which seem to range from the more passive (resist) to the more active (fight). The futility of this battle is captured by "you just can't". Despite his best efforts, he cannot extinguish his sexual attraction to men. He vacillates between fighting his feelings and

accepting the futility of such efforts, both acknowledging that he is still engaged in such efforts while also ascribing the fight to his adolescence.

> "Oh well, I'm still fighting well you can't fight it, you cannot fight it off, well I used to, it was during the teenage and you, yuh puberty, you would try to fight it off." B.1.194

> "I knew and I, I try and fight it and its frustrating especially when it you hormones changing." B.1.211

His use of the present tense here and unusually, first person suggests that this conflict remains current for Byron. His recollection of and reference to teenage years, which would be approximately over forty years ago for Byron, conveys how long this battle has been going on. His references to biological factors "hormones changing" and "puberty" suggest why he feels his battle has been so difficult: it involved factors outside of his control. In the extract below, both a sense of the effort involved and futility comes across again with his repetition of "you know, you know that you're that way". His frustration stems from his realisation that his efforts are in vain.

> "You know, you know that you're that way and you're trying to suppress it, " B.2.134

> "You still have the desire for both male and female but the more, the female side of it, the male side of it conquer even more, you would have more desire for men." B.1.201

His words here give further insight into Byron's battle, the manner in which he has tried different approaches: fighting, suppressing. He reveals his attraction to both males and females. It appears, for him, that both desires cannot co-exist hence the battle which he finds himself. His words suggest that he weighs up the strength of both sides of his internal conflict and decides that his desire for males outweighs his desire for females.

3.4.2.2 Conflict regarding sexual behaviour

Byron states that his HIV diagnosis caused him to change his sexual behaviour. On arrival in London, Byron fully immersed himself in the gay scene by going to various clubs and bars. He described himself as, "run[ning] all over the place" capturing a lack of connection to any particular person or place as well as sexual promiscuity. In contrast, since becoming HIV+, Byron declares that:

> "I just normal I don't as I say run all over the place no I don't have sex and whatever, whatever, here, there no, so I keep myself to myself from that day one." B.1.482

> "you keep yourself [look after myself]…you have your medication…that's what I've been doing and maybe just a one night stand you know accidently maybe with one guy along the way and ahm, it happens, life happens." B.1.489

In an echo of the either/or scenario that Byron presented about his attraction to both men and women, Byron initially suggests that he has moved from numerous casual encounters to avoiding sexual relationships altogether. A few lines later his state of abstinence is challenged when he alludes to a sexual encounter.

Byron introduces his sexual encounter since acquiring HIV, in the context of describing what life has been like for him living with HIV. He mentions more concrete controllable factors: medication and looking after himself before disclosing the one night stand. The juxtaposition is stark as he moved into territory which he appears less certain of. His language presents the one night stand as unplanned, not within his control. The phrase "life happens" attributes the event to chance rather than definite intent. When he was sexually active, it was without connection and now, though declaring abstinence, the desire for a sexual connection is still present. This instance when desire has been acted upon still gives no sense of connection, in fact Byron's words "along the way" gives the sense that he even remained on the move. The hesitancy coming through his language perhaps illustrates Byron's conflicted feelings

around intimacy and connection. Though he states that he does not want intimacy, his actions suggest otherwise.

3.4.3 Reflexivity

I became more aware of my role as a sexual health adviser here and wondered to what extent Byron may have offered his assertion that he doesn't have sex as illustrative of the fact that he is "doing the right thing" as instructed by the clinic. However his subsequent admission to a one night stand suggested that even if his initial instinct was to present what he thought I wanted to hear, he was also felt able to present another side to his lifestyle.

3.4.4 Scrutiny

This theme gives greater insight into Byron's assertion that he prefers his own company. In common with the other participants, Byron described a detailed, continual process of comparing his behaviour to that of others in the context of his emerging sexuality. He tries to make sense of his early experiences of perceiving himself as different from other boys. He attributes his unfavourable treatment from caregivers and peers as due to his feelings of being different.

3.4.4.1 Scrutiny from others

This excerpt suggests Bryon's understanding of this particular experience of name calling was because he tended to be at home, helping around the house.

> "you always home, you always in the house, helping around the house and ahm, yeah and in that sense you think well, oh, he must be, well they used to use the word sissy." B.1.284

This recollection appears to contradict his memory of “always being out” of the house, away from his family. It introduces the issue of gender roles, the gender profiling of household tasks and cultural understandings of the work that each gender engages in. As with Terry, there is also the issue of what happens when someone engages in work that is deemed contrary to societal expectations of that gender. Here it seems Byron supposes that others interpreted his preference to assist in the house as a display of female qualities and the term sissy was used to signify this. His use of second person gives a now familiar distancing effect, as if it is too uncomfortable to place himself in this painful memory. Byron also puts himself in the position of his scrutinisers, making sense of how they made sense of his behaviour “he must be, well they used to use the word sissy.” This illustrates his awareness of being subjected to the observation of others and being assessed as inferior. Within his accounts of being subjected to verbal abuse, there are inconsistencies and refutations which may reflect the nature of the relationships that Byron had.

> “they call you queer and all this kinda thing yeah and all this kinda yeah, but ahm, I mean I was never called those names because nobody, cause I've never come out.” B.1.274

Bryon’s use of second person here has a confusing effect; was he still conveying his experiences or now speaking more generally? He appears to suggest that other people, having been identified as gay, were called queer however he wasn’t subjected to this form of name calling due to his successful efforts at keeping his sexuality hidden. Byron’s childhood experiences showed him that sexuality was something that could be determined visually. Through his observations of how some males were treated by others in the community, he determined that a male who displayed characteristics associated with females was often subjected to ridicule. It also resulted in being thought of as gay which was not desirable as it often led to verbal abuse. Byron’s decision not to openly identify as gay was a consequence of not wanting to be subjected to ill treatment from others. His self-scrutiny charts the early

development of his understanding of difference and his process of comparing himself to other children.

3.4.4.2 Self-scrutiny

Byron's struggle to articulate his thoughts and feelings here echo his struggle to manage his sexual desires as explored earlier. In that instance, his sexual desires seemed to jar with his desire to be seen as perceived by others as someone who was not "running around." Here once more his embodied struggle appears to centre on what he experiences internally and the behaviour he perceives others will expect of him.

> "When I was growing up, I knew as a child I was different I try, you try, to str- you do everything to ting but it can happen as a child you know and people says oh you didn't born like that, but children can be born like that." B.1.131

> "Before I start going to kindergarten school I know, I was I b- you know your body, your physical, yuh know it's not nutten, just yuh, yuh says yuh go into it. I don't know if that happen with some people but you as a child growing up - " B.1.136

Byron is confidently able to anchor the genesis of his sexuality ("children can be born like that") and his subsequent awareness in time,("before I start going to kindergarten school"). His use of language, moving from first person to second person, conveys his uncertainty of what he was feeling and his attempts to manage them. He locates his dissonance in his body, his physical self and wonders if he is alone in having this experience. He knows this feeling was significant however the stumbling nature of his words reflect the lack of control he felt about the situation. He continues to focus on his physical aspect of self in describing his experience of difference. Interestingly he makes a distinction between being a "normal" male and one who is not as physically active, finally attributing this difference as the factor which makes him, in his mind, female.

"..as I say I just was as normal but you could see well you not as physical as the rest of guys." B.1.296

"You're a girl, you're not physical." B.2.52

There is a certainty about his pronouncement as rather than say for example, "you're like a girl", Byron's expression has a definitive quality to it. Once more gender is brought into question as Byron's comments suggest that, for him, being physical is a quality that only a male can have and its absence in a male makes him female. His words also show how he compares his level of physical behaviour to that of other boys; there appears to be a critical point which he fails to reach which therefore relegates him to the position of being a girl.

3.4.4.3 Gender sorting: scrutiny of others

Byron's self-scrutiny was an early part of the development of his understanding of self as related to others. In common with the other participants, distinguishing females from males appears important to him. The extracts in this subcategory illustrate his on-going concern with the observable characteristics which contribute to being seen as a male.

" And some guys they well, most of these black guys, a lot of them, most, some of them, not most, some of them, they're gay but you won't realise cause they're masculine they show their masculine self and that's how they hide it. They don't show upon themselves one or two would, you know they would call them a queen or whatever but a lot of these, most of these, some of these black guys they're gay but they wouldn't recognise it cause they keep under yeah they keep it oh they look muscular you know some of them even have girlfriends and they would tell you I have a girlfriend you know." B.1.350

Byron wrestles to capture the correct number of guys whom he has been able to recognise as gay. He sets himself apart from "*you* won't realise" – perhaps me the interviewer or maybe everyone who is not privy to this secret world. His statement reveals an identification

with these guys as he too has attempted to “keep it [sexuality]” to himself. Just as it was when he was a child, it is remains important to hide his sexuality. Byron also contrasts himself with them as he is of small, boyish stature unlike the muscular men he is describing. His assessments of other black gay males reveal his thoughts on what constitutes a male: to be masculine and appear muscular. There appears to be a discrepancy between being gay and muscular: masculinity through appearing muscular can be displayed, while being gay is something to be hidden. Deception is an unquestioned part of both his and their existence.

3.4.5 Power Relations

Byron often gives a sense of helplessness about people and life events. He experiences life as being subjected to the power of others. He recalls the verbal abuse that he received and acknowledges the pain it causes him.

> “Yes it is hurtful (chuckles) but at the end of the day you can't stop people from yes, yes, they call you queer.” B.1.273

There is a sense of resignation as his reflection leads him to a conclusion that he was powerless to stop it. His use of second person present tense “you can’t stop people” as opposed to first person past tense “I couldn’t stop people” gives the impression of an on-going powerlessness. There is a stark contrast between his laughter and the hurt he is describing, perhaps to diminish the pain of recollection. Like Terry, he draws on the power he has gained from laws against harassment noting that such name calling is now unlawful. He attributes the change to the passage of time and greater understanding.

> “Now they would call abuse, but it was nothing in those days you could, you know, you could call someone name whatever it was like a play, you know you call them a nickname as they call it yes it was but now if you call someone name it’s abuse, it's not right.” B.2.106

There is further resignation about his HIV diagnosis. Once more there is an acknowledgement of the pain that has been caused, though Byron makes the distinction between the restorative power of HIV medication and the non-healing wound of his HIV diagnosis. He remains symptom free due to medication; however the devastating impact of what it means to live with HIV is something that continues to cause emotional pain.

> “I have to live with that even though you know, I having medication for it the wound is there I have to live with it and I accept it.” B.1.549

His repetition of “I have to live with it” gives the impression of Byron trying to convince himself. It suggests both lack of agency in the sense of being forced to live with HIV now that he has contracted it, but also agency in that he has made an active choice to live, granted in circumstances that he would rather not live with.

There is also self-blame for Byron in relation to acquiring HIV. He alludes to HIV being the result of promiscuity and suggests that his diagnosis must be accepted as a consequence of his behaviour.

> “If I out there going here and there what it entails and if it come up like yes, HIV+, you have to accept it cause that's what's there.” B.1.556

> “That's how really life was in those times not knowing the protection of yourself and ahmm, and what it entailed and whatever..” B1.9

At the same time, Byron has a plea of ignorance as he reflects that in the past he had less awareness of how to protect himself and what that might involve. There is a sense of how much change has occurred as he compares “those times” to the present.

3.5 Overview of the IPA analysis

The aim of this exploratory analysis was to gain a greater insight into the lives of Black Caribbean MSM living with HIV. There were clear differences in their experiences yet the shared superordinate themes of *conflicted self, (dis)connection, scrutiny and power relations* points to the commonalities in their life experiences.

3.5.1 (Dis)connection

This theme captured the participants' concern with their relationships with others and how they felt about and experienced themselves, particularly during times of emotional and physical distress.

The participants spoke painfully about their disconnected relationships with their families and communities which they attributed to their sexuality. They struggled to gain acceptance and the rejection they experienced took the form of verbal and physical abuse and for Terry and Fernando, expulsion from their homes. Byron often focussed on the spatial aspect of his distant relationships and all gave their narratives without the emotion that their words might have suggested. There were notable exceptions to this tendency: Terry's tearful connection with the pain of the verbal abuse and threats of physical harm on his attempt to return to his community and Fernando's warm recollection of his tearful reunion with his friend after emigrating to the UK.

Terry's unique experience of physical illness due to HIV gave rise to an embodied experience of disconnection with himself. This was also reflected in his concerns about what his HIV diagnosis would mean with regards to relationships; his ability to connect with others.

All the participants described a connection with God which contrasted with their often poor connections with (wo)man.

Their confined existence due to living in oppressive environments results in their attempts to locate spaces in which they can express themselves: Fernando and Terry find this to a limited extent in their home countries however for all three of them their greatest freedom comes when they migrate to the UK.

3.5.2 Conflicted self

This theme described what it is like is when how you feel about yourself does not fit in with the expectations of those around you. It also describes the way in which the feelings that arise are managed. The participants' accounts described the importance of gaining the acceptance of family, friends and the wider community and their need for a sense of belonging both physically and emotionally. There was some ambivalence regarding acceptance from family and friends. While their decisions to conceal their sexuality to gain acceptance from their friends and family appeared to indicate that this was something that they sought, there was at the same time, a degree of uncertainty about whether the acceptance of friends and family was needed or desirable.

Terry, Byron and Fernando noted that they perceived themselves as being different from other males from an early age. Byron gave a vivid account of how he fought with feelings, trying to suppress them; in contrast Fernando and Terry made attempts to conceal outward behavioural signs of their sexuality. Their conflict emanated from trying to manage their attraction to men and their desire for acceptance from their family and wider communities while living in environments which rejected their sexuality.

There is an embodied aspect to the experience of a conflicted self which accentuates the emotional pain of the situation. They described feelings of restriction as their feelings of attraction to men have to be held in for fear of abuse from others should they be revealed.

3.5.3 Scrutiny

Here I observed how participants paid particular attention to the way they presented themselves in their worlds. I noted how they compared themselves with how others present and are perceived in the world and how others view and treat them as a result of how they present in the world. There was a degree of self-consciousness in pursuit of self-preservation.

All three participants engaged in processes of self-examination as well as scrutinising others but for different purposes. For Terry and Byron, scrutiny of themselves and others was for the purpose of determining how far they met societal criteria for being accepted as a man. They felt that having feminine qualities increased their chances of being perceived as female and this, in turn, increased the risk of being seen as a gay man which could result in abuse ranging from name calling ("sissy") to being threatened and forced to leave the area where they lived.

A desire to belong underpinned all three participants focus on scrutiny. The extent to which they experienced the world as dangerous or pleasurable was determined by context (temporal and spatial factors) which Terry's account illustrated well. As a child he was able to play with girls, act as mother with little admonition and as an adult with his ex-partner in the UK he revelled in taking on "feminine" duties; however in the Caribbean as an adult it was less acceptable to display feminine qualities. It seemed as though the participants were asking themselves: what are societal expectations of my behaviour as a man and how far do I deviate from/meet it? The activity of gender sorting had the objective of seeking to belong within their family or wider community. It also allowed the participants to assess the masculine and feminine qualities of others and consider how they compared with the goal of personal safety in mind.

3.5.4 Power relations

The theme of power was evident at different levels in the participants' lives. In particular the issue of agency and the ways participants experienced (not) being able to exercise it.

There is a multi-layered aspect to the oppression that the participants described, particularly Terry; the all-encompassing nature of which gives an unfortunate synergy to this dimension of their experiences. In an extension of their experience of being positioned as different, there is also the issue of being treated in an inferior way as compared to others; two of the participants remarked on the fact that they did not have the protection of the law with regards to the ill treatment that they suffered.

Relationships are seen as potentially harmful as such the participants take a strategic approach to them one of which is to limit the number of close relationships. They describe a degree of planning to maintain control and get what they want from such encounters.

3.6 Reflections on the IPA

The pruning of some themes to build on others, a necessary part of the IPA process, means that the superordinate themes would not have captured all the lived experiences of all the participants but only the shared experiences. I felt the ethical dilemma of wanting to truly capture their experiences and a sense of restriction in having to prune themes that only spoke to the particular experience of the respective participants.

I recall that my decision to focus on Black Caribbean MSM was primarily a genuine interest in their experience as distinct from other MSM. It was also my attempt to avoid becoming too enmeshed with the data as I feared might happen had I researched the experiences of Black Caribbean heterosexual females living with HIV for instance. Though I anticipated difficult accounts, I was still surprised at how distressing their experiences were. I felt gratitude that

they were prepared to share their stories with me and yet the heavy weight of responsibility in wanting to do justice to their experiences. I had a greater appreciation of my personal therapy during this process as I sought to consider my responses to their accounts and, at least during this stage of the analysis, to remain more focused on understanding and conveying their experiences.

IPA is a powerful way of illuminating experience, yet my feelings of restriction arose again as I had to put aside my question of 'why does this participant feel this way' continually. I had to stop myself from drawing on what I knew about their early life experiences that I felt linked to what they were thinking, feeling and expressing now. I tried to consider what this lingering aspect of my response to the data meant in terms of what I noticed in the data. The attention I paid to Byron's question "why do I feel this way" is an illustration of this; I experienced his words as capturing just what I was continually having to put aside at this stage of data analysis. The notes that I made of the 'psychosocial' thoughts and ideas that arose during this IPA stage of data analysis were helpful in capturing these thoughts yet keeping my attention on the IPA.

Chapter 4. The psychosocial analysis

This section of the analysis also presents the results participant by participant though as with the IPA, similar themes arose across participants. These results are more tentative than the IPA as the findings, linking the participant's inner world developed from early relationships to subsequent challenges, are based on only three to four hours with each participant. I begin each section with the identification of the particular core pain that I found to have developed from the respective participant's early relationships. I argue that this core pain informs how the participants managed the difficulties they encountered in their social worlds.

4.1 Terry

4.1.1 Core pain: I am unworthy of love

Terry has had early experiences of being positioned as not only different but also, in common with the other two participants, inferior due to his sexuality. His experience of being rejected by his family due to being gay is the start of a pattern of exclusion in his home country which contributed to his core pain of being left feeling unworthy of love.

Terry comes from a large family and it is possible that at times it wasn't always easy to gain the attention of caregivers. Some of the attention he received was unwanted in that it took the form of being threatened and rejected due to his sexuality.

> "I was accused (of sexually touching another male) by my own brother and I was beaten and [forced to] run away from my community" T.1.383

> "At age 16..I was condemn by my mom…I was attack [by] my brother…my brother got the support from de rest of the family" T.1.407

The challenges he faced in these early relationships seemed to have impacted on Terry as one theme running through his interviews was his concern with being accepted and receiving care from others.

4.1.2 Love and acceptance

Play provides a useful insight into what children have internalised and their sense making of their lives and relationships. At an early stage Terry recalls playing with other children and taking the role of mother.

> "That was fun to play dolly house with the girls on my street in my community, I'm the mother I would send them to school."T.2.480

While Terry seems to associate his choice of playing the female role with being "feminish" and homosexual, it is also possible that at this young age there was some degree of identification with a caring role and speaks to his desire for care and love for himself. His selection of the mother role in his childhood games is perhaps not coincidental. Terry repeatedly describes his pain and distress at the fact that his mother did not give him the care and protection he felt that she should have.

> "As the mother you, you should be able to said ok, you're my son I don't give a damn what sexuality if you want to have sex with man, woman, whatsoever, it is his choice and I'm gonna be there for him. " T.2.533

Terry gave accounts of his adult life which suggested that he finds it difficult to manage being without care and attention from another person. Here he describes what led him to invite a stranger into his flat.

> "I got scared of being lonely, very much so, very much so that I end up taking up anyone off the street and putting them in my flat and they end up robbing me. I don't like to be alone and I'm always alone, always alone, always alone, always alone" T.2.825

He is still searching for love and acceptance from another person and notably there are times when this search becomes indiscriminate and puts him in danger. There is a parallel with his decision to return to his community after being violently expelled due to his perceived homosexuality. He had very little money to live on and described feeling isolated in an unfamiliar area.

> "Very rough at aged 16, I had no one to support me away (sic) from my Dad bless him…she [a family friend] assist me in go to stay with her mom in the [area] and I was able to stay there for like 3 about 6 months I should say so it, it was a bit of a hideout so that's how I end up in [area] away from that I didn't know anyone in [area] so I was there worrying what to do er, it was very very stressful er as it's not [home town] T.1.427

These factors encouraging him to leave his "hideout" should be acknowledged as a likely influence on his subsequent actions. However there is a contradiction in his account in that a contributory factor to his stress was the fact that he was away from home, yet home for Terry is not the safe setting it would assumed to be. His words in the following extract give a sense that he wants to take back control of this situation, to resist the will of the community and family who expelled him.

> "I decided you know what, death either they gonna kill me or I'm gonna live but I'm not gonna live dis situation and I'm not gonna be forced to be living dis and I just decide ok I'll return back to [home town]. T.1.443

He is aware that his actions could lead to the loss of his life yet he still has hope ("or I'm gonna live"). In an echo of his words regarding how his mother ought to behave towards him, his decision to return home can be seen as Terry forcing his will on his family and community: in his mind they should accept and care for him. These desires perhaps overrode any fears he may have had regarding his safety.

Terry's experience of being violently expelled from his community under the suspicion of being homosexual is a clear message of rejection. One possible consequence of having not been shown love and acceptance from his family and community is that it may have become difficult for Terry to show this to himself and negotiate it from others. However his description of a loving caring six year relationship in the UK appears to counter this theory.

> "So I met George and I must say it's a blessing in disguise. It's a blessing, I believe the doc-the goodly doctor may have a-huh, may might have sent by God, I don't know but he's a blessing…He's the one encourage me." T.2.708

> "I've been facing immigration predicament far before I met George and he stood by me for six years I'm unable to work….I just can't find words to explain everything around that man is brilliant, everything around, about that man is superb, that man stood by you. Even through my immigration predicament..all those times I've been put on the plane it is George, George he visited me in detention centre, he bought me stuff. " T.2.716

> "He was the only person I could talk to regarding my HIV, er, er, and then my health got worse and worse and worse, things was getting totally out of hand and he, he was there for, sometimes, I was unable to walk and I, I and I had to go to appointments…he was able, either he would send cab fare for me or he would rent a car come and pick me up drop me off oh my God superb. And then, ah, we become friends, friends, until I don't know his number maybe I miss, slip up or I don't know." T.2.732

Terry's descriptions of his relationship with George focus on what George gave to him in terms of practical, financial and emotional support. Terry previously described how unsupported he felt during an earlier time of need so it is understandable why George's behaviour stood out for him and how valued it was. The sudden (narrative-wise) demise from lovers to friends to "I don't know" stays with Terry as he tries to find reasons for the end of

their relationship. At first he blames himself, seeing himself as a burden and therefore thinking he may have pushed George away.

> "Maybe it's me kinda run him away now cause I was, like a financial burden. I mean cause during my sickness I, I have to depend upon him a lot for money to survive I was unable to cause obviously for about a year the Kaposi's killing me and not only the Kaposi was in my head, back, toe, throat, neck chest it was underneath my feet bottom" T.2.746

The comprehensive coverage of the Kaposi slowly stifling Terry's movement feels akin to that of a boa constrictor slowly devouring him. The free association[11] that Terry makes moving from being a financial burden to recalling being engulfed by Kaposi's sarcoma perhaps mirrors the extent of the burden he felt he was on George and his consequent desire to save George from experiencing the degree of restriction he felt.

"I, I, I believe too George because I believe it is the HIV scared him away cause he's in love with me and I remember last he called me and said him want me and him to get back together but how could I- I keep saying to myself you neg, I'm pos how could that be possible you're a doctor you have your future ahead so he been, he just knows that there's nothing with me and him again it's the HIV scare this man away from me that is why-" T.2.757

Here Terry vacillates around the issue of HIV, initially attributing the problematic aspect of it to George, before subsequently acknowledging the projection of his feelings, then returning it back to George. Terry cannot imagine being in a sero-discordant[12] relationship and sees HIV as something which would negatively impact on George's future. It is also possible that he also sees himself in a similar vein: clinical support of HIV involves the advice that is important not to transmit the virus to someone else which for Terry might have felt like an

[11] Free association is an important tool in a psychosocial approach. An indication of the unconscious processes informing their behaviour can be revealed by the particular topic which a participant freely moves to in their discussion.
[12] Couples where one is HIV negative and one is HIV positive are referred to as sero-discordant

unfortunate echo of being a source of contamination. His decision to end this relationship under the guise of being HIV positive and therefore able to infect his HIV negative partner gives the possibility of having internalised this idea of being a contaminating force[13]. Terry's possible self-loathing could have led to his instigation of the repetition of his expulsion experience. The demise of this relationship supports the hypothesis of a core pain of feeling unworthy and the internalisation of the family, community and societal projections of being a harmful contagion that must not associate with others who do not have the affliction of being gay or, as Terry has extended the presenting problem, being HIV+.

4.1.3 Survivor strategist

Terry's experiences tell of someone who has found it hard to fit in with their family of origin and extended family (in the form of his community) leading to his particular core pain. His difficulty in connecting with others appears to become internalised as he finds aspects of himself hard to own and connect with. In order to manage this challenge, an unconscious strategy that Terry deploys, is to attend to the needs of others. The previous section noted that from an early age, Terry was interested in caring for others and focussing on their needs. This continued later in life as he described his role in a six year relationship:

> "It was nice, I mean, fun times with him, very good times of course I was the housewife, in the sense I do the cooking and laundry, la la la, so it was very good.." T.2.785

There are indications that providing for others is the means to his happiness or contentment. His choice of career is the first of such clues: as a chef he feeds and nurtures others in contrast to the aforementioned deprivation of care he experienced from his family, especially his mother. At the start of the second interview prior to the start of recording Terry queried

[13] It was (and still is) possible for sero-discordant couples to have a sexual relationship without transmission of the HIV virus; a fact which Terry is aware of

whether he had “gone astray” or “gone into other things too much” things that I might not have been interested in hearing. While I noted that perhaps Terry felt he had delved too deeply into aspects of his life and maybe now felt exposed, I replied that I was extremely interested in what he had said so far and valued his sharing of difficult experiences with me. Terry replied,

> “Good, good, then I am happy.” T.2.21

It is possible that within our interview relationship, there is a playing of a role of deriving happiness from making others happy, a strategy that he has employed in other relationships.

A different kind of survivor strategy which Terry appears to employ is to try to remain disconnected from the pain that one might expect to be evoked from the accounts that he gives. In this following example Terry is describing how his mother who resides in the USA is no longer on good terms with his siblings, (all US citizens now too) and he decided to send her funds as she was in financial dire straits. In a telling example of the significance of free association, Terry moves from describing her predicament and his decision to assist her to describing her past refusal to assist him when he was in need. Inserted into the move between these two accounts, is the matter of fact recollection of traumatic event:

> “I was going through immigration predicament here and my sister had call my mom and I was detained by the Home Office too. After Home Office did, note for the record, they detain me four times and put me on the plane three times (laughs)..Yes three times by the immigration officer but give God thanks I’m here…Not a good experience, uhm, with my health, with my personal life, with everything, I been through a lot but I’m able, here, in good health, I’m able can tell it to you, my bad experience now, everything just washed away. I’m happy, I must have a smile (laughs) I must have a smile T.2.599

Terry’s laughter interspersed throughout this extract belies the distressing impact of being so close to deportation on three occasions. His narrative process of moving from one upsetting

event to another perhaps mirrors how his life has felt at times, surviving one trauma then another to the point where there has not been time and/or willingness to feel or absorb emotions. He has been busy trying to manage one event before being faced with another. Terry is able to acknowledge the incongruity of his laughter with an understated summation of his traumas as “not a good experience”. There are religious connotations running through this narrative; his explicit “give God thanks” gives a suggestion as to where Terry attributes his ability to survive these experiences. The implicit references being ‘betrayed’ (by UK immigration) three times and “everything washed away” speak to the miracle of surviving the experience of figuratively being put on a cross and the renewal that he feels post trauma. Terry’s assertion that his bad experiences have been washed away is most telling. He has survived but this particular strategy of putting on a happy face (“I must have a smile, I must have a smile”) may disguise difficult feelings that remain inside.

The interview relationship provided a platform which showed that despite his efforts at stoicism there remain strong emotions which at times came to the fore. When Terry describes his harrowing return to his community he broke down in tears during his narrative. I use the words ‘broke down’ deliberately as I recall how the tears took me completely by surprise. Though he was relating a difficult event and I noted a change to a more serious, deeper voice tone, there was no indication of the breaking of the defensive wall of the matter of fact manner that had characterised much of his narrative to that point. Terry’s fragility and pain come to fore periodically despite his attempts to suppress them with a smile.

Terry’s survivor strategist presentation would appear to challenge the suggested core pain of feeling unworthy of love. I would suggest it is possible for two apparently contradictory sides of Terry to sit alongside each other. The way in which he manages the first symptoms of his AIDS defining illness gives a good illustration of this. Terry gives a split presentation of himself, as he both accepts the cream from the GP which he rubs on what he suspects are signs of HIV while manoeuvring for a referral to a specialist.

> "What is on your body is a sign that someone might have HIV or dat's the word he [his ex-partner] use so he wouldn't say Terry you are HIV or with any negative but he was trying to tell me but not to scare me but I keep ignoring his advice saying the GP said I just need to rub a little cream." T.1.184

> "I keep visiting my GP and I keep getting cream to go and rub and then I said no something ain't right so my GP said I'm gonna send you to go see a skin doctor" T.1.129

There is a part of him that wishes he could metaphorically rub away the seriousness of his situation. It is an echo of the rubbing away of his Kaposi's Sarcoma and in a similar way suggests a desire to erase feelings that are hard to face but there is also a part of him, supported by his ex-partner whom he notes had planted the seed of doubt by mentioning HIV, who wanted to survive.

Terry is referred to dermatology and he describes his first visit there:

> "I think he was a trainee and he said to it's just some skin problem I'm gonna give you a cream, and den I said to him ahm can I see like a consultant?" T.1.136

> "I wasn't confident of what both the GP is telling me and the skin doctor for short ah so I said no I need to a consultant so ah, ah was refer again." T.1.141

Terry's assertiveness towards authority figures is especially noteworthy. Perhaps knowing that his equally authoritative doctor ex-partner is on hand strengthened Terry to insist that his GP refer him to dermatology and that the junior doctor in dermatology refer him to a more senior clinician when he, like his GP, also offered Terry cream to apply to his symptoms. This should not negate Terry's role in this situation where he clearly sees himself worthy of care and actively pursues a pathway to survival.

4.1.4 Protection and power

Terry gives accounts of gaining the protection of the power of another person which appears to strengthen him in the face of adversity. As well as the aforementioned situation with his ex-partner, Terry described some of the circumstances that contributed to his return to his community after being violently hounded out under suspicions of sexually touching another male.

> "After fleeing back from [countryside area] to [home town] I return to my mom's house. There my mom and my family we have a very strong roots, community roots so I, I was able to stay in the community, stay in de community but facing de threat from people day in day out regarding who I am." T.1.491

Terry derives some degree of protection from harm from the fact that his family have deep connections to the community where they live. Terry uses "*we* have very strong roots", including himself as part of the family yet he has obvious challenges remaining connected, having being forcibly and violently ejected and returning with great difficulty. He acknowledges the influence that his mother has and attributes his adverse treatment to her rejection.

> "She lead a war against me, yes so therefore it was very hard for me cause my mom, my mom is someone who is respected within the family, very much so. So from my cousin, aunty, cousin, brothers, sisters, name it, my mom is very respected…yes looked up to, she is more, yes, looked up to, everything, you know, scared of, everything yes cause she's very vocal, very yes so everything tied together…if Norma said so, if Norma said 'Terry yuh batty man they must kill you' then they're gonna kill me." T.2.540

There is a sad irony that the protection and respect that Terry's mother can command from others is not extended to him; to the contrary he attributes his battle for survival to the fact that his mother is the instigator of the threats to his life. This experience of being unable to get protection from his family, particularly this mother and instead suffering from the abusive

power of family members stays with Terry contributing to his core pain. He relates how his mother's relationship with his siblings deteriorated and she turned to him for financial support.

> "So my brothers and sisters relationship with my mom has (sic) rotten to the ground so therefore it seems I'm the only one, the stone that the builders refuse become the head cornerstone, good word Bob Marley, it is true. Because two years [ago] they took away her vehicle and I was able to send her eight hundred pounds to 'go and retrieve your vehicle from the depot shop' because all my brothers and sister were taking (sic) a mockery out of her and I felt very bad cause I understood how one can feel when in certain position and they all condemn [you]." T.2.562

Terry's analogy of a crumbling building, particularly one that apparently had such strong foundations (the aforementioned roots) and his reference to himself as a stone that was refused is quite vivid and enlightening. There is perhaps a hint of triumphalism in the fact that his mother seems to have been forced to turn to the son that she rejected for help. It shows that Terry is not always subject to another's power and concerning his mother in particular, despite his past experiences, he can use his financial wellbeing to the benefit of another person. Here there has been a shift in power and despite his experiences of not being protected by his mother; he can extend protection to her stating that he can relate to her feeling of abandonment. There is not a wholly satisfactory end to Terry's narrative. My field notes, probably with his building analogy in mind, referred to Terry's "cold, stony, staring" eyes as he related this story about his mother which, on reflection made me think of his earlier assertion "I must have a smile". Perhaps there are aspects of relating that Terry feels obliged to do, in this instance, financially help his mother, however a considerable degree of dissatisfaction remains illustrated here:

> “You can keep that Big Apple..that is why I said you I’m not interested to go to America cause there’s no purpose for me you see I’m a funny person if you do not have me at heart then it’s very hard for me to come around you.” T.2.13

Terry explains why he has never visited his mother in America despite having the means to do so. His early experience of rejection from his mother has stayed with him and despite her current attempts to repair their relationship, Terry now rejects her symbolic offer of nurturing.

4.2 Fernando

4.2.1 Core Pain: I am not good enough

Fernando's hypothesised core pain is particularly tentative as it was difficult to get a history of his early childhood. He showed a preoccupation with status; this topic ran throughout his accounts as he compared his position in society with others. This, perhaps compensatory behaviour, against a backdrop of his experiences of rejection from his family and community due to his sexuality, suggest he has been left with a feeling that he did not meet the heteronormative standards of those around him; he is therefore unable to evoke their care.

4.2.2 Self-Reliance

There was an overarching sense that the impact of poverty on Fernando's family meant that he was forced to take care of himself financially and emotionally from an early age.

> "I was not working but hustling[14] I was fending for myself and then it work out in the sense where, because my mother was very poor and I was sixteen and I start to fend for myself early." F.1.38

This extract illustrates Fernando's awareness that he was playing a role that a parent would normally assume, that of taking care of the child, in fact his repetition of the phrase "fend for myself" serves to emphasise how apparent this was to him. Working with the transference I noted that the Caribbean phrase "hurry come up[15]" came into my mind to explain Fernando's experience: he was forced into an adult role perhaps before he was ready; indeed he states:

> "So one would say I was a man but I wasn't." F.1.67

[14] Informal buying and selling of goods locally

[15] Hurry come up is normally directed towards a child/young adolescent, roughly translates to being in a hurry, whether intentionally or otherwise, to act like an adult

This statement shows Fernando has taken the perspective of an observer who would assess his behaviour as that of a man; however he is aware of the discrepancy as he states that this was not the case. With the pressures of poverty and a large family, the positioning of Fernando of as a man may have had helpful consequences; independence may well have been prized as it allowed carers more time to focus on other matters. His ensuing valuing of independence (discussed further below) may have had its genesis here. His insistence that he was not a man implies a belief that being a man entails more than an ability to provide for one's basic needs.

I felt the phrase "hurry come up" to have a wider application as it captured how Fernando's narrative fast forwarded to adolescence skipping details of his earlier years. This was perhaps further evidence that for him there was no time for childhood, circumstances necessitated that he function as an adult as soon as was possible.

Using this first insight into Fernando's early years, it is possible that family circumstances left him devoid of the care and attention a child would normally receive. He attributes this early deficit to his family's impoverished circumstances however whatever the reasons it leaves Fernando lacking. An event which occurred in adolescence may have combined with this early experience to generate his core pain.

4.2.3 <u>Rejection</u>

Fernando states that at age sixteen, after his first sexual experience, he knew with a great degree of certainty that he was gay. "So at sixteen, that's when I fully realise that this is where I want and this is who I am" F.1.29. He starts to associate with older gay men which his mother finds out about and warns him:

> *"I get fi unnastan sey, yu ah, yu ah heng out wid some batty men[16]…huh, leh mi tell yu suhupm, if a batty yuh wha go fuck or fi turn batty man, it up to you but yu and yu

[16] Extremely derogatory term referring to gay men, batty roughly translating to arse

> bredder dem wi deal wid it." F.1.32 [I hear that you are hanging out with some batty men..Let me tell you something, if it's batty you want to fuck or turn into a batty man that's up to you, but you and your brothers will deal with it.]

His mother's comments allude to a perhaps cultural assumption of the male management of unacceptable gay sexuality. His reflections reveal how he experienced his mother's coarse, dismissive words.

> "I becomes di breadwinner so in spite of my mother said that to me, she depend on me you understand? I didn't depend on she, so I didn't care much what she wanna say" F.1.40

> "I don't have to ask, talk to my mother, she doesn't want to accept me and love me, that's her look out." F.1.393

> "she might never like what she hear but she couldn't do anything because at that time I was doing my own thing" F.1.66

In manifestly denying the impact of her rejection, at the same time he acknowledges that she had rejected him. His defence of independence becomes his shield protecting him from the impact of her lack of love. Further, he points out that by this time he had, in fact, become the main financial earner in the house. The shift in power which this entailed, from her to him, meant that he had even less reason to be concerned about her opinion of him.

A psychosocial reading involves considering the inconsistencies in an account, why might someone make declarations along particular lines but behave in a contrary manner? Fernando repeatedly states that he does not care for his mother's love and attention suggested that his financial self-sufficiency makes up for anything lacking regarding meeting his emotional needs. One of the most telling illustrations that, despite his protestations to the contrary, Fernando does desire to be nurtured and cared for, comes in his narrations on his relationship with his 'mentors'.

> "I used to have a lot of mentor, bigger men that guide me along de way not fi sexual purpose but they will like my attitude di way I used to behave…they like dat so they would guide me and they would say you are my son" F1.450

Crucially, unlike his mother, these men are prepared to accept his sexuality and meet his needs of not only how to be a man, but how to be a gay man. The unconscious anxiety which he may feel regarding not being good enough to deserve his mother's love is warded off as he finds care and guidance from men who describe him as their son.

The confidence of Fernando's assertion regarding his sexuality ("this is who I am"), bolstered by his relationship with his gay male mentors, contrasts with his description of his brother who is also gay. Fernando has quite a low opinion of his brother Bobby positioning him as being very different from himself, opposed in fact:

> "He would be doing like a domestic work I don't do that, I will do the manual ting go out go look de food bring home…him stay home him do the cooking for the family he will find a boy *you see him wid dis boy tek in, him will wash di boy clothes [you will see him with this guy, move him in, wash his clothes] iron do all des things and it always irritate me…I always say to him why you keep doing these things like you is a woman?" F.1.142

There are many possible interpretations of this expressive extract, which suggest Fernando's response to his core pain of not being good enough is to redress the imbalance by asserting himself. It is noteworthy to see how Fernando positions caring activity, cooking, washing and ironing as woman's work. There is a clear sense of his anger at the fact that his brother has not stuck to his assigned gender activities. It perhaps gives echoes of what Fernando might have missed in his upbringing and one aspect of his resentment might involve seeing his older brother extend the care that he might have missed out on, towards someone else. With his mother's rejection of his sexuality in mind, it is also possible that the unpalatable aspects of *himself*, the caring side, have been projected into his gay brother

whom he, in turn, rejects, manifestly due to his feeling that he acts more like a woman than the man he presumably ought to be. Fernando's assertion that he does the "*man*ual" activity, his phrase "go out go look de food bring home" also conveying a hunter-gatherer feel, completes the distancing and distinguishing from his brother, as well as expanding on his sense of the fixed nature of gender roles, a topic which he returns to later in his interviews.

4.2.4 Acceptance

Fernando often referred to the difference between life inside the town where he lived which he termed the ghetto and the world outside of the ghetto. He described a struggle to conform to the expectations of his community which seemed to influence his decision to spend most of his time "uptown", outside his community. The disparity between these two worlds also seemed to be reflected in his internal feelings and the respective responses of his external worlds to his sexuality.

He describes knowing that he was gay from an early age. The certainty with which he describes his identity is replicated in his sense of how others will respond to him as a gay man:

> "I couldn't come out and let dey [them] know that I attracted to men, it couldn't, it wouldn't accept it". F.1.18

This leads to a range of strategies designed to hide his sexual attraction to men from a rejecting outside world. He describes how he goes to another town to socialise and party with other gay men which he notes gladly, is met with acceptance of the men in his community:

> "I remember one time dey said Fernando gay but him nuh [doesn't] fuck him batty round here him go uptown guh do it (laughs)". F.1.151

This strategy shows his desire to conform to his perception of what the community deems acceptable behaviour to avoid violent consequences should he be seen as straying outside

the parameters of acceptability. His use of degrading language here, though admittedly quoting others, perhaps indicates the potential for internalised self-loathing again supporting the hypothesis of Fernando's core pain of 'I am not good enough.'

Further illustration of this inside/outside dichotomy occurs when he leaves his town for a night out.

> *"I go with friends so after that mi haffi go a mi yard although mi haffi change off de clothes cause two set of clothes, di one wuh mi wear leave di area go a de party and den when mi a go back inna mi area di clothes like dis wuh dem si mi leave inna ah it dem haffi see mi inna again" F.1.408 [I go out with friends and afterwards I have to go home, although, I have to change clothes cause I have two sets of clothes, the one that I leave home in to go to the party and then when I come back home, the clothes that they saw me leave in, it's those they have to see me wearing when I come back]

Fernando ensures that when he returns, he is wearing the same clothes as when he left so he cannot be accused of "sleeping out." The men in his community have already made the assessment that it is "uptown" where Fernando engages in homosexual activity, hence it becomes important for Fernando to show that when he returns he remains visually unpolluted by this outside world; he looks the same as when he left.

An underlying theme in Fernando's account is that of maintaining agency particularly when subjected to negative circumstances outside of his control. Acceptance is also a theme with regards to Fernando constructing a narrative that is acceptable to himself, that puts him in a powerful position.

Fernando is forced to flee from the area in which he lives when his gay brother is severely beaten by members of the community who accuse them both of enticing younger males into homosexuality. I noted while Fernando narrated this event with some sadness for his brother's suffering he also gleefully noted that he was the intended target as his brother's

assailants saw him as “the king..de main culprit” F.1.195 ” as he had the monetary means to “inveigle, buy out de boys” F.1.196. Within this narrative of rejection and lack of control feeding into his core pain of being not good enough, he can counter this threat to his ego by showing his ability to be viewed by others as powerful and controlling.

I have shown that the hypothesis that Fernando’s experience of being rejected by his mother, family and community (which can be seen as an extended family) due to his sexuality, leads to a core pain of ‘I am not good enough’. He seeks to redress the consequent injury to his ego in a number of ways. Despite declaring that he is not in need of his mother’s care and love and insinuating that his ability to financially provide for himself in some way makes up for it, he actively seeks out nurturing and care from surrogate parents in the form of older gay men who additionally give him guidance in terms of how to be a *gay* man. Acceptance is important to Fernando and he makes a range of compromises to conform to the unspoken expectations of the men in the community. Their tolerance for his homosexuality comes from the fact that he engages in homosexual activity outside of the community. Once there are rumours that he has engaged in such activity inside community boundaries then the nameless members of the community, a fact which seems to add to their position as a powerful force, decide he and his brother need to be exorcised from the area.

4.2.5 Status

Fernando’s experiences of rejection seem to relate to his concern with status which he demonstrates throughout his interviews. His words show that he pays particular attention to how he is socially positioned in relation to others. His aforementioned references to his brother are examples where he belittles another and in so doing raises his status. Here he notes how earning an income allowed him to accomplish more than many of those around him.

> “I live in the ghetto but I was living above a lot of people in the ghetto because I was working so I could achieve” F.1.220

His experience of being forced to leave his home appears to have a tremendous effect on his self-perceived status. The stuttering, slower paced delivery here gave the sense that Fernando was recalling a very difficult life event. His oral expulsion of air illustrated how the wind was literally and figuratively taken out him.

> “on a whole, in, in, in, in, the only, the only, the only thing that happen to me in my life, in my upcoming that I was really affected in the sense that it put me into a situation that I becomes a nobody…[19]94 came and when they decided (blows out) that it's time for me to leave the area.” F.2.53

There is a strong sense of Fernando’s vulnerability here as he is subjected to the threatened violence of the men in his community leading to the loss of not only his physical abode but his sense of self. The loss of control over his life at this point renders him “a nobody” in stark contrast to his previous description of himself as ‘somebody’ that was working and achieving.

Following threats to his life and subsequent expulsion from where he lived, Fernando was homeless. He recalled how difficult it was living on the street:

> “I could remember sometimes when I’m on the street sleeping at night and I remember one night I was sleeping and de rain start to fall and I didn’t have anywhere to go I just sleep, lay down dere, never sleeping, just lie there, sleep, sleep and when de rain ease up in de morning an[d] you [can] imagine I was soak so I had to get up and I has to start to walk and I was walking up and down round and round try to let dat clothes that I had on dry” F.1.92

This is a particularly painful description of his life at this time, devoid of the ability to protect himself from the violent intentions of his neighbours and now of the elements. His

contradictory description “I just sleep…never sleeping..sleep, sleep” perhaps captures the falling in and out of consciousness that Fernando may have experienced. Given the misery of his situation, it was then quite surprising to hear that he had the option of staying with friends but chose not to.

> “I must say I could have get help, I could have get help because if I had said to people I doesn’t live anywhere I need somewhere to live, there’s people would have said ‘come and stay with me’ …I start to affiliated with people who was well off, I should say dat rich but financially and they was b-financial better than me” F.1.99..103

> “So I couldn’t find myself going to dem again and sey to dem although dey hear what happen, I couldn’t, I couldn’t see myself tell dem dat mi nah have nowhere fi sleep…I didn’t want to put myself in dat situation to ask fuh da help and den eventually dat help would turn back on me. “ F.1.108

Fernando’s use the word “again” implies that he might have asked for help previously. Part of the explanation for his reluctance to do so at this point might have been fear of being rejected second time around or perhaps not wanting to be perceived as a burden. However, he subsequently reveals how important it is for him not to be seen as dependent on anyone or to have relied on someone to have achieved.

> “It would a just let you look like there was you never had any hope of coming back without dem. You couldn’t make it again in life without dem and for me I didn’t want nobody to throw that at me.” F.1.124

Fernando has described how he has continually sought to stave off vulnerability whether as an adolescent seeking to provide for himself financially or seeking the care of adults in the absence of his mother’s acceptance of his sexuality. His assertion that he did not ask for help despite existing in the most dire conditions illustrates how important and inflexible his defensive positioning has become. His experiences of being subjected to the whims of

others and consequently reduced to a “nobody” has left him determined not be put in such a position of vulnerability again, even at the risk of his health and wellbeing.

4.3 Byron

4.3.1 Core pain: I am unlovable

Byron described early experiences of rejection from his father. He also spoke of being teased (later terming the experiences “abuse”) by other relatives and schoolmates due to gender atypicality. He attributes their behaviour to the fact that he is ‘different’ from other children connecting this with his attraction to other males. These experiences may have contributed to a feeling that he is unlovable.

4.3.2 Distant relations

Byron grew up in the Caribbean with his mother and father, the eighth of thirteen children. Byron describes being quite close to his mother and a more estranged relationship with his father. He believes that his closeness with his mother was one of the contributing factors to his difficult relationship with his father.

> “Well I was close to my mother and with that me and my father always have quarrels…and if he have anything to tell me he never tell me he would tell her to tell me and I become so resentful so I rather not to come home. If I working I would stay at my work or stay at a friend.” B.1.404…406

Byron’s decision to “stay away from home” could be seen as a response to his father’s refusal to directly interact with him and in doing so build further distance between them. In contrast, he also recalls that his mother would save dinner for him when he was away from home which was one of many illustrations of what can be seen as her attempts to provide him with personal attention despite a large family to attend to.

> “If I goes out I stay out and mother will say are you coming home tonight or I cook and yuh, two, look food in the fridge today, last, yesterday, two, two days food in the fridge” B.1.393

This is quite a symbolic illustration of Byron being unable to take in, in this case in the form of food, care from his mother. Her actions also left a positive impression on him which will be discussed in detail later. However it seems that his mother's behaviour was not able to protect him from the impact of his father's emotionally neglectful behaviour which may have left him feeling that he was not worthy of being loved.

> "I remember as a child my father going and make Christmas shopping for everybody, everybody get a toy and nothing for me or if I get something it's just you know everybody get big toys with remote control and police light blinking or ahm fire, fire, thing some bolt *(demonstrates fire engine sound)* 'ou-ou-ou-ou-ou' that hits the wall reverse back, I maybe, I wasn't there when they didn't bother cause I never home" B.2.712

The sound effects that Byron gave in this extract suggest that he had been transported back to that moment, able to vividly recall minute details of the experience suggesting that this is a pivotal childhood memory for him. Countertransference is an important aspect of gathering the evidence for psychosocial interpretations. My field notes document the sadness and pain I felt listening to this narrative yet also an awareness of being an observer of a man re-enacting a childhood event. I imagined that Byron might have felt an observer of his siblings' joy and excitement, an outsider. Byron's words indicate that he found his father's behaviour hard to understand and, looking for possibly more benign explanations than rejection, proffers the idea that the fact that he was hardly at home meant that he was not held in mind when it came to Christmas shopping.

He recalls other examples of being treated differently from his other siblings when he was younger. In this instance he attributes the name calling he received to his sexuality.

> B.1.84 "I think your family have an idea that you're gay as a child growing up, your movements, your attitude and sometimes they used to call you names…they will call you names, name on the sly when you were a small child and you remember that"

Kleinian psychoanalytic theory, which the particular psychosocial approach I have chosen draws on, sees subjects as unconsciously defending against anxiety. The rejection Byron might have felt could have been a source of anxiety for him and to manage this unpleasant feeling, Byron may have constructed a defence of denying any need for love or care thus neutralising the pain of rejection as indicated here:

> "I never want nutten [anything] from anybody since I growing up." B.2.641

Byron locates the start of his lack of need in childhood and turns to himself to supply his needs.

4.3.3 Self-reliance

This particular defence took many forms ranging from denial of need to refusing support when offered. There were manifestations in his narrative and also within our research relationship. He gave early demonstrations of what could be perceived as a denial of need, in describing how he acquired the items necessary for school at the start of term. It seemed important for Byron to show that he did not ask for these items, particularly not from his parents, they simply appeared, somewhat miraculously:

> "My parents didn't had (sic) to buy these things I get them someway, somehow." B.2.647

The impact of his childhood experiences has been long-lasting. Byron positioned himself as not only independent but not wanting to ask for any form of support:

> " I always have money, I always look after myself I never ask one day from someone for a penny you know…I never like asking, I never like begging, I never like people offering me or giving me a present for years and up to now I haven't opened them even Christmas card and up to now they still there because I didn't want it, I don't know why, they still seal there. I don't want to know if they have money in it" B.2.678

The extract also shows the full range of Byron's self-reliance. There is the sense that he is able to take care of himself and that he doesn't like to be seen as someone in need, "asking" becomes "begging" indicating the degree of self-depreciation involved in requesting care. Byron also reveals that he doesn't like to be offered anything which is an interesting aspect of his self-reliance which a subsequent statement sheds further light on:

> "I've grown up that way not asking for anything not being offered anything, yes." B.2.711

It is significant that this scenario appears to have been repeated years later. Byron was allocated a council flat two weeks before his first interview and described how he negotiated the concern expressed by friends.

> "Everybody come [and asked me] 'oh have you got a bed?' 'Yes'[I answered] but I lie on the floor on the duvet…I have to squat, place without curtains and carpet and bed and everything. 'Have you got carpets?' [they asked] I say 'yeah.' 'Have you got a bed?' [I] say 'yeah.' 'Have you got curtains?' And when they [come] and see it and I say 'I don't want anything, let me squat here'" B.2.704

It appears that as Byron became used to not getting needs attended to, now it has become difficult for him to accept something that someone may wish to give to him. He resorts to lying about what he has and lying on the floor rather than take a bed which has been offered.

Byron's aforementioned description of a reluctance to accept help from others, hence maintaining his self-reliance and control of his life is juxtaposed with his view on his HIV diagnosis:

> "Yes that is part of life so people have to accept being HIV so I accept it yeah so one day they might.. since I take the medication everything is still the same, the blood pressure yeah so I never flinch yeah" B.2.708

His decision to "squat" and refuse help from others contrasts with the lack of choice he has in living with HIV. His insistence that he was unmoved and remained unchanged by the diagnosis can be questioned given that he has just described how important control is to him. It is possible that his uncontrollable diagnosis has had a greater impact than Byron wishes to reveal instead it is vital for him to *appear* to others as unmoved and unchanged. Curiously he states "one day they might" a thought that he never finishes. While it is impossible to know what was in his mind, his thoughts turn to medication immediately afterwards. One possibility is that Byron wishes for medicine that would cure his HIV as then he would be released from the burden of having to "accept being HIV."

At the end of our first interview Byron was reluctant to accept the pre-discussed payment. Initially, I felt that this might have been due to the shame which can arise in such situations[17]. At the end of the second interview, again I tried twice to give Byron his payment and I wondered if this was a here and now manifestation of his difficulty in accepting care from someone, in the form of payment in respect of his time. A more direct support of this interpretation which centred on the issue of payment occurred towards the end of the first interview. Byron appears to accuse me of conditional care, declaring that his signed consent form is a type of compromise on his part which facilitates both his payment and the smooth functioning of our relationship. It is possible, in his mind, that our relationship is merely a business transaction.

> "If I come here and you give me this [hits fist on table five times] and [tell me] sign that if I don't want to sign you think I'm getting that? [the fee] The compromise is because I sign it's not because you care about me or whatever it's because [hits the table] I sign on the dotted line and we go out laughing" B.1.863

[17] Being paid to share intimate details of your life with someone you do not know may bring up a range of emotions, shame being one which may be harder to own.

A final manifestation of Byron's concern with care and his ambivalence towards acceptance of it, can be seen in his choice of career. He works as a carer and described how much he enjoys the role. It is interesting that Byron can extend care towards others yet finds it challenging to accept it.

4.3.4 A suppressed desire to belong

As is the case with defences, Byron's shield of denial of need was not watertight, and there were instances where his need to belong, physically or otherwise, was apparent. Byron's reference to the situation when his sister asked him to leave her house due to her daughter's imminent arrival and his inability to return to his parents' house as they had no room for him was quite symbolic. His question (notably in the present tense) "Where should I go?" (B.2.495) on finding that he had no place to stay, can be seen as an expression with wider application. He desires a place where he can feel that he belongs, can be accepted and allowed to stay. His lowered vocal volume and break in his voice at this recollection suggested there may have been some pain at not receiving this from his family.

When asked about his place in the numerical order of children within the family, Byron struggled for a remarkable number of seconds, trying to work out which number child he was. As it was one of the early questions in his first interview I considered whether his response could be attributed to anxiety causing temporary memory lapse and this remains a factor that should be considered. It is also possible that it was an early illustration of Byron's general struggle to find his place within his family, due not only to the large number of children but also his sense that he felt an outsider, treated in a different, rejecting way.

Byron's self-bestowed "Nowherian" title captures his sense of a lack of belonging. This acknowledgement that he does not feel connected to a particular place or person, combined with his insistence throughout his interviews that he was not close to family members is an

example of his attention to a topic which evoked questions in me: why was he so preoccupied with this issue? It is possible that there was an unspoken desire to be close to others, to belong somewhere that cannot be realised.

A perhaps more unconscious desire for care can be seen in the pattern of Byron's accommodation. Though there is the manifest declaration of disinterest in relationships, at a latent level, he moved from his family home in his twenties to the home (care) of an older sister, where he remained until his late thirties before moving to England where he lived with a woman whom he referred to as "aunt". Byron described a close relationship with his mother and recalled her attempts to personally attend to him within their large family. Byron's successive moves from the care of one female to another can be seen as attempts to replicate the care he enjoyed from his mother which from an object relations perspective had become an internalised good experience.

Byron's insistence on not disclosing his HIV status or his sexuality to friends or family can be seen in a similar light. Despite protestations to the contrary he appears to show concern about maintaining the degree of closeness with friends that he currently has.

> "They won't accept you as you are even though they say well 'it's alright' no no no they wouldn't" B.1.462

This statement suggests that he has relationships which he wants to maintain and he fears a change in the current stable arrangement should he tell them about his illness or his sexuality. It is notable that this statement could refer to his HIV status or his sexuality; there were times during his interviews where I was unsure which he was referring to. The key phrase here seems to be "accept you as you are" – Byron's experience of conditional care when he was younger, that he is not being accepted for what he was, is one which he does not want to repeat.

4.3.5 Resistance

Byron's strategy to manage his core pain becomes one where he variably employs attack, defence and resistance. The aforementioned tendency to remain outside the family home was described as a way to avoid the pain of rejection which he experienced from his father. His challenge in managing his feelings towards males becomes connected to this rejection hence the imperative of resisting such feelings with the goal of gaining acceptance from those he cared about.

The previous subtheme captures Byron's suppressed need to belong, be accepted and given care. Care is desirable but the situation becomes complex when it is conditional and the conditions are too restrictive. This happens to Byron with respect to being accepted as a gay man and being accepted as an adult.

Byron believes that his ability to live well with HIV was not only attributable to medication and the knowledge of doctors but also to his personal ability or power to stay well. He used the term "body resistance" to describe his ability to stay in good health noting that before his HIV diagnosis he had never visited a doctor. Since starting HIV medication, he stated that he had not experienced any of the side effects he was warned that he might have, a fact which he again attributed to his body resistance. This narrative regarding his physical health contrasts with aforementioned less successful efforts to resist the emotional and physical responses his body had towards males. The pride he expresses in his self-perceived ability to resist physical illness perhaps counters the frustration he feels in not successfully managing his dilemma of being a male trapped in a female body, a dilemma which remains up until now.

> "It's a man body but yet still yuh operating as a female or you have a female, you have a desire for guys" B.1.182

> "Well I'm still fighting well you can't fight it, you cannot fight it off." B.1.194

His experience of receiving abuse as a result of being seen as acting in a female manner perhaps connected to these feelings which he tried to suppress: it is possible that in his mind, the reason why he drew accusations of acting like a female was because he was (is) a female trapped inside of a male body. His early experiences of being rejected and positioned as not only different, but an object of ridicule, appear to have stayed with him as he continues to see his sexuality as a part of him that must remain hidden for fear of being rejected again.

Byron is physically small in stature: short, slim and appears younger looking than his sixty plus years. He has quite a boyish presentation at times: when I met him for his second interview, he shyly inquired in a small quiet voice, smiling “have I come on the right day?” Using one of the principles of object relations, it is possible that my experience of Byron presenting as a small boy would not be unique; other people in his life may also have had this experience. I noted my countertransference of care which he evoked in me. This perspective of the possibility of engendering care and protection from others gives greater clarity to his narratives of gifts appearing unrequested both in childhood and now as an older adult. It also speaks to one of the challenges which Byron may have faced growing up: that of asserting himself as an adult while physically appearing as a much younger person, quite boyish in fact. He described an incident where his sister argued with him for always returning home late at night. He noted her concern that he might fall prey to being attacked as it was known that they ran a small business and thieves might, erroneously, think he had money on him. Byron’s concern connected to his frustration that he was being told what to do (“don’t tell me what time to come in.”). This experience seemed to echo his frustration of being told what to do when he was living with his parents. While this is a natural part of growing up and a source of conflict during teenage years especially, Byron’s physical appearance might have given rise to a more extended battle to assert his adulthood and therefore give another dimension to the battle he saw himself engaging in.

4.4 Reflections on the psychosocial analysis

This analysis presented a range of dilemmas. I am aware that the participants might find it difficult to see themselves in what I have discerned or perhaps disagree with it entirely. This has made me consider what my objective is in taking a psychosocial perspective and whether participant agreement is one of the goals in presenting research findings. In keeping with the psychoanalytic roots of the particular form of psychosocial analysis that I have taken, it is possible that a participant may not agree with what is written because it is something that is painful or that they do not wish to think about. It may also be incorrect and the snapshot view of two interviews does not allow for such revisions hence my attempt to present this aspect of my results in a tentative way. I have found that using their words as evidence for my interpretations, as with the IPA, has helped me to stay close to their experience and hopefully avoid baseless interpretations.

I found it quite challenging yet satisfying to consider the "why" aspect of the Terry, Byron and Fernando's experiences and identify their particular nuances amongst the high degree of commonality of their experiences.

4.5 Overview of the psychosocial analysis

The psychosocial lens that has been applied to the narratives of the three participants has used an object relations approach to draw a thread from their early childhood and adolescent experiences to past and current adult relationships. It has generated hypotheses about the behaviour they have described and also used transference and countertransference as evidence of how aspects of their relating manifested in the research interview space.

While the psychosocial approach brought similar themes as the IPA, the former was able to use a more suspicious interpretation to get underneath the manifest content to consider why the participants experienced their world in the way they did. All three participants wrestled with the issues of acceptance and rejection employing a range of techniques to gain acceptance or thwart rejection from those around them. Notably, all three turned to self-reliance in the face of unreliable or unavailable care from primary caregivers. While they gave a manifest narrative of their lack of need for care or acceptance from others, the tools of free association and closer examination of the contradictions and inconsistencies in their narratives suggest there could be other possibilities.

In common with the results of the IPA, this analysis confirmed that there is no one Black Caribbean MSM living with HIV experience however there are areas of interest that suggest particular challenges that may be faced by this group. The heterosexist and homophobic environments that they grew up in appear to have had a significant impact on the relationships that they described in their interviews, evident, in some instances, in the way they related to me.

It is important to note that despite the challenges faced, theirs is not a one-sided narrative of being subjected to the will of another person. Each of them at various stages of their lives have described ways in which they have been able to assert themselves, whether in terms of managing their HIV diagnosis or in their relationships with others. The degree to which they

have been able to do this in a wholly satisfactory manner is variable, for instance Terry described a continuing difficult relationship with his mother.

4.6 Analytical Pluralism overview

The use of IPA and a psychosocial method as a part of analytical pluralism approach has produced related interpretations of the phenomena under examination. The IPA has given rich, detailed description of the aspects of their lives that the participants have deemed significant. In this regard the FANI method has complemented IPA by giving a freer rein (as compared to a semi structured interview for instance) to the participant: they have been able, with curiosity driven, deeper questioning to relate those experiences that they deem significant. The psychosocial approach has offered a coherent account of experience and allowed me to make fuller use of my responses to the (non-verbal) language to develop an understanding of their account. In this instance the use of the two models has not generated contradictory accounts.

4.7 Reflexivity

I was quite concerned that a psychosocial reading would 'pollute' an IPA reading hence my decision to develop the IPA interpretation first. However, while doing the psychosocial reading I found the detailed description returning to mind in a helpful way. It help to ensure that the psychosocial interpretations were evidence based, anchored in the data.

Chapter 5. Discussion and Conclusion

5.1 Validity

In the previous chapter, I reflected on the results and analysis of my data and began the process of evaluating the quality of my research. I discussed how the choices I made during the data collection and analytic process may have impacted on the results generated. I continue this process now by more formally evaluating my research by using criteria used to assess qualitative research to see how far I met these standards.

There are a number of authors who have created assessment tools to evaluate qualitative research in psychology. I have selected those designed by an author writing from a health psychology perspective (Yardley, 2000a). It is imperative that research is evaluated using applicable criteria (Willig, 2013); hence my use of assessment tools which I believe are most closely relate to the type of qualitative research which I conducted.

Yardley offers four criteria to assess qualitative research against which I will use to evaluate my study further:

"Sensitivity to context; commitment and rigour; transparency and coherence and impact and importance" (Yardley, 2000, p219)

5.1.1 Sensitivity to context

My references to power occur throughout this study, from the literature review, continuing in the methodology discussions, notably in the analysis of findings and I return to the theme now. As a researcher conducting research with participants selected from my place of work, I tried to pay careful attention to the inevitable power dynamics which would arise. At the design stage of the research, I considered the ethics of conducting research with patients at my place of work. I benefitted from reviews of my research proposal by the counselling psychology team at City, University of London as well as the NHS ethics committee both of

whom felt the provisions I had put in place were acceptable. Though the sample was purposively selected, I ensured that patients with whom I had an existing relationship, e.g. I had informed them of their HIV diagnosis, were excluded. The issue of paying research participants involves managing the power dynamic between researcher and researched. I recognised that there was a balance between payment as coercion to participate and payment as reimbursement of the time and travel expenses spent in attending two interviews. One possible indication that my level of payment was not coercive was the negative response of two patients when asked to participate.

Given that one aspect of my methodology was the exploration of issues which my participants may have not been aware of, I did not believe it was appropriate to offer participants the opportunity to comment on my findings. I tried to show my recognition of their knowledge of their social worlds by asking their thoughts on dissemination to Black (Caribbean) MSM communities. This was a genuine query as well as an attempt to adjust the balance of the power dynamic by showing that I needed and appreciated their assistance in an allied research area.

My attention to sociocultural setting was also evident from the early stages of my research. My decision to explore the experiences of PLWH from a Caribbean background was taken in response to the lack of academic material on the experiences of this particular group affected by HIV. There are many under-researched groups with regards to documentation of experiences of living with HIV e.g. Latino MSM, white European heterosexuals as well as South Asian MSM however I chose Black Caribbean MSM as I also have Black Caribbean heritage. I felt my understanding of sociocultural issues arising in the research might assist in exploring their experience and this proved to be the case. My interpretation of their language and their use of temporal and spatial Caribbean references are two such examples illustrated in the analysis.

Sensitivity to context also involves recognising previous contributions to the topic. In my literature review I used the concept of intersection to consider how the lives of the population I sought to explore were diverse and fluid with multiple structures including sexuality, ethnicity, gender and HIV status. I began my consideration of methodological issues in my literature review too. I noted how previous research on this topic was conducted and reflected on how this related to their findings which in turn informed the methodological decisions that I made.

5.1.2 Commitment and rigour

These particular aspects of validity in qualitative research can be seen through evidence of: "engagement with the topic, competence and skill in methods used and immersion in relevant data" (Yardley, 2000, p221).

My understanding of the topic of living with HIV comes from practice. I recognised an area (understanding the challenges facing particular minority ethnic groups living with HIV) where I felt that as practitioners we were perhaps not as knowledgeable as we could regarding their experiences of living with HIV. I wondered if this might impact on the quality of our therapeutic interventions; a concern which appeared to relate to the documented challenges that ethnic and sexual minorities faced in being referred to, engaging and remaining in therapy (British Psychological Society et al., 2011).

The depth of my analyses is both an illustration of the competence in the two methods used and a consequence of my immersion in the empirical data. One of the contributory factors to the detailed analyses produced was my decision to transcribe my data myself. This meant that I avoided an interaction with "dead text" (Frosh & Young, 2008, p13) at the point of analyses and instead, this extended immersion in the data through transcription allowed for further reflection on the initial feelings evoked by the research interviews. These reflections were useful for both the IPA and psychosocial interpretations.

5.1.2 Transparency and Coherence

The detail which I provided regarding the decisions that I made at each stage of the research process illustrate how I met the criterion of transparency. I described why I decided to explore this research topic and showed, at this early stage, my consideration of potential areas of conflict and ethical concerns (e.g. excluding recruitment of patients currently engaged in psychological therapy and the fact that my employers had provided financial assistance towards my counselling psychology training).

At the data analysis stage, with regards to the IPA, the actual transcript excerpt I provided (see appendix seven) illustrated how I drew initial themes from transcripts and how these developed into superordinate themes for each participant, followed by the master themes that were discussed in detail. The psychosocial analysis gave interpretations which were also grounded in the data and hence clearly showed how they were derived. In addition, my reflexive statements after each participant's interpretation also showed my decision making process and importantly my awareness of the factors which might have influenced those decisions.

I have illustrated how my research questions have developed in relation to existing literature. My discussion of my epistemology position relates my choice of methodologies to these research questions showing how my research needs guided my decision making in this area.

5.2 Limitations

There are a number of methodological limitations to this research project. The research questions may be seen as having too wide a focus for an IPA project. IPA is often used to explore how a situation is experienced (Smith, 2015) or a particular aspect of an event e.g. an HIV diagnosis (Flowers et al., 2006) rather than the broad questions that I asked here which could been seen as better suited to a psychosocial approach. This highlights one of the challenges of accommodating the needs of two methodologies in one research project.

IPA and a psychosocial approach both rely on language as the mechanism to communicate thought, hence this assumes a participant who is able to use language effectively to convey their experience. Language has been positioned as the ultimate constraint as it "prescribes what we can think and feel"(Willig, 2013). Both approaches mitigate against this through their use of the body. The psychosocial approach uses transference in acknowledge of the researcher's response to the participants body or verbal language. The use of free association allowed for language to be used in an even more productive way through charting the emotional logic of the participant's accounts. This generated a greater depth of meaning of their experience. IPA pays close attention to experience as manifested through the body though admittedly this may at times still be conveyed through words. The participant's unexpected use of their native tongue, particularly by two of the three participants, allowed for a clearer, more vivid account of experience than that which might have been given in Standard English.

Reflections

I was surprised that race and racism did not emerge in an explicit way in my data. My reference to participants' use of native tongue perhaps shows how our shared racial and ethnic heritage was present and was the basis of an implied understanding at the level of language and of experience. Two participants spoke about racism and exoticism outside of

actual data collection and I wonder to what extent I may have unconsciously prevented the discussion of race in the actual research space.

One of the factors that is traditionally seen to have an impact on the transferability of findings is any disparity within the sample's demographics. In this study, there were significant differences between the participant's ages, their years living with HIV and to a lesser extent the years that they have lived in the UK. However, the oldest and youngest participant have lived with HIV for the same number of years yet they have had greatly contrasting experiences of the condition; one with life threatening symptoms, the other never even experiencing side effects from his medication. This suggests that commonality of experience does not necessarily correlate with similarity of demographic detail. The richness of the thematic data from the IPA illustrates that despite the apparent disparities between them, there were a range of commonalities.

This research was conducted with Black Caribbean MSM living with HIV attending a NHS service. Given that approximately 17% of PLWH in the UK are unaware that they have the illness (Birrell et al., 2015), it is reasonable to assume that there are Black Caribbean MSM living with HIV are amongst this group. There are also PLWH who have been given their diagnosis but who are not known to be accessing care from NHS services. Their experiences of living with HIV could prove particularly enlightening. A sample drawn from a non-clinic population may have given a different picture of living with HIV.

5.3 Methodological implications

5.31 Psychosocial Approach

Using psychoanalytically informed methods in a research setting allowed me to use the interactions between myself and the participants to inform my reading of the rest of the data. Some of these interactions used transference and countertransference; others were more direct indications of their feelings towards. By taking an object relations perspective, I was

able to use these clues alongside other data about their relationships to build a tentative picture of the nature of their interactions with others.

The psychosocial analysis made full use of the non-verbal data available. My visual observations of the participants along with their non-verbal utterances and the aforementioned transference to inform my interpretations. In these ways, the psychosocial reading was not confined by verbal language though admittedly I used verbal language to convey what I felt, thought and understood from the non-verbal data.

The psychosocial approach to research in psychology, the use of FANI in particular, has drawn criticism. Parker (2015) has described it as "individualising, essentializing, pathologizing and disempowering" (p.108) I can see that a possible limitation of this method is the issue of power in terms of it's foundation in perceived "expert based" theory of psychoanalysis and the implications it has for the participant's ability to exercise their agency. With regards to the latter, the aforementioned assumptions of the model (see p43 and p58) suggest that individuals are not always aware of what their motivations are and that there are "unresolved issues that interfere with their ability to function" (Willig, 2012, p141).This could be seen as quite disempowering and pathologising. Further the locating of these issues solely within the individual highlights another problematic area 'individualising' which critics have suggested negates the entire social aspect of a psychosocial approach (Wetherell, 2005).

I would suggest that the interpretations that a psychosocial approach offers are themselves, open to interpretation. The findings in this research could be seen as positioning the participants as subject to the will of other individuals and wider society. I can also see a clear illustration of the societal issues that contribute to an individual's distress.

I accept that the psychosocial approach that I used could be seen as imposing a very particular meaning on the data generated. The power of the expert interpreter/researcher has been brought into question in this regard. It has been argued that the inability (and perhaps undesirability) of checking findings with participants results in interpretations that stay within a psychoanalytic framework (Frosh & Emerson, 2005). I believe this is in keeping with other forms of data analysis and interpretative quests which, when conducted through particular lenses also generate a particular type of finding related to the strategy used (Willig, 2012). My use of an analytical pluralistic approach mitigated against this possible restriction.

With reference to the psychosocial analysis, I accept that my particular approach, which hypothesised each participant's core pain, resulted in very similar outcomes all of which could be seen as simply positioning them as deficient. In acknowledgement of this, I have been careful to use both IPA and the psychosocial approach to also show the successful quests for survival which each has engaged on, in his way.

5.32 IPA

There are areas of limitations for an IPA. I wonder if the thematic presentation of individual experience sacrifices important aspects that individual's experience in the pursuit of understanding the phenomenon under examination. IPA seeks to discover the essence of a particular experience; the individual is the means to which we gain access of this essence and hence not the focal point of the research process (Willig, 2013). The commitment to an idiographic standpoint however suggests that to hold both of these goals, some form of compromise appears necessary. The use of themes may have resulted in the loss of intrinsic aspects of Terry's particular experience. I believe my decision to present the analysis in a case by case format rather than the usual thematic method helped mitigate against this.

5.32 Analytical pluralism

I have illustrated the advantage of focussing on devising the best approach to addressing research questions as opposed to starting with a preferred methodology and creating research questions to fit. My methodological approach has added to the growing body of work using analytical pluralism.

My use of one dataset is perhaps debatable; interviews that were directed to the particular goals of each method may have generated data more suited to each rather than data that ultimately had to serve two masters. I felt my use of field notes in my psychosocial approach mitigated against this issue though this merely brings more questions of how possible it is for one researcher to truly bracket one methodological stance while pursuing another.

There is the argument that the use of a pluralistic approach should also involve the integration of findings in a form of synergistic display of the benefits of the approach. There is also the possibility of pushing the model further to see whether a "psychodynamic phenomenology" (Harrison Weille, 2004), where "interpretations are grounded in individual phenomenological experience" (Harrison Weille, 2004) can develop. By presenting each analysis separately I have tried to allow IPA and a psychosocial approach to clearly illustrate the benefits each brings to the exploration of the experiences of Black Caribbean MSM living with HIV. I appreciate some will be comfortable with the critical approach to the data which IPA brings while others may find the direction which the psychosocial approach takes, further down the critical/suspicious spectrum, to be quite challenging.

It has been suggested that a pluralistic approach can use the strengths of one analytic method to compensate for the limitations of another (Clarke et al., 2015). In this regard, a psychosocial approach can stay closer to an idiographic perspective and give a more individualistic picture of an experience, connecting early, childhood experiences with present day challenges, yet I am not convinced that either approach is designed to fill in gaps that

may be left by the other. Further it is important to bear in mind the “predilection for order” (Smith et al. 2009, p12) which can arise in the research process and accept that as much as the researcher seeks to make sense of a participant’s “messy sense making” (Willig 2013, p189) this process cannot result in a neat, clean, final presentation of facts.

5.4 Theoretical Implications

The introduction to this research referred to theory which I will now discuss further; I will also draw on theory which the results of the research alluded to. There have been numerous attempts to provide a model of homosexuality identity formation. Cass (1979) describes a six-stage developmental model: identity formation, identity confusion, identity comparison, identity tolerance, identity pride and identity synthesis whereby an individual comes to discern, wrestle with, accept and finally integrate a homosexual identity. The model could be seen as psychosocial in the sense that there is an on-going assessment and comparison of (internal) feelings with external perceptions with ensuing behaviour modification as needed. There are many elements of the model which make intuitive sense and it captures a complex process however, as noted by other studies (Ferdoush, 2016) there also problems with the model with regards to cultural barriers that may impede progress to achieving the latter stages of pride and synthesis. The three participants in this study have come to varying degrees of acceptance of their homosexual identity but rather than a comprehensive and generalised synthesis what emerges is more of a situational homosexual identity. In social spaces where an individual feels safe, he is able to reveal and be his homosexual self. In others spaces, where acceptance remains important, support from the other is needed and valued but homophobic attitudes are suspected or previously expressed, an individual is more likely to try to conceal those aspects of self which he feels may reveal his homosexual identity. It is here that the concept of intersection is helpful in extending Cass’s theory (1979) and hence understanding the Black Caribbean homosexual identities explored in this study.

One of the problems with Cass's model (1979) is a lack of clarity about the often referred to wider group to which an individual is seeking to belong. The much quoted "gay community" is in fact made up of many communities, based factors such as location, ethnicity, age, class. These are some of the additional factors that might influence how a homosexual identity is formed. I will give examples of how these factors can disrupt Cass's model (1979) of homosexual identity formation and illustrate that a situational gay identity may be a likely outcome.

The results of this study illustrated how poverty can be a disempowering situation, reducing the number of options an individual has, to attend to their basic needs, including safety. Two of the participants who had such experiences in poorer areas of their countries of origin, felt that more affluent parts of town offered some degree of relief from homophobic abuse. While they described an acceptance or tolerance of their same sex attraction, the power of their respective communities to violently display their stigma towards and intolerance of their homosexual identities overrode each individual's personal desires. Here the influence of the social environment becomes paramount; however secure one might be regarding one's sexual identity.

Stigma is an important factor in understanding the formation of a homosexual identity. As noted earlier Goffman's (1963) conceptualisation of stigma has been usefully extended by Link and Phelan (2001) to note how power is an integral component to how and when stigma can manifest and have effect. In locations where this stigma can result in emotional and/or physical abuse including threats to life then the identity comparison of Cass's model (1979) becomes one where concealment/revealing of a homosexual identity is a life or death decision.

Cultural understandings of what it means to be a man and how this can be demonstrated were significant contributing factors in the formation of the homosexual identities explored here. Cass's model (1979) can be identified in the data generated in this study with regard to

the identify formation, identify confusion and identity comparison. The recognition of aspects of self culturally deemed as feminine in oneself and the extent to which this is tied to homosexual identity are important areas of homosexual identity.

Implications for management of health problems is evident in how closely formation of HIV identity almost replicates homosexual identity and how social stigma is an equally powerful factor in the individual's management of the condition. Counselling psychologists currently engage in work in helping patients to manage the emotional sequala that might result from stigmatisation. There are different ways to managing distress in an individual; a starting point is to explore possibilities in the way in which this distress is conceptualised. A community psychology perspective is useful to consider options regarding how the psychology field approaches issues such as the stigma of homosexuality and HIV in various communities.

Critical community psychology acknowledges psychology's past shortcomings in not directing attention to the emotional distress experienced by many in LGBT communities (Orford, 2007). It also speaks to a problematic conceptualisation of this distress with an accusation of psychology's focus on an individual devoid of social context and geared towards issues of "prevention and promotion of well-being" (Nelson & Evans, 2014, p160). Interestingly Orford (2007) suggests that social phenomena operate at an unconscious level to shape our actions and ways of thinking, giving the example of "power relations" which can unwittingly influence "the ways we interpret and cope with adversity" (Orford, 2007, p5). Change can be achieved by first correctly locating the problem, e.g. with regards to homophobic abuse, the issue is with the oppressor rather than the oppressed. Interventions can then be targeted, in line with the ethos of community psychology, towards "liberation from oppressive structures and processes" (Nelson & Evans, 2014, p160) rather than the traditional focus on an individual's dysfunctional thoughts or behaviour (Orford, 2007).

5.5 Contributions to the field of counselling psychology

I introduced this research project by referencing guidelines on the management of adults living with HIV produced by the British Psychological Society (British Psychological Society et al., 2011) which noted the need of further evidence on the lives of key groups affected by HIV. This research has added to the documentation of the experiences of one particularly under-researched group of PLWH whose sexual and ethnic minority identities add important dimensions to their experiences. While the accounts of the three Black Caribbean MSM living with HIV documented here cannot speak to all experiences of living with HIV, the commonalities in their detailed accounts may be relevant to other PLWH, particularly other Black Caribbean MSM. The topics of living with stigmatised chronic conditions, Caribbean experiences of homophobia and living with a stigmatised sexual identity have been explored here, contributing to the literature on these topics.

The aforementioned BPS guidelines on the management of HIV also made reference to the challenges that sexual and minority groups face engaging and staying in therapy. These issues were not the focus of this research however the findings may provide some possible contributory factors to understanding the problem. The self-reliance which may develop in the face of early experiences of unreliable or absent care could prove a hindrance to accessing therapeutic support. The experience of therapy is quite different from a research interview however the responses that the participants gave when asked to reflect on their two interviews could be instructive. They all commented on the importance of speaking to someone whom they felt they could trust and would understand the issues that they were talking about. One participant mentioned that confidentiality as a factor that influenced his decision to consent to being interviewed. This replicates findings another, larger scale exploration of Black Caribbean PLWH in London: the Livity research project which had participants of mixed genders and sexuality. Notably gay participants in that study particularly valued the opportunity to talk (Anderson, Solarin, et al., 2009). There is evidence that ethnic minority groups are less likely to be offered therapy (British Psychological Society

et al., 2011) hence the profession may wish to reflect on their (un)conscious processes which inform how individuals can access therapy.

As counselling psychologists in the UK and multi-ethnic centres, in particular, it likely we will be called to work with individuals whose cultural backgrounds have given them a different view of sexuality as compared with the understanding which underpins changes in UK law with regards to age of consent to gay sex or more recently gay marriage. The findings of this research have provided information with regards to sexuality and gender in Caribbean culture. It has added to the body of work noting the amount of effort (mentally and temporally) involved in managing identities which are not accepted by one's family and wider culture, for instance, the strategic presentation or concealment of a gay identity according to the environment (Doyal et al., 2008; McKeown et al., 2010). There are two points that I wish to make about this finding. The first is that in contrast to the description of an "unstable, liminal identities" (Anderson, Elam, Gerver, et al., 2009) found in previous research, these participants described what I would term a 'situational' gay identity that is revealed in settings where the owner feels safe to do so. The second point is that given the changes in attitudes to homosexuality in the UK over the past ten years, these findings are a reminder of the ability of statistics to obscure individual realities which counselling psychologists should seek to remain mindful of.

The issue of gender identity was an intriguing feature in this research project. There are different understandings of gender with the increasingly prominent queer theory seeking to dispel the binary approach with a more fluid concept of how we might see gender. As with attitudes to homosexuality, again this research provided a reminder that cultural differences have the potential to contribute to the distress that individuals may feel at not conforming to prevalent concepts of gender. This area merits further research to determine whether the views expressed here reflect others from Black Caribbean or other minority ethnic groups. It highlights again the significance of an individual's sociocultural context and how it might

position their understanding of social phenomena as compared to more prevalent or majority views.

A striking finding was how closely the participant's experiences of living in (at times) violently heteronormative environments, mapped their experiences of living with HIV. HIV is a stigmatised chronic condition; the literature review detailed accounts of discrimination and rejection faced by PLWH and the participants also detailed their fear of similar experiences though significantly none of them gave personal experiences of HIV-related stigma. An individual's anticipation of stigmatised behaviour has been shown to reduce their actual experiences of stigma through limited disclosure of their HIV status for instance. It is possible that the participants did not disclose their experiences of HIV-related stigma to me, though this feels unlikely given their disclosure of distressing experiences of homophobia for instance. It is possible that in common with findings from literature their control of disclosure has successfully limited their experience of HIV-related stigma. An interesting area of future research would be to investigate whether the factors that inform felt stigma, such as lack of trust and fear of rejection can extend, injudiciously and unhelpfully, into other areas of an individual's life.

5.6 Back to practice and future research

The idea for this research project was drawn from anecdotal evidence from practice. The research was also conducted in part by using psychosocial tools borrowed from the clinical space so it seems to make sense to complete the circle of evidence-based practice, by bringing the knowledge gained from the study back to the clinical space with the goal of improving care.

HIV is a medical condition and counselling psychologists are only one of the professions involved in the care of those living with HIV. My discussion focuses on issues pertinent to the practice of counselling psychology. In recognition of the multidisciplinary nature of HIV care and the patient centred care approach it takes, I also show how counselling psychologists

could bring skills demonstrated in this research project to their MDT colleagues, allowing them to improve their practice.

As a sexual health adviser, I am used to being part of a multi-disciplinary model approach to working with patients facing complex challenges. I can see the influence of this way of working in the manner in which I have drawn on examples from the fields of anthropology, sociology, and epidemiology as well psychology for my literature review. Through the use of two methods to analysis the data, this research project has modelled an integrative method of understanding experience to provide the optimal psychological care for those living with HIV. It has shown the benefits of consulting a range of disciplines to try to understand the experiences of an individual.

This research yielded data on the issue of gender which I did not anticipate. The participants gave rich, reflective accounts of their understandings of the biological, social and emotional meanings of being a gay man and how this related to their ideas of femininity. The participants' reflections on the ease and difficulty of displaying characteristics deemed feminine is pertinent now in 2016 as the move from binary descriptions of gender expands into a pansexual era and a quest for individuals to be able to be free from the restrictions of biologically defined gender. The participants in this project experienced same sex relationships and living with HIV in different ways from other populations due to cultural and ethnic differences. Though it was not the focus of this study, there were suggestions that they experienced their gender identity in different ways too. The freedom to express one's sexual and gender identity may vary across cultural and ethnic contexts. The findings of this research bring a reminder that change for the majority, with regards to increased acceptance of non-heterosexual sexual identity, for example, may be harder to achieve for particular minority ethnic groups. This is an important issue to bear in mind for counselling psychologists working in HIV as well as those working with clients in the area of gender identity. This research project has shown the significance of ethnic and cultural context when considering supporting clients with such challenges.

One of the ongoing areas of concern in the field of HIV are those patients who are 'lost to follow-up', an issue that is pertinent to patients from a Caribbean background (Anderson, Elam, Solarin, et al., 2009) that is, they are known to be living with HIV however at some point appear to have stopped accessing care from NHS services. This is a challenging issue as patients often do not return to services and/or give services an opportunity to consider what might have caused them to leave. One of the contributing factors could be their relationship with HIV services. I want to think about this issue by drawing on both my actual findings as well as the methodological approaches I used to conduct this research. Starting with the latter, the way in which I elicited each participant's story may be instructive. Drawing on the IPA principle of bracketing, I attempted to put to one side my preconceived notions of what the lives of this group might be like and initially, my interview areas of interest by asking "I wonder if you could tell me about yourself?" While I and others whom I consulted during my interview preparation period had fears that this might produce answers completely unrelated to the topic at the hand, instead, it allowed participants to start wherever they felt most comfortable to, helping to build rapport and generate useful material for the psychosocial element of the analysis. A possible method of applying this principle to practice would be to bracket goals for a consultation and check what is happening in the patient's life. By asking about their most pressing concerns, which perhaps may impact on the management of their HIV care, services can show an interest beyond their HIV agenda and give patients a space to present their issues. This type of approach may assist in building the long term relationship which is integral to HIV care. While this is something that counselling psychologists are familiar with, for our medical colleagues in time limited consultations it may present more of a challenge; it is perhaps an area that we could provide support and guidance in.

It is important to note that HIV clinics have taken steps in recognising the myriad of social issues facing many people living with HIV. Many have integrated housing, welfare and immigration services in their clinics as a way to address such needs. What is perhaps

missing is an opportunity to talk, in the absence of pathology, about the less tangible issues such as those which this research highlighted: sexual identity, gender identity and a sense of belonging amongst others. As I transition from my role of sexual health adviser to counselling psychologist, this research has led me to think about whether sexual health advisers are effectively utilised within the stepped care of mental health provision to facilitate such discussions. I note how all three participants commented on how they appreciated the opportunity to talk about their experiences and that they have not had an opportunity to do so before. I wonder how far services may have unconscious ways of setting the agenda regarding what can/can't be spoken about, the silencing effect this may have on patients with regards to certain topics and the possible deleterious impact this may have on relationship building.

Keeping the theme of relationship in mind as I explore this issue of lost-to-follow-up, the research findings showed how all three participants all described difficult early attachment experiences. Despite these challenges they have remained in HIV care for 11-16 years. A fruitful area of further research would be to think about such patients and explore the factors that have enabled them to remain in care. The findings from such studies may be helpful in preventing other patients from being lost to follow-up in future.

One of the more striking findings is how closely the experience of living with HIV, for these participants, mapped their often negative experiences of managing their gay identity in a heteronormative and homophobic environment. The participants described the painful physical and emotional challenges involved in managing gay and HIV+ identities. The phenomenon of a liminal, fragmented or compartmentalised existence was one of the findings noted here which adds to the body of work already documented on this topic. It also builds on the knowledge in this area as the notion of double marginality, the term used to note the racism and homophobia that minority ethnic MSM can face, may for those diagnosed with HIV, be extended to "triple" marginality. In stark contrast to the biochemical advances in HIV treatment which have greatly extended life expectancy, HIV-related stigma

remains a phenomenon which can have an adverse impact on an individual's health outcomes. The analysis also added to the recognition of the adverse impact that laws which prohibit specific sexual acts have on the quality of life of individuals. Participants described their knowledge of such laws and their sense that they have been used as legal ammunition to the verbal and physical abuse that they have received. The challenge of working with patients to manage distress that has arisen due to adverse social conditions which they often return to post-treatment has been illustrated by issues raised in this research. I am reminded of Black Caribbean MSM participants in a health promotion needs assessment reviewed earlier as part of this research. When asked about homophobia, they acknowledged the negative impact on their lives and suggested that services "Don't just focus on patching people up" (Kirby & Love, 2014, p33) and instead consider working on macro social factors to eradicate the phenomenon. As counselling psychologists working with patients experiencing homophobia, HIV stigmatisation and the adverse effects of laws, including the UK laws which criminalisation of the transmission of HIV, the difficult question arises of how far the profession can advocate on behalf of patients, if at all. While this thesis does not provide answers, it is a reminder that the question remains.

This research project provided an opportunity to reflect on the impact that a shared cultural and ethnic background between researcher and participant can have on the researcher. Just as the participants described different experiences of the same themes drawn from an IPA, it is to be expected that we will all have had different experiences of living in the Caribbean though we shared the same ethnic heritage. My experience as a trainee counselling psychologist working psycho-dynamically as also shown me that sharing a similar social and ethnic background to a client may also bring unfortunate echoes of bad objects in a their life, impeding the building of a therapeutic relationship (though also providing the opportunity for building reparative relationship). I recall how two of the participants made reference to our shared ethnicity; all three also used phrases and metaphors from their mother tongue. It is possible that this was their usual way of expression and hence would have occurred with a

researcher from a completely different ethnic background. From my perspective, it gave me a greater understanding to the context of their experiences and their use of colloquial language captured elements which might have been harder to convey in standard English. This aspect of my research experience has reinforced the benefits of having counselling psychologists from diverse backgrounds, especially those working with sexual and ethnic minorities as is currently the case in HIV. The ability to contextualise experience aids understanding which is crucial to work effectively with patients but can also assist in building long term relationships.

5.7 Final Reflections

This research journey has been physically and intellectually exhausting yet quite rewarding. The mixed picture of my experience is an interesting mirror of the participants' accounts which were uplifting, upsetting and always thought provoking. As I look towards dissemination, I am already moving beyond the HIV world and think how beneficial it would be for Caribbean communities of unknown and mixed HIV status to hear these accounts. I am surprised how much the social aspect of these experiences has impacted on me and caused me to consider what kind of counselling psychology I want to practice.

Appendix One research recruitment poster

Version 2 18 September 2014

CITY UNIVERSITY LONDON

Department of Psychology
City University London

PARTICIPANTS NEEDED FOR
RESEARCH IN Living with HIV

We are looking for volunteers aged 18-64 to take part in a study on

Black Caribbean MSM experiences of living with HIV

You would be asked to: *take part in two individual interviews*

Your participation would involve *2* sessions,
each of which is approximately *60* minutes.

In appreciation for your time, you will receive reimbursement of travel expenses and
£40 at the completion of the second interview

For more information about this study, or to take part,
please contact the researcher:

Claudine Best via email: [redacted]

or her supervisor Professor Carla Willig
Psychology Department
at
[redacted] or [redacted]

This study has been reviewed by, and received ethics clearance through the Psychology Department Research Ethics Committee, City University London, NHS Ethics and Homerton University NHS Foundation Trust Hospital Research Department. Ethics approval number GU1403

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [redacted] or via email: Anna.Ramberg.1@city.ac.uk

Appendix Two Participant information sheet

Version 2 **18 September 2014**

Title of study Banton: An exploration of the experiences of Black Caribbean MSM living with HIV in London

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The research intends to document the experiences of Black Caribbean MSM in London who are living with HIV. It is being undertaken as part of a Professional Doctorate in Counselling Psychology.

Why have I been invited?

The study is seeking to recruit four English speaking Black Caribbean MSM aged 18-64 who are living with HIV in London.

Do I have to take part?

Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. Participation (or not) will have no bearing on your treatment at this service. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

- Participants will be required to give interviews of approximately one hour on two different occasions
- These interviews will be semi structured, you will be encouraged to speak freely about your experiences
- The research will look at the common themes amongst the all participant interviews and consider why participants may hold the views that they do
- Research will take place in interviews suites at the Clifden Centre, Homerton Sexual Health Services

Expenses and Payments (if applicable)

- £40 will be paid at the end of the second interview in appreciation of a participant's time. Travel costs will be reimbursed after each interview.

What do I have to do?

Be able to speak freely about your experiences of living with HIV

What are the possible disadvantages and risks of taking part?

Some people find talking about their experiences can be upsetting sometimes. You will be able to pause or stop the interview at any time if you feel too distressed to continue.

What are the possible benefits of taking part?

You will have contributed to increasing the knowledge about a group about whose experiences little is known. You may also find talking about your experiences helpful in learning more about yourself and making sense of some of the events in your life.

What will happen when the research study stops?

If the research study stops unexpectedly and is unable to be continued, then all data collected will be destroyed.

What will happen to the results of the research study?

The results of the research study will be part of a thesis for the researcher's Counselling Psychology training. It may also be submitted for publication to relevant journals. The results of the research study will also be shared with participants.

Will my taking part in the study be kept confidential?

- Yes, participants will not be identifiable in the final research report and the data collected will be stored securely.
- The researcher will have access to the research material prior to anonymizing. After the data has been anonymized then the relevant staff at City University will have access in order to access the research.
- Disclosure of information that could result in harm to you or another person may result in such information having to be passed on to a third party.
- Any subsequent reference to participants will be in an anonymous way only, no identifying material will be present
- The digital recordings made will be encrypted and kept securely.

What will happen if I don't want to carry on with the study?

Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. Participation (or not) will have no bearing on your treatment at this service.

What if there is a problem?

You may contact the researcher in the first instance on [redacted] *or her research supervisor Professor Carla Willig on* [redacted]

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone [redacted]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is Banton: An exploration of the experiences of Black Caribbean MSM living with HIV in London

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

Who has reviewed the study?

This study has been reviewed by, and received ethics clearance
through the Psychology Department Research Ethics Committee, City University London, NHS Ethics and Homerton University Hospital NHS Foundation Trust Research Department. Ethics approval number GU1403

Further information and contact details

Researcher Claudine Best [redacted]

or her research supervisor Professor Carla Willig on [redacted]

Thank you for taking the time to read this information sheet.

Appendix Three Participant consent form

Version 2 18/9/2014

Study Number: GU1403

Participant Identification Number:

CONSENT FORM

Title of Project: An exploration of the experiences of Black Caribbean Men living with HIV in London

Name of Researcher: Claudine Best

	Please initial box
1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	☐
3. I understand that disclosure of information that could result in harm to me or another person may result in such information having to be passed on to a third party. I have had an opportunity to ask further questions about this.	☐
4. I agree to City University London recording and processing this information about me.	☐
5. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	☐
6. I agree to take part in the above study.	☐

Name of Participant	Date	Signature

Name of Person taking consent	Date	Signature

Appendix Four NHS ethics approval letter

NHS
Health Research Authority

NRES Committee London - Bromley
[redacted]
Telephone: [redacted]

25 September 2014

[redacted]

Dear Miss Best

Study title:	**Banton: A qualitative explorative study of the experiences of Black Caribbean men who have sex with men(MSM)living with HIV in London**
REC reference:	**14/LO/1627**
IRAS project ID:	**158247**

Thank you for your letter of 25th September 2014. I can confirm the REC has received the documents listed below and that these comply with the approval conditions detailed in our letter dated 23 September 2014

Documents received

The documents received were as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants	2	18 September 2014
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only)		
Participant consent form	2	18 September 2014
Participant information sheet (PIS)	2	18 September 2014

Approved documents

The final list of approved documentation for the study is therefore as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants	2	18 September 2014
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only)		
Interview schedules or topic guides for participants [Interview questions]	version 1	22 August 2014
IRAS Checklist XML [Checklist_29082014]		29 August 2014

Appendix Five City, University of London ethics approval form

[redacted]

There is a possibility that the research process could cause me mild to moderate distress.

b. How can this be justified?

It is anticipated that as the researcher has experience of discussing such subject matter, any distress caused could be managed in supervision. The data will be used to inform practitioners about issues they may need to consider when working therapeutically with this group.

c. What precautions are to be taken to address the risks posed?

The researcher will have access to supervision within the sexual health service as well as personal therapy and external supervision should she require this form of support.

Section C: To be completed by the research supervisor

(Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Refer to the School's Research and Ethics Committee

Signature -------- [redacted] ---------- Date-------- 23.05.14

Section D: To be completed by the 2nd Departmental staff member

*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signature ------ [redacted] ---------- Date ------ 23/05/14

Appendix Six Interview Topics

Childhood

Life in country of origin

Moving to the UK

Life as a MSM in country of origin

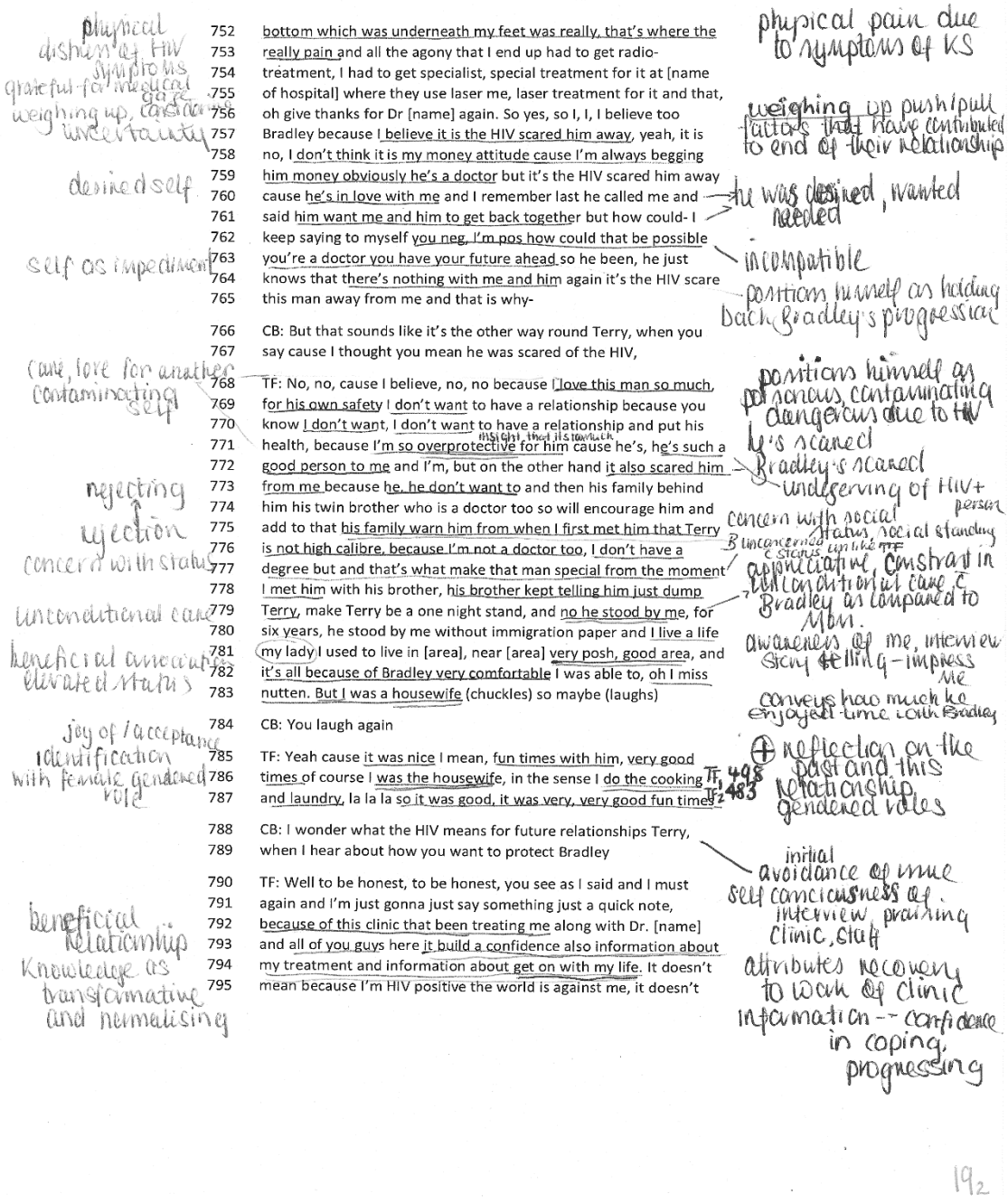
Life as a MSM in the UK

Getting a HIV diagnosis

Life as a HIV+ MSM in the UK

Life as a HIV+ MSM in country of origin (if applicable)

Appendix Seven Excerpt of interview transcript



bottom which was underneath my feet was really, that's where the really pain and all the agony that I end up had to get radio-treatment, I had to get specialist, special treatment for it at [name of hospital] where they use laser me, laser treatment for it and that, oh give thanks for Dr [name] again. So yes, so I, I, I believe too Bradley because I believe it is the HIV scared him away, yeah, it is no, I don't think it is my money attitude cause I'm always begging him money obviously he's a doctor but it's the HIV scared him away cause he's in love with me and I remember last he called me and said him want me and him to get back together but how could- I keep saying to myself you neg, I'm pos how could that be possible you're a doctor you have your future ahead so he been, he just knows that there's nothing with me and him again it's the HIV scare this man away from me and that is why-

CB: But that sounds like it's the other way round Terry, when you say cause I thought you mean he was scared of the HIV,

TF: No, no, cause I believe, no, no because I love this man so much, for his own safety I don't want to have a relationship because you know I don't want, I don't want to have a relationship and put his health, because I'm so overprotective for him cause he's, he's such a good person to me and I'm, but on the other hand it also scared him from me because he, he don't want to and then his family behind him his twin brother who is a doctor too so will encourage him and add to that his family warn him from when I first met him that Terry is not high calibre, because I'm not a doctor too, I don't have a degree but and that's what make that man special from the moment I met him with his brother, his brother kept telling him just dump Terry, make Terry be a one night stand, and no he stood by me, for six years, he stood by me without immigration paper and I live a life my lady I used to live in [area], near [area] very posh, good area, and it's all because of Bradley very comfortable I was able to, oh I miss nutten. But I was a housewife (chuckles) so maybe (laughs)

CB: You laugh again

TF: Yeah cause it was nice I mean, fun times with him, very good times of course I was the housewife, in the sense I do the cooking and laundry, la la la so it was good, it was very, very good fun times

CB: I wonder what the HIV means for future relationships Terry, when I hear about how you want to protect Bradley

TF: Well to be honest, to be honest, you see as I said and I must again and I'm just gonna just say something just a quick note, because of this clinic that been treating me along with Dr. [name] and all of you guys here it build a confidence also information about my treatment and information about get on with my life. It doesn't mean because I'm HIV positive the world is against me, it doesn't

Appendix Eight Example of emergent themes

Table to show an example of emergent themes generated from transcript with exploratory comments for Byron

Emergent Themes	Original Transcript	Exploratory comments
Sexuality as battle site	B.1.185 You try to resist it, fight it, you just can't	Futility of battling against feelings
	B.1.194 I'm still fighting you can't fight it, you cannot fight it off, well I used to during teenage years, yuh puberty, you would try to fight it off	Interchange between 1st and 2nd person, appears to be still engaged in battle with attraction to men though sees adolescence as main scene of battle
	B.1.203 The female side of it, the male side of it conquer even more	acknowledges attraction to females here? However the two forms of attraction cannot coexist and the attraction to males wins the fight
Body subject to scrutiny	B.1.182 It's a man body but yet still yuh operating as a female, you have a female, you have desire for guys	Insight into how Byron is making sense of his feelings, sees himself as a female in a male body as he is attracted to men, he sees this as having female desires.

Emergent Themes	Original Transcript	Exploratory comments
	B.1.136 Before I start going to kindergarten school I know, I was I b- you know your body, your physical…	Stuttering, stumbling over observable evidence, physical as opposed to emotional social indicators
	B.1.296 ..as I say I just was as normal but you could see well you not as physical as the rest of guys	What is normal, unknown standards of physical presentation that Byron compares himself to and seems to come up short
Recipient of verbal abuse	B.2.38 Might just call you names cause if they definitely know you are different	abuse which occurs because it is deduced that you are not the same as other people in some way
	B.1.229-234 I remember some of my aunts…they used to call me different..Well they would say like you're a sissy, oh something	long pause as he tries to recall?, painful to articulate this memory? Aunts identified that he was different, name calling let him know that they knew
	B.1.274-7 ..they call you queer and all this kinda thing yeah and all this kinda yeah, but ahm, I mean I was never called those names because	Halting almost dismissive delivery, stating the abusive names that others were subjected to, not him due to his decision to remain hidden (inside not out)

	nobody, cause I've never come out	
	B.1.284-5 you always home, you always in the house, helping around the house and ahm, yeah and in that sense you think well, oh, he must be, well they used to use the word sissy	Contrasting outdoor "male" activity with indoor "female" activity, interchangeable use of second person, you/he, drifting between adopting their perspective and his own. Specific abusive name to identify him as a male engaged in "female" activities
	B.1.287-288 yeah but they called me ah never give them the chance to call me those names but I heard they called people those names	reclaiming power, showing he had control by ensuring abusers did not have the opportunity to subject him such name calling, as others were. Contradicts what he said in B.1.234

Appendix Nine Superordinate themes for Byron and Fernando

Superordinate Themes for Byron

Connection	**Agency**	**Scrutinising Self**	**Conflicted self**
In God I trust	Rejection	Gender sorting	sexuality as battle site
connection	Acceptance	unchanged self	rejection of self
connection with interviewer	lack of power	body subject to scrutiny	
life back then and now			

Superordinate themes for Fernando

Power/control	**Dis (connection)**	**Conflicted self**
Resistance	guide(d)	hidden self
shame	Lack of trust	multiple identities
suicide	self-reliance	
status	Acceptance	
recipient of abuse	Rejection	

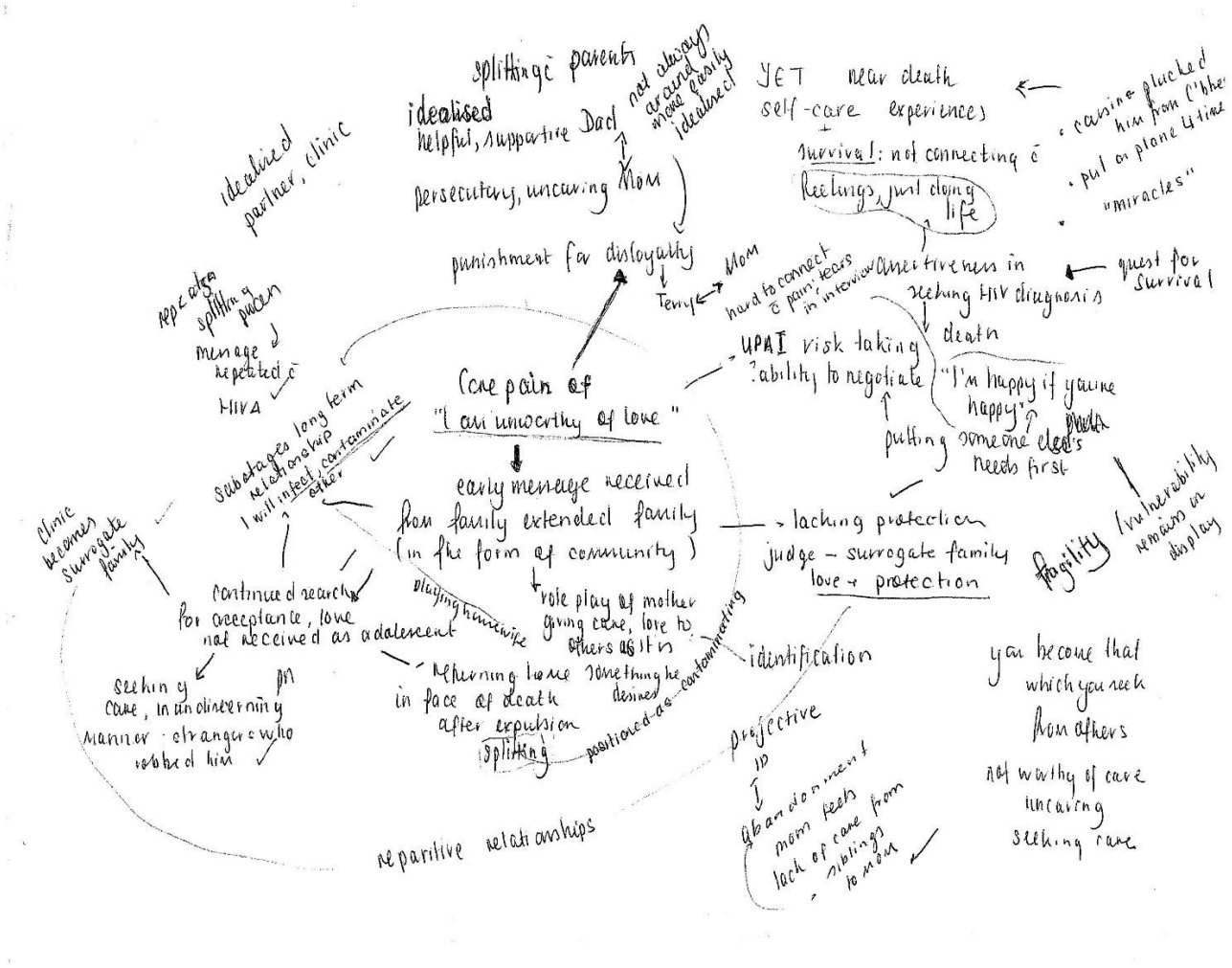
Appendix Nine cont/d Superordinate themes for Terry

Rejection	**Conflicted self**	**Scrutiny**	**Power**
rejection	hidden self	self-scrutiny	law as persecutor
destructive talk	conflicted self	scrutiny	survivor strategist
subjected to abuse	failing body	gender sorting	Beneficial association
stigma			

Appendix Ten Table of Master Themes

Power Relations	**A conflicted self**	**Connection**	**Scrutiny**
Shame	Failing Body	Rejection	Gender sorting
Status	Body as a battle site	Peripheral Existence	Self-Scrutiny
(Restricted agency)	Suicidal thoughts	Acceptance	Scrutiny from others
Resistance	Contextual identities	Omnipotent, benevolent God	
Survivor Strategist	Hidden self	Dis(trust)	

Appendix Eleven Psychosocial Diagram for Terry



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Section B

A publishable article for

Qualitative Research in psychology

Reflections on the use of analytical pluralism

Title

Reflections on analytical pluralism: using IPA and a psychosocial approach to explore the experience of Black Caribbean men who have sex with men living with HIV

2. Abstract

There has been an increase in interest and discussion of research involving some form of pluralism. As a relatively new form of research, debates continue about the ways in which to perform such research, present it and what contribution it can make to qualitative research. This article reflects on the process of conducting research in the field of HIV which involved analytical pluralism. The consideration given to the epistemological and ontological orientation of the researcher and the demands of the research questions allowed for the use of complementary methods. The separate presentation of the IPA and psychosocial findings allows the reader to identify the strengths and limitations of each form of analysis. While it is questionable whether one form of analysis compensates for the shortcomings of the other, the use of the two perspectives gives a multi layered picture of the experience described.

3. Introduction

This article reflects on the process of conducting research which involved pluralistic analysis of one set of data. While the results of the research were of interest and are discussed elsewhere, the focus of this paper is on the how the research was conducted. The brief excerpt of the findings is used only to illustrate what a pluralistic approach can offer.

My topic of interest, living with HIV, was informed by practice as a sexual health adviser, working with a range of patients newly diagnosed and living with HIV. The anecdotal evidence which I had accumulated over the years suggested to me that for minority ethnic groups, living with a chronic stigmatised condition presented additional challenges which I

was not sure services were able to acknowledge far less address. I was particularly curious about the phenomena of being a member of both a sexual minority and a minority ethnic group and whether these social and cultural positions might impact on the experiences of Black Caribbean men who have sex with men (MSM) living with HIV. As a trainee counselling psychologist, I noted that guidelines for the management of the psychological needs of adults living with HIV, issued by the British Psychological Society in 2011, documented the concern that services were not adequately meeting the needs of sexual or ethnic minorities and called for services to understand the experiences of minority groups living with HIV (British Psychological Society et al., 2011) hence my hunches from practice connected with organisational concerns.

4. Rationale for a pluralistic approach

The selection of methodologies was informed by both my research question and my epistemological position. Rather than one definite truth or reality, it is possible for an individual to have different experiences of the same event, each of which may feel no less real than the other. The myriad of influences, including that of the researcher, suggest they may play an important role in the research process. I concur with both critical realist and phenomenological stances which recognise the multiplicity of influences on experience (Eatough & Smith, 2006; Willig, 2013).

I can appreciate the possibility of underlying structures, including psychological ones, impacting on events as we experience them. I can also take a more relativist ontological position and see these events as open to a range of interpretations due to constant flux of the surroundings including the perceiver.

These key issues of interpretation and environmental influences appeared crucial to my exploration of experience. I felt that participants would be going through a sense making exercise as they related their accounts while I in turn would be going through a similar

process hence I needed methods which acknowledged the interpretation of data. Research is always located in a particular place and time. This research was conducted as part of counselling psychology training requirements; I acknowledge the influence of this factor and hence my desire to bring my practical skills, as practitioners we are continually making interpretations of the information clients, to the research arena. My experience gained from practice suggested that people live with HIV in very different ways due to cultural attitudes to, amongst other factors, sexuality and gender. I felt it was important to use methods which could account for such influences.

Reflexivity, which I have tried to demonstrate by situating my research in my experience and concerns as a practitioner, is an integral aspect of any research project but particularly one taking a pluralistic approach. As I reflect on the process of carrying out this particular project I accept that research is always carried out within a set of inevitable constraints, perhaps more so as a student. I attempted to balance my particular challenges against the creativity necessary to adequately address my research question. I consider the points concerning method selection made by (Mason, 2006) to be quite valid in that this creativity is limited to actual methods at the researcher's disposal whether in terms of knowledge and/or skill. At some level perhaps my choices were limited in this regard however I tried to avoid the unthinking attachment to one particular methodology instead letting the needs of the research question inform this aspect of the project (Chamberlain, Cain, Sheridan, & Dupuis, 2011).

I begin by introducing the methods selected: Interpretative Phenomenological Analysis (IPA) and a psychosocial approach.

4.1. Phenomenology

Phenomenological psychology focuses on human experiences and how people make sense of these experiences (Langdridge, 2007; Smith et al, 2009) It also appreciates that experience must be understood in a context as such it can be seen as both idiographic and

inductive in it's approach to research. The method ties in with my objective of trying to understand how Black Caribbean MSM's make sense of living with HIV and the importance of appreciating their particular social, cultural and historical influences which naturally, make their experiences of living with HIV unique. I have selected IPA rather than descriptive phenomenology as I consider the attention to interpretation to be integral to my research. IPA combines phenomenology with hermeneutics, the study of interpretation. There is explicit acknowledgement of the role of the researcher as the co-constructor of the findings (Langdridge, 2007). IPA has a focus on experience in its social and cultural context and notes that such experience is a product of interpretation (Willig, 2013). The process of meaning making is done from a critical stance, taking a "suspicious approach" to the factors that generate experience. Hermeneutics is an important facet in my second choice of methodology which uses another tool from a clinical setting: psychoanalysis.

4.2. Psychoanalysis and psychosocial research methods

Psychoanalysis is seen as a "mode of hermeneutics" (Frosh, 2008, p32) focussed on the "layers of meaning" (Langdridge,2007) underneath the manifest content of our narratives. It positions individuals as "unconsciously impelled to express themselves in particular ways" (Frosh and Young, 2008, p117). Though these meanings are not directly accessible, through psychoanalytic interpretations, an indication of these meanings can be derived. A psychosocial approach to research is a relatively new one; indeed the term 'psychosocial' has different meanings in different settings. My use of the term is in line with this definition of psychosocial research:

"conceptualising and researching a type of subject which is both social and psychological, which is constituted in and through its social formations, yet it is still granted agency and internality" (Frosh, 2010, p196)

The psychosocial approach I used attempts to take account of both internal (psychic) and external (social) influences on the individual. Informed as it is by psychoanalysis, a key assumption is the “powerful yet hidden role of unconscious processes on our behaviour and in our relationships” (Day Sclater, 2007).

The method can be informed by both Kleinian and Lacanian positions. I decided to use a Kleinian approach as I recognise the idea of a split, defended subject (Hollway, W., Jefferson, T. 2013) and the pursuit of making narrative sense of the material presented (Frosh, 2010). I accept that the goal of the disruption of sense by the Lacanian position may enable the researcher to have a greater chance of avoiding the tendency to force data to fit together neatly, to create a whole from fragmented conflicting identities (Frosh, 2010). However with my acknowledgement of this possibility, came my intention to bear this in mind and use reflexivity to examine to what extent I may be forcing a fit of my data, in order to actively avoid such a result.

Psychoanalysis is normally a tool used in a clinical setting however the goal of psychosocial method is not to psychoanalyse the participant. It is, whilst staying as close as possible to the data, to consider the unconscious processes that influence our behaviour and relationships (Day Sclater, 2007). There are differences in the strength with which users of the approach present their findings. Given the limited time frame (my interpretations will be produced from only two hours to three with each participant who will be interviewed twice) and in acknowledgement of the fact that I do not intend to verify my interpretations as I would seek to in a clinical setting, I will present my findings in a tentative rather definite way, as “possibilities rather than certainties” in line with Frosh & Young, 2008, p116.

4.3. Using IPA and psychosocial methods as part of a pluralistic approach

The two methods used have different epistemological roots, psychosocial approach often seen part of a critical realist stance while IPA is part of a phenomenologist belief system. A significant point of divergence is the psychosocial approach's positioning of the individual as a defended, subject to unconscious processes (Hollway & Jefferson, 2013) Further IPA would not seek to draw on theories from outside in order to understand the participant. The preceding sections on each method have highlighted some commonalities however. Both consider there to be multiple influences on experience and try to acknowledge these during the research process. Both seek to place experience in its social and cultural context and notes that such experience is a product of interpretation (Willig, 2013). The researcher is firmly situated in the research as she has greatest responsibility in deciding what data is to be collected and the final interpretation of the data. As such reflexivity is naturally a part of the use of both these methods and the researcher is tasked with attending to their responses to the data throughout the research process. The interpretative aspect of IPA at its highest level accepts the necessity to dig deeper critically as participants "might be unwilling or unable" (Eatough, Smith, 2008) to do this themselves. There is therefore an acceptance of the "hermeneutics of suspicion" from both sides however the psychosocial approach might be positioned further along the empathic/critical spectrum. It is interesting to note IPA key proponents accept the possibility a psychoanalytically informed interpretation of IPA data (Smith et al, 2009) I intend to follow the suggestion made here and keep the two analyses separate out of respect to both approaches.

5. Methods

This paper is generated from data gathered as part of a professional doctorate in Counselling Psychology programme. The wider study involved interviewing three Black Caribbean MSM in total. The study gained approval from City University, the NHS ethics

department and the research department of the hospital where participants were recruited from.

Three MSM living with HIV from Black Caribbean backgrounds were purposively selected from a NHS sexual health clinic in London. My decision to interview each participant twice was informed by my choice of a psychosocial approach. I anticipated that the opportunity to build rapport over two interviews might allow participants to speak more freely and hence generate more data and greater depth. It also allowed both the participant and me to reflect in the week between interviews (Chamberlain, 2011). It was also a key element of the psychosocial method to meet participants twice in order to further explore issues raised in the first interview including those conspicuous through their absence (Hollway, Jefferson, 2013). I made field notes throughout the interviews documenting nonverbal behaviour such as body movements as well as my personal responses to what I heard and saw from the participants.

5.1. Transcription

I made the decision to transcribe all of my interviews. I believed it to be a crucial part of the psychosocial element of the analysis; as I typed I recalled how I felt at various points of each interview and this added to the notes I had compiled both during and post interview.
The emotional aspect to each participant's interviews would be an important element of each approach hence I made the decision to do a naturalized transcription (Willig, 2013) I recognised that not all communication is captured by words so I included as much non-linguistic detail (Hammersley, 2010) as I could including details such as pauses, repetitions and volume.

5.2. IPA

I began by listening to the recording of each participant's interviews and re-reading the transcript, making notes regarding my initial responses. I repeated this step several times each time trying to put aside previous responses and look at the transcripts with as anew. When I was satisfied I had collected as many responses as possible, I began to make notes in the right margin of the transcript on comments which were descriptive, linguistic or conceptual (Smith et al, 2009). As I went through this process, I tried to bear in mind my goal of making sense of each participant's attempt to make sense of their experience: the double hermeneutic. The descriptive comments were words that captured key features of the participant's world whether animate or inanimate. The change of focus to language involved looking at words and phrases that caught my attention in tone, speech patterns such as pausing or rapid speech as well as use of linguistic devices. I paid special attention to moments when participants used vernacular rather than Standard English. The conceptual stage was the start of a deeper analysis by considering each participant's "overarching understanding" (Smith et al 2009, 88) of particular events. In order to draw out these comments, I continually returned to the text to see if the concepts I described were genuinely illustrated in the data.

The next step involved drawing out themes from these comments listed on the right margin. This was a process of connecting comments, particular the conceptual notes into themes which still captured the original ideas. I compared the original transcript to these themes to ensure that they remain reflected each participant's actual words. I then created a table listing super-ordinate themes with transcript reference and words which captured the essence of the respective theme (Smith et al 2009). I repeated this process for all three participants. Finally I created another table of master themes made up connected super-ordinate themes and concepts from each participant. This involved noting clear overlaps e.g. where participants had the same super ordinate theme as well as connecting the concepts from one participant with the theme(s) from another.

5.3. Psychosocial analysis

As with the IPA, I treated each participant's two interviews as one data set. I completed analysis of one entire data set before moving on to the second and third. I began by re-listening to the recordings for each participant. By listening to the tapes and looking at the notes I made post interview, I tried to connect with the feelings I could recollect from the moment I met the participant in the waiting area to the conclusion of the recording. Any additional notes were recorded for the purpose of focussing on transference later in the analytic process.

As a guide to my interrogation of the data, I used the four core questions suggested by Hollway & Jefferson (2013 p51):

"What do we notice?

Why do we notice what we notice?

How can we interpret what we notice?

How can we know that our interpretation is the "right one"?"

With regards to "what" I noticed I looked for, I started with the manifest content, taking what each participant had to say a face value and noting down key ideas and themes. While I had taken this step already with IPA and anticipated overlap, I felt it was important to complete the psychosocial analysis without relying on physical data from the IPA in order to treat them as distinct processes. I then turned to the latent content of the data considering contradictions, omissions, inconsistences as well as noting any instances of the defences of splitting, introjection and projection in their descriptions of relations with others and with myself as researcher. The latent readings of the data were grounded in the biographical and early childhood information of each participant.

In considering why I had noticed particular elements I was forced to ground my findings in the evidence of the actual data, thinking about what exactly had contributed to why I had noticed what I had e.g. tone, voice level, silences. I reflected on my own feelings about issues raised by the participants and how this might have interacted with my interpretation of the data. The notes that I had made during and post interview were helpful at this point in considering possible instances of transference and countertransference which in turn contributed to interpretations I made of the data.

After completing the four steps I compared my latent reading to my manifest reading of the data in light of the evidence: my response to each participant and the issues he raised, my changing feelings across the course of interviews, biographical data for each participant. In this way I felt greater confidence in psychosocial analysis findings.
I revisited the data and used my field notes to think about the interpretations I made. I also considered my place in research and how it might have contributed to particular points standing out more than others as well as other countertransference issues. The research supervision I received during this process was helpful in thinking about the interpretations.

I use the data collected from one of the participants, Terry, to illustrate what each methodological approach brought to the results.

6. Results

6.1 An IPA

One of the themes generated by the IPA, conflicted self, highlighted the inner turmoil experienced when someone acknowledges and owns their same sex attraction however these feelings are not recognised by his family or wider community whose love and acceptance he desires.

For Terry, the theme of a conflicted self involved the tension between how he perceived and felt about himself as a gay man and how this jarred uncomfortably with the heterosexist

assumptions and homophobic stance of those around him. He observed the abuse that other men suspected or known to be gay receive from people in his neighbourhood and he was at pains to try to hide this part of himself for fear of receiving similar treatment. He feels forced to take steps to conform to external expectations resulting in inner conflict.

The origin of his conflicted self occurs with his realisation of his sexual attraction towards males. Though he was only thirteen years old at the time, his clear recollection suggests the extent to which this was a life changing moment for Terry.

T.1.14 '...well at age, uhm, 13 I realise dat I had tendency for male and it develop from there....'

T.1.20 'quite a strange feeling because how I remember it vividly is that I was with friends, I was at a river you know and I realise you know I saw naked guys around and I just feel dis strange feeling toward males, my same sex and from there I was a bit, I was very confused very, very confused I was worried, more so I was confused and I was worried about my safety rather than anything else, yeah...'

This emergence of a conflicted self has both mind ('very, very confused') and body ('feel dis strange feeling') components suggesting physiological aspects to his experience as well as an emotional response. Together they give an overriding sense of uncertainty regarding his situation. His use of the adjective 'strange' seems to relate to the fact his teenage feelings of attraction were towards other males. His repetition of 'strange' and gender references 'males, my same sex' could suggest the heterosexist norms of his society have come to his mind and his confusion emanates from positioning his experience as different from what is considered normal. His dissonance emerges as he tries to link his feelings with his understanding of sexual attraction. His attempt to try to capture the degree of his confusion moving from 'bit' to 'very, very' perhaps mirrors the development of his confusion back then, the more he considered his feelings, the more confused his thoughts became. His words 'from there' suggest the event was both a moment of realisation and the start of an on-going

process. The notion that his attraction to men continued to develop alludes to an ownership of his sexuality which was quite clear throughout his interviews. Despite the perils that seemed to go alongside being a gay man, Terry does not disown his feelings, rather like the thirteen year old that first acknowledged them, they continue to grow. His use of the word 'it' in reference to his attraction towards males perhaps speaks to an attempt to distance himself from them. This possibility is strengthened by his mention of safety as his overriding concern; he had associated his feelings with the risk of danger.

His HIV diagnosis compounds Terry's struggle to belong, to fit in. In this HIV related area of conflict he considers how he will be treated by others and whether he will be accepted or alienated by society for being HIV+.

T.1.239 'I wouldn't say oh now I'm going to condemned by society, no I wouldn't say that but I, it just like you know, maybe, you know, you're not fit anymore for the de gay scene.'

This is a curious statement; Terry implies that as a man living with HIV, he will still be accepted by society but not the gay scene which implies they are perhaps two distinct worlds. He subsequently describes a distinction he makes between society and the gay scene, anticipating different responses from them:

T.1.263 'I believe within the gay scene you're more to be condemned of being HIV+, so it's like you are a ghost.'

By becoming HIV+ Terry is transformed into a ghost, a statement which illuminates his thoughts on society and the gay scene. He is now perhaps between worlds, not part of the gay world but not belonging to wider society either. It also gives a sense of how Terry is experiencing himself, the idea of a transitory ghost like existence has a feeling of disconnect to it, speaking to how Terry feels about not only his place in the world but his body. It might be expected that a gay man might experience the gay community as more understanding regarding being HIV+. It is very interesting therefore, that Terry positions the gay world as more persecutory than wider society. Terry found out that he had HIV following a diagnosis

of AIDS[18]; his particular condition involved severe pain and restricted movement. Given that his experience of being HIV+ has, so far, been focussed on unpleasant, distressing changes to his body, his comments could be seen as anticipation of the rejection of him, a body that is no longer up to the standards of gay society. There appears to be a parallel of endeavouring to live up to other's expectations, whether the Caribbean's expectations of a man's sexuality or the gay scene's expectations of the body. Terry's responses, which seem to indicate withdrawal as a response to anticipated rejection from others, also speak to his lack of agency and illustrate his conflicted self as he seeks to hide his sexuality or in the latter case, to assume a ghostlike existence.

6.2 Results with a psychosocial analysis

Core pain: I am unworthy of love

Terry had early experiences of being positioned as not only different but also inferior due to his sexuality. His experience of being rejected from his family due to being gay becomes a lifelong pattern contributing to his core pain of being left feeling unworthy of love.

Terry comes from a large family and it is possible that at times it wasn't always easy to gain the attention of care givers. Some of the attention he received was unwanted in that it took the form of being threatened and rejected due to his sexuality.

'I was accused (of sexually touching another male) by my own brother and I was beaten and [forced to] run away from my community' T.1.383

'At age 16...I was condemn[ed] by my mom…I was attack [by] my brother…my brother got the support from de rest of the family' T.1.407

[18] AIDS is a symptomatic presentation of HIV

The challenges he faced in these early relationships seemed to have impacted on Terry as one theme running through his interviews was his concern with being accepted and receiving care from others. He repeatedly describes his pain and distress at the fact that his mother did not give him the care and protection he felt that she should have.

'As the mother you, you should be able to said ok, you're my son I don't give a damn what sexuality if you want to have sex with man, woman, whatsoever, it is his choice and I'm gonna be there for him. ' T.2.533

Terry's experience of being violently expelled from his community under the suspicion of being homosexual is a clear message of rejection. One possible consequence of having not been shown love and acceptance from his family and community is that it may have become difficult for Terry to show this to himself and negotiate it from others. However his description of a loving caring six year relationship in the UK appears to counter this theory.

'So I met George and I must say it's a blessing in disguise. It's a blessing, I believe the doc- the goodly doctor may have a-huh, may might have sent by God, I don't know but he's a blessing…He's the one encourage me.' T.2.708

'I've been facing immigration predicament far before I met George and he stood by me for six years I'm unable to work….I just can't find words to explain everything around that man is brilliant, everything around, about that man is superb, that man stood by you. Even through my immigration predicament...all those times I've been put on the plane it is George, George he visited me in detention centre, he bought me stuff. 'T.2.716

'He was the only person I could talk to regarding my HIV, er, er, and then my health got worse and worse and worse, things was getting totally out of hand and he, he was there for, sometimes, I was unable to walk and I, I and I had to go to appointments…he was able, either he would send cab fare for me or he would rent a car come and pick me up drop me off oh my God superb. And then, ah, we become friends, friends, until I don't know his number maybe I miss, slip up or I don't know.' T.2.732

Terry's descriptions of his relationship with George focus on what George gave to him in terms of practical, financial and emotional support. Terry previously described how unsupported he felt during an earlier time of need so it is understandable why George's behaviour stood out for him and how valued it was. The sudden (narrative wise) demise from lovers to friends to 'I don't know' stays with Terry as he tries to find reasons for the end of their relationship. At first he blames himself, seeing himself as a burden and therefore thinking he may have pushed George away.

'Maybe it's me kinda run him away now cause I was, like a financial burden. I mean cause during my sickness I, I have to depend upon him a lot for money to survive I was unable to cause obviously for about a year the Kaposi[19]'s killing me and not only the Kaposi was in my head, back, toe, throat, neck chest it was underneath my feet bottom' T.2.746

The comprehensive coverage of the Kaposi slowly stifling Terry's movement feels akin to that of a boa constrictor slowly devouring him. The free association that Terry makes, moving from being a financial burden, trying to survive, to recalling being engulfed by Karposi's sarcoma perhaps mirrors the extent of the burden he felt he was on George and his consequent desire to save George from experiencing the degree of restriction he felt.

'I, I, I believe too George because I believe it is the HIV scared him away cause he's in love with me and I remember last he called me and said him want me and him to get back together but how could I- I keep saying to myself you neg, I'm pos how could that be possible you're a doctor you have your future ahead so he been, he just knows that there's nothing with me and him again it's the HIV scare this man away from me that is why-' T.2.757

Here Terry vacillates around the issue of HIV, initially attributing the problematic aspect of it to George, before subsequently acknowledging the projection of his feelings, then returning

[19] Kaposi's Sarcoma, an AIDS defining illness, is a type of cancer causing painful lesions

it back to George. Terry cannot imagine being in a sero-discordant[20] relationship and sees HIV as something which would negatively impact on George's future. It is also possible that he also sees himself in a similar vein: clinical support of HIV involves the advice that is important not to transmit the virus to someone else which for Terry might have felt like an unfortunate echo of being a source of contamination. His decision to end this relationship under the guise of being HIV positive and therefore able to infect his HIV negative partner gives the possibility of having internalised this idea of being a contaminating force[21]. Terry's possible self-loathing could have led to his instigation of the repetition of his expulsion experience. The demise of this relationship supports the hypothesis of a core pain of feeling unworthy and the internalisation of the family, community and societal projections of being a harmful contagion that must not associate with others who do not have the "affliction" of being gay or, as Terry has extended the presenting problem, being HIV+.

7. Discussion

By presenting each analysis separately I have tried to allow IPA and a psychosocial approach to clearly illustrate the benefits each brings to the exploration of the experiences of Black Caribbean MSM living with HIV. There is the argument that the use of a pluralistic approach should also involve the integration of findings in a form of synergistic display of the benefits of the approach. I have chosen instead to give the option to the reader to take what they see fit from each perspective as I appreciate some will be comfortable with the critical

[20] Couples where one is HIV negative and one is HIV positive are referred to as sero-discordant
[21] It was possible for sero-discordant couples to have a sexual relationship without risking transmission of the HIV virus; a fact which Terry is aware of

approach to the data which IPA brings while others may find the interpretations psychosocial approach make, further down the critical/suspicious spectrum, to be quite challenging.

The use of each methodology brings the particular strengths and limitations of each approach. An IPA is presented thematically; Terry's theme of a conflicted self was conceived in relation to the results of the IPA of the other two participants; the theme sought to describe one significant aspect of their cumulative experience. IPA seeks to discover the essence of a particular experience; with the exception of a case study, the individual is the means to which we gain access of this essence and hence not the focal point of the research process (Willig, 2013). The commitment to an idiographic standpoint however suggests that in order to hold both of these goals, some form of compromise appears necessary. The use of themes may have resulted in the loss of intrinsic aspects of Terry's particular experience. The issue of reflexivity is important here in tracing the decision making process in the discarding of material.

There have been calls for IPA to expand into new areas of socio-cultural situatedness (Todorova, 2011). This research has illustrated that such projects do not have to take place in different international physical spaces. Terry's reflections are those of a Black Caribbean MSM living in the UK. His thoughts on how his HIV diagnosis has changed his sense of where he belongs, where he will now be positioned by others, illustrates how an IPA can generate discussion on difference whether due to sero status, sexuality or race.

It has been suggested that a pluralistic approach can use the strengths of one analytic method to compensate for the limitations of another (Clarke et al., 2015). In this regard, a psychosocial approach is able to stay closer to an idiographic perspective and give a more individualistic picture of an experience, connecting early, childhood experiences with present day challenges, yet I am not convinced that either approach is designed to fill in gaps that may be left by the other. Further it is important to bear in mind the "predilection for order" (Smith et al. 2009, p12) which can arise in the research process and accept that as much as

the researcher seeks to make sense of a participant's "messy sense making" (Willig 2013, p189) this process cannot result in a neat, clean, final presentation of facts.

My psychosocial approach, based on approximately three hours with Terry, presents the findings as possibilities rather than certainties. They can only give our understanding of Terry's experience as gained in that particular time spent together. One of the strengths of using a relational approach to the psychosocial analysis was that it added a theoretical basis to our relationship in the research space. While this is a different relationship from one created in a clinical space, there were expressions and responses occurring as Terry and I sought to make meaning of his experiences. The psychosocial analysis was able to use the 'here and now' of our research relationship and consider what these expressions and responses brought to the meaning making process.

One of the criticisms of a psychosocial approach is that, despite its claims to attend to both the social and the individual aspects of a phenomena is presented in the individual, it ultimately positions challenges within the individual. The illustration of the approach as used here has left me with questions which are quite socially orientated. From a cultural perspective I am quite curious about the distressing expulsion process which Terry endured from his community due to his sexual identity (an event which repeatedly features in literature) and what this suggests about the threat that 'non-conformity' presents to a post-colonial, post-slave Caribbean society. Terry's experiences also lead me to reflect on the challenges that a clinical service has in encouraging an individual to avoid the possible legal implications of HIV transmission yet avoiding placing sole responsibility of transmission on that individual. Both these scenarios highlight why there tends to be a focus on the individual, he is the most accessible of the actors in the dilemmas presented. In this particular situation there is a question of what role, if any, sexual health services can or should play in addressing the distress caused to individuals by others beyond their clinical reach.

Qualitative researchers acknowledge that the expressions of their participants will unlikely to have spoken to, in my case, the experience of every Black Caribbean MSM living with HIV. Even with the use of two forms of analysis I will not have conveyed every aspect of the experiences of my participants. My perspective, personal interests and experiences will have meant that I have collected and analysed the data in a particular way which may have excluded key features of their experiences. How far have the constraints of the methods available to me, in terms of my knowledge and skills, even dictated the type of research question I have asked (Mason, 2016)?

8. Conclusion

With the acknowledgement of the range of limitations due to methods and the researcher also comes the appreciation of the flexibility of perspective and depths of meaning that analytical pluralism has brought. My attention to process, particularly reflexivity, and consideration of my views on the types of knowledge that fit with my view of the world and how these related to my area of interest, meant that my choice of methods were attuned with my research questions. My use of one data set is perhaps debatable; interviews that were directed to the particular goals of each method may have generated data more suited to each rather than data that ultimately had to serve two masters. I felt my use of field notes in my psychosocial approach mitigated against this issue though this merely brings more questions of how possible it is for one researcher to truly bracket one methodological stance while pursing another. I started this paper by noting the newness of this analytical pluralism; I hope have been able to contribute to the debate of what can be done, how to go about it and what can be achieved.

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