THE ROLE OF CULTURE AND ETHNICITY IN PSYCHOLOGICAL THEORY AND PRACTICE

A THREE-PART STUDY WITH A PARTICULAR EMPHASIS ON THE BLACK BRITISH SECOND AND THIRD GENERATION

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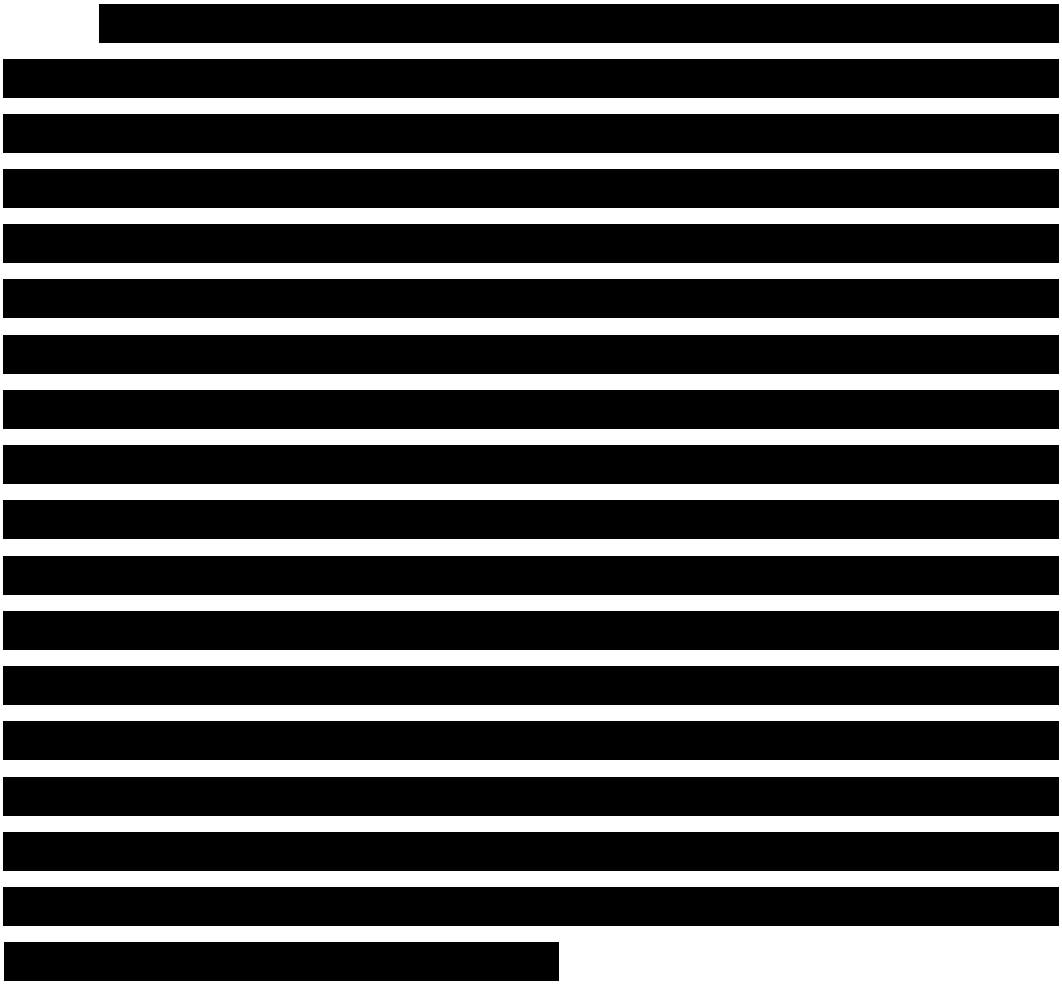

Barack Obama, ‘Dreams From My Father’, pg. 85

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THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED FOR DATA PROTECTION REASONS:

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Lastly, I am most grateful to all the participants who were willing to talk and share their thoughts, ideas and experiences which made this research possible. This study, in reality, belongs to them.

DECLARATION:

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PART A

PART A: REFLEXIVE PREFACE

The Research Journey

In setting out to conduct a qualitative study there is the understanding, even the expectation, that the end will look very different from the beginning and that the 'journey' in-between will have constituted some level of perplexity and confusion as to direction and approach. In writing this part of the thesis the last, I take a moment to just marvel, however, at the sheer variety of experience that this project has provided and remember those most despairing of times when I found myself wondering why I chose to investigate life rather than live it. Such provocative thoughts would however typically occur during periods when the commitments of full time work and social responsibilities were particularly demanding. This thesis constitute a journey that has stretched over four years, almost to the day, and that has been characterised by periods of complete paralysis of ideas and motivation, glorious moments of enthusiasm, inspiration and clarity, theoretical redirections, meta-reflection and long, long, lonely hours in front of the computer.

The main research idea originated from observations in my clinical practice, working as a newly qualified psychologist in a Community Mental Health Team based in Brixton, South London, nearly six years ago. During the interview to this position a great emphasis of the questions were based on working with people of a different cultural background, primarily the African-Caribbean community, and I can remember my excitement at this prospect. The London borough of Lambeth, as a whole, has a population where just above 40 percent derive from black or ethnic minority (BEM) backgrounds with the particular catchment area of Brixton CMHT estimating minority groups to constitute as much as 60 percent. Yet, during my three years in this position, these numbers came nowhere near being represented in my psychological caseload. Indeed, the Afro-Caribbean population constituted a mere ten percent – at best. My initial surprise at how few of my clients were of the backgrounds represented by the local community was, in hindsight, a reflection of naivety on my part. Turning to the literature, this underrepresentation was clearly mirrored in audit and conceptual literature

from various psychological and mental health services in the UK as well as in America and constituted a long-established fact. The basic underpinnings of the research question thus started from this point: *What accounts for this under-representation?*

Originally, my idea focused on the noted disparity between the white indigenous population and that of the black and ethnic minority populations and proposed, as such to carry out qualitative comparison study of the differing views, attitudes and experiences of mental health and mental health service provision (See Appendix A). Over the course of the research journey the sense of what areas most pertinently warranted understanding however evolved. Such conceptual movements importantly prompted the undivided research attention of the latter group. Indeed, whilst a comparison would have been interesting, it would, undoubtedly, have been at the cost of quality on the part of the population that is already under-represented in the research and whose experiences were at the very focus of my interest right from the beginning. Other changes along the way included moving from an individual semi-structured format to a group-based, unstructured interview approach which, in turn, affected the intended IPA methodology to change to a Grounded Theory application. What has however remained constant throughout this process is the quest to further understand what may cause the low ratio of black British individuals engaging in mental health services. The rationale for my research queries to focus on the black-British, second and third generations as opposed to any other population was three-fold. Firstly, the rather stark under-representation of the black-British group in my own clinical case load (as related to the population ratio within the CMHT catchment area) activated my interest as to *why* this might be. Secondly, a review of the literature indicated a well-documented disparity between Black-British and African-American populations and their white indigenous counterparts, yet the explanations as to why this may were rarely tied to real-life experiences of these groups thus leaving a sense of dissatisfaction with the answers available. The perspectives of the under-presenting group were clearly missing! Thirdly, where the literature did note reasons for the under-representation, they most commonly referred to first-generation immigrant groups rather than providing theories as to why patterns continue into those population born and brought up in white, Western societies. Combined, these reasons prompted the intention to gain further understanding of the underlying mechanisms contributing to this noted phenomenon. (For further clarification of the gaps in the research literature and the importance of this inquiry, see 1.6.1 The Rationale for the Present Study).

During the whole research experience the greatest battle has been around reflections and concerns of how my own ethnicity and power ascriptions as a white, middle-class woman working for a governmental body would affect the study outcome. Attempting to study and make theory of a group that, by the necessity of history, context and the power of discourse, is different to me gave rise to questions of eligibility. Am I qualified to even attempt to make theory about a group from such a rather obvious outsider perspective? Is it 'appropriate'? And how do I know that my representation, as a research variable, does not cause damaging data distortion? How would I possibly go about measuring this? These, questions, may never find definite answers, but have led to the continuous application of transparency and reflexivity throughout the planning, execution, data analysis and write-up of this thesis. And, of course, no process is neutral. Mental health services are loaded with values, mirroring all the bias of greater society. It was those very relationships that I was interested in and reminding myself that no research can ever claim to be completely neutral encouraged me to, in moments of doubt, re-engage with the important task at hand.

Below is a description of the components comprising this study.

An Invitation to the Thesis Components

This thesis comprises four parts. Below is a description of each of these parts followed by a summary explicating how they inter-relate.

Part B: Main research study

As mentioned, the main part of this thesis constitutes a qualitative investigation. The research enquiry is here concerned with how the views and experiences of second and third generation black British citizens can inform the understanding of the psychological and psycho-social factors that may serve to hinder or obstruct their own group's potential seeking and utilisation of help via talking therapy within mental health services.

This part consists of four chapters. In Chapter 1 - *Introduction* - the relevant literature in the area of culture and race is reviewed including proposed and evidenced areas of inequity and

disproportion within contemporary Western mental health services and general society. Since the group interviews in this study were unstructured the content achieved was broad in nature and much pertained to the day to day experiences of the participants. The introduction is also broad-reaching and aims to provide an empirical backdrop to the study findings, establishing and discussing both general and specific aspects of race, perceived discrimination and its effects. Brief notes on 'Foucauldian discourse' and 'emit-etic' definitions in relation to cross-cultural studies are furthermore included with a view to remind the reader of the paremeters of power and perspectives that a study on a minority group by a researcher of a majority group will by necessity move within. The chapter concludes by presenting the rationale for the use of this particular research.

Chapter 2 – *Method* - presents the concept of Grounded Theory and provides an overview of its epistemological positions, paying special attention to the constructivist version as applied to the study data. The chapter emphasises on researcher reflexivity and transparency thus describing a detailed background to the study and providing motivation for any changes along its progress. It notes areas pertaining to research evaluation and quality before outlining the research procedure in some detail.

Chapter 3 – *Analysis* – constitutes the presentation of the findings. Here, each of the categories that emerged from the analytic process is presented and discussed in relation to existing literature, where relevant. Illustrative extracts from the raw data are used throughout to ensure that the analysis remains grounded in the participants' expressed views.

Finally, in Chapter 4 – *Synthesis* - the previously reviewed categories are combined so as to provide coherency in presenting the ensued theory. This final chapter also includes an outline of the theoretical and practical implications of the findings.

Part C: Literature Review

One of the practical implications of the research outcome pointed towards the potential value of therapist self-disclosure in working with clients of black British ethnicity. Since it felt appropriate to bring a component relating specifically to the practice of counselling to this piece of work, a review of the literature on the efficacy of therapist self-disclosure was selected. Having noticed that I, in my own clinical practice self-disclose more with clients of minority ethnicity than with clients of indigenously Western backgrounds, I was interested in

what the empirical literature on this topic would yield. Self-disclosure on the part of the therapist is, of course, a concept often discouraged in areas of counselling and psychotherapy training, thus making the case for a review yet more relevant to clinical practice. This part was initially intending to, very specifically, review therapist self-disclosure in cross-cultural dyads where the therapist is of a majority culture and the client of an ethnic minority background. The topic, however, proved too narrow to on its own carry the required length and level of critical discussion, as only resulting in a hand-full of empirical studies. The review therefore comprises a two-part study in which the efficacy of this somewhat controversial therapeutic technique is firstly reviewed and discussed in its general, or non-cultural, function; thereby providing a backdrop for the smaller number of studies that deduce efficacy in the specific application on cross-cultural dyads which are presented in its latter part.

Part D: Client Case Study

Having held a full-time position in secondary care during the entirety of my doctoral undertaking, working primarily with presentations on the more severe end of mood and anxiety disorders, the most relevant way to provide a flavour of my professional practice is therefore to include a therapeutic client case study. I work primarily under a cognitive and behavioural approach and supervise students, junior psychologists and CBT-therapists in accordance to the cognitive model, hence selecting a 'CBT case' felt natural and representative of a large part of my clinical practice. My work with 'Calvin' who suffered debilitating symptoms of post-traumatic stress disorder (PTSD) at the point of presentation, was chosen on the basis of him being a black British male and therefore relevant to this study. Calvin represents a case of therapeutic success and I have in the story of his case taken the opportunity to attribute the specific attention to his cultural expressions, by the application of 'cultural sensitivity,' to the end result of significantly reduced symptoms. Whilst the case description endeavours to demonstrate how psychological theory and research on PTSD translate to the therapeutic work, its foremost aim is to highlight the importance of the therapeutic relationship where the client and therapist are of black and white ethnicities, respectively.

A focus on the role of culture and ethnicity in the various applications of psychological theory and practice thus constitute the thread that runs through each of the components of this thesis, serving to link them together.

I have learnt an invaluable amount through my journey. It is my hope that parts of this project will come to contribute to the empirical literature on the subject and act as a ‘stepping’ stone to the generation of further discussions, and a focus for future research.

But, in the first instance, it is my hope that the reader will find parts useful and enlightening.

PART B: RESEARCH STUDY

MECHANISMS UNDERLYING THE PREVENTION OF HELPSEEKING IN MENTAL HEALTH

A QUALITATIVE INTRA-CULTURAL INVESTIGATION ON THE PERSPECTIVE OF A SOUTH LONDON BASED SECOND AND THIRD GENERATION BLACK BRITISH POPULATION

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ABSTRACT

Thirteen group interviews collected data from randomly recruited second and third generation black British individuals. The interview format used was largely unstructured. The participants were informed that black and ethnic minority groups are largely under-represented in psychological and mental health services with the ensuing topic of discussion constituting the query as to why this may be. A constructivist abbreviated version of grounded theory was applied to the transcribed material resulting from the interviews. All together 16 categories emerged from the data. These were organised under four broad headings: External Struggle (Trauma), Internal Struggle (Trauma), Private Self and 'It's Good to Talk!' A theoretical process model ensued from the data pointing towards various factors working together in affecting the prevention and obstruction of help-seeking in the studied population. Informed by external trauma factors such as the concept and occurrence of slavery, via a sense of collective memory, and lived observations of discriminatory practice and attitudes, internal trauma components of distrust, sense of powerlessness and disillusion are in their interplay suggested to be primary causes of avoidance and omission of help-seeking outside of the own group. This study has made an important contribution to the knowledge base on factors preventing help-seeking in the black British second and third generation population of today. Future studies can use the knowledge gained to further theory development in this area and expand theory development to other ethnic minority groups.

CHAPTER 1: **INTRODUCTION**

Over the last few decades cultural belonging in relation to society has been increasingly recognised for the pivotal roles it plays in the expression and view of mental health problems as well as the view of mental health services and their provision (Department of Health, 2005). Whilst an increasing amount of studies are setting out to further the understanding of the wide-ranging roles of culture and society in relation to mental health, the compounded body of literature and current understanding is however still relatively weak in comparison to many other areas of social and psychological research.

This chapter will introduce and discuss the literature and conclusions of recent studies and audits on the topics of culture and race, and outline evidenced areas of inequity in contemporary Western society. Since this study sets out to further the understanding of what underlying factors may contribute to the ongoing disparities in the access to and utilisation of psychological services in the second-generation black-British population, this introductory section will specifically address the current situations in the area of mental health provisions and explore the possible underpinning reasons to the pictures drawn. It will furthermore look at evidence of current as well as historical discrimination and the perception of being negatively categorised according to race or colour from the receivers' points of view. It will address the psychological consequences of perceived prejudice as noted in recent literature before moving on to look a little closer at the concept of race, briefly give a history of its origins and consider related concepts from the perspectives of discourse, power and 'emic-etic' conceptualisations. Lastly, it will outline the rationale for the present study and make a case for its research value.

1.1 CONTEMPORARY DISPARITIES IN MENTAL HEALTH PROVISION

A substantial body of research indicates that for people of Black and Minority Ethnic (BME) background, access to, utilization of, and treatments prescribed by mental health services differ from those for white people (for a review see Bhui, 1997; Lloyd and Moodly, 1992; Sharpley, Hutchinson and Murray, 2001). Disparities between ethnicities in the area of mental health have received increasing attention over the past two decades and research outcomes have demonstrated rather unambiguous differences in the pathways to care between the white British population and those from BME backgrounds. Legislations such as *The Human Rights Act 1998*, *Race Relations Act 2000, Delivering Race Equality (DRE) 2003* and *2005* have addressed this imbalance and placed increasing responsibilities on service providers to eradicate discriminatory procedures and practice. The latter act constitutes a five-year Department of Health action plan, partly set up in response to the recommendations of the David Bennett inquiry (1998)[1]. Stating that '*the NHS has a statutory duty to promote race equality and deal with possible areas of exclusion or discrimination across all areas of their work*' its central aim is to reduce racial inequalities in the British mental health system via key targets in admission, detention and seclusion rates (DRE, 2005). However, despite such-mentioned legislations, policymakers, clinicians and service-users still remain skeptic of whether a real and significant change is really about to take place (Bhui and Bhugra, 2002; Bhui et al, 2003; Webster, 2005).

Three main biases or disparities between the white indigenous population and that of BME backgrounds have been identified through various empirical studies and service evaluations. They lie within the areas of pathways to care, accessibility to psychological services and diagnosis of psychotic disorders (Bhui, 2003; Dein, Cook and Powell, 2007; Cooper et al, 2008; Sharpley et al, 2001). These three will be outlined below followed by a discussion on their potential causes.

1.1.1 Bias in the Pathways to Care

A recent systematic analysis of the published studies on ethnic variations in use of primary care and mental health services in the UK showed a continued under-representation of GP referrals to mental health

[1] The David Bennett Inquiry was held in the UK after the death of David Bennett in 1998 in a medium secure psychiatric unit in Norwich after being restrained by staff. David Bennett was a 38 year old African-Caribbean patient, who had suffered mental illness for 18 years, and had a diagnosis of schizophrenia. The inquiry noted that black males are five times more likely to be detained by the authorities (under the 1983 Mental Health legislation) than white males and concluded that this is due to institutional racism within the mental health services.

services for black and minority ethnic (BME) group clients, an over-representation for black service users in in-patient and ward settings and a significant ethnic variation in pathways to specialist care (Bhui et al, 2003). Specifically African-Caribbean individuals have been noted to be four times more likely than their white British counterparts to be admitted to psychiatric hospitals on section under the Mental Health Act, often following contact with the police, with an overreliance on higher doses of medication, restraint and seclusion (Dein et al, 2007) as well as a greater involvement with the legal system and forensic psychiatrists, and higher rates of transfer to medium and high secure mental health facilities (Sashidaran, 2003). The results of the very recent Count Me in Census (2008) identified nearly a quarter of the 31,000 people receiving inpatient care as of BME origin, although BME communities make up around eight per cent of the population in England and Wales (National Census, 2007). Other studies have demonstrated that individuals with African and African-Caribbean backgrounds who have a psychotic disorder and who live in London are up to as many as eight times more likely to be detained under section as their white counterparts (Audini and Lelliott, 2002).

1.1.2 Accessibility to Psychological Therapy Services

Conversely to the above-mentioned pathways to care, the white British population, as a whole, significantly more often access mental health services via their GP and are significantly more often offered talking therapies as part of their care than their BME counterparts (Fernando, 2003; Lau, 2008).

One of the fundamental principles of the British National Health Service (NHS) is, of course, that services are equally accessible and available to everyone, that is, the entire spectra of British communities. However service users from BME backgrounds are frequently cited as being more likely than their white peers to be prescribed medication rather than being offered talking therapies (Bhui, 1997; Bhui et al, 2003; Dein et al, 2007; Sharpley, 2001). Although recommendations, since the mid-nineties, have been made for psychological therapies to become more accessible and culturally acceptable (see Smaje, 1995a) problems of accessibility are demonstrated within all levels of the mental health service. Studies and audits have shown that GPs are less likely to refer African-Caribbean adults on to secondary mental health services unless they are at crisis point (Commander et al, 1997; Erens et al, 2001; Smaje, 1995a) which may result in common mental health problems being under diagnosed thus risking more severe and long-term mental health ramifications. This omission of referrals appears to happen in spite of frequent GP attendance by BME individuals who recognise the GP as a gatekeeper to other services including psychology (Fernando et al,

1998; Sashidaran, 2003). But the issue of accessibility for BME individuals to psychological services are of course not solely dependent on potential GP bias. Internal factors, i.e. factors within the BME communities have also been recognised to impact on access. Such include language barriers and the deeply entrenched issues of stigma and shame that often exist within many BME communities (Cheung et al, 1990; Hu et al, 1991; Snowden et al, 1990). Part of the scepticism about the usability and effectiveness of psychology services have been demonstrated to be relating to the perception that psychological and counselling services are unlikely to be able to adequately understand and work with issues that frequently affect the African and Caribbean communities such as racism, disadvantage, discrimination, oppression and experiences of social isolation (Fatimilehin and Coleman, 1998; Kareem and Littlewood, 2000). This 'cultural mistrust' relates to concerns that psychological distress may be misunderstood, misconstrued and/or pathologised where the individuals' personal beliefs are feared to be compromised or undermined (Boyd-Franklin, 2002; Sashiridaran, 2003). Negative past experiences of services, an insufficient awareness of existing services and what they have to offer together with fears that confidentiality may be compromised indeed all appear to play a significant role in the accessibility of services (Fatimilehin and Dye, 2003).

1.1.2.1 Acceptability in addition to accessibility

Another issue adding to that of accessibility to psychological services is that of *acceptability* of psychology input. The latter refers to whether the interventions offered actually meet the needs of individuals and communities in a way that is effective, experienced as congruent with their culture and with which they are able to effectively engage. Western models of therapy often privilege ideas of independence and self actualisation as being indicative of good mental health, and focus on the individual as the basic unit of therapy. These are reflections of the values and norms held within Western societies. In contrast, non-Western cultures tend to focus more on notions of spirituality and communality and see the individual as secondary to the family (see Webster, 2002).

Calls have therefore been made to develop more culturally appropriate psychological therapy services with adapted methods that incorporate culture-bound notions of mental health (Cardemil and Battle, 2003) but the process is slow and mainline psychological services are in general remaining rather naive to issues of culture in relation to mental health (Webster, 2002). Furthermore, psychological services have been accused of racial stereotyping and

discrimination in their attempts to account for the different needs of BME individuals from that of the White British community. This stereotyping has also been found to exist in the psychological literature. For example, Asians have been referred to as 'psychologically robust' although they experience cultural factors that can be implicated in the pathology of psychological distress (Smaje, 1995b). BME communities have also been perceived as lacking 'psychological mindedness' implying that there is a lack of intellectual, verbal and emotional capacity for these individuals to actively engage in therapy (Kareem and Littlewood, 1996). Such views seem to associate with the belief that people who are insufficiently assimilated into Western culture are incapable of analytical reflection. The National Centre for Clinical Excellence (NICE) has reviewed a substantial evidence base on the use of psychological therapies and provides guidance to all NHS based psychology services on the recommended provision of talking therapies. Currently in the UK, NICE recommends cognitive behavioural therapy (CBT) as the therapy of choice across a wide range of psychiatric disorders. However, the evidence base for CBT often does not identify the ethnicity of those involved in the randomised controlled trails resulting in a lack of information regarding the effectiveness of CBT with clients from BME communities. Extensive research in both the UK and USA has shown that BME groups are generally excluded from, marginalized, and either unable or unwilling to access mainstream psychological services (Bender and Ricardson, 1991; Meldrum, 1998; Web-Johnsson and Nadirshaw, 1993). The issues of accessibility and acceptability of psychological services for BME communities have thus been recognised to be complex and interrelated (Fahimilehin and Nadirshaw, 1994; Fernando, 1991; Patel et al, 2004).

1.1.3 Diagnostic Biases and Discrepancies

The most uncomplicated answer to the earlier mentioned disparities in pathway to care (1.1.1) may indeed appear to be that people of African and Caribbean backgrounds have a stronger propensity to develop the type of severe and enduring mental disorders that may require in-patient psychiatric attention, such as the psychotic disorders. And if one merely reviewed the statistical data from the British and American mental health services one may be tempted to reach such a seemingly undemanding conclusion. A highly comprehensive review by Sharpley et al (2001) indeed found that African-Caribbean descendents resident in England were at a higher risk of developing an illness that meets the operational criteria for schizophrenia than the indigenous, white English population. However, they also found that the ratio for

meeting diagnoses for psychotic disorders in the African-Caribbean population in England was far higher than for the same population in their countries of origin. The excess of psychosis in the African-Caribbean population in the UK was thus notably found to be at odds with incidence rates reported in the Caribbean countries. Incidences of schizophrenia in Jamaica, Barbados and Trinidad were in fact found to be comparable to the rate for the white indigenous population in England (Sharpley, et al, 2001). Such findings lead to further questions on not only what causes psychosis and schizophrenia, but also what specific factors may serve to explain the increased symptoms for the African-Caribbean population resident in this country. Psychotic disorders are generally thought to be significantly influenced by genetics, but this cannot exclusively account for the increased numbers of psychotic disorders in the selectively migrant Caribbean population. The noted frequency of psychotic disorders in the siblings of second-generation African-Caribbeans with such diagnoses points towards '*the operation of environmental factors on individuals from vulnerable families'* (Dein et al, 2007: p 350).

The suggestion that the expression of what may be culturally sanctioned and acceptable distress runs the risk of being unwarrantedly pathologised by mental health professionals is highly prevalent in the literature (Bhui et al, 1997; Cooper et al, 2008; Littlewood and Lipsedge, 1984; Tyrer, 2005). For instance, prodromal symptoms of psychotic disorders may not have the same indicative significance across cultures (Bhui and Bhugra, 2002). Littlewood and Lipsedge (1984) proposed that beliefs with religious content as well as paranoid ideas are more commonplace in Caribbean and West African cultures which would render pathological ascriptions unsatisfactory at best. Johns et al (2002) moreover found, in a controlled study, that hallucinatory experiences were more common in black adolescents as compared to white. Dein et al (2007) presents studies showing that half of black clients having been diagnosed with a psychotic disorder believed that their diagnosis and ensuing treatment would have been different had they been treated by a professional that had better understood their cultural background (Robertson et al, 2000; Sharpley and Peters, 1999). Lewis et al (1990) however found that British psychiatrists who were asked to diagnose a case vignette of schizophrenia where the race of the vignette varied did not excessively indicate psychotic symptoms where the cases described African-Caribbean clients. In a study by Hickling et al (1999) a group of patients diagnosed by a white British psychiatrist was then re-diagnosed by a Jamaican psychiatrist. Interestingly, whilst the percentage of clients receiving mental health diagnoses were overall very similar between the British and Jamaican psychiatrists at 55 and 52 per cent respectively, they had agreed on the particular diagnoses set in only 55 per cent of those diagnosed.

Nevertheless, since the high incidence of psychosis among the African-Caribbean first and second generation population living in the UK represents a considerable burden on an already deprived population it is indeed essential to attempt to ascertain its causes. This would not only contribute to an improved

understanding of the general aetiology of psychosis, but also of the specific social pressures and related cognitive experiences of the African-Caribbean population in Britain. The interest in contributing environmental rather than genetic factors in this area of research is recent and the main putative contributory factors found in the literature are reviewed below.

1.1.3.1 Migration

Firstly, the very fact that anyone who is not a native Brit living in the UK will have personally, or is descendent from someone who personally, migrated, has been put forward as a potential factor contributing to increased levels of psychotic disorders (Rumbaut, 1985). Although the motivations of individuals who migrate differ widely, often they are due to the need to avoid persecution or in search of better economic opportunity, and in most cases migration can be considered a stressful life event. The term 'acculturative stress' refers to the stress that occurs during the process of adapting to a new culture (Berry et al, 1987). The experience of migration can be positive or negative and its impact on mental health dependent on many variables including migratory cause, age, gender and the economic and cultural factors in the country of reception (Sharpley, 2001). Refugees who leave their homelands because of extreme threat from political forces tend, as a rule, to experience more trauma, more undesirable change and less control over the events that define their exits than do voluntary emigrants (Meinhardt, 1986; Rumbaut, 1985). Studies from the US notice that the psychological stress associated with immigration tends to be concentrated in the first three years after arrival in the country of reception (Vega and Rumbaut, 1991) following a gradual and return back to well-being (Rumbaut, 1985; 1989). Although migration can bring stress and subsequent psychological distress, research results do not necessarily support that migration in its own right results in higher rates of mental health disorders (for review see Vega et al, 1998). There is however some evidence that migration might increase levels of psychosis. Bruxner et al (1997) demonstrated the persistence of high rates of presentation of psychotic disorders among people born in Eastern Europe, many years after migration to Australia.

1.1.3.2 Late presentation and poor GP involvement

Bhui et al (2003) noted that patients with African or Caribbean backgrounds were the most likely to have presented in crisis which often meant that their first point of contact with mental health services had been an on-duty psychiatrist. Other studies have demonstrated a failure on behalf of community services to engage African-Caribbean groups, men in particular, with severe mental health problems and concluded

that this failure often resulted in repeated presentations through the criminal justice system (Bhui et al, 1998), and increased admissions to forensic units (Coid et al, 2000).

These late presentation may have been related to the fact that most of the individuals in the studies were single and living in socio-economically deprived circumstances with a significant degree of social isolation (Bhui et al, 1998). Another explanation may be the failure to recognize mental health difficulties by health care professional, family or the patient himself until symptoms are more severe (Bhui and Bhugra, 2002) (see below for an expansion on these factors).

Bhui and Bhugra (2002) further suggested that the police involvement in admissions and readmissions may be explained by the lack of GP involvement rather than the ethnic origin of the patients. People of African or Caribbean ethnicity were the least likely to be recognized as having a mental disorder in primary care. Those who had been seen by their GP were significantly less likely to be referred to specialist services compared to white indigenous patients as well as to South Asian patients (Bhui et al, 2003). It was hypothesised that this phenomenon may reflect a mismatch between a cultural expressions of distress within the African-Caribbean population and the signs and symptoms clinicians look for.

1.1.3.3 Mistrust and dissatisfaction with services

Mistrust has been formally identified as a major barrier to the receipt of mental health treatments by ethnic minorities (DHH, 1999) and is furthermore widely accepted as pervasive among minority groups. However there is still surprisingly little empirical evidence to document mistrust (Cooper-Patrick et al, 1999). One of the few studies to date addressing this issue compared African-Americans to white Americans through a national survey known as the Epidemiologic Catchment Area (ECA) study. It found that African Americans with symptoms of major depression were more likely to cite fears of hospitalization as well as of treatment as reasons for not seeking help from mental health services. Half of the African-Americans, as opposed to a fifth of the white Americans, reported being afraid of mental health treatments (Sussman et al, 1987).

The general consensus as to reasons underpinning the lack of trust points towards historical persecution and unfair treatment as well as present-day struggles with racism and discrimination. It also arises from documented perceived and actual mistreatment, both in the past and more recently, by medical and mental health professionals (Neal-Barnett and Smith, 1997). In writing about the effects of mistrust in the black client of the white counsellor in a therapeutic setting Ridley held that '*the socialization of blacks in America has conditioned them to employ methods of interpersonal self-expression through exhibiting a*

healthy cultural paranoia' (1984; 1235) and a sizable amount of the theoretical literature on the therapeutic relationship in cross-cultural therapy concurs (see Constantine and Kwan, 2003; Grier and Cobbs, 1968; Mehlman, 1994). In an American survey it was found that twelve per cent of African- Americans as opposed to one per cent of white Americans felt that a doctor or health provider had judged them unfairly or treated them with disrespect because of their ethnic background (La Veist et al, 2000). More recently Cochrane and Sashidharan (1996) reported that patients of African or Caribbean backgrounds complained of more coercive treatments by and adverse experiences of mental health services. It has since been suggested that the frequent use of compulsory admissions could account for the dissatisfaction in and subsequent avoidance of services (Bhui et al, 2003) thus reinforcing the vicious cycle of involuntary admissions. Sharpley et al (1999) interestingly found that second-generation African-Caribbean patient reported less satisfaction with services than their older, first-generation counterparts. They also found that the number of previous admissions significantly predicted the reduced levels of satisfaction.

1.1.3.4 Stigma

Stigma, of course refers, to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with, in this case, a mental illness (Corrigan and Penn, 1999). The very topic of stigma poses a challenge to research. Researchers often find themselves challenged by people's reluctance to disclose personal information and outward attitudes that may be deemed socially unacceptable. What we know from general research on stigma in relation to mental health is that people affected by stigma internalise familial and public attitudes which often lead to high levels of shame and embarrassment. This, in turn, often causes the afflicted person to conceal symptoms and potentially also to avoid seeking help (Sussman et al, 1987; Whal, 1999). Stigma can also cause to lower access to resources and opportunities, such as housing and employment, which lead not only to practical and financial difficulties, but to greater isolation, affected self-esteem and a sense of hopelessness (Corrigan and Penn, 1999; Penn and Martin, 1998). Within the realm of attitudes towards mental illness considerably more studies have been directed towards Asian, than African-Caribbean communities, where the issue of stigma is now well-established (Ng, 1997; Pescosolido, 1999; Sue and Morishima, 1982; Zhang et al, 1998). An American study comparing attitudes towards mental illness across white,- Hispanic,- Asian,- and African-American ethnicities found that the Asian,- Hispanic- and African-Americans all viewed mental health patients as more dangerous than did the white Americans. However having contact with individuals with mental illness helped to reduce stigma for all groups apart from for the African-Americans (Whaley, 1997). It has been postulated that both African and Caribbean

communities stigmatise problems with mental health more than many other groups which in turn has been suggested to gear African and Caribbean families towards interpreting early symptoms and disturbed behaviour of psychosis in criminal as opposed to medical terms (Dein, 2007). This may hinder appropriate help-seeking and lead to police involvement with increasing risk of involuntary admissions (Morgan et al, 2005).

1.1.3.5 Socio-economic deprivation

Data shows that any psychiatric patient regardless of their cultural belonging who does not have a GP, or engage with their GP, is more likely to be admitted following police involvement (Cole et al, 1995). A recent study by Morgan (2005) also found that patients of both Caribbean and African background were significantly more probable to be living on their own than their white British counterparts. The same study also found that patients of Caribbean decent were significantly less likely than white British or African-British to be educated beyond school level. Morgan even made a particular note that university-level education in the Caribbean decedent group was '*remarkably low*'. Guite and Field (1998) found a correlation between the use of medium secure beds and levels of unemployment which was supported by Morgan's findings where unemployment was higher across all the BME groups as compared with the white British group, although this was only statistically significant for the Caribbean group (2005). Moreover Dein et al (2007) refer in their review to studies which have found that children that later develop psychotic disorders demonstrate lower mean IQ, more frequently noted personality, conduct and interpersonal difficulties as well as reaching lower academic levels of achievement. It may thus be of relevance that children of Caribbean decent, in the UK, educationally underperform in comparison to the rest of the population (see Dein et al, 2007).

Coid et al (2000) however noted that patients with schizophrenia from Asian as well as Caribbean backgrounds came from socio-economic deprivation with similar frequency, yet the prevalence rates of psychotic disorders were significantly higher for the latter and concluded on the basis of their findings that the socio-economic status of an individual was improbable as the primary factor of ethnic variation in the development of psychotic disorder.

1.1.3.6 Institutional racism in psychiatry

As previously mentioned there has been an increasing amount of questions raised about the existence of institutional racism within UK public services since the much publicised deaths of Stephen Lawrence and David Bennett in the 90's (Chakraborty and McKenzie, 2002). This is however not a new discussion in relation to psychiatric services. The origins of racial discrimination within psychiatric institutions has been suggested to trace back to the earliest theoretical conceptions of psychiatry as a science based discipline (Fernando, 1991; Littlewood and Lipsedge, 1984). The theory that modern psychiatry bases itself on developed in a time and atmosphere where the idea of white superiority was taken as scientifically justified thus enmeshing false ideological knowledge with psychiatric theory (Fernando, 1991). Vastly insufficient regard and attention was at that time given to individual and social factors. Fernando (1991) argues that there is still palpable ignorance in the areas of culture as well as individuality which, according to Fernando, essentially renders psychiatry a racist institution. Many authors have put forth the idea of contemporary psychiatry, almost blindly, drawing from a dominant Western perspective in theory as well as practice. It has thus been criticised for imposing its strongly Westernised ideas in communities with very different models of conceptualising mental health problems and solutions (Cooper et al, 2008; Fernando, 199; Littlewood and Lipsedge, 1984; Tyrer, 2005).

Dein et al (2007) note that the Royal College of Psychiatrists' census of 2005 listed nearly a third of all practicing consultant psychiatrists in England to come from BME backgrounds with nearly four per cent of the same group of professionals coming specifically from a black ethnic minority background in England. Amongst more junior psychiatrists the number of BME backgrounds was even greater. Such statistics would indicate that if there is a racial bias amongst psychiatrists such is not necessarily stemming from the practice of white psychiatrists, adding weight to the argument that, if there is racism within the institution of psychiatry, it appears inherent to its conceptual underpinnings.

1.1.3.7 Historical trauma: Slavery and colonialism

It has been argued that historical trauma can have an impact on the collective psyche of an ethnic group. Fanon (1963) pointed towards the psychological effects of colonialism as a long-term disability across time and generations on those whose groups had once been

enslaved or colonised. Racist discrimination and inequity are based on the beliefs of superiority versus inferiority between groups and the enslaving of Africans between the 16th to 18th centuries constitutes the most glaring example of racism. Fanon argued that the subjective experience of being black cannot be entirely disconnected from the history of black slavery and colonisation. Much more recently, Alexander et al (2001) wrote on what they termed *cultural trauma*; a phenomenon that occurs when members of a group have incurred severe and enduring abuse due to their belonging to that group. Alexander et al argue that in such historical instances, permanent marks are left upon the group consciousness, collective memories and self-views. As opposed to psychological or physical trauma, which involves a wound and the experience of great emotional anguish by an individual, cultural trauma in this sense refers to a dramatic loss of identity and meaning, '*a tear in the social fabric'* (Eyerman, 2001, pg. 3) that will pass from generation to generation. The impact of violently removing Africans from their homelands and families, eradicating their histories, cultural identities and human values in forcing them to submit into white ownership in a foreign land is argued to have lasting effects (Alexander et al, 2001, 2004; Eyerman, 2001). Furthermore, the detention and treatment of black African-Caribbean patients in modern mental health contexts is argued to be inadvertently replicating such traumatic experiences.

1.2 THE ISSUE OF RACISM

According to the Oxford English Dictionary (1999, p. 986) racism is '*a belief, attitude or ideology that all members of each racial group possess characteristics or abilities specific to that race, especially to distinguish it as being either superior or inferior to another racial group or racial groups'*. In less formal use of language the term denotes a sense of unfair or inequitable ascriptions or treatments of certain people for the only reason of them belonging to a different ethnic group.

It was just a little more than a century ago that the American social-activist and social historian W.E.B. Du Bois, made the frequently quoted claim that '*the problem of the twentieth century is the colour-line*' (1903, p. 13) pointing towards the obvious racial inequality in social and financial opportunity. Today, a hundred years on, many may reject Du Bois' assertion, and perhaps even comment that it is about time we move on from what seems an unnecessary and redundant fixation with colour and race. At the time of his writing

Du Bois himself predicted that, what he termed the '*colour problem,'* would be solved by the end of the 1900's. We have now moved into the 21st century and the problem has, in many ways, remained unsolved. And whilst there are affirming and profoundly inspiring examples of astounding progress - such as the recent inauguration of a Black-American President in the United States[2] - there are still considerable problems attached to the issue of race and colour. Indeed, it has been noted that there are ongoing disparities in opportunity and fair treatment across many societal areas (see Bell, 1992 for a review). This ongoing situation is thus not due to anti-racist campaigners, social science academics and community activists holding on to, or exaggerating, the idea of racial discrimination. Instead the issue and predicament of race is beyond the mere social conditioning of human minds; it includes the attribution of real material and psychological consequences to racial designations, social practice and self-identification and value. Or, as Ginsberg (1996) puts it: '*There are punitive and damaging effects of* [race] *identification*' (pg. 267). But what are these damaging effects and what do we know about the presence of racism in modern times? Whilst the present study is not aiming to address the actual evidence of racist practice, this section will attend to the perception of racism with the following section addressing the negative effects of racism as indicated in the empirical literature.

1.2.1. Whiteness and Aversive Racism

The contribution of psychology to cross,- and intra,- cultural psychology have most often been in the many and various areas of multiculturalism (Berry et al, 2002), cultural competence (e.g. Pedersen, 1991; Sue et al, 1992) and more recently on the psychological effects of perceived prejudice (see 1.3 for expansion). Some studies have however focused on the area of white privilege and racism. One of the earliest psychological publications in this area was that of Katz (1978) in which racism is conceptualised as a white problem and in which white privilege is viewed as a delusional idea which ultimately serves to dehumanise white people themselves. McIntosh (1988) used documented understanding of implicit male benefit and advantage as a roadmap to understanding white privilege. She likened the latter to *'an invisible knapsack of unearned privileges which I can count on cashing in each day, but about which I am 'meant' to remain oblivious'* (pg. 1) and considered the potential awareness

[2] On the 19th of January 2009 Mr Barack Obama was inaugurated as the first African-American president of the United States of America following a democratic election.

of this *'unjust reality'* (pg.3) a serious threat to white people's view of themselves as being morally and ethically upstanding citizens. In a qualitative study of white women's awareness of their own racial attentiveness Frankenberg (1993) noted that the participants tended to view whiteness as the unspoken norm for human existence. Since whiteness is only whiteness in relation to something else or it would not exist as a concept at all, there is of course the other side of the coin. What are the views of the predicament of the non-white population amongst the white population? A qualitative analysis of white participants' experiences of race and racism observed that race related issues were perceived as problems that lied outside the scope of their own lives and responsibilities (Smith et al, 2008). Similar themes were found by Bonilla-Silva (2003). In both studies the participants were accepting the existence of racism but viewed it as something located entirely outside of their own selves. This sense of distance was in both studies conceptualised by the authors as rather sophisticated form of projections, or defensive strategies. The authors posited that locating racism as something detached from the self permits the perception of a relatively safe distance to any connection with white superiority, thus serving to maintain and unblemished view of the self.

Dovido and Gaertner created laboratory situations in which contemporary white racism could be studied. They looked at what they termed white people's emergency interventions in response to a black person in need of help (Gaertner and Dovido, 1977), as well as white people's hiring and college admissions decisions for black job and college candidates (Dovido and Gaertner, 2000). All three test areas showed discrimination towards the black persons when, and *only* when, their bias could be attributed to other factors than race, and where justifiable explanations could be constructed for their decisions. When other factors could be attributed the rate of bias was however significant in all three test situations. On the consistency of these findings the authors hypothesised a contemporary expression of racism which they subsequently termed *aversive racism.* Aversive racism here represents a subtle form of bias where white people who consciously possess strong egalitarian values and who consciously support racial equality and fairness, simultaneously harbour negative believes about black people that are only expressed in situations where they will not be apparent or observable to others or themselves. The discriminatory process of aversive racism has thus been demonstrated to be often unintentional and even unconscious (Dovido and Gaetner, 2000, 2002) but nonetheless to still be there. Bonilla-Smith et al (2008) relate the concept of aversive racism to white people, or aversive racists, often attempting to avoid interracial interaction due to finding it anxiety provoking whilst concurrently feeling strongly aversive

to the very idea that they would possibly harbour racist views themselves. In his article 'Racism without Racists', Bonilla-Silva (2003), referred to the efforts, or '*mental gymnastics*' (pg.14), that many white people go through in their attempts to avoid seeing race or racism to constitute the very essence of modern racism. He termed this '*colour-blind racism'* and phrased four central areas in which colour-blind racism exists: a) abstract liberalism, in which politically liberal notions such as individualism and equal opportunity are applied in an abstract and theoretical way to create a rational and moral-sounding resistance to anti-racist views; b) naturalisation, or the view of racially disparate phenomena such as socio-economic differences as natural and therefore predictable but unavoidable; c) cultural racism, which is essentially using culturally based reasoning on ethnic differences to defend imbalances; and d) minimisation, or the offer that race is irrelevant. Typical examples of rhetorical styles of minimisation would include semantics such as *'I'm not prejudiced, but...'* and '*Some of my best friends are...'* (Smith et al, 2008: 338).

1.2.1.1 The influence of implicit biases on interracial relationships

The central aspect of aversive racism thus appears to be the conflict between the denial of personal bias and the underlying, unconscious and therefore unintentional negative beliefs and attitudes that white people may hold of black people. This disassociation between explicit and implicit attitudes of aversive racists is likely to subtly influence interactions between white and black people through affecting their perspectives on things. Whilst we all have full access to our explicit attitudes and are able to control our overt and deliberate behaviours, we do not have such full access and control over to our implicit attitudes and consequential behaviours (Barber, 1990). Therefore white people's beliefs about how they are behaving or how black people perceive them would be expected to be based primarily on their explicit attitudes and behaviours, such as the verbal content of an interaction rather than the implicit and non-deliberate non-verbal behaviours. In such interracial interactions the second person, (in this example the black person) will have access to both the explicit and implicit behaviours of the first person (here, the white person). Shelton (2000) held that to the extent that the black party attends to the white party's non-verbal behaviours, which was hypothesised to often contain more negativity than their verbal behaviours, the black party would be likely to form a more negative impression of the encounter and be less contented with the encounter than the white party would be (Shelton, 2000) as well as would have any

idea of (Dovido et al, 2002). Dovido et al (2002) confirmed Shelton's (2000) supposition in a study of black and white dyads where a marked discordance between the two groups was found. White participants here typically described the interaction as satisfying and reported feeling content with their contributions. The black participants, however, typically expressed dissatisfaction with the exchange and were uneasy about their counterparts behaviours. In addition to this, both dyad members typically assumed their counterpart to have shared their impression of the encounter.

1.2.2 The Representation of Blackness in Popular Culture

Contemporary racism cannot be fully understood without understanding its relationship with the various mechanisms that enable its expression. Rather interestingly, whilst there is an ever increasing attention to research on the effects of negative stereotyping and racism-related stress (See 1.3 below) very little has been written on what the negative representations of blackness *actually* constitute. We know biased and generalised classifications of black people exist and they are referred to in empirical studies and reports as just that: negative stereotypes; however, the detailed and explicit content of such a negative stereotypes remains very vague in the same literature. There is furthermore surprisingly little analysis on how race and perceived cultural differences are represented in popular culture.

1.2.2.1 Brief historical review on twentieth century British media representation

In their review on how conceptions of race have been shaped by various forms of popular media in Britain, Solomos and Back (2007) concludes that the *black presence* in Britain has, throughout the twentieth century, been viewed by public commentators as constituting a serious and moral cultural problem. The anxiety of 'race mixing' and the impact of immigration on the social and cultural fabric of British society have constituted central features in the reporting across the main part of the last hundred years. Harris (1988) published a post-analysis on a survey conducted in 1935 by the British Social Hygiene Council in which he reveals a strong preoccupation with the sexuality of black sailors in British seaports in which he found strong reference to black promiscuity and the suggestion that white British women became addicted to *'the black sailor's sex'*. Black men were furthermore associated with the spreading of venereal disease and luring white women into

prostitution. The attention of the times was also placed on the increase in what was referred to as ‘half-caste children’. These children were described as being ‘marked by a racial trait’ and to ‘mature sexually at an early age’. Harris writes that the 1930’s and 1940’s media attended significantly to the concept of miscegenation[3] on the detriment it would cause the country’s morals as well as the actual ‘white hue’ of the British population. Essentially, at this time there was a strong emphasis on colour. The media pressure led to a proposal by the Home Office in 1947 to send these children to America[4] where they could be brought up with ‘other coloured children’ as a solution to ‘this problem’ (Harris, 1988).

The 1970’s media shifted away from the focus on miscegenation and the more strictly colour-based racism. Instead, the media centred on emerging forms of ‘racial crime’ where ‘mugging’ was denoted a new form of street crime, despite having been around for as long as human history, and where this new type of serious offence was further denoted a ‘black crime’ (Solomos, 1988). Gilroy (1987) writes that the representation of ‘black crime’ much connected with the social constructs of the 70’s and 80’s of black communities being incompatible with the British way of life. Urban conflicts in the 1980’s were constructed as ‘race riots’ which served to galvanise the concept of the black community as being inherently problematic (Pieterse, 1992).

However, an oppositional and broad movement against racist institutions and racial stereotypes developed in Britain following the Second World War. Civil rights movements grew across the Western world, Germany was heavily criticised for its anti-Semitist propaganda and the media began to open its eyes to the negatively skewed attitudes it promoted of black people along with other minority groups (Solomos and Back, 2007). The 1960s and 1970s introduced popular images of black emancipation - *'black pride'*, *'black is beautiful'*, *'black power'*. Derogatory images of black people were gradually pushed back and, along with a stronger presence of black people in media, more positive and 'normal' images appeared. Whilst there was still a strong association with criminal activity and danger black people were no longer only represented purely as underdogs, entertainers or sportsmen, but also as figures of beauty, elegance and soul. With this movement normalisation of images of black people, however, came a split between 'good blacks' (middle class, mainstream, well-dressed) and 'bad blacks' (ghetto types) (van Dijk, 1991). Recent authors agree this split to remain current (Solomos and Beck, 2007) where 'good blacks' conform to mainstream

[3] Cohabitation, sexual relations, marriage, or interbreeding involving persons of different races.
[4] This proposal was voted down thus never materialising (Harris, 1988).

standards in lifestyle whereas 'bad blacks' are associated with unemployment, drugs, crime and violence. Much of this influence appear to have come from American popular media where 'good blacks' were paraded in advertising and sitcoms and 'bad blacks' populated the cop shows and rap videos, on the ragged margins of society, from the outside looking in.

Ward (2004) holds that black people seen to constitute a social problem has remained relatively constant. He writes that whilst images of black beauty, black power, black people in positions of authority, and images that deliberately seek to unsettle stereotypical views are important, what is probably most important are images in which black people simply appear as ordinary; *'In the end this is the most important set breaker. Not images of black people as supermodels like Naomi Campbell, as movie stars like Sidney Poitier, Halle Berry or Denzel Washington, but above all, as ordinary people. Not sport stars, not rap or jazz musicians, not studs, not servants, not ghetto types, but ordinary people who don't have to be overdressed to make sure that they will not be mistaken for the 'wrong blacks''* (pg. 288).

Taking a step back from the actual written word to ways in which the minority groups, in general, are represented Wilson and Gutierrez (1985) noted through their analysis of quotation patterns that minority organisations, groups and individuals have less access to the media, less control over the definition of the ethnic situation, and less influence over their own portrayal. Minorities have been shown to be systematically less quoted on issues that concern their lives most closely. Wilson and Guiterrez (1985) further noted that minority persons are rarely quoted alone, but are typically balanced by those of white speakers. Accusations of discrimination and racism are typically and consistently accompanies by quotation marks or doubt words like alleged or claimed (See van Dijk, 2004). Such practices, undoubtedly, further contribute to a skewed media picture.

1.2.3 Diverging Views on the Occurrence of Racism

Whilst the present research could not locate studies that address the perception of the occurrence of racism in the UK, recent studies focusing on such views in contemporary American society reveal widely diverging views on the conditions and volume of racial inequality. Several outcomes show that when black and white Americans are compared on this topic the white population seem to greatly underestimate the existence of racial disparities. For example, Morin (2001) demonstrated that between 40 and 60 per cent of the

white respondents in a survey viewed the average African-American as faring about as well, and often better, than the average white American. This, in spite of rather compelling evidence of racial disparities in contemporary American society (Blank, 2001). The same study also demonstrated that white and African-Americans differed considerably in their estimations of the prevalence and impact of discrimination on the mental well-being of black Americans. In general, African-Americans perceive racial discrimination to be more prevailing and harmful to individuals and communities of African and Caribbean decent than to white Americans (Davis and Smith, 1994; Hoochschild, 1995; Morin, 2001). In another recent survey nearly half of African-Americans - 47 per cent- reported to have felt discriminated against in at least one of five common situations within the previous month. And whilst a strong majority of white Americans, 69 per cent, perceived that all races were treated alike, the majority of black Americans, 59 per cent, reported that black people received in general a worse treatment than their white counterparts (Gallup, 2005). Moreover, within the American government of the late 1990's as many as 55 per cent of black Americans reported racial discrimination as a main hurdle to career progression (U.S. Merit Systems Protection Board, 2007).

In an extensive review Dovido et al (2002) noted the diverging views on the occurrence of racism and concluded that given the magnitude and persistence of such different views held by white and black Americans '*it is not strange that current race relations in the United States is characterised by racial distrust.*' A survey by Anderson (1996) supports the contention of apparent distrust towards 'white society' where the majority of black people in America demonstrated a profound sense of distrust towards the police and legal system, and nearly a third of black Americans indicated feeling distrust towards white people in general. Other studies have revealed that a sizable proportion of black people believe that systematic conspiracies are at play with the intention to halter the progress of black people (Crocker et al, 1999; DeParle, 1991). The perception of racial discrimination and the distrust ought therefore to be viewed as intrinsically linked and as mutually inclusive phenomena (Dovido et al, 2002).

1. 3 THE EFFECTS OF PERCEIVED RACIAL DISCRIMINATION

1.3.1 Mental Health Consequences of Perceived Racism

On the basis of the perception of racism a consistent reporting by social scientists that black people, as a group, continue to suffer significant disparities across a range of areas including health, education and wealth (Williams and Collins, 2004) an increasingly studied influence on the mental health of the black community is the *perception* of racial discrimination and its effects. As of the last two decades, several community and epidemiological studies have pointed towards a correlation between general perceptions of racism and poorer individual mental health (Carter, 1994; Hendryx and Ahern, 1997; Pieterse, 2007; Williams, 2003). Landrine and Klonoff (1996) have however contended that the possible link between experiences of racial discrimination and mental health still holds little empirical strength and recent studies have supported a non-significant relationship between experiences of racism and psychological well-being in black populations (Fisher and Shaw, 1999; Peters, 2004). Peters (2004) cites ethical considerations as one of the key reasons restricting empirical support. Racial discrimination is, by nature and definition, negative and unfair; thus, experimentally manipulating individuals' receipt of racism is undoubtedly unethical. The same authors moreover argued that even if manipulating racial unfairness were ethically sanctioned, deciding what comprises racist as opposed to nonracist manipulation provide its own challenges. An even more basic issue may therefore involve the rather difficult measurement of what exactly constitutes racism and what global conclusions can be drawn from such often subjective denotations. Whilst there may be instances of individual conduct that can be construed as very obviously racist in nature, it is likely that there will be many unambiguous instances that some people might perceive as racist whilst others may not. Typical examples could include appraisals involving attributions to events happening to black people because they are black. On the whole laboratory studies testing the receipt of racial discrimination are easier in theory than in practical application (Landrine and Klonoff, 1996; Peters, 2004).

Assessing potential effects on mental health of people recounting incidents of racial discrimination that they have already experienced in their own natural lives provides another, more indirect way of addressing a potential correlation. Whilst perceptions are shaped by a variety of affective and cognitive variables and are therefore considered far from ideal in most types of research; since it is the very perception, rather than the actual occurrence, of

racism that is of importance in relation to mental health effects, such approaches provide good foundations for clarifying a causal relationship between the two. As previously described, (see 1.2) it is fairly well documented, particularly in American studies and surveys, that a sizeable number of black adults experience stressful life conditions, including exposure to various forms of subtle racism (see Feagin, 1991; 2000). Whilst there has long been an established positive relationship between stressful life events and psychological distress, it is however only relatively recently that researchers have started to denote perceived racial discrimination and non-dominant social status as life stressors in their own right (Allison, 1998; Pieterse, 2007).

The present study located only four publications empirically exploring the relation between perception of racial discrimination and mental health. First, in a study that recruited 153 black American participants through various university organisations Landrine and Klonoff (1996) found that perceptions of individual experiences of perceived racist discrimination to predict self-reports of global as well as more specific mental health problems. Second, in a telephone survey of 312 black Americans, Thompson (1996) provided examples discriminatory case situations and asked the participants to indicate whether they had experienced racist discrimination in person over the last six months. Within the third of the sample who reported such experiences over that time, severity of the most recent racist incidence was significantly related to either avoidant or intrusive stress-related symptoms. Third, Broman (2002) found that self-reports of five areas of experienced racial discrimination significantly predicted the results on a single-item life satisfaction measure. And fourth, in a sample of 220 black males, Pieterse et al (2007) found that when general stress was controlled, racism-related stress predicted a significant, yet weak, correlation to psychological distress. The same study however also showed that general stress was a stronger predictor of mental health concerns than was racism-related stress.

Taken together, the outcomes of these studies, at the very least, hint towards a relationship between perceived racial discrimination and psychological distress. The authors of all four of the reported studies conclude that it is still too early to be able to draw any detailed conclusions about nature of this association. Finding a unified way of conceptualising and measuring the perception of racism provides one of the biggest obstacles to clarity. The above-mentioned studies are furthermore difficult to compare and integrate because of the variation in focus on perceptions of frequency versus severity of racist discrimination. For example, whilst Landrine and Klonoff (1996) explored perceptions of *frequency* of a variety

of types of racist discrimination, Thompson (1996) and Pieterse (2007) both measured the emotional *severity* elicited by any racist event experienced and correlated this with measures of psychological distress. Whilst the former looked at experiences within the last couple of months the latter measured attitudes relating to experiences across a lifetime. Broman (2002) used dichotomous items that assessed perceptions of whether or not participant had experienced discrimination in five settings in the past 3 years, thus measuring the *presence* and *nature* of racist discrimination. So whilst all four studies assessed mental health related variables in relation to perceptions of racial discrimination, they did so in rather incomparable ways.

Studies not directly addressing a relationship between racism and psychological distress have nevertheless made contributions to a plausible link. Analysing data from a national, cross-sectional survey in Sweden, Wamala et al (2007) found that perceived discrimination, defined as unfair handling leading to a sense of humiliation, was linked to psychological stress. Karlsen and Nazroo (2004) also noted a link. They found that the prevalence of psychotic disorders among participants of Bangladeshi, Pakistani, Indian, Caribbean and Irish ethnic backgrounds in the Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) survey, was three times higher in those who reported having experienced verbal racist discrimination, and five times as high in those reporting having experienced a race-related physical attack.

Although qualitative approaches are sparse in the combined topic of perceived racism and mental health there are qualitative indications providing support for a relationship between the experience of racism and negative psychological effect in the literature. In a small qualitative part of a larger quantitative study by Utsey and Ponterotto (1996) distress over the perceived individual discrimination was noted to generate a general theme of life as '*unpredictable, uncontrollable and overloading* '(pg. 496). In a qualitative study on wellbeing among black African immigrant women concluded that 'negative societal forces such as racism, discrimination and negative stereotyping influenced their wellbeing' (Sellers et al, 2006: 55). Other qualitative studies have reported that racism is perceived as stressful, and are reported as having a negative effect on an individual's sense of well-being (Carter et al, 2005; Swim et al, 2003).

1.3.2 The Effects of Negative Stereotyping

As previously defined, racism represents a sense of unfair or inequitable ascriptions or treatments of people for the only reason of them belonging to a different ethnic group. Racial stereotyping, or the act of attributing preconceived, oversimplified, and negatively associated characteristics to somebody different from the self or own group, can in that sense be viewed as a form of racism; and vice versa. Therefore evidence for negative effects caused by stereotyping can be extrapolated without much of a stretch - if any at all - as support for negative effects caused by racist discrimination.

Stereotypes, in general, are widely held in society (Heilman and Okimoto, 2007). They can exert a powerful influence on cognition and behaviour (Johns et al, 2008) and often influence attitudes and behaviour without conscious awareness (Devine, 1989; Wegner et al, 2006). It has furthermore been verified that when stereotypes are well-known, people are influenced by the stereotype without any reminders or recent associations (Nosek et al, 2002). Similar to the process outcome of self-fulfilling prophecies (see 1.3.2.1), studies across various areas of stereotyping have demonstrated that when made aware of the prevalent stereotype, people tend to behave in a way similar to that predicted by the stereotype (Johns et al, 2008).

It has been demonstrated that being stereotyped or marginalised on the basis or one's status group membership can harm one's sense of social and institutional belonging (Mendoza-Denton et al, 2006; Walton and Cohen, 2007). Steele et al (2002) observed that '*the more one is identified with the group about whom the negative stereotype exists...the more stereotype threat one should feel in situations where the stereotype applies*' (p. 391). This statement finds support in other studies demonstrating that being strongly identified with a group that is perceived to be stigmatised within an organisation can lead to a devaluing and consequent separation from institutional goals and values such as educational achievement (Cohen and Sherman, 2005; Major et al, 1998; Mendoza-Denton et al, 2006; Steele et al, 2002; Walton and Cohen, 2007).

More specific research on stereotype threat[5] has demonstrated that individuals belonging to various stigmatised groups perform more poorly on cognitively demanding tasks when they fear the analysis their performance will be mediated by negative social stereotyping (Steele and Aronson, 1995). It has furthermore been repeatedly demonstrated that describing a test

[5] Stereotype threat refers to the sense of threat that can arise when one knows that he or she can possibly be judged or treated negatively on the basis of a negative stereotype about one's group (Steele, 1992;1997; Steele and Aronson, 1995).

as a measure of intelligence can affect the performance of members of groups stereotyped to lack in intellectual prowess. Testing black college students in America on a standardised test used for entry into graduate school, Steele and Aronson (1995) were able to demonstrate a highly significant effect of the perception of negative stereotyping. When the students were asked to identify their race on a pre-test questionnaire the number of correct items scored was cut to a very near half as compared to a control group of participants who were not requested to disclose their race identity. It thus seemed that the mere process of race-identification was sufficient to prime the students with stereotyped associations of African-American academic underachievement. Whilst Helms (2006) has critiqued the reliability of Steele and Aronson's findings due to too small an effect size other studies have supported their outcome (Brown and Day, 2006; Hess et al, 2003; Steele and Quinn, 1999). The same phenomenon has also been documented when women are performing stereotypically male tasks such as maths (Nosek et al, 2002; Johns et al, 2008).

1.3.2.1 The self-fulfilling prophecy

The occurrence of stigmatised groups and individuals 'living up to the stereotype' far from constitute a new observation. There is a considerable amount of research demonstrating that people often behave in ways that are consistent with the expectations of others as well as that people may alter their self-concept according to external expectations (Crocker and Major, 1987; Deux and Jones, 1987; Johns, 2008). Such phenomena are often referred to as self-fulfilling prophecies. In layman's terms this refers to a prediction that directly or indirectly causes itself to become true. A self-fulfilling prophecy, from a psychological perspective, occurs when a perceiver acts on initially false beliefs in such a way that those beliefs come to be confirmed by the behaviour of the target [6] (Merton, 1948). The concept of self-fulfilling prophecies were heavily studied between the 1960' and 1980's when their process became a well-established fact. References to the concept of the self-fulfilling prophecy - although its value never denied - have since then taken somewhat of a backseat in formal psychological theorising. A very basic model typically constitute three simple, procedural layers: The *expectation* (1) of the perceiver which will lead to a *differential treatment* (2) of the target, which, in turn, will cause a *reaction* (3) in the target (Jussin, 1996).

[6] Since the coining of the term 'self-fulfilling prophecy' (Merton, 1948) the most typical denotations of the players in the process have been 'perceivers' and 'targets' where the latter is consequentially affected by the former's expectations.

In looking at the effects of perceived discrimination and stereotyping the concept of self-fulfilling prophecy however appears highly relevant. Research on self-fulfilling prophecies across the decades are indeed consistent with the prediction that social stigma leads to, not only negative affect, but low self-esteem and reduced performance (Crocker et al, 1991). A seemingly endless amount of instances of self-fulfilling prophecies at play have been demonstrated and published. To provide examples of but a few areas: In close relationships so called rejection expectations have been shown to lead people to act in ways that elicits rejection from others (Downey et al, 1998; Sroufe, 1990), in educational settings, numerous studies have shown teacher expectations to have radical effects on student performance (for a comprehensive review see Jussim, 1996), and relevant to this study, it has been demonstrated that perceivers holding negative stereotypes about stigmatised groups may alter their behaviour towards members of those groups so that the group members come to behave and see themselves in a manner consistent with those negative stereotypes (Fazio et al, 1981).

The self-fulfilling prophecy model has demonstrated that peoples' beliefs about oneself will affect the way one behaves, but before that: it will affect the way one views and values oneself, i.e. one's self-conception and sense of self-esteem[7]. The self-fulfilling prophecy perspective does not require that stigmatised people are directly aware of the negative attitudes of others in order for the negative attitudes to affect their self-esteem (Jussim, 1996). In the case where black college applicants performed nearly 50 per cent worse if identifying their race on their test sheets (as mentioned above, see 1.3.2) Steele and Aronson (1995) argues that the process is likely to be largely unconscious.

[7] Self-esteem can here be viewed as an umbrella term incorporating many areas of the self-conception including perceived levels of intrinsic value, acceptability to others, belief in one's ability and deservedness and so on.

1.3.2.2 Underlying processes responsible for performance test effects

It is not until very recently that researchers have started to query what processes may be responsible for translating stereotype salience into poor performance. Evidence has been put forward for the roles of both affective and cognitive processes. In considering the challenges faced by black students in relation to negative stereotyping, Steele (1989) noted the following:

> 'To admit that one is made anxious in integrated situations about the myth of racial inferiority is difficult for young blacks. It seems like admitting that one *is* racially inferior. And so, most often, the students will deny harbouring those feelings' (pg. 51).

Recent research has provided support for Steele's observation (1989). Indeed, whilst rather mixed results have been demonstrated when individuals are asked to self-report anxiety in stereotype threat contexts (Marx and Stapel, 2006; Smith et al, 2004) studies have demonstrated significant levels of non-verbal signs of discomfort and apprehension in tests (Bossom et al, 2004). Where self-reports have not necessarily yielded symptoms of anxiety, physiological indications, such as raised blood pressure (Blascovick et al, 2001), general arousal (O'Brien and Crandall, 2003), and skin conductance (Murphy et al, 2007) have pointed towards raised levels of arousal. Interestingly, however, when recipients of negative stereotyping are given an opportunity to accredit their anxiety on an external source the performance pattern seem largely unaffected (Ben-Zeev et al, 2005; Johns et al, 2005). Such results indicate an important presence of cognitions in the effect of performance. Studies have demonstrated that the threat of potential racial stereotyping make the negative stereotype accessible (Davis et al, 2002; Inzlicht et al, 2006) and increase the amount of negative thoughts in general (Cadinu et al, 2005). It appears plausible that an increase in negative thoughts about one's own value and ability may serve to disturb focus and concentration thus undermining other cognitive processes (Croizet et al, 2004). Study outcomes have indicated that negative stereotype intimidation can impair performance by exhausting executive control capacity (Inzlicht et al, 2006) as well as cause decrements in working memory (Schmader and Johns, 2003). Johns et al (2008) provided converging evidence that recipients of stereotype threat spontaneously try to suppress experiences of anxiety and that such emotion

regulation diminishes executive resources essential to produce optimal results in cognitive tests. They provided an illustrative example of a black student being called on a difficult question in an academic setting. According to their findings the student may in such a situation perceive the threat of being stereotyped, causing the student to feel physiologically stirred by anxiety and uncertainty. This, in turn, was suggested to typically lead to internal performance monitoring and attempts to suppress and deny the negative emotions generated by the threatening image of confirming an undesirable typecast. Their results were supported by very similar findings by Schmader et al (2008). Importantly, however, Johns et al (2008) also found that positive reappraisal cancels out the suppressive effects. Such regulating effects will be discussed in the section below (see 1.3.4).

1.3.3 Protective Mechanisms Moderating the Effects of Racial Discrimination

In contrast to literature linking the perception of negative stereotyping to social identity and performance decrement a parallel faction of research and theory has linked ethnic identification with a considerable volume of positive educational outcomes for minority students, including determination and perseverance, self-esteem, and academic achievements (Cokely, 2003; Davis et al, 2006; Shelton et al, 2006; Spencer et al, 2001). The common denominator in such findings has been the conclusion that a strong sense of ethnic identification and a genuine sense of identity-satisfaction can cancel out the negative effects of stereotyping. (Mendoza-Denton et al, 2008).

The association between perceptions of various forms of racist discrimination and mental health has been shown to be moderated by three main mechanisms: (1) levels of self-esteem (Fisher and Shaw, 1999), (2) levels of experiences with racial socialisation (Bynum et al, 2007; Fisher and Shaw, 1999), and (3) the opportunity to reappraise a situation (Crocker et al, 1991; Johns et al, 2008). Whilst the moderating effects of self-esteem may need little explanation, it is worth succinctly presenting the research in the areas of racial socialisation and situational re-appraisal.

Racial socialisation refers to the process of communicating behaviours and messages to children for the purpose on enhancing their sense of racial or ethnic sense of belonging and identity. Peters (1985) conceptualised racial socialisation as '*the responsibility of raising physically and emotionally healthy children who are black in a society in which being black*

has negative connotations' (pg.161). Fisher and Shaw (1999) demonstrated that greater experience with racial socialisation messages attenuated the link between reports of racism and psychological stress. In 2007 research by Bynum et al revealed that messages of cultural pride during childhood served as a buffer to psychological distress in early adulthood. Fisher and Shaw (1999) also noted a correlation between self-esteem in general and stronger resilience in the face of perceived racist events.

According to appraisal-based models of stress and coping (Lazarus, 1991), situations that create uncertainty and present a potential threat to self-integrity motivate people to suppress or regulate the negative thoughts and emotions such situations create. Crocker and Major (1989) proposed that one way to buffer self-esteem in the face of stigmatisation is to attribute negative feedback or relatively poor outcomes to the prejudiced attitudes. As such, stigmatised people may protect themselves from negative messages by attributing negative outcomes not on their deservedness but to the prejudice against one's group. Evidence for this self-protective function of attributing negative outcome to prejudice is provided by studies in which women and members of minority groups received negative feedback or poor outcomes from an evaluator who might have been prejudiced against them (see Dion, 1986, for a review). Female participants of one study received negative feedback from an evaluator, following which it was noted that those women who had believed that they had been discriminated against had significantly less affects on their levels of self-esteem (Dion, 1975). Similarly, Crocker et al (1991) demonstrated that when targets of negative stereotypes are given an opportunity to misattribute their arousal to an external source they fail to show the decrements in levels of self-esteem. They noted in their study where black and white students received interpersonal feedback from a white evaluator, who could either see them or not. Compared with the white students black students were significantly more likely to attribute negative feedback to prejudice than positive feedback when they could be seen. However, and interestingly, where the black students received positive feedback and were seen, their self-esteem was negatively affected. It was concluded that the students felt that they had received differential treatment regardless of the feedback if they had been seen. In the situation of positive feedback the students had reasoned that their result had been based in either sympathy or in the evaluator not wanting to appear prejudiced.

1.4 THE VERY CONCEPT OF 'RACE': WHAT DOES IT ACTUALLY MEAN?

So what are we talking about when we make references to race?

The term race is incorporated into many areas of contemporary English language including governmental policies and guidelines such as the 'Race Relations Act' (RRA), the 'Race Equality Scheme' (RES), 'racial discrimination law', and official designations such as 'race relations officer'. In general and media communication we talk about 'racial diversity', 'institutional racism', 'race riots' and 'racially provoked crimes'. And in psychology and education we may, for example, talk about 'racial biases' in test situations. Race, however, becomes a rather confusing concept when looking closer at the question of what race *really* is. Zuckerman (1990) writes that the answer to this question may seem *'simple to the lay person who makes judgements from prototypical images derived from caricatures found in art, literature and the media*' (pg. 1297) but holds that the use of the term race in any context is problematic, primarily on the basis of it being a phantom concept but also because pretending that something exists when it does not, has consequences.

There is today a general consensus between contemporary academics in social as well as biological sciences that there are no empirical grounds sufficiently explaining or authenticating an *actual* existence of race as a true separation of humans from different parts of the world (Das Gupta et al, 2007). The traditional and scientific concept of race refers to a biological homogeneity as defined by a few phenotypical features (Senior and Bhopal, 1994). Since between 90 to 95 per cent of genetic variation occur within populations and not between continental groupings and since the genes that are responsible for variations in physical attributes that in turn underpin the concept of race (such as skin colour, type of hair and facial features) rarely relate to either behaviour or the propensity to disease (Afshari, 2002; Bhopal, 1997; Cooper, 1981; Sheldon, 1992) separations into race have little relevance in contemporary science. Psychological studies have sought to explore potential differences between groups of people in areas of intelligence (Loehlin, 1975), temperament (De Vries and Samerhoff, 1984), personality (Barrett and Eysenck, 1984; Rushton, 1988) crime and antisocial traits (Ellis, 1988a, 1988b Mednick et al, 1986;), but the results, even where disparities has been generated, have never provided empirical support since any difference has always been better accounted for by other variables such as socio-economic status, culture and education. All such areas furthermore demonstrate a larger within-, than between-group difference (Zuckerman, 1990).

It has been argued that since the scientific knowledge is not yet widely and comprehensively realised by the general public social scientists are forced to employ the concept of race to describe and analyse variability in the human population. Thus, whilst social scientists themselves would ascribe to the knowledge that there are no such things as 'races', because race is used in formal and informal language and texts as if it exists, ignoring the debates and studies would have more negative consequences than would eliminating the term (Miles and Torres, 2007). Zuckerman (1990) cautions an irresponsible use of the term race, noting that since it is in itself a fallacy it may provide a disservice to science in general as well as to the larger human community. He however recognises the predicament of scholars and writers on the topic and concludes that the question of whether studies involving race are themselves racist depend on the transparency of this knowledge and the reasonableness of their inferences. (For an extension on the conceptual notion of race see 1.5.3 below).

1.4.1 Brief Note on Colonialism and the Constructed Concept of Race

Historically however science did play a crucial role in supporting the validity of, not only the classifications of different races, but also the idea of the white or Caucasian race being superior to all others, (Berry et al, 2002). In Europe, respected scholars of the late 17th and 18th centuries debated whether black people belonged to a different species altogether and drew parallels between the 'black race' and apes, essentially dehumanising the 'black race' whilst glorifying traits they associated with the 'white race' (see Jahoda, 2007). Texts from this era of European science and philosophy make horrifying reading today, but gave rise to emerging theories on how to differentiate between races. This included examining the shape of the skull and determining about the beauty, ugliness and adaptability. People with darker skin were perceived to tolerate pain, extreme temperatures, heal more quickly and be able to eat what was considered less refined food; all of which were considered 'backwards.' Europeans, on the other hand, were considered to suffer in physical situations and to be disagreeable to certain foods which were taken as evidence of 'sophistication' and 'superiority' (Baker, 1974). The scholarly view in Europe held black people, as late as in the latter part of the 1800's, to be constitutionally deficient in morality. This rather broad term would include decrements in thought and knowledge as well as in political and religious ideas. The list of perceived differences was long and considered firmly based in science. As

the differences consistently pointed towards the lesser value of the 'races of colour' the notions on race, at this time, much aided the process of colonisation.

1.5 DISCOURSE, POWER AND EMIC-ETIC PERSPECTIVES

It is unavoidable to look at issues of race, racial stereotyping and racial discrimination without relating these topics to that of Michel Foucault's (1926-1984) notions of discourse and power as well as to take note of the emic-etic separations used in ethnographic research (Pike, 1954). Before addressing the discourse of 'us and them' relevant to the topics of this study, brief clarifications of the meaning of the terms 'discourse' and 'emic-etic' perspectives respectively are warranted. The reason for addressing these areas is here merely to expand the frames of context, or from a discourse point of view, note that whatever frames were never true entities in the first place.

1.5.1 Discourse – A Brief Introduction

In lay language a discourse simply refers to '*written or spoken communication*' or '*a formal discussion or debate*'. [8] In the social sciences a discourse however refers to a more institutionalised way of thinking which can be manifested through language; a form of a social boundary defining what can and cannot be said about a specific topic. A discourse does not consist of one but several statements that together provide a language for talking about any particular understanding of the topic in question. As statements are made about a subject within a particular discourse, the discourse enables the construction of the topic in a specified way whilst also limiting other ways in which the topic can be constructed (see Hall, 1995). Discourse is thus about the construction of knowledge through language. The knowledge is in turn produced by current customs and common behaviour, or *discursive practice* which refers to the practice of meaning making. And since all social practices entail meaning, discourses affect our views on all things, influencing all social practices. Discourses thus have very real consequences and effects and it is simply not possible to escape or side-step them. Our view

[8] Cited from 'Compact Oxford Dictionary, Thesaurus and Wordpower Guide' (2001), Oxford University Press, New York

of the world is coloured by the discourses within which we live and operate. For example, the historical knowledge we have learnt in the West is firmly built on European discourse. When Europeans started to travel to other continents they brought with them their own culture and view of the world. In attempting to understand the people of the continents they arrived at, they categorised them into existing conceptual frameworks thereby fitting them into Western norms and traditions of representation (Whitey, 1987).

Statements about the social, moral or political view are, according to discourse theory, rarely ever simply true or false. Even what we contently call 'facts' do not enable us to make decisions on what is true and what is false as such 'facts' can be constructed in different ways. The language we use to describe the so-called facts interferes in the process of attempting to draw conclusions as to what is true and what is false. A typical example used to illustrate this is in noting how Palestinians fighting to regain land on the West Bank from Israel may be described as either 'freedom fighters' or 'terrorists'. That they are fighting is real, but what does the fighting *mean*? The facts alone cannot decide and the very language used comes in the way of understanding such a question. Power of course comes into the equation here. Not only is discourse always implicated in power, it provides the systems through which power circulates. The knowledge that a discourse produces constitutes power exercised over those who are 'known'. When this knowledge is practically applied those that are known will be subject(ed) to it. The power is with those that produce the discourse which is therefore typically those in majority or relative privileged positions. This knowledge is impossible to completely get away from; it influences social practices and so has real consequences and effects.

1.5.2 The Emic-Etic Perspectives

Emic and etic are terms typically seen in cultural and ethnographic research. In a sense, just as the notion of discourse they recognise that there is no one truth, but that truth is in the eye of the beholder and therefore reliant on where the beholder lives and operates. In relation to a situation 'etic' here refers to a detached observer's view of that situation. It constitutes an alien view, or the '*structuring of an outsider'* (Berry, 1969: 17). Because it is alien, from a research point of view, it requires some structure which typically leads to the setting up of classes, units and lead to a classifying grid through which the situation system can be (or can

be perceived to be) understood. The term ‘emic’ refers to that of the normal or natural participant of the same situation. The emic view is domestic, leading to units which correspond to those of an insider familiar with, and participating in, the system. These labels were coined by Kenneth Pike (1954) where he utilised the last half of the terms ‘phonetics’ and ‘phonemics’ which are current in the linguistic field in the approximate sense implied here, but with the new terms generalised to cover other areas of behaviour. To demonstrate, in political theory an act viewed etically has been called an ‘operation,’ but when viewed emically, it has been called a ‘practice’. Etic systems are as such the creation of the analyst, and consist of conceptual tools ready to be applied to data so that one can begin to observe them as an alien and reach toward an appreciation of the emic structuring of that data. Emic systems are, on the other hand discovered by the analyst, as units are reacted to by the native participants in events. Participants typically discover these units by being ‘born into’ a system - by suddenly finding themselves in a series of events which they at first do not comprehend. Here they gradually learn to act as normal participants, as through contrastive situations (or by receiving instruction) they gradually learn to make the kind of responses to these events which elicit appropriate reactions by other members of the same system or situation.

Whilst a somewhat intricate section such as the above on emic and etic approaches to research perhaps most typically relate to the methodology section of the present study, it has been included here because it also refers to *all* research, thus giving a perspective to all the studies cited and to research as a whole at this earlier stage. (For a further discussion of the emic/etic debate in relation to the present study, see 2.2.1.4 in Chapter 2.)

1.5.3 ‘Us and Them’

Hall (1995) writes in an article about a common discourse he terms *‘The West and the Rest’* in which he encourages the reader to remember that any discourse will naturally construct a particular position from which it makes sense. Anyone engaging in a discourse therefore automatically positions themselves as if they were the subject of the discourse. In Hall’s example, we may not consciously believe in a natural superiority of the West; however, if and when we use the widely used discourse of ‘the West and the rest’ we will by necessity find ourselves speaking from a position that deems the West a superior civilisation (Hall, 1995). This chapter has considered the disparity in mental health care access and provision

between the white indigenous British population and that of black and ethnic minority groups, it has looked into evidenced discriminatory issues and the perception of discrimination and its effects as well as made notes on the constructed concepts of race. The studies drawn from are exclusively published in Western countries, not necessarily solely by white indigenous Westerners, but generally by Western-educated scholars. And so there it is: the difficult dilemma of Western perspectives on African and Caribbean decedents and their views and experiences. An outsider or so called 'imposed etic' perspective (Berry, 1969). There is undeniably a sense of 'the other' built into the discourse of all cultural research. And since 'the other' cannot stand alone and must have a relationship to something, in any discourse about the other an 'us and them' relationship thus exists. Foucault would argue that such a discourse of 'us and them' is profoundly implicated in practice – i.e. how 'we'('us') view 'them' from 'our' perspective where 'they' become 'the other' representing something significantly 'different' and therefore 'separate' or 'detached' from 'us'.

1.6 THE PRESENT STUDY

1.6.1 The Rationale of the Present Study

In recent years, counselling psychologists have increasingly recognised the pervasive influence on Western and especially European worldviews on research, practice and training (e.g., Cardemil and Battle, 2003; Katz, 1985; Sue and Sue, 1990). The strong Eurocentric undercurrent has lead to a relative dearth of knowledge on mental health processes of people who are not white, including Brits and Americans who are of African and Caribbean ethnic backgrounds. Although the situation is changing with increasing publication and presentation of data on the mental health of this group (African Americans specifically) more research is clearly warranted. What is needed, however, is not simply information on the mental health of people of African and Caribbean decent compacted with other racial, ethnic or cultural groups; but information about mental health within specific ethnic populations (Neighbours, 1990). Indeed, in the recent American edition of the Handbook of Counselling Psychology, Atkinson and Thompson (2007) noted that '*studies focusing on client variables within a targeted racial/ethnic minority population are needed, to advance theory and counselling practice relative to racial/ethnic minority clients*' (p. 350).

In taking a particular interest in the disproportionately low uptake of mental health services, and of services offering psychological input in particular, within black populations in both America and Europe (see 1.1) this study will attempt to gain further understanding of the underlying mechanisms contributing to such a picture. Although race and ethnicity undoubtedly play a role in whether help is sought from the mental health services, there is surprisingly little research examining the role of ethnicity and culture in voluntary help-seeking. Current data from various service audits (Department of Health, 2005) indicate that the utilisation of care from formal mental health services is just as great for second-generation British citizens as it is for immigrant, or first-generation, populations. It is therefore of interest and significance to explore the attitudes of the minority ethnic populations that are born and brought up in Western societies. This specific area of research host few qualitative studies and accounts. Related quantitative studies, investigating perceptions and attitudes of this population in relation to mental health and mental health service provision have been presented in the introduction of this study and are notably few and not directly addressing mechanisms underlying help-seeking. This study stipulates that non-clinical groups may form a cohort from which help-seeking arises. They may thus represent a 'purer' cohort of views uncontaminated by contact with mental health services and hence will provide guidance on how mental health service promotion can be targeted. This is particularly important as evidence shows that the British African and Caribbean population do not reach mental health services early enough (see 1.1.1). There are, to date, no qualitative studies that have set out to investigate the views and attitudes of a non-clinical ethnic minority population in the area of help-seeking.

1.6.2 The Research Inquiry

This study will set out to gather insight into how the views and experiences of second and third generation black Brits, recruited from and resident in South London, can inform the understanding of the psychological and psycho-social factors that may hinder or obstruct this particular group's potential seeking and utilisation of help via talking therapy within mental health services.

Through understanding the process and its components that serve to prevent this specific group from accessing services knowledge will be gained that could inform future studies to

further investigate the most effective ways to assist this particular population in finding its way to such services.

The structure for the remainder of this study will be as follows: Chapter Two will address the choice of grounded theory as the appropriate methodology for this investigation as well as delineate the method of the study. Chapter Three will present the results of the study, relating the outcome with the literature where relevant. Chapter Four will aim to combine the separate sections to form a coherent whole in which the final theory is presented. Chapter Four will also present important implications, limitations, and conclusions of the study.

CHAPTER 2: **METHOD**

Before approaching the acquired transcript data of this study with a broadly constructivist grounded theory application, this chapter will examine and outline some relevant methodological issues.

A brief outline of grounded theory's distinguishing attributes, epistemological predispositions and procedural applications are included in order to position the study within the framework of wider developments and on-going debates in grounded theory based research as well as to provide the reader with a clearer focus. The researcher will furthermore consider her own epistemological standpoint within the constructivist revision of the grounded theory approach and discuss quality, considering some of the strengths and limitations to this approach. Finally, an account of the research procedure will be given.

2.0 GROUNDED THEORY – AN INTRODUCTION

Methodologies based on grounded theory are nowadays the most influential and widely used modes of carrying out qualitative research (Bryman, 2001). This particularly when generating theory is part of the researcher's principal interest.

Grounded theory has since its origin in the late 1960's (Glaser and Strauss, 1967) spread from its initial use by sociologists alone, to other social sciences including, amongst others, economic science and business management, nursing, education, and psychology.

The term ‘grounded theory’ refers to two main concepts. Firstly, it represents the specific iterative method of systematic analysis of unstructured qualitative data drawn from interviews, observations or textual material as developed by Glaser and Strauss (1967); secondly, it denotes the approach to theory generation, where theory originates from and is grounded in data which in turn is derived from accounts, experiences and local contexts. For Strauss and Corbin (1994), theory comprises a set of plausible relationships constructed among sets of concepts and categories.

Grounded theory is thus founded on an inductive stance where theory is allowed to emerge directly from data through a systematic process of analysis (Strauss and Corbin, 1994). This was initially promoted by Glaser and Strauss (1967) as a way of breaking out of the confines of empirical research that had, up until then, been heavily reliant on quantitative techniques and the testing of *a priori* theory. Theory develops and evolves during the research process as a result of a continuous interplay between the data and the researcher where the researcher is going over the data methodically and in detail with the view to tease out themes and categories from the data to then arrange them in a manner so that they make theoretical logic. Essentially the end result of grounded theory is thus typically a description of plausible sets of relationships proposed amongst categories and sets of categories – all verified by their grounding in the data (Whetten, 1989).

2.1 The Multifaceted Issue of Epistemology

A grounded theory approach to qualitative inquiry involves more than just its application. In order to justify its function, attention to and understanding of its epistemological underpinnings is important.

Three main areas regarding epistemology have been lively debated in grounded theory research. They concern the intrinsic relationship between subjectivity and objectivity in the research process and theory generation, the role of induction in the same and the issue of discovery versus construction (Willig, 2001). These concerns, in turn, constitute part of a wider, more general debate about human inquiry and the social construction of empirical knowledge (Denzin and Lincoln, 1994).

Adding to the complexity of grounded theory - and constituting one of the main sources of criticism directed towards its methodology - is the fact that its epistemological positions

derive from three very different philosophical standpoints (Corbin, 1998). Over time there have been disagreements about the nature of grounded theory and how it ought to be practiced. Indeed, even its creators, Glaser and Strauss, diverged in their views in this area some years after their first publication in 1967. As a consequence, several versions of grounded theory, each with their own epistemology, have developed, and up until today, grounded theorists have not explicated a shared set of epistemological principles. Whilst the versions still operate under the umbrella term of grounded theory there have been suggestions that this designation should be reserved for Glaser and Strauss' original version (1967) and that newer revisions ought to find new, and more relevant, names for themselves (e.g. Glaser, 1992, see Willig, 2001). Others have argued that it is a sense of vagueness and ambiguity already present in the original version that is responsible for the continued seeking of a firm epistemological foundation, and as such there is no *one* original version that in its own right ought to be entitled as *the* grounded theory (e.g. Dey, 1999, see Willig, 2001). Grounded theory approaches currently vary from positivist (Strauss & Corbin, 1994) to critical realist (Pilgrim & Rogers, 1996) and social constructionist (Charmaz, 1990; Henwood, 1996). These are further considered below.

2.1.1 An overview of epistemological positions:

2.1.1.1 Positivism

The early work of Glaser and Strauss (1967) sought to fight the dominance of positivist quantitative research. In doing so it declared a phenomenological stance. But soon, and rather ironically, the early model became known, not only for its systemic and useful approach, but for its positivist assumptions (Charmaz, 1990). Whilst having openly criticised the reigning quantitative approach to human sciences for stripping the data of context and meaning, Glaser and Strauss' original version did not challenge the positivist stance that the scientific inquiry of the time almost entirely relied on (Henwood, 1996). The traditional positivist perspective assumes that absolute truths exist in the world and that it is the aim of objective scientific methods to discover those truths in an effort to support or reject preset hypotheses. It was noted that the terminology used by Glaser and Strauss (1967), (e.g. theory through '*discovery*', grounded in '*reality*' and *'emerging'* from the data) was strongly indicative of positivist foundations. Locke (2001) argues that the language used implies the assumption of: firstly, a direct correspondence with things in the external world

and their representation, and secondly, the objective existence of sets of social or psychological relationships that can be captured by a researcher and reflected without bias through qualitative data.

It should however be noted that few qualitative theorists, let alone few scientists on the whole would today claim to adhere to the traditional positivist model where there is only one correct view that can be taken on a completely objective reality. It is nowadays more generally accepted that observation and description are inevitably selective and that our view of the world is therefore partial at best (see Willig, 2001). What theorists disagree on is instead the degree to which our perception of the world can come within reach of an objective precision or truth[9].

2.1.1.2. Critical realism and phenomenology

Although the early model appears to have left some queries open with regards to its epistemological stance, there is certainly an evident prominence of phenomenology to be noted. Indeed, in its very search for understanding the world from the participants' perspectives grounded theory takes a phenomenological stance.

Phenomenology pays attention to '*the individual's particular account of reality rather than the objective reality itself*' (Smith, 1995: 122). Phenomenology, or critical realism (Pilgrim and Rogers, 1996), recognises the material reality of objects in the world whilst stressing that our perceptions of these objects will always remain subjective experiences. It reminds that external phenomena are always experienced through a rather smudged lens of interfering individual and social processes. This viewpoint thus recognises that the accounts of participants in a research study will always be affected by their own and the researcher's interpretations of the world. This does however not mean that their accounts do not bear relevance to the reality they attempt to describe. Grounded theory takes what Pilgrim and Rogers (1996) termed a critical realist epistemological position in its seeking to view the world from an insider perspective; and it is indeed clear that Glaser and Strauss, in their phenomenologically informed model, viewed participants' accounts as the most appropriate routes to deeper empirical knowledge of our social world.

[9] The various degrees to which theorists approach the idea of an objective reality range from naive realism - analogous to positivism - to extreme relativism - rejecting notions such as 'truth' and even 'knowledge'. Within this range lie positions such as critical realism and social constructivism (see Parker, 1998).

2.1.13. The constructivist version

Charmaz (1990) introduced a social constructivist revision to grounded theory, which was supported by and elaborated on by Layder (1993) and Henwood and Pigeon (1995). Constructivism came into being, partly to reduce the confusion and misinterpretation of grounded theory where the ideas and underpinning philosophical concepts that directed as well as sensitised the researcher to certain features of the data had been left largely un-explicated by Glaser and Strauss despite their acknowledgment that the researcher does not enter the data collection as a 'tabula rasa' (1967:3). The constructionists criticise the early grounded theory for being naïvely inductive. Based in phenomenology it holds that all observation is pre-interpreted in terms of existing concepts and that theory therefore cannot simply *'emerge'* from data (Henwood and Pidgeon, 1995). But more than that, it opposes the existence of an external reality. Instead it assumes that there is very little that is independently true and unchanging, and that our perception and ability to invoke meaning is crucial to understanding experience, identity and also reality. It is, as such, subjectivist in its epistemology and rests on the underlying assumption that it is the very interaction between the researcher and the participants that produces the data and therefore also the meanings that the researcher subsequently observes and defines (Mills et al, 2006). This process is thus firmly viewed as one of theory generation rather than one of discovery (Henwood and Pidgeon, 1992) and can therefore be seen to use an informed rather than naive inductiveness in its theory formulation.

The constructivist revision also emphasises that data should guide but not limit theorising (Layder, 1993) and that everyday understandings ought to be interpreted in terms of wider social contexts and power relations. This would of course include the contexts and dynamics of the research setting itself.

This version of grounded theory is inconsistent with the positivist concern with discovering objective truths and with the lack of emphasis placed on, what constructionists see as, the unavoidable occurrence of subjective interpretation. Rather than seeing the methodology as a tool that when employed removes subjective judgment, constructionists conceive its method as a tool to assist judgment. There is thus a conflict between the constructionists' interest in the first-hand subjective experience of their participants, and their equal interest in constructing external, and even objective, accounts of those very experiences (Denzin, 1992). As a way of addressing this tension constructivist researchers endeavour to demonstrate their

work as transparently as possible to their readers (Van Maanen, 1988). This is done through disclosing their own interests, objectives and values in relation to their study.

Charmaz (1990) sees her constructivist approach as offering an open-ended and elastic means of studying both flowing, interactive processes as well as more unwavering, social structures. For grounded theory as a methodology, this leads to a research model that is flexible, carried out in everyday contexts and has as its goal the co-construction of participants' symbolic worlds and social realities (Pidgeon, 1996:77).

Grounded theory is clearly a qualitative approach and hence it arguably follows an interpretative line of research. The issue of epistemology is indeed multifaceted having involved sometimes rather heated debates on what epistemology grounded theory originates from, actually follows, as well as ought to follow (e.g. Bryant 2002; Charmaz, 2000; Pidgeon and Henwood, 1998; Strauss and Corbin, 1998; Urquhart, 2003). In many ways it seems that the paradoxical nature of grounded theory e.g. a systemic method analysing qualitative data that also aims to generate theory leaves it unsurprisingly open to the debate on positivism versus phenomenology (Urquhart, 2003). Klein and Myers (1999) argue that there is little benefit in considering a method either positivist or interpretative since quantitative methods have been used in interpretative exploration and vice versa. Instead, they suggest that researchers, most importantly, need to clarify their own philosophical position.

2.2 THE PRESENT STUDY:

Since grounded theory has been through so many revisions and controversies it is of importance to be as explicit as possible with what stance the researcher adheres to and why. Indeed, it is nowadays viewed as standard practice for the grounded theory researcher to make his or her biases and implicit assumptions overt (Locke, 2001; Morrow, 2005; Silverman, 2000). The disclosure of the researcher's points of view incorporate the rationale for choice of analytic design, personal philosophical stance and any substantive interests that may guide the interpretative process. Areas that will be highlighted in relation to the present study are the professional, personal and political commitments of the researcher, and, relevantly, the role of power in the research process.

According to Silverman (2000) the description of methodological procedures in qualitative research is often best put in, what he refers to as, a 'natural history' format. This as it aids a

closer and more genuine illustration of the researcher's thinking in the presentation of processes and developments. As such it may be the most lucid and appropriate way of explicating the personal context of the researcher, thus further promoting reflexivity. It can moreover be argued that such a 'natural history' account is most adequately delivered in the first person. Indeed, I have felt it more natural to describe my reflections in these particular dimensions and have therefore chosen to, wherever appropriate, use **a first person singular active voice throughout the rest of this section in the chapter as well as throughout the succeeding chapters** (Chapter 3, Analysis and Chapter 4, Synthesis)**.**

2.2.1 Reflexivity - The researcher standpoints

'*Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining outside of one's subject matter while conducting research. Reflexivity then urges us to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research*' (Nightingale and Cromby, 1999:228).

2.2.1.1 Rationale for choice of methodology and epistemological stance

I have chosen to adopt the revised social constructivist version of grounded theory to this study (e.g. Charmaz, 1990). It was my anticipation that this methodology would best facilitate the identification of key categories, patterns and between-category relationships in a manner that would moreover lead to a model or theory. The attraction with a theoretical model is that it provides a structure for understanding. The aim of this study was to identify and further understand whatever factors, social and psychological, that may impact on help-seeking behaviour when mentally unwell in the second and third generation black British population. The constructionist model of grounded theory was in this case applied to allow insight of the participants' views and attitudes in this area through the eyes of the participants. Strauss and Corbin (1990) argue that grounded theories, because they are drawn from data are concerned with just that, i.e. 'offering insight, enhancing understanding and providing a meaningful guide to action.'

Moreover from the match between the methodological structure of grounded theory and the research aim, the constructivist version offers a suitable fit between its epistemology and my personal philosophy on knowledge in the field of psychology and sociology. It seems to me obvious that none of us live outside of context and meaning. What appeals to me, as a psychologist, with the constructivist version is that it stresses the fact that human experience, including perception, is mediated historically, culturally and linguistically (Willig, 2001). This position (see *The constructivist version*, *1.1.2.3*) thus assumes that there is no fixed, external reality to be objectively monitored or understood. Instead, and certainly in the area of social and psychological enquiry, there is a fluid reality which is viewed as co-constructed with others in your environment (Gergen, 1985). The constructivist approach in this study regards the research process as dialectical and active rather than firmly set and passive. My role as the researcher is consequently as an active co-player as opposed to a neutral observer (Pidgeon and Henwood, 1996). There is thus an acknowledgment right from the start that my decisions along the way will shape the process as well as the final product. As the methodological course is so analytic this certainly feels a very important recognition and one that allows me, in my role as the researcher, to feel less restrained in how far I allow my theorising to venture. The methodological strategies of grounded theory serve to ensure that the theories generated are firmly based in the data. The application in this study is thus one that '*implies a delicate balance between possessing a grounding in the discipline and pushing it further*' (Charmaz, 1990:1165).

2.2.1.2 The rationale for use of groups in this research

The data in this study was gathered through group interviews.

Group interviews have rather recently surfaced as an accepted data collection method in psychological research but have since rapidly grown from just acceptance to popularity and high regard in qualitative work (Willg, 2001). Group interviews provide an alternative to individual semi-structured interviewing and can be considered as something in between individual interviews and participant observations (Morgan, 1997).

The research material in this study was initially planned to be collected solely via individual interviews hence several individual semi-structured interviews were carried out at the

preliminary stages of this study[10]. What was however found was that the participants', as a general rule, provided me with what felt to be very socially acceptable answers. For instance, a query on possible preference in terms of cultural background of their GP would in all interviews generate an instant denial of any such concerns or preferences. This may well have been the case for many of the participants but it was also much in line with what can be termed 'socially desirable' or 'politically correct' views. I certainly came away from each and every one of the individual interviews with a very distinct feeling of the resulting material lacking richness and any real essence. The semi-structured interview format further appeared to restrict the natural flow of thought for the participants and that mode of data collection was consequently abandoned (See Interview agenda, 2.3.7).

The rationale for the use of group interviews thus grew out of unsatisfactory results and was two-fold: It was firstly hypothesised to empower the participants and thereby reduce the researcher effect, i.e. the obvious difference in race and any perceived difference in educational background and class between myself as the researcher and the study participants would be less influential on the data. With an enhanced sense of power, it was further assumed that the participants would dare to venture further in terms of their views and for their aims to alter from finding, and providing, the socially desirable answers to finding common ground as well as difference through deeper exploration.

The potency of the group interview as a method for data collection rests largely in its ability to create a setting where participants respond to, comment on and build on from one another's contributions (Willig, 2001). Secondly, therefore, the rationale for the group interview method was based on assuming the generation of richer data. This, as the processes generated by a group discussion trigger accounts to be queried, further developed, undermined or qualified by the participants in ways that produce rich data for the researcher (Crabtree et al, 1993).

This is however not always the case. Although group interviewing may appear to be more productive than individual interviews its appropriateness depends on the research topic and aim. If the participants are expected to disclose intimately personal aspects of their views or experiences, individual semi-structured interviews would almost certainly be more suitable.

[10] Six individual interviews were altogether carried out in the very early stages. These were not included in this study as the participants' ethnic background did not comply with the final aims of this study. This study did at that phase aim to compare members of *any* BME group to the white indigenous group. This idea, and thus the aim of the study, was since modified.

Groups are on the other hand particularly useful where the aim is to explore new research areas or examine well-known research questions from the participants' own perspective (Morgan, 1997). The group setting was considered suitable to this study as the participants were not required to discuss personal experiences of mental health difficulties or other private matters. It instead aims to generate more of a discussion on various factors that might play part in their lives or that of their peers and community members. Having used the semi-structured interview schedule to guide my questions in the first few interviews I had quickly grown to feel that I did actually not quite know what questions would be best put and what specifics I was looking for. And whilst the reduced sense of control of the researcher in group interview settings, as compared to individual interviews, has sometimes been viewed as one of the difficulties with interviewing groups (Morgan, 1997) the reduction of researcher power and command became in this case a particular goal. The group format much enabled me to give the group control over the some of the direction of the interview which was particularly useful as the research was of a mainly exploratory nature.

It may be worth mentioning that although the unstructured group interview allows greater sense of power and ownership than does an individual interview (especially in a case where the interviewer is different to the interviewees) *how* the group is put together remains based on the interviewers' interest and is as such less naturalistic than a participant observation. Although to a lesser extent than in individual interviews there will however always be some residual uncertainty as to what participants say (Crabtree et al, 1993).

2.2.1.3 The nature of theory in the present study

Since there is, by virtue of name and intention, a continuous mentioning of theory in anything to do with grounded theory, it is of use to clarify what the term will refer to in the present study.

Studying the conceptualisation of theory in grounded theory there appears to be considerable variability and flexibility. Glaser (2001) defined grounded theory as a *'theory of resolving a main concern that can be theoretically coded in many ways'* (Charmaz, 2006: 133). This description is rather loose and leaves a lot to personal interpretation as to what theory ought to look like. Recently, Charmaz (2006) noted a wide array of views in this area, ranging from the idea of an empirical generalisation to a mere description of the main categories. Others

have previously brought attention to the impression that most grounded theory studies are descriptive rather than theoretical (e.g. Becker, 1998; Silverman 2001). Having personally used the principally descriptive interpretational phenomenological analysis (IPA, e.g. Smith, 1995) methodology in previous research, I find that the main difference is in the allowance of grounded theory to let your mind stretch out into various directions on the lookout for theoretical building blocks in order to make sense of the descriptive data that is generated through analysis. It is pleasurably reassuring to note that the impression of freedom and allowance in theorising is articulated in various practical guides to grounded theory methodology. Charmaz concludes that when you theorise you '*reach down to fundamentals, up to abstractions and probe into experience'* (*2006:13*5) where a certain amount of hypothetical playfulness is not only granted but useful.

The theory in this study will take the form of proposing relationships between the categories generated from the data. In accordance with the constructivist perspective the meaning-making needs to be viewed with the recognition that the qualitative analysis will represent an interaction between the participants' accounts and the researcher's interpretational framework. The ensuing theory will similarly to some extent be influenced by my own conceptions.

2.2.1.4 Emic and etic concepts and their respective placements within the present study

The emic and etic relationships to the understanding of cultural phenomena have over the last fifty years constituted key theoretical concepts within many disciplines concerned with human experience and behaviour. An introductory description of these terms can be found in an earlier section (see 1.5.2 The Emic-Etic Perspectives). Whilst the purpose of the earlier mention is to familiarise the reader to the emic/etic terms and their use in the theory-generation of cultural phenomena, the purpose of this section is to explicate their respective meanings and applications in relation to the present study.

Since their inception the emic and etic terms have spurred some debate as to how they are best applied and understood (see Hahn, 2005; 2006). Some of the main points of consideration within the emic/etic literature will here be briefly highlighted so as to provide a backdrop to their relevance to the current research process.

2.2.1.4.1 A brief summary of Pike's original terms

As previously noted, the emic/etic terms, coined by linguist Pike (1954), typically relate to an 'insider' versus 'outsider' perspective in relation to the data studied. Emic accounts are here representative of beliefs, behaviours and meanings of persons from within a studied culture, whilst etic accounts constitute descriptions of the same, by an observer (Gudykunst, 1997). Moreover, the terms used in etic accounts are often ones that can be applied to other cultures (Berry, 1969; 1989; Gudykunst, 1997; Hahn, 2005; Pike, 1954; 1967; 1990).

Pike viewed the emic and etic stances as '*principally different'* from each other and publicised the main points of difference (1967: 37-38). Relevantly to this discussion, and in paraphrase, these included:

1. *One or many:* Whilst the emic approach is culturally specific, applied to one culture at a time, the etic approach addresses several cultures at one time.

2. *Units discovered or pre-determined:* Emic units are discovered can therefore never be predicted. Etic units, on the other hand, are available in advance, rather than determined during the analysis.

3. *Discovery or creation of a system:* The emic structure of a particular system must be discovered - Pike here takes the explicit positivist view that structures and 'truths' actually exist other than in the mind of the observer – whilst the etic organisation of a universal cross-cultural scheme may is created by the analyst.

4. *Internal and external plan:* Emic descriptions provide and internal and familiar view with criteria chosen from within the system. Etic descriptions or analyses are alien, with the criteria external to the system.

In his extension of the phonetic/phonemic distinction in linguistic meaning to cultural meaning, Pike was quite explicit in stating that neither of the two standpoints ought to be viewed as more important than the other. And whilst the two stances consist of clear differences, Pike overtly favoured a complimentary and dialectical approach to a dichotomous relationship (Pike, 1957; 1967). Despite this, and despite the explicit criticism by several authors noting a misrepresented oppositional relationship between the concepts in

the literature, emic and etic viewpoints continue to be frequently presented as if at odds with each other in ethnographic and cross-cultural texts (Hahn, 2005; Headland et al, 1990; Hymes, 1990; Jahoda, 1977). Whilst the two can be considered complimentary, researchers will however need to have an idea of what type of outcome they want to achieve. This may be based on how they view their area of study and the world. Emic researchers here tend to assume that a culture is best understood as one interconnected system, whereas etic researchers are more likely to isolate particular components of culture and hypothesise about distinct properties therein (Leung et al, 1999). As for Pike, his main interest was always in the emics of behaviour where etics were a way of getting at emics and the observer, regardless of his or her position to the data, was always considered *'emically tied to things and concepts via differences and sameness*' (1993:17). He however recognised that any query will initially start with an etic analysis and then gradually move to an emic analysis of the data concerned.

2.2.1.4.2 Emics/emics within cross-cultural psychology

By far, the biggest contribution to our knowledge on culture within psychological sciences has come from the field and angle cross-cultural psychology (Littlewood, 2002). The general aim in cross-cultural research is to produce generalisations and comparables across cultural groups (see Berry et al, 1995). It was French (1963) who first introduced the emic/etic distinction to this field. In line with such goals French thus considered the etic stance more useful and relevant than the emic one. He proposed a sequential procedure in which an etic approach was initially applied to the data, followed by an emic reorganisation, and ending with a revised etic structure (1963:401). Berry later adopts this sequence terming it '*imposed etic*', '*emic*' and '*derived etic*' (1990: 95). He, too, noted that cross-cultural psychologists were unlikely to aim for emic conclusions to their enquiries. The assumption within the field that concepts being tested exist across cultures had been recognised as a problem (see Ongel and Smith, 1994). Berry (1990) termed this the practice '*pseudo-etics*'. His sequential model was therefore seen as a way to release the tension between the need to generalise across cultural groups and the imposed and often invalid measures used to assess foreign cultures (Hahn, 2005). By using emic insights to filter imposed-etic constructs, unfamiliar or meaningless elements can be eliminated, thus resulting in derived-etic constructs that observe the commonality between cultures, thereby permitting comparison and generalisation. The basis of Berry's procedure was to adopt a framework of *comparative functionalism* – a

combined emic/etic approach - in which local functions of culture can be compared even when they are initially only understood only in their own terms. Berry however clearly notes that cross-cultural comparisons will only be possible where there the behaviours observed can claim to be *functionally equivalent*[11] within their respective settings (Berry, 1989: 725). Where this is the case two further conditions must be satisfied: namely that of conceptual equivalence of the research instruments between the two (or more) studies, and metrical equivalence of the obtained information. If these conditions are not met a comparison cannot be made and groups must be maintained separately (Berry, 1989: 726; Berry and Dasen, 1974; Poortinga, 1989). Because this framework faces some difficulty in establishing functional equivalence several authors have argued that the emic approach offer more reliability and provide data with greater internal validity (Malhotral et al, 1996; Usunier and Lee, 2005). Although Berry (1989) observes that it is unlikely that two independent researchers following the same steps to a derived etic outcome will finish with the same results and interpretation, the basis for their conclusions will be more transparent and justifiable.

2.2.1.4.3 The understanding and use of the emic and etic concepts in the present study

The focus of the present study constitutes an intra-, or mono-cultural, rather than inter,- or cross-cultural, enquiry. In this sense it attempts to understand the basis of behaviours and attitudes by studying the peculiarities of one specific cohort. It is thus interested in how the rules, norms, narratives and traditions shape and influence the collective psyche of the people within the studied group. As such the outcome of the present study will not seek to make any statements about any other groups. It seeks in no way to understand whether what and how the group in question thinks, feels and behaves is unique to that group, or is similar to the experience of other groups. A particular point of this study is furthermore to rather deliberately not compare its outcome with the majority culture. In recognising that most of the research in this area is measured and valued against the 'norm' of the white majority population it aims rather specifically to remain outside of any risk of implying value judgements.

[11] In order to claim *functional equivalence* between behaviours they must have developed in response to a problem shared by two or more cultural groups, even when the behaviour in one group does not appear to be similar to its counterpart in any other group. These functional equivalences must furthermore pre-sexist as naturally occurring phenomena (Berry, 1989: 726)

The aim of the research query will by necessity affect the way in which the researcher appreciates and applies the emic/etic stances. Since the present study is disinterested in making comparables across groups, a sequentially combined emic/etic approach along the lines of Berry three-stage model is not sought (e.g. Berry, 1969; 1989; 1990). This does however not mean that a complimentary combination of the two stances is not acknowledged. The difference instead lies in the striving to achieve as close to an emic outcome as is feasible. In this sense the study aligns with Pike's desire to reach an emic endpoint whilst acknowledging and welcoming the inevitability of etic routes and influences.

As the researcher and generator of this study I acknowledge, like Pike, that my position is one of a detached observer with one view, attempting to understand the native participant who will by necessity occupy another, but that both are necessary (Pike, 1990). As an outside observer I attempt to understand the inside viewpoint and as I do, I move back and forth between the objective etic categories that I have been formed and trained to utilise and an increasing subjective understanding of what the categories mean - their emic nature. One obvious etic starting point is in deciding the research question. Another lies in the choosing and administering of a suitable methodology. There is then an ongoing presence of myself as an outsider looking in that can never be denied. This presence is distinctly etic as the iterative process will always to some extent pass through the researcher's lens. In this sense, whilst attempting to take an emic approach and produce emic data, there is an explicit recognition that truly 'emic' does not exist. In taking an explicit constructivist stance (see 2.1.1.3 The Constructivist Version) there is also the recognition that the researcher will never be able to fully represent anything outside of herself fully (Charmaz, 1990). This particular stance is notably different from Pike's positivist view that held there to be an independent truth and reality out there, waiting to be discovered. The grounded theory approach to data however represents a methodological attempt to stay grounded in the data that is outside of the researcher and to discover rather than create (see 2.0 Grounded Theory – An Introduction). A rather large number of verbatim extracts from the interviews have been used in this study with a view to allow the voice of the group to come through and tell its own story to the degree that this is possible. Whilst the present study holds a clear recognition of both emic and etic angles being at natural play, there is thus the hope that as the study progresses and as the researcher gathers further and deeper understanding of the issues relevant to the studied group, the emic qualities of the study grow too.

2.2.2 Background to study: Researcher interests and potential biases

My own interests and professional background also need to be made explicit: I have worked as a chartered psychologist in community settings in areas of South London since I graduated nearly six years ago. The general population of my catchment areas has been rather evenly distributed between the white indigenously British population and ethnic minority groups. My expectation when first starting my position was therefore to be working with a fairly diverse clinical population. This, retrospectively, seems rather naive as just a glance of any literature on access and utilisation of mental health services amongst BME groups would indicate a strong disparity in their representation as compared to the indigenous population (as seen in Chapter 1). My clinical supervisor at the time was very interested in and devoted to the improvement of access to mental health services for BME groups. On my supervisor's initiative I conducted an audit which looked at our service provision and what *type* of care people receive. Interestingly there were significant differences found where BME groups typically received more medical and social care than they did psychological. The white indigenous population conversely received significantly more psychological care as compared to the BME population. As the allocation much depended on GP requests (and as nine out of ten of the service users entered the service via GP referrals) my initial interest was to look at organisational issues such as the processes - individual and structural - involved in GP referrals and the referral journey including allocation procedures to various types of mental health care and support. This idea evolved into comparing the views and attitudes on mental health and related services of random non-clinical people from the indigenous British population and the BME populations. Whilst conducting my interviews according to this idea I felt increasingly that a comparison, although interesting, would be at the cost of quality. Following some reflection I grew certain that concentrating on one BME group and leaving out the comparison with the indigenous group would generate more in-depth and therefore richer and more interesting data. Such was the lead-up to the current study. My interest in this area can therefore be viewed as having started from a largely professional interest. During my interactions with the participants and the topics they brought, my curiosity has changed into something more active and 'living' and my relationship to the topic has certainly grown to feel more emotionally and empathically based.

Mitchell (1991) suggests a typology of researcher positions in relation to the phenomenon under study as *naive-sympathetic, naive-unsympathetic, informed-sympathetic* and *informed-unsympathetic*. This typology provided me with a framework for self-reflection. Although, I

at the beginning of this study may have leaned towards viewing myself as fairly informed on the research context, this changed during the process of data analysis where the understanding that I came equipped with became rather irrelevant to the topic. My area of information was around organisational and socio-political issues of stigma in cultural contexts and how these negatively affected help-seeking behaviour. It stretched across political areas of Western based diagnoses and the over-representation of black males in mental health wards (e.g. Littlewood and Lipsedge, 2004), but did not really touch on the themes and topics that emerged through the interviews. I therefore could not call myself anything other than naive in relation to the research situation. With regards to the sympathetic/unsympathetic variable, I had aimed to bring the usual stances of genuiness, unconditional positive regard and empathy (Rogers, 1951) into the field of research, particularly in the face-to-face interactions with the participants. Such sensitivities, in my experience, happen naturally and are, I believe, likely to be enhanced by my psychological and therapeutic training and experience. A position of naive-empathy/sensitivity might therefore best describe my relationship with the study, its participants and their story from beginning to end. Notable here, became the recognition of my, on the one hand, clearly etic position to the participants' experience and my, one the other hand, quest for an emic portrayal of the same.

Part of the role of the grounded theory researcher is furthermore to bring theoretical sensitivity[12] to the analysis. With respect to the present study, I have, in my capacity as a practicing psychologist, brought with me the general knowledge on how we think and function as human beings; how external stress of various kinds may affect our mood and the way we view ourselves; how the way we view ourselves may affect where we set our goals and so on. My own store of sensitising concepts has therefore guided any questions as well as the interpretation of accounts. In addition to this, my experience as a mainly cognitive therapist is likely to have contributed to a particular alertness to participants' appraisals, beliefs and attitudes in relation to their described emotion or behaviour. My interpretative mind thus works rather automatically in a way where thoughts are precursors to emotions and behaviours. In many ways I view the model that resulted from the iterative process much like I view a cognitive formulation.

[12] Theoretical sensitivity refers to the process in which the researcher engages with the data by asking questions. Questions asked are viewed to be affected by previously acquired knowledge and personal experiences relating the topic directly as well as indirectly (e.g. Dey, 2004).

2.2.2.1 Political issues and the role of power

Qualitative studies are often overtly met with issues involving personal and social power variables (Hammersly, 1995). There are thus issues of politics and power in the engagement and interview phases of all qualitative studies as they involve human interaction at some level. The topic of mental health is a sensitive one. Couple this with 'race' and the fact that the researcher was of a different 'race' to the study participants and it goes without much mentioning that the research approach needed to be delicate and attentive to the issues of politics and power and any areas that may potentially cause offence.

'Race' is undoubtedly likely to form a fundamental part of social structures, social relations and social consciousness, which, in turn, are likely to influence how the interviewer and the study participants *'place each other within the social structure'* (Edwards, 1990: 482). Anderson (1993), a white-American, feminist researcher, holds that for white women doing research with people 'of colour', it is vital that the researcher includes specific attention to transparency in the research process. In situations where a 'white' researcher attempts to gain understanding about experiences of 'black' participants, it has further been argued that meaningful levels of communication and sharing of information can only be achieved through a reflexive approach which first and foremost needs to include a certain measure of trust, rapport and access (Edwards, 1990). Whilst trust and rapport are largely self-explanatory, *access* here relates to how the participants may experience the researcher. As an example Edwards writes: *'When I contacted black women through...educational institutions, I was that institution: white, middle-class, oppressive'* (1990:485). In the same sense, I was in my meetings with the participants aware of the possible, conscious or sub-conscious, processes in which I may have been perceived as the national mental health organisation that I was working for, thereby representing a white, governmental, historically inequitable institution. It was important that myself and any co-recruiters that I employed to aid the study along the way were mindful of the issue of *access*. I felt that such awareness promoted an extended aspiration to ensure that the participants felt as safe and comfortable as possible throughout the research procedure. Special attention was further placed on transparency and reflexivity during the engagement.

The response from organisations and institutions when approaching them for use of their space for interviewing purposes provided further testament to the highly sensitive nature of 'race' and mental health. It seemed rather plainly that managers and decision makers did not

want to get involved in anything potentially controversial. At times I felt offended at the implicit suggestion that I was in some ways conducting an improper or insensitive study or approach. However taking a few steps back and viewing the rather rigid system we live and work within enabled me to better understand the reactions I met. Despite the most thorough of project rationales and reassurances it may indeed have been difficult for non-social scientists to appreciate the levels of sensitivity and normality involved. There is nothing unusual with the present study. It is however taking place in the midst of an atmosphere of personal and organisational fear and concern of being perceived as politically incorrect as well as complex hierarchical and highly bureaucratical systems triggered into action by the necessary involvement of decision making. This particular context was indeed likely to have played significant part in the reticence met.

In terms of the study design and write-up, the empowering by numbers that the group format promoted was put in place with power issues in mind. The notes on 'discourse' and the 'emic-etic' definitions were furthermore included in the Introduction with a view to remind the reader of the areas of power and perspectives that a study on a minority group by a researcher from a majority group will by necessity move within[13] (see 1.5, Chapter 1). And, finally, a considerable number of verbatim extracts from the raw data were included in the outcome presentation so as to ensure that the perspective remained grounded in the participants' views as far as possible.

2.2.3 Evaluation of the Research Quality

As this study aims not only to describe the observed phenomena, but to develop theory or hypotheses, it is of importance to provide enough substantiation for the reader to be able to follow how certain positions were reached. Sparkes (2001) recommends that evaluative criteria for qualitative studies ought to be commensurable with the particular objectives and epistemological suppositions of the study in question.

Issues of credibility, plausibility and trustworthiness were discussed by Glaser and Strauss in their original publication in 1967 where they argued that grounded theory should be assessed on the provision of a detailed and descriptive account of the process of the theory generation

[13] Of note is here, of course, that from a more global perspective, what is here referred to as a 'majority group' would constitute a 'minority group' and that such terms are thus matter of perspectives and power.

rather than on its verification. This is much in line with the constructivist adaptation (see *The constructivist version, 2.1.1.3*). Grounded theory is thus generally intended for the development of substantive theory and is therefore not to be considered as a grand theory or ultimate truth that one would expect to be universal.

This far from means that there are no guidelines to follow when assessing the quality of grounded theory study. As grounded theory is inductively derived from the occurrences it studies it needs to meet four main criteria: *fit, understanding, generality* and *control* (Strauss and Corbin, 1990). Fit here entails that the theory fits the substantive data; understanding requires that the theory is understandable to all parties involved in the studied area; generality calls for the theory to be applicable across parallel contexts; and control finally demands of the theory to provide sufficient control with regard to the direction of any action following the results of the study. Essentially, the substantive theory should aim to come equipped with enough detail and variance so that it can be used to describe similar situations. Strauss and Corbin stated that *'the real merit of a substantive theory lies in its ability to speak specifically for the populations from which it was derived and to apply back to them'* (1998:267).

Wilson and Hutchinson (1996) summarise a number of general methodological mistakes that researchers commonly make when using grounded theory. These included premature closure (e.g. not progressing beyond description into making conceptual links between the categories that consequently serve to generate theory), being overly generic, overly keen on imposing theoretical concepts on the data, and using jargon that is incongruent with the participant view of reality.

Researchers who avoid the common methodological mistakes carefully express and present examples of their analytical process as well as their research assumptions. In a similar vein to Strauss and Corbin (1998) Glaser and Strauss recommend the following criteria that will assist in recognising when a project is ready for closure: '*When the researcher is convinced that his conceptual framework forms a systematic theory, that it is a reasonably accurate statement of the matters studied, that it is couched in a form possible for others to use in studying similar area, and that he or she can publish his results with confidence when the end of the research is near* '(1967:223- 225).

This study aims to follow the above directives as closely as possible and furthermore aims to generate and preserve quality by the researcher being duly reflexive and transparent throughout the process

2.2.3.1 Brief procedural notes on reliability and validity

2.2.3.1.1 Reliability

According to Hammersley (1992) reliability in qualitative research refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observers on different occasions. Thus, by having an independent 'co-rater', to a certain extent, aids the control for bias in qualitative research whereby the observer unconsciously seek out particular categories to support a desired outcome (Coolican, 1999).

Other procedural suggestions to improve reliability in qualitative research are documentation of methodology and research procedure (Kirk and Miller, 1986; Silverman, 2000), availability of interview recordings and transcripts to examiners (Bryman, 1988) and using the participants' language in the coding process (Glassner and Loughlin, 1987). In the present study these were addressed through an emphasis on transparency in the methodology and the availability of transcripts.

2.2.3.1.2 Validity

Validity is defined as 'the extent to which an account accurately represents the social phenomenon to which it refers' (Hammersley, 1990:57). Therefore a study can only be seen as lacking in validity if it is claiming to measure something that it is not measuring. In this case, as clearly outlined in the methodology section the present study set out to research how the participants' experiences can inform our understanding of psychological and psychosocial factors that may hinder or obstruct the potential seeking and utilising of help from mental health services. As such the present study does not claim to offer any universal truth or overruling description of how all second and third generation black British citizens will think and feel on this topic but offers an insight into processes that can be conceptualised in this particular setting with these particular participants.

2.2.3.2 Compatibility with psychological research

Psychology is of course a human science and as such strives to understand and theorise areas of human consciousness, culture, meaning and subjective experience (e.g. Strawbridge and

Woolfe, 1996). In the broader and most immediate sense, there can be little argument that a study that sets out to look at human attitude and experience using a framework that aids just such investigations are compatible.

Although originally developed to study strictly social processes from a 'bottom up' perspective, grounded theory has more recently been adopted as a qualitative research method for psychological research. Indeed, it is nowadays often featured as one of the main methods in textbooks on psychological research (Smith et al, 1995; Hayes, 1997; Willig, 2001). It has however been argued that when an enquiry concerns the nature of experiences rather than the unfolding of social processes, grounded theory can become reduced to a technique for *systematic categorisation* (Willig, 2001: 47) where the mapping of personal experiences are descriptive rather than explanatory and are as such not suitable for the development of theory. Whilst psychological enquiry often looks at the individual experience, this is not the focus in this study. The aim is instead to look at themes shared between individuals with an aim to build a model of theory of that shared experience. Of interest to this study is what psychological and social factors *may* play a part in the omission of help-seeking from mental health services in a particular group of people. It is trying to access views and attitudes so as to build a model or theory based on participant experience. This is indeed neatly in line with the grounded theory concept.

2.3 THE RESEARCH PROCEDURE

2.3.1 Purposive sampling

Purposive sampling (Silverman, 2000) requires the recruitment of a selection of participants that represent the research question and illustrate the phenomena under investigation. Aside from age range, the sole selection criteria in this study were that the participants were born and brought up in the UK but with parents originally from either Africa or the Caribbean and with black ethnicity. As such they were all second,- or third-generation British in terms of nationality and second,- or third-generation Black-British in ethnicity.

Only participants of adult age were recruited.

2.3.2 Eligibility criteria

There was an acknowledgment rigid criteria of inclusion and exclusion could lead to an uninviting recruitment process. Given the difficulty in recruiting and the sense of distrust at the point of recruitment it was therefore deemed important to keep the eligibility criteria as uncomplicated and undemanding as was feasible.

- All participants were to be born in the UK and to have attended a British school system.
- Both father and mother of each participant were to be of black ethnicity with both their parents originating from African or Caribbean countries.
- They were to be British citizens of either second or third generation.
- The participants were not to have had any personal involvement with secondary mental health services. (This as a cohort of a non-clinical population was sought).
- The participants were to be above the age of 18. There was no upper age limit.

In terms of process, these criteria were talked through with a casual and conversational tone with each participant at the point of recruitment.

2.3.3 Characteristics of sample

All together twelve groups and one individual were interviewed[14].

In terms of their demographical ascriptions:

- All the participants were born and brought up in the UK; all had parents who both originated from either an African or Caribbean country – or both.
- The age range was 22-41 years.
- Due to the random sampling the occupational status of the participants varied greatly, ranging from full-time students, long-term unemployed to post-graduate level professionals (for a summary, see Appendix B).

[14] The individual interview was a result of low attendance. The data was included in the study as its content in no way distracted from the themes emerging from the group contexts.

Another shared denominator of the sample lies in that they were all open to the idea of, and consequently agreed to, being interviewed. As is always the case with randomly recruited samples one does not have the opportunity to understand what factors directed those that chose not to participate and how their responses may have altered the study outcome (Robson, 1993).

2.3.4 Recruitment

The aim was to recruit random people adhering to the sample characteristics described above (see Purposive sampling, 2.3.1).

Across the recruitment period the process of recruiting took many forms. Initially and as previously mentioned, individuals were recruited for individual interviews. Around 1500 homes in areas of South West London were leafleted inviting potential participants to make contact. The nominal compensation for time spent of £10 and a National Lottery scratch card were offered to all the participants for their participation. There was not one single phone call. Invitation leaflets were put up in local news agents, pubs, leisure clubs and convenience stores resulting in the same complete lack of response (see Appendix C for invitation leaflet used). Together with an appointed research assistant I then moved on to recruiting participants randomly passing by in streets in the same areas. For this purpose a room attached to an old church building was used. The use of this premise involved some negotiating which resulted in holding a stress management work-shop for women with young children as a gesture of returning the favour. There was still difficulty in recruiting and on average one participant per recruiting day agreed to be interviewed. Six participants were interviewed in total. These interviews were however not included in the main study as they did not meet the stricter criteria of later stages[15]. The value of these interviews lied in the recognition that the individual, semi-structured interview format was not best suited to the research aim and topic (see Rationale for use of groups, 2.2.1.2 and Interview agenda, 2.3.7 for expansion on this).

As the mode of data collection changed from individual to group interviewing, so did the recruiting process. The room previously used was no longer suitable. A rather central location

[15] At this stage of the study, the aim was to recruit and compare people of *any* minority ethnic background to those of a white indigenous background. This aim was later altered.

was deemed as suitable given the larger number of participants being needed at the same time. At this time the study was still aiming to compare two groups so considerations of comparability of socio-economic backgrounds were of issue. Various local organisations were approached for use of room facility. Again, psychological work-shops on an area suitable to staff or employees were offered in return. Whilst many managers were initially very positive to this exchange the crucial block to anyone lending the project a room appeared to be the research area involving mentions of both race and mental health. It became increasingly clear what sensitive and uncomfortable areas these were to a lot of people. Doors were repeatedly closing resulting in an increasing sense of frustration in myself as the researcher and project leader. This frustration combined with a rather sporadic availability of time accumulated into an increasing lack of vision and motivation which undoubtedly had some effect on the speed of progress. Finally a manager at a South London library agreed use of her office space which turned out to be a large and pleasantly decorated room with conference utility. The recruitment process re-commenced and participants were again randomly recruited from the surrounding area by myself and allocated co-recruiters. It was however again often felt a slow and capricious process in terms of achieving actual interview attendance. A lot of people passing were naturally on their way to something and could for very practical reasons not attend. And again many people did not want to attend for reasons only fully known to themselves. This would of course be much expected, but what also tended to happen was that a large number of people agreed to attend but failed to show up. Aiming for a group with a maximum of eight participants we initially discontinued the adding of people to the attendance list when we had ten agreed participants. However, out of ten agreed participants only around one or two people would in fact show up. Responding to this phenomenon we increased in recruiter number to three so that we could leave less of a time lapse between agreement to be interviewed and the start of the interview. This increased the level of attendance somewhat and was enough to get started.

Over the period of a couple of months a total of thirteen group interviews were carried out in this setting. The number of participants in each interview varied due to the irregularity in attendance (see Appendix B for an overview).

It was recognised that due to the particular difficulty in access to suitable interview sites as well as difficulties in recruiting participants to the groups the general access to participants was limited and theoretical sampling[16] was not practicable.

2.3.5 Ethical considerations

This study endeavoured to be transparent and reflexive placing value on issues of access, trust and rapport. With such aims, it was at all times my intention and responsibility to maintain the dignity and welfare of all participants throughout the research process and to conduct myself ethically. No deception of any form was involved in this study. Participants were thus fully aware of the purpose of the study and of my position in relation to the study. The participants were told at the point of recruiting that they would not be requested to provide personal material or information of any kind and if they felt that they had nothing to add to the conversation that would be fine also. The aim of the research was explained and the participants' right to terminate the interview and to withdraw already collected material at any time were made clear. Explicit permission was gained for the recording of the interviews (see Appendix D). Every question posed was non-intrusive in nature and there was not considered to be any substantial risk of distress to the participants in giving their own opinions and thoughts on various topics relating to the explained disparity in attendance to mental health services as compared with the white indigenous population.

Fellow recruiters were briefed on approaching people sensitively and leaving the option to participate completely open. Recruiters were selected friends of mine that I felt that I could rely on to take a warm, friendly and non-intrusive stance to the recruiting process.

The ethical considerations of this study further extended to the treatment of data and presentation of results. It was thus my responsibility to keep the data safe, to not fabricate or falsify data and to give appropriate credits for the work of others through appropriate referencing and use of citations.

The study proposal was supported by the Ethical Committee of City University, London (see Appendix E). As the participants were randomly approached in public places, outside of any

[16] Theoretical sampling involves recruiting further participants as well as amending the interview schedule according to the emerging themes from each interview.

organisational belongings, no other ethical approval was required. The research adhered to the ethical principles and guidelines of the British Psychological Society (1993).

2.3.6 Confidentiality and consent

Because of a general air of caution noticed during the recruitment process participants were given the choice to sign with just their first names. Before signing the consent forms (see Appendix D) the participants were made aware of the following points:

- The interviews were to be recorded for transcription purposes
- All data would be treated in the strictest of confidence
- The names or any descriptions of the participants would not be attached to the study
- The tapes would be destroyed within a year of completion of the study
- Comments used in the study would be presented anonymously

The consent forms were signed by all participants and myself prior to the commencement of each interview.

2.3.7 Data collection, setting and equipment

Thirteen interviews were conducted in total. The participants were told that the interview would last for one hour and the interviews would consequently aim to end right at the hour. On a few occasions up to ten minutes were added due to the participants continuing on uncompleted discussion points.

The interviews took place in a bright and pleasant room in a library in South London. All interviews were recorded on a Sony Minidisc recorder (model MZ-R50) on minidiscs of 80 minute duration. The recording equipment was placed on a table in the middle of a ring created by the participants and myself. We were all seated on comfortable chairs and there were no differential features in the arrangement of seating between the study participants and myself as the researcher.

The participants were thanked for participating before as well as after their participation. They were reminded of the reason for recording the interview as well as of their right to withdraw from the interview at any time without explanation. They were informed that they did not have to answer any questions they did not want to and that any contribution to the discussion was voluntary as opposed to compulsory.

2.3.8 Interview agenda

The two first interviews followed a semi-structured interview format (Appendix F). It was however felt that the questions, although loosely structured, restricted the natural process and potential richness of data. It was further experienced by me as the researcher that the process was too guided and very possibly therefore also too tightly controlled by the questions in the schedule despite being designed to generate open and explorative responses.

The remaining eleven interviews are therefore largely unstructured. Each of the final eleven interviews commence with an opening containing the following information:

- The introduction of myself as s psychologist that had worked in the local area for a period of five years.
- I informed the participants that in an area where there a black and ethnic minority groups constitute around forty per cent of the total population the amount of people of African or Caribbean descent attending psychological treatment for mental health presentations is disproportionately low.
- I went on to say that this is not something new; that studies and literature have long indicated that considerably fewer people from black and ethnic minority backgrounds enter the doors of various mental help professionals for psychological input.
- Importantly, I also made the point that we all, irrespective of cultural background, hold the same propensity to mental health problems.
- Following this intro I left it to the participants to respond to the only real question: *'Why do you think this might be?'*

Participants were invited to question this introductory information and it was subsequently repeated and clarified in easily accessible wording so that all participants were fully aware of the study query and topic.

Any further questions on my part from there on were mainly for clarification or expansion of points made by the participants.

2.3.9 Transcription

Nine of the thirteen transcripts were typed by myself. The remaining four transcripts were typed by an NHS medical secretary adhering to the professional code of conduct of confidentiality.

Typing most of the transcripts myself felt to be a valuable practice on immersion in the data and although vastly time-consuming aided the procedure of moving back and forth across the data during the process of analysis.

All transcriptions were typed using office word. The transcriptions typed by the NHS medical secretary were, upon completion, e-mailed to me for reviewing.

The transcripts were printed to paper formats for the analysis process.

2.4 DATA ANALYSIS

2.4.1 The Iterative Procedure

The research data was analysed using grounded theory methodology (Strauss & Corbin, 1990; 1998). The analysis was carried out by myself who as previously explicated, find my own philosophical views on knowledge and theory closest linked to the constructivist version of grounded theory (e.g. Charmaz, 1990; Henwood & Pidgeon, 1995).

The abbreviated version of grounded theory (Willig, 2001) was applied. This as all the data was collected before the commencement of the analysis (see 2.3.3 Recruitment). As such all thirteen interviews were completed before the process of transcribing began. All transcriptions were then completed before being subjected to a grounded theory analysis. As often the case with the abbreviated version the category labels generated were of a rather broad and generic nature. This as there was no possibility to go through the material and thereby narrow or move the focus on each consequent interview so as to get closer to the participant experience.

Below is a broad outline of the process applied to the data in this study. The stages are based on a general recommendation by Strauss and Corbin (1990) and the sequential structure was indeed helpful to me when initially attempting to get to grips with the specific procedure of grounded theory. It serves here as an apposite illustration of the systemic process:

Stages of data analysis:

Coding – giving conceptual category headings to meaningful chunks of data

⇩

Producing **reflexive memos** to record and follow emerging concepts and link to existing theory.

⇩

Making **constant comparisons** of the similarities between group transcripts and categories

⇩

Grouping and labelling similar occurrences to construct **categories** at higher levels of conceptualisation

⇩

Moving the analysis from descriptive to more analytic levels by **identifying relationships and patterns** between the categories

⇩

Systemising noted connections to develop grounded theoretical patterns that aid the explanations of aspects of the phenomenon under study

⇩

Selecting and labelling **category headings** and relating all categories relevantly to each other so as to produce an **theoretical structure** or directional story.

Figure A. A table outlining the sequential stages of the data analysis.

Each transcript was scrutinised line by line (Charmaz, 2000; Glaser, 1978). This exercise, which at times - particularly during longer sections of the data that in places seemed irrelevant - could feel rather arbitrary, constitutes the recommended approach on how to analyse data when adopting the abbreviated version of grounded theory (Willig, 2001). But

beyond that, it was also an application that prompted me to remain open to the data and to continue to notice new nuances and subtleties (Charmaz, 2006) (For an example of coding process, see Appendix G). Ideas would certainly come to me that may otherwise have escaped my attention had I merely been listening to, transcribing and analysing the texts by larger chunks. Labels generated from the coding procedures were as far as possible kept to the actual, or *in-vivo,* words of the participants so as to preserve authenticity (Glassner and Loughlin, 1987:27). However, as the abbreviated version was applied and the interviews unstructured the categories at times contained rather broad areas of description which made attempts to use in-vivo terms more difficult.

The lists of initial labels were clustered into categories of incidents and ideas specific to each group of participants. As I coded, certain theoretical propositions would occur to me. These were at times about links between categories, or about qualities within the categories themselves. Constant comparison was furthermore at the heart of the research process. The interview transcripts were continually compared with each other, identifying similarities and differences between the categories generated by the coding process. As the categories and properties emerged, they and their links to each other provided the 'skeleton' of an emerging theory. Written records of the development, typically termed memos, were maintained throughout the process. The categories which were common to other groups of participants were then collected under category headings, which in turn were organised into sub-categories. Since the outcome of the analysis resulted in a theoretical structure where each category was to some extent dependent on the other none of the categories were given a 'core' status. The memos accumulated as the coding proceeded. As the process evolved the data was subjected to increasing levels of conceptualisation and theory emerged rather quickly. The focus here was on organising the collection of textual data as well as on arranging the higher level categories and ideas that were generated from the analysis into logical accounts of the studied phenomenon. In order to reach a relatively high level of abstraction the process of meaning-making called for ever-evolving interpretations during the course of the analysis (Pidgeon, 1996). During this part of the process openness and flexibility was required on my part as the researcher.

2.5 THE APPROACH TO THE LITERATURE

So as to keep the research process as well as the resulting theory grounded in the data and to avoid it from being overly drawn from previously established theories, it is generally suggested that data collection and analysis is conducted before a detailed review of the literature is carried out. This helps steer the researcher away from approaching the data with preconceived ideas and assumptions based on existing theories. Only once the emerging theory is sufficiently developed is it suggested that the researcher reviews relevant literature in order to relate it to their work (Glaser and Strauss, 1967). In this study a preliminary review of current literature was necessary in order to provide a cohesive rationale for carrying out the research (as required for the initial research proposal, see Appendix A). However, and very interestingly, the literature reviewed and presented at proposal level did not much concern the areas that resulted from the subsequent interviews and data analysis. In part, the reason for this may have been the simple fact that specific literature on the experiences, views and attitudes of a second generation black British sample with regards to issues of mental health and mental health service provision was very sparse, and there was thus little to draw from. Retrospectively, it is also rather plain to see that I was naive as to the direction in which the participants would guide the study outcome. As a result, although unintentionally on my part, this study has rather organically followed the traditional grounded theory directive of keeping the researcher's analytic process as untangled from preconceptions as possible. New themes and categories, as they emerged through the data analysis, guided and directed the ensuing literature search which would thus serve more as an extension of already acquired categories rather than playing part in their production.

As a further consequence of the relevant theoretical material being sought after the emergence of categories a considerable part of the introduction (Chapter 1) was written after the analysis (Chapter 3) of the collected data.

CHAPTER 3: **ANALYSIS**

The purpose of this section is to elucidate and analyse the themes and categories that emerged from all the data collected.

Four category headings resulted from the analysis of the data. The titles of these four, which will be presented and discussed below, are: *External Struggle (Trauma), Internal Struggle (Trauma), Private Self* and *'It's good to talk'*. In order to provide a sense of flow and organisation to this chapter I will make use of the twin notion of backgrounding and foregrounding (Goto et al, 1996) in presenting the categories. Backgrounding here refers to putting something in place as a background perspective in order to better understand the foreground in question. 'Struggle (Trauma)' is divided into two parts: External and Internal. It is here the External struggle that along with its subcategories provide the background from which the Internal struggle and 'Private Self' will develop. As such the backgrounding is also completely grounded in the data. The final category heading '*It's good to talk*' stands separate to the other categories without any immediate and tangible links (see Figure A).

The analysis of the data will thus commence with a presentation and discussion of the backgrounding provided by External struggle with related subcategories before moving on to the foregrounding categories of Internal Struggle with subcategories continuing to Private Self and 'It's good to talk'. The noticeable gap or void between 'It's good to talk' and its related category 'Understand my Context' and the other categories is per se of interest and will be addressed in the next chapter where the overall outcome will be summarised and discussed (See Synthesis, Chapter 4).

Figure A below illustrates the sum total of the categories that emerged from the data analysis.

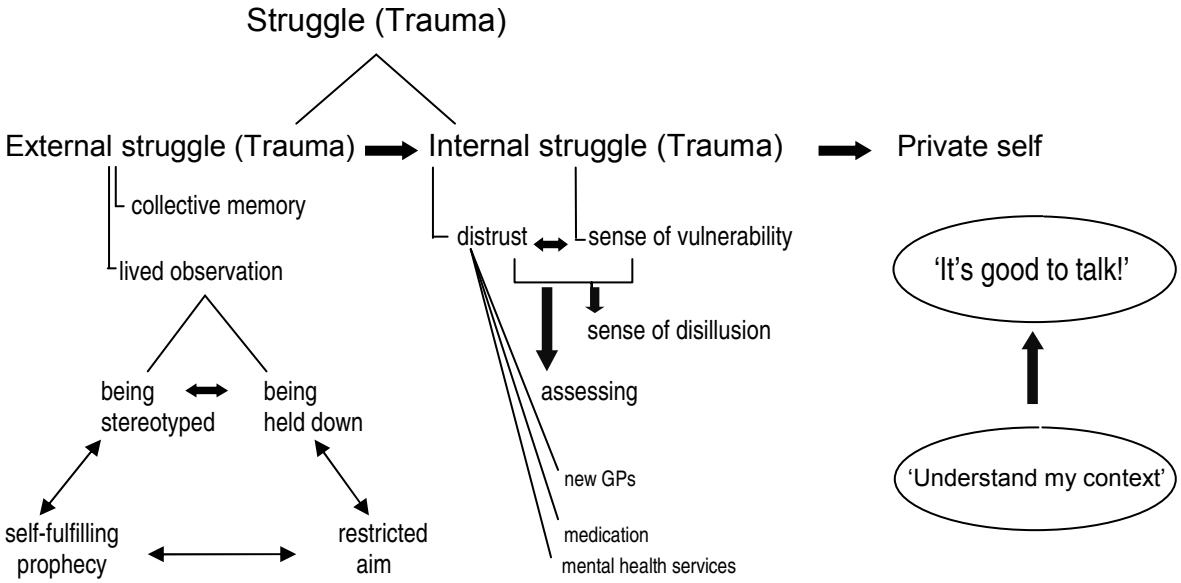

Figure B. An outline of the category headings: 'External struggle (Trauma)', 'Internal struggle (Trauma)', 'Private Self' and 'It's good to talk!', along with their respective sub-categories are given above. Arrows here indicate directions of relationships whereas simple lines indicate divisions. The circles around 'It's good to talk' and 'Understand my context' signify the fact that they are stand-alone categories, with no direct links found in relation to the other categories. As can be seen there is however a directional relationship between the two, where 'I's good to talk!' is conditional on the existence of 'Understand my context'.

The aim of this chapter is to present and explain the categories in the figure above in a way which make logical and theoretical sense of their connections in terms of directions and inter-relationships. So as to demonstrate the grounding of the data a volume of extracts from the verbatim interview transcripts will be used to illustrate and substantiate each category presentation. The rather large number of extracts is furthermore allowing the voices of the participants to come through, and as such for the collected data to, to some degree, tell its own story. This felt important in view of the power discourses at play. As a white researcher attempting to understand parts of black experience I felt it important to be as transparent with the raw data as possible so as to balance out the power structures. The whole purpose of this study is indeed for the views and perceptions of the participants themselves to be heard. The extracts were selected following the completion of the analytic process and on the basis of the extent to which they served to describe and illustrate the emerged categories with clarity and representation. Of further note is that the category names are rather broad and generic. The reason for this is that they each incorporate rather wide themes. Since the abbreviated version

of Grounded Theory was applied to the data gathering and since participants' choice and course of content were minimally directed the overall outcome was typically less detailed and 'broader', thus generating broader category labels (see The Iterative Process, 2.4.1, Chapter, 2).

3.0 STRUGGLE (TRAUMA)

As can be noted in Figure A. the overall category heading has been separated into two main divisions: Those relating to contextual or social phenomena in 'External Struggle', and those relating to inner, psychological phenomena in 'Internal Struggle' (see Figure A).

It should here be noted that the external categories deal with causes or origins of traumatic effects and therefore constitute *actual* struggles or tribulations. The internal categories on the other hand constitute the responses or consequences of the external categories, the *consequential symptoms*.

3.1 EXTERNAL STRUGGLE (TRAUMA)

References to the categories termed 'Collective Memory' and 'Lived Observations' were multiple in the data and were arrived at through a process of open coding. These, taken together, constitute the category of 'External Struggle' and will be analysed below.

3.1.1 Collective Memory

During the interview process where issues of underlying factors to the disparity seen in psychological services were queried, the discussion would invariably at some point trace back in history. Indeed it was only in the two earliest interviews where the interview agenda was used[17] that no mention of historical aspects presented.

The essence of struggle here is mainly that of slavery, but not as an institution or even as an actual experience. None of the participants in this study had of course themselves directly

[17] The semi-structured interview agenda was after the second interview considered too rigid and therefore largely abandoned (see 2.5.7).

experienced the forced servitude and complete subordination to the will and whims of another that slavery, as an experience or concept, constitutes. The trauma is here the *collective memory*, a form of remembrance of a wrong that does not seem to have remained solely in the past. The collective memory of slavery was not a theme that came up with the same frequency as many of the others, but it became clear during the coding process that it was nevertheless an essential one, e.g.: 'What it all comes back to'. (Interview 13, Line 201)

It was noted that references to the past typically occurred in the later part of the interviews. It was felt that this was likely to be due to the participants, at that stage, having started to feel more relaxed in the context and were more comfortable to express and share more private and deeply held views. It was also noted that the issue of the past was often initially approached with some hesitation as well as often attached to an apology of some kind. Once mentioned a consensus within the group was however apparent on each occasion. For example:

Male 1: 'I honestly believe, yeah, and I hate to kind of use it as an excuse, yeah, but I think it really does go back to something that was kind of more [pause]'

Female 1: 'Slavery times!'

Male 2: 'Yeah, definitely.'

Female 2: 'Oh, definitely!' (Interview 3, Lines: 218-223)

In the only individual interview that was conducted in this study, the participant aims to explain why others from the black community may not be accessing services.

Male 1: 'You're right as you said the service is there for everyone, but I suppose people of colour choose [pause] I don't know. Probably with so many things that have happened in the past, they just don't feel, um, I don't know if it's the right word, say, to go and seek help or get help or advice or they might be too stubborn to even ask for any help. I don't know.'

Interviewer: 'When you say because of what happened in the past, what are you thinking?'

Male 1: 'Past, yeah, like generations, like from probably people still thinking on like slavery. They might be thinking way back, but we're in a different world now. So we're in 2000 so people have to try and let go of the past and get on with their life.

Interviewer: 'But the past is with people...?'

Male 1: 'Yeah, a lot of people can't, um, that's the thing. A lot of people can't let go of the past. That's probably what's making them ill as well. Thinking about the past.' (7:433-456)

Here, the occurrence of slavery is offered as a possible reason for why people may struggle to seek help. 'Being too stubborn due to what occurred in the past'. Slavery, or its effects, is moreover concurrently suggested to serve as a potential cause of mental illness. This was not a stand-alone idea but was found implicitly in many other occasions in the data gathered. Indicating this concept being of essence is further its emotional connections. Subtle expressions of emotions such as sadness and anger were found to be evoked by bringing up the past occurrence of slavery as a topic.

'It's just when certain things have happened in the past [pause] or if you're watching a film or a racial film about something that used to occur in the past, like slavery. While you're watching it you can feel a bit down because you can relate to what was happening back then.' (7: 555-558)

Again, thinking about slavery thus seems to cause negative affect. And of course, this makes sense. Thinking about something sad or difficult will make us feel accordingly. But there is something more to this, in which the way the identity of several of the participants appears to be related to the atrocities of slavery. The following two extracts reveal anger.

'Why society wants to wash its hands of what it's created. And that's why our kids are shooting each other. And you think what about other factors? You ['white society'] have just given us a brilliant example of that because I know my history very well through slavery. If you put a man in a room, I mean African men were put in rooms and women were given to men for them to rape. All that happened was that the woman got pregnant, she was taken away and another one was brought in. So the history of slavery at the moment, not just in this country but the whole of the continent of Europe does not want to deal with it. They don't want to deal with the fact that what happened is <u>still</u> affecting us today'. (8:334-341)

'If you take someone away from what they're used to, put them here, feed them, breed them. That's what they do in farms. Sell their children, rape their women or whatever. Do something to that man and you do that by [pause] that affects mind.' (8:324-327)

There is, in the above extracts an outspoken sense of *still* living with the effects of slavery. In the latter example there appears to be a mixed use of descriptions of past and present time, which serves to bring the point home yet further. Whilst the actual enslavement is in the past, the collective memory of its ordeal appears to cause a sense of presence. It was still active with several of the participants of this study as evidenced by its unprompted mentions and the emotions of anger and sadness that the very consciousness of slavery appeared to generate. The extracts below further serve to illustrate the sense of it playing a part in current living.

> 'You deliberately separated people from different tribes so that they lose that kind of connection and I think that that it's a very good technique. It worked in colonialism, it worked in imperialism and it's still working today. (3: 223-225)

> 'You've always got that suspicion in the back of your head. How can I put it? Before I can accept a white person totally, I've got to know them because at the back of my head, I remember what I used to be called at school - because as a five, six, seven year old kid things stay with you. And I have what happened in the past in my head as well. Way back in the days. What was done to us. Slavery and stuff.' (11: 581-586)

> 'It all comes back to this racist society that we live in that white is right, I'm white and I'm right, and if you don't live like me then something is wrong with you and I always think that we feel we are still being colonised, we cannot be ourselves unless we conform to a White society.' (8: 155-158)

The participant below very explicitly relates slavery of the past to practices of today:

> 'What I think, you see like back in the day people were slaves and all that yeah? And the way I see it it's still like that now but it's in a different kind of way, it's more like we can make black people work but it's like now what are they going to do? I seen it, when I went to one job I see all the cleaners are black, all the cleaners are black, all Africans, all black. Like I'm thinking like why don't white people clean? I went into there, there was about seven or eight cleaners and the person that is watching them is white, sitting in his office, reading his magazine and drinking his cup of coffee like, saying 'You lot finished yet?' That's it.' (10:981-...994)

It is here of high time to further clarify the rationale for the added term of *trauma* to the struggle category. *Trauma* may, on first reaction, sound like rather a dramatic theme to emerge from a research study where the aim is to explore underlying reasons as to why there is a considerably poor psychological service uptake by the second-generation black British community. It was a title that I stuck with for a considerable part of the theorising. It did not immediately jump out to me during the analysis of the data, but was something that rather slowly lifted from the data, trickling into my consciousness during the process of coding and meaning making. When it had emerged, it distinctly stood out. I have since changed the term *trauma* to *struggle* as it is the wording used by the study participants, but have kept the idiom trauma as a theoretical appendix. This, as I still consider it useful from a notional point of view. The term struggle (as well as references to the term through mentions of slavery) occurred during the interviews on a number of occasions. What was interesting with its mentions was that the attached quality of affect did not adequately correspond with the term 'struggle'. When participants expressed sentences such as '...because of the struggles of the past...' (7:434) or 'We have all struggled' (3:245) the participants actually *looked* traumatised. This was very subtle. Indeed it took a while into the coding process to recognise this phenomenon. At first it was just a feeling of familiarity on my part. A increasingly powerful sense of: '*I have seen this before'*. As the notion of trauma emerged I also realised that I had registered it from the very start without being able to quite put my finger on it. The reason for why I am not fully content with leaving it as *just* struggle is thus as it did not feel as if this term gives full justice to the depth of the expressed experience. The expression of struggle came attached with an essence and quality of traumatisation. As an attempt to describe what I mean by traumatisation in this context the following will have to suffice: a tension across the face and physical posture, an intermission in the otherwise rather relaxed bearing of the participants that was mimicked by the rest of the group, and perhaps most importantly a quality in the eyes in which emotions such as pain, sadness and anger could be read - however brief and slight. From a cognitive perspective an expressed cognition such as 'We have struggled' would not automatically equate with such symptoms. The struggle would have to have a stronger meaning and include concepts of suffering but more than that it would have to be current or on-going in some way. And that was the sense that was repeatedly present. A sense of a struggle that is still active; an ordeal that is felt to not yet have been overcome or met by closure. The on-going quality here refers to its remembrance.

Having established a sense of trauma I turned to the literature where the idea of slavery as a *cultural trauma* and of it being part of black identity through the vehicle of collective memory was found not to be novel to this study. Alexander et al's (2004) formulation of cultural trauma is as something that occurs *'when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways'* (pg. 8). As opposed to psychological or physical trauma, which involves a wound and the experience of great emotional anguish by an individual, cultural trauma in this sense refers to a dramatic loss of identity and meaning, '*a tear in the social fabric'* (Alexander et al, 2004: 10), affecting a group of people that has achieved some degree of cohesion. The trauma, under this formulation, need not necessarily be felt by everyone in a community or experienced directly by any or all. The difference between trauma as it affects individuals and as a cultural process is that in the latter trauma is mediated through various forms of representation and linked to the reformation of collective identity and reworking of collective memory (Alexander et al, 2004; Eyerman, 2001). The concept of a collective traumatisation is conceivably not that outlandish or far stretched. In looking at the types of individual responses to trauma that psychologists and therapists typically aim to treat in their work, it is not the trauma experience itself that produces traumatic effect, but rather the memory of it. (Ehlers and Clarke, 2000; Foa, 1999; Yule, 1999). It is through the memory that it remains experientially lingering, on-going and active. According to psychological trauma theory there is typically a time lapse, a period of latency, between an event and the experience of trauma (Rachman, 1980). Forgetting is characteristic of this period. The trauma is thus the reflective process linking past to present through representations and imagination. In psychological accounts, direct exposure to human cruelty, the feeling of dehumanisation, and the feeling of powerlessness can lead to a diminished sense of self and or a strong sense of distrust of people and the world (see Caruth, 1996; Ochberg, 1991). What is thus being hypothesised here is that the collective memory of cruelty towards your own group of people may cause similar although much diluted effects. From a psychoanalytic perspective the object of concern in trauma that is based in shame and humiliation is the entire self. *'The bad thing is experienced as a reflection of a bad self and the entire self is painfully scrutinised and negatively evaluated. With this painful scrutiny of the self is a corresponding sense of shrinking, of being small and of being worthless and powerless'* (Tangey et al, 1992: 469). The concept of distrust in others and sense of powerlessness particularly will be reviewed during the presentation on Internal struggle.

As an addition to the talks on and references to slavery it should also be noted that some mentions of struggle in the past included discriminating and humiliating treatments in the more recent time of parental and grand-parental generations arriving in Britain. For example:

> 'I commend my elders really because they struggled. I don't know whether we would sort of put up, we wouldn't put up with that kind of crap really, I wouldn't anyway, but I mean what they had to put up with in their day, whenever they wanted to rent a room it would be like No Blacks, No Irish, No Dogs.' (7: 509-517)

On the basis of having occurred in the past and therefore not having been immediately experienced by the participants such examples were coded and included under the theme of 'Collective Memory'. Notably, references to such, more recent struggles, were considerably fewer than those relating to slavery.

3.1.2 Lived Observation

Whilst the collective memory of past suffering such as the slavery and accounts of degrading and humiliating treatments by parental generation of arriving in the UK in the 50's and 60's create the original traumas, perceptions of differential treatment from 'white society' in present times also featured and thus emerged during the analytic process. The descriptions ranged from personal memories of name calling in childhood, stories of discrimination from friends or friends' friends, or just general word of mouth, and, most noted, stereotyping via popular media. As such, occurrences started to accumulate during the coding where they were noted under the umbrella denomination of '*experiences*' and '*stories'*. Of note was that the stories via other were considerably more frequent than the personal experiences, yet presented with a sense of being just as imperative and central to the theory of, in this case, issues of contemporary prejudice and differential treatments as occurrences experienced in person. The descriptions could be separated into two sub-categories: 'Being stereotyped' and 'Being kept down'.

As can be seen in Figure B. the experiences of both subcategories were in turn informed by word of mouth, personal experience, media representations and through governmental policies.

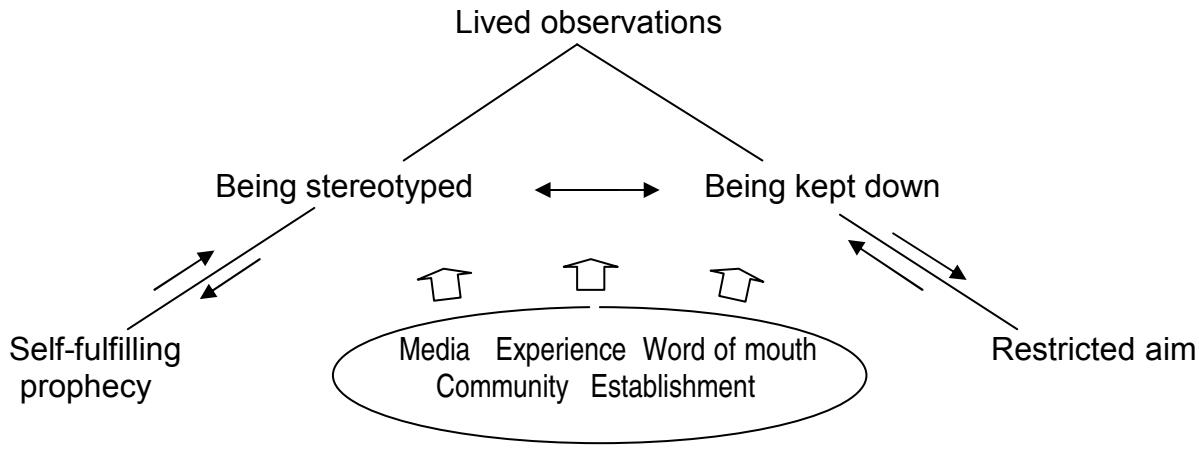

Figure C. 'Lived observations' constitutes the present as opposed to past struggle (trauma). As can be seen it includes two main areas: Being stereotyped and Being kept down. The participants drew their evidence of these categories from their experiences of the media, personal experience, word of mouth, their own community as well as established societal institutions. Self-fulfilling prophecies and restricted life goals are here represented as consequences of the two categories, respectively.

3.1.1 Being stereotyped

References to being on the receiving end of stereotyping were frequent in all interviews. Being stereotyped, or being attributed preconceived and oversimplified characteristics, were in all cases presented as either being a negative experience per se or as having potentially negative consequences. The essential issue here is, again, the perception of being stereotyped and the effects of feeling stereotyped rather than the actual occurrence of stereotyping. As such whether it is a fact or a perceptual interpretation that the participants of this study had been subjected to prejudice in the form of stereotyping is of less relevance. This study is concerned with understanding the participants' subjective views and perceptions of the contexts they live within. And indeed, the participants did have an observable sense of being on the receiving end of stereotyping and moreover a very strong sense of this causing

significant negative effect. The issue of being negatively prejudged and categorised emerged from the data and painted a picture of it constituting a part of daily reality throughout all the interviews. As such it further constituted a significant part of a *present* sense of Struggle (Trauma).

The references to negative stereotyping were multiple with a majority of them referring to the problem of blackness being associated with undesirable qualities.

> 'When it comes to black people, even on the news, if they're gonna report something they'd pick like the first crack head that they find: '*And this is the word from the black community!'*. You know what I mean? You've just picked a guy who doesn't even know what time it is. They chose the wrong people to represent what they think blackness is.' (3: 315-320)

> 'You see all the time: '*The problem is black men, the problem is black boys, the problem is this...'* Why is there always a problem? White people have got just as many single parents, they've got just as many unemployed people et cetera. But it's always a problem when it comes to black people...All these documentaries and everything else, I'm tired of them. (13:286-292)

> 'My parents always told me because you are black and because you are female you are going to have to fight a lot harder to get anywhere in your life, I always remember that, don't blame anybody for it because unfortunately that's the way it is. So you can either look at what's coming out of the television, the radio and everything else and think right I aspire to make the best of myself or you can look at it and like well you know what, white man is not going to let me have nothing so therefore why am I even going to try? You can go one or the other'. (13:304-312)

Whilst all the above examples illustrate the sense that blackness is being equated to 'badness' in one form or another, the last extract is suggesting two operational ways in which stereotyping from the media can be received; that you can either use it as a challenge to aspire and prove yourself, or to allow it to get you down and rid yourself of any false hope. Either way, the general message, from media, about yourself as a black person is experienced to be negative.

Wrapped into the mentions of stereotyping are also its effects on the receivers on a personal level. The following few extracts address the effect on the person that negative media images may have:

> 'We are always defined by the underclass. The ones that shoot and rob and kill each other they are the ones that come on TV...You wouldn't think there are any black people who were productive. That's why black people themselves don't even think that.' (3:325-332)

Here, there is a suggestion that black people have come to define themselves as the underclass, as an underachieving group in society. In fact, so strong can this sense be that if you aspire towards what majority society would term being productive or successful, you may be met with scepticism from your own group, as seen below:

> 'Like black people, because they're always defined by the underclass, they now define themselves as that. They don't see that - there is nothing wrong with coming from a low income area - but, there is nothing wrong with trying to get out of it either. You don't have to stay there forever. And if you do [move on]: '*Aaah, he's sold out!*' I think this is a major, major problem. It's seen as you're trying to be as them. No, I'm just trying to be a better me!' (3:141-151)

Indicated here is that doing well may be perceived as trying to be something that you are not. '*Trying to be as them*' here refers to trying to be 'white'. This in turn, supports the stereotypical views of whiteness being associated with success and blackness with underachievement. The participant below summarises his view of this process via general media stereotyping.

> 'It all goes back to what you're taught. I hate to use the words like media, but the media [pause] It's not the media that mugs people at the cash point. It's people that rob other people. But you get this kind of conditioning from a young age that you are only going to reach this level so you might as well just aim for here [lowering hand]. If somebody told you a lie for long enough you're gonna believe it. If I go out with you or you and then I physically and mentally abuse you at the end of it you're gonna start thinking: '*Shit, he might have a point.*' And you get conditioned into thinking that you can't do anything but stand on a street smoking weed and fucking about. You don't see the point in trying anything else. (3: 90-99)

This last extract also underlines the sense of present struggle or present trauma. The metaphor used is one of being repeatedly put down until a belief in personal defectiveness results; where systemic defectiveness ultimately becomes confused with a defectiveness of the self. There was overall a strong consensus on the presence of negative stereotyping and of its negative effects on the person. There was a sense of young people, in particular, feeling alienated and at risk of living up to the negative stereotype, thus engaging in the process of a *self-fulfilling prophecy*.

> 'It makes you angry because you can see certain parts of your community that you love and you really want to see get better are being pushed and alienated and: *'You hoodies are bad!', 'You black boys are bad'* and *'You don't know how to do this', 'You are getting thrown out of school', 'You are being excluded all the time!', 'You are bad, bad, bad, bad!'*. (13:517-522)

> 'Some people might try and live up to them representations, like being a drug dealer whatever, want to be a rapper, that's what people look to, that's all they know to be and that's all'. (13:)

> 'And you know to keep blaming like say the gun culture on black youths or this; to constantly hear negative things about yourself. Do you understand, it has an imprint on your perception of yourself. You get what you ask for.' (6: 74-76)

The literature, as discussed in Chapter 1, is filled with examples of the effects of stereotyping and the so called self-fulfilling prophecy with studies repeatedly demonstrating that people come to in behave ways that are consistent with the expectations of others (Crocker, et al, 1991; Crocker and Major, 1989; Deux and Jones, 1987; Johns, 2008) and may as a result of their own behaviour alter their self-concepts (Deux and Major, 1987; Jones, 1986). What is demonstrated by the participants in this study is an awareness of such mechanisms being at play. The few sentences below rather neatly summed up what many of the participants' expressed in relation to the process of stereotyping;

> 'It's a fact that people generally they achieve what's expected of them and according to your expected potential is what happens to you and if you're looked

> on as not being worthwhile, no matter how bright you are it does kill your perception of yourself. We're a combination of what we think we are and how other people perceive us, and people perceive us in a certain way we start to take on that persona or at least partly.' (10:1019-1025)

The *self-fulfilling prophecy*, from a theoretical perspective, does not require those on the receiving end of stereotyping or stigmatisation, to be consciously aware of the negative attitudes of others in order for those attitudes to cause effect (Jussim, 1996). In fact, awareness of stereotyping and aversive racism has been suggested to have somewhat of a protective effect. This in the sense that perceiving that one is likely to be negatively judged due to a perceived prevalence and risk of racism will act in a protective way by the power of attribution (Crocker et al, 1989: Johns et al, 2008). This means that if one can attribute a poor judgement towards the self by other to the other's inherent racism, this could lessen the damaging effects of that judgement. The pertinent, if interjectory, note, at this stage is thus that the extensive awareness of bias in the media, may serve as a protection from the full extent of the harm that stereotyping has been demonstrated to cause (See 1.3.1. and 1.3.2., in Chapter 1). This would far from mean that anyone would be immune towards pervasive societal bias, but merely that awareness of others' potential ignorance can somewhat lighten the impact of negative attributions on one's self-view. There was no doubt that the participants in all the interviews felt that they as a group were the recipients of negative stereotyping and moreover that such often generated very negative effect with the individual. A large part of the participants furthermore expressed an understanding of the self-fulfilling consequences of such negative appraisals and along with this the difficulty in breaking out of their stronghold.

> 'If you then start expressing yourself then you've got a chip on your shoulder and: *'This man is aggressive'.* It's these little boxes that we are constantly being put in'. (6:222-226)

3.1.2 Being kept down

The other sub-category included in the lived and current observation and experience of the participants relates to that of discrimination and unequal opportunities. Feeling *kept down* via discriminatory practices or unequal opportunities constituted a continued part of the present struggle (trauma). Whilst examples of '*being kept down'*, in society and by society, was often mentioned separately to being stereotyped and is here presented as a separate sub-category, it is also to be viewed as a consequence, or continuation, of '*being stereotyped*'. To put it more clearly: It is difficult to imagine feeling negatively stereotyped socially, educationally and so forth and to not also feel that such will have an effect on one's opportunities within that same society. Hence there is a causal relationship between these two sub-categories. It was difficult to find a title for this sub-category that would do it full justice. It covers a sense of there being a general practice of unfairness which is essentially not that different from discrimination. A very real sense that the same opportunities do not apply if your skin is black as opposed to white; that you have to '...work much, much harder' and that: You don't get as many chances' (6:161-182). The combined texts contain an abundance of examples. A male recalls back to his school years:

> 'End of the third year you get to choose the subjects for the next year and I turned up on the first day of the next term in the fourth year and I went to the Maths class and I sat down in class and they did a list and they said you're not in this class and it was like, it was tiered, it was seven classes and you got it according to what you Maths results were. So they said you're not in this class. Well, all my other mates that I knew were in my class the year before were in that class. So I said "*Why?*" he goes "*Well you're not in this class so you have to leave*." So I've left so I'm saying to the teacher "*What's going on?*" He kind of looked at me in this kind of patronising way and said "*It all depends on your results from last year David, you obviously didn't get through*" I said "*Well actually I got the second highest marks in the year why am I not in that class?*"...All the maths class was full up of mainly white guys with some Chinese and some Asian guys. All the black guys were in the bottom three groups.' (10:625-643)

Similarly, another young male indicates a limited vision on behalf of his career direction by his school career's advisor:

> 'In school, doing designer technology, O-level. But then when I went to the career's office I got told about plumbing work and stuff like that.'
>
> Interviewer: 'Why was that?'
>
> 'It's just how it is. You speak to enough people and they'll tell you the same thing.' (2: 60-65)

The participants' examples of personal experiences stretch across areas of academic and career opportunities.

> 'I can say this and I've got proof, I've got evidence, I have two brothers, they were qualified, and for a long time, my brother who is a management consultant, it took him ages just to get a job. Why? And I'm sure it's solely because of his skin colour because there are other people, Caucasians, with less qualifications and they are able to get on'. (8: 237-240)

> 'You're always fighting against this glass ceiling. You can see there's way up but someone is gonna put a lid on there and say don't push too far.' (3:350-352)

There was furthermore a sense of being subjected to an un-official quota system, or a certain and very limited allowance.

> Female 1: 'I think it's a perpetuating cycle where they make you feel a certain way so in some respects you don't push yourself and then some people that do, they let one or two through. It's like: *'That's enough, that's enough, get back in your place'* kind of thing, *'We've got one of you through we don't need any more.'*
>
> Female 2: 'Yeah, don't be getting uppity'.
>
> Female 1: 'Yeah and it's a scare thing where they've got to control you before it gets too much. Sometimes I drive down, because my boyfriend used to live in North West London so I used to drive down quite a bit and I always used to drive down there thinking to myself, how is it that this whole of Edgware Road which is in the middle of Central London is owned by Arab people, black people couldn't even own an estate.' (12:365-378)

In an analogous vein, the woman in the below example further add to this sense of limit or control in the amount of black people that are allowed in to play on the same playing field as the dominant or privileged white population. She specifically refers to the black person in the office as the 'token black'.

> 'What happens is people who wrote those articles and said how inclusive it [the UK] is are people who live in Hampshire and Surrey...and come to the city to work. They come in the morning, do their work in the offices, maybe talk to the token Black in the office who is probably the cleaner or office boy and that is their so called integration.' (8: 478-480)

In another interview the participants discuss the use of the ethnicity declarations in job applications:

> 'Even when we have our qualifications when doing applications they're still asking me for my ethnic grouping on my application form for a job. Why? Why are you asking me that?...I don't fill that in I do 'the other'.

Interviewer: 'And why is that?'

> 'Because it is clear as day that the reason why it's used. You can't tell me it's because they want to make the percentage of people more. What it does is it gives the employer the opportunity to dispel you before he's even rung you or called you in. If he calls you in as an ethnic person and then continues to deny you a job he runs the risk of prosecution et cetera, et cetera. So this is why this is used. It's clear. (6: 294-304)

The context in which the participant moves on to say that black people 'could not even own an estate' (12:378) is one which suggests there being a sense of external factors preventing or making ownership difficult. There were further references to a sense of being disallowed:

> 'You've achieved well at school but then you are not *allowed* to achieve in academia...' (7: 79-80)

> 'If more of us as black people would be *allowed* to have our own business then more would follow that direction'. (6: 276-278)

> 'I mean I don't walk around with a chip on my shoulder. I'm very focused and clear with how society really is...You're not *given* as many chances.'(6:162-...180)

Such tone was frequent amounting to a real sense of power difference, where one party (the privileged white person) *has* and *owns* something that the other party (the minority black person) can only *receive*, *be given*, *granted* or *allowed* to have.

The final extract chosen to illustrate the theme of perceived difference in opportunity is touching onto a more subtle and inner sense of inequality and discrimination.

> 'Say like Pete Dougherty[18]. That's a prime example of a Caucasian man that thinks the world is his oyster. '*I can continually make mistakes, but hey…!*'. I don't think we ever feel that deep within, inside, that we can continually go out and explore our life experiences and make mistakes and come back to where people still accept us. Those mistakes are pointers that are used against us. Do you understand? Constantly'. (6:156-160)

Here there is a real sense of one strike and you are out. One mistake and you have proven the stereotype right. Whilst the participant is not expressing this explicitly it sounds as if what he is referring to would in its immediate extension be a restriction of freedom where white people that are largely free, and therefore privileged, in their own majority society from the restrictions of stereotypes thus enjoying a far greater allowance of making mistakes and getting second and third chances as compared with the black minority population who risk being harshly judged and therefore cannot count on second chances.

3.1.2.1 Restricted aims

Similarly to how the perceived consequential risks of being stereotyped were seen to potentially cause self-fulfilling prophecies, the sense of being kept down and discriminated

[18] Pete Doherty, a young white celebrity male singer in a band and known via media for repeated drug taking and related court appearences.

against was felt to have, a potentially, very hampering effect on personal ambition. The extracts below are all continuing on from discussions relating to 'being kept down'.

Female 1: 'And when that young man starts applying for jobs and they slap him and say you are no good, something happens.'

Female 2: 'Yes, it emotionally breaks you down. You lose your ambition.' (8: 245-247)

Male: 'We tend to just hang out on roads man and everything is to do with hanging and there's not that much extracurricular stuff. Like there's too much idle time. Like there's too little to occupy your mind. You buy a bag of weed, you smoke it.'

Female: 'I don't think they push themselves enough. They don't believe that they can achieve what they want.' (3: 67-72)

'It does dampen your spirit. That's why you've got so much young boys now the way they are. Not even trying' (10: 1002-1003)

Examples across several areas of experience amounted to the lived sense of being kept down. This outcome can be related to the discussion on diverging perceptions of racism in Chapter 1 (see Davis and Smith, 1994; Hoochschild, 1995; Morin, 2001 in 1.2.3) in which it is indicated that black populations perceive of racism and discrimination to large extents. Whilst we do not have a comparable population in this study, the outcome suggests that the participants overall perceive racial discrimination to be prevailing and harmful to black individuals and communities to an extent that the white population may be less aware of.

3.2 INTERNAL STRUGGLE (TRAUMA)

With themes under the umbrella term of external struggle constituting experiences with the outside world by, whether directly or indirectly, we now move to the internal, psychological consequences of the external and social phenomena: 'The Internal Struggle'. Two main concepts stood out from the data in the category of internal struggle: 'Distrust' and 'Sense of Powerlessness'. These, with their joint and respective sub-categories can be revisited in the illustration in Figure C.

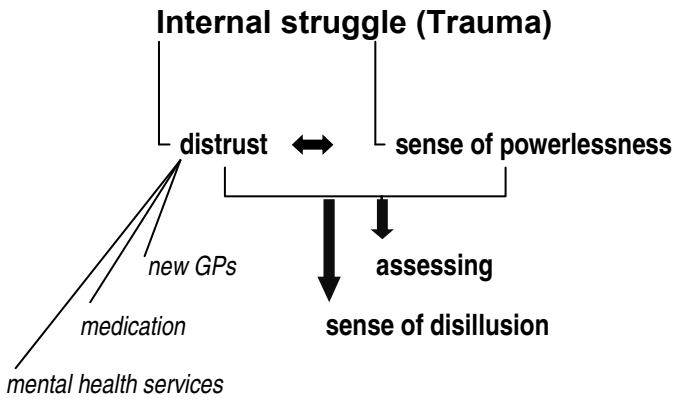

Figure D. Internal struggle (Trauma) with its sub-categories. Arrows are indicating the direction of causal relationships and lines are denoting divisions.

Before further inspection of these categories it is worth noting that both are socio-psychological processes that are in relation to 'other'. Distrust requires an other to direct a sense of trust or distrust towards. Similarly, a sense of vulnerability is, in this case, to be seen in comparison to other. 'The other' here again refers more specifically to the indigenous white majority population. It is a sense of feeling comparatively less secure, less safe and less protected than the other, as well as targeted by the other. None of the two categories would make much sense outside of their context as they are theorised as consequential to the external set-up, i.e. the experiences, through a sense of collective memory of past abuse and various lived observations that together has formed the participants' view of the world.

As illustrated in Figure B. 'Internal Struggle' has kept the caption of 'Trauma'. This as they relate to the external trauma categories and are as such viewed as trauma symptoms.

3.2.1 Distrust

As previously mentioned, trust has a direction; it is something we invest in and attribute to other people (Sztompka, 1999). Rousseau et al defined trust as a *'psychological state of comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another'* (1998: 395). This seems a fitting definition of trust in the context of this study as the distrust that rose from its data could be summed up as a psychological state, built on belief, in which there was a significant lack of positive expectations of the intentions or behaviour of the other. The 'other' is here generally referring to the white majority society. The concept of distrust was most often immediately linked to previous experiences in the texts. As mentioned, there was thus a causal relationship between the external and internal struggle where the collective memory and lived experience are to be viewed as causal in the aetiology of the present sense of distrust.

There were multiple examples conveying a sense of distrust emerging from the interview extracts. The theme of distrust was in fact immediately obvious in the room during the actual interviews themselves and encompassed general as well as specific areas of the participants' world in which they dealt with white majority culture. Indeed, most of the extracts used to illustrate the aforementioned categories and subcategories, so far, contain indirect qualities or associations of distrust. The theme of distrust was thus an undertone to the whole experience and outcome. Such was its prevalence that it permeated - without prompts or questions posed to the participants, at any time, with regards to its existence or nature distrust- the content across all the interviews. Along with a sense of privacy (see Private Self, 3.2.3) it was the most frequently offered reason as to why there may be fewer individuals from the black ethnic minorities represented within formal psychological services. It was furthermore noted that whilst offers of high levels of personal privacy were readily put forward earlier in the interviews, direct mentions of distrust typically featured at the later stages. This may indicate a sense of 'privacy' being a more socially accepted, less contentious and therefore a more presentable reason, than that of 'distrust'. Since the sense of privacy or concealment appeared to be much of a consequence of distrust, this sequence also gave a sense of 'peeling off the layers' during the coding process of each of the interviews, getting closer and closer to the underlying factors as the conversations developed.

Below, are a few illustrations of distrust being offered as a general cause of reluctance to the potential of involving the outside, white, majority world in one's private difficulties.

> 'Common sense tells me to be weary because I've suffered at the hands of racism - I've been there.' (11: 600)

> 'If what's being perpetuated to you is basically you're worthless then why are you then going, well you've already made the decision for me about what I am, so why am I going to work to get myself out of it and then when I've got an issue why the hell am I going to you to go and get help? You don't know me, you hate me, you think when I come in the room that you've got to grip your handbag.' (3: 441-446)

> 'Not to be racist or anything, but black people going and talking to white people they are not going to know where they are coming from, they are not going to understand the roots.' (12: 383-385)

> 'I am a little bit more wary I would say of expressing certain things to a white counterpart [pause] for fear of lack of understanding really, for fear that you're not really going to understand and you can't really go with me.' (12: 722-728)

Whilst most of the participants when referring to a sense of distrust referred to ill treatments of the past or perceptions of present inequality, the participant below related a more general sense of distrust to not being able to claim part and participation in established services and organisations:

> 'I think as black people altogether we don't have no involvement in anything so we wouldn't put our trust, if we're not involved in anything, we wouldn't want to trust that.' (13:916-918)

> 'Distrust in the system. That sums it up.' (11: 708)

Since the topic of this study, and therefore the introduction of each interview, queried reasons as to why numbers of people from the participants' communities are disproportionately low

in receiving psychological treatments within national health services the issue of help-seeking via their GPs presented in all 13 interviews. Within this area a sense of distrust was found to be directed towards 1.) medication as a treatment of mental health problems and 2.) the use of medication on the African Caribbean community, and 3.) new GP's[19].

Consider the extract below:

> 'Now we are still pandering to that whole slave mentality and as much as we go '*I'm no slave, I'm this, I'm that'*, we are still pandering to it and until us, as a society, as a community of people' can go beyond that. And also we have to stick together because there is so many people outside of us trying to break us down and because you have that, you don't want to go outside of it. If you feel you've got a mental issue or something, it's not something you want to go and shout from the mountains, you are not going to go out of your community to go and get that help because you think they want to break me down anyway, why am I going to go to the white man and that white man is going to turn around and say yeah, mentally ill, pump them full of drugs and put them in a home and forget about them. Or throw them in prison.' (13:324-337)

This young female participant starts by relating the strong sense of distrust to the past in referring to a, so called, 'slave mentality'. Parallel to the previously mentioned perceptions of being stereotyped and 'kept down' in society she refers to people outside of the black community attempting to 'break us down' thereby also tying the sense of distrust to the present. In referring to help-seeking, her commentary further includes the areas of specific distrust of excessive reliance of psycho-tropic medication in the treatment of the African and Caribbean communities. This summary is largely representative of what the participants in all the interviews expressed. At times such contents were expressed as a personal belief and at times as a way of describing the beliefs of a large part of their community.

Out of the three specified areas of distrust, the most frequently and most consistently mentioned view was one of strong caution and distrust towards psychotropic medication as a suitable way to treat mental health problems. Such doubts transferred to the prescriber of such drugs and to the system for endorsing its use. The three specific areas which the participants clearly and consistently voiced distrust towards thus inter-related. There appeared to be a general sense that people from the African and Caribbean communities were

[19] New GP's here refer to a GP with which the participant has not yet built up a relationship with.

disproportionately many in psychiatric hospitals and people had, typically via friends and word of mouth heard stories of people from their communities who had been diagnosed and or taken into hospital, sectioned, after which they had been given medication resulting in either never being the same again or never being seen again. Sharing of such events was frequent and met by agreeing comments and nods by the fellow participants. This sense of over-representation and negative consequences of medication did indeed not appear a new concept.

> 'I've seen it myself, I've got a close friend of mine who right now is in a mental hospital in London and right now you see how she is lying there. Talked a lot and everything, that's her kind of personality. You see her now, dazed, don't talk just: 'What's going on?'. I'm trying to ask the doctor there, these drugs are supposed to calm her down but what's it doing for her brain? ...I'm scared to go and ask the GP that maybe I have a problem, I don't want to be in that same situation because I'm a live person I don't want to be dead like that'. (13:339-348)

> *'It's a shock'*, she said. People she went to school with, they're all in the Maudsley[20], you know. She said about the drugs they give them as well. Being a pharmacist she knows all about the clinical aspect of these drugs. They're not helping. She said: *'These people are not sick. It's the way they are!'* She was very, very upset about it'. (8:119-122)

> 'I wouldn't send them to the NHS they'd pump you up with injections and that would be the end of you. I've seen friends who went a bit funny and you see them a year later walking around blowing and talking. It seems to make them worse.' (11: 44-46)

> 'My friend he went there, he must be about 25, 26. I don't know what happened to him but they referred him into that place and as far as I know he was perfectly fine. I see him now, he's a different guy. He's put on weight, he's swollen up, he talks slow, he hardly remembers anything and I think to myself: I don't know what they done to him but the injections [pause] he's just he's a different person now.' (9: 235-240)

The woman below talks about having sought help from her GP following the loss of her 12-year old son a year and a half ago. She has just described that she was offered a prescription of anti-depressants or seek help from Emergency services. There had thus

[20] The Maudsley hospital is a psychiatric hospital based in South London and covering, within its catchment area, a large area of South West and South East London as well as including national services.

been no offers of bereavement counselling. (Of note is that there had been no mentioning of support via councelling).

Female 1: 'You just feel isolated you know, so you just feel what the f***, what's the point then? [of seeking help] What is the point? You might as well just deal with the matter yourself to the best you can and just pray to god that you overcome it one way or another, but they want to give you anti depressants and they know the side effects and the history about these things. It's like they are sending you to a deeper, deeper grave you know what I mean, than really and truly trying to solve your problem.'

Female 2: 'That's what starts it off, anti depressants, they give you anti depressants and that makes you get worse and then that's when you end up falling...'

Female 1: 'Then on sleeping pills and all them stuff. I don't want that.' (10:495-508)

The examples of negative views on medication were many and as mentioned there were indications that one was more at risk of being subjected to mental health diagnoses and the suggestion of medication if belonging to the African or Caribbean communities, e.g.:

> 'The doctors are of the same kind of opinion, they are still thinking, well, waste no time with these people [black people], they're probably incurable, why waste a psychologist on them when we can just send them straight to the nutty house.' (10: 656-659)

In the extract below a male participant is giving an example, described as typical, of a way in which black men may come to be involved with mental health institutions.

Male 1: 'If you are driving down the road and you get stopped, as a white guy you say "*Okay, I got stopped no problem.*" As a black guy when that happens two or three times during the day, by the third time you are like "*What the f*** are you going on about? Why does this keep happening?*" From the time you behave like that then the policeman's on the phone saying "*Right we've got a violent one here.*" You get down there, they are still shouting in the police station, you get the jab, you are in some hospital or other and then you are into a cycle, that says the man's violent, he's schizophrenic and so on and so forth.

Male 2: 'Stigmatisation.'

Male 1: ‘And then if you’re complaining about something obviously you know psychology like if you are complaining about something that is seen to be some kind of persecution complex okay, but for you is real, but for them is some imagining then you are already moving towards being institutionalised.’ (10: 197-214)

The particular distrust towards a new GP did not yield the same level of doubt as did that of the use and effects of medication in general and concerns about excessive use of medication on the black community. The distrust can here be described as more of a weariness and sense of unease. There was furthermore a sense of trust needing to be earned and that the GP, in this instance, would have to prove him or herself. The distrust of a new GP really emerged in comparison to GPs that the participants had known for a long time or those that had acted as family GPs. Whilst a few of the participants felt that they would judge each GP on their individual social merits on each occasion, many of the participants expressed unease with new GPs as compared to an explicit sense of safety with those that they felt they had built a relationship with over some time and or had acted as their family GP thus being seen to have an understanding of the participants’ family background.

‘I’d only see the one GP in a practice of maybe six. I’d only ask for that one woman, because I knew I could relate to her much better than anybody else, so I’d always ask for her and we had a good relationship. Don’t want to deal with somebody new that doesn’t know anything about me. Takes a while to get to know someone.’ (4: 759-762)

‘Yeah it makes a huge difference [having a family GP]. It’s like a sibling you know. They know you well. They know you well. Obviously it’s your GP so they can’t know you all that well but it’s that familiarity where they’ve seen me grow up and if I express something it’s not something new to them. I remember my first GP, Dr X, bless him when I used to live in Vauxhall. He was lovely. I hated moving because of that. Seriously. I came here.’ (5: 246-250)

‘For me if it was somebody new I would be weary, I mean, because I have a relationship with my GP, long-time, so that would never for me be the case that I could come and be handed like all these stereotypes playing out in my mind, because we have a relationship.’ (4: 1125-1128)

‘I’d trust my doctor because I’ve known him for so long and he knows all my family so I’d be a bit weary but I would trust him, but if there was a new doctor who didn’t have as much history, I don’t think I would.’ (1:74-76)

Familiarity and 'knowing-what-somebody-knows-about-you' would, it seems, buffer against the fear of being stereotyped and with such variables in place, distrust seemed less of an issue, if an issue at all. This demonstrates, again, the very close connection between stereotype threat and distrust. Expressions of weariness towards 'new' GPs were indeed frequent and the participant in the next excerpt provides some insight into this phenomenon.

> 'How do you get them [pause] how do you make them believe you because it's about a personal thing? You are talking about your personal experiences with someone who doesn't know you from Adam, realistically. So, how [pause] why should they believe you? Depending on the state of the GP, a gung ho GP, it's like "Oh no, you will be alright, come back and see me in two weeks, if the problem is still the same, we'll talk about it then." But, in two weeks but you might not, you can't be bothered after two weeks and the trust might not be there.' (4: 662-669)

Sue and Sue (1990) writes, in relation to psychotherapeutic relationships, that black clients are typically concerned that they might be misunderstood or even treated in a stereotypical fashion by their white counsellor. Most of what have been written about distrust comes from the psychotherapeutic literature but is of course transferrable. Other authors, again, drawing from experiential observations and previous conceptual literature have noted that this 'cultural mistrust' relates to concerns that psychological distress may be misunderstood, misconstrued and/or pathologised where the individuals' personal beliefs are feared to be compromised or undermined (Boyd-Franklin, 2002; Fatimilehin and Dye, 2003; Sashiridaran, 2003). Through the apparent mistrust expressed in this study, it has found support for this notion within the British second and third generation of black people. Moving back to the above extract, it seems that the participant predicts, or expects, a negative perception from the GP, hence querying: *'How do I make him believe me?'* The issue of presuming or worrying about being judged or negatively perceived is further addressed when presenting the categories of 'Assessing' and 'It's good to talk!' (see 3.2.1.2 and 3.4). At this point it therefore suffices to note that the distrust that emerged through the iterative research process was found to be prevalent and related to a very real, and clearly expressed, worry of being negatively stereotyped. It should however also be noted that whilst the emerged distrust appeared sizeable and pervasive in relation to 'white majority system' as a whole as well as to its practices, such as the use of psychiatric medication and perceived socio-political

treatment of the black community, there were in fact no mentions of distrust towards 'the white person'. Whilst there were indications of caution with new GPs it was also clear that, given the right variables, trust ensued. 'Distrust' is thus to be considered to be mainly directed towards the 'system' and extend to new encounters with its representatives in particular. Adding to this effect of expressed direction towards the system rather than towards the person may however to some extent been affected by my presence as a *white person*. Awareness of my work for the NHS was given, but I was still a white person in amongst more black persons. Perhaps expressing a sense of distrust towards white *people* was considered rude or too revealing. It may indeed be possible that a black researcher would have generated an extension in the distrust towards white people in general. Having noted this, as seen above there was a strong sense of trust being far from impossible with GPs – the main point seems thus to be that trust is not automatic.

Of course, adding to the area of distrust, from a process perspective, the difficulty in recruiting people, the time it took, the amount of people that agreed to attend and then disappeared (see 2.3.3, Chapter 2) further pointed to an overall sense of distrust amongst this group.

3.2.2 Sense of Powerlessness

Following on from the examples given above of worrying about being given a diagnosis or prescribed medication if bringing an issue relating to mental health to their GP, such examples also indicated something further, namely a sense of vulnerability or powerlessness. Consider the following extracted sentences below:

> 'If you get diagnosed wrong you're in trouble. You're never going to be the same again'. (4: 524-526)

> 'I suppose that's probably why a lot of black people don't go to doctors and that when things are wrong because they know they're just going to inject them and give them tablets and just turn them into a zombies or something.' (9:245-248)

> 'I think a lot of the time, especially with somebody like a doctor that can like determine your future if you say the wrong thing if you say the wrong thing or even do the wrong thing in front of the doctor he might think 'Wheeey, he's a bit weird!'. You're not weird that's just you and the next thing you know...[hand gesture cutting across the throat]…sectioned.' (3: 33-38)

The above describe situations in which something undesirable could happen or *be done* to you. What is of interest with these expressions is that there is no particular sense of discussion or mutual decision making. Indeed, there is a flavour of powerlessness in the expressions. A sense of : *'Better to be safe than sorry'* or a sense of taking a *gamble.* Such examples could be found throughout the texts and became more and more apparent as the coding process progressed. In the above illustrations, whilst expressed somewhat between the lines, a distinct sense of diminished power or vulnerability in relation to the GP is nevertheless there. It is perhaps the omission of referrals to ensuing discussions or disagreements that most serve to point towards a sense of vulnerability.

This emerged sense of vulnerability can also be related to the sense of distrust. It would be commonsensical to assume that where one does not feel trust towards a person or institution that is held in some level of authority to oneself, one would be likely to feel vulnerable. This would be true for all of us (Sztompka, 1999). Equally, in situations where we feel vulnerable, trust is likely to come harder as more might be on stake if we are wrong. The sub-categories of distrust and sense of vulnerability in this study are thus theorised to be engaged in an inter-causal relationship (See Figure C).

The longer extract below describes a sense of vulnerability or of not feeling valued and protected to the same level as other people in Britain. The extract follows a discussion on not feeling as valid British citizens, whether at home or abroad.

Interviewer: 'But as British citizens, if something happened to you abroad, would you feel protected by Britain in that sense?'

Female 1: 'Absolutely not.'

Female 2: 'No way, I keep my nose clean when I'm abroad and behave myself.'

Interviewer: 'Would that be the same for a white person?'

Female 2: 'No, no, if it was for a white person they'd pull out all the stops.'

Interviewer: 'There is a difference?'

Female 2: 'Yes I think there is. As I just said for example, the fact that the prisons are full of African Caribbean men born her, the fact that a police officer can just kill you and walk free, knowing that your family does not have economic power to challenge them, whereas as Jewish person, there'll be war in this country. And the legal system is full of Jewish judges and they would make sure they bring them to account, they cannot get away with it. And these are all problems causing pain in our communities because we feel we have no outlet, we're vulnerable.'

Female 1: 'Very vulnerable. When my brother was at Exeter he was picked up by police and he was given a good hiding by Exeter police and he sued them. And the reason why my brother was able to sue them and get some money was because he was very articulate, he knew his rights and he wasn't going to let go and he was going to really disgrace them, what they had done to him. But it is not all black boys, young men, who are like my brother in that position. I do feel very sorry for young black boys who are coming up and I would not advise any young black boy to walk on his own because you don't know when you'll be picked up or when you'll be killed. In my opinion, black life is something that is cheap.'

Female 2: 'Yes, cheap and very powerless.'

Female 1: 'Brought up here in this country and I feel like this, and it's a shame.' (8, 379-402)

The notions referring to 'black life as considered cheap', the idea of 'police getting away with killing black persons' and 'black people holding no economic power to defend themselves' against potential injustice' provide uncomfortable concepts. This extract was amongst the most strongly expressed yet serves to illustrate the depth and strength of both distrust and sense of vulnerability that *some* second-generation black Britons of today feel. To help illustrate this point further, it may be of some descriptive value to here mention that the two women expressing their views in the above extract were both educated at university level, working within the educational system and the local council respectively. As such these views could not be assumed to come from individuals on the so called fringes of society. Whilst the expressions were strong they were considered to demonstrate the overriding sense of vulnerability across the interviews. Certainly, what came out of the interviews combined was a rather disturbing sense of vulnerability and powerlessness in comparison to the white population who were viewed as backed up by society and ultimately more safe, valued and secure.

As a final example, the participant below expresses a more internal sense of vulnerability that can be related back to the perceived prevalent risk of being negatively judged or stereotyped. Again, this sense of vulnerability is expressed as a comparable to the white experience or the white privilege. And, again, the content relates back to the perception of being at continuous risk of being categorised according to negative stereotypes.

> 'Say like Pete Dougherty. That's a prime example of a Caucasian man that thinks the world is his oyster. '*I can continually make mistakes, but hey…!*' I don't think we ever feel that deep within, inside, that we can continually go out and explore our life experiences and make mistakes and come back to where people still accept us. Those mistakes are pointers that are used against us. Do you understand? Constantly.' (6: 156-160)

3.2.1.1 Sense of disillusion

Interestingly, there was only two brief mentions in the entire thirteen interviews of 'things' having gotten better or going towards something better. This was expressed by a male in the only individual interview, in referring to racist attitudes: 'The situation's probably getting better.' (9: 172) and by another male in the only dyad: 'I think we've got to move on now cause things are getting better...the world is changing' (6: 96-97). Since such expressions were only noted in the two interviews with one and two participants respectively there is a question as to whether the power structures motivated the participants to express more socially acceptable or desirable content.

The otherwise noticeable lack of hopeful or aspirational expressions towards the future coupled with the frequency of statements such as 'it's just how it is' (2:65) relating to situations of perceived differential treatment or opportunity, built, during the coding process, towards a sense of bleakness, or a lack of hope, towards the future. This quality of accepted stagnation felt, again, related to the prevalence of distrust and vulnerability as previously outlined. Before addressing such a link further some examples of this category called 'Sense of disillusion' are outlined below:

Female: 'It's alright saying I wish this could be different or I wish that could be different but without information and evidence or whatever there's not a lot someone can do, you know what I mean? ...it's seen as going over the same ground. It's like repeating itself, you know. You can repeat yourself so often until you get tired of it because you keep talking about it but nothing gets done. ...You may be seen as: '*Oh, you're just repeating yourself*'. It's like we're talking about this same old thing before, so it's probably out of exasperation that black people just think, you know what [shrugging her shoulders and sighing]. You're defeated before you even start anyway. It's like...'

Interviewer: 'What's the point!'

Female: 'Yeah!' [emphatically]

Male: 'It's a bit of: What's the point? It's not going to lead to anything. So things are the way they are...' (7:266-284)

In a similar vein a male participant talks about how, in Buddhist countries such as Thailand, a person is judged on his actions. He says:

> 'It's not like that here. If you're black it doesn't matter how goodhearted you are the preconception stays with you. Nothing you can do about it.' (6: 187-188)

Another participant talks about being perceived as a low achiever during her school years despite generating top grades. She comments:

> '...you can't even escape it [the stereotype, or preconception]. It's always going to still be there.' (3, 349-350)

And in another interview:

Female 1: 'There is a problem with the African men. Unless they can accept him and treat him on an equal basis, maybe not in our lifetime [pause]

Female 2: 'That will never happen ever, it will never happen'. (9: 620-622)

> 'It's become part of our lives. It's become part of our lives that we have to live with'. (10: 450-451)

The above extracts relate to the issues of negative stereotyping and discrimination and offer a sense of how engrained and therefore unimaginable it would be for such *not* to 'be there'. This sense of '*Things are never going to change*' also extended to the perceived usability of the present study's outcome, or rather lack thereof:

> 'Well, you're writing this up, and even if you do, it will be debated and it will probably be on Radio 4 and we'll have a nice little debate. We'll have an academic and one or two black people who will say: 'No, I don't really think so. I think things are improving.' And you'll have those psychiatrists and you'll be made famous for a few minutes and then it will be shelved. That's what will happen'. (8, 698-702)

Another woman in the group continues on this:

> 'And that'll be it and it just carries on. And that's why we feel powerless, because whatever we try to do, we're not going anywhere. It's like we're being deliberately out of it'. (8: 735-736)

> 'I think if you are trying to find the problem, one solution, I don't think you will.' . (6:62-63)

There is nothing in the literature that specifically relates a sense of hopelessness towards the future and the perceived experience of racism and oppression for African and Caribbean decedents in America or Europe. Neither can any such indications be found for any ethnic minorities or otherwise stigmatised populations. From an individual and psychological perspective however there are some parallels that can be drawn from cognitive theory on depression. According to cognitive theory, our view of ourselves, others and the world around us is of course directly guided by the way in which we appraise our experiences (see Beck, 1961; Clarke et al, 1999). In this fashion, just as years of unremitting chronic depression can often render individuals hopeless about their future as well as their ability to do anything about it[21], a lengthy experience of being on the receiving end of prejudice and lack of opportunity would be likely to dent the average level of optimism over future

[21] This would typically be referred to as having acquired a dysthymic schema (Markowitz, 1993).

prospects. Correlations have been found between general perceptions of racism and poorer individual mental health in general (Carter, 1994; Carter et al, 2005; Hendryx and Ahern, 1997; Williams, 2003; Pieterse, 2007; Swim et al, 2003) and studies on stereotype threat have furthermore demonstrated significant and immediate effects on performance (Steele and Aronson, 1995) and, over time, a reduced sense of social and institutional belonging (Major et al, 1998; Steele et al, 2002; Cohen and Sherman, 2005; Mendoza-Denton et al, 2006; Walton and Cohen, 2007). The studies that have demonstrated a correlational relationship between levels of perceived racism and sense of wellbeing furthermore measured well-being in terms of mood where those with higher levels of perceived discrimination scored higher on depression ratings (Pieterse, 2007). Just as many chronically depressed and dysthymic individuals are known to fear the vulnerability of becoming hopeful, believing that hope is illusory and therefore a set-up for more pain (Riso and Newman, 2003). People perceiving on-going discrimination towards their own group may equally attempt to protect themselves from disappointment by adopting a view that at least will shield them from possible disappointment. The essence of *'Things are never going to change'* may as such constitute a piece of a complex puzzle that indicates just that: a collective or cultural dysthymia where a sense of disillusion acts as a protective mechanism. Notably, this would not be dysthymic disorder in the clinical sense just as cultural trauma although relating to a traumatic event in the past is not the same as post-traumatic stress disorder. *Feeling* less valued by greater society with fewer opportunities, less protection and chances to get things right is a stress that could conceivably be ticking away within those that actively feel that they are being stigmatised. To hold high hopes of effective change may thus in the longer term cause repeated disappointments (pain) when incidents occur that appear to thwart any optimistic anticipation.

One final extract is included under the heading of sense of hopelessness. This, as it reveals some of the difficulties with bringing issues of racism or difference to discussion outside of one's own group. The interlude to the extract is a discussion on institutional racism which has just prompted the question as to whether the participants in this particular interview had ever raised these issues with their white counterparts.

Male 1: 'They don't understand, they don't even know. Not only that, if you say to them, if you say, I used to say, they go "What's it like for you Dave, is there racism out there?" So you go "Yeah of course there is." So then

they're going down that road and the reception is poor. But if you say "No, there's no racism" they go "I thought so, it's all imaginary isn't it?" and you find that you get a much better response'.

Male 2: 'That's the right answer, that's the right answer.'

Male 1: 'That's the one they want to hear. And they don't care, they're not looking for that answer anyway, they are not really looking for an answer. What they are looking for is reassurance.'

Male 3: 'Obviously I've talked to a white person, I've said certain things but they will be like "No, no" because obviously they're white themselves because obviously you're just talking in general about something but they're thinking, say if I started talking about racism, you'd be like thinking "Oh does he think that I'm like that?" You all go defensive, that's automatic you do that. But if you start talking about like any situation now you might think to yourself "What are they going to think that I'm like because I'm not agreeing to certain things, are they thinking that I am like racist as well?" That's how it always is man.' (10:934-...965)

This extract feels important. As it may not appear to fit snugly with the category 'Sense of powerlessness' some justification of its placement is warranted. I have read and re-read the extract, finding it to provide naturalistic support to the study carried out by Dovido et al (2002) (See 1.2.1.1 in Chapter 1). They hold that the central aspect of, so called, aversive racism lies within the disassociation between explicit and implicit attitudes of the typical white population where their non-verbal behaviours are likely to subtly influence interactions between white and black people through affecting differing perspectives. A similar supposition was notably also forwarded by Shelton (2000). Dovido et al (2002) found in their study discordance between the white and black participants in terms of their impression of casual conversations, with white participants typically describing the interaction as satisfying and reported feeling content with their contributions and the black participants typically expressing dissatisfaction with the exchange and unease about their counterparts non-verbal behaviours. The extract provided from the participants of this study hints towards this very dissonance. Moreover, if white people, in general, do not share the same perception or understanding on the topic of racism or even on how they come across in their interactions, then how can a change be conceivable? This is how the latest extract was felt to fit in with a sense of hopelessness; serving as an explanation of the very complex variables that may be at play. It hints towards a blindness in white people, an ignorance of the unknowingly privileged, of the implicit yet salient aspects of racism and discrimination. Such is here hypothesised to contribute towards a sense of hopelessness or disillusion; a feeling that things

are not likely to change. After all how can something change when this discordance is not apparent to the majority population?

3.2.1.2 Assessing

The only psychological 'strategy-process' that was identified during the analytic process of this study was that of 'Assessing'. Here, the data revealed many of the participants regularly engaging in an assessing process in first or early relationships or encounters with a new person.

In talking about first encounters a professional male refers to the process of assessment as something that is always there.

> 'When I go into a room, I've already got that [assessing frame of mind] and I'm waiting to see how you're going to respond. Because in a sense I just want you to be able to deal with me... And I never cease to be amazed by just how many people respond to the stereotype.' (4:1011-...1019)

Whilst expressing that his hope is to be understood, this man is at least in part attempting to evaluate how he is perceived by the other person or more specifically assessing whether he will be perceived in a stereotypical way. Going back to the shared perception of the prevalence of negative stereotyping towards black people amongst the participants, and the negative effects that were viewed to follow (See 'Being stereotyped', 3.2.1), the process of assessing seems like a natural, or logical, response to such concerns. Adding the apparent sense of vulnerability to this, and the rationale for the assessing process becomes yet clearer.

A little later in the same interview the same participant continues:

> 'So, yeah, you make assessments but you have to be open to what they're saying, what facts they offer you. Then you make a final assessment based on how they reacted to you.' (4: 1111-1112)

Here there seems recognition of how he must not let his own schema prevent him from receiving a good content-based idea of the other person's message. A final and concluding assessment is here indicated to constitute a type of summary, of most likely, several levels of information. A little further on in the same interview a woman offers some further insight into the assessing process. There is here an indication of how such a process can also get in the way of efficient communication. It thus seems that the process itself can distract from, not only the content or message by the other but from being able to put one's own content across adequately.

> 'If it's somebody new then [pause] like with anybody that I don't know, whether they are black or white, you are just thinking how they might judge you and how you might judge them and it's kind of how you cut through all of that in order to get to the point you need to.' (4:1130-1133)

This point is interesting. We know from the literature that the threat of potential racial stereotyping make the negative stereotype cognitively more accessible (Davis et al, 2002; Inzlicht et al, 2006) as well as increase the amount of negative thoughts in general (Cadinu et al, 2005; see 1.3.3. in Chapter 1). Johns et al (2008) provided an illustrative example of a black student being called on a difficult question in an academic setting. According to their findings they suggested that if the student in such a situation perceived a threat of being stereotyped, the student would be likely to feel physiologically stirred by anxiety and uncertainty, which, in turn, was suggested to typically lead to internal performance monitoring and attempts to suppress and deny the negative emotions generated by the threatening image of confirming an undesirable typecast. This process would thereby culminate in causing the student impaired concentration on his or her answer. Results like this were furthermore supported by very similar findings by Schmader et al (2008). Since, in a situation of assessing there ought to be some perception or anticipation of possible stereotype threat - if there was not, there would logically be little need to assess - could the process of assessing therefore negatively impact on the cognitive process required for optimal communication? Again this study would far from hold the answer to such a complicated internal dynamic. It may however be likely that the person who fears being stereotyped, places excessive focus on image control, thereby running the risk of missing various subtle

cues in the environment or message by the other. Such mechanisms are of course known in social anxiety where the sufferer worries about being perceived as stupid or boring or by other undesirable descriptions (see Scholing and Emelkamp, 1996; Wlazlo et al, 1990).

Nevertheless, recognising a practice of assessment as something rather natural and automatic was typical amongst the participants in those interviews where the topic of assessing arose. Below, the process of assessing is described as instantaneous and related to having experienced difficulty, hence having become a type of safety strategy.

> 'It's instantaneous now. I can be in the same room with someone and know whether he is genuine or not. It's life experience. It's like anybody whose put in a bad situation they get used to that bad situation and the problem is that a lot of us have grown up used to it and maintain getting used to a bad situation.' (6:150-153)

Correspondingly, the participants below are, in referring to the particular process of talking to their GP, indicating a caution that would warrant an ongoing assessment. The object appears to, in this case, be to ascertain whether the situation is safe or not.

Male 1: 'Another part of me would be bloody suspicious – if you get this wrong mate you're in trouble – you have to be very careful not to give too much away. A little bit at a time.'[22]

Male 2: 'Testing the ground.' (11: 729-733)

By giving information sparingly and in a stepped approach it here seems that one can generate more material to assess by strategically evaluating the responses to the bits of released information.

[22] It can be noted that this example was also used in illustrating a sense of vulnerability (see 3.2.2) as the client is indicating a concern of potentially serious consequences if he expresses himself in a way that may lead to misunderstanding.

Following the theme of assessing having emerged from the data, the literature was searched for similar findings. In the empirical literature there was only one prior mention of such a process. Ward (2005) noted that black therapy clients engaged in an ongoing assessing procedure where the goals of such were hypothesised to be to ascertain levels of cultural understanding and to gage the counsellors' trustworthiness. Indeed, the author (Ward, 2005) deemed her findings novel and unique. Similar to this study however, hers, also qualitative, was not able to further investigate this phenomenon, but merely noted its prevalence.

Retrospectively, such assessment processes were hypothesised to have taken place during the recruitment and interview procedures. Whilst the actual process of assessment could not be observed as constituting an internal and largely unexpressed phenomenon, some of the participants gave insights into part of their more explicit initial assessments. Below, the participant is referring to being approached in the street by me and male assistant querying his potential participation in a group discussion.

> 'I had to look him up and down and look at his back pocket or his pockets or whatever to see what are you a FED or something with a badge. You guys could be like the FEDs...you are going for all the black people as well and I thought: *'What's going on here?* Every single person I saw was black so I was thinking, this is a little deep, I've got to find out what this guy's up to so I said: '*You know what, I've got something to do but I'll be back'.* I went down [the road] and looked and he was still talking to black people, people that were coming through and I was like, maybe he is really doing something. I came back and you weren't there, so I started rising and two of them they came back down the hill, alright, let me find out what these guys are up to as long as no names or nothing.' (13: 891-...905)

A female is offering a similar more overt description of assessing:

> 'When I first came in I was looking for cameras. To try and get what was going on.' (12: 531)

These two accounts make it sound as if the engagement process was shrouded in mystery and concealment. This was not the case. Whilst it is never possible to completely ensure that the

recipient of information ‘gets the full picture’ the recruitment process was deliberately as open transparent as possible (see Recruitment, 1.4.3, in Chapter 2, for further description of the engagement procedure). Taken together, the two latter accounts therefore point towards significant levels of caution and suspicion upon first meetings with people as well as a tendency to not accept information at face value. This observation was, as seen, supported by the findings discussed in relation ‘Distrust’ (see 3.2.1).

As demonstrated in Figures A. and C. there is a clear logical connection between the categorical components of ‘Distrust’ and ‘Sense of powerlessness’, and the process of ’Assessing’. It is fair to assume that in any relationship where there is little trust, the person who perceives him,- or herself to has something to lose, will need to practice caution in not giving too much of the self away, whether this will have emotional, physical or material consequences. We have of course already witnessed a sense of vulnerability emerging from the interviews and can therefore hypothesise that such will serve to strengthen the need for, or logic of, assessing or scrutinising new situations or encounters.

3.3 Private self

There were numerous references to privacy and suppression of expression contained in the discussions across the interviews. Often such were attached to mentions of caution and suspicion of the outside world. As previously noted, this was typically the earliest category to be cited across the interviews. It is however presented rather later in the analysis as it warrants its context. In looking at all the data, the categories and the narratives they generate, and the existing literature, it is apparent that the private self is, at least to a significant part, related to the senses of distrust and vulnerability previously presented and discussed. The sense of a private self is not new in the literature. Lower levels of self-disclosure, or sharing of personal information, has been found among the black population in comparison to the white population of the same class and educational level where white females have been found to disclose the most, followed by white males, then black females, with black males appearing to hold their cards to their chests most closely (Jourard and Lasakow, 1998; Littlefield, 1974). Whilst data of the present study cannot make such separations between the male or female participants in terms of levels of privacy there was certainly a sense of black

men, in particular, being very sparing in their disclosures of anything personal or private. The three extracts below are expressed by three men:

> 'For a lot of the guys it becomes a macho thing: 'I don't want to ask, so I'll deal with this through my own means.' (6:77-80)

> 'I think that's the hardest thing as somebody said before, the pride factor as well, it's like a barrier... (12, 294-295)

> 'I can only speak from what I believe but within a black community, as far as I can see we're kind of brought up to keep your dirty laundry or whatever within your own family or within your own, it can be seen as a sign of weakness in a sense in going out and getting outside help or outside people to come into your family. I think we're more taught to 'chin up', deal with it, maybe more internalise things than maybe we should, more than is healthy, but I don't remember ever, if you had something going on, the person you would go to for counselling or help would be your grandmother or someone within your family and they would just tell you to, probably give you two clips round the head, tell you to stop being so silly and fix up. You are not encouraged to, I don't know so much about now but the impression I get, you are not encouraged to go out and seek, because you are admitting that you have an issue that you can't deal with which might be the case but it's seen as a sign of weakness'. (13:32-47)

Too much self-revelation can amount to be perceived as a sign of weakness. Such a concept is of course not all that new to male culture and indeed male stereotypes (see Sczeshny, 2003). But perhaps this is yet stronger for the black male. Again, basing such a suggestion on the previously described contexts of this study of distrust and vulnerability, the perceived necessity to keep one's feelings and personal information to oneself is likely to be more prevalent. Indeed, statement referring to keeping things private often related back to a sense of distrust or to past experiences. Below the struggles of the past is mentioned.

> 'I feel that black people are, because of all these things like our struggle, we're private in our thoughts and our feelings.' (12: 220-221)

> 'It might not be in their [black people's] genes for them to talk about their situation they just got a way of dealing with it, and sometimes it ain't good because deep inside it can mess you up.' (9:76-78)

Again, the selected extracts below speak for themselves, further illustrating the frequency of expression in this area.

> 'I suppose in that sense it would be some people are frightened to talk and ask for advice. I would say like white people, they are more open to speak about and talk and sort it out. I suppose black people they're [pause] we just don't do that. We hide our feelings.' (9:69-72)

> 'We're not going to go in a room and straight away go 'how can you help me, I've got mental issues, I'm depressed, help me.' (13: 253-254)

Female: 'We're very private aren't we?'

Male: 'Suspicious.'

Female: 'As we have every right to be.' (12, 534-538)

The interviews were indeed full with brief references to the private selves, such as 'I keep everything to myself', 'bottle things up,' 'we don't talk about how we feel', 'deal with it at home', 'you mustn't go and talk to people,' 'we keep it within the family' and so on. Again, given the context, this category is rather self-explanatory. As can be seen in Figures A and C, it is the final consequence following External and Internal Struggle (Trauma) categories.

3.4 'It's good to talk!'

Although this final category heading could not be theoretically linked in with the other categories and is as such a stand-alone category it was felt that it was perhaps, overall, one of the most important categories.

The difference between the beginning of each group interview session and the end was palpable. The participants became visibly more relaxed, animated, friendly, smiling and higher spirit as the conversations wore on. Similarly, my mood and spirit were decidedly elevated by the end of each interview. This was not due to thinking that I had elicited excellent data[23]. I was instead feeding off the positive energy of the participants. There was alightness in the room. A sense of openness that completely contrasted the earlier categories described. On the question of how it had felt to participate in the interview it was consistently expressed to be useful, interesting, valuable, new, different, and refreshing. In the context of the atmosphere such expressions were felt to be genuine responses rather than polite contributions or efforts to adhere to social desirableness. Much of the final comments were not part of the recording. This, as spontaneous comments would continue whilst guiding the participants through the maze of corridors that led us back to the entrance of the library building, following each interview. The main point that I want to put across here is that the participants, from behavioural and process observation, left the group discussions appearing lighter in their steps. Such contributed to the naming of this category 'It's good to talk!' A rather random selection of such recorded comments are given below:

> 'It makes a change. It makes a change.' (10:517)

> 'I feel like it's done us some good.' (10:1218)

> 'It's an experience I don't get into. Discussing things is actually quite good.' (4: 1421)

[23] Notably, such was never the case. On the contrary, there was subjectively a consistent sense of worry at the end of every interview that I just had not gotten anywhere. The themes in that sense truly emerged from reading and coding and so forth. Hence my own sense of elevation of mood could not relate to the acquirement of data.

> 'This talk has been really interesting. Good insight really into looking at something that affects us all, all the time.' (7:695-696)

> 'I've really enjoyed this. It's unusual, innit...Good though.' (13: 993)

> 'We need more of this talking about things that matter' (13:995)

> 'Nice atmosphere. It's been surprisingly nice.' (4:1419)

On the topic of talking there were also several pointers in the texts as to the importance of not being made to feel judged or stereotyped and of the other party to make efforts towards making the participants' feel comfortable. Whilst none of the extracts elucidate quite how the participants would know or feel that they are not being judged or type cast, they are clear in the importance of not feeling judged.

> 'We're scared of those professionals asking us if we're hearing voices, you don't want to hear it [pause] You want to hear from them saying '*What wrong*?', '*What's bothering you?*'. You don't want to hear them say '*Are you hearing voices?*' That was the first thing that woman said to me: 'Do you hear voices?' What am I supposed to think? I'm not crazy. After what she said to me I was out of there like a bullet. I never went back'. (11: 697-701)

> 'You try and relax but then you do the whole crossed arms thing. And if the GP is one who is sensitive he will pick up on that and say to you it's ok relax I'm not going to judge you. Cause that's what you really need to hear. It's like you need to hear certain key phrases in order for you to relax. It's like you are waiting to hear certain things and once you haven't heard them it's like [sighing and shrugging his shoulders].' (5: 229-233)

> 'I would hope that someone would listen. I would hope that whoever I am talking to is just listening. No judging. It is a key thing for me.' (4:708-709)

> 'If someone is different, talk about the difference because then that makes both sides feel like that can be explored. It may actually stop you from feeling stereotyped.' (4: 904-905)

> 'She was just there like to talk to me saying, *'What's your problems?*' She asked my problems and I told her I had problems ... and she just said: '*Well, basically, I understand that.*' I mean, that counsellor, she didn't have no judgment of me. When I walked in there, she just saw a young man who's got problems and she wanted to help me. That's the main thing that a counsellor, anyone in mental health, must be able to do, is wanting to go out there and help out someone, not to judge them but to help them.' (4: 1042-...1059)

What is transparent in all of the above extracts is the importance of not feeling judged. Having noted the considerably worry of being negatively stereotyped it appears that the participants are actively looking for evidence to suggest that such is not the case; some indication that they are expressing themselves to somebody who is open-minded and unbiased. Two of the participants above state that hearing the other verbally express an understanding, e.g.: 'It's ok. I understand how you feel' and '*Relax. I'm not going to judge you*' helps the process. As a final illustration, the extract below gives further texture to the experience of talking about issues relevant to their community, again without feeling judged, by referring to his participation in the group discussion:

> 'I actually think it's actually nice for once to be, as black people, to be asked your opinion, not be judged for it, not be accused of having a chip on your shoulder for anything, and being negative and aggressive just because you are giving your points of view, and actually get something back for it in return. Being here today makes you feel that you've actually been asked for your actual opinion on something and you are actually listening to what it is we have to say without any prejudice or bias and actually it feels quite good.' (13: 907-914)

3.4.1 'Understand My Context'

This category acts as an obligatory precursor to 'It's good to talk!' As seen above, the participants expressed positive feelings and a sense of usefulness towards talking, expressing personal points of view and listening to others. This seemed however to be conditional on an unbiased, non-judgmental setting or listener. There was, as noted above, in this sense, a fear or worry of being judged. Since being judged, categorised or stereotyped were also seen to

cause negative effects on the self as well as on one's opportunities, such worry made good sense. Further adding to the real sense of importance attached to being understood in terms of one's context are the examples seen in the area of GP caution and distrust. It was frequently expressed that in order to feel safe and trusting of a GP, he or she needed to have demonstrated to understand the participant' background or to have known the participants' family and thereby already containing some natural context (See 3.2.1.). There was as such no use or value in talking to somebody who did not understand, or worse, was likely to misunderstand. Moreover, the coding of the transcripts led to a strong understanding and active awareness of societal, contextual and historical causes to people's presentations in terms of mood, self-view and behaviour emerging. Below are some typical examples of such expressions:

> 'Society did not have the full understanding of what mental health patients actually went through and what kinds of situations would cause them to break down. I think if they had an understanding of the kinds of things that led to people breaking down then there might have been a better acceptance of the whole community aspect and integrating them into society.' (5:9-12)

There is here a sense of external, societal situations causing break-downs and an indication that if greater society had a clearer awareness of causal factors this would lead to some type of improvement. The participant below talks about how black people are associated with 'problems' and how any contributing or causal factors are ignored.

> 'It's like you know, oh suddenly you have this problem and all you do is talk about the problem, but not the onset of the problem. Cause you can always see, you know things that are happening. And when they start to escalate it's not a case of, you wake up one morning and the world has suddenly gone bad. There's a build up to these things, a what's it called background, circumstances, so why does it take so long for it to escalate before something's done. Because the more it has escalated the more difficult it is to tackle. Does that make sense? They're making things impossible to change.' (5: 34-40)

The final sentence in the above extract also reveals how the lack of attention that is perceived to be placed on contextual features and dynamics can cause a sense of hopelessness (See Sense of Disillusion, 3.2.1.2); that 'things' are therefore impossible to change. The next extract further describes a sense of society as being causal in the expression of - or what society perceives an expression of - mental health difficulties, whilst also being quick to medicate the problems created.

> 'The first thing they do to you in this society is mess your mind up and if they mess up your mind good enough you'll end up in a mental hospital being drugged up to the eyeballs'. (8: 459-460)

The participant in the extract below relates pressures of society to mental illness and issues of self-worth. There is here a sense of the participant aiming for myself, specifically, to understand this point. Perhaps I here represent the white majority society and thereby someone who is likely not to be as fully aware of such factors as somebody from the black community would be assumed to be. Directed to me the participant is emphasising that this is not just something that is imagined. '*It is real'. 'It is happening'*.

> 'Some people are turned to madness! I know that I'm making a joke of it but it is that social pressure that really affects your self esteem. And low self esteem leads to illness. It's there! It's not something that we [black people] keep on dreaming up or trying to make it be reality when it's not. It's really life experience. That's what I've experienced. And if he's coinciding with me [pointing towards man next to him who is nodding in agreement], we've just met today, so it just goes to show.' (6:326-332)

Whilst the above extracts directly address external causes as crucial yet somehow underplayed, there were many places in the text where reading between the lines suggestions of the same were apparent. As the participant below expresses:

> 'It's not so much needing a psychologist as a sociologist. Our problems come from society.' (7: 62-63)

The category of 'Understand my Context' was thus born out of a compilation of the importance placed on querying context and background and on validating such through the mentions on GP relationships in relation to trust (see Distrust, 3.2.1), the frequent attention to

contextual factors as described above, the importance of history (see Collective Memory, 3.1.1), and the clearly positive effects observed during the process of each group discussion (see ‘It’s Good to Talk!’, 3.4).

The next chapter will aim to combine the reviewed categories and present their theoretical structure. Chapter Four will also outline the important implications, limitations, and conclusions of the study.

CHAPTER 4: **SYNTHESIS**

This study set out to gather insight into how the views and experiences of second and third generation black British citizens can inform the understanding of the psychological and psycho-social factors that may hinder or obstruct this particular group's potential seeking and utilisation of help via talking therapy within mental health services. A constructivist grounded theory analysis was applied to 13 group interviews with randomly recruited members of this population. Several interesting notional categories emerged from the analysis of the combined contents. Having reviewed all those categories in the previous chapter, this final chapter will attempt to combine the separate categories so as to form a more coherent whole.

4.0 THEORETICAL SUMMARY OF THE FINDINGS

Much like, on a micro level, a psychological conceptualisation of an individual's presentation incorporates an identification of relevant experiences from the past and a hypothesis on their effects as an essential part to understanding the current psychological expression, on a macro level, the results of this study provide a similar theoretical map within which the effects of collective past experiences is demonstrated to be,collectively, affecting the present. Whilst the connections between the categories that emerged from the analytic process have been attended to throughout their presentation, this section will attempt to bring them together in an effort to provide theory. As noted in Chapter 2 (see 1.2.1.3) the theory in this study aims to take the form of proposing relationships between the categories generated from the data. It is

here important to note that, in accordance with the constructivist perspective, the meaning making is to be viewed with the recognition that qualitative analysis represents an interaction between the accounts of the specific participants of this study and my own, as the primary researcher, conceptual and interpretational framework.

The theoretical discussion will be aided by a visual reminder of all the categories combined. Figure D. has therefore been included, in a restructured format to that of Figure A. (see Chapter 3), illustrating the identified relationships, and possible relationships, between the all the categories that emerged from the analysis in this study.

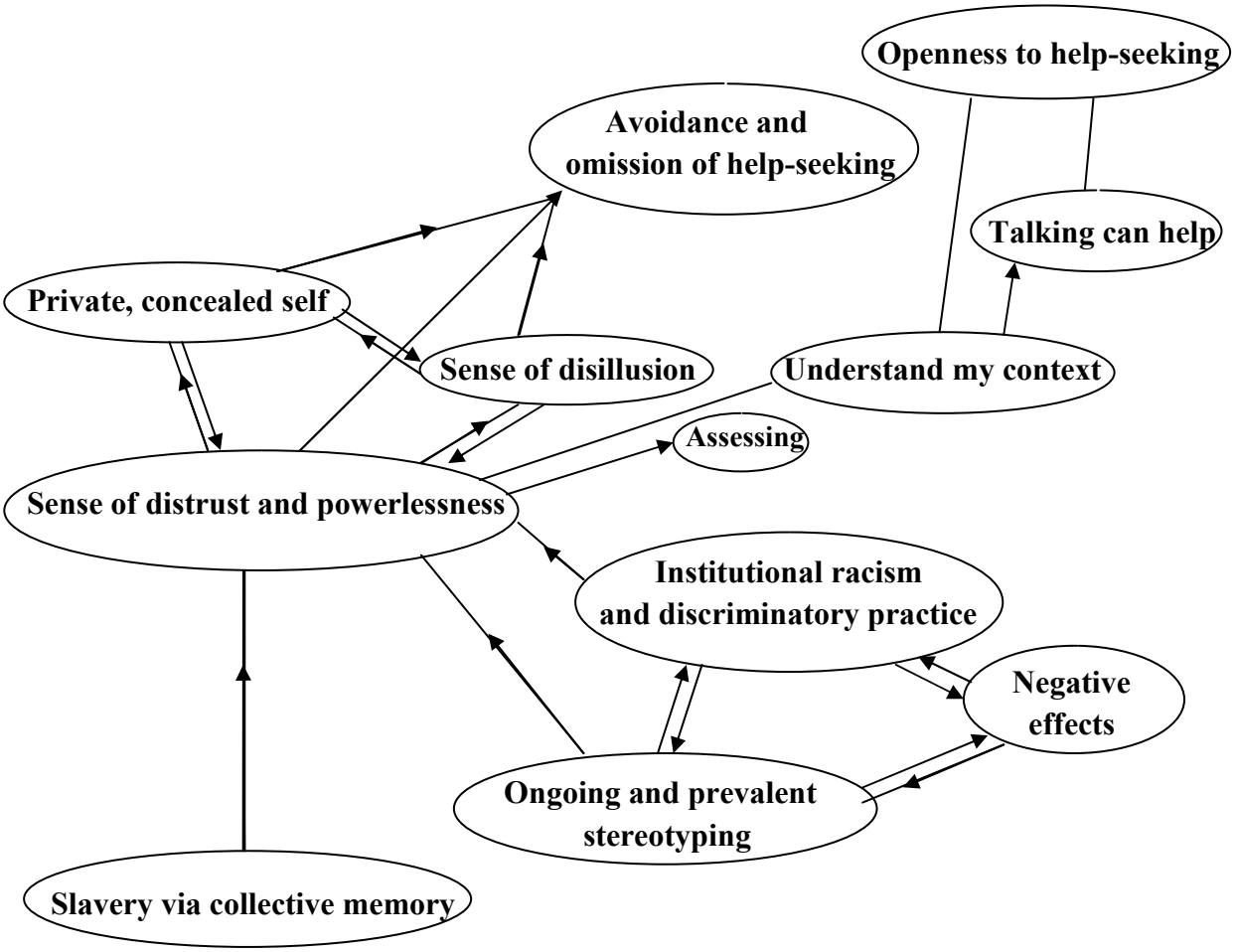

Figure E. An illustration of the theoretical model and its categories that emerged through the analytic process of the present study. Arrows constitute the directions of causal relationships and dotted lines constitute hypothetical relationships.

Just as the figure above is best considered from the point of 'Slavery via collective memory' at the bottom, so is the theory ensuing from this study. According to the participants this is to a considerable degree, where 'it' all starts. This study argues that the crime to humanity that

slavery constituted towards black persons is to be considered as rather directly causal to a significant part of the expression of distrust and powerlessness found within the studied population of black second and third generation Brits. The buying, selling, killing and whatever other humiliating offences that black people are known to have sustained by their white owners during the era of captivity and slavery in the West has undeniably left a deep-seated mark. A force of ongoing traumatisation of this event in history appears to lie, not only, in the fact that it happened, but in the perception that its long-term effects are not adequately acknowledged and validated in the here and now. Several conceptual writers have indeed likened slavery to the triggering event in an on-going sense of cultural trauma (see Alexander, et al. 2004; Eyerman, 2001). In demonstrating that the occurrence of slavery is still a variable that some people from this particular population take into account in their view of themselves, the world and even the future, the findings of this study support the notion of an 'untreated' cultural trauma engrained in black identity and more specifically demonstrates its remembrance and its representations to still be affecting parts of the second and third generation black population in Britain today. Slavery, as a concept, here constitutes the foundation of a theoretical model which will ultimately contribute towards the disproportionately low number of the black-British population found in mental health services. Slavery via collective memory is here thought to - together with the inter-causal experiences of perceived stereotyping and experience of being kept down and not afforded the same chances as the white British population - act as strong causal factors to the sense of distrust and powerlessness that very clearly emerged in this study. Indeed the perceived stereotyping and experiences of events signifying differential treatments appear to reinforce the long-term effects of slavery, thus strengthening the levels of distrust and sense of powerlessness. Due to the rather ubiquitous perception amongst the studied group, of blackness being associated with negative ascriptions within British society, a demonstrated sense of distrust as to how black persons are perceived by the white majority outside group was substantiated. Awareness of stereotyping is thus seen to directly lead to a sense of distrust. In relation to help-seeking, distrust concern areas of being misdiagnosed, prescribed unhelpful medication and potentially hospitalised following self-disclosure. Fears of that nature are likely to be further exacerbated by the perceived lack of personal power to influence or alter any decision processes imposed by authority representatives of the white majority culture. Such concerns may negatively affect the likelihood of help-seeking via GPs, in particular where there is no prior relationship, trust or rapport established. Distrust and powerlessness, as seen in Figure D., were in turn seen to contribute to a 'Sense of Disillusion'

or a pessimistic outlook on improvements in areas of racial equality for the future. Based on expressions of an often lengthy experience of feeling on the receiving end of perceived[24] prejudice and reduced opportunity, a lack of optimism over future prospects was noted in this study. It may here be that any hope of change is viewed as illusory and therefore as a set-up for disappointment. If such is the case the noted sense of disillusion would constitute a form of defence mechanism shielding the participants from the pain of plausible disappointment similar to what can be noticed in sufferers of dysthymia and chronic depression (Riso and Newman, 2003). Such premise would however constitute an area of extrapolation by use of the cognitive literature. In terms of theory this study therefore suffices to note that some black second and third generation black British people may feel a sense of disillusion towards concepts of improved racial equality and that this appears, again, to relate to the prevalent senses of distrust and vulnerability found in this study.

Remaining on the topic of protective mechanisms, this study further found feelings of distrust and powerlessness to lead to what could simply be termed a process of 'Assessing'. Some part of the black British population may therefore be likely to engage in an assessing process in new or unfamiliar situations and encounters. The assessing appeared a reaction, or counter-action, to the perceived prevalence of negative stereotypes, and appeared geared towards establishing levels of 'safety' as determined, in some part, by the extent to which the object of the assessing process is perceived to adhere to biased and stereotypical thinking. The existence of *assessing* as a phenomenon is supported in the literature by one study (Ward, 2005) which found that black clients of psychotherapy with white therapists engaged in an ongoing assessing process and hypothesised the aims of such to be to ascertain levels of cultural understanding and to gauge their therapists' trustworthiness.

The findings of the present study furthermore, and importantly, indicated, as the name of the category suggests, that: 'It's good to talk!'. As can be seen from the model in Figure D. this category does not have any direct links with any other categories apart from 'Understand my Context' upon which it was found wholly reliant. The value and usefulness in talking arose from the interview process as well as its content. Talking as a means to improve mental state was felt only to be useful, or even possible, where the listener could be perceived to understand the participants' contextual factors or background. This was deemed particularly

[24] It should be noted that the frequent use of the term 'perceived' at no time means 'imagined'. Since the actual prevalence of racial prejudice via stereotyping or other discriminatory practice was not measured or addressed in this study it has attended to the use of 'perceived' as a pre-fix to such throughout the text.

important since lack of understanding, as previously described, was seen to lead to misunderstanding and stereotyping, which, in turn, may cause negative effects. The negative effects identified in the present study include the risk of coming to believe in and living up to the negative stereotypes felt to be associated with black ethnicity, or the so called self-fulfilling prophecy, as well coming to restrict one's aims and ambitions.

Moving closer to the answers sought by this study, the category of 'Private Self' which was seen to be caused by the categories of 'Distrust', 'Sense of Powerlessness' and 'Sense of Disillusion' was together with its causes seen to lead to an avoidance of seeking help from the 'outside' that mental health and psychological services represent. Of course, high levels of privacy and concealment of one's personal thoughts and feelings will correlate with greater reluctance in opening up to anyone. Conceptual literature as well as empirical literature investigating areas pertinent to psychotherapy in particular has pointed towards the increased levels of concealment and non-disclosure in the black population and has similarly related such phenomena to the historical event of slavery as well as ongoing racial prejudice (Jourard and Lasakow, 1998; Littlefield, 1974; Riddely, 1984). In this area the present study thus supports the conceptual literature. Nevertheless, the findings indicate these four factors, private self, distrust, sense of powerlessness and disillusion to be primary factors in preventing help-seeking. But we are not quite finished yet. Looking again at the model in Figure D the dotted lines between 'Sense of distrust and powerlessness' and 'Understand my context' queries a relationship between the two. The question is here, would there be the same emphasis and importance placed on contextual awareness and understanding of the participants' backgrounds were it not for the significant sense of distrust and vulnerability? Another query is whether being understood, or feeling that one is being understood in terms of contextual background, would improve the likelihood to seek help if such were warranted. A final query, noted by dotted lines in the model, is as to the relationship between the belief and feeling that talking about one's problems will help and the seeking of help. The dotted lines in the model are thus queries of relationships that data of this study could not satisfactorily substantiate. As such they constitute hypotheses, whilst the complete lines constitute theory as derived through the data analysis.

Additionally to this, three particular areas of distrust were identified. These related to new GPs with which there were no previous relationship, psycho-tropic medication and concerns of racism within the mental health services as a whole. This study further found indications that this group, perhaps because of its history, as well as current experiences of

discrimination in various forms, may be particularly aware and attentive to contextual, societal and historical influences on a person's psychological expressions. Such awareness may also have contributed to the very negative attitude that was found to psycho-tropic medication. Mental illness was consensually viewed as a consequence of a dysfunctional system and medication would therefore, in a rather obvious way, not address the cause. The findings from this study therefore suggested that people of a second and third generation background may benefit from talking about their experiences of race and inequality and that such conversations need occur in situations where a non-judgmental stance is overtly taken.

Overall then, this particular population can be said to be suffering effects of external, traumatising factors such as the collective memory of slavery and its representations, with ongoing reinforcement via the perception of being the subject of negative ascriptions - stereotyping - and being exposed to differential treatments. Such factors, or internal symptoms of the described trauma situations, cause people of this group, to a varying extent, feelings of distrust and powerlessness. Because notions such as racism and the long-term effects of slavery are not addressed and therefore not validated, such cognitive and emotional states, in turn, lead to a sense of disillusion. Distrust, sense of powerlessness and disillusion are in their interplay suggested to be primary causes of avoidance and omission of help-seeking outside of the own group.

This study is not suggesting that the described areas constitute a major part of anyone's personality but merely that they exist within the black British population of today and that they contribute to the ethnic disparities seen in mental health services. In the same vein, the outcome does in no way suggest that these are the only factors that play part in the statistical disparity. Other factors would be likely to include, for example, the cognitive processes underlying decision-making in the referral procedure of GPs and the lack of associations between psychotherapy and minority groups from the area of research.

4.1 LIMITATIONS OF THE STUDY

In this type of study there is always the possibility for limitations to arise that need to be considered when applying the findings. These limitations stem from three main areas, the chosen methodology, the study population and the researcher application. While grounded theory, and more specifically the constructivist version, was considered the appropriate

method of inquiry for this study, its use presents certain limitations. Some of these limitations revolve around the central role the researcher takes in the recruitment, data collection, and analysis during the study. Grounded theory requires data collection in an environment constructed by the researcher and the participant. While measures were put in place to maximise credibility and reliability, it is indeed possible that different researchers with different groups of participants meeting the same criteria would have resulted in different findings. Most pertinent is of course the query as to how different the final outcome would be with a researcher from a similar background to the participants. The outcome of this study is, per se, indicating an expressed tendency to hold back and feel uncomfortable with disclosing to representatives of the white majority culture and or specifically representatives of its organisations, which is of course why a group approach to the interview were chosen. Of note is that the data from this study is almost completely void of any positive and assenting notions. Part of this is, of course, as the query posed is one that refers to difference and disparity. Discussions in relation to such were therefore to be expected. It is however a possibility that my white ethnicity led the participants to focus their discussions in a way so as to educate 'the white person in the room' on what was *really* going on. Such focus, considered largely involuntary, would explain the considerable lack of optimistic, hopeful and affirmative references. Following from that possibility, a black researcher may have generated a different picture with parts of the content given in this study being omitted due to participants' assumption of the researcher to already have understanding of issues relating to past and current struggles of perceived prejudice. Whether the content and its relevance to such extent were magnified does not constitute a huge limitation to the application of theory. This study does not claim that the final content constituted a main part of the participants' active consciousness; merely that it is likely to play a part. Indeed, the process and content combined indicated that the contextual existence of today's black British-born population is an area felt to be much ignored and that it is important enough to consensually emphasise on its associated problems when given the opportunity.

The results of this study were of course meant to describe the experience of the participants and as such are therefore considered most pertinent to people that fit their descriptions. In this sense black non-Brits and black Brits born and brought up outside of Britain ought to be considered different from the study participants and thus provide opportunity for an extension of this theory to expanded populations in future studies. Also, all the participants came from areas in South London highly populated by African and Caribbean communities. A study on

the same population in areas (including other areas of London) with a considerable smaller black community may again yield different views and experiences. It is important to bear in mind that South London as a context may contain influential factors unaccounted for by this study. Certainly, whilst the outcome will contribute to the larger area of cultural psychology, it does, in no way, attempt to generalise its findings to other ethnic minorities as the cross-cultural literature sometimes has a tendency to do.

Lastly, selection bias should be considered. The participants were randomly recruited. In approximation: out of every ten people approached one or two agreed to participate; and out of ten people having agreed to participate only one or two actually returned to do so. It is therefore possible that those individuals who came to participate were somehow different than those who, for whatever reasons, elected not to.

Although each of these limitations should be considered, many elements of the study design were included to ensure that the study was not significantly weakened by these issues, as discussed in Chapter Two.

4.2 IMPLICATIONS OF FINDINGS

The grounded theory investigation undertaken in this study resulted in a process theory explaining the development of and relationships between factors contributing to the obstruction or prevention of help-seeking in the specified population. The theoretical model that arose from the data in this study provides important insight into the factors at play in the obstruction of help-seeking. It provides a solid basis of empirical support for notions mostly discussed in the conceptual literature. No qualitative investigations, known to this study, had previously set out to empirically understand the factors and processes underlying the omission of help-seeking as viewed from the members of the black population themselves. By taking place here in Britain today, with British-born citizens, this study is highly relevant to the knowledge bases within psychology and psychotherapy, social work, education, areas of NHS service planning and provision and so on, in the UK. Indeed, it is hard to imagine which fraction of society would not benefit from gaining insight into the factors that contribute to a sense of distrust and alienation in this group in society. That is part of the point. The long-term effects commencing in the trauma of slavery, as carried across time by a collective sense of remembrance, appears to have been largely under-validated by the

majority groups in society thus creating a chasm, or discordance, of understanding and perception that in turn makes it difficult for the 'traumatised' population to feel entirely trustful. By establishing these factors to be true for some part of the specified population, this study also generates questions and thereby implications for future studies.

For clarity, important implications are summarised below under the division between theoretical and practical areas of application.

4.3.1 Theoretical implications

Research would benefit from further similar studies so as to gain in substance and influence. Given the difficulties in recruiting and the study outcome supporting a rather significant sense of distrust in new encounters amongst the black British population it is of interest to view the area of what it is like to be black and British in today's UK from an 'emic' or insider perspective. Such research might best be carried out over some time; with the researcher preferably making strong links with the participants or indeed belonging to the same cultural group. Under such a set-up it would also be interesting for studies based on individual interviews to be carried out as such could get closer to more personal and intimate perceptions.

Whilst this study included participants across a rather broad range of educational and professional backgrounds, still generating such consistent results on all the finalised categories, it would be of interest to investigate whether there are differences in opinion according to socio-economic backgrounds. Indeed some of the participants in this study did at some stage raise the issue that so often black populations are studied as just one homogenous group with little divisions in terms of other variables.

Under all the broader relationships generated in this study there are furthermore likely to be more delicate patterns of relationships which would benefit from deeper understanding. Take for example the process of assessing that emerged as a category in this study. In what situations does this apply more strongly and more weekly? There were indications from the literature that caused this study to query whether assessing may get in the way of effective communication. Specific questions in this area would include: Does the process of assessing reinforce a sense of stereotype threat and vice versa? If so, would it negatively impact on the cognitive process required for optimal communication? Could the assessing 'frame of mind'

lead to increased cognitive attention on selection and magnifying of perceived signs of stereotyping and thereby impair effective communication. Does the assessing process cause the assessor to miss various subtle cues in the environment or messages by the other? Certainly, this study notes that the interesting area of assessing within the studied population warrants further research. Similarly, more narrowing queries could be applied to the topics of 'Sense of disillusion' and 'Sense of powerlessness' for example.

In addressing the likely discordance in understanding and perception on factors pertaining to issues of race and inequality between the majority white British population and the minority black British population, it may also be of interest to query white participants on the same underlying factors contributing to the ethnic disparity investigated by the present study. The participants of this study have repeatedly pointed out the importance of context. In a multi-cultural society no group can perhaps successfully be fully understood just on their own and studies of perceptions in white groups on issues of race may therefore contribute by providing further context to our understanding of the 'black experience.'

Extensions of this study to answer such questions would allow for the development of a rich and modern theory capable of explaining various conditions underlying not only help-seeking variables but other areas of disparity and difference pertaining to the black British population of today. These efforts would build on the current literature base and provide an important theoretical basis for the development of better engagement models within the psychological knowledge base.

4.2.2 Practical implications

Whilst the theoretical implications are mainly concerned with the specification of areas of further study the practical implications to this study will take the form of suggestions of practice. On the basis of the very strong sense of distrust towards services and mental health practice it may indeed be of value to offer counselling and psychological services that are completely confidential. This is a practice used with sexual health services where the GP need not have any information of general attendance or outcome. There is no particular reason as to why this could not be done with talking therapy. The point of talking therapy is that it is confidential in the first place, yet seeing psychologists and counsellors attached to one's local GP surgery does not make the experience feel wholly confidential. There would have been no way for me to recruit even the number that I after a long time managed to

recruit had I requested the participants' full names. Such was the level of suspicion and distrust at the point of meeting. For individuals with such levels of caution to first of all seek help via their GP and then receive help via established services is somewhat of a stretch which serves to explain why mental health problems in the black population are often attended to at much later stages in the problem development. Walk-in talking therapy clinics where full names are irrelevant and where the attendance is not registered on medical records do not constitute an impossibility in terms of safety laws and logistics. Such services may further benefit from detaching themselves from the practice of prescribing medication, seeing how consensually distrustful the study population were of such traditions.

The suggestion of the above is based in the noted distrust but also in the value of talking as noted through the content as well as the process of the group interviews. Looking more closely at the latter, a point worth pointing out is that this specifically applied to talking in a group context. As the time spent together wore on, the participants became evidently more comfortable to disclose and there was also a noted difference in atmosphere, between the larger and smaller groups where the larger groups were perceptibly more animated and observed to move more readily to areas that were considered of deeper meaning. The power balance appeared to shift rather correlationally to the number of participants, creating a space in which disclosure seemed comfortable. These findings therefore lead to the proposition that perhaps group-based therapy is the optimal form of therapy for this particular group at this time – until society changes. Bearing in mind the shared awareness of societal and historical forces as well as having previously noted that cultural socialisation can have protective and modifying effects on the effects of perceived racism (See 1.3.3, Chapter 1) by increasing identity-satisfaction and reflecting negative messages, further speak for a proposition of collective change via group-based therapy. Indeed collective therapy for the collective traumatisation that constitutes the origin of the outcome theory of this study adheres to logic.

Lastly, and more pertinently, to the current set up of services, it is imperative that GPs, psychologists, psychiatrists and other mental health personnel gain awareness of these particular issues. The overall outcome of this study does not suggest that the studied group is chronically distrusting but that there may be high levels of initial distrust. At first points of contact it may be of significant benefit to demonstrate overt and active listening along with explicit verbal information of doing so. So as to demonstrate optimal transparency appropriate levels of self-disclosure may further constitute an effective engagement technique

as such may serve to balance out any power structure (see Part C of this project for a review of the literature on self-disclosure).

4.3 CONCLUSIONS

This study has made an important contribution to the knowledge base on factors preventing help-seeking in the black British second and third generation population. Future studies can use the knowledge gained to further theory development in this area and expand theory development to other ethnic minority groups. These findings can also be used to inform intervention development and spur further investigation into some of the important practical implications. Continued investigation of this process in its entirety will lead to the development of refined and validated models that can be used in intervention planning. Understanding the attitudes that guide the process by which the Black British minority group view mental health services as well as seek help is therefore important for anyone concerned with service provision in general as well as within the area of psychological and psychotherapeutic services. After all, culturally competent and sensitive mental health services and professionals quickly become irrelevant if this group of individuals do not find a way to utilise them.

PART C

Is Therapist Self-Disclosure Helpful?

A two-part literature review on the effects of therapist self-disclosure in general and cross-cultural individual therapy.

Therapist self-disclosure has long been a debated therapeutic practice within the counselling and psychotherapy literature. Whilst many theorists and clinicians have been endorsing its moderate use with enthusiasm, viewing it as an essential contributor to building rapport in the therapeutic relationship, others have viewed its use as strictly and categorically unethical (Hill and Knox, 2002). The purpose and efficacy of self-disclosure are furthermore conceptualised differently in various approaches of therapy. For instance, in the psychodynamic tradition, therapists often limit their self-disclosure for fear of diluting transference (Basecu, 1990; Mathews, 1988). Indeed, self-disclosure in classic psychoanalysis is viewed as an error typically performed by a novice therapist in an attempt to help clients overcome conflict or resistance (Freud, 1910, 1959). Jacobs (1999) however argued that Freud's consideration of personal revelations as strictly inappropriate was, in part, likely to be influenced by the improper disclosures by some analysts of the time who shared their erotic attraction and love for patients, occasionally resulting in sexually intimate relationships. On the polar end of the range, Rogers (1961) held therapist self-disclosure as an indispensable part of the therapeutic relationship. In his prescription of the practice of congruence, he allowed humanistic therapists to openly and honestly express their feelings towards clients without maintaining a facade. Other humanistic theorists have promoted mutual self-disclosure in psychotherapy as a way of facilitating natural and spontaneous human relating (Curtis, 1981; Jourard, 1971; Robitschek and McCarthy, 1991) and demystify the therapeutic process (Kaslow et al, 1979). Similarly, feminist theory encourages therapists to use self-disclosure to help clients make informed decisions about choosing a therapist, to offset the power differential between client and therapist (Enns, 1997), foster a sense of solidarity between the therapist and client, and help clients perceive of their situations with less shame (Mahalik et al, 2000).

As might therefore be suspected, research has demonstrated a link between therapist self-disclosure and theoretical orientation, with psychoanalytic and psychodynamic therapists engaging in significantly less self-disclosures than humanistic therapists (Anderson and Mandell, 1989; Edwards and Murdock, 1994; Simon, 1988). Interestingly Simon found that integrative, behavioural, and humanistic therapists exhibited similar quantities of self-disclosure. Worth noting is however that the studies cited above used broad categorisations in their definitions of the theoretical approaches and did as such not consider the range of positions within these groupings. For example, within the psychoanalytic camp varying standpoints are taken with contemporary analytic therapy often permitting relatively liberal sharing on the part of the therapist, thus markedly contrasting to the more traditional views housed within the early Freudian circles (Broucek and Ricci, 1998; Jacobs, 1997; Wilkinson and Gabbard, 1993).

So what is the rationale behind therapist self-disclosure for those therapists that endorse its use? Studies have shown that the intentions amongst approving therapists include modelling, building rapport, normalising, validating the client's sense of reality, increasing client self-disclosure, demystifying the therapeutic process, promoting a sense of solidarity with the client by sharing power and generating trust (Counselman, 1997; Mahalik et al, 2000; for a review see Myers and Hayes, 2006; Simon, 1988). There furthermore appear to be a general consensus within the literature on the guidelines in relation to therapist self-disclosure. According to such, disclosures should firstly be made with the goal of enhancing or preserving the therapeutic relationship. Secondly, therapists should take care to ensure that their personal needs do not take precedence over those of the client. Finally, the primary focus of all therapist disclosures should remain on the benefit of client (Anderson and Mandell, 1989; Mahalik et al, 2000).

Whilst plenty of theoretical writings have been published on the issue of therapist self-disclosure with strong views in either direction, comparatively little has however been published on the bases of empirical studies. This is particularly the case when we take a look at the area of cross-cultural therapy. The purpose of this review of the literature is to constructively address the empirical evidence on the effectiveness of therapist disclosure in individual therapy. In doing so the review will be divided into two parts; the first part reviewing the effects self-disclosure in culturally non-specific, or general, psychotherapeutic dyads; and the second part, will evaluate the same effects pertaining to the area of cross-cultural psychotherapy.

Studies on Therapist Self-Disclosure

Two computer searches, Embase and Psychinfo, were conducted of the psychological and psychotherapeutic literatures with a view to identify studies on the effects of therapist self-disclosure in individual talking therapy. The searches encompassed the most recent twenty year period, i.e. the years of 1989 to 2009. The descriptors included *self-disclosure* and paired with *psychotherapy, counselling, psychotherapeutic process* and treatment *outcome*. For the second part of the study the pairings with self-disclosure included *cultural factor, ethnic or racial aspects, cross-cultural counselling, cultural sensitivity, cultural competence* (See Appendix I for search term combinations).

The search results identified altogether 63 studies, with American Journals such as *Journal of Counseling Psychology*, *Journal of Clinical and Consulting Psychology* and *Psychotherapy* constituting some of the most frequent sources on the reviewed topic. Upon closer inspection many of the initial studies identified failed to directly address the subject matters, general and specific, of this review. Once studies and papers focusing on peripheral aspects such as group interventions, client self-disclosures, and conceptual arguments rather than empirical examinations of self-disclosure were excluded, 26 papers remained. Out of these 9 pertained to cross-cultural aspects of therapist self-disclosure.

In re-evaluating the relevant studies, those relating to general, i.e. culturally non-defined, studies on therapist disclosure will be addressed first. They will be separated into and presented under sub-headings of *analogue studies* and *naturalistic studies* before their research limitations are discussed. The first part will serve to evaluate the literature in its own right as well as to set the scene for the review and discussion of the considerably fewer studies relating to cross-cultural therapeutic dyads. The studies pertaining to cross-cultural aspects will be succinctly evaluated before a final conclusion encompassing the two parts.

A brief note on definitions

Before proceeding further, a definition of self-disclosure for the purpose of this paper is of value. Across the literature rather varied definitions of therapist self-disclosure have been offered (e.g. Hill et al, 1989; Hill and Knox, 2002; Hill, 2004; Jourard, 1971; McCarthy and Betz, 1978; Watkins 1990). In its broadest definition of the literature therapist disclosure is viewed as statements by the therapist that reveal something personal about him or herself to

the client. Narrowing the definition down a bit further a commonly recognised a feature of therapist self-disclosure includes revealing information that would not normally be known by the client and with a certain amount of risk and vulnerability for the therapist attached (Hill, 2004). Some of the literature refers to positive and negative self-disclosures often relating to the therapist's reactions to the client (Anderson and Anderson, 1985; Reynolds and Fisher, 1983). Other theorists have preferred the terms reassuring or challenging self-disclosures to describe the intentions behind the disclosures (Hill et al, 1989). In terms of the various areas of the therapist's personal information that can be divulged in a self-disclosure the list is long, but the theme that unites the variable definitions in the literature is that it involves a therapist's personal self-revelatory statement. All studies addressed in this review will fall into this broader umbrella definition of self-disclosure. Specific subcategories will be described where relevant.

Part 1. The Effects of Therapist Self-Disclosure

Perceptions of Therapist Self-Disclosure through Analogue Studies

A clear majority of the existing research on therapist self-disclosure has been generated through analogue studies, that is, studies involving simulations of therapy rather than actual or naturally occurring therapy. The participants of such studies (which have most commonly consisted of university undergraduate students) are typically presented to disclosure stimuli embedded within written transcripts, audiotapes or videotapes of hypothetical therapy sessions, after which they rate their perceptions of the disclosure itself or of the therapist. Analogue studies in the area of therapist disclosure appear to have been on trend from the 60's through to the late 80's which coincides with the time that therapist self-disclosure was most debated (see Hendrick, 1987). Watson (1990) carried out a comprehensive literature review of the analogue literature published in the 70's and 80's. Out of the 18 analogue studies of therapist self-disclosure in individual therapy that he reviewed, 14 reported positive perceptions of therapist self-disclosure (Bundza and Simonson, 1973; Doster and Brooks, 1974; Dowd and Boroto, 1982; Feigenbaum, 1977; Fox, Strum, and Walters, 1984; Hoffman-Graff, 1977; Myrick, 1969; Nilsson et al, 1979; Peca-Baker and Friedlander, 1987; Simonson, 1976; Simonson and Bahr, 1974; VandeCreek and Angstadt, 1985; Watkins and Schneider, 1989; Wetzel and Wright-Buckley, 1988) 3 reported negative perceptions (Carter and Motta, 1988; Cherbosque, 1987; Curtis, 1982) and 1 reported mixed findings (Goodyear

and Shumate, 1986). Following a closer inspection on the test variable of these 18 studies Watson concluded that therapists who self-disclosed moderately and non-intimately were viewed more favourably and elicited more client self-disclosure than therapists who did not disclose at all, who disclosed a lot, or who disclosed very personal, intimate information (1990). In another research review of therapist self-disclosure Hill and Knox (2002) indentified no further analogue studies than those evaluated by Watson (1990). This review identified two further studies on simulated therapy situations. The first one was published in 1989 by Lundeen and Schuldt[25]. They showed video recordings of a simulated section of a therapy session to university undergraduates during which the therapist either made three self-disclosures or no self-disclosure at all. Their findings revealed that the participating students experienced the self-disclosing therapist as significantly more attractive as well as more trustworthy than the non-self-disclosing therapist. Secondly, and lastly, in the most recent analogue study found, Myers and Jeffrey (2006) showed over 200 undergraduates one of three videos for which the therapeutic relationship was described as either positive or negative and in which a therapist made general self-disclosures, counter-transference disclosures, or no disclosures at all. Here, the participants rated sessions as more profound and useful and the therapist as more expert when the therapist made more general disclosures compared to no disclosures, but this was only the case when the relationship was pre-considered as positive. The two additional analogue studies thus contribute to the numbers of positive findings, strengthening the correlation between therapist self-disclosure and positive effects. The latter study (Myers and Jeffrey, 2006) further supports Watson's summary of it being moderate and non-intimate self-disclosures that relate to positive effect. This as the counter-transference self-disclosures in their study were defined as statements relating to *therapists' internal and overt reactions to clients that are rooted in the therapists' intrapsychic conflicts* (p.174) which may be deemed as more intimate than general. Despite the wealth of positive findings from analogue studies Watson however recommends viewing the overall outcomes purely as interesting information and cautions against assuming definite correlations based on viewing the results as still mixed (1990; p. 490). Whilst Hill and Knox (2002), in their paper, draw positive indications from Watson's review (1990) it is important to note that whatever conclusions are drawn from the results of analogue studies they can only truly relate to the knowledge on how non-clients perceive therapist self-disclosure.

[25] This study was in all likelihood missed out on in Watson's 1990 review due to its late publishing year of 1989. At this time searches were often not able to identify the most to date publications (Watson, 1990).

Indeed, the very nature of simulated test environments and participants prevent us from drawing clear conclusions on effects on real therapeutic relationships.

Evidence from naturalistic studies

Looking, then, towards studies in which real clients in real settings of naturally occurring therapy are tested, this review located altogether 15 so called naturalistic studies. For the purpose of providing a sense of flow and organisation these have been separated into two categories: those that have examined the immediate outcome of therapist self-disclosure on clients' experience of usefulness (six studies on five data sets), and those that have attempted to examine distal or final treatment outcome at the completion of therapy (nine studies).

Immediate effects

The rationale of measuring immediate effects were in all six studies based on findings from previous studies demonstrating that therapists often perceive self-disclosure as a therapeutic tool applied to generate immediate goals for the therapy process rather than long-term goals for symptom change (Curtis, 1989; Knox et al, 1997; Man and Murphy, 1975; Nilsson et al, 1979). The results in this category have largely been positive. Hill et al (1988) found that clients gave the highest ratings for helpfulness and had the highest subsequent experiencing levels (i.e. involvement with their feelings) following therapist self-disclosures. Although, they found therapist self-disclosure to occur only one per cent of the time, it received the highest client helpfulness ratings as compared with other therapist techniques. In re-examining the same data the following year Hill et al (1989) furthermore found that it was particularly reassuring disclosures that were viewed as more helpful as well as more successful in generating higher experiencing levels and that challenging disclosures did not play significant part in those effects.

But not all outcomes have yielded positive treatment efficacy links with therapist self-disclosure. Studying the therapeutic relationship at various stages in time-limited psychodynamic therapy Coady and Marshall (1994) found a negative relationship between therapist self-disclosure and ratings of the alliance in early therapy. A study by Price and Jones (1998) yielded similar results. They found that therapists who disclosed their own emotional conflicts during the course of therapy generated significantly lower alliance ratings

by their clients. Interestingly, whilst none of the studies provide specific examples of the disclosures given they both share in the referring to the disclosures as revealing of emotional and personal conflicts and can therefore be assumed to be rather intimate in nature. Strengthening the support for outcomes with a negative effect of therapist self-disclosure a qualitative study conducted by Wells (1994) found that 7 out of 8 clients had a negative first reaction to self-revealing statements given by their therapists. The disclosures of the therapists in this study contained intimate details about their private lives that related to concerns presented by their clients (e.g. therapists sharing their own struggles with substance abuse, romantic relationships and familial conflict). In the earlier parts of therapy the clients' initial reactions included feeling '*stunned*', '*offended*', '*scared*' and '*pissed off*'. However, as the therapy progressed reactions to subsequent therapist disclosures depended significantly on the quality of the therapeutic relationship revealing a linear correlation between relationship quality and how favourably therapist disclosures were received. This study thus supports a negative effect of intimate self-disclosure, but only when the alliance is not strong enough. Where the relationship was deemed strong and positive, therapist self-disclosures, even when intimate in nature, again yielded positive results.

Finally, and potentially underscoring the potential value of the quality of the therapeutic alliance in relation the effects of therapist self-disclosure, a qualitative study by Knox et al (1997) found that clients reported numerous major impacts of positive therapist self-disclosures when the relationship was described as good. They concluded that, within positive alliances, the therapist self-disclosures led to increased client insight and made them perceive the therapist as more real and human. This sense of the therapist, were considered to further improve the therapeutic alliance and help clients feel normal, comforted and reassured, which in turn was seen to improve clients self-view and mood as well as serving as a model for positive changes and for being open and honest in therapy. It should be noted that the noted effects were here part of a rather intricate sequence of events combining both immediate and distal outcome.

Distal effects

The results of studies of the effects of therapist self-disclosure on final treatment outcome have been considerably more mixed. The main difference of these studies to those measuring immediate effects are that overall effects are measured at the end of or after the end of

therapy. As many as six studies in this category set out to test for a potential correlational relationship between the frequency of therapist self-disclosures and treatment outcome (Beutler and Mitchell, 1981; Braswell et al, 1985; Coady, 1991; Hill et al, 1988; Kushner et al, 1979; Williams and Chambless, 1990). The outcome evaluations were variedly based on client, therapist and objective observer ratings and, perhaps rather unsurprisingly, none of the studies could find a relationship between how often the therapist self-disclosed throughout therapy and the final outcome at the end of therapy. In another similar investigation a negative relationship was found between frequency of therapist self-disclosure and therapists' ratings of client improvement (Braswell et al, 1985).

Two study outcomes were however able to demonstrate positive effects of therapist self-disclosure on final treatment outcome. In a survey of clients who had come to the end of their therapy in which they had received a minimum of six treatment sessions the clients had rated therapists' sharing of personal information as having a beneficial effect on their perception of the therapy as a hole (Ramsdell and Ramsdell, 1993). Another study that collected their data at the end of therapy involved five graduate student therapists offering brief therapy in which they increased the number of reciprocal self-disclosure with one client and refrained from using them with another client. The therapists gave only about five disclosures per session in the high-disclosure condition, suggesting that disclosures were still infrequent. They found that clients who had received more reciprocal therapist self-disclosures during the course of therapy (i.e. self-disclosures in response to similar client self disclosures) displayed a stronger liking for their therapists and had less symptom distress after treatment than those who had received less self-disclosures by their therapists. The results did however not indicate an increase in the number of intimacy of the clients' self-disclosures in response to the high-self-disclosing therapists (Barrett and Bergman, 2001).

Summary of the Research

So what have we learnt about the efficacy of therapist self-disclosures on the process and outcome of therapy? The wealth of analogue studies conducted mainly in the late 70's to late 80's show us that non-clients by and large appear to have favourable perceptions of therapist

self-disclosure. The non-clients furthermore appeared to prefer a moderate level of self-disclosure that was not too intimate in nature the best. When it comes to the outcomes from actual clients of therapy, disclosures appear to generally be perceived as helpful rather than unhelpful, with reassuring types of disclosure being viewed as more helpful than those of challenging or intimately personal fashion. As a whole the clients seem to like and benefit from therapist disclosures in terms of immediate outcome. There were however indications pointing towards another important variable in this effect, namely the therapeutic alliance or relationship. In order for therapist self-disclosure to produce good or optimal effect the client-therapist relationship may need to be sufficiently developed or otherwise strong. The effects, lastly, on final treatment outcome remain rather unclear.

Limitations of the Empirical Research

Whilst the evidence about the effects on therapist self-disclosure is no doubt interesting, drawing any firm conclusions would be hasty. Indeed several methodological problems could be identified across the reviewed studies.

Firstly, the definitions of therapist self-disclosure were overall very vague and where there were clear descriptions of what the definitions included it was noted that there was considerable inconsistency in meaning as well as intention across the investigations. Self-disclosures under the intention of normalising or strengthening the relationship through demonstrating shared views are undoubtedly different from those intending to challenge the client out of resistance or stagnation. For example, the rather superficial self-revelation of '*I too can sometimes feel uncomfortable in huge crowds of people*' would most likely be viewed very differently by the client in comparison to the deeper disclosure of immediate feelings, such as '*I have to admit that hearing you repeat this story over and over is making me feel tired*'. Because of such wide differences the empirical literature would benefit from much clearer definitions of what each study intends by the term therapist self-disclosure, preferably focusing on keeping definitions consistent with those used by previous researchers so as to achieve comparable results.

Secondly, by virtue of the analogue design used in large number of the studies, some serious questions of external validity arise. The applicability to real clients, real therapists and real therapy where the evolving context and relationship are crucial can far from be taken for

granted. As opposed to emerging out of a fluid and complex ongoing interaction between therapist and client the therapist self-revealing stimuli in these studies would by nature of the restricted laboratory design have been given within minimal context. Whilst the relative consistency of the results are encouraging all that the analogue studies can tell us with any certainty is that university students or other non-clients appear to react well to therapist self-disclosures in simulated therapy settings.

Thirdly, a surprisingly large proportion of the naturalistic research on therapist self-disclosure concerned itself with attempting to correlate frequency or proportion of occurrence of therapist disclosures with final outcome. There seems logically no compelling reason to believe, however, that the quantity of therapist self-disclosure should relate to the perceived quality of the outcome. For instance, one helpful and well-timed therapist self-disclosure could have more impact than several mediocre and poorly executed disclosures. It may even be that therapist self-disclosures yield encouraging effects precisely because they occur infrequently. Further to this, therapists may chose to self-disclose more frequently in situations where the relationship needs some work and where outcomes therefore would be likely to produce less change ratings at the end of therapy. It seems therefore that such correlational studies lack somewhat in clinical appropriateness.

In this sense the naturalistic studies that have focused on sequential analyses or the immediate effects following therapist self-disclosures make more methodological sense. This as there is in any therapeutic relationship countless variables that could otherwise have contributed to a more delayed measurement. The qualitative studies can moreover be criticised in that they may be more vulnerable to researcher bias and most typically consist of small sample sizes. The latter is however true of many of the studies in this review.

Like any other, every examined investigation in this literature review has come with its advantages and disadvantages. The study of such a wide and complex intervention such as therapist self-disclosure is clearly a difficult one and there may be no ideal way in which to generate undisputable results. Some innovation in terms of research questions as well as methodologies is as such called for. As for topics future research could benefit from observing various effects following various types of disclosures, timing of disclosures, quality of disclosures, and client readiness for disclosures. It would be suggested that, because of the difficulty in controlling such an amount of variables, a combinations including qualitative designs may have a lot to offer in this arena.

Part 2. Cross-Cultural Considerations to Therapist Self-Disclosure

A review of the specific literature on therapist self-disclosure in cross-cultural therapy resulted in a considerably larger volume of conceptual than empirical studies.

Conceptual writings have concerned three main areas, or themes, with regards to the use of therapist self-disclosure in cross-cultural therapy. The first being that of cultural mistrust, which is based on the understanding that many people of minority ethnicities have experienced prejudice and discrimination in their contact with the White, Western majority culture at individual, cultural, and institutional levels, and may therefore be sceptical of future interactions (Cooper-Patrick et al, 1999; Terrel and Terrel, 1984; Thompson et al, 1994). In the case of the therapeutic relationship, studies have indicated that Black clients have greater difficulty trusting White therapists than Black therapists (Watkins and Terrel, 1988; Mehlman, 1994) and that Black clients who rate highly on mistrust are likely to terminate their course of therapy prematurely (Terrel and Terrel, 1984). In therapeutic sessions, therefore, appropriate sharing of therapists' personal thoughts and understanding on racial and cultural has been hypothesised to be important in building trust (Helms and Cook, 1999: Sue and Sue, 2003; Constantine and Kwan, 2003; Thompson et al, 1994; LaRoche and Maxie, 2003). Congruent and reciprocal self-disclosure may furthermore increase levels of trust by showing the client that the therapist is genuine, caring and not all that dissimilar (Barrett and Bergman, 2001; Constantine and Kwan, 2003: Knox et al, 1997).

Secondly, and building on from the first theme, it has been recurrently proposed that ethnic minority clients like and prefer their therapists to address issues of culture and race. Such discussions are seen to bring to view the therapists' sensitivity and understanding in these areas which has been shown to be reassuring to the culturally different client (Constantine and Kwan, 2003; Helms and Cook, 1999, Sue and Sue, 2003). This was empirically demonstrated by Thompson and Jenal's (1994) study in which African American women expressed high frustration ratings with therapists who withdrew from, or avoided, addressing the topic of race. Clients of black ethnicity who perceived their therapists to be responsive to cultural issues were shown to be more likely themselves to self-disclose in therapy (Mehlman, 1994). Within the cross-cultural therapeutic relationship, therapists' self-disclosure is therefore perceived as a useful tool in communicating the understanding of client frustration with racist oppression and discrimination thus inviting the potentially

pertinent discussion to the client on various personal effects of belonging to a minority ethnicity (Todisco and Salmone, 1991).

The third and final theme concerning therapist self-disclosure in cross-cultural dyads points towards the role in leading clients of ethnic minority backgrounds by example. This has been particularly suggested for immigrant populations and refers to the commonly mentioned notion that clients from non-Western cultures may be unfamiliar with several of the concepts of talking therapy and client self-disclosure being one of them. Along with the educating role it may serve, therapist self-disclosure is here thought to provide a modelling function to help demystify the therapeutic process, aid appropriate in-session behaviour and further aid client self-disclosure (Constantine, 2002; Nickerson et al, 1994) and the formation of a productive relationship (Berg and Wright-Buckeley, 1988; Constantine and Kwan, 2003).

Despite discussions in support for therapist self-disclosure in the area of cross-cultural therapy being rather abundant there is little by way of empirical studies to be found on this particular topic. This part of the current literature sets out to present and evaluate the empirical study outcomes to date within this area.

Cross-Cultural Efficacy Studies

A review of the literature yielded nine studies of therapist self-disclosure in cross-cultural therapy. Three of these investigated participants of Mexican descent, one looked at participants of Asian descent and five studied participants of African or Caribbean descent. Interestingly, the outcomes of these studies markedly deviate on the basis of the ethnicity of the participant samples. To illustrate, Cherbosque (1987a) found, in an analogue study, that Mexicans, in comparison to white Americans, expected less therapist self-disclosure. A follow-up investigation on the same data, Cherbosque (1987b), found that Mexicans viewed, in comparison to white Americans, therapists as less expert and trustworthy when they self-disclosed and were more willing to self-disclose when therapists did not disclose. In another comparative analogue investigation of Mexican American and White American undergraduate students Borreggo et al (1982) found that therapist willingness to self-disclose had little impact on client self-disclosure, irrespective of client ethnicity (whether Mexican American or White American).

In the study on Asian Indian participants, 62 Indian clients talked about personal issues in one of their counselling sessions in which their White therapists either disclosed personal information or refrained from doing so. Whilst the disclosures did not significantly alter the clients' views of the therapist or perceived usefulness of session, it was found that disclosures of strategies were seen by the clients as more helpful than disclosures of reassurance, therapist credentials and feelings (Bryan et al, 2003).

Generally, then, these results do not provide support for the previously outlined theories of clients in cross-cultural dyads favouring therapist self-disclosure and it enhancing the use of therapy by building trust and constituting a useful model of behaviour. In an interesting contrast to the aforementioned studies on Latin and Indian participants the investigations where the participants were of African or Caribbean origins all demonstrate a positive effect of the use of therapist self-disclosure. Berg and Wright-Buckley (1988) found that black participants felt more liked and self-disclosed more if the counsellor was black as opposed to white regardless of the therapist's level of self-disclosure. More relevantly to this review, they also found that black participants had less favourable impressions of, had less liking for, felt less liked by, and self-disclosed less to a white therapist if he or she gave more shallow or non-personal self-disclosures as opposed to those who gave more intimate and personal self-disclosures. In line with this, Wetzel and Wright-Buckeley (1988) found that a high-self-disclosing black therapist elicited more self-disclosure from the participants than did low-self-disclosing black therapists or high,- or low-self-disclosing white therapists, with white low-self-disclosing therapists generating the least client self-disclosures. Taken together, these outcomes indicate that black clients may self-disclose and feel more trust with a black therapist than with a white therapist. Yet, if a black client is meeting with a white therapist, he or she appears to favour a therapist who is high on self-disclosures and who self-discloses intimately. It should be noted that both of these studies were analogue in nature.

Constantine and Kwan (2003) argued in support for these findings. They put forward clinical real-therapy case examples in which therapist self-disclosure constituted the focal point of attention and let the descriptions from both therapists and clients alike, speak for themselves in terms of their subjectively perceived and experienced efficacy (see Appendix J for selected illustrative clinical examples).

Lastly this review identified two qualitative studies: The first looked at black American clients' subjective experiences of counselling with white American therapists. Most

relevantly, the clients were found to engage in an ongoing assessing process of their therapists (Ward, 2005). It was further found that what tended to contribute to a being described as good therapist was a therapist that made the clients feel safe. The sense of safety was in turn developed through a sense of emotional comfort and trust. The other variable the clients would most typically assess was ideology similarity. Here, the clients' assessment of their therapist as a match in issues of morality, parenting and understanding of and attitude towards racism influenced both the assessment of therapist effectiveness and the clients' willingness to disclose. In order for the clients to be able to make such assessments the therapist needed to be open and transparent. It was found that when therapists rigidly withheld personal information, thereby providing their clients with little way to assess them, the clients of the study felt uncomfortable with being open too. The use of therapist self-disclosure was therefore suggested essential in therapeutic practice.

In the second and most recent study by Burkard et al (2006) eleven White therapists use of self-disclosure was studied. Here, the therapists were the participants as the study looked at the therapists' reasons for self-disclosure, the actual self-disclosure and the therapists' perception of the effects of their self-disclosures. The findings according to the feedback the therapists got from their clients after self-disclosures appear to parallel that of Berg and Wright-Buckley's (1988) with the clients viewing the disclosures favourably. There was a consensus between the therapists that their clients had responded most positively to disclosures of reassurance and support. The study furthermore noted that therapist self-disclosures typically followed their clients bringing issues of racism and oppression to discussion and included qualitative extracts of the therapist's description on process and outcome. All of which supported the use of self-disclosure as beneficial in the building of trust.

Discussion on the Cross-Cultural Findings

Whilst these studies, just as those in Part 1., suffered generally vague definitions of self-disclosure they were more uniform in that they overall appeared to refer to helpful and reciprocal disclosures where the therapists' main purpose was to emphasise on the sameness and build trust. The variation of disclosures was as such mainly between more or less intimate self-disclosures. The exception to this was the study by Bryan et al (2003) which looked at Asian clients' appreciation of therapist self-disclosures. Here, the disclosures were

subdivided into further categories, such as strategic, emotional, factual and approving self-disclosures.

Since half of the identified studies were of analogue design the methodological difficulties of limited applicability to real clients (as outlined in Part 1. under *Limitations to the Empirical Research*) also yield true. The very low number of studies, as well as low number of participants within each of the studies, furthermore significantly restrict their reliability.

What however most notably stand out in the aforementioned studies on other-cultural populations are the very markedly conflicting results between the clients of African and Caribbean backgrounds and the studies of those of Latin and Asian ethnicities. It is difficult to draw any type of conclusions on any trends for either the Mexican group or the Indian group due to the minimal number of studies. The results from one of the two studies on Mexican students rated a non-disclosing therapist as more trustworthy and expert than a self-disclosing one (e.g. Cherbosque, 1987a) indicating that therapists might benefit some Mexican clients by maintaining formal role-defined boundaries in the initial stages of psychotherapy[26]. This view may be consistent with the Hispanic cultural value of formalism, or the social maintenance of roles (Helms and Cook, 1999) however as trust develops, Hispanic clients may exhibit '*personalismo*' or the development of a familial-like bond with therapists (Sue and Sue, 2003) in which therapist self-disclosure may be more appropriate. But at this stage, such can merely be speculated. In the case of Bryan et al's study (2003) on Indian clients where therapist self-disclosures generated no particular effect either way but where there was a preference towards self-disclosures of strategies the results can perhaps be linked to previous studies which, although not directly reviewing therapist self-disclosure, have indicated that Indian clients often seem to prefer their therapist, at least in the early stages of therapy, to hold an authoritarian and instructive position (Kim and Atkinson, 2002) and appreciate factual information and normalisation or symptoms (Sue and Morishima, 1982). Essentially, then, *specific* culture matters. There is of course no such thing as just *one* none-Western culture that can be compared to *the* Western culture. Comparing white Western culture to any other culture and expecting uniform results across the other cultures seem rather naive. Whilst 'the others' in such comparisons share the common denominator of belonging an ethnic minority group, there is almost an assumption that the myriad of possible between-group variables are of little consequence. What can be deduced from the

[26] The other not yielding any significant effect of therapist self-disclosure as measured in changed frequency of client self-disclosures, e.g. Borreggo et al (1982).

aforementioned studies in this review - and taking the limited amount of studies into firm consideration - is that Mexican individuals, Indian individuals and individuals from black African or Caribbean backgrounds may hold different views and reactions on an intervention such as therapist self-disclosure. This calls rather immediately for an increased sensitivity of differences within the rather clumsy and all-encompassing grouping of ethnic minorities in much of the empirical research.

Ignoring between-group variables within ethnic minority groups can of course be further stretched. Are those from African and Caribbean heritage to be assumed as a homogenous group? In which instances might such a grouping work and in which might it not? A shared historical narrative and skin colour of course far from rules out cultural differences between people from different groups, between those from the Caribbean and those from Africa and indeed from different geographical locations within those expansive areas. Where studies concern second and third generation populations of African-Americans or British-Caribbeans and so forth another important variable may be that of personal ethnic identity. This, as some people may relate more closely to their cultural heritage and adhere more closely to cultural norms than others and vice versa. Many studies do take this into account and have shown, for example, that black people rating higher black identity, indicate also rate higher levels of mistrust (e.g. Jourard and Lasakow, 1998).

The consistent results of therapist self-disclosure from the studies where the clients were of black ethnicities is however interesting and provides support for the theoretical literature in which the transparency of therapist self-disclosure has been hypothesised to help in improving trust and credibility as well as aiding in the communication of an understanding of client frustrations with occurrences of racism and discrimination.

Overall Conclusions

Again, whilst the findings from the studies in Part 1. and Part 2. are interesting and mostly point towards positive effects of moderate therapist self-disclosures[27] the inconsistency in study designs and definitions of self-disclosure make it difficult to draw any firm directive conclusions.

[27] This with the exceptions of the studies carried out on the American-Mexican and American-Indian populations (e.g. Cherbosque, 1987a,b; Borrego et al, 1982; Bryan et al, 2003).

The research on the effect of therapist self-disclosure would benefit from new models designed specifically for this purpose. Ideally such would combine sequential analyses of immediate outcome with analyses of longer-term outcome, incorporating contextual variables such as how the client thought about, and acted upon, the disclosures both after and during therapy, as well as therapist intentions and afterthoughts. The literature has pointed towards particular types of disclosures (e.g. reassuring and reciprocal) done at the optimal time in therapy, and in moderation, as having the potential to help to build the therapeutic alliance. This may in turn allow clients to benefit further from other interventions and feel confident to explore themselves more thoroughly and thereby make important changes. Extending this further it may lead clients to disclose more to close ones outside of therapy and receive encouraging feedback, which in turn might lead to better treatment outcome. Such potential and complicated pathways of influence warrant investigations.

The idea of optimal timing becomes interesting when looking at the studies of the Afro-Caribbean population. Whilst it seems plausible that the general studies indicate therapist self-disclosure to receive most favourable effects once the alliance is sufficiently strong, therapist self-disclosure for the Afro-Caribbean population appear to aid the very building of that alliance. Future research could profitably expand on existing studies, again by use of new and relevant methodologies in gathering further evidence for the deduction that disclosures are more potent when the therapist's culture creates a greater power differential between the therapist and the client. And in being culturally responsive, a certain amount of self-disclosure is needed. Surely?

Whilst the outcomes of this review of the literature may serves as an invite for psychotherapeutic practitioners to consider their own use of self-disclosure additional research is needed to increase our understanding of the role and effects of therapist self-disclosure in general, and perhaps particularly in cross-cultural, therapeutic practices. A continued focus on these processes would help improve guidelines for therapy, training, and the specification for areas for yet more in-depth research.

PART D

The Professional Practice Component of this thesis has been removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at the Library of City, University of London.

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APPENDICES

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Appendix A

ORIGINAL RESEARCH PROPOSAL

Name: **Marie Sjodin**

Degree: **Practitioner Doctorate in Counselling Psychology, DPsych - Post Chartered**
City University, London

Internal supervisor: **Dr Andrew Kuczmierzyk**

External supervisor: **Dr Adrian Webster**

A. Proposed Study

(i) Title

'A Comparison of Attitudes on Counselling and Psychology of Indigenous White British and Second-Generation Black-British Groups'

(ii) Aim

The aim of this study is to gain deeper understanding of the attitudes of non-clinical populations on counselling and psychology and the perceived relevance of such practices in improving mental health problems. The aim is furthermore to compare the perceptions across two groups – an indigenous white British population and a second-generation, black British population.

(iii) Theoretical background

A substantial body of research indicates that for people of Black and Minority Ethnic (BME) status, access to, utilisation of and treatments prescribed by mental health services differ from those for white people (Lloyd and Moodly, 1992; for a review see Bhui, 1997). Disparities between ethnicities in the area of mental health have received increasing attention over the past decade, and legislations such as *The Human Rights Act 1998, Race Relations Act 2000, Delivering Race Equality (DRE) 2003, 2005* have addressed the imbalance and placed increasing responsibilities on service providers to eradicate discriminatory procedures and practice. Policymakers, clinicians and service-users however still remain skeptic of whether a real and significant change has really taken place (Bhui and Bhugra, 2002; Bhui et al, 2003; Webster, 2005).

A recent systematic review of the published studies on ethnic variations in use of primary care and mental health services in the UK showed a continued under-representation of referrals to such services for black and minority group clients, an over-representation for black service users in in-patient and ward settings and a significant ethnic variation in pathways to specialist care (Bhui et al, 2003).

Although race and ethnicity undoubtedly play a role in whether help is sought from the mental health services, there is surprisingly little research examining the role of ethnicity and culture in voluntary help-seeking. Factors such as cultural differences in help-seeking behaviour (McMiller et al, 1996), ethnic differences in rates of psychologically treatable mental health disorders (Lloyd et al, 1996), misdiagnoses at primary care level due to differences in expressed symptoms (Odell et al, 1997; Bhugra et al, 1999; Burnett et al, 1999), differences in rates of engagement with mental health services once referred (Cheung et al, 1990; Snowden et al, 1990; Hu et al, 1991) have been put forward as explanations for the noted ethnic disparity in the area of mental health. However none of the above-mentioned factors can be considered to on its own explain the ethnic disproportion in modern mental health care, and considerably more is known about other contextual factors that are confounded with ethnicity, such as socioeconomic status, and others that are not, such as gender (Barker and Adelman, 1994). It is here important to note that the studies that have been carried out in the above-mentioned areas have solely focused on immigrant populations. And since current data from various service audits (Department of Health, *DRE*, 2005) indicate that the disparity between received care from formal mental health services is just as great between second-generation British citizens and

the endogenous British population as it is between an immigrant (first-generation) population and the endogenous British population; it is of interest and significance to explore the attitudes of the non-white populations that are born and brought up in Western societies.
Despite evidence being scant, there is however clearly good reason to believe that culture affects the attitudes that guide voluntary help-seeking behaviour to mental health services.
Understanding the attitudes that guide the process by which ethnic minorities identify their problems and view mental health services as well as seek help is therefore important for anyone concerned with service provision in general as well as the psychotherapeutic process.
After all, culturally competent mental health services quickly become irrelevant if ethnic minority individuals do not find their way to them.

(iv) This study's substantial and original contribution to knowledge

The aim of the proposed study is to use interpretational phenomenological methods to explore how two non-clinical populations of different ethnicity perceive psychological and psychotherapeutic interventions in terms of its usability and applicability to mental health issues.

This area of research host few qualitative studies and accounts. As mentioned, there are quantitative studies, although few, that have investigated differences in received mental health care and primary care consultation, as are there examples of qualitative explorations of the perceptions of service users who are by definition already involved with mental health services. However, there are no qualitative studies that have set out to investigate the views and attitudes of a non-clinical population in this area. This study stipulates that non-clinical groups may form a cohort from which help-seeking arises. They may thus represent a 'purer' cohort of views uncontaminated by contact with mental health services and hence will provide guidance on how mental health service promotion can be targeted. This is particularly important as evidence shows that non-white populations do not reach mental health services early enough.

In terms of the novelty of this study, there is furthermore no noted research that directly attempts to compare the belief systems of a white and non-white group. In addition to this, no studies in this area

of research have focused on the views and belief systems of a first generation British population, but have all concentrated on immigrant populations.

By exploring in detail the differences between the two groups the researcher expects to gain a deeper understanding of the impact of ethnic background on the attitudes and help-seeking behaviours of first generation British citizens in the area of mental health. This will indeed be an original contribution to the knowledge base of this important field of mental health and cross-cultural psychology.

A. Study design

(i) Research Questions

Since this study is interested in understanding differences in attitudes between white and non-white non-clinical populations in the area of counselling and psychology and the perceived relevance of such practices in improving mental health problems, the questions will aim to cover areas of *problem definition*, *decisions to seek help*, *selection of treatment service*, and *definitions* as well as *understanding of psychology and psychotherapy*.

The study, and particularly the data-gathering part, will be guided by the questions. Some of the questions are purposely constructivist in nature in order to promote deeper introspection and analytic thinking.

1.) What would you have to observe with a friend or family member of yours in order for you to feel that they would be going through what could be termed psychological distress? What would you have to observe about yourself?

2.) If a friend or family member of yours experienced some difficulty with the way they were feeling, thinking or behaving what would you advice him or her to do? If they wanted more help than you could give as a friend how would you advice them to go about seeking such help?

3.) If you experienced some difficulties with your mental health who would you feel most / least comfortable to talk about it to? What would be helpful for you at such a time?

What, if anything, would stop you from seeking the help you might need?

What, if anything, would encourage you to seek the help you might need?

How would you go about seeking help?

4.) How would you feel about talking to your GP about issues of mental health if it was you who suffered from a mental health problem? If you were to talk to your GP about this, what would you be likely to say/want to discuss?

5.) What would you expect from your GP once you have told him/her what you were going through/described your problem?

How do you think they could be of help / what would he/she be likely to do to help you?

6.) Would you have any preference in terms of the ethnic background of your GP? Would you have any preferences in terms of the ethnic background of someone that you would talk to about how you feel? How would this be helpful or not?

7.) What do you think about when I say Psychology…Psychotherapy? Some one working in the area of psychology and psychotherapy, what do you see them doing? How do you think psychology and psychotherapy might help a mental health problem?

8.) If you were your mother or father and I asked you the same question regarding your understanding of Psychology or Psychotherapy, how do you think they would answer?

9.) Where do you think you have picked up most of your ideas about mental illness, psychology, psychotherapy from – parents, friends, media, own experiences?

10.) How have you felt participating in this interview. Is there anything you would like to add? Do you have any thoughts or questions that our conversation has raised?

(ii) Research Methodology

The data will be analysed using Interpretational Phenomenological Analysis (IPA) (Smith, 1995; Smith, Jarman and Osborn, 1999) a recently developed, and still evolving, approach, which is increasingly being applied to psychological research. IPA starts with the assumption that people's accounts tell us something about their private thoughts and feelings, and that these, in turn are implicated in people's experiences, decision-making cognitions and behaviours. It provides a systematic way of analysing data by adopting, as far as possible, an *'insider perspective'* of the area of

investigation (Conrad, 1987), thus aiming to produce knowledge on what and how people think about the phenomenon under investigation. IPA does not aim to generate theory about the phenomenon under investigation, but aspires to describe and document the lived experience of the participants. The narrative is thus more important than the theory-building and IPA therefore aims to present an analysis that is characterised by coherence and integration, creating a framework whilst still preserving nuances in the data. Interpretative Phenomenological Analysis recognises that the outcome of any qualitative analysis represents an interaction between participants' accounts and the researcher's interpretative framework. In this way the approach is phenomenological as it is concerned with an individual's personal and subjective perception or account of an object or event itself; and also interpretational in that it acknowledges the research process as a dynamic activity with access to the participants' world being dependent on, and complicated by, the researcher's own conceptions (Smith, 1996 a, Flowers et al, 1997). While it is not claimed that the thoughts of an individual are transparent within verbal reports, analysis is undertaken with the assumption that meaningful interpretations can be made about thinking (Smith et al, 1997). The IPA researcher is therefore not only addressing the gap between personal accounts and underlying cognitions, but is also generally concerned with attempting to tackle that gap as well. The research outcome consequently represents a dynamic and inescapable interaction between the participant's account and the researcher's interpretative framework. For this reason, it will also be important to make the researcher's interpretative position explicit in relation to the research topic in the proposed study.

(iii) Data collection

The data will be acquired through semi-structured interviews. The interview schedule will be designed so as to provide some structure whilst still allowing the participant considerable flexibility in how to respond. The questions will be of an open-ended nature where the participants will be encouraged to be expansive. The questions will strive to be of a neutral rather than value-laden nature as far as this is possible. The schedule will not dictate the interview but serve as a guide, regarding the ordering of the questions as less important. Within reason the participants will thus be allowed to go where they wish. In that spirit anything of interest, even if not on the schedule, will be followed up by a deeper probing and the interview schedule is also likely to change as the study evolves. The interviews are estimated to last 45 minutes to an hour. All interviews will be audio-recorded and transcribed verbatim.

(iv) The study population and sample

The study aims to examine two populations and compare the narratives they generate for differences and similarities.

Group 1: White British non-clinical population
Group 2: Black, second generation British, non-clinical population, where both parents were born in, and emigrated from, a either African or Caribbean culture.

The ethnicity of the participants will be determined by their own classifications. The two groups will be balanced across three demographical categories: *gender*, *age* and *socio-economic status (SES)*.

Where necessary, data will be collected from a maximum of 20 participants (e.g. a maximum of ten participants in each group) if theoretical saturation on any particular category has not been achieved at an earlier sage. Since, under an interpretative phenomenological framework, the theoretical sampling cannot be fully planned before the study commences, further decisions about the sampling process will be made during the research process itself.

Steps taken to ensure that the project does not duplicate work already completed

Literature searches on EMBASE and PsychInfo, as well as inspections of documents produced by the Department of Health have produced a substantial collection of readings concerning ethnic variations in the status, pathway and reception of mental health. However, no published research has exploratively analysed and compared the views, attitudes and beliefs regarding the perceived applicability and usability of psychological and psychotherapeutic interventions of the two proposed groups.

Confidentiality

Appendix A

All information pertaining to participants will remain the property of the researcher and will not be used for any other purpose except for the execution of this study. All the data will be treated in a way that protects the confidentiality and anonymity of the participants involved in this study. Coding will be used during the gathering and processing of interview notes, tapes and transcripts.

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Appendix B

DEMOGRAPHICAL INFORMATION OF STUDY PARTICIPANTS

Participant Number	Group	Gender	Age	Level of Education	Profession	Maternal Origin	Paternal Origin
1	1	F	25	MA	Administrator	Nigeria	Nigerna
2	1	F	25	MA	Administrator	Nigeria	Ghana
3	1	M	41	College	Accounts Manager	Jamaica	Jamaica
4	2	M	32	-	Job seeking	Barbados	Jamaica
5	2	M	23	-	Chef	Trinidad	Jamaica
6	2	F	35	University	Job seeking	Jamaica	Namibia
7	3	M	22	A-levels		Jamaica	Jamaica
8	3	M	24	-	UE	Jamaica	-
9	3	F	-	-	-	Jamaica	Barbados
10	3	F	41	Design	Private hire/UE	Jamaica	-
11	3	M	27	NVP Dip	Entrepreneur/UE	Barbados	Dom Rep
12	4	M	23	-	Labourer/UE	Ghana	Jamaica
13	4	M	23	BA	Student	Kenya	Jamaica
14	4	M	-	-	UE	Grenada	Grenada
15	4	F	34	College	Hair dresser	Ethiopia	Jamaica
16	5	F	28	College	Youth worker	Kenya	Kenya
18	5	M	40	Photography	Steward/UE	Jamaica	Dom Rep
19	5	M	-	GCSE	UE	Jamaica	Jamaica
20	5	F	-	Fashion	UE	Jamaica	
21	6	M	36	-	Programmer	Jamaica	Trinidad
22	6	M	37	BA Finance	UE	South Africa	Jamaica
23	7	M	37	-	-	Jamaica	Jamaica
24	7	F	30	-	Customer Assist.	Angola	Angola
25	7	F	25	8 GCSEs	Shop manager	Jamaica	Jamaica
26	7	F	-	-	House wife	Africa	Jamaica
27	8	F	23	BA Hons.	PR assisstant	Ghana	Ghana
28	8	F	23	GCSEs	Customer service	West Indies	West Indies
29	8	F	34	A-levels	-	Nigeria	Jamaica
30	8	F	39	Law/MA	Solicitor	Nigeria	Nigeria
31	9	M	33	GNVQ	UE	Jamaica	Jamaica
32	10	M	42	NVQ	Cheff/Engineer	Jamaica	Guyana
33	10	M	41	-	-	Zimbabwe	Zimbabwe
34	10	M	-	-	UE	West Indies	Gambia
35	10	F	-	College	Job Officer	Jamaica	Jamaica
36	10	F	-	-	-	Nigeria	-
37	11	M	26	BA	Teacher	Nigeria	Zimbabwe

Appendix B

38	11	M	24	-	-	Barbados	-
39	11	M	38	NVQ	Trainer	Jamaica	Barbados
40	11	F	23	College	Finance	Jamaica	Jamaica
41	11	F	29	College	Trainee counsellor	Nigeria	Nigeria
42	12	F	38	None	UE	Jamaica	Tobago
43	12	M	40	O-levels	Actor	Jamaica	Jamaica
44	12	F	27	A-levels	Stylist	Nigeira	Jamaica
43	12	M	27	College	UE	Africa	Africa
44	12	M	23	BA	UE	Nigeria	Zambia
45	12	M	24	None	Self-employed	Nigeira	Nigeira
46	13	M	29	College	Physiotherapist	Jamaica	Haiti
47	13	M	30	College	Carpenter	Guyana	Jamaica
48	13	M	30	NVQ	Decorator	Caribbean	Caribbean
49	13	F	28	BA Hons	Writer	Jamaica	Grenada
50	13	F	24	None	UE	Jamaica	Jamaica
51	13	F	34	GCSE	UE	Trinidad	Jamaica
52	13	M	-	-	-	Jamaica	-

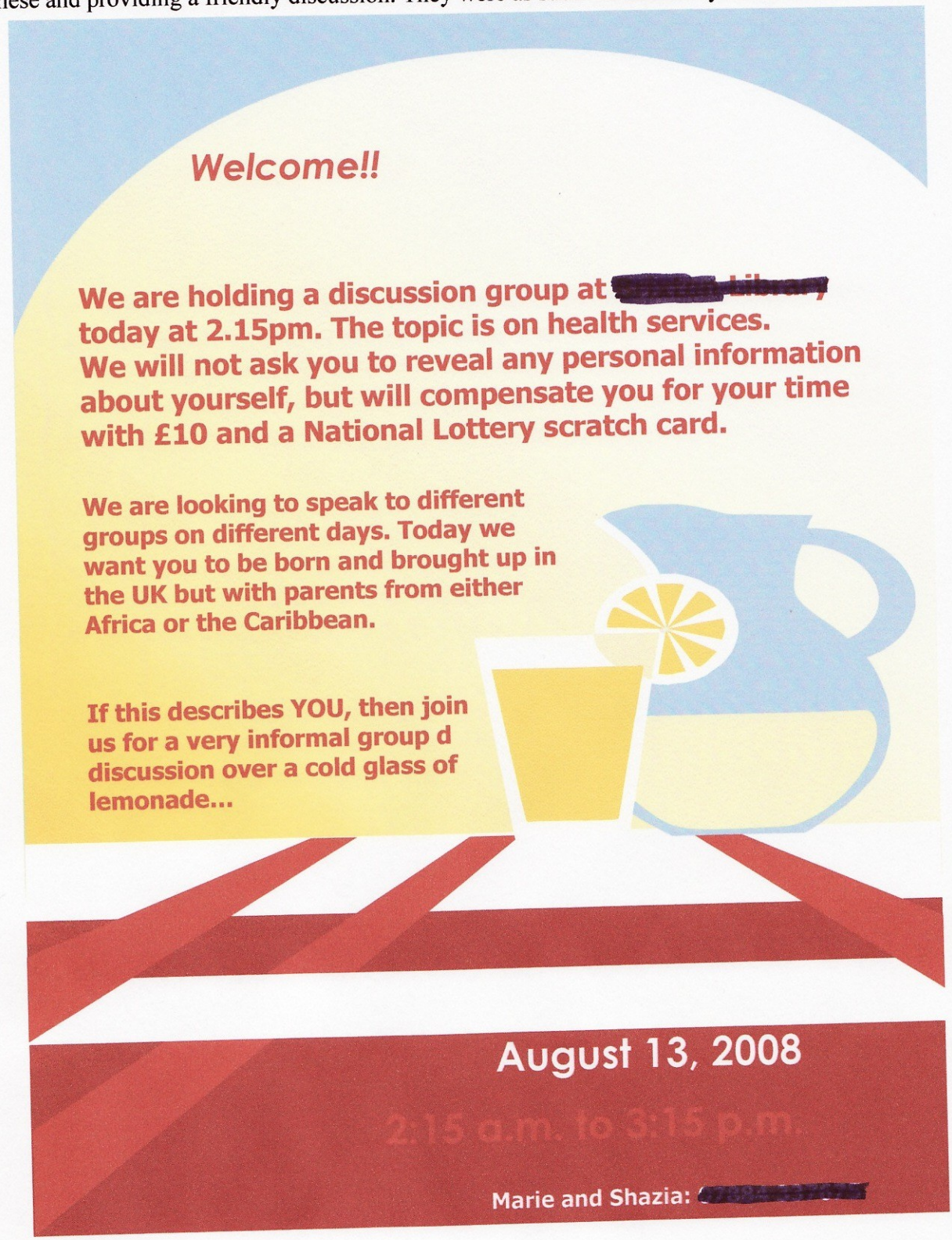
Appendix B

Person	Group	Gender	Age	Education	Profession	Maternal O	Paternal O

Appendix B

Appendix C

Copy of invitation to group interview on a hot day. People were approached by somebody holding these and providing a friendly discussion. They were as such not randomly distributed.



Appendix D

CONSENT TO AUDIO- & TRANSCRIPTION

Marie Sjoedin, City University

I understand that this study involves the audiotaping of my interview with the researcher. Neither my name nor any other identifying information will be associated with the audiotape or the transcript. Only the researchers or person otherwise officially involved with the study, such as researcher's supervisor, will be permitted to listen to the tapes.

I understand that the tapes may be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of my interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither my name nor any other identifying information (such as my voice) will be used in presentations or in written products resulting from the study.

I further understand that immediately following the interview I will be given the opportunity to have the tape erased.

Please check one of each pair of options.

A.___ I consent to have my interview taped.
___ I do not consent to have my interview taped.

B.___ I consent to have my taped interview transcribed into written form.
___ I do not consent to have my taped interview transcribed.

The above permissions are in effect until 31/12/2010. On or before that date, the tapes will be destroyed. **Please check one of the following:**

C.___ I consent to the use of the written transcription in presentations and written products resulting from the study, provided that neither my name nor other identifying information will be associated with the transcript.

___ I do not consent to the use of my written transcription in presentations or written products resulting from the study.

_____ _____
Participant's Signature Date

I hereby agree to abide by the participant's above instructions

_____ _____
Investigator's Signature Date

ETHICS RELEASE FORM

All students planning to undertake research in the Department of Psychology for degree or other purposes are required to complete this Ethics Release Form and have it signed by their supervisor and one other member of staff **prior to commencing the investigation**. Please note the following:

- An understanding of ethical considerations is central to planning and conducting research.
- The published Code of Ethics of the British Psychological Society (1997) Code of Conduct, Ethical Principles and Guidelines. BPS. Leicester and American Psychological Society (1992) Ethical Principles of Psychologists and Code of Conduct. American Psychologist, 47, no 12, 1597-1611 should be referred to when planning your research.
- Approval to carry out research does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, eg: Hospitals, NHS Trusts, HM Prisons Service, etc.
- Completed and signed ethics release forms must be submitted as an appendix in the final dissertation

Please answer all of the following questions:

1. Has a research proposal been completed and submitted to the supervisor? Yes ☑ No ☐

2. Will the research involve either or both of the following:
   2.1 A survey of human subjects/participants Yes ☐ No ☑

   2.2 An intervention with a cohort of human subjects/ participants, and/or an evaluation of outcome of an intervention? Yes ☐ No ☑

3. Is there any risk of physical or psychological harm to participants (in either a control or experimental group)? Yes ☐ No ☑

4. Will all participants receive an information sheet describing the aims, procedure and possible risks involved, in easily understood language? (Attach a copy of the participants information sheet) Yes ☑ No ☐

5. Will any person's treatment or care be in any way prejudiced if they choose not to participate in the study? Yes ☐ No ☑

6.	Will all participants be required to sign a consent form, stating that they understand the purpose of the study and possible risks ie will informed consent be given?	Yes ☑	No ☐
7.	Can participants freely withdraw from the study at any stage without risk of harm or prejudice?	Yes ☑	No ☐
8.	Will the study involve working with or studying minors (ie <16 years)?	Yes ☐	No ☑
	If yes, will signed parental consent be obtained?	Yes ☑	No ☐
9.	Are any questions or procedures likely to be considered in any way offensive or indecent?	Yes ☐	No ☑
10.	Will all necessary steps be taken to protect the privacy of participants and the need for anonymity?	Yes ☑	No ☐
	Is there provision for the safe-keeping of video/audio recordings of participants?	Yes ☑	No ☐
11.	If applicable, is there provision for de-briefing participants after the intervention or study?	Yes ☑	No ☐
12.	If any psychometric instruments are to be employed, will their use be controlled and supervised by a qualified psychologist?	Yes ☑	No ☐

If you have placed an X in any of the double boxes [X], please provide further information below:

Appendix E

Student's Name:

Degree Course:

Title of Research Project:

Supervisor:

Signature of Student:.....

Signature of Supervisor:.....

Signature of a 2nd Psychology Department member:.....

Date:.....

Any further comments:

Interview questions

1. What kind of problems would you call mental health problems? Do you know any names of mental health problems, disorders or difficulties?

2. How could you tell if a friend or family member was suffering from mental health problems?

3. What would you have to notice about yourself?

4. If you thought a friend or family member was suffering from a mental health problem what would you advice them to do?

5. If you felt that you had some difficulties with your mental health what would you do?

6. Who would you feel most comfortable to talk to about it?

7. What would you say to this person?

8. How do you think your friends would react if they thought you had a mental health problem?

9. Is there anything that would stop or prevent you from seeking the help you might need?

10. Is there anything that would help and encourage you to seek the help you might need?

11. How would you go about seeking help?

12. How would you feel talking to your GP about how you feel if you had a problem with the way you were feeling, thinking or behaving?

13. What do you think your GP would think about you if you told him or her that you had difficulties leaving your home without feeling panicky? If you told him or her that you were hearing voices? If you told him or her that you were worried that you were going to harm yourself in some way?

14. What do you think your GP would be most likely to do once you've explained how you feel?

15. What would be the most helpful thing your GP could say or do?

16. Would you have any preference at all in terms of what cultural background your GP came from? Would you prefer to talk to a male or female GP?

17. What do you think about when I say 'Psychology'? 'Psychotherapy'?

18. Someone working as a psychologist – what do you see them doing?

19. When I ask you this, do you get any images or pictures of a psychologist? Could you explain what you see?

20. A psychologist and psychotherapist try to understand how you feel, and see things from you point of view and use talking therapy to together try to find solutions to possible problems – how do you think this could help a mental health problem?

21. Where have you picked up most of your ideas about psychology or psychotherapy? How do you feel media shows psychology, your friends, your family?

22. If your brother or sister suffered from a mental illness how do you think your parents would react to this?

23. What would you advice your brother or sister to do if you notices that they were mentally unwell?

24. How have you felt participating in this interview? Is there anything you would like to add? Are there any thoughts or questions that our conversation has raised?

Example of Coding

(The extract below can be found in Interview 6, lines 71-195)

Participant 1: We're talking about the embedded racism that goes on. So we're going down a different path, but I'm saying that these things were the things that play on the less strong personalities. The things that even if they achieve high they still don't get the same opportunities as the next man, do you know what I mean? And you know to keep blaming like say the gun culture on black youths; to constantly hear negative things about yourself. Do you understand, it has an imprint on your perception of yourself. You get what you ask for. So if then you are at the point of no return and you feel that you need to turn to someone, for a lot of the guys it becomes a macho thing: 'I don't want to ask, so I'll deal with this through my own means.' And by their own means there is no one there to say 'hey, do you know what I'm saying; it's not that bad'. Do you understand? These are not things that are

RACISM, EMBEDDED

WORSE EFFECTS IF NOT STRONG WITHIN YOURSELF, PLAY ON YOUR MIND

NOT THE SAME OPPORTUNITIES

BLAME DIRECTED TOWARDS BLACK COM.

REPEATED MSGS NEGATIVE

SELF-VIEW AFFECTED SELF-FULFILLING?

CREATED BY OUTSIDE

LATE STAGE / GONE ON FOR A WHILE

MACHO, SELF-RELIANT

SCENARIOS NOT CREATED FOR FEEDBACK, NORMALISATION

accessible to us. It's a fact. You know, I don't walk around with a chip on my shoulder thinking the world is against me. I thin that I will make my own opportunities, but I am completely realistic of what's happening in this world. So, it's a lot of things. Social pressures is a big, big thing, you know. If you've achieved well at school, but then you are not allowed to achieve well in academia or whatever. I mean these are things, I mean my sister is not quite right because of things like that. She was a high achiever in school but she never got the opportunity to achieve when she left school, you know. It's a lot of things. So it's, it's just different angles, you know. It's not just simple things like 'we're just going crazy'. It's things that attribute towards that, so you understand. And if people are born and bread here, for example, for an Australian he's Caucasian so you never ask him, but for me people always ask me where are you from. Im English. But where are your parents from? So, where is my standing here? I'm born and bread here, but you're perceiving me as an alien as a foreigner. But an Australian, he is not um you know, an American or a South African he could sit here right away being righteous in themselves whereas yet you feel that you have to prove a point where you're from sort of thing, you understand? Those things…

HELP NOT ACCESSIBLE

'NO CHIP' ↔ DON'T COMPLAIN?

CREATE OWN OPPORTUNITIES

SOCIAL PRESSURES PLAY BIG PART

HELD BACK

SISTER AFFECTED NEGATIVELY

OPPORTUNITIES NOT GIVEN (OWNED BY OTHER TO GIVE/ALLOW)

MH = COMPLICATED

EXPRESSION OF SOMETHING EXTERNAL

OUTSIDE FACTORS

WHITE FOREIGNER MORE INCLUDED

'IM ENGLISH BUT NOT SEEN AS SUCH'

ALIEN

WHITE PEOPLE FEEL ITS THEIR SPACE / FOR GRANTED

HAVE TO PROVE YOURSELF / NOT AUTOMATICALLY ACCEPTED

Participant 2: Yeah, um I agree with that, but I think we've got to move on now cause things are getting better. Cause things, the world is changing

MOVE ON, CHANGE MINDS?
THINGS ARE GETTING BETTER

Participant 1: Where? [Smiling.]

DISAGREE

Participant 2: It's changing. Opportunities. Slowly, not just here - all over the world. You know there's wars and the people will go, they just believe they're fighting for a country, but now people are starting to believe. The person that could be my enemy I could have a drink with that person. There's no need to listen to the government to train me and go out to fight. But going back to what you're saying cause I want to try to stick to the local area. The people that I see on the streets I believe that they wanna do better. I really do believe that they do wanna do better but just don't know where to go or like you said they're gonna try to figure it out by themselves, trying to be macho. Don't want no help, you know. Or if they're getting help it's probably from family and they don't want to listen. Maybe later on they take it on. For me for example I was having hard times when I was you ng and now when I see the youth I can visualise what that one is going to be like or what that one is… but fortunately for me, I've turned out really well. I used to do the typical things, hang around, have my friends, but something at the back of my mind said

IMPROVING
GETTING BETTER
OPPORTUNITIES
UNIVERSALLY

UNITING

?

PEOPLE WANT TO ACHIEVE

DONT HAVE THE INFO, GUIDANCE
DON'T ASK
DO IT ALONE/SORT
MACHO

FAMILY NOT RECEPTIVE TO START WITH

HARD TIMES IN YOUTH

RECOGNISE - SIMILARITIES

TURNED OUT GOOD

USED TO JUST 'HANG'
UNPLANNED FUTURE
SOCIALISE

there is more to life than this. Since then I do programme computing. I work for one of these big companies and I've go my own staff so that's my role. But I could easily have turned out the other way where I was walking the streets. Because I didn't try. So there's a lot of people who still can do it and age doesn't have so much to do with it. It's opportunity, you know.

LEARNT SKILL PLAN FOR FUTURE

COULD HAVE GONE WRONG

DIDN'T APPLY SELF

BELIEF IN OPPORTUNITIES BEING ESSENTIAL

Participant 1: Not really. I think it's just what the point is. People just need to feel that the person they're talking to is susceptible to what they're saying and open to what they're saying. I think that you'll find that it's not really like that though. Perceptions sometimes are embedded in other people. So it's easy to palm you off or it's easy to do a second-rate sort of analysis when it should be looking into your background and looking into your whole situation and a proper investigation into your situation. I think a lot of the time the preconception precedes you and that's what's dealt with.

NEED TO FEEL HEARD

LISTENER NEED TO BE OPEN

PRECONDITIONED IMPRESSIONS / STEREOTYPES ?

LEAD TO NOT BEING GIVEN THE SAME AMOUNT OF TIME AND INTEREST

BACKGROUND & CONTEXT = IMPORTANT

PEOPLE ACT ON THEIR PRECONCEPTIONS

Interviewer: Ok

2 secondary opinion. They're not gonna give you a full check out by a specialist who will go deep down to see what is the problem. They need a picture from your

WON'T BE THOROUGHLY ASSESSED

WON'T BE INTERESTED IN WORKING THROUGH THE LAYERS

childhood to where you are now and then they'll probably get a better idea of who you are and why, cause sometimes the tablets they don't really do anything. Sometimes just talking, if you can programme the brain more than the body. The tablets are more for the body. It's a drug yes to make you feel good for a while. But if you can programme your brain to feel that the body, cause if you think about something good your body feels good and you feel active and you go out and you are motivated. But sometimes it's just the way how people think about things.

WHOLE PICTURE FROM CHILDHOOD = IMPORTANT (IT ALL MATTERS!)

TABLETS DON'T WORK

TALKING MORE USEFUL

PROBLEM WITH HOW YOU THINK

YOUR WAY OF THINKING CAN BE CHANGED

DOING, MOVING ON MAKES YOU FEEL GOOD

1 can I just say about preconceptions and I'm gonna use me as an example again. Um, I think a lot of the attributes or the broken family is a big ??? thing on our society. Now for example you take responsibility for your own situation. Myself I took my baby mother to court. And there was no violence or nothing that we split up over but the preconception is easy to pin that on me. So then the options for me to bring the family together or to bring me and my children together was clouded by that easy preconception cause I have muscles and I'm a black man and it's a fact. So that hindered me bringing my son into an environment where he knew his father and so if there is ever a problem with my son or future generation then he's got no father figure. Because that preconception was labelled on me and it was easy then to

BROKEN FAMILY?

RESPONSIBLE

AFFIRMATIVE ACTION (CHILD CUSTODY)

STEREOTYPE PREJUDICE

THREATENING AGGRESSIVE STEREOTYPE

SYSTEM NOT ALLOWING RELATIONSHIP W SON DUE TO PREJUDICE/ STEREOTYPE

LABELS

dismiss me and make it difficult. But was made near on impossible for me to bring the family back together. You know these things, it still happens and it's not something you can ignore.

EASY TO DISMISS IF CATEGORISED NEGATIVELY

HARDER FIGHT

PART OF REALITY

YOU NEED TO BE AWARE (CAN'T IGNORE)

Interviewer: Do you take this with you into other situations?

Participant 1: It's instantaneous now. I can be in a room with someone and know whether he is genuine or not. It's instantaneous. it's life experience. It's like anybody whose put in a bad situation they get used to that bad situation and the problem is that a lot of us have grown up used to it and maintain getting used to a bad situation.

LEARNED TO TELL IF PEOPLE ARE GENUINE

INSTENTANEOUS IMPRESSION

LEARNT THROUGH DIFFICULTIES

GROWN UP WITH PLURAL BAD SITS.

Participant 2: That's true

(AGREEMENT)

Interviewer: Could you elaborate a bit about that.

Participant 1: Say like Pete Dougherty. That's a prime example of a Caucasian man that thinks the world is his oyster. 'I can continually make mistakes, but hey…!'. I don't think we ever feel that deep within, inside, that we can continually go out and explore our life experiences and make mistakes and come back to where

WHITE MALE WHO CAN DO WHATEVER HE WANTS

WHITE, FAMOUS, CAN MAKE MISTAKES AND ITS FINE

DEEP INSIDE DON'T FEEL FREE TO EXPLORE, MAKE MISTAKES & GET SECOND CHANCES

↑

SOCIETY WON'T ALLOW

NOT AS FREE

people still accept us. Those mistakes are pointers that are used against us. Do you understand? Constantly.

PEOPLE QUICK TO CATEGORISE & JUDGE ACC TO NEG. STEREOTYPES ↑ ALWAYS THERE

2 everything's on data base. If you owe the system 50 pounds – goes on to describe situation of being black listed after not paying small debt.

SYSTEM HOLDS IT AGAINST YOU

Participant 1: It's like in the early days as well. I mean I don't walk around with a chip on my shoulder. I'm very focused and clear with how society really is. But during the early days it was a thing to criminalise, if you got caught for anything that's what they would do instead of understanding your social situation. You would be criminalised and then that has a negative effect. Say that you are 11 years old and you have a criminal record then you apply for a job and you know that that thing has a adverse effect and you start to getting yourself involved in things and it's these kind of things that set up – it's more in the black society than in others. Do you know what I'm saying. Criminality is a phase and to my, a to make out a kid as a criminal is always going to lead to something negative down the road. And if you are not participating in society being able to finance your way in society then all these negative things are going to start coming up in your personality. Anger. Anger is a thing that manifests itself into lots of different things. It comes because of those

NOT WANTING TO SEEM TO BE BITTER MOANING OR MAKE EXCUSES

CRIMINALISE FOR PETTY THINGS

NEGATIVE MSG

CRIMINALISED BEFORE EVEN STARTING IN LIFE CUTS YOUR CHANCES

MORE IN THE BLACK SOCIETY

CRIMINALITY = REBELLION = PHASE OF GROWING UP

NOT PARTICIPATING => FEELING LIKE AN OUTSIDER

ANGER

preconceptions. Do you understand? Why if you know that educationally kids are not doing well in school and you know then the possibilities of getting a career or something is difficult then why are you criminalise them for petty things and then making it near on impossible for them to turn things around?

KEPT BACK BY PRECONCEPTIONS

SOCIETY MAKES IT HARDER

NO HELP TO TURN AROUND

Participant 2: And ten years later they still have that information on you from when you were 16. Wipe it off.

GIVE PEOPLE A BREAK

Participant 1: You're not given as many chances…

NOT GIVEN AS MANY CHANCES

Participant 2: And then they're saying that the influences of hip hop is influencing kids to do these things. But yet you've got this guy and Amy Winehouse who are constantly doing drugs and drinking in front of the kids. It's double standards. It's not fair and let's say it like it is: it's a double standard that we've all lived under and come somewhere and to try to break…[sigh]...I'm moving to Thailand. I've got a ?? in Thailand and I'm in the process of moving over there. The one difference that is over there is that with Buddhism it's cause and effect. It's how you treat people is how you are being perceived. It's not like that here. If you're black it doesn't matter how goodhearted you are the preconception stays with you. Nothing you can do

BLAME ON HIP HOP & BLACK COMMUNITY

WHITE PEOPLE CAN DO DRUGS AND STILL BE RESPECTED. BACK PEOPLE NOT

INEQUAL/UNFAIR DOUBLE STANDARDS

FORMING THE FRAMEWORK OF LIFE

HARD TO CHANGE THE SYSTEM/BREAK OUT

LEAVING TO BE FREE?

BEING JUDGED FOR WHAT YOU DO INSTEAD OF WHAT PEOPLE THINK YOU DO

IF YOU ARE GOOD/KIND PEOPLE WON'T SEE IT

about it. Now I have a situation where there is an acceptable face of foreigners. The Polish and those people that come and it's, everybody's being welcome with open arms.

EUROPEANS WHITE ACCEPTED INTO SOCIETY QUICKER

Interviewer: Are they being welcomed though?

Participant 2: They are. There's a slight little media thing but if this Polish guy was to go with a business plan. Same as like me. He would get the funds and I wouldn't.

WHITE FOREIGNER HOLDS BIGGER CREDIT THAN COUNTRYMAN THAT IS BLACK

Interviewer: How does this feel?

Participant 1: Some people are turned to madness

PREJUDICE SOCIETAL CAUSES CAUSES MENTAL HEALTH PROBLEMS

GROUP 1.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	-
Lived observations:	
Being stereotyped	(218) (222-224) (231)
Being kept down	-
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(46-47) (50-51) (58-59) (75-76) (82-83) (136) (144) (148-151) (174) (224)
Sense of Vulnerability	-
Sense of Disillusion	-
Assessing	-
PRIVATE SELF	-
'IT'S GOOD TO TALK'	
'Understand my Context'	(31) (74) (81-82) (167-171) (176-180) (186-193) (193-194) (213-214) (222-224) (225-229)

GROUP 2.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	
Lived observations:	
Being stereotyped	
Being kept down	
Restricted aim	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(228-232)
Sense of Vulnerability	
Sense of Disillusion	
Assessing	
PRIVATE SELF	(151-158) (159) (188-189)
'IT'S GOOD TO TALK'	(127-128)
'Understand my Context'	

GROUP 3.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(218-222) (223-225) (226-231)
Lived observations:	
Being stereotyped	(88-99) (140-146) (319-327) (328-329) (331) (346-349) (359-362) (364-366)
Being kept down	(266-267) (277-286) (350-352)
Restricted aim	(67-70) (71-72) (73-77) (78-80) (98-99) (114-117) (120-125) (149-150) (164-169) (171-172)
Self-fulfilling prophecy	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(37-38)
Sense of Vulnerability	(191)
Sense of Disillusion	(349-350)
Assessing	-
PRIVATE SELF	
'IT'S GOOD TO TALK!'	
'Understand my Context'	(273-276)

GROUP 4.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	
Lived observations:	
Being stereotyped	(307-309) (955-959) (1008-1009) (1019)
Being kept down	
Restricted aim	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(135-137) (248-249) (252-253) (311-317) (316-317) (513-521) (988-1001) (1360-1362) (1370-1372)
Sense of Vulnerability	(678-679)
Sense of Disillusion	(1019)
Assessing	(714-718) (1111-1112)
PRIVATE SELF	
'IT'S GOOD TO TALK!'	(1418) (708-709) (904-905) (1042) (1053-1059)
'Understand my Context'	(708-709) (904-905) (1042-1052) (1053-1059)

GROUP 5.

CATEGORIES & Subcategories	**Reference (line) numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	
Lived observations:	
Being stereotyped	(19-24) (92-93) (106) (206-207) (285-286) (287-288) (315-317)
Being kept down	(82-86) (153-154) (177-178) (269-270)
Restricted aim	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(54-55) (61-62) (66-70) (77-78) (85-90) (98-106) (132-139) (139-140) (159) (176-178) (206-207) (213-214) (307-308) (313-314)
Sense of Vulnerability/	(66-70)
Sense of Disillusion	
Assessing	
PRIVATE SELF	(114-118)
'IT'S GOOD TO TALK!'	(78-81)
'Understand my Context!'	(33-40) (243-249) (9-12) (195-200) (229-233) (289-304)

GROUP 6.

CATEGORIES & Subcategories	**Reference (line) numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(243-245)
Lived observations:	
Being stereotyped	(74-76) (127-128) (141-142) (143-147) (170-171) (183-185) (188-189) (234-235) (239-240) (328-332)
Being kept down	(64-69) (72-74) (80-87) (156-160) (181) (193-196) (275-278) (281-284) (295-297) (299-305) (348-353)
Restricted aim	
Self-fulfilling prophecy	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(35-39) (47-48) (71-72) (133) (164) (223-227) (261-263) (299) (301-305) (307)
Sense of Vulnerability	(41-45)
Sense of Disillusion	(62-63) (185-186) (237) (287-288)
Assessing	
PRIVATE SELF	(107) (78-80)
'IT'S GOOD TO TALK!'	
'Understand my Context'	(124-127) (131-132)

GROUP 7.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(509-517) (554-557) (581)
Lived observations:	
Being stereotyped	(173-176) (190-191) (193-195) (203-205) (208-218) (245) (695)
Being kept down	(165-171) (217-221) (225) (229) (233) (284-285) (489-490) (585-592)
Restricted aim	
Self-fulfilling prophecy	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(98-101) (102-106) (715-718) (77) (100-101)
Sense of Vulnerability	(244-246) (535-537) (554-558) (627-629)
Sense of Disillusion	(266-270) (272-275) (281-282) (284-285) (6070 (613)
Assessing	
PRIVATE SELF	
'IT'S GOOD TO TALK!'	(101-102) (643-645)
'Understand my Context'	(727-731) (733)

GROUP 8.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(155-158) (280-284) (335-341) (638-639)
Lived observations:	
Being stereotyped	(47) (96-101) (115-116) (145-147) (161-166) (269-271)
Being kept down	**(**219-221) (222-224) (229) (230) (237-240) (246) (313) (472-473) (478-483) (489-492) (509-524) (585-587) (640-646) (689-690) (689-690) (729-733)
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(106-107) (119-122) (219-221) (222-224) (355-258) (403) (485-486) (491-492) (504-507) (527-532)
Sense of Vulnerability	(360-362) (363-363) (379-382) (386-392) (393-400) (400-401)
Sense of Disillusion	(287-288) (343-344) (558-559) (620-622) (689-691) (699-702)
Assessing	(538-541) (653-657)
PRIVATE SELF	(659-661)
'IT'S GOOD TO TALK!'	
'Understand my Context'	(147-148)

GROUP 9.

CATEGORIES & Subcategories	**Reference (line) numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(435-438) (447-450) (454-456) (463)
Lived observations:	
Being stereotyped	(145-147)
Being kept down	(244-247)
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(185-190) (236-240) (244-246) (326-324) (365-368) (365-373)
Sense of Vulnerability	(365-373)
Sense of Disillusion	
Assessing	-
PRIVATE SELF	(293-297) (490-491)
'IT'S GOOD TO TALK!'	(277-281) (505-508)
'Understand my Context'	(215-223) (277-281)

GROUP 10.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(294-295) (9810 (987-994)
Lived observations:	
Being stereotyped	(103-108) (138-139) (145-146) (158-159) (286-290) (368) (379-386) (692-695) 703-713) (934-945) (1019-1025)
Being kept down	(174-176) (254) (263) (268-270) (305-313) (334-336) (342) (408-410) (413-416) (457-466) (470-473) (625) (734-743) (788-790) (864-868) (1002) (1011-1017)
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(238-244) (283) (487-506) (508) (512) (656) (796-799)
Sense of Vulnerability	(475-477) (1067-1070) (1169-1177)
Sense of Disillusion	(450-451) (453-456) (891) (902)
Assessing	(527-529)
PRIVATE SELF	(86) (250-253) (256-257)
'IT'S GOOD TO TALK!'	(571) (955-964) (1217)
'Understand my Context'	

GROUP 11.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	
Lived observations:	
Being stereotyped	(199)
Being kept down	(610-615) (628-632)
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(44-46) (47-49) (121-131) (168) (172-173) (197-199) (580-582) (706) (710-712) (729-731)
Sense of Vulnerability	
Sense of Disillusion	
Assessing	(597-598) (600-601) (729-731)
PRIVATE SELF	(172) (548-549)
'IT'S GOOD TO TALK!'	
'Understand my Context'	(697-698)

GROUP 12.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(123-124) (138)
Lived observations:	
Being stereotyped	(54-57) (249-250)
Being kept down	(159) (169) (597)
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(228) (230-237) (479-480) (517) (526-532) (534-544) (546-550) (726-728) (747-749) (768-769) (774-775) (782)
Sense of Vulnerability	(57-58) (798-802)
Sense of Disillusion	(591)
Assessing	
PRIVATE SELF	(47-50) (122-132) (209-210) (216-217) (219) (221-224) (286-292) (294-295) (534-544) (685-692)
'IT'S GOOD TO TALK!'	(882 - 885)
'Understand my Context'	(362-366) (390-391) (397-398)

GROUP 13.

CATEGORIES & Subcategories	**Reference (line)numbers**
EXTERNAL STRUGGLE (TRAUMA)	
Collective memory	(288-294) (296-307) (395-398)
Lived observations:	
Being stereotyped	(211-213) (281-285) (261-267) (281-285) (400-402) (404-406) (408-410) (422-424) (450-457) (972-974)
Being kept down	
INTERNAL STRUGGLE (TRAUMA)	
Distrust	(93-96) (96-101) (104-105) (122-125) (154-155) (248) (309-317) (441-446) (874-878) (880-882)
Sense of Vulnerability	(234-241) (422-424)
Sense of Disillusion	
Assessing	(891-905)
PRIVATE SELF	(30-35) (81-90) (502-503) (522-523)
'IT'S GOOD TO TALK!'	(253-254) (333-340) (534-536) (680) (739-743) (907-914)
'Understand my Context'	

Appendix H

Appendix I

Searches:

Embase

((Self disclosure).sh Or "self disclosure".ti,ab)
AND
(treatment outcome.sh OR (PSYCHOTHERAPY/ AND exp DOCTOR PATIENT RELATION/).sh OR (exp CULTURAL FACTOR/ AND exp PSYCHOTHERAPY) OR (exp ETHNICITY/ OR exp "ETHNIC OR RACIAL ASPECTS"/ OR exp ETHNIC GROUP/ OR exp ETHNOLOGY/ OR exp RACE/ OR exp ETHNIC DIFFERENCE/)OR (exp CULTURAL BIAS/ OR exp CULTURAL COMPETENCE/ OR exp CULTURAL FACTOR/ OR exp CULTURAL SENSITIVITY/ OR exp CULTURAL VALUE/ OR exp CULTURAL SAFETY/)

Psychinfo

(self disclosure.sh or "self disclosure".ti,ab)

And

((exp CROSS CULTURAL TREATMENT/ OR exp CROSS CULTURAL DIFFERENCES/ OR exp CROSS CULTURAL COUNSELING/ OR exp CULTURAL SENSITIVITY/) OR (exp PSYCHOTHERAPY/ AND exp "RACIAL AND ETHNIC GROUPS"/ OR (EXP Treatment outcomes/ And EXP psychotherapy))

Appendix J

Illustrative Clinical Examples on the Use of Therapist Self-Disclosure

The literature review in Part C. found clinical case examples to be prevalent in the theoretical literature as well as the empirical literature where qualitative designs are applied. For the purpose of enhanced illustration and closer representation of what the literature in the area of cross-cultural therapy contains this Appendix has therefore included extracts of two published case examples.

Both examples are verbatim extractions where any identifying details were altered by the authors of the original publication to protect the confidentiality of both therapist and client. The first example is a verbatim extraction from Burkard et al's qualitative study on therapists' perception of the interventional effects of their own disclosures to clients (2006). This will be followed by an abbreviated extract from Constantine and Kwan (2003).

> Dr. C, a 48-year-old female therapist, spoke of 'LaShawna' and African American female client in her early 20s who indicated that she was an activist and student leader on campus. Although LaShawna had sought counselling for relationship concerns, she also discussed her feelings of frustration and anger regarding the discrimination and oppression of students of colour on campus. Relatively early in counselling, LaShawna discussed her observations of incidents in and outside of the classroom that were blatantly oppressive and discriminatory toward students of colour. Dr. C became aware that LaShawna was spending a significant amount of time discussing these oppressive evens and eventually sensed that it was important for LaShawna to know Dr C.'s position on and perception of these events. Because Dr. C believed that she and LaShawna had a good therapeutic relationship, she used this opportunity to self-disclose and validate LaShawna's observations of discrimination toward and oppression of students of colour on campus. Dr. C shared, "I too have witnessed several incidents of discrimination on campus, and I have felt upset by these incidents. Additionally, I have worked with other students of colour in counselling who have experienced being treated differently in the classroom." A bit later in the session Dr C also shared that she believed that discrimination does exist at the institutional level, often creating barriers for students of colour. After discussing these initial therapist self-disclosures with LaShawna, and her reactions to the disclosures, Dr C also disclosed that "I sense that it was important for you to know my perspectives on the discrimination on campus, and that knowing these perspectives may be important to developing out counselling relationship." These self-disclosures seemed to improve the therapy relationship and helped LaShawna use therapy in a more productive

way. For example, Dr. C perceived that LaShawna's trust in and safety with her increased that that she was then able to discuss relationship concern with her partner. Dr. C summarised that the real work of therapy actually began after her self-disclosing interventions.

(Burkard et al, 2006: p 19)

Jessica, a 20-year old, Black female student majoring in engineering at a large, predominantly white University, presented to psychotherapy to address feelings of lethargy, lack of motivation, anxiety and social isolation. She was assigned a white female therapist. Early in her therapy sessions she stated that Blacks and Whites tended to think and communicate differently and that "we're just different". She often made such statements following uncharacteristically long pauses. Sensing that she hesitated to describe her frustrations further with her therapist, Jessica was asked how she felt about discussing her feelings and perspectives with a non-Black therapist. Jessica appeared surprised by this question and stated that she expected her therapist to listen to her without "really getting it". Jessica asked her therapist whether she had personally been discriminated against. Her therapist who had experienced similar sexist treatment in her graduate programme nearly 30 years ago stated, "I know that feeling discriminated against must be difficult for you." Jessica became frustrated by her therapist's response and stated, "I asked you this because I wanted to know if you could really understand how I feel. From what you say I don't know that you do, so I'm not sure I can tell you anything more at this point." Jessica's therapist considered the pros and cons of directly answering the question and stated: "I'm sorry I was evasive. I knew what you what you needed from me at the time you asked me the question, but I guess I didn't want my response to deter you from your progress. I would have to honestly report that I also have experienced sexism and that it's painful. However an additional element you're currently experiencing is racism, and I'm wondering how you're feeling about having to deal with these two issues concurrently?" Jessica became tearful and related that she knew she was "slipping into a downward spiral of depression" and indicated that she could do with a bit of help by talking more in depth about things...

(Constantine and Kwan, 2003: p 585-586)

The extract goes on to describe the therapist's sharing of her own experience as being the start of a strong therapeutic alliance in which Jessica continued to seek personal disclosures from the therapist and the therapist noting that moderate obliging in this area were helpful to their relationship. Whilst the therapist had initially been reticent in using self-disclosure (as can be seen by the extract) she felt that such occasional interventions now provided her with a way to 'foster a sense of caring and connection' (pg. 587).

Appendix J

South London and Maudsley NHS
NHS Foundation Trust

SOUTH WEST SECTOR COMMUNITY MENTAL HEALTH TEAM
380 STREATHAM HIGH ROAD
LONDON, SW16 6HP

Telephone: [redacted]
Fax:
SLaM Switchboard:

14 August 2009

Re: Marie Sjoedin - Submission of Case Study as part of Doctoral Studies in Counselling Psychology

To Whom It May Concern,

I write to certify that the account that Marie has provided in her case study is true to the work she has conducted with the client by the pseudonym of 'Calvin'.

This client was seen by Marie in a therapeutic capacity during the period of April 2008 and February 2009. I have supervised Marie's clinical practice over the last three years and can confirm that she is a highly professional and capable psychologist.

Yours faithfully,

[redacted]

Dr Jerome Carson

Consultant Clinical Psychologist

Appendix L

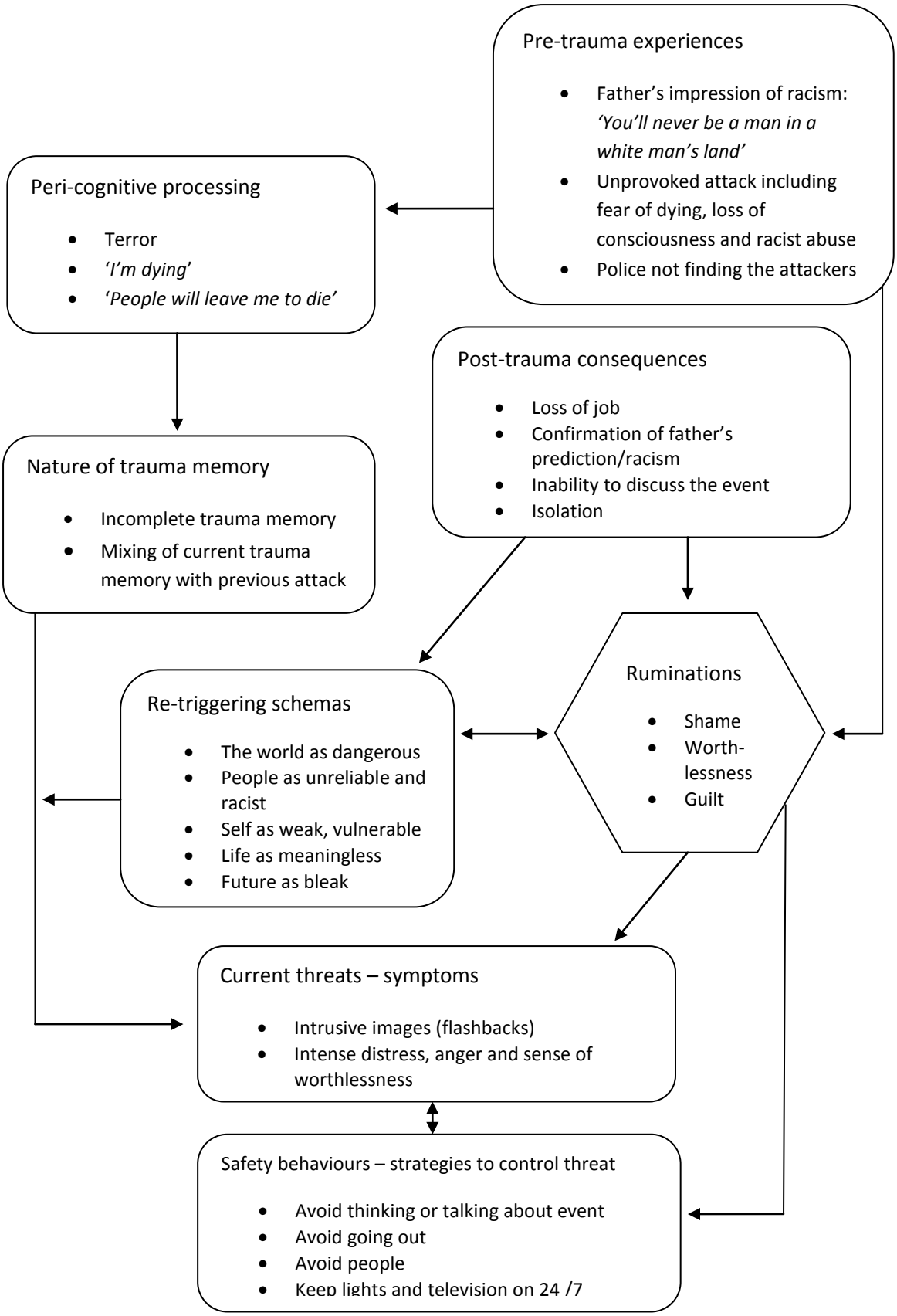


Figure X: Cognitive case formulation of the developing and maintaining mechanisms of Calvin's persistent trauma presentation

Appendix M

Therapy Extract

Below is a brief extract from Session 21 in my work with 'Calvin', see Part D's Case Study. Prior to the beginning of the extract Calvin has told me that he had watched a programme on television earlier in the week, on PTSD in British military staff. He had given me a resume of the programme and I also had some prior awareness of its content from seeing it advertised.

As the extract commences, Calvin is talking about how he is feeling about his symptoms following the trauma incidents.

Calvin: I shouldn't really feel like that. It's not right. I know way worse things happening to people. I've seen it. Seen some properly bad stuff. And you just get on with it. Brush it off man. Get it back on. Whereas me, I mean I'm not so bad now (pause) I don't know.

Therapist: So, sometimes there's a sense that what's happened to you is not severe enough or bad enough for you to have had this strong response? Is that how you feel sometimes?

Calvin: I thought I was stronger than this. It's a bit of a shock to the system, if you know what I mean (pause) Don't like to think about it. I thought I could deal with stuff...I still think I kind of can, but this it did just floored me (pause) I've changed. I used to be strong. Just laugh things off, you know. Nothing used to faze me. Nothing. (pause) That's what I don't understand.

Therapist: Umhm. I see what you're saying. It's like you're wondering whether there is a weakness in you that makes you react this way or that your system has been shocked because you somehow were not able to withstand it.

Calvin: Yeah, I mean I hope that's not the case, but when you can't even go out without feeling all tense and angry. It's bad right. That's just bad. Not something you want to shout about, d'you know what I mean?

Therapist: I was wondering whether you know if those men in that programme felt similar to this. Maybe the programme didn't deal with that feeling particularly...

Calvin: Yeah, but I could relate. I really could relate. They felt their lives had changed. They couldn't sleep. They had nightmares some of them. This one guy couldn't deal with being around people. I could relate a lot to what they said. They all suffered it. The PTSD. They were all tense and couldn't relax, man.

Therapist: Yeah (pause) did you think of them as being a bit weaker than your average guy, than your average man? That they suffered PTSD because of some weakness within them.

Calvin: Nah, no way. Didn't think of them like that at all. Didn't think of them as weak. No.

Therapist: Do you know why you didn't?

Calvin: Well, yeah, the things that they would have signed up to do is not the kind of things to do if you are at all weak-hearted. They're hard if anything. To do that.

Therapist: Yet, like you, they suffer from PTSD. Does that change the way you see your own reactions as well. I mean maybe this is not about weakness. Maybe PTSD has got nothing to do with weakness at all.

Calvin: (pause) I get what you're saying. Those guys they were definitely not soft. I could relate to what they were saying. Yeah, I get you. Didn't really think of it from that angle.

Below are the psychometric information gathered from Calvin across our sessions. Scores are indicated whether clinically significant or not.

Psychometric Results Session:	Assess-ment	7	16	30	6 wk follow-up
Clinical Outcomes in Routine Evaluation-Outcome Measure (Core-OM)					
Subjective wellbeing (W)	**12***	**8**	**10**	**5***	**-**
Problems or Symptoms (P)	**36***	**19**	**28**	**8***	**-**
Functioning (F)	**30***	**20**	**20**	**7***	**-**
Risk (R)	**7**	**7**	**8**	**3***	**-**
Global distress (Total):	**85**	**55**	**62**	**27***	**-**
Centre for Epidemiological Studies Depression Scale (CES-D)					
Total:	**34**	**17**	**23**	**11***	**9***
(Cut-off at 16)					
Impact of Event Scale (IES-R)					
Intrusion	**24**	**17**	**12**	**6***	**5***
Avoidance	**20**	**20**	**15**	**2***	**2***
Hyperarousal	**13**	**10**	**10**	**3***	**5***
Total:					
Significance of Scores:					
*Not Clinically Significant					