Wah Gwaan?
An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK

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Declaration of Powers of Discretion

I hereby declare that the work presented in this portfolio is my own, and has been developed under the supervision of Dr Alan Priest.

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Preface

Overview

This portfolio for the Professional Doctorate in Counselling Psychology (DPsych) brings together three pieces of work that reflect my growth as a Trainee Counselling Psychologist, researcher, and individual. It includes a *Research Project*, a *Journal Article*, and a *Combined Client Study/Process Report*. Undertaking this training has undoubtedly been one of the most challenging experiences of my life. However, I was never fully aware of the extent of it at the time – a lack of awareness that I believe might have enabled me to persevere throughout the process. This preface illustrates how mechanisms such as emotional disconnection, alongside other learnt self-reliant strategies, demonstrate the ways in which young men in the UK from working-class Afro-Caribbean backgrounds understand, navigate and manage psychological and emotional distress. It further highlights how these strategies were developed through lived experiences, sociocultural history and marginalisation, as well as traditional masculine norms that challenged their sense of self. Consequently, this portfolio is united under the theme: *"The 'mirror' of Caribbean men's intrapersonal dissonance – self-reliance or resilience?"* This connecting theme across all three sections of this portfolio elucidates how these men 'adapted' themselves to the complexities of their environments, navigating the tension of being "strong enough" to overcome but not being "too strong" that they do not access support from others.

Section A – Research Component: Doctoral Thesis

I present my doctoral research in two forms: Section A – Thesis and Section B – Journal Article. This research explored the lived experiences of how young Jamaican men from working-class backgrounds in the UK navigated their mental health. Central to this exploration was the concept of intrapersonal dissonance – an enduring tension between cultural values of self-reliance and resilience and the emotional necessity of "seeking" support (Montesano et al., 2015).

This Interpretative Phenomenological Analysis (IPA) examined access to mental health support amongst young Jamaican men in the UK from working-class backgrounds, as this demographic remains underrepresented in mental health research, despite a disproportionate burden of mental health challenges and poorer outcomes (Bhui et al., 2018). These men often grappled with barriers to accessing external support due to several intersecting sociocultural identities including gender, race, ethnicity and socioeconomic status, as well as systemic influences, including restrictive gender norms, racial discrimination, and economic disadvantage (Keating et al., 2007; O'Neil, 2008).

Reflections on participants' sociocultural identities and experiences elucidated the notion that resilience, as inherited from the experiences of previous generations, served as both a legacy and a burden. For young Jamaican men from working-class families, resilience was not just the capacity to endure hardship, but a deeply ingrained cultural expectation to 'combat' life's challenges, despite the psychological/emotional cost. This expectation mirrored the perseverance modelled by their ancestors, who often endured systemic oppression, poverty, and other adversities with unwavering strength (Longman-Mills et al., 2020). However, the 'inherited blueprint' of resilience often limited these young men's abilities to express vulnerability or to access external support for their mental health.

For example, the group experiential theme (GET) ***"I Am An Island"***, which includes the subtheme *"Prove Yourself: Actions Speak Louder Than Words"*, illustrates young Jamaican men's strong sense of self-belief and self-reliance, but (emotional) isolation. It is not that they do not want to connect with others; in fact, it could be argued that they desperately do. However, their deep desire for connection was obstructed by the perceived fallibilities within their relationships and communities, which indicated an 'unsafe environment' to fully express vulnerability or rely on others for support. As a result, they were 'forced' to be the "strong one", and so risked 'failing' as men, should they "seek help". Consequently, positioning "help-seeking" as self-development, or exploring adversities through adjacent avenues such as group fitness or boxing,

provided them with more culturally congruent and emotionally measured ways of engaging with their mental health (Robertson et al., 2018).

Section B – Publishable Manuscript: Proposed Journal Article

The journal article in Section B presents the findings of Section A in a more concise format, tailored for publication. It extracted the key insights from the thesis, focusing on the pathways young Jamaican men from working-class backgrounds navigated when accessing (external) mental health support. By framing these findings through the intersections of cultural identity, masculinity, and socioeconomic status, the article "bridged the gap" and created theory and practice links, offering actionable recommendations for culturally responsive interventions. Notably, it highlighted the compounded impact of socioeconomic deprivation alongside racial identity, both of which created structural barriers that exacerbated psychological distress and restricted access to mental health support amongst these men.

This work also underlined the importance of recognising diverse markers of poor mental health, particularly the unique ways distress manifested within this demographic (Bignall et al., 2019). Traditional frameworks often failed to account for how suppressed emotions, learned self-reliance, antisocial behaviour, substance (mis)use and behavioural cues such as aggression or avoidance signalled deeper struggles akin to suicidality. However, there is an unnerving diversity in suicidal behaviours among these men, illustrating the critical need to develop culturally sensitive tools that identify and address their specific experiences. Submitting this article to the *Men and Masculinities* journal allows for these contributions to be platformed on a more global scale, particularly within a publication committed to exploring the intersections of gender, culture, and wellbeing. It also facilitates broader discussions amongst scholars and practitioners in creating equitable and inclusive mental health support systems for minoritised men.

Section C – Professional Component: Client Study and Process Report

The final section of this portfolio highlights my clinical development as a Trainee Counselling Psychologist. It focuses on a client study and process report detailing my work with “John” (pseudonym), a young Afro-Caribbean man in his early twenties, referred by an NHS Talking Therapies service to my specialist psychosexual placement. John presented with difficulties related to hypersexuality, specifically self-reported pornography addiction, alongside feelings of self-loathing and intermittent suicidal ideation. The referral followed a lengthy waiting period during which he received no interim support, and his mental health declined, highlighting the gaps and detrimental consequences in the care available for individuals with complex needs (Reichert & Jacobs, 2018). By the time John engaged with our service, his distress had escalated, and was compounded by shame and isolation.

John’s hypersexuality was understood as a way to soothe and distract from overwhelming emotional pain, particularly feelings of inadequacy. Although it provided temporary relief, this behaviour perpetuated cycles of shame and further distress. This insight reflected an overarching theme across the portfolio: young men from working-class Afro-Caribbean backgrounds often developed self-reliant ways of managing psychological/emotional pain, which seemed to stem from systemic marginalisation, sociocultural histories, traditional masculine norms and relational dynamics which all ‘discouraged’ emotional vulnerability amongst them.

As a Trainee Counselling Psychologist, I prioritised building ‘safety’ and working collaboratively with John in order to achieve his therapeutic goals. These included reducing pornography use, challenging unhelpful beliefs, and developing a healthier relationship with himself and his behaviours. After an initial psychosexual assessment and thorough discussions, we agreed CBT was most suitable for addressing his concerns, given its proven effectiveness in managing hypersexuality (Fenn & Byrne, 2013; Shepherd, 2010). Techniques such as psychoeducation, self-monitoring, and cognitive restructuring helped John explore the underlying causes of his behaviours

and identify healthier coping mechanisms – interventions that encouraged the agency and empowerment demanded by participants within the research aspects of this portfolio, who often pursued self-reliant coping strategies as a primary mode of coping.

The therapeutic relationship was central to this work. John's perfectionism and deep fear of failure often mirrored themes from the doctoral research, including restrictive emotionality, internalised shame, and the pressure of high expectations. These parallels emphasised the need for culturally sensitive and action-oriented approaches, which allowed John to express his vulnerabilities in an environment that felt safe and non-judgemental. At times, our shared identities led to challenges, particularly around the risk of overidentification, which required careful navigation (Richards, 2003).

Ultimately, John's progress demonstrated the transformative potential of therapy, not just in reducing symptoms but also in encouraging self-compassion and emotional growth. This section shows how the themes from my research and clinical work are connected, highlighting the importance of recognising systemic and sociocultural influences when supporting marginalised groups. It also reflects my development as a practitioner who is able to draw on shared experiences to help clients achieve meaningful change.

Reflections and Rationale

On reflection, training has been both demanding and invaluable in developing my personal and professional identity as a clinician and researcher - enhancing my understanding of the 'human condition', and facilitating personal growth. It has challenged me to confront my own limitations, biases, and vulnerabilities, whilst promoting resilience, empathy, and a greater capacity for reflective practice. This portfolio captures not only the culmination of my academic and clinical work but also the essence of my development as Black Jamaican man from a working-class

background, aspiring to make meaningful contributions to the field of Counselling Psychology.

The Motivation Behind My Research

The desire to focus my research on the mental health experiences of Afro-Caribbean men, specifically young Jamaican men from working-class backgrounds in the UK, was both deeply personal and professional. It stemmed from encountering many of these men, personally and within my clinical work, who outwardly appeared strong and composed but whose struggles were evidenced by behaviours such as withdrawal, cognitive and emotional dissonance and disconnection from others and themselves, with a tendency to keep relationships at a 'surface level'. Furthermore, these men often expressed their pain and emotions through anger or aggression, which seemed to be a 'common language' amongst them that they dare not speak, due to the consequences of stereotypes such as the "Angry Black Man" (Hammond, 2012). These men often restrained their emotionality ('self-suppression') in order to avoid "fulfilling the prophecy". Consequently, the self-concept of being a "monster", emerged as a recurring, and often unconscious theme across the research process, my clinical work and even within my own personal therapy. We somehow appeared to internalise the idea that we were inherently dangerous or threatening, often outside of our conscious awareness. This internalised image seemed to reflect a combination of (racial) societal stereotypes, personal struggles, and the systemic weight of poverty and hardship. These experiences impacted how young Afro-Caribbean men viewed themselves and navigated the world, often leading to emotional restraint, self-soothing behaviours, and a profound sense of alienation. However, this narrative was not without its strengths. The same environments that demanded self-reliance also encouraged the resilience exemplified by a colonial history of survival and resistance (Paterson, 2019). My research and clinical work sought to fill this gap in the literature, and in clinical practice.

Personal Reflections

This process has made me deeply aware of how much of myself I have encountered throughout this process. The themes of emotional disconnection, perfectionism, and the constant negotiation and suppression of the self in environments where vulnerability was discouraged mirrored some of my own experiences. In many ways, I saw parts of myself in the stories participants shared and in the struggles my clients faced. Though there were moments when this 'sameness' brought a sense of connection and comfort, it also challenged me due to the risk of over identifying with the experiences of these men.

The urge to overidentify, to protect, or even to avoid leaning too deeply into these connections often left me questioning myself. I noticed echoes of my own perfectionism in my work: the desire to do things "right", to not fail, especially for those who, like me, have felt the weight of (perceived) sociocultural expectations. The process required me to hold space for others while recognising the healing and growth I was navigating for myself. It taught me that sameness, when held thoughtfully, could be a bridge rather than a boundary. These experiences have not only impacted my professional identity but have deepened my humanity, leaving me with a profound gratitude for the courage of those who allowed me to 'walk' alongside them – "shoulder to shoulder" (Gough et al., 2021).

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Section A – Research Component

Doctoral Thesis

Wah Gwaan?

An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK

Abstract

The barriers to mental health help-seeking amongst young Jamaican men from working-class backgrounds in the United Kingdom are underexplored, despite evidence indicating their significant vulnerability to poor mental health outcomes. Research highlights that sociocultural norms of masculinity discourage help-seeking behaviours by promoting self-reliance and emotional suppression (O'Neil, 2008; Mahalik & Dagirmanjian, 2019). Additionally, systemic inequities, such as socioeconomic marginalisation and racial discrimination, continue to compound these challenges for minoritised groups (Bhui et al., 2018). This study sought to address this gap by exploring the lived experiences of young Jamaican men navigating mental health support.

Qualitative data were collected through semi-structured interviews with six Jamaican men aged 18 - 35, from working-class backgrounds. An Interpretative Phenomenological Analysis (IPA) methodology was employed, adopting a critical realist epistemological stance. Analyses captured three group experiential or 'main' themes (GET's) encapsulating participants' experiences: ***Incongruent***, capturing identity conflict and the dissonance between emotional needs and sociocultural expectations; ***Heavy is the Head***, highlighting challenges in recognising and expressing mental health struggles; and ***I am an Island***, illustrating self-reliance and mistrust of (formal) external sources of mental health support.

Findings have indicated that sociocultural and systemic barriers significantly influenced help-seeking behaviours, underscoring the need for culturally tailored mental health interventions. Suggested approaches included employing dually trained healthcare and wellness professionals, integrating physical activity, and reframing therapy as self-development to align with the cultural values of resilience and self-efficacy amongst these men. Additional recommendations involved utilising trusted community networks and promoting mental health literacy within social connections. Theoretical, clinical, and research implications are explored, along with identified limitations and directions for future research.

1 Introduction

[Verse 1]
From the minute of birth, you enter this earth
Obstacles deh inna your way to overcome first
Throughout everyday they seem to get worse
Oh my God, cast away this curse!
Everybody ah try fi make every end meet
Through every way they endeavour
Lord God you see it
No matter what the world may say out ah street
Must affi survive, won't accept defeat
Now I'm weary, tired and dreary
Got no time to waste
You better know that

[Chorus]
It's not an easy road
And many see the glamour and the glitter so them think a bed of rose, mi say
Who feels it knows, oooh
Lord help me sustain these blows
I cry!

- Buju Banton: Not An Easy Road

The consequences of Jamaica's socioeconomic, cultural, and political history on its people's sense of self, and subsequently their mental health, have long been documented, as evidenced above in song (Beckles, 1996; Longman-Mills et al., 2020; Nettleford, 2003). The Jamaican identity has been moulded by a history of slavery, colonialism, economic marginalisation and hardship, which have contributed to a collective and complex self-concept characterised by resilience, resourcefulness, pride, and a deeply ingrained resistance to oppression (Patterson, 2019; Thomas et al., 2004). However, these historical and sociocultural factors have also resulted in significant mental health challenges, such as high levels of stigma associated with vulnerability and mental illness, a necessity for self-reliance, and a subsequent reluctance to access mental health support from others (Arthur et al., 2010; Gallimore et al., 2023; Longman-Mills et al., 2020; Williams, 2013). These challenges are seen particularly amongst Jamaican men, defined in this study as men born in Jamaica, or of Jamaican heritage.

Central to this reluctance amongst Jamaican men in accessing mental health support, is the nuanced and layered construction and negotiation of their masculinity which is shaped by both structural and interpersonal forces (Levtov & Telson, 2021; Patterson, 2019). The impact of slavery and colonial rule on the Jamaican man necessitated physical and emotional strength, perseverance and resilience for survival in the face of systemic dehumanisation, violence and economic dispossession, instilling these traits as fundamental aspects of Jamaican masculinity (Beckles, 1996; Chevannes, 2001). Consequently, this oppressive and dehumanising legacy has engendered a sense of self and model of masculinity amongst Jamaican men that equates absolute emotional restraint with strength, and the endurance of suffering with survival, reinforcing a notion that their self-worth is contingent upon their ability to withstand hardship, rather than their inherent humanity. This is further perpetuated by deeply embedded cultural and religious narratives and practices that have historically positioned 'long-suffering' and self-sacrifice as virtues and tests of faith, as seen in reggae and folk music, and within Christianity, of which approximately 65% of the Jamaican population practice (Hickling & Hutchinson, 2012; The World Factbook, 2025).

Therefore, beyond the structural and systemic forces that have historically shaped Jamaican masculinity, interpersonal influences within families, amongst friends and within wider communities continue to maintain it. For example, "boys suffer more consistently and severely from home and school disciplinary practices, such as being beaten and verbally insulted, for the same infractions as girls" (Levtov & Telson, 2021, p. 6). Furthermore, the increased prevalence of single-mother households perhaps signals a disruption to, or fracture of, Jamaican boys' paternal attachment figures and opportunities for consistent male role models (Levtov & Telson, 2021). These circumstances contribute to emotional distress and isolation and may arguably compel young Jamaican men to assume the role of 'man of the house,' explicitly or implicitly, reinforcing engendered (self)expectations of responsibility and emotional restraint, far in advance of their developmental age (Burke & Kuczynski, 2018; Thompson, 2015). This premature socialisation to emotional and financial hardship, and responsibility, or 'parentification', can result in the introjection of emotional burdens amongst young

Jamaican men that subject them to rigid masculine norms, such as stoicism, which deter them from authentic emotional expression and access to help and mental health support (Levtov & Telson, 2021; Thompson, 2015). These complexities are not confined to the island, as they extend across borders and continue to influence how the Jamaican diaspora negotiate and navigate their mental health overseas.

Research has elucidated the impact of these consequences on Jamaicans within countries such as the United Kingdom (Alam et al., 2024; Yorke et al., 2016). For Jamaican men, pre-existing challenges associated with mental health stigma and a reluctance to access support are further exacerbated by the nuances of migration. The migration of Jamaicans to countries such as the UK has historically been shaped by both economic necessity and aspirations for social mobility (Livesay, 2019; Phillips, 1998; Thomas-Hope, 1980). The Windrush generation (1948–1971) was recruited to accommodate labour shortages in the UK after World War II (Byron & Condon, 2008; Longman-Mills et al., 2020; Phillips & Phillips, 2009). However, they faced persistent racial discrimination, economic marginalisation, and hostility within a predominantly White British society, which contributed to complex experiences of exclusion, in ways they might not have previously encountered, as a people from a majority Black nation (Bhui & Dinos, 2011; Byron & Condon, 2008; Gilroy, 1993; Livesay, 2019; Phillips & Phillips, 2009; Venner & Welfare, 2019). These experiences have resulted in lasting intergenerational repercussions that have continued to impact Jamaican men as they navigate the complexities of acculturation and their mental health (Bhui & Dinos, 2011; Bhui et al., 2018; Phillips & Phillips, 2009). The marginalisation of many Jamaican families within the UK and the impact of poverty and gentrification have resulted in socioeconomic restrictions, that have at times driven them out of ethnically dense areas, which presents further ramifications for their mental health, as these disruptions limit their access to a culturally cohesive community (Bhui et al., 2018; Byron & Condon, 2008; Pinto et al., 2008).

Therefore, in light of these compounding challenges, understanding mental health help-seeking (MHHS; used interchangeably in this study with “access to mental health

support"), particularly amongst this demographic, is critical. Despite having no universal definition, Rickwood and Thomas (2012) conceptualised MHHS as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (p. 180). Their highlighting of five key elements (the *process* of seeking help, the *timeframe* in which this is done, the *sources of help*, the *types of help available* and the *concern* for which help was sought) within MHHS, illustrates its dynamic, layered and complex capacity, to be impacted by several factors (Rickwood & Thomas, 2012). While Rickwood and Thomas' conceptualisation emphasises individual agency, it overlooks the complex and culturally specific barriers faced by Jamaican men within the UK, as it arguably disregards the impact of the systems and processes within which MHHS operates, despite its alluding to *types* of support available. Nevertheless, it provides a useful starting point, as its 'open' and/or "adaptive" nature aligns with the need for a more nuanced approach in understanding Jamaican men's relationship with mental health, whilst navigating their complex intersectional identities and systemic inequalities. This will be further explored later. Despite the evident mental health challenges encountered by Jamaican men within the UK, there is a gap in the literature exploring their access to mental health support. Understanding their "help-seeking" behaviours is crucial, not only for developing culturally appropriate interventions, but also for addressing broader systemic inequalities in mental health service provision. Therefore, this study will utilise three key frameworks to explore access to mental health support amongst Jamaican men in the UK, highlighting both structural and agentic factors contributing to this (Coles, 2009; Robinson & Robertson, 2014). Firstly, intersectionality (Crenshaw, 1989) will be used to examine how the intersecting identities of race, ethnicity and culture, class and socioeconomic status, and gender shape Jamaican men's experiences and access to mental health support. Secondly, acculturation theory (Berry, 1992, 1997; Schwartz et al., 2010) will provide insight into how adapting to a new cultural context further affected their mental health and willingness to explore avenues of support. Finally, O'Neil's (1981) gender role conflict (GRC) theory will be used to evaluate how sociocultural norms around masculinity, and the expectation to remain resilient and self-reliant, impacted their attitudes towards accessing support. This integrated approach will help to unpack and contextualise the complex interplay between

personal identities, cultural expectations and adaptations, and the systemic barriers encountered within the UK, amongst Jamaican men from working-class backgrounds, navigating their mental health and accessing support.

1.1 Relevant Theoretical Frameworks

1.1.1 Intersectionality Theory

Intersectionality (Crenshaw, 1989) is a theoretical framework that seeks to illuminate the interconnected nature of social identities such as race, gender, ethnicity, class, amongst others, and their compounding effects in creating unique and complex experiences of privilege and discrimination, that cannot be fully understood along a single 'axis' or perspective. It emphasises the relationship between power and marginalisation, and so, challenges the traditional approach of examining social categories in isolation (Crenshaw, 1989).

In her paper, to elucidate the discrimination experienced by Black women in the workplace, Crenshaw (1989) sought to address the limitations of anti-discrimination law, as well as feminist theory and anti-racist policies, which she argued were "predicated on a discrete set of experiences that often do not accurately reflect the interaction of race and gender" (p. 140). Due to their dichotomous nature, these frameworks failed to account for those who 'existed' and experienced simultaneous discrimination "at the intersection of multiple identities" (Crenshaw, 1989, p. 140). Since her seminal work, Crenshaw (1991) has expanded her framework to explore how the intersections of social identities operate within wider systems. Accordingly, she introduced *structural*, *political* and *representational* intersectionality, which she explained helped to provide a more holistic consideration of the multifaceted ways in which the organisation of social systems failed to protect those most marginalised and vulnerable (Crenshaw, 1991).

Structural intersectionality is concerned with how access to systemic resources, such as healthcare, is influenced by social identities (Crenshaw, 1991). This is arguably evidenced by the high percentage of Afro-Caribbean men (mis)diagnosed with enduring and damaging mental health problems, such as schizophrenia and who are subsequently subjected to higher rates of psychiatric hospitalisations or contact with the criminal justice system (CJS), within the UK (Bhui et al., 2018; Cooper et al., 2013; Harwood et al., 2023; NHS Digital, 2024; Pinto et al, 2008). Bhui and colleagues (2018) argued that structural inequalities and institutional biases resulted in the perpetuation of discriminatory practices within the UK, where Afro-Caribbean men, compared to White counterparts, were more often referred to specialist mental health services, rather than primary care, and similarly subjected to increased detainment under the Mental Health Act (MHA). These institutional factors, combined with the associated stigma surrounding mental health, both within the Jamaican community, and the UK as a whole, exacerbate the barriers Jamaican men face when attempting to access support.

Political intersectionality considers how the 'individual' can become 'lost', even within broader social justice movements considered to be representative of those discriminated against. Crenshaw (1991) expressed that "the problem with identity politics is not that it fails to transcend difference, as some critics charge, but rather the opposite – that it frequently conflates or ignores intra-group differences" (p. 1242). In other words, a tendency to homogenise the experiences of a group can overshadow the unique challenges faced by those who identify with a multiplicity of marginalised identities, such as young Jamaican men within this study. For example, larger anti-racist social justice movements, or those solely concerned with mental health in men, may overlook non-Black Jamaican men from working-class families, or indeed, Black Jamaican men, respectively. Afterall, Jamaica's motto is: "Out of Many, One People", which illustrates the diversity amongst Jamaicans, where despite this, they are part of one common identity and culture (Longman-Mills et al., 2020; Woodstock, 2015). Therefore, political intersectionality provides an interrogative and reflexive lens that helps to understand how intra-group marginalisation, and subsequent deterrence to

access mental health support, can be perpetuated within social justice movements, despite their efforts to be representative (Crenshaw, 1991; Hankivsky, 2014).

Representational intersectionality explores how media portrayals perpetuate certain stereotypes, disregard nuanced realities and further marginalise and stigmatise particular groups (Crenshaw, 1991). Research shows that Black men, particularly Afro-Caribbean men, are often depicted as hypermasculine, aggressive, violent, and emotionally detached (Elliot-Cooper, 2021; Hope, 2006, 2010; Moore et al., 2011; Robertson & Wainwright, 2020). These portrayals influence both public and self-perceptions of these men, making it harder for them to access mental health support (Alam et al., 2024; Dill-Shackleford et al., 2017; Hankerson et al, 2015). The image of the “Angry Black Man” conflicts with the vulnerability required for emotional disclosure, which can reinforce self-stigma amongst young Jamaican men and reduce their likelihood of accessing mental health support (Hankerson et al., 2015; McGlotten & Davis, 2012).

Therefore, when examining the role of intersectionality (structural, political and representational) on Jamaican men’s relationship with mental health and their access to support, it is critical to consider not only their attitudes and behaviours, but also the influence of systemic barriers and social narratives and inequalities. Notwithstanding, Bhui et al. (2018) elucidated that health inequality by ethnic group remained a significant challenge due to the complexities associated with navigating healthcare systems, including patients’ unfavourable relationship dynamics with service providers and services’ lack of cultural competency, which were often unintended, but structurally embedded. Furthermore, the proposed solutions often lacked empirical backing, as there is limited data that clearly demonstrates the efficacy of these interventions in improving outcomes for ethnic minority groups, including Jamaican men. This supports several critiques of intersectionality’s methodology and subsequent measurability (McCall, 2005; Nash, 2008), which makes it difficult to apply to systemic policies.

McCall (2005) argued that despite intersectionality's ability to capture the complexities of overlapping identities, this also made it difficult to operationalise as a concept in research, as its encompassing nature created difficulties for developing measurable interventions. This reflects both Nash's (2008) perspective, and more contemporary literature (Bauer et al., 2021; Guan et al., 2021), which posit that the breadth of intersectionality makes it difficult to employ as a standardised methodology. Studies (Bauer et al., 2021; Guan et al., 2021) have emphasised that there is a need for specificity and context in applying intersectionality in order to reduce the risk of its core tenets being "diluted". According to Fraser (2013), an overemphasis on identity politics in some applications of intersectionality can detract from broader structural issues such as poverty. This critique is particularly applicable to Jamaican men from working-class families, who face significant socioeconomic barriers to accessing mental health support. However, more contemporary literature has attested to the usefulness of intersectionality as a methodological approach (Atewologun, 2018; Cooke & Nyhagen, 2024; Kilvington-Dowd & Robertson, 2020; Misra et al., 2020). For example, Kilvington-Dowd and Robertson (2020) demonstrated how integrating Bourdieu's (1977, 1986) theoretical frameworks of *habitus*, *capital*, and *field* could provide a 'scaffold' in operationalising intersectionality in empirical research. Their study illustrated how social identity, power, and agency interacted within specific socioeconomic contexts amongst elderly caregivers, addressing intersectionality's methodological challenges by bridging individual experiences with broader structural factors through analysing how capital (economic, cultural, social) impacted caregiving practices. Therefore, this provides precedent for understanding how Jamaican men's access to mental health support can be addressed through applying an intersectional lens that accounts for structural inequalities, whilst considering the intrinsic and agentic resources they are able to access and utilise within different contexts or *fields* (Coles, 2009; Kilvington-Dowd & Robertson, 2020).

In considering this, Viruell-Fuentes et al. (2012) highlighted that intersectionality and migration status exacerbated barriers to mental health, as the consequences of acculturation, compounded by structural inequalities, perpetuated the mental health challenges confronted by young Jamaican men from working-class backgrounds,

within the UK. Jamaican men are posed to preserving their cultural identity, alongside the stress of adapting to cultural norms within the UK. In the following section, Berry (1992, 1997) and Schwartz et al.'s (2010) acculturation theories, will be explored to help understand how Jamaican men negotiate their identity, sociocultural norms and expectations, and mental health needs within the UK.

1.1.2 Acculturation Theory

Despite the presence of several other theories concerned with acculturation (Ferguson, 2012; Phinney, 2003; Rudmin, 2003), Berry's (1992, 1997) seminal work has provided a comprehensive and widely adopted framework that has become pivotal in understanding how people adapt to new geographical and cultural contexts. He described acculturation as "a culture change that results from continuous, first-hand contact between two distinct cultural groups" (Berry, 1992, p. 69). Berry's (1992, 1997) introduction of a bi-dimensional model of acculturation, that considers the maintenance of one's original cultural identity, and the adaptation of a new culture, identified four acculturative strategies: integration (maintaining original culture, whilst adopting aspects of new culture), assimilation (completely adopting the new culture and foregoing original cultural identity), separation (retaining original culture and rejecting new culture) and marginalisation (losing connection with both cultures). These strategies, alongside proposed concepts such as 'behavioural shifts' (changes in attitudes, values, motives) and 'acculturative stress' (social and psychological problems brought about by cultural adaptation) have become instrumental in understanding the psychological impacts associated with cultural adaptation (Berry, 1992; Rudmin, 2003). While Berry's (1997) framework provides foundational insights, it has been critiqued for presenting a relatively static view of acculturation which does not fully account for the dynamic nature of identity negotiation (Ferguson et al., 2012; Rudmin, 2003).

To address Berry's limitations in capturing the complexity of identity negotiation, including individuality and everchanging social contexts, Schwartz et al. (2010) expanded his work by introducing a third dimension: ethnic identity, which refers to

one's identification with, and sense of belonging to a particular ethnic group. This is particularly important as it provides a more nuanced understanding of the acculturative experiences of young Jamaican men in the UK, as they navigate changing social contexts and structural inequalities. According to Schwartz and colleagues (2010), acculturation cannot be comprehensively understood without considering the relational dynamics between *heritage culture*, *host culture*, and *ethnic identity*. Their tri-dimensional model underscores the flexibility of cultural identity, as they posit that individuals make continuous negotiations based on changes within their social contexts and experiences (Schwartz et al., 2010). This contrasts with Berry's (1997) model which focuses on relatively static group-level strategies, and so, provides a more nuanced view of how identity evolves and influences psychological outcomes during the acculturation process (Phinney, 2003; Schwartz et al., 2010). This is particularly relevant for understanding how young Jamaican men in the UK negotiate their identity between their heritage culture and host culture, within the context of mental health, whilst facing barriers associated with age, race, gender, and class (Crenshaw, 1991). Accordingly, Schwartz et al.'s (2010) model illustrated the complexities associated with acculturation, which Berry's (1997) did not comprehensively account for.

While Shwartz et al.'s (2010) framework explains the more immediate responses to acculturation, Ferguson et al. (2012) further highlighted the intergenerational facets of acculturation, particularly within adolescent-mother dyads. In their study, Ferguson and colleagues (2012) explored how the acculturation experiences of Jamaican mothers influenced their children's cultural adaptation. Their dyadic approach elucidated that acculturation was not necessarily an individual process, but one which was embedded within family dynamics, and so, posited an intergenerational transfer of cultural values and acculturative strategies (Ferguson et al., 2012). Consequently, this suggests that the attitudes and behaviours toward the host culture, adopted by one generation, significantly impacts acculturation amongst the next. Furthermore, Castillo et al. (2015), highlighted gender differences in acculturation where men demonstrated stronger cultural retention, particularly of cultural values, regardless of their generation. Considering this, it may be argued that young Jamaican men's

reluctance to access mental health support may not be solely self-determined, but embedded within the transfer of acculturative strategies employed by past generations' navigation of acculturation and systemic barriers. This is further supported by Bourdieu's (1977) concept of *habitus* which offers a lens through which the internalisation of acculturation processes and strategies, passed down across generations, can be understood.

Habitus refers to the embedded 'ways of being' that individuals develop as a result of their socialisation within a particular cultural context (Bourdieu, 1977, 1984). These tendencies are not just responses to their current environment, but are influenced by historical experiences and the social context of previous generations. Therefore, the habitus of young Jamaican men in the UK, from working-class backgrounds may be influenced by the historical, socioeconomic, cultural and acculturative stress of previous generations. This 'inherited' habitus may include how second and third generation Jamaican men, within this study, see themselves, individually, and within their larger social groups, as well as how they navigate acculturation and access mental health support (Bourdieu, 1984; Crenshaw, 1991; Ferguson et al., 2012; Schwartz et al., 2010). This dynamic and intergenerational approach provides a more comprehensive understanding of how cultural and identity negotiations influence access to mental health support amongst Jamaican men from working-class families within the UK. While habitus (Bourdieu, 1984) offers a helpful lens to formulate the influence of historical and cultural legacies on identity, it has been critiqued for its "deterministic nature", which arguably minimises individual agency and the capacity for resistance within changing contexts (Costa & Murphy, 2015; Elder-Vass, 2010). For example, habitus may fail to adequately capture the subjectivity and complexity of intersectionality on identity formation in diverse cultural contexts, such as that seen in the UK (Adams, 2006). Furthermore, Bourdieu's (1984) emphasis on structural factors overlooks the psychological aspects of identity negotiation. This is critical in understanding how Jamaican men might consciously navigate acculturation and access to mental health support (Friedman, 2016). Therefore, the integration of contemporary insights in identity agency into intersectionality and habitus could provide a more dynamic and comprehensive understanding of how cultural and social

factors influence access to mental health support amongst young Jamaican men (Cho et al., 2013).

Having established the role of intersectionality and acculturation in shaping Jamaican men's mental health outcomes, it is important to consider the role of masculinity and GRC in deterring access to mental health support amongst them. Similar to other Afro-Caribbean groups, Jamaican men, are often subjected to gendered expectations of aggression, emotional restraint, resilience and toughness (Griffith, 2015; Hope, 2006) – traits that align with Connell's (1995) concept of hegemonic masculinity. In accounting for acculturation, Jamaican men are subjected to tensions of navigating hegemonic masculinity within the context of these traditional cultural values, whilst also adapting to more British expressions of hegemonic masculinity which emphasise self-criticism, competitiveness and professional success as markers of status and dominance. These tensions, as Schwartz et al. (2010) note, often exacerbate acculturative stress, which can compound their reluctance in accessing mental health support, when emotional openness is perceived as a threat to masculinity. Consequently, Jamaican men in the UK may hold beliefs that they must endure psychological (dis)stress without expressing vulnerability (Mahalik & Di Bianca, 2021). Accordingly, these tensions will be explored by incorporating the lens of GRC (O'Neil, 1981), which posits that men who experience a disconnect between societal expectations and their own emotional needs are less likely to access support.

1.1.3 Masculinity and Gender Role Conflict

According to O'Neil (1981), four patterns were identified within GRC: a) success, power and competition, b) restrictive emotionality, c) restrictive affectionate behaviour between men, d) conflict between work and family relations. These patterns are particularly significant in the context of Jamaican men and their access to mental health support. For example, restrictive emotionality limits their ability to express vulnerability, a critical factor in accessing mental health support, whilst success, power, and competition create increased pressures to achieve in ways that may feel inaccessible due to systemic barriers and social inequalities (O'Neil, 1981). Similarly,

the work-family conflict can increase psychological strain, due to factors such as their working-class background and introjected sense of responsibility to be ‘breadwinners’ which encourages a focus on financial success, as opposed to their emotional wellbeing (Griffith & Cornish, 2018). Finally, the evidenced homophobia amongst Jamaican men (Borras Guevara et al., 2021; Chunnu et al., 2021) perpetuates restrictive affectionate behaviour between men and hegemonic masculinity, as it limits their opportunities for emotional closeness with other men due to fears of being seen as feminine, or gay (Coles, 2009).

These dynamics highlight the grappling relationship Jamaican men experience with their intersectional and cultural identities, including masculinity and their gender roles. Masculinity, in broad terms, is referred to as “a social construct that encompasses the behaviours, languages, and practices, existing in specific cultural and organisational locations, which are commonly associated with men, and thus culturally defined as not feminine” (Connor et al., 2021, p. 1). Accordingly, as opposed to being monolithic, masculinity takes on various forms depending on cultural, racial, and socioeconomic contexts, as it is influenced by intersectional identities including, but not limited to, race, class, and sexual orientation (Coles, 2009; Connell, 2005; Ragonese et al, 2019). These constructions challenge the idea of a singular way of being ‘masculine’, and so, highlights the fluidity and adaptability of masculinity across different social landscapes. Despite the diverse expressions of masculinity (Coles, 2009; Connor et al., 2021; Thompson & Bennett, 2017), hegemonic masculinity remains the most dominant ‘ideal’, as it is endorsed, reinforced and idealised within society (Messerschmidt, 2019). This may look like an emphasis on heterosexuality, strength, competitiveness, and emotional restraint, which positions it as superior to other expressions of masculinity (Coles, 2009; Connell, 2005). Therefore, it is flexible and contextually rooted and highlights the social dynamics that perpetuate hierarchical gender relations, both between men and women, as well as amongst groups of men (Coles, 2009; Connell, 1995, 2005; Demetriou, 2001).

Hegemonic masculinity is vast and often internalised, particularly in Afro-Caribbean communities, where sociocultural history and expectations reinforce the image of the

strong, resilient, aggressive and emotionally avoidant Black man (Griffith et al., 2011; Hope, 2006). For Jamaican men, these circumstances can create significant psychological challenges (Connell & Messerschmidt, 2005), as this internalisation of hegemonic masculine norms is not only influenced by their sociocultural history and expectations, but also compounded by their intersectional identities and the process of acculturation (Collins, 2004; Crenshaw, 1991). Arguably, the desire to be tough, and to 'resist' access to mental health support, amongst Jamaican men, might not be merely about being a 'man', but a 'defence' against the hardships associated with their (other) intersectional identities and circumstances, such as race, ethnicity and culture, class and socioeconomic status (Addis & Mahalik, 2003; Collins, 2004; Griffith & Cornish, 2018). For example, within the context of this study, this might be reflected by the emotionally avoidant and resilient Jamaican man with a 'hustling mentality', constructed from socioeconomic pressures to 'do better' for himself and his family (Coles, 2009). However, the alternative image of 'the white middle-class successful businessman' within the UK, attests to the dynamic and culturally rooted expressions of hegemonic masculinity. Despite the difference in intersectional identities, these both reflect patterns seen within GRC (O'Neil, 1981, 2008). Therefore, the expression of hegemonic masculine norms amongst Jamaican men may have been deeply embedded within their habitus, which was influenced by colonialism and Jamaica's sociopolitical and cultural history, as well as acculturation (Bourdieu, 1984; Longman-Mills et al., 2020). This 'flexibility' allows hegemonic masculinity to maintain a dominance which perpetuates varying expressions of patriarchal power across different cultural contexts (Connell, 2005).

Though hegemonic masculinity is "pervasively popular in the study of men and masculinities" (Coles, 2009, p. 32), and operates on both a structural and individual level (Connell & Messerschmidt, 2005; Duncanson, 2015), its emphasis at the structural level can often overshadow individual experiences of complicity with, and resistance to, these hegemonic norms within their daily lives (Duncanson, 2015). This 'structural' or 'societal' emphasis of hegemonic masculinity can often create a lack of awareness or ignorance of the privilege, power and marginalisation men can exercise on an individual level when they internalise these norms, without recognising the

broader interpersonal and social impacts of their behaviours (Connell, 1995; Messerschmidt, 2019). This process may further perpetuate structural hegemonic norms amongst men, due to them being unaware of how their individual actions and circumstances maintain masculine hierarchies and patriarchal powers – even for themselves. This incongruence reflects the 'psychological strain' or (dis)stress posited in GRC (O'Neil, 1981), when there is a dissonance between men's internalised sense of being a 'man', and their emotional needs and vulnerabilities (Griffith et al., 2012, 2015). Consequently, GRC can be understood as a threat to masculinity, as it reflects the individual psychological distress men experience when they perceive themselves as 'falling short' of sociocultural expectations of masculinity.

GRC is useful in understanding the more subjective experiencing of (hegemonic) masculinities amongst men. Within the context of Jamaican men, GRC is further exacerbated by race, culture, class and socioeconomic status. The "Jamaican man" is often seen as someone who demonstrates toughness, resilience, and aggression, influenced by both hegemonic masculine norms and racialised stereotypes of Black masculinity that portray them as hypermasculine, hypersexual and/or violent (Griffith et al., 2015; Mortley & Senior, 2022; O'Neil, 2015; Walcott et al., 2014). Arguably, these portrayals can become internalised and inform Jamaican men's own self-concept/perception as men – perhaps through the lens of 'alphas' or 'predators'. As a result, this may lead to increased restrictive emotionality and self-reliance, where vulnerability is seen as a threat to their sense of sense of self and their 'role' as Jamaican men, limiting their access to mental health support (Mahalik & Di Bianca, 2021). Furthermore, their working-class backgrounds also exacerbate GRC, as challenges regarding socioeconomic success and social mobility can heighten their sense of inadequacy when they 'fail' as the 'breadwinner', despite multiple structural and economic barriers (Mortley & Senior, 2022; O'Neil, 1981, 2015). Consequently, accessing mental health support can be perceived as undermining their masculine identity, which may reinforce emotional suppression, isolation and other maladaptive coping strategies such as anti-social behaviour and substance use (Brown et al., 2019; de Visser & Smith, 2007; Hammond, 2012; Neighbors et al., 2003; Pinto et al., 2024).

1.2. Literature Review

1.2.1 Overview

Mental health help-seeking (MHHS) amongst men, particularly Afro-Caribbean men within the UK, remains a significant challenge. According to the 2014 Adult Psychiatric Morbidity Survey (McManus et al., 2016), one in six people experience a common mental disorder (CMD). However, only one in three individuals receive psychological help (e.g., medication, therapy, or both), with women being 1.58 times more likely to seek treatment than men, even when controlling for prevalence rates (McManus et al., 2016; Sagar-Ouriaghli et al., 2019). Research consistently shows that men are disproportionately affected by serious mental health issues such as depression, anxiety, and suicide, however, display reduced levels of MHHS (McKenzie et al., 2022; Office of National Statistics, 2024; Seidler et al., 2016; Sheikh et al., 2024). Several factors contribute to this disparity, including an adherence to masculine norms, societal and self-stigma, limited mental health literacy, unhealthy coping strategies, and structural barriers such as service accessibility and a lack of supportive social networks (McKenzie et al., 2022; Alam et al., 2024; Sheikh et al., 2024). This literature review will explore the theoretical underpinnings of MHHS, followed by an evaluation of men's MHHS attitudes and behaviours within the UK, with a focus on the barriers and facilitators particularly affecting young Jamaican men. It will then provide a rationale for this study by identifying gaps in the literature, particularly around MHHS amongst Jamaican men and elucidate its importance and relevance to the field of counselling psychology.

A comprehensive literature search was conducted in August 2024, focusing on MHHS amongst Afro-Caribbean men in the UK. The search utilised electronic databases PsycINFO, CINAHL, MEDLINE, and Web of Science. Search terms were combined using Boolean operators (AND/OR). For example, *("Jamaica" OR "Caribbean") AND ("male" OR "men" OR "man" OR "males" OR "boy" OR "boys" OR "masculine" OR "masculinity") AND ("mental health" OR "mental illness" OR "mental disorder" OR "psychiatric illness" OR "anxiety" OR "depression" OR "well-being" OR "distress") AND*

(“help seeking” OR “treatment seeking” OR “treatment engagement” OR “service utilisation”) OR (“support seeking”) AND (“working class” OR “poverty” OR “low-income” OR “low socioeconomic” OR “disadvantaged” OR “poor”) AND (“England” OR “Britain” OR “United Kingdom” OR “UK”). A total of 734 papers was initially retrieved. Filters were applied to obtain peer-reviewed studies published in English between 2004 and 2024. This was done to ensure the inclusion of a wide, but contemporary range of publications that observed the possible evolution of discourse, attitudes, interventions and policy changes within (Afro-Caribbean) men’s mental health. 346 abstracts were screened based on their relevance to the study’s focus on access to mental health support amongst young Jamaican men from working-class families in the UK, particularly attending to studies that explored barriers and facilitators to help-seeking, such as stigma, mental health literacy, traditional masculine norms and accessibility. Studies and government organisational reports were included regardless of methodology, provided they offered empirical data or theoretical insights into men’s help-seeking behaviours.

Due to the limited number of studies addressing the specific focus of this study, a decision was made to broaden the scope by incorporating literature that explored related themes. These themes included literature exploring help-seeking amongst men in general, particularly those from Afro-Caribbean and Black backgrounds, literature exploring different models of help-seeking, as well as studies examining the impact of class and socioeconomic status on men’s mental health help-seeking, which is often not accounted for (Alam et al., 2024). Whilst acculturation provides important context for understanding the impact of migration on Jamaican men’s sense of self, and subsequently how they negotiate their mental health, as abovementioned, it was not a primary focus for this literature review. Rather, this study sought to spotlight current help-seeking behaviours amongst young Jamaican men who were already settled in the UK, within their existing sociocultural and economic environments. The reference lists of key studies were reviewed to identify further relevant literature, ensuring a comprehensive understanding of the existing research. In total, approximately 50 papers were included in the final review. Studies were excluded if

help-seeking was not a primary focus. Additionally, unpublished dissertations, as well as non-peer-reviewed sources were excluded in order to uphold the analytical rigour of the literature review.

1.2.2 Mental Health Help-Seeking: Intentional or Unintentional?

While numerous models have been applied to explain help-seeking for mental health problems, none have gained universal acceptance, particularly when addressing diverse populations (Gulliver et al., 2012). This is further reflected in Rickwood and Thomas' (2012) systematic review of psychological help-seeking literature, where 81% of included studies had no conceptual framework. This underscores the reality that help-seeking behaviour is shaped by a complex interaction of individual, social, and cultural factors, which vary widely across different groups, especially in men whose help-seeking behaviours are significantly influenced by stigma and traditional masculine norms that discourage vulnerability and promote self-reliance (Addis & Mahalik, 2003; Sagar-Ouriaghli et al., 2019; Sheikh et al, 2024). Existing models, such as the Health Belief Model (HBM; Becker, 1974; Rosenstock, 1966) and the Theory of Planned Behaviour (TPB; Ajzen, 1991) often focus on conscious decision-making processes which may not adequately capture the more systemic and internalised, perhaps automatic, influences of sociocultural norms, particularly in populations, such as Jamaican men, where cultural identity and masculinity are deeply embedded in the help-seeking process (Bourdieu, 1984; Gough & Novikova, 2020; Keating, 2007; McKenzie et al., 2022; Pescosolido & Boyer, 2010; Sagar-Ouriaghli et al., 2020).

For example, Jennings et al. (2015) developed a three-path mediation model, using a college population of 246 students, to examine the relationship between perceived stigma, self-stigma, and self-reliance and MHHS attitudes. Their findings highlighted that perceived stigma significantly predicted self-stigma ($r = 0.67$, $p < 0.01$), which alongside self-reliance, indirectly influenced help-seeking and explained 55% of the variance in attitudes towards seeking mental health treatment. Self-reliance emerged as the only direct predictor of treatment-seeking behaviours. However, Jennings and

colleagues' (2015) predominantly White (81.4%) and female (74.7%) sample limits the generalisability of these findings to populations such as Jamaican men, where help-seeking behaviours are influenced by the unique intersection of racial and sociocultural identity and masculinity (Griffith, 2012; Keating, 2007). Coleman-Kirumba et al. (2023) somewhat addressed this gap by examining how traditional and Black masculinity norms influenced stigma and help-seeking behaviours in Black men. They identified that adherence to traditional and Black masculinity norms predicted higher public stigma of help-seeking, which in turn mediated self-stigma and negative attitudes toward treatment. Public stigma was found to significantly drive self-stigma, which subsequently reduced help-seeking intentions. Consequently, Black masculinity norms, which often emphasise resilience, independence, and stoicism, may exacerbate stigma and discourage help-seeking, particularly within contexts where mental health is perceived as incompatible with masculine ideals. These findings highlight the critical role of masculinity in perpetuating public and self-stigma, with the intersection of race and cultural identity compounding these barriers (Coleman-Kirumba et al., 2023).

Coleman-Kirumba and colleagues' (2023) findings align with evidence that Afro-Caribbean men, including Jamaican men, often experienced increased stigma due to racialised expectations of hypermasculinity and systemic marginalisation (Degnan et al., 2022; Griffith, 2015; Southby et al., 2021). McKenzie et al. (2022) extends this understanding in their scoping review of 21 qualitative studies, by highlighting how societal stigma, rooted in masculine ideals such as stoicism and self-reliance, significantly discourages men from accessing mental health support, particularly in male-dominated environments such as sports or manual labour. Their findings also demonstrated the disproportionate impact of intersectional stigma, where race, ethnicity and masculinity converged, on marginalised groups, such as Afro-Caribbean men, resulting in poorer social and mental health outcomes. This societal stigma often created an internal conflict, where these men grappled with expectations of resilience and self-reliance, further reinforcing barriers to help-seeking (McKenzie et al., 2022). For younger men, Coleman-Kirumba et al. (2023) found that the effects of stigma were heightened by a stronger adherence to these hypermasculine ideals, which

compounded negative attitudes towards mental health support. In contrast, older men demonstrated more positive attitudes towards accessing mental health treatment, possibly due to life experience and/or previous exposure to mental health support. Consequently, these age-related differences suggest that younger Black men, may be particularly vulnerable to societal and internalised stigma, as well as systemic barriers that perpetuate mental health inequities (Coleman-Kirumba et al., 2023).

These findings were underscored by Shepherd et al.'s (2023) scoping review exploring men's barriers to counselling and psychotherapy, which synthesised 40 qualitative and 5 mixed-methods studies. They identified three main barriers: *the influence of masculine identity*, *specific male attitudes and behaviours* and *the structural nature of psychological services*. They emphasised how men's adherence to traditional masculine norms often framed "seeking help" as a personal failure, perpetuating shame and avoidance. Critically, these behaviours were not always intentional; instead, limited mental health literacy, reliance on maladaptive coping mechanisms such as substance abuse, and systemic stigma, often 'unconsciously' reinforced disengagement with MHHS (Shepherd et al., 2023). Furthermore, they highlighted that the predominance of female therapists in mental health services were a deterrent for some men, as this led to the perception of therapy as 'feminine'. However, other studies have shown that men often preferred female therapists, perceiving them as more empathetic and understanding (Liddon et al., 2018; McQueen, 2017). This dissonance in men's negotiation of emotional safety reflects the complex interplay of their self-concept, mental health literacy, internalised masculine norms and systemic barriers, where their avoidance of mental health support is often shaped by unconscious influences, rather than deliberate intent (O'Neil, 2015). These findings critique models such as the HBM and the TPB which focus on rational decision-making, but fail to comprehensively account for the magnitude of systemic and internalised barriers, such as stigma, that unconsciously influence help-seeking behaviours. Schomerus et al. (2012) underscored this limitation, arguing that decision-based models often neglected how stigma and implicit attitudes prevented service utilisation, which further limited their applicability to marginalised populations, such as young Jamaican men in the UK whose help-seeking behaviours were informed by

racialised stigma, cultural identity and adherence to internalised masculine norms (Case & Gordon, 2016).

According to the HBM, help-seeking behaviours are influenced by the perception of 'health threats' which include one's *appraisal of the perceived threat of illness* and its *severity*, alongside the *perceived benefits* and *barriers to engaging* in preventative action (Glanz et al., 2015; Gulliver et al., 2012). In contrast, the TPB posits that intentions are informed by attitudes, subjective norms, and perceived behavioural control, which subsequently influence the enactment of help-seeking behaviours (Conner & Norman, 2005). A recent cross-sectional study by Langley et al. (2021), assessing the utility of HBM variables in predicting MHHS intentions for depressive symptoms found that although the HBM could predict 49% of the variance in formal help-seeking intentions amongst 180 Australian participants, only *perceived treatment benefits* emerged as a significant predictor of MHHS behaviours, amongst the mostly female (76%) student population. Unsurprisingly, this supports the abovementioned findings that whilst men may recognise the benefits of seeking help, other barriers including mental health literacy, alexithymia, stigma and sociocultural norms and pressures impact their intentions and deter them from 'taking action' (Gulliver et al., 2012; Sullivan et al., 2015).

Adams et al. (2022) further highlighted the complexity of help-seeking behaviours by applying the TPB to further understand MHHS intentions. Their scoping review of 49 studies which sought to explain adults' MHHS through the TPB found that attitudes (90% of studies) and perceived behavioural control (87% of studies) were consistently significant predictors of help-seeking intentions, while subjective norms were significant in only 59% of studies. However, the application of the TPB to predict actual help-seeking behaviour was less robust, with only 8 studies exploring this, and even fewer focusing on future help-seeking behaviour. These findings reflect the ongoing challenge of converting intentions into behaviour, often referred to as the *intention-behaviour gap* (Conner & Norman, 2022; Sheeran & Webb, 2016). Given this, it becomes clear that models focusing on individual attitudes and perceived control alone may not fully capture the complex, intrinsic and sociocultural factors that

influence MHHS in men from diverse populations, such as intergenerational acculturative stress, mental health literacy, self-perception/concept, esteem and (perceived, self, societal and cultural) stigma (Alam et al., 2024; Levant, 2011; McKenzie et al., 2022; O'Neil, 2015; Perry & Pescosolido, 2015; Schwartz et al., 2010; Vogel et al., 2011).

Hammer and colleagues (2024) proposed the Integrated Behavioural Model of Mental Health Help-Seeking (IBM-HS), an extension of the TPB, to address its limitations in effectively predicting actual help-seeking behaviours. The IBM-HS incorporates a larger variety of factors, including systemic barriers such as cost and accessibility, as well as cultural influences that impact access to care. Their scoping review of over 35 MHHS systematic reviews emphasised the importance of these external determinants, noting that more than 40% of the studies included cited structural barriers as significant deterrents to access support, particularly amongst marginalised populations (Hammer et al., 2024). Furthermore, they found that mental health literacy was a common barrier in 63% of the studies reviewed, illustrating that understanding the illness itself was essential in predicting help-seeking intentions and behaviours. The IBM-HS model also integrates past help-seeking experiences and social support as critical moderators of future behaviour, highlighting that positive past experiences increase the likelihood of seeking help in the future, while negative experiences can act as barriers – a finding seen across the literature and reflected in men's reluctance to engage with mental health services (Gulliver et al., 2012; Johnson et al., 2012; Sagar-Ouriaghli et al., 2019).

While the IBM-HS provides a more comprehensive framework than both the TPB and the HBM, it remains largely theoretical and requires further empirical testing, particularly in more racially and socio-culturally diverse populations, such as Afro-Caribbean men, specifically Jamaican men. Similarly, another model which captures a more nuanced conceptualisation of MHHS is the Network Episode Model II (NEM-II; Pescosolido, 1991; Pescosolido et al., 2013). The NEM-II highlights the episodic and socially influenced nature of MHHS, particularly the combined influence of habitus logic and individual agency (Perry & Pescosolido, 2015). However, it also emphasises

how social networks and life events dynamically impact this access to (mental) health services. Consequently, it posits that people may access mental health support on their own, through the encouragement of informal support (family or friends), through referrals from healthcare providers, or when a crisis 'forces' them into care (Pescosolido et al., 2013). These pathways are often influenced by deeply ingrained social expectations and personal dispositions that can operate unconsciously, automatically guiding individuals toward certain behaviours and responses to mental health challenges (Perry & Pescosolido, 2015). However, like the IBM-HS, NEM-II requires further empirical validation, particularly within diverse populations such as Afro-Caribbean men, where sociocultural norms, stigma, and systemic barriers present unique challenges.

A qualitative study by Berard et al. (2020), which sought to understand whether psychological help-seeking amongst 35 older adults was through choice, coercion and/or muddling, concluded that 60% of them accessed psychological treatment through choice, with 42.9% receiving support from family, friends, or healthcare providers in making their decision. However, 40% gained access to psychological care by "muddling through". Pescosolido et al. (1998) described 'muddling' as a process by which support or access to care is neither fully sought nor resisted. Berard et al. (2020), who utilised secondary data from 3 independent but related studies (Beatie et al., 2020; MacKenzie et al., 2020; Reynolds et al., 2020), highlighted that mental health literacy played a significant role in influencing access to mental health support, as several participants expressed uncertainty regarding their need for treatment which contributed to delayed and/or indirect pathways to support. However, the size and homogeneity of their sample (94.3% White) challenges its generalisability within more diverse populations, such as Jamaican men (Edge & MacKian, 2010; Fernando, 2010; Hickling, 2020). However, the concept of 'muddling', and its relationship to a lack of mental health literacy, as well as its implications for access to mental health support, such as a delay in pursuing support (Berard et al., 2020), positions itself as a possible framework to understand and explain MHHS behaviours amongst men, Jamaican men.

1.2.3 Gaps in UK Male Mental Health Help-Seeking: The Need for an Intersectional Lens

While both the IBM-HS and NEM-II provide a more comprehensive model of MHHS, they still lack adequate empirical research to validate their applicability within diverse populations such as Jamaican men in the UK from working-class backgrounds. This gap in the literature is significant, as studies evidenced above, tend to focus on majority White and female populations or more 'generalised' factors influencing MHHS such as stigma, self-reliance, mental health literacy and alexithymia, with little attention to the influence of the nuanced intersections of gender, race, class, socioeconomic status and cultural identity (Edge & MacKian, 2010; Griffith, 2012; Levant & Parent, 2019; Shepherd et al., 2023).

For example, within the UK, research evidence has demonstrated that there is a discrepancy between men's diagnosis of CMDs and low levels of MHHS, compared to their high rates of suicide (McManus et al., 2016; ONS, 2024; Sagar-Ouriaghli et al., 2019). Men accounted for approximately three-quarters (74%) of suicides in England and Wales in 2023, an increase to 17.4 deaths per 100,000 – the highest rate since 1999 (ONS, 2024). This reflects the rates of suicide seen amongst other high-income countries globally (World Health Organisation, 2019). To better understand this, Bennett et al. (2024) conducted a global qualitative study, using the thematic analysis of 725 male responses to explore male suicide and barriers to access support. Their study found that men struggled with motivation, psychological capability – including mental health literacy, and physical or social opportunities such as accessibility to services due to costs and waiting times. Bennett and colleagues (2024) explained that 43% of participants lacked motivation due to poor prior experiences which influenced more negative global perceptions of mental health support from services or others, and that 27% of men described difficulties with accessibility as the main barriers to access mental health support.

While 78% of participants within Bennett et al.'s (2024) study identified as White and predominantly from a high-income country, findings reflected similar trends seen

within the UK, where White British men exhibited one of the highest suicide rates in England and Wales between 2012 – 2019 (Knipe et al., 2024). Knipe et al.'s (2024) nationally linked cohort study highlighted that completed suicides amongst White British males was 13.72 per 100,000, which was significantly higher than minority ethnic groups (11%), and more specifically Black Caribbean men (8.87 per 100,000). Interestingly, Mixed White Caribbean men exhibited a suicide rate of 14.12 per 100,000, which was notably higher than both their Black Caribbean counterparts and many other minority groups. This suggests that the mixed-race identity may present unique challenges, possibly exacerbated by cultural dissonance or the experience of dual marginalisation, as they navigate the expectations and pressures of both White and Caribbean cultures (Song & Aspinall, 2012). From an intersectional lens, this highlights that the overlap of social identities, such as race and culture, can compound the complexity of men's experiences, making them susceptible to experiencing discrimination both within and outside of their racial and cultural communities (Collins & Bilge, 2020; Crenshaw, 1989). The lower rates of suicide seen amongst Black Caribbean men reflect earlier findings by Bhui & McKenzie (2008) who utilised national suicide data to evaluate the influence of ethnicity on suicide rates and risk. Bhui & McKenzie (2008) explained that while suicide rates were lower amongst Black Caribbean men, this may have been influenced by misdiagnoses or misinterpretation of the severity of 'classical' suicide risk indicators including suicidal ideation, emotional distress and/or depressive symptoms when compared to White British men (Bhui et al., 2018; Keating, 2007; Nazroo et al, 2020).

The aforementioned findings underscore that while suicide rates are generally higher amongst men, there are other indicators of poor mental health that may not be captured solely by suicide statistics (Bhui et al., 2008, 2018; Chandler, 2022; Knipe et al., 2024; Shepherd et al., 2023). Men often externalise their mental health distress through substance misuse, anti-social behaviours, crime, and other undiagnosed mental health and behavioural problems which may disproportionately affect certain demographics, such as schizophrenia in Afro-Caribbean men (Neighbors et al., 2003; de Visser & Smith, 2007; Bhui et al, 2018; Bignall et al., 2019; Brown et al., 2019).

1.2.4 Navigating Structural Inequalities, Cultural Stigma and Pathways to Care in the UK

Bignall et al. (2019) highlighted that Afro-Caribbean men faced significant structural disparities within their mental health experiences which impacted their access to support. From their scoping review and report of racial disparities in mental health within the UK, they found that similar to Bhui et al.'s (2018) findings, Afro-Caribbean men were disproportionately diagnosed with severe mental health conditions, such as schizophrenia. Extensive literature has elucidated the impact of systemic racism on these disproportionate diagnoses of schizophrenia amongst Afro-Caribbean men in the UK (Halvorsrud et al., 2019; Nazroo et al., 2020). However, Pinto et al. (2008) alluded to the significance of 'common realities', such as family breakdowns, paternal separation, living in areas of low ethnic density and having reduced participation in society, which also played roles in the development of schizophrenia. Their systematic review found that these factors subjected Afro-Caribbean men to profound exclusion and isolation, leading to an increased vulnerability to schizophrenia. Pinto and colleagues (2008) also found that these men's tendencies to perceive life adversities as part of racial discrimination, or an intentional personal insult/attack, as opposed to mere 'ill-fortune', compounded by ongoing experiences of 'social defeat' and 'outsider status', predicted their development of delusional ideas and symptoms of paranoia.

Notably, Bignall and colleagues' (2019) found that Afro-Caribbean men were overrepresented in involuntary treatment pathways to access support, such as through crisis interventions, and/or through the criminal justice system. Similarly, qualitative literature has sought to understand the overrepresentation of Black Caribbean pupils in school exclusions in England (Demie, 2019; Stewart-Hall et al., 2023). Therefore, access to (mental health) support across the lifespan for Afro-Caribbean males is arguably a relentless, oppressive and stigmatising struggle, often resulting in punitive measures rather than early interventions or preventative care. Bignall et al. (2019) found that 37% of Black offenders were diagnosed with schizophrenia or another "delusional disorder" compared to 9% of White offenders (Bignall, 2019). Furthermore, Jamaican men constituted 4% of the UK's male prison population, despite

representing only a small proportion of the overall UK population, with approximately 44,000 Jamaican nationals residing in the UK as of 2021 (Clark, 2024; Sturge, 2024). These stark overrepresentations amongst these men highlight the complex interplay between structural inequalities, racism and personal and cultural experiences that influence how Afro-Caribbean men access appropriate and culturally sensitive mental health support within the UK. Furthermore, it underscores Afro-Caribbean men's profound distrust of structural services.

1.2.5 The Impact of Socioeconomic Factors on Mental Health Help-Seeking

According to the 2021 Census data, a significant number of Black Caribbean individuals in England and Wales fall within the C1 (e.g., supervisory, clerical) and C2 (e.g., skilled manual occupations) social grades (ONS, 2023; Kornyev et al., 2023). This indicates that many Black Caribbean individuals occupy roles traditionally associated with the working class, which are often linked to socioeconomic challenges such as lower incomes and reduced job security compared to roles in higher social grades (Mirza & Warwick, 2024). These working-class constraints impose several barriers to MHHS where structural and socioeconomic inequalities compound the marginalisation of intersectional identities such as gender and race, which can detrimentally impact Jamaican men's sense of self and their mental health (Assari, 2017; Easterbrook et al., 2020; Manstead, 2018; Reiss, 2013).

Easterbrook et al. (2020) carried out a secondary analysis of two large UK surveys (The Citizenship Survey and Understanding Society: The UK Household Longitudinal Study) with over 60000 participants, predominantly White and male, to evaluate the importance respondents ascribed to various identities within their self-concept. They conceptualised social class identities as those "based on social and economic factors that determine one's standing in society" (Easterbrook et al., 2020, p. 66). Their study found that socioeconomic status, including income, education and occupation, influenced identity formation, as evidenced by a moderate correlation. They reported that individuals from higher socioeconomic status placed more importance on

individualised identities linked to their social class, whereas those from a lower socioeconomic status prioritised collective identities such as family, which served as a psychological buffer to distress. Despite this, Manstead (2018) highlighted the pervasive influence of social class in shaping self-concept through systems such as homelife, school and work. Their review explored Stephens et al.'s (2014) concept of 'hard interdependence' where social class "gives rise to culture-specific selves and patterns of thinking, feeling and acting" (Manstead, 2018, p. 271). Stephens et al.'s (2014) study argued that people from working-class contexts were afforded an understanding that their self-concept and behaviours were 'interdependent' with other identities due to their material hardships and lack of opportunities for influence, choice or control. They termed this interdependence as 'hard' due to the resilience that was necessary to navigate this. This resilience appears akin to the essence of the Jamaican identity (Patterson, 2019).

Within the context of Jamaican men, their working-class background, including a lower socioeconomic status, coupled with other marginalised identities, such as race, and systemic/structural disparities, can impact how they see themselves, including their sense of worthiness and esteem in accessing support (Stephens et al., 2014; Manstead, 2018). Renger et al. (2024) conducted a cross sectional (N = 298) and longitudinal (N = 379) study to explore the relationship between income and education with three forms of self-regard (self-respect, self-competence & self-love), amongst a relatively equal German population of men and women (~50%), between ages 18 – 80. They found that income consistently predicted self-respect over time, across 6 – 8 months. In other words, individuals with higher incomes were more likely to perceive themselves as possessing equal rights to others. Despite demographic differences between Renger et al.'s (2024) research and this current study, findings suggest that Jamaican men from working-class backgrounds may internalise feelings and beliefs of subordination – that they are not equal or have the same rights or opportunities as others, and so, may see themselves as unworthy of accessing mental health support or care. This is particularly important as approximately 60% of people still describe themselves as "working-class" despite a decline in jobs traditionally associated with that social grade (Evans & Mellon, 2016). This reiterates the pervasive and enduring

impact of social class and socioeconomic hardship on one's self-concept and ultimately, their 'worthiness' in accessing support.

1.2.6 Summary of Literature Review and the Rationale for the Study

The intersection of gender, race, and social class, including socioeconomic status (SES), creates significant barriers for Jamaican men in accessing mental health support in the UK. Jamaica's cultural identity, shaped by its colonial history, marginalisation, and economic hardship, embodies resilience and self-reliance and reflects Stephens et al.'s (2014) concept of 'hard interdependence'. While these traits often serve as protective factors against adversity, they may also perpetuate Jamaican men's reluctance to access mental health support (Mahalik & DiBanca, 2021). Cultural narratives, compounded by the socioeconomic challenges of "the working-class" create significant psychological and systemic barriers in accessing mental health support amongst them (Keating, 2007; Yorke et al., 2016).

Social class significantly affects mental health access, both intrinsically through self-concept and self-stigma, and systemically through healthcare disparities and societal shame (Bignall et al., 2019; Easterbrook et al., 2020; McKenzie et al., 2022). Jamaican men from working-class backgrounds are particularly affected, often internalising beliefs of inferiority, which can undermine their sense of agency and worthiness in seeking support (Regner et al., 2024). Beyond economic challenges, traditional norms of masculinity and racial stereotypes further deter help-seeking. Jamaican men may perceive emotional vulnerability as a threat to their masculinity, reinforced by hegemonic portrayals of Black men as aggressive and emotionally detached (Connell, 2005; Griffith et al., 2015). This conflict between cultural ideals of strength and the openness required for emotional disclosure exacerbates resistance to MHHS (O'Neil, 2015).

Structural barriers further reflect systemic inequalities. Black Caribbean men, including those of Jamaican heritage, are overrepresented in involuntary psychiatric care and underrepresented in preventive mental health services (Bhui et al., 2018; Halvorsrud

et al., 2019). This disparity reflects institutional biases and systemic racism, fuelling the distrust of mental health services (Edge & MacKian, 2010; Nazroo et al., 2020). These broader structural inequalities are mirrored in other areas, such as education and the criminal justice system, where Black Caribbean boys face significantly higher rates of school exclusions, and Jamaican men represent a disproportionate number of non-White foreign prisoners in the UK (Demie, 2018; Sturge, 2024). These systemic injustices compound feelings of alienation and mistrust, further discouraging engagement with services (Bignall et al., 2019).

The intersection of race, class/SES, and gender creates unique challenges for Jamaican men and underscores how overlapping social identities exacerbate marginalisation (Crenshaw, 1989). For example, Knipe et al. (2024) found that mixed-race individuals, including those of White and Black Caribbean descent, experienced higher suicide rates than their Black Caribbean peers, reflecting the compounded mental health risks of navigating multiple identities. The multiplicity of intersectional factors are often underexplored in psychological research, which tends to prioritise singular aspects of identity such as race or gender, neglecting the magnitude of factors such as SES and culture (Manstead, 2018). Alam et al.'s (2024) review highlights this gap, noting that many studies on racially minoritised groups in the UK failed to account for SES due to a lack of data collection.

This study has addressed this gap by capturing the lived experiences of Jamaican men in the UK through qualitative research. Quantitative studies have provided broad patterns of male help-seeking (Gulliver et al., 2010; Sagar-Ouriaghli et al., 2019). However, they often homogenise participants, overlooking cultural and individual nuances (Woodward et al., 2013). Qualitative approaches can reveal how Jamaican men navigate their intersectional identities and systemic barriers, offering insights to develop culturally responsive mental health support and services and improve outcomes (Bhui et al., 2018).

1.3 Research Aim and Research Questions

The study aimed to explore access to mental health support amongst Jamaican men from working-class families within the UK. A qualitative exploration of their experiences hoped to make sense of their relationship with and understanding of mental health, as well as the barriers and facilitators to access. The research captured the essence of how their intersectional identities impacted their process of accessing support – particularly whether it was self-initiated, through their support systems or both.

The following research questions guided this study:

1. How do Jamaican men from working-class families understand mental health?
2. How do Jamaican men from working-class families access mental health support within the UK?
3. How do cultural norms and systemic inequalities intersect to influence their access to support?

1.4 Relevance to Counselling Psychology

A primary aim for conducting this research was to make a critical and culturally informed contribution to counselling psychology, by addressing the unique barriers faced by young Jamaican men from working-class backgrounds in accessing mental health support in the UK. Counselling psychology is committed to working collaboratively with individuals from diverse backgrounds, acknowledging the influence of their sociocultural contexts (BPS, n.d). By focusing on a demographic often described as “hard-to-reach” (Flanagan & Hancock, 2010), this study underscored the necessity for in-depth and culturally sensitive research to inform clinical practice. This research has illustrated that addressing barriers to mental health support amongst these men requires interventions grounded in their lived experiences. By reflecting their attitudes, worldviews, and the sociocultural factors

influencing these, Counselling Psychologists are better positioned to develop creative and culturally sensitive ‘solutions’. These include culturally adapted interventions that aligned with their values of self-reliance and resilience while navigating systemic inequalities and cultural norms of masculinity. Furthermore, this research has reinforced the need for upskilling mental health professionals to work with this diversity and difference, even within cultural groups, in order to co-produce accessible, appropriate and tailored interventions and mental health approaches (Edge & Lemetyinen, 2019). In doing so, Counselling Psychologists can promote trust and inclusivity, enhancing engagement with mental health services for young Jamaican men and other marginalised groups.

2 Methodology

2.1 Overview

This qualitative study explored and illuminated the phenomenon of accessing mental health support within the UK amongst young Jamaican men from working-class families, an often overlooked demographic. Understanding these experiences was crucial, as existing research sometimes overlooked the compounding mental health challenges and help-seeking behaviours their unique social identities posed, despite broader evidence indicating some sociocultural and systemic barriers to accessing mental health support amongst them (Keating, 2007; Woodward et al., 2013; Yorke et al., 2016).

The methodological approach for this study is outlined in this chapter, beginning with the philosophical positioning of this research and rationale for employing a qualitative methodology. Qualitative research was particularly suited in capturing the depth, richness, and context of participants' experiences, as it allowed for a nuanced exploration of how they understood and navigated mental health and support (Creswell & Poth, 2018; Denzin & Lincoln, 2011). This approach is essential in counselling psychology, where cultural humility – acknowledging one's shortcomings in understanding the personal and cultural contexts within which people exist, is key to effective practice (Lekas et al., 2020).

As Interpretative Phenomenological Analysis (IPA) was considered the most suitable methodology to explore the research question, this chapter has detailed its theoretical underpinnings, associated design and procedures, and demonstrated its alignment with the study's aims to provide a nuanced understanding of participants' experiences (Smith, Flowers & Larkin, 2021). Furthermore, this chapter has outlined and reviewed alternative methodologies considered in exploring this topic, but not eventually employed.

Finally, this chapter has addressed the ethical considerations inherent in this research, particularly given the sensitivity of discussing mental health within a culturally specific context. It has also explored reflexivity, particularly positionality as a researcher, by reflecting on how assumptions and interactions with participants might have influenced the research process (Berger, 2015). These considerations were crucial in maintaining the study's integrity, in order to align with best practice in qualitative research and counselling psychology (Finlay, 2002; Hanley & Amos, 2017).

2.2 Philosophical Position

This research study has adopted a critical realist position that assumes a realist ontology and a social constructivist epistemology, which aligns well with an IPA methodology (Smith et al., 2021; Willig, 2016).

Critical realism (CR), developed by Roy Bhaskar (1978, 1979, 1998), posits that there is an objective reality, independent of subjective perception and knowledge. However, our access to, and understanding of this reality is moderated through our subjective experiences and social contexts. According to Fletcher (2017), CR delineates a stratified ontology comprising of three levels of reality: the *empirical*, the *actual* and the *real*. The *empirical* represents the surface level where events or objects are experienced, measured and explained, through human perception (Fletcher, 2017). The *actual* or intermediate level is concerned with 'what is', where events or objects exist and occur, independent of our interpretation and experiencing of them, which is different to the observations made at the empirical level (Danermark et al., 2002). Finally, the *real* or core level consists of an object or structure's inherent properties, or 'mechanisms', which act as causal forces to produce events such as those interpreted at the empirical level (Fletcher, 2017). These domains elucidate CR's flexibility and capacity for nuance, which aligns with the essence of this study.

CR has critiqued positivism for promoting the 'epistemic fallacy' – that ontology can be reduced to epistemology – as it posits that only a fraction of reality can be captured

by human knowledge (Bhaskar, 1998). Consequently, it diverges from both positivism and constructivism/interpretivism, as it treats the world as 'theory-laden' rather than 'theory-determined' (Bhaskar, 1978; Sayer, 2000). CR does not deny that a real social world exists, however, it appreciates that some knowledge and events can be closer to reality than others (Bhaskar, 1978; Fletcher, 2017). Therefore, the dual acknowledgement of an independent objective reality and the subjective interpretations of these, by the critical realist position, aligns with the aims and considered methods of this research, and provides a flexible framework to explore how societal structures and personal perceptions interact to influence access to mental health support amongst young Jamaican men in the UK.

Despite theoretical tensions, the critical realist position supports a constructivist epistemology, as ontology and epistemology address different aspects of knowledge production (Fletcher, 2017; Willig, 2016). Social constructivism posits that knowledge does not exist independent of individuals, as it is created within social interactions and contexts (Kivunja & Kuyini, 2017). It postulates that the researcher co-creates knowledge through the researcher-participant dialogue, which provides opportunities to access, interpret and make meaning of what participants have made meaning of within their contexts (Ponterotto, 2005). However, CR's focus on the 'real' consisting of underlying causal mechanisms, complements social constructivism's emphasis that knowledge is co-created and influenced by social contexts, as CR's empirical domain reflects this subjective co-creation and interpretation of reality (Fletcher, 2017; Kivunja & Kuyini, 2017).

Consequently, the critical realist positioning of this study informed a comprehensive approach to recruitment, data collection and analysis. The data collected were not assumed to wholly capture the objective reality of accessing mental health support amongst young Jamaican men; rather, they served as a foundation to explore the complex interactions between participants' subjective experiences and the broader sociocultural factors and contexts that influenced these experiences (Fletcher, 2017; Maxwell, 2012). While the data reflected aspects of reality, it was mediated through the process of co-creation between participants and the researcher. Therefore,

reflexivity played a crucial role in providing opportunity to acknowledge my own positions and approach to the data as an insider researcher (Finlay, 2002).

Reflexivity

Navigating the theoretical position for this research study proved to be an arduous task for several reasons, which only became more apparent as the research process progressed. However, I ultimately chose a critical realist position, with a realist ontology and social constructivist epistemology, as it really felt like a "fit" in how I saw and understood the world.

Prior to embarking on psychology training and engaging in this research, how I saw and understood the world was never a question I asked myself. This lack of philosophical self-inquiry and awareness suggested to me that for a long time I might have held assumptions that were instrumental in how I interacted with the world, with no idea they existed. Despite there being no explicit consequence for this ignorance day-to-day, it was in grappling with my research area of interest and approach that I was obliged to ask myself the *methodological question* of how can I go about finding out how young Jamaican men access mental health support in the UK (Guba & Lincoln, 1994).

Initially for this study, I had not considered my ontological position. I had unfoundedly stated a social constructivist epistemology, due to my unfamiliarity with the concepts at the time, and my assumption that research exploring people's lived experiences, was subjectively created – hence socially constructed. This is not uncommon in novice researchers (Guba & Lincoln, 1994). However, my engagement in the research process and therapeutically, through reading, lectures and my placement, provided me the opportunity to extensively explore and negotiate philosophical positions underpinning doctoral research and my clinical practice. The 'flexibility' of the critical realist position (Fletcher, 2017) resonated with me, as that is how I have engaged with life and the world – with the belief that there were things out there that existed, despite

me not being aware of them. However, my main struggle was trying to understand how I could have a realist view of 'being', but also believe that knowledge was socially constructed. Willig's (2016) emphasis that the critical realist position facilitated different aspects of knowledge production significantly helped in 'holding' this tension with a social constructivist epistemology. Therefore, the social constructivist epistemology was reflective of how I saw the world and complemented my approach to this research.

2.3 Rationale for a Qualitative Methodology

The rationale for employing a qualitative methodology in this study stemmed from a commitment to deeply understand the unique experiences of Jamaican men navigating access to mental health support. A qualitative approach allowed for an in-depth exploration of their lived experiences, perceptions, and the cultural nuances that influenced their attitudes and behaviours towards accessing mental health support, shaped by their complex sociocultural history (Hickling, 2020). This approach was particularly pertinent given the scarcity of research focusing specifically on this demographic within the UK, despite a growing body of evidence on mental health amongst Jamaicans more broadly (Keating, 2007; Pan-American Health Organisation, 2019; Yorke et al., 2016).

Qualitative research is characterised by its emphasis on depth, richness, and the understanding of the meanings participants ascribe to their experiences (Creswell & Poth, 2018). It was uniquely suited to explore the complexity and subjectivity of the research question, capturing the nuances of lived experiences, and giving participants a 'voice' to articulate these (Willig, 2013). This was particularly important in the context of this research, as men, including the participants in this study, often face challenges in understanding and expressing their emotions (Levant, 2001). The participant-centred data collection methods and analytic processes inherent in qualitative approaches aligned with the sensitivity that was required to explore access to mental health support amongst this group (Pinto et al., 2022), and enabled a collaborative

understanding that was expressed in a language that felt familiar, representative, and ‘safe’ (Willig, 2013).

While quantitative research provides opportunities for measurement, generalisability, and the identification of patterns and causal relationships through systematic data collection and analysis (Bryman, 2016; Creswell, 2014), it often sacrifices the individuality and complexity of human experiences by reducing them to quantifiable variables (Creswell & Poth, 2018; Denzin & Lincoln, 2011; Morrow, 2007). In contrast, qualitative approaches, through their reflexive and iterative processes, maintain methodological rigour and align with the ethos of counselling psychology, focusing on the nuanced, personal narratives and lived experiences of individuals (Silverman, 2011).

Therefore, a qualitative approach, IPA (Smith et al., 2021), was chosen for this study. IPA allowed for a detailed exploration of how Jamaican men from working-class families in the UK made sense of, and engaged with, mental health support. It provided a methodological framework that aligned with the research aim to capture the depth of participants' experiences of navigating mental health, as it attended to their personal, social, and cultural contexts in a manner that honoured the complexity of their narratives (Smith et al., 2021).

2.4 Interpretative Phenomenological Analysis

2.4.1 What is IPA?

IPA is a qualitative research approach used to explore the lived experiences of individuals, as it focuses on how they understand and navigate significant events in their lives. It is concerned with how individuals perceive and make sense of their experiences, making it both phenomenological, as it seeks to explore their views and experiencing of the world, and interpretative, as it recognises the contribution of the researcher’s processes and interpretations in helping to develop and convey this

(Smith et al., 2021). Rooted in phenomenology, hermeneutics, and idiography, IPA, when effectively employed, can help to provide a detailed and nuanced account of participants' experiences rather than seeking broad generalisations, making it distinct within qualitative research (Smith & Osborn, 2015).

Phenomenology, originating with Edmund Husserl, involves the study of experience from the first-person perspective and aims to examine phenomena, in its own terms and in the way it unfolds, without influence or preconceptions (Smith et al., 2021). Firstly, it emphasises intentionality, which is a directing of consciousness towards an object, as 'pure' experience on its own, is considered elusive (Beyer, 2022). Intentionality appreciates "the relationship between the process occurring in consciousness, and the object of attention for that process" (Smith et al., 2021, p. 9), which facilitates directedness and impact of experience. Secondly, phenomenology emphasises epoché, or 'bracketing', which involves setting aside preconceptions in order to focus solely on the experience itself (Beyer, 2022; Smith et al., 2021). These concepts underscore that experiencing is an active and intricate process, foundational to IPA's focus on the depth and complexity of lived experiences.

Hermeneutics, the theory of interpretation, is another pillar of IPA, focusing on the methods and implications of interpreting experiences (Smith et al., 2021). Martin Heidegger, a student of Husserl, expanded phenomenology by incorporating ontological questions about existence, positing that phenomena had a dual quality: one where meanings were visible and another where they were hidden, reiterating his emphasis on interpretation (Heidegger, 1962). Therefore, rather than denying the existence of reality, there is a focus in understanding how reality is perceived and interpreted. Heidegger also introduced the concept of *Dasein* or 'being-in-the-world', which acknowledges that one's interpretations are inherently influenced by contextual factors and past experiences (Moran, 2000; Wheeler, 2011). This view contrasts with Husserl's emphasis on bracketing, suggesting that interpretation is an unavoidable part of understanding experience. In IPA, this is reflected in the double hermeneutic process: the researcher interprets how participants interpret their own experiences, highlighting the layered and interpretative nature of the research (Eatough & Smith,

2017). The hermeneutic circle, where understanding is built iteratively between “the parts and the whole”, guides the researcher in grasping participants' narratives, making it particularly relevant to explore this research area (Smith et al., 2021).

Idiography, the third component of IPA, emphasises the study of the ‘particular’. It is committed to in-depth exploration of individual cases, focusing on unique experiences within specific contexts (Smith et al., 2021). Idiography’s dedication to detail aligns with the aim of uncovering the unique experiences of accessing mental health support amongst young Jamaican men in the UK, setting IPA apart from nomothetic approaches that often seek generalisation over the individual experience (Nizza et al., 2021).

2.4.2 Rationale for choosing IPA

IPA was chosen as the methodology for this study due to its emphasis on understanding participants' lived experiences, from their own perspectives, and the meanings they attach to them. It proved to be an ideal approach for giving ‘voice’ and language to a demographic that has often been overlooked (Bonevski et al., 2014; Larkin et al., 2006). This methodological choice aligned with the study’s aim to examine the nuanced, personal, and culturally specific experiences of accessing mental health support amongst Jamaican men from working-class families in the UK, allowing them to articulate their views and challenges in a manner that felt congruent and authentic to them.

IPA’s commitment to exploring how individuals make sense of their experiences was particularly suited in capturing the complexities faced by Jamaican men in navigating mental health support. This approach not only respected their unique sociocultural contexts, it also acknowledged and accommodated for the possible barriers they might have encountered in conveying their experiences, such as emotional awareness, mental health literacy, language and stigma (Eatough & Smith, 2017; Smith et al., 2021). By minimising the imposition of presuppositions and focusing on their

subjective experiences of navigating mental health, IPA facilitated a deeper and more empathetic understanding of participants' perspectives, which might have otherwise remained unexpressed or misunderstood.

The interpretative nature of IPA allowed for the engagement in a double hermeneutic process of interpreting how participants made sense of their own experiences of accessing mental health support. This process enabled a rich and layered exploration of their lived experiences by capturing both the explicit and implicit meanings they ascribed to them (Eatough & Smith, 2017). This was crucial in exploring the often 'hidden' aspects of navigating mental health amongst this demographic, as it provided insights into emotional and psychological aspects that might not have been immediately apparent, even to myself, an insider researcher and Trainee Counselling Psychologist, with several shared social identities. Though "IPA does not require you have 'insider' status" (Smith et al., 2021, p. 37), it is often helpful as it provides an opportunity to imagine or relate to the nuances of participants' experiences.

Therefore, on a more personal level, my shared social identity with participants, being a young Jamaican man from a working-class family, added a layer of relevance and resonance in choosing IPA. IPA's idiographic focus, which emphasises the individuality of each participant's experience, appealed to my desire to explore both our commonalities and differences in accessing mental health support, as I assumed myself as much more open to "seeking help" than others like me. Notwithstanding, my shared social identity with participants informed a more interrogative, meticulous and analytically adherent approach to the research process in order to minimise researcher bias (Finaly, 2002; Smith et al., 2021). This allowed for a deeper, systematic and more authentic engagement with the data, whilst holding a critical stance in remaining reflexively aware of my own biases and preconceptions (Berger, 2015).

Beyond personal curiosity, the choice of IPA reflected a commitment to understand the complexities of participants' experiences in a respectful, validating and empowering way. It was selected due to its ability to provide a detailed, interpretative,

and participant-centred explorations of their lived experiences (Smith et al., 2021). Furthermore, its idiographic approach allowed for the collection of rich and purposeful data from a small sample size, despite its critiques (Pringle et al., 2011). This was an important consideration given the time constraints and challenges associated with conducting doctoral research around mental health, within a demographic seen as having low levels of mental health engagement and access (Gallimore et al., 2023; Maloney et al., 2020). IPA's capacity to accommodate these practical limitations, whilst still offering in-depth insights, made it an ideal choice for this study.

2.4.3 Alternative Methodological Considerations

Alternative methodologies, such as Grounded Theory (GT) and thematic analysis (TA) were considered to understand Jamaican men's relationship with mental health and access to support within the UK.

GT (Glaser & Strauss, 1967) was considered due to the lack of available research exploring access to mental health support amongst young Jamaican men in the UK, as it is known to facilitate the development of new theories from the data collected (Corbin & Strauss, 2015). Its inductive nature and structure of data generation initially appealed to my wish to underscore and perhaps 'prove' underlying factors, assumed by me, that were impacting access to mental health support amongst this demographic (Charmaz, 2014). However, upon reflection, particularly regarding my approach to mental health, I chose to reject GT. I recognised that I was more curious about understanding other Jamaican men's lived experiences and how they compared to mine, as opposed to "pushing an agenda" and developing a theory. This felt particularly important, as a focus on developing a theory, as opposed to attending to and collaboratively formulating their experiences, felt dismissive of the efforts they might have invested in emotionally disclosing within their interviews, particularly as they have strong negative attitudes towards mental health (Gallimore et al., 2023). Additional factors that led to the rejection of GT were its time and sample requirements (Birks & Mills, 2015). Due to the time-limited nature of conducting professional doctoral

research studies and possible concerns regarding the recruitment of Jamaican men, IPA was deemed more appropriate as it offered a more flexible approach that accommodated smaller sample sizes (Smith et al., 2021).

Similarly, TA was considered to explore this research area. However, it was not eventually pursued as I aspired to gain a deeper understanding of the nuances associated with accessing mental health support amongst the 'particular' demographic of working-class Jamaican men, which TA did not wholly permit. Indeed, TA, particularly its more refined version, reflexive TA (RTA; Braun & Clarke, 2019) allows for flexibility and breadth, both epistemologically, and practically, in carrying out research. Moreover, its emphasis on reflexivity, like IPA, supports its commitment to uncover new knowledge that is transparent, considered and coherent (Yardley, 2000). However, IPA's established idiographic focus, on the 'particular' sample and context, felt more resonant and 'safe' to explore the research question (Smith et al., 2021). For example, IPA provided a sense of safety that allowed me, a novice 'insider' researcher, with the time constraints of doctoral study, to feel anchored, both by the research aims and question, and its methodological focus and approach to data collection and analysis. This felt important, as the sensitivity of the topic and my relatability to the demographic meant that the data occasionally became consuming and led to explorations of ideas not particularly related to the research questions. My wish for a greater focus and depth in understanding access to mental health support amongst Jamaican men felt more appropriately mitigated by the pillars of IPA: phenomenology, hermeneutics and idiography (Smith et al., 2021).

2.5 Research Design

2.5.1 Participants and Sampling

A purposive homogenous sample, of 6 Jamaican men, was recruited through a variety of advertising – social media, word-of-mouth, snowballing and outreach, due to the difficulties encountered in recruitment. The participant demographic, young Jamaican

men from working-class families in the UK, was determined by the literature elucidating the complexities and consequences of the intersections of age, gender, race, ethnicity and class and socioeconomic status on mental health (Alegría et al, 2018), and my wish to better understand this impact. The sample size was determined by the understanding that there was “no right answer to the question of the sample size” (Smith et al., 2021, p. 46), as it depended on factors such as the richness of the data, time constraints and/or recruitment difficulties, all of which markedly impacted this research process and will be further expanded on within this chapter. Nonetheless, Smith and colleagues (2021) expressed that an IPA study consisting of 6 – 10 interviews was substantial for professional psychology doctorates.

Participants were given pseudonyms (allocated numbers), to protect their identity and maintain their privacy. However, they were provided with a socio-demographic questionnaire to help in contextualising their experiences. Details of participants are presented below in Table 2.1.

Participant	Age	Ethnic Group	Generation	Marital Status	Education Level	Employment Status	Salary
P1	31 - 35	Mixed: White & Black Caribbean	3rd	Married	Postgraduate Degree	Self-Employed	£101K+
P2	22 - 25	Black Caribbean	3rd	Never Married	Sixth Form, College, Apprenticeship Diploma	Self-Employed	£51K - £100K
P3	22 - 25	Mixed: White & Black Caribbean	2nd	Never Married	Bachelor’s Degree	Employed	£21K - £50K
P4	22 - 25	Black Caribbean	2nd	Never Married	Bachelor’s Degree	Employed	£21K - £50K
P5	18 - 21	Black Caribbean	2nd	Never Married	Sixth Form, College, Apprenticeship Diploma	Employed	£0 - £20K
P6	22 - 25	Black Caribbean	2nd	Never Married	Bachelor’s Degree	Employed	£21K - £50K

Table 2.1: Summary of participant demographics

Inclusion criteria

- Individuals identified as male, and as a young adult, between the ages of 18 – 35. Younger men were considered to be more at risk of "externalising troubles" such as aggression, antisocial behaviour, substance misuse and oppositional defiant disorder, when experiencing emotional distress (Ghosh et al., 2017; Smith et al., 2018). The age range was adjusted during the recruitment process to accommodate the engagement of interested men, whilst keeping a focus on young adulthood.

- Individuals identified as Jamaican by birth or as first to third generation British Jamaicans, through ethnic identification (Phinney & Ong, 2007); and living in the UK for more than 6 months, in order to accommodate cultural adaptation (Kim & Alamilla, 2017). During recruitment, participants were selected up to third generation immigrants, due to the lack of interest amongst first and second generation men. Furthermore, research suggests that cultural retention amongst men persists across generations, compared to women (Castillo et al., 2015), influenced by intergenerational family dynamics and the structural realities of migration and assimilation, such as racial identity and social networks and environments (Ferguson et al., 2012; Portes & Zhou, 1993).

- Individuals identified as being from a working-class family, based on the Social Grade C2 and DE classifications (Kornyev et al., 2023; National Readership Survey, n.d; ONS, 2023). This approach employed accessible and commonly understood language to engage participants and minimise barriers to the study, prioritising inclusivity over the complexity of more extensive socioeconomic classifications (Savage, 2016). Using the term "working-class" aimed to reflect participants' lived social and socioeconomic realities, in particular, while facilitating open dialogue.

- Individuals who received psychological and/or emotional support from a formal or informal source such as a psychologist, family, friends, partners etc., as

described by the General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005)

Exclusion criteria

- Individuals currently experiencing severe mental illness, such as schizophrenia, bipolar disorder, psychosis, complex emotional needs or major depressive disorder with psychotic features were excluded from the study, as these conditions are recognised by Public Health England (PHE, 2018) as debilitating and may impair one's ability to engage functionally and occupationally. This exclusion was in place to facilitate participant safety, and aligned with the study's focus on common psychological difficulties rather than complex mental health conditions requiring specialised care. A pre-interview screening was conducted with all participants using the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001). Participants who scored >14, indicating 'Moderately Severe' or 'Severe' depression, or showing signs of suicidality (score >0 on question 9) were excluded from the study. This was also supported by an adapted Screening Interview and Distress Protocol (SIDP; Draucker, 2009). However, all participants scored below 14 and denied being in distress or unable to access support if needed. Despite this, potential distress was evaluated on a case-by-case basis by asking participants how they were feeling throughout the process and whether they felt able to engage in and throughout the interview. Sources of support were provided to participants within the study debrief and at screening. All participants were informed that their responses on the PHQ-9 did not constitute a formal diagnosis. Furthermore, individuals with recent psychiatric hospitalisations or significant changes in their mental health treatment within the past three months, as well as those with severe substance use disorders, were also excluded to maintain the focus on the intended population of lay or 'everyday men' – a reflection of the general population (Robertson, 2006).

2.5.2 Data Collection Method

With regards to data collection methods, “IPA is best suited to one that will invite participants to offer a rich, detailed, first-person account of their experiences” (Smith et al., 2021, p. 53). While various methods, such as focus groups or diaries, provide insights into participants’ experiences, individual semi-structured interviews were deemed the most suitable in giving Jamaican men a ‘safe’ environment to ‘voice’ and collaboratively make sense of their experiences of navigating access to mental health support (Willig, 2013). Despite increasing levels of awareness, mental health still remains a sensitive and taboo subject globally (Ahad et al., 2023). Therefore, given Jamaican men’s stigmatised relationship with mental health (Gallimore et al., 2023; Jackson Williams, 2013; Keating, 2007), one-to-one interviews seemed appropriate in offering them the opportunity to tell their stories in depth and in confidence, without the potential constraints of group dynamics, such as breaking anonymity or communicative misunderstandings (Kvale & Brinkmann, 2015; Smith et al., 2021). The open, yet anchored, dyadic and content-sensitive capacity of individual semi-structured interviews congruently aligned with the epistemological position of this research, in being able to facilitate the co-creation of knowledge between both the participants and interviewer (Kvale & Brinkmann, 2015).

2.5.3 Pilot Interview and Interview Schedule Development

The interview schedule was developed based on my research question and my aspirations to provide an open, safe and collaborative environment for participants to freely express their experiences. Consequently, rather than formulating and strictly following several definitive interview questions, the interview schedule contained seven very broad questions that were used predominantly as prompts and a reminder, to myself, of my areas of interest and enquiry. Furthermore, as evidenced by the title of this study and associated materials, I opted to use language within the interview schedule that I believed better aligned with the demographic (Robertson et al., 2018), and felt less threatening/stigmatising and more accessible – such as using,

“experiences of accessing support”, rather than “seeking help”. This process was guided by Smith et al. (2021) who posited that IPA should be participant-led and should focus on an open exploration of participants’ lived experiences in a flexible manner. As a result, participants were initially asked quite open-ended and expansive questions, such as their perspectives and experiences of being young Jamaican men from working-class families, in order to gain a better sense of how they saw themselves and their social contexts. This approach was employed to build rapport and establish a connection with them on a ‘human’ level, particularly as someone from a similar background, so they felt seen, understood and safe enough to delve into more sensitive and analytical questions later in the interview (Smith et al., 2021). Creating connectivity and a strong relational alliance was paramount in collecting rich and in-depth data.

The final interview schedule (Appendix A) used in this research study was refined after conducting a pilot interview. The pilot interview took place online and lasted approximately 45 minutes. It was with a colleague who had met the criteria for the study and who had expressed interest in taking part. Accordingly, the pilot interview was treated as a possible participant and therefore underwent the pre- and post-interview procedures discussed in this chapter. While questions remained largely the same after, the pilot interview provided me the opportunity to reflect on and hone my interview skills as a qualitative researcher (Malmqvist et al., 2019). The feedback I was afforded from the process was quite insightful. It allowed me to consider facets such as asking more open-ended and grounding questions to begin interviews, such as participants’ experiences of being young Jamaican men from working-class families. As their social identities were core to the research question, it felt important to fully capture their sense of self and establish some connectivity to start. This approach was not explicitly explored during the pilot interview, but was referred to. The addition of such questions to the interview schedule seemed to allow participants a greater opportunity to ‘warm up’ to the more difficult questions, but also for them to gradually develop a relational alliance with me. More personally, the pilot interview was particularly helpful in reminding me to remain cognisant of the boundaries between my role as a researcher and a Trainee Counselling Psychologist. It allowed me to

approach subsequent interviews better equipped at empathically navigating emotionality as a researcher, in order to collect data, as opposed to being a 'therapist' (Kvale & Brinkmann, 2015). Due to difficulties in finding participants, the pilot interview data was agreed to be used as part of the study. This is explored in my methodological reflexivity.

2.5.4 Procedure

A research poster (Appendix B) was initially distributed at the City, University of London and shared on social media platforms such as Linkedin, Instagram, Facebook and X. Despite contact with 8 potential participants, only 6 were interviewed, as 2 no longer wished to pursue it, due to personal reasons. Participants were all recruited through word-of-mouth. Recruitment started in July 2023 and was completed in March 2024.

Participants who expressed interest in the study were provided with a participant information sheet (PIS) (Appendix C) and consent form (Appendix D), as well as invited to a screening call to evaluate their suitability for the study and for me to answer any queries they might have had about the process. All screening calls lasted approximately 20 minutes. If participants who met the study criteria were deemed appropriate for the study, and wanted to proceed, they were given two weeks to respond to the study invitation email, with their signed consent form and their availabilities for interview. For participants who might have not met the study criteria, I planned to sensitively reiterate the study's need for a homogenous sample in order to achieve its research aims. As no participant or potential participant expressed increased distress or risk that would impact their taking part in the study, as marked by their responses on the SIDP or PHQ-9, the exclusion criteria did not apply.

Individual semi-structured interviews were conducted remotely on Microsoft Teams, at a time that was convenient for participants, in order to increase flexibility and minimise study costs, particularly with regards to travel. Interviews were audio

recorded and lasted between 45 – 90 minutes long. Prior to interviews, participants were briefed of my hope to better understand, in their own words, their experiences of navigating mental health – how they came to understand and engage with it. This was done to give them the opportunity to amplify their voices, as well as reduce social desirability bias (Bergen & Labonté, 2020). Participants were also reminded of their rights to withdraw, pause or not answer a question at various points throughout the interviews, and that there were no consequences for them should this have happened. Participants' safety and comfort were prioritised throughout the process.

Considerations were given to participants who might have found it difficult to find safe and confidential spaces to be interviewed, or for participants who might have preferred having the interview done in person. However, all participants agreed to be interviewed remotely. The influence of being interviewed online versus in-person was something I held in mind throughout the process. Though in-person interviews might have allowed me better 'access' to more embodied responses throughout the process, I believe having interviews done online created enough 'closeness', and 'distance', for participants to feel 'safe' in sharing their experiences (Archibald et al., 2019).

After the interview, participants were provided with a debrief sheet (Appendix E) consisting of the study aims, as well as a list of mental health resources, including websites and support contact lines they could access, if they found themselves emotionally distressed. Additionally, up to 30 minutes was allocated after the interview to facilitate any queries or concerns participants might have had about the process or the content discussed. Participants were made aware of when, and where, they could access the final study, as well as when they were no longer able to withdraw their data. Participants were informed that they had up to 72 hours after the interview to withdraw their data, to allow a reasonable amount of time for them to waive their right to participate, prior to the start of data analysis.

2.5.5 The Analytic Strategy

My analysis was predominantly informed by Smith and colleagues' (2021) guidelines regarding data analysis in IPA research. The framework provided both structure and flexibility that allowed me to approach the data in a considered and creative way. Interviews were transcribed verbatim, at a level that felt appropriate for IPA, as it sought to comprehensively capture what was being indirectly conveyed through participants' language use, delivery of speech and body language (Smith et al., 2021).

Despite aspirations to start transcription and analysis after all interviews were completed, difficulty in recruitment meant that each interview recording was transcribed once the interview was completed, and analysis began shortly after that. However, I was aware of how this could have created some confirmation bias and influenced my engagement with the data/themes in future transcripts. Therefore, it was something I consciously held in mind, alongside using my reflective research journal, throughout each stage of analysis.

Step 1: Reading and Re-Reading

Completed transcripts were read several times, simultaneously with the interview recordings. This was to encourage immersion 'into the mind' of the participant, and their way of being, aspiring to "read within their voice" to capture the essence of what they were conveying of their experience. This allowed for my initial feelings and observations of the transcript to be noted.

Step 2: Exploratory Noting

Similar to the initial step, exploratory noting was done, at times, with the use of the audio recordings in order to capture the use of language, as well as the semantic content being conveyed by participants. This helped with remembering the dynamic

of the interview such as changes in body language or the quality of moments of long silences. As analysis was being conducted digitally, exploratory notes were made on the right-hand column of a Microsoft Word document, and categorised into three groups: descriptive, linguistic and conceptual, which were represented by the colours red, pink and green respectively (Appendix F). Descriptive notes describe/summarise what the participant has said and are concerned with things at face value, linguistic notes seek to explore the use of language by participants such as tone, pauses, metaphors etc., as they provide opportunity to understand the experiences of participants through their own language. Finally, conceptual notes interrogate the data in order to identify and interpret threads of sense-making and connection which paint a more complete picture of the participants' experience.

During this phase of analysis, I held in mind my identity as a researcher and as a Jamaican man living in the UK. This allowed for reflection on how my dual identity could influence my exploratory noting and understanding of what was being conveyed, as opposed to someone who did not share a similar identity to participants.

Step 3: Constructing Experiential Statements

Experiential statements consolidate ideas evaluated within the exploratory noting by fragmenting the participants' experience through focusing on 'local' segments of the transcript to reorganise the flow of the narrative. Therefore, they are grounded within the individual data, as well as conceptual – highlighting the hermeneutic circle of interpretation within IPA research (Smith et al, 2021). Experiential statements were made on the left-hand column of the Microsoft Word document in blue, and based on the iterative moving between the exploratory noting and transcript, to stay as close to participants' experience as possible. This was in order to maintain the complexity and essence of their experiences, whilst reducing the volume of detail. This was particularly important due to concerns within IPA regarding layers of interpretation by the researcher causing the loss of participants' meaning. However, staying close to

the data through exploratory noting and the use of the transcript meant that the experiential statements closely reflected participants' experiences and sense-making.

Step 4: Searching For Connections Across Experiential Statements

A list of experiential statements was compiled from the analysed transcripts and made into a new document (Appendix G). Despite being numbered in chronological order I was aware of the disadvantages of working on-screen, as mentioned by Smith et al. (2021), and so aimed to read through the list several times before creating clusters.

Initial clusters were made where experiential statements shared similar words. However, I held in mind the question of whether that approach to clustering wholly reflected participants' experiences of their world. Statements were "moved around" through copy and paste, and clustered with ones that shared the same 'essence'. My continuous and intentional interrogation of my approach to clustering helped to minimise the opportunities for confirmation bias and reflected the iterative nature of IPA, which enhanced its depth, richness, rigour and credibility (Smith et al., 2021).

Step 5: Naming Personal Experiential Themes (PETs), Consolidating and Organising Them in A Table

Participants' PETs were named based on the shared essence captured within clusters. The patterns formed from clustering experiential statements lent itself to the construction of a list of PETs (Appendix H). PETs represent the highest level of "organised" individual data and consists of sub-themes. Several initial clusters were subsequently merged due my movement away from the 'literal' and 'linear' towards the conceptual 'bigger picture'.

Step 6: Continuing The Individual Analysis of Other Cases

After completing Steps 1 – 5 on the first transcript, these steps were repeated for the others. However, I ensured to treat the remaining transcripts on their own terms, with complete individuality. This was done by 'holding in mind' and intentionally 'bracketing' findings from earlier transcripts by engaging with and interrogating them, in order to actively identify any potential biases.

Step 7: Working with PETs to Develop Group Experiential Themes (GETs) Across Cases

The aim of Step 7 was to identify similarities and differences across the PETs and develop all-encompassing categories or GETs (Appendix I) that captured the experiential convergence and divergence across the participants' experiences. This was done through examining participants' PETs and evaluating which ones appeared to be similar and different across them. Participants' PETs were similarly ordered across each table to help evaluate what connections could be drawn across the cases. This process involved an examination both from a micro and macro level – moving between individuality and commonality of PETs. This phase of analysis was fully conducted once recruitment and data collection was completed.

2.6 Evaluation of The Research

Evaluating the validity and reliability of qualitative psychological research has often been challenging. This difficulty emerges from the incongruence between traditional quantitative measures of validity and reliability, which assume a direct correspondence between research findings and external reality, and the subjective and interpretative nature of qualitative research (Madill et al., 2000). Therefore, applying these measures to qualitative studies, such as the present study, can lead to a 'mismatch' due to epistemological tensions. Accordingly, Yardley (2000) proposed four principles within

which qualitative research could be evaluated, in alignment with its philosophical position: *sensitivity to context*, *commitment to rigour*, *transparency and coherence* and *impact and importance*.

Sensitivity to Context

This principle emphasises the importance of research being deeply grounded within appropriate theoretical and sociocultural contexts. Positively, IPA as a methodology is reflective of this due to its idiographic nature and its concern with understanding the 'particular' (Smith et al., 2021). Therefore, this study has employed several strategies throughout the research process to adhere to this principle. Despite my own curiosities, the wish to pursue this research and to explore access to mental health support amongst Jamaican men was due to the nuance and consequences of their social identities and their difficult relationship with mental health (Jackson Williams, 2013), which was evidenced in Chapter 1. As a result, my methodological choices, such as my choice of study recruitment, data collection and even analysis were rooted in the data and the aim of the research – to understand how they made sense of and engaged with mental health. My shared identity allowed me the opportunity to acutely hold in mind participants sociocultural contexts, whilst my difference, a scientist-practitioner Trainee Counselling Psychologist and doctoral researcher, allowed me to appropriately bracket and tentatively hold my assumptions, knowledge and experiences independent of participants'. This was facilitated through the use of a reflective research journal, as well as intentionally interrogating my findings independently, or through conversations with my research supervisor, therapist and colleagues. Therefore, the findings that have emerged from the study, and further elucidated in Chapter 3, are thoroughly considered and firmly rooted in participants' experiences.

Commitment to Rigour

This principle emphasises the thoroughness of the research process. As earlier alluded to, IPA as a methodology aligns itself well in demonstrating Yardley's (2000) principles as its iterative, hermeneutic and idiographic nature illustrates its commitment to producing robust experiential knowledge (Smith et al., 2021). Therefore, I adhered to a number of strategies, including IPA's analytical strategy, to maintain high methodological standards. Alongside attending relevant academic research lectures and seminars, and reading widely about qualitative research and mental health amongst marginalised groups, particularly Black men, I engaged in several other activities to assure my commitment to research rigour. I attended several talks regarding men's mental health and a conference aimed at exploring and remedying trauma in the Black community, where there was a presentation regarding the experiences of young Black men and gang affiliated violence. Furthermore, I ensured my recruitment, data collection and analysis were well considered, and so, conducted thoroughly, systematically, ethically and reflexively. This was done in order for the research process and emerging findings to be primarily informed by, and representative of, participants' collective experiences.

Transparency and Coherence

This methodological chapter has illustrated the increased depth of thought that has been invested in conducting this research. It has provided clarity on all practical aspects of the research, as well as my 'process', particularly as a researcher, which is exemplified in my rationales and reflexivity. Despite the extensive richness of the findings, the study was steered by the research question, aims and its philosophical and methodological underpinnings, in order to facilitate coherence.

Impact and Importance

This principle is concerned with creating new and useful research that can inform clinical practice, narratives, policies and wider social change. The aim of this research was to provide clinicians with sensitive sociocultural insight, when working with young Jamaican men from working-class backgrounds – where they could move away from generalisations or a 'one size fits all' approach. Furthermore, the hope of this research was to inform mental health stakeholders of the nuanced and culturally specific ways of experiencing mental health difficulties, and accessing support, amongst this demographic, so psychological distress could be re-conceptualised to be more representative of this.

2.7 Ethical Considerations

This study received ethical approval from the Research Ethics Committee at City, University of London (ETH2324-2041) and adhered to ethical guidance set out by the British Psychological Society's (BPS) Code of Ethics and Conduct and Code of Human Research Ethics (BPS, 2014, 2018), as well as the Health and Care Professions Council's (HCPC; 2016) ethical guidance for students.

I considered several steps to ensure participants were appropriately informed in order to consent to the study. Prior to gaining consent participants who had expressed interest in the study were informed of what would be expected of them, including a mandatory screening call, to facilitate participant safety and suitability. A PIS, including the aims and procedures of the research, including data collection, storage and use of findings were given to participants after their screening call, alongside a consent form. After engaging with the PIS post screening, participants were asked to make contact if they had any queries, concerns or interest in pursuing the research. Where participants had expressed interest in the study, I enquired whether they had read the PIS, understood the nature of the study (doctoral thesis), what it entailed, and whether they had any questions. Accordingly, they signed the consent form and suggested

days and times that were most convenient for them to be interviewed. Participants had the right to withdraw from the research within 72 hours of the interview date.

Following interview, participants were debriefed and offered the opportunity to share their reflections and experiences of the process of being interviewed and sharing their stories, and to ask any questions. Although it was anticipated that the participants' engagement with the research would not cause any harm, as reflected by the study being granted low level ethical status, it was a possibility. Therefore, participants were also provided with a debrief sheet which contained several agencies of support they could contact if they found themselves emotionally distressed after the interview. This felt particularly important due to my dual role as a Trainee Counselling Psychologist and doctoral researcher. I was cognisant of the importance of relating to participants in the capacity of a doctoral researcher, as opposed to a clinician, in order to maintain ethical boundaries and the integrity of the research process, by minimising the opportunities for researcher bias (Patton, 2015; Holmes, 2020). Privacy and confidentiality were upheld as participants' personal identifying information was anonymised, with the removal of all identifying variables from the transcripts. Data was confidentially stored on a password protected laptop that was only accessible by myself.

There were ethical considerations for the write-up of this study due to the vastness and richness of the data collected, some of which benefitted from discussions with my research supervisor, therapist and colleagues, to identify what was "mine" and what was "theirs" (Kvale & Brinkmann, 2009). Therefore, I found myself constantly interrogating whether some findings were rooted in their experiences, or whether they were merely my own projections. Furthermore, I had concerns that if these findings were indeed a mirroring of their experiences, I would struggle with whether I was positioned to communicate them, and if so, how to do it in a sensitive way. I was acutely aware of this due to a sense of responsibility, brought about by these men trusting me with stories they might not have easily shared elsewhere. However, on returning to the research question and the aims the research set out to answer, as well as its philosophical underpinnings and methodological approach, I was reminded

of the boundaries within which this research needed to be conducted. Nonetheless, this led to additional dilemmas such as deciding on what excerpts felt most ‘appropriate’ to present. Therefore, an important part of the research process was discussing my findings with my supervisor, colleagues and in personal therapy (Creswell & Poth, 2018).

2.8 Methodological Reflexivity

There were many opportunities for reflection throughout the process of carrying out my study. The process of conducting doctoral research was both eye-opening and humbling, as it allowed me the opportunity to see “research in motion” – how my philosophical and methodological frameworks ‘came together’ to facilitate the findings that they did. Also, this process made me acutely aware of assumptions I held and their consequences on my abilities and sense of self.

One assumption I had going into the research was that I was going to find participants quite easily. I assumed that because my inclusion criteria was so broad, I would have had several men express interest in the study. However, when it transpired that this was not the case, it occurred to me that maybe this difficulty was simply a reflection of the oft-reported difficulty that men have in acknowledging and discussing matters of mental health and wellbeing. It reminded me that it was this gap I was hoping to fill with my research. Therefore, as opposed to merely recruiting through flyers and digitally on social media platforms, I decided to talk to more men about my research in passing, as well as in spaces which Jamaicans were known to frequent such as Jamaican restaurants, gyms, sports and community centres, colleges/universities and churches. The tensions between this ‘outreach’ approach to recruitment, whilst remaining ethical and avoiding coercion, proved quite difficult as it meant that no other contact was made after the digital posters were shared and the research discussed with potential participants, unless they further enquired. However, this felt crucial to uphold, in order to address power dynamics (Solie, 2024), so participants felt a sense of agency and motivation to engage in the research, rather than force and pressure –

which seemed reflective of Afro-Caribbean men's relationship with mental health (Bhui et al., 2018). Despite limited direct responses, this approach exposed me to a network of parents, particularly mothers, as well as siblings, friends and partners, who encouraged Jamaican men in their lives, that met the criteria, to take part. In some ways, this outreach or "in the field" approach to recruitment felt like a finding in itself – that studies seeking to engage with this demographic required an active and network-based recruitment strategy to access them (Pescosolido et al., 1998; Sadler et al., 2010). Accordingly, this process took much longer than I had anticipated and required inclusion criteria adjustments, such as recruiting third generation participants and increasing the upper age range to 35; as Jamaican men, who still identified quite strongly with the identity and who were interested in sharing their stories, did not meet the initial inclusion criteria.

The initial criteria and rationale were selected due to concerns associated with cultural assimilation and integration. I assumed that cultural retention would be strongest among first and second generation Jamaican men due to their closeness to the culture (having at least one parent who was born in Jamaica). However, due to the interest from third generation Jamaican men, I explored further literature (Ferguson et al., 2012; Portes & Zhou, 1993) which highlighted the variety of ways in which cultural retention was sustained, particularly amongst men (Castillo et al., 2015). Ferguson and colleagues (2012) indicated an intergenerational transmission of cultural values through Jamaican adolescent-mother dyads, whilst Portes & Zhou's (1993) segmented assimilation theory posited that a shared phenotype, the areas in which immigrants live after migration, as well as their social networks played a significant role in their acculturation processes. Furthermore, Castillo and colleagues' (2015) finding that men displayed stronger cultural retention than women due to stronger adherence to gender roles and sociocultural expectations helped me to reconsider and contextualise the extent of nuances associated with acculturation. Consequently, my ethics application was amended to accommodate these changes.

Additionally, difficulties with recruitment meant that the pilot interview conducted was eventually agreed to be used as part of the study; the participant met the criteria for

the study and the interview contained valuable disclosures I believed would add to the overall depth and quality of the study (Hennink et al., 2020). On reflection, though the pilot was useful in helping to formulate and finalise the interview schedule; ethically, I considered the time and effort, particularly emotionally, the participant used in completing the pilot and so wanted to honour that by having his experiences heard. Facilitating opportunities for participants to be heard and understood felt crucial to this study, as abovementioned, in using more resonant language throughout interviews, as well as the study materials. This seemed to help in creating a sense of comfort and sameness amongst participants and myself. I believe this also helped in reducing the power dynamics of the participant-researcher relationship, as speaking the same 'language' made the process much more conversational and friendly which I believed impacted the depth and breadth of participants' disclosures (Johnson, 2009; Robertson et al., 2018). Though I believe this approach helped with the richness of data collected, I was mindful to still hold in mind my role as a researcher and the associated boundaries of this. Due to the lag in data collection, I found data analysis quite difficult as it meant that I was unable to be as systematic as I had hoped when embarking on the research journey – this challenge might have had an impact on my commitment to rigour. Despite bracketing my preconceptions, analysing and collecting data in tandem might have had some impact on my engagement with the analysis of successive transcripts (Smith et al., 2021). Therefore, though the reflexive and continuously interrogative approach to data collection and analysis supported the iterative nature of IPA, it proved to be much more cognitively laborious than I had anticipated. Consequently, I found it difficult at times in making decisions regarding naming themes or deciding on which excerpts to use, that felt collective, reflective and respectful to participants.

The tension between distance and closeness to participants evoked a lot of anxiety for myself throughout the research process. Beyond the desire to avoid coercion and power dynamics, I deliberately distanced myself from potential participants due to concerns around social desirability bias (Bergen & Labonté, 2020) that if they knew me, my values and thoughts on men's mental health better, it might have impacted their responses. Though in retrospect I believe better embedding myself in the

community might arguably have made it feel more safe and containing for participants, by creating more connectivity between us, I believe the marginal distance I maintained was in fact necessary for my own sense of containment. Indeed, research has elucidated the delicacy of establishing communication and connection between men (Gough et al., 2021). Sharing several social identities and 'speaking a common (male) language seemed to heavily influence the connectivity and flow throughout the process (Robertson et al., 2018). However, I found myself experiencing anxieties around potentially blurring the boundary – by becoming too similar, too familiar. This fear of overstepping a boundary, of breaking a rule, is not a new one, nor is it just in my professional life. It reflects the experiences of several participants within this study!

On reflection, I recognised that my fear within the context of this study was that I could possibly break ethical or analytical code by overidentifying with participants. For example, being an insider researcher meant that participants would often assume there were parts of their experiences that I would just 'get'. Despite a strong inclination that I did indeed 'get it', I would often clarify this. However, on the occasions where I did not, in order to maintain the flow of the interview, but also where probing felt too invasive, I would question myself in a way that made me doubt whether I was maintaining rigour. I would worry whether I was doing enough to challenge my own assumptions. I reflected that this also informed my choice of IPA, as it provided the guidelines and structure I believe I needed to get the work done. Despite these methodological challenges, I remained cognisant of my positionality, as both an 'insider' and 'outsider', as this impacted the research process, from recruitment through to write-up.

3 Analysis

3. 1 Overview

This chapter presents the group experiential themes (GETs), that emerged from participants' transcripts, elucidating their lived experiences of accessing mental health support within the UK. These themes aim to provide nuanced insights into their experiences, as young Jamaican men, from working-class families.

Whilst participants' interviews generated a rich body of data, the decision was made to prioritise themes that collectively represented their shared experiences and directly addressed the research question. In alignment with the interpretative phenomenological nature of this study, these themes were identified based on their recurrence across interviews, their significance and relevance, and their potential to contribute new knowledge, particularly regarding the intersectional negotiation and navigation of mental health access amongst Jamaican men in the UK, not wholly captured in the existing literature. This approach ensured that the analysis not only reflected the most meaningful aspects of participants' experiences, but also captured the associated tensions between structural barriers and interpersonal relationships navigated by this demographic.

A deliberate choice was made to utilise some Jamaican dialect (patois) within the analysis. Though these 'sayings' were not explicitly used by participants, the decision was rooted in a desire to keep the research culturally grounded and accessible. It has been posited that academic writing can at times feel inaccessible (Demir, 2019; Orritt & Powell, 2020). Therefore, utilising culturally resonant expressions seemed to be one way findings could be positioned as more engaging and relatable to both academic and lay audiences. This approach was taken in order to honour and give 'voice' to a demographic that has endured significant challenges, and who have often felt misunderstood and considered "hard to reach", particularly within the context of mental health (Flanagan & Hancock, 2010; Lowther-Payne et al., 2023; Mclean et al., 2003).

The data presented within this chapter have been clustered into 3 main GETs, which have been further divided into several subthemes. These GETs have been organised to capture participants' experiences of accessing mental health support, starting with their understanding of themselves and mental health. Theme titles were chosen to evoke the essence of participants' experiences. Despite some overlap across themes, the decision was made to unpack and capture the Jamaican man's relationship with his father in influencing his negotiation of his Jamaican identity. Accordingly, "Our Father" was positioned as a distinct theme from "Prove Yourself: Actions Speak Louder Than Words", which explored Jamaican men's relationships with others more broadly, particularly in navigating trust and safety in order to access external mental health support. This distinction allowed for a more focused exploration of the 'Jamaican man' across generations, and the intergenerational transmission of sociocultural masculine norms amongst them.

Incongruent

- The Dis-ease Of Being A Jamaican Man:
  Our Father
  Steering My Intersections
- Sumn Nuh Right – Dissonance And Disconnection

Heavy Is The Head

- Mi Nuh Know – Mental Health Is Hard To Conceptualise
- Mind-fullness

I Am An Island

- Prove Yourself: Actions Speak Louder Than Words
- No Man, Mi Gud (Don't Worry About Me, I'm Alright Thanks)

Table 3.1: Group Experiential Themes (GETs) and Subthemes

To foreground participants' experiences, direct quotations from their interviews were used throughout this chapter, with minimal reference to existing literature. This

decision was made in order to facilitate greater attention to, interpretation of, and care and respect towards participants' unique recollections, as they emerged. Theoretical links were elaborated on within the discussion chapter. Quotations have been italicised, and the corresponding participant, page and line numbers have been bracketed, e.g., (P1: 2, 33-35). Omitted text within a quotation has been indicated by (…), identifying details have been indicated by (---), long pauses and/or silences have been indicated by … and non-verbal responses have been written in parentheses [ ].

3.2 Group Experiential Theme One: Incongruent

This main theme captures participants' discordant negotiating of their identity and affect as young Jamaican men from working-class families, whilst accessing mental health support. It comprises two subthemes, "The Dis-ease of Being a Jamaican Man" and "Sumn Nuh Right – Dissonance and Disconnection". These subthemes outline participants' intra- and interpersonal grapple with associated parts of their identity and emotions, and the consequences this posed for their access to mental health support.

3.2.1 The Dis-ease of being a Jamaican Man

This subtheme explores participants' relationships with aspects of their identity as Jamaican men, influencing factors and their associated consequences. Participants often conflated the Jamaican cultural identity with other social identities. This appeared to create earthshaking experiences, particularly for those who held rigid beliefs about aspects of themselves. These experiences seemed to gravely challenge participants' sense of self and evoked extensive negative affect. This subtheme is divided into two parts: a) "Our Father" and b) "Steering My Intersections", to illustrate the complexities participants experienced in navigating the Jamaican male identity.

3.2.1a Our Father

Participants' negotiation of aspects of their Jamaican identity appeared to be profoundly impacted by their relationship with their fathers – all of whom were Jamaican.

P4 explained that the impact his father's rural Jamaican upbringing had on him was the imposition of perfectionistic expectations, which he appeared to introject. He described that his father often unnecessarily sought tasks to complete, rather than "relax", as the impact of poverty on his upbringing meant that he always had to work hard to meet his basic needs. Consequently, P4 appeared to hold himself to high standards and felt unable to make mistakes.

> *"So, then for me and how and let's say his own country experience kinda come down to me, it's more like, a lot of expectations for myself(…)in a sense, I can't make a mistake. So, you realise how this… a hypocrisy with Jamaicans where they make a mistake, it's fine, but then, when you make a mistake, it's not given with the same light".* (P4: 8, 405 – 415).

His highlighting of the discrepancy between how failure was handled between "Jamaicans" (possibly referring to his father), and himself, suggests to me that he experienced a sense of injustice and dissatisfaction holding himself to high standards, whilst his father did not. His distancing of himself, evidenced by the "hypocrisy with Jamaicans where they make a mistake", suggests to me that he did not see himself like "them". Furthermore, this discrepancy appeared to evoke feelings of frustration, brought about by the inevitable failure he would encounter with everchanging 'rules', hence his disassociation from "them" and their way of being. P5 shared a similar experience where difficulties in evaluating the discrepancies between the behaviours he witnessed from his father, versus how he was "expected" to be, led to many disputes.

> *"It's like, I always had disputes…always(…)I was always the person to like talk, like talk back and stuff, you know?(…)Have you ever like spoken to like your parents and stuff and you really saying a point that make sense, but instead of them acknowledging that it makes sense, they just, just throw it off?(…)then they come back with something that makes no sense to what you just said?*(…)*I used to have a lot of those, mostly with my father(…)I feel like he must, he must know what I'm talking about, but he doesn't want to say if I'm right(…)I can accept that, but at the same time, like, it makes no sense to me(…)I'd expect my mom to support me, and say, ah, he's right(…)instead, she just says(…)just leave it be(…)why am I not getting support?! You know?"* (P5: 14, 743 – 778).

P4 and P5's experience of being wronged and criticised by their fathers, despite their fathers' own fallacies, might have led to the introjection of beliefs that they could never 'win' – as the world was unfair, and that they could not be vulnerable enough to seek support from their fathers – as to be fallible would incur criticism, and in some cases violence (P1: 4, 187 – 218). These experiences might have deterred P4 and P5 from accessing support due to feelings of defeat, injustice and neglect, caused by possible beliefs that no one cared. This is evidenced by P5 whose exclamation, repetition and tendency to ask "you know" seemed to indicate some frustration with his mother's lack of support, in not 'standing up' for him (P5), and a possible hope that I, a young Black Jamaican man from a working-class family, could 'understand' him. P5 expressed that at one point, this left him suicidal and hindered him from emotionally self-disclosing to his mother.

> *"(…)because most the time we were in bad disputes, so I'm already feeling like terrible(…)I told him that you're the reason why I wanna die".* (P5: 18, 967 – 971).

> *"I don't think I was being heard enough, you know? I didn't really think anyone cared. So, why, why would I, why would I even tell her? Like she probably just brush it off and forget about it, you know?"* (P5: 17, 896 – 901).

A few participants reflected that their fathers' tendencies to be critical, and necessities to be right and to uphold discipline, regardless of the damaging costs, might have been a result of their upbringings and relationships with their own fathers.

> *"(…)if you back chat or if you bring trouble to the home, then you're going to be met with violence(…)Rudeness, for my dad, was like the, was the worst thing(…)so, you know, side eyeing, or, or chat, back chat, backchat was the worst one(…)as I started to know more about my dad's upbringing, I started to see maybe his own distressed self, coming out in violence".* (P1: 4, 187 – 218).

> *"I'm used to, let's say, I'll call it like a Jamaican's aggression, but it's not aggression, it's just how they speak(…)at the same time, their switch can be so fast now, it can go from them just having a talk with you, to them getting vex(…)when you're younger, there's way more pressure(…)because you're not trying to disappoint, or not even that you're not trying to disappoint… you're not tryna hear their voice(…)you know, if this goes wrong now(…)there's gonna be a consequence for your actions(…)when I was younger, I used to get beatings(…)".* (P4: 8, 420 – 441).

> *"(…)my mom says that he has trouble showing love the same way that we show love, and I guess that's from when he was growing up, you know? 'Cause most times, this happens to a lot of peoples' fathers. Like say, from that generation. Their fathers didn't love them".* (P5: 19. 1018 – 1024).

> *"Umm, I feel like, especially like people from kind of like our culture(…)when it comes to disciplining your kids, I feel like sometimes, well from my own experience, especially Jamaicans, I feel that sometimes it can be taken a bit too far, sometimes(…)I feel like parents don't really understand the impact that it might have on your kids. So that was very much my dad's, umm, whole thing… That he was like, you know, treated like shit by his parents(…)like his dad would beat him for any little thing(…)he always grew up not having that proper relationship with his dad as well".* (P6: 8, 404 – 420).

My interpretation of these participants' experiences is that violence and aggression from their fathers, as a form of discipline and physical punishment (PP), was learned and passed down from one generation to the next, but with a baneful cost to their relationships, and sense of self. This seemed to leave participants feeling neglected, ashamed and unloved. PP appeared to be an 'inheritance' and 'family legacy' that children were 'entitled' to, as it *could* eventually become a tool they could use to establish control and dominance over their own children, in order to uphold their power. However, this demonstrates the possible fear and risk participants might have faced, in challenging their fathers growing up.

> *"I guess, my grandma had 10 kids, and like all of them had fun and all of that, but she was disciplinary. So, that didn't skip them at all. But, the love aspect, the love aspect for most families in Jamaica doesn't exist, you know?"* (P5: 19, 1033 – 1039).

> *"I felt ashamed, definitely felt ashamed. My sister didn't get hit as much, so I thought I was lesser than(…)I think in hitting me as well probably reinstated his [his father] masculinity(…)I thought, for me to do that and for my dad to beat me down so easily, I therefore must be so much further from being a man".* (P1: 5, 252 – 268).

P1 described that being physically disciplined by his father evoked feelings of shame and a sense of being "less than", particularly as a man. His experience of being "beat down" and the resulting sense of 'losing his manhood' to his father suggests to me the 'fragility' of manliness, as well as the possible betrayal and heartbreak he might have experienced having this done by his father. His inability to defend himself against his father at the time, helps me to understand his possible historical feelings of powerlessness and shame, which might have perpetuated low self-esteem and beliefs around being weak. However, it also helps me to understand the volatility associated with his sense of self, where despite his feelings of powerlessness, he felt able to

"enter combat" where necessary. My interpretation is that aggression and violence became learned behaviours to remedy conflict as a man, due to the emasculating shame associated with experiences of powerlessness; adaptation was necessary to 'survive' – "can't beat them? Join them". This seemed to be evidenced across participants' experiences, particularly with their fathers growing up.

> *"I spoke to my dad, and my dad said, like plain and simple, if anyone calls you that, so like the N word for example, you fight them and that is it. That's a recipe for a fight. You fight them. So, the mirror that I'm seeing from society is that when even, you know, when my masculinity is challenged or whatever or my race is challenged, then you enter combat".* (P1: 2, 83 – 91).

Retrospectively, P1 appeared to find this approach more unhelpful than helpful.

> *"I think that [PP], that might not have educated me on how to deal with people. I had to learn more how to, how to lead, how to guide, how to manage other people(…)the whole idea of like ruling with an iron fist, I don't think really works in, in the UK in 2024".* (P1: 4, 191 – 195).

His "having to learn" how to manage other people and his possible displeasure regarding the outdated idea of "ruling with an iron fist" suggests to me some feelings of frustration and resentment towards what he endured growing up and the responsibility he seemed to grudgingly acquire in wanting to make a difference. These feelings seemed shared by several participants.

> *"Just because that happened in your childhood, doesn't really have to like, make it plausible for it to come to mine(…)I won't say that, that my childhood was terrible(…)it could have been way better, you know."* (P5: 20, 1080 – 1088).

> *"And I feel like my relationship with my dad, like I kind of resent my dad for a lot of that stuff(…)that's kind of how it's affected my relationship with him(…)I feel*

like the way he kind of justifies hisself is like, 'I feel like I have to, I had to do these things' (…)I've just gone through so much that I feel numb to a lot of things(…)I can't speak to someone who's not prepared to listen, right? So, I'll kind of deal with it in my own way". (P6: 9, 460 – 498).

Beyond the (self)imposition of unrealistic expectations and rules, and the damaging consequences of PP, participants' sense of self and their desires to access mental health support appeared to be significantly impacted by the accounts and behaviours they witnessed, and experienced, of their fathers. For example, P2 expressed that he did not have a significant relationship with his father for many years growing up, which seemed to create a sense of resignation.

"(…)from when I was younger, I don't feel like it affected me that much. It was just kind of part of it. And I remember that there were times I'd be there at my grandma's house waiting for my dad, my dad's not coming [smiling] and things like that". (P2: 16, 855 – 861).

His minimisation of the effect on him, as well as his smiling, whilst admitting that his father did not 'show up', suggests to me some feelings of embarrassment, and possibly deeper feelings of neglect – perhaps heartbreak. This seemed to encourage his aspirations to establish his own family, where he would be present and supportive to his children.

"(…)I wasn't that, that kind of having that big relationship with my dad for quite a few years(…)obviously, even like broken homes in terms of, umm, no one really around me has been married except for my grandparents(…)I want like a wife, kids, and kind of have all my kids in the same household and not kind of scattered around and like different, like different family issues and different politics within their family over money(…)when I have my own family it's kind of not what I want(…)I want a proper family household where the kids have the support from both their mother and their father on a long-term basis, not just here and there". (P2: 1, 53 – 96).

My interpretation here is that P2's possible feelings of neglect by his father, coupled with being raised in an environment where "broken homes" were the norm, might have led to a distancing of himself from those with a similar background, due to the hardship, shame, and associated emotional pain. His hope to be a father, who shows unwavering support to his children "on a long-term basis", and in a "proper family household", suggests to me that he might have had some implicit awareness of the profound psychological and emotional impact his environment, and the absence of his father, had on him growing up, despite his minimisation of this. Consequently, these experiences appeared to have fuelled his determination to do "better" for himself, evidenced by his desire to "do things differently" to what he was exposed to growing up. This emerged as a salient thread throughout these findings. However, it often appeared to leave him feeling overwhelmed and socially isolated, which impacted his opportunities to access support. This is further explored later in this chapter.

For P3, who struggled with concerns regarding his health, experiences of having his feelings dismissed and his circumstances belittled by his father, appeared to deter him from accessing support for his mental health.

> *"If I could choose my mom or dad yeah? I'm choosing my mom, yeah? Because I'm not going to my dad to talk about my problems because in the back of my head, I'm thinking, he's just gonna tell me to just man up and deal with it(…)He would say to me, You're thinking about it too much. Like, what are you panicking for? Or I might say something like, Ah, I wanna do this, he'd be like, Beggars can't be choosers and whatever [rolls eyes]. So, my dad is probably the wrong person to go to for any kind of mental health advice(…)if I was stressed out, I don't think he'd even be top five phone calls. He just would not be near it at all, because my dad don't even go to the doctors".* (P3: 21, 1141 – 1161).

This appeared to create feelings of frustration, evidenced by his eye roll, and suggests that he might have been unable to emotionally rely on his father. My interpretation is that P3's experience of having his concerns dismissed, might have perpetuated his worries, due to possible beliefs that he was in fact overreacting. This may have evoked

some embarrassment, a minimisation of his own experience, and a lack of future self-disclosure, making access to support, from others, particularly his father, a 'last resort'. This is supported by P3's 'joke' about his health, which resulted in him googling his symptoms or telling himself he was "alright", due to having his concerns minimised and dismissed, by his father, in particular.

> *"I remember times I'd just sit there as a joke(…)my breathing is a bit tight, and I'll go and say something to them, and he'd just be like, shut up [laughs]. He just told me to be quiet and I'm like, yeah, but, I feel there's a problem. And then my mom's like, if something's wrong then just go to the doctors, and I'm like, naw, I can't be bothered for that. And then he's like, see, so be quiet(…)If I think there is something wrong with me, then either Google's gonna tell me, or I just tell myself alright(…)".* (P3: 23, 1239 – 1260).

Unknowingly, P3 appeared to mirror behaviours displayed by his father, by dismissing his friend's worry about money. However, this appeared to be from an encouraging place, arguably, similar to his own father's intentions.

> *"(…)like he'll come to me complaining about he's not getting enough money. And I'll go to him like, is that really the problem? And he's like, yeah, like I'm just not earning enough. Like, but it's just money. Like your happiness is way more important than money. He's like, yeah, I know, whatever. I said to him that, look at me, like I, I lost my job twice and I'm not complaining whatsoever because I just, I just, I'm just happy."* (P3: 13, 691 – 702).

A possible interpretation here is that P3 may have internalised his experiences of having his concerns dismissed, particularly by his father. Consequently, this could have influenced his development of learned behaviours, such as rationalisation and/or minimisation, perceived as gratitude, in order to mitigate negative affect and stress. However, this seemed to have led to him becoming unknowingly dismissive of both his and others' difficulties (P3: 13, 691 – 702), potentially hindering his access to mental health support. Learned behaviours, such as rationalisation and minimisation,

were commonly reflected in participants' experiences, and appeared to serve as both a help and hindrance for their mental and emotional health and wellbeing. This is further explored later.

3.2.1b Steering My Intersections

Participants reported significant challenges in navigating the intersectional/social identities associated with being a Jamaican man, such as ethnicity and culture, race, masculinity, class and socioeconomic status, as they appeared to 'forfeit' parts of themselves to mitigate the cost of the Jamaican identity. This seemed to increase their susceptibility to distress. Resultantly, this might have heightened their desire to 'defend' themselves, through denial, social isolation, suppression, avoidance, a depiction of toughness and a lack of self-disclosure, which can all impact access to mental health support.

P4 speaks of the oscillating and everchanging nature of his experience as a Jamaican man.

> *"(…)when you're from the UK, and you go back to Jamaica, you're one and not two. So, in Jamaica, you're an English boy. In the UK, you're Jamaican(…)So, it's one of those ones where you love the culture, but with culture it's everchanging(…)and not being from there and treating Jamaica more like a holiday spot, rather than where you're actually from… your identity now, is not completely there. At the same time, it's not not there(…)".* (P4: 1, 14 – 29).

My understanding here is that his Jamaican identity may have been imposed onto him by others in a very binary way, despite his beliefs regarding his sense of self and the essence of the Jamaican identity – "it's not about being from Jamaica by nationality, it's just being Jamaican by being Jamaican" (P4: 1, 35 – 37). This suggests to me that P4 saw being Jamaican as 'a way of life'. Arguably, such an outlook, "treating Jamaica

more like a holiday spot" and flexibly holding the identity may have 'defended' him against the distress of navigating it.

> *"(…)myself and my dad had to figure it out on our feet(…)growing up in my experience, that identity as a Jamaican man was given to me by people who weren't Jamaican(…)people had a very strong idea of what a black man is because of Britain's exposure to the West Indies, but their belief systems are full of biases. So, I was very early labelled(…)I must sell drugs, or I must be a part of a basketball team(…)".* (P1: 1, 38 – 51).

For P1, the imposition of his identity, from those who were not Jamaican, seemed to elicit feelings of exasperation, due to the enervating racial assumptions and history associated with the identity across generations. Racial hardship was experienced by most participants across their lives. Both P1 and his dad's "figuring it out on our feet", suggests to me the reactive adaptations that were necessary for them to navigate their identity as (Black) Jamaican men, perhaps accounting for some of the struggles within their relationship. This might have hindered the provision of a clearer, 'healthier' and more resonant cultural identity blueprint, and sense of self, as Jamaican men. P2 also seemed to experience similar feelings of exasperation and judgement from those who did not share a similar identity.

> *"(…)I think as a black man, sometime(…)certain situations can be harder, like there's been like many times for no reason where I've been like stopped by police or things in that instance where I feel like sometimes I'm being judged based on my culture or my skin".* (P2: 2 – 3; 108 – 114).

Parallel to a possible indignation, brought about by the imposition of an identity, racism, and judgement onto him, by those outside of his cultural community, P2 also seemed to reflect some intrinsic reluctance regarding his relationship with parts of his Jamaican identity, despite loving the culture.

"I think it's been good because I think…well good and bad, but I think good as a sense of, I love the Jamaican culture." (P2: 2, 101 – 103).

"(…)I think it comes with challenges(…)being brought up in particular neighbourhoods where kind of a lot of people are also from the same background(…)you think what people around you are doing is right, or like there's not more out there(…)it can put a stop on the growth when you kind of stick to your own sort of circles(…)there's a lot of different cultures out there that can allow you to develop as an individual(…)". (P2: 1, 6 – 22).

The negative messages and circumstances to which he, and others similar to him, were exposed to growing up, initially appeared to constrain him and his views of the world. However, in retrospect, P2 appeared to grow quite frustrated with this, possibly due to his favourable exposure to other cultures outside of the Jamaican identity. It is likely that he may have experienced a 'wearing identity clash' and a sense of difference with, and displeasure towards those within his Jamaican community over time, due to the associated challenges of the identity. Parts of his identity seemed to create a threat, and consequential ceiling, that may have evoked feelings of 'stuckness', fear and distress, resulting in a possible need to 'protect' himself, by deviating/distancing from those with a shared identity.

"And that's even why like after school, I decided to go to college in East London, in the Asian community, because I said if I'm around my same community, I think I'll continue doing the same shit I'm doing(…)I just knew to myself, if I kind of stay around these sort of people, that I'm gonna end up getting myself into worse trouble". (P2: 17, 885 – 911).

P2's deviation from those with his shared Jamaican identity seemed to be influenced by his concerns that associations with them would perpetuate potentially detrimental behaviours that were no longer aligned with his current sense of self. This suggests to me that P2 might have had to 'forfeit' parts of himself, and his connections, in order to 'grow' and to avoid possible harm. Coupled with the judgment and otherness he

experienced from those outside of the Jamaican community, P2's 'forfeit' arguably led to feelings of loneliness, due to social isolation, and a reduction in the networks he had available to support him, whilst navigating difficulty.

> *"(…)that's why I said, let me just kind of get myself out the environment and go around a completely different demographic. I went to a college where there was maybe 5 Black people in there in general(…)I didn't have many friends in that college(…)Not a lot of the Asian community wanted to be friends with me, or they kind of stuck to their own kind(…)I just said, that would help me develop as a person".* (P2: 17, 906 – 924).

Participants' costly 'trade-offs' between parts of themselves and their social connections emerged as a salient theme across all interviews. P3 seemed to distance himself from the Jamaican identity, due to the shameful impact societal messages regarding Jamaican men and promiscuity incurred for his dating prospects.

> *"(…)just this whole stigma about the Jamaican men(…)you know, just kind of like the standard jokes they always make about Jamaican men just going away from their kids and all that(…)sometimes it can be a bit difficult because you know, you might genuinely be speaking to someone(…)and even though it didn't affect me in any way, it comes to a point where I might go and talk to a girl and they asked me where I'm from, I won't say Jamaica first. I would normally go and say like[---]and Jamaica(…)I won't say Jamaica first sometimes, because I feel like there's gonna be that kind of stigma attached to it instantly. So, even though I shouldn't, because I'm a proud, I'm proud of it, but it can be difficult in that sort of like environment(…)".* (P3: 3, 118 – 143).

P3's belief that he "shouldn't" [feel ashamed], because he was proud to be Jamaican, and that "it [stigma] didn't affect me" elucidates to me his strong sense of conflict with what he was thinking versus how he was feeling. This dissonance is explored later in these findings. P3 appeared to construct rigid 'rules' regarding his feelings, emotional expression, and sense of self, whilst 'figuring it out', like P1, due to the enormous cost

and distress associated with the Jamaican identity. This might have led to feelings of failure, guilt and shame when he 'broke' them. Therefore, P3, like other participants, seemed to deny or minimise his authentic affect in order to not 'break his rules'. P5 and P6 seemed acutely impacted when their 'rules' were broken, and illustrated how emotional suppression could inhibit access to psychological support due to a lack of authentic self-disclosure.

> *"There was people who were definitely telling me that I was crying too much. I remember one of my primary school teachers spoke to my mum and dad, and said 'Uh, he's too soft, he needs to be around his dad more(…)I wish I heard it from her, you know?(…)people telling like your family stuff, instead of saying it to your face(…)I stopped crying on my own accord mostly cause I'm like, "Why am I crying?". It makes no sense".* (P5: 4, 203 – 208).

P5 becoming aware that he was considered "too soft" because he cried "too much" appeared to challenge his sense of being a man, and evoked feelings of frustration and a desire to 'prove' his masculinity. This is evidenced by his wish to have heard the statement directly from his teacher. It is likely that the imposition of masculinity onto him, by his teacher recommending he be around his father more, influenced his desire to stop crying, despite him stating he stopped on his own accord. One interpretation is that P5's experience of being criticised for being vulnerable, by a source of support often considered 'safe', challenged his masculinity, betrayed his trust and may have been registered as a threat, and so, resulting in his desire to 'defend' himself. It is likely that his inability to physically defend himself at the time, might have resulted in a psychological defence, through a lack of emotional self-disclosure, and no longer crying. This appeared to come at a great emotional cost to P5 who described himself as a "cry-baby" growing up, despite being presented with hegemonic narratives regarding masculinity. His noticeable pause, and adjustment in his chair, after his admission, suggested to me that he may have still found emotional disclosures uncomfortable.

"I grew up literally [long pause]…I was a cry-baby; I could say that [adjusts in chair]". (P5: 3, 148 – 150).

"Another one is like the typical stuff. You know, how men aren't supposed to cry. You're supposed to be strong and deal with all of this and that. And sure, over time, I guess I've come to agree with some of those stuff. But then, some of the things they're kinda like, over the top. I guess. It's like men not being able to display emotions and stuff. That's kinda, that's kinda like… ***wow****! I can't even be vulnerable and stuff in front of people. Otherwise, I'm perceived as weak, and nobody will like respect me".* (P5: 3, 120 – 136).

P5's use of "typical stuff" in describing (societal) rules regarding men not crying suggests to me how accustomed and resigned he had become towards these messages over time. Arguably, despite his efforts to abide as closely to these societal rules as possible, they still clashed with his sense of self, particularly regarding emotional expression. This seemed to evoke feelings of disbelief, evidenced by his response, "wow" – that he would still be seen as weak and undeserving of respect from others, if he displayed emotions. His navigation of his masculinity indicated to me that there might have been a high level of risk associated with emotional expression as a Jamaican man, both internally and externally. This was echoed by P6 whose challenge to his sense of self and masculinity, due to the difficulties he experienced, seemed to leave him feeling emotionally 'injured'.

"(…)before I started going through stuff, like, certain events in my life, [pensively looks to floor] I always thought that I was this, you know, strong person and like, you know, nothing can kind of get me down, 'cause that's the way I was raised, right?(…)But what I can say is that when I started to have(…)these events in my life, that whole perception of myself that I had in my head [shakes head], it kind of just made me realise that it wasn't true(…)for the first time, I was kind of feeling, you know 'vulnerable' [uses hands to make quote sign]" (P6: 3, 114 – 134).

P6's perception of being a strong person changed and felt like a lie when he started experiencing "certain events". Initially, his body language and admission of feeling "vulnerable", suggested that he did, in fact, find his experiences quite distressing. Arguably, one interpretation for his use of "certain events", as opposed to "difficult/distressing events", or perhaps "traumatic events", to describe these experiences, is that he, similar to other participants, might have been accustomed to minimising his experiences and suppressing his emotions. However, another possible interpretation is that he might have been unaware of the magnitude of his experiences, and/or may have lacked the language to articulate this. P6's wrestle with controlling his emotions, provoked by the challenging of societal narratives regarding masculinity, and rigid beliefs and behaviours he was accustomed to, appeared to impact his sense of self in quite a damaging way. This might have evoked feelings of conflict, failure, shame and guilt, which reflected the experiences of other participants.

> *"(…)It just made me, you know, realise that [shakes head] rahh, like, this… this is what it is to kind of be human, like I can't, I can't really lie to myself and say that I'm this person and reality is not really like that."* (P6: 3, 137 – 142).

P6's realisation that he was "human" suggests that his earlier experiences of enduring hardship and witnessing his family do the same, might have positively led him to believe that nothing could 'get him down'; perhaps that he might have been significantly more resilient than others, based on how he was raised. Though empowering, an internalisation of such a belief and circumstance might have created a sense that he may have been superhuman – omnipotent and omniscient, an object with no thought, and/or a robot, with no feelings. Accordingly, it appeared that although chronic hardship and struggle fostered resilience and encouraged self-reliance, it might have come at the cost of being dehumanised and out of touch with affect. Consequently, P6's experiences seemed to result in a warped and critical sense of self which appeared to leave him baffled and somewhat disappointed in himself in 'realising' he was, in fact, human. An erroneous and critical self-perception can lead to a fear of failure and distress when rules and beliefs are challenged. This can

perpetuate feelings of defeat and shame, which might inhibit the desire to access mental health support.

Alongside race, poverty appeared to be an overarching and pernicious hardship associated with the Jamaican identity, and one that all participants seemed to endure growing up.

> *"You know what? I would say one word the Jamaican identity is, you see poverty all the time"*. (P4: 6, 310 – 312).

P4's statement that the Jamaican identity was synonymous with poverty, suggests how habitual he considered financial struggles and deprivation amongst Jamaicans.

> *"Umm, a lot of Jamaicans go abroad to America because they're good at running, but not a lot of opportunity comes from just being in Jamaica alone. You always have to outsource your opportunity from elsewhere".* (P4: 7, 335 – 340).

My understanding is that P4 possibly saw the Jamaican identity, on its own, as deficient, with negative drawbacks. This seems to reflect the experiences of P2 and P3, who both found the Jamaican identity consequential to their self-concept, desires and pursuits. The scarcity associated with the Jamaican identity seemed to posit a narrative of shame and deficiency, and one in which participants may have felt unseen, by themselves and others. In other words, the Jamaican identity seemed to pose the risk of participants denying and minimising parts of themselves, and their experiences, which appeared to impact their self-esteem and feelings of worthiness. P1 illustrated this whilst recalling his career aspirations during school.

> *"So, for example, you know, if, friends at school say, I want to be a lawyer or I want to be an accountant, you know, [makes repulsed face] umm, doesn't sound like it's for me. That's, that sounds a little bit like pretentious or whatever".* (P1: 6, 316 – 321).

"(…)I remember thinking this, that I felt, even when I was at Uni, and even after Uni, I still felt more similarities, and I could see myself reflected more in say, a working-class criminal, than I could in a business owner, or a doctor or solicitor or something like that(…)So, yeah, very, very much cast typing yourself". (P1: 7 – 8, 373 – 382).

P1's derisive reaction regarding others' career aspirations suggests that the scarcity associated with his Jamaican identity instilled beliefs that he did not have access to, or deserve 'good things'. This is evidenced by his persistent typecasting and identification with a "working-class criminal". His chronic self-identification with a criminal suggests to me the depth of 'badness' and unworthiness he seemed to have associated with his sense of self throughout his life, whilst navigating his Jamaican identity. It is likely that such a deep-rooted self-concept can perpetuate social (self)isolation and shame by impacting how 'deserving' he might feel in accessing or receiving support from others. This was an experience evidenced across the majority of participants, which highlighted the potentially defective lens some Jamaican men experienced themselves through, and its consequences on their 'entitlement' to access love, support and opportunities.

"(…)I must have done it so many times(…)I was keeping it from my mom obviously. Why are you gonna tell your parents that you shoplift(…)And I was watching that [Rick & Morty], and it must have been one of the episodes where one of the characters goes on to like a minute-long rant(…)about uhh, if this person doesn't know how you really are(…)do you really love them? You know? They're only there to help you(…) And instead, instead you taking that, you're being selfish(…)This is replaying in my head. This is really bad(…) I went upstairs to my mom(…)gave her a hug and I just started crying(…)like, wow, I've really been like deceiving you the whole time, instead of being real with you". (P5: 22, 1178 – 1241).

"Yeah, I'm kind of disappointed in myself to be honest(…)I put my parents through a lot growing up(…)a lot of the times I do regret it(…)I believe

everybody should be treated with respect, no matter who you are. So, I kind of feel a sense of guilt to anyone who I may have disrespected as my younger self". (P6: 16, 854 – 866).

P2's deviation from parts of the Jamaican identity and community seemed to afford him opportunities to pursue his aspirations, and to improve his social and financial positions, in order to 'better himself'. However, this appeared to come at an emotional cost.

"(…)I think me being aware of the colour of my skin and who I am as a person, I feel like it's [racial hardship] just something I'm always gonna have to kind of face. And even if it isn't, it's not all the time it's gonna be that hard on me, or difficult for me to understand(…)it's just a part of it(…)". (P2: 4, 168 – 176).

"(…)I think dealing with other races or other people [for work](…)I'm speaking to high net worth individuals and(…)meeting people in different areas like Chelsea and Kensington(…)I know people might just look at me for face value and not really give me that opportunity(…)it's a shit feeling(…)but it's a feeling that I'm, I'm aware of(…)In my head, how I look at it is, okay, they might judge me from my face value, but if they give me opportunities and conversate with me, they will understand that I'm a very intellectual individual". (P2: 4, 183 – 217).

P2's use of "it's just part of it", as well as his awareness that people judge him based on what they see, suggests, to me, feelings of resignation, due to the inevitable prejudice and racism he had grown accustomed to, throughout his life.

"(…)sometimes that might be the initial barrier that I have to overcome(…)if I overcome it and then I sit down with the individual, have a conversation face to face, they'll realise that, 'this person is an intelligent person. Like he has a very good career, like he knows what he's doing, he knows how to speak, he knows how to, how to translate his words into real meaning'". (P2: 5, 219 – 227).

My interpretation here, is that P2 may have had an assumption that his intelligence and demeanour, despite the drawbacks of his Jamaican identity, might have afforded him the chance to 'prove' his abilities and worthiness, in order to access opportunities from those more racially and financially advantaged. Consequently, he appeared able and motivated to pursue his hopes, despite the 'odds'. However, his use of the word "overcome" suggests to me the enormous challenge this process posed, and the resilience that was required to facilitate the adaptations that might have been necessary, to earn the favour of those more privileged. This seems to support P4's account, that the Jamaican identity did not "offer much" on its own, and so, opportunities needed to be 'outsourced' (P4: 7, 335 – 340). P2's emphasis on presenting himself in a way that appeared favourable, alluded to the possible codeswitching he believed might have been necessary to succeed. However, codeswitching can lead to mental and emotional fatigue, and feelings of alienation and distress, due to the cognitive and emotional load associated with chronic codeswitching, and the lack of a sense of stability (McCluney et al., 2019). P2's experience of pursuing his aspirations, at a cost to himself, also reflected participants' desires to illustrate their gratitude for opportunities. However, this seemed to predominantly be from a place of debt and responsibility – "I feel like that [opportunity] comes with responsibility" (P4: 7, 380 – 381).

> *"At least you got a job, at least you've had a job for like 3 years straight. Like, I, I've lost about four jobs in the past two years(…)."* (P3: 27, 1444 – 1446).

> *"My dad always told me, you have to be lucky that he even brought me here now… like he even basically raised me in the UK, for opportunity(…)So, having me here now, and me being able to have the opportunity(…)just from being in London now, is a blessing(…)I'm a by-product of my dad's decision to come to England"*. (P4: 6, 319 – 342).

> *"(…)in my family, I'd say on both sides, on my mom's side and my dad's side, not all of them went to school, and if they did go to school, they were lucky. But*

there was a form of scarcity. Like some didn't go school. So, a lot of people really push on you and stuff". (P5: 2, 56 – 62).

It appeared that amongst participants, being 'compelled' to express gratitude for opportunities could perpetuate possible feelings of inferiority and deficiency, and lead to behaviours such as self-subordination or overcompensation, due to the sense of responsibility, and/or possible guilt associated with receiving them. This is evidenced by P4's recollection of his father's tendency to stay "busy", despite having no pressing reason to be, due to him historically not having many opportunities for rest, whilst growing up in Jamaica.

"So, even in London, he comes in, he has a big garden, and like he kinda finds things to do, when there's nothing to do. I feel like that's a big Jamaican thing where more times out of 10, they could be relaxing, but they find work out of nowhere(…)And being lazy is not something which they… yeah, I don't. There's no such thing as being lazy. It's always something to do. And if you can't find something to do, find something to do [smirks]". (P4: 8, 389 – 405).

My interpretation is that his father's tendency to keep himself busy, was a way to not take for granted his current opportunities. However, this approach can negatively impact one's sense of self, and how they interact with others, by perpetuating feelings and beliefs that they are not deserving. Feelings of unworthiness can negatively impact psychological help-seeking.

Subtheme 3.2.1 encompassed participants' experiences of navigating their relationships with their fathers and the impact it had on shaping their sense of self as Jamaican men. It illustrated their grappling with aspects of their identity, due to the associated costs of the Jamaican identity, and its consequences for their access to (mental health) support.

3.2.2 Sumn Nuh Right – Dissonance and Disconnection

This subtheme encapsulates participants' discordant processes in identifying and navigating their cognitions, affect and experiences. It explores the implications of these processes on their capacity to access mental health support. The title captures, in Jamaican dialect, the perplexity participants encountered, intra- and interpersonally, in trying to formulate their experiences. All participants seemed to display some cognitive and emotional disconnection from parts of their experiences over time.

> *"I don't think people realise,(…)my uncle was mentioning literally about 2 weeks ago,(…)I reckon everyone here has some sort of mental problem, but they don't realise it.(…)Everyone's got something going on, but they probably don't realise that they got something wrong with them. They're just kind of in this whole illusion that we're all completely fine, but we're not. And I was looking, I was like, you know what, you might actually be onto something."* (P3: 12, 607 - 620).

For example, P5, despite describing himself as a cry-baby growing up, felt confused about why he was crying, alluding to possible difficulties in childhood, which he seemed to be unaware of.

> *"From the ages like, from when I was born to like Year 9, so call that what? 15? 14? I was crying all the time. But I used to cry for like nothing. It's like, it's like from my childhood, something must have happened to me".* (P5: 3, 150 – 155).

P5's "crying all the time" suggests that he may have found it difficult regulating his emotions growing up, which might have been impacted by the possible feelings of neglect he experienced from his parents, alluded to earlier. P5's discount of his turbulent relationship with his father, his mother not standing up for him, and/or his difficulties in school, due to low self-esteem, suggests some emotional disconnect from his earlier negative experiences. This is evidenced by his belief that "something must have happened" to him, despite not being able to identify what it might have

been. On probing, P5 does go on to inharmoniously reference these as factors that may have negatively impacted him.

> *"I don't think there was… There was some problems, obviously(…). Like stuff, as in like your family and stuff.(…)Like, what did I do? Like, what's happening and stuff? Then you get older and older and I guess, as if the stuff from your younger years was like, as traumatic as most people like, like say(…)it leads in your like teens, and then when teens, it's just like, you keep thinking of stuff and stuff keeps happening. It's like, wow, this life must be really like bad and stuff".* (P5: 7, 371 – 392).

Arguably, P5's emotional disconnect may have been useful in 'protecting' him from the reality of his difficult earlier experiences. However, this might have subsequently inhibited his access to mental health support, due to possible difficulties with being aware of how he was feeling. All participants appeared to encounter difficulties with authentic emotional identification and (dis)connection. Their shared struggles with this, and their intra- and interpersonal dissonance seemed more apparent to them through the use of others as a guide and/or reference point, as illustrated by P5 above and P1 and P2 below.

P1 seemed to express his more encompassing feelings of shame and isolation after being asked whether he had any additional experiences alongside his positive recollections of growing up as a Jamaican man from a working-class family.

> *"Umm, honestly, it was just I… I thought all kids got hit. Like, I thought that's how you punish a child – is that your parents hit you, so… So, I won't say, I, you know, I didn't feel isolated. Umm, oh, let's have a think. Let me just put my mind's eye back into… one second [speaks to himself with eyes closed] How did I feel? Maybe I did feel isolated. I felt ashamed, definitely felt ashamed".* (P1: 5, 244 – 253).

His closing of his eyes to “put his mind’s eye back” in order to ‘retrieve’ how he felt about his experiences of PP growing up demonstrated his intentionality and authenticity in striving to access these memories, which he may not have accessed for a long time, perhaps to avoid feeling hurt.

> *“And for me, she kind of started seeing these tendencies in me. I was changing, and then my moods were a bit different, the way I address certain things, the way I talk about certain things. And for her, she would try her best to support me(…)but then I wouldn’t actually know what I need for the support at the same time(…)what I’m going through, I don’t know what I need from people who are around me that could support me, I don’t really understand what I actually need from them”.* (P2: 13, 685 – 708).

P2’s uncertainty regarding the support he might have needed from others suggests to me feelings of stress, anxiety, overwhelm and utter confusion which might have created further feelings of powerlessness. My interpretation is that these participants’ struggles, with what they were feeling, and the support they might have needed, illustrates the consequential impact cognitive and emotional dissonance and disconnection can have on their access to mental health support. Being unable to sufficiently identify their affect, and/or their needs, suggests possible feelings of confusion and helplessness, which can make it difficult for them to pursue support.

Despite the shared experiences amongst all participants, P3’s interpersonal dissonance and feelings of being misunderstood by his parents seemed in particular, to evoke much frustration. This seemed to emerge predominantly around his goals to pursue a corporate profession, despite their encouragement for him to just get “any” job, so he can earn a living.

> *“Like, I don’t care if I’m really jobless at the minute, as long as I’m tryna get myself into like [corporate work](…)like last week, I’m sitting down with my mom and dad, like, it’s just like I’m sitting there looking at these [---]jobs and my mom and dad are like, apply for this warehouse role, apply for this. I’m like, are you*

lot not getting it? They're like, what you mean? I'm like, you lot been ushering me for all these years to do this whole Uni thing, wanting me to do [course], but you're telling me to go work in a warehouse? They're like, oh, yeah, but the, just get your money. I'm like, bruv, I could go jobless for 5 – 6 months, as long as I step foot in an office, I don't care". (P3: 6, 311 – 327).

It is likely that P3's parents' wish for him to go to university, despite their indifference about his job choice, might have been due to their own historical experiences of scarcity, where "beggars can't be choosers" (P3: 8, 426). My interpretation is that P3 may have experienced this as invalidating. Furthermore, his experiences might have created an internalised sense of responsibility and pressure for him, as well as beliefs about letting them down, particularly as they "trusted him" to succeed.

"(…)when I was younger, I've always been like naturally educated. I've just, I've always understood things. So, obviously in the sense of education, secondary school, GCSE, A Levels, whatnot, like, my parents have always had that trust in me that I'm always gonna do well regardless.(…)when I done my GCSEs, obviously I was meant to get just A and As. But then, I only ended up getting one A and just straight Bs. So, obviously, to my parents, because obviously they've come just from a non-Uni background(…)like getting a B grade is completely fine innit. But to me, I'm upset".* (P3: 4, 196 – 215).

"I wanted to kind of like do an apprenticeship. So, umm, aside from that, once again, they relied on me to do well and umm, probably what they didn't know was that I wasn't doing well at the time. I don't know how I scraped a 2:1, quite frankly, because I took it for a joke a lot of the time. So, but once again, parents trust me. And then I think this is when you kind of realise…I don't know if it's just my family or it's like any other family, but it's like when I finish Uni, they were, they were happy like, yeah, you got the grade, you got the paper, but now it's like, ok… well you know, get a 9 – 5. And it's like, huh? [baffled expression.]" (P3: 6, 268 – 284).

My interpretation is that P3's internalised sense of responsibility towards his family, who were "relying" on him to succeed, may have created immense pressure, and a fear and shame of failure, which might have discouraged him from authentic self-disclosure, emotional connection and access to support from them, despite their lack of expectations beyond him just getting a job. The tendency to introject rigid perfectionistic standards and self-expectations, at times unfounded, was common amongst all participants, and appeared to obstruct their abilities to experience the vulnerability and closeness that seemed necessary to access support. This is further explored later.

Subtheme 3.2.2 explored participants intra- and interpersonal dissonance and their resulting feelings of confusion, pressure, stress and disconnection. It illustrated the impact conflicting beliefs, emotions and behaviours could have on access to mental health support, highlighting the dual role of emotional disconnection in threatening and sustaining Jamaican men's emotional safety.

3.3 Group Experiential Theme Two: Heavy Is The Head

Theme two is divided into two subthemes: a) "Mi Nuh Know – Mental Health Is Hard To Conceptualise" and b) "Mind-fullness". It explores participants' understanding and experiencing of mental health and helps to capture its impact on their access to support. Participants seemed to learn about mental health and how to navigate it predominantly through their experiencing of it. This theme also demonstrates the associated 'weight' of mental health when it is compounded by a lack of awareness and knowledge. In other words, some participants alluded to the burdensome 'abyss' of mental health, which seemed to impact their desires to pursue support, due to fears regarding what could emerge.

3.3.1 Mi Nuh Know - Mental Health Is Hard To Conceptualise

This subtheme aims to illustrate participants' difficulty and perplexity in labelling and making sense of mental health. The title, which means "I don't know" in Jamaican dialect, demonstrates some participants' incomprehension in understanding and navigating mental health.

The majority of participants appeared to experience some hesitation, and possible anxiety, in conveying what their understanding of mental health was, when asked. This is evidenced by their body language and change in mannerisms, as well as their responses. Four participants seemed to conflate their understanding of mental health with several confounding ideas.

> *"[long pause, rubs chin and smirks]…I understand it in my own words, but don't know how to portray it. Umm, I believe mental health is… an internal…. [big exhale] shit [laughs]. There's no right or wrong answer. I think mental health is just understanding the internal attributes your brain… [exhales] fuck! Sorry for the language [laughs and covers mouth]. Yeah, I think mental health is just like a part, a part in your brain that can just get affected by a wide range of different external factors that can make or break someone."* (P2: 8, 393 - 405).

> *"Mmm [smirks]. I think it could be anything to be fair. I mean, like for me, I mean I've gone through depression when I was 16. [noticeable exhale] Umm, it's hard to say in the wider sense what kinda mental health is. I mean, like I understand, I understand it in the basic sense, that it's just your mental wellbeing. It's what you think, how you feel, umm that's, that's obviously the best I could give…psychological I guess.(…) Umm, that's that's just all I'm able to say. [nervously smiles] You're probably better off just giving me an answer than I am innit?"* (P3: 6, 268 – 284).

> *"So, umm, I don't think… I can pinpoint a single thing that can determine whether a person has mental health… like a mental issue or not, but from my*

understanding of mental health, I feel like it's… well from my own perception of mental health, I feel like it's something that, umm…It's quite a difficult one [smirks]." (P6: 1, 40 – 47)

"I understand mental health to be [pauses and ponders]. I understand mental health to be, umm…(…)How healthy you are… in your mind [tentatively]. So, in terms of being able to control your own emotions. That comes a lot with mental health. Or like mental health is because you lack control… and the minute you lack control in your own life, you lack control in your mind and then, you can let other feelings go astray…" (P4: 11, 600 – 621)

Their conveyance of their understanding of mental health suggested to me that they might have experienced some anxiety and overwhelm defining a word that may have felt quite broad, but one they may have believed they 'should' know. This interpretation felt quite resonant due to several participants' tendency to introject quite high standards for themselves, alluded to earlier. However, another interpretation is that their difficulties defining mental health might have been a result of their lack of access to the necessary language they may have wanted to use to convey it. P1 and P5 seemed more firm in conveying their understanding of mental health.

"Umm, the mental wellbeing of your mind? [tentatively] I would say like how well you think, how you feel most of the time because, you only feel as good as how your mind feels, I, I would say. So, if you're in like a bad mind state, if you're thinking negative thoughts, then your body will probably follow too, you know?" (P5: 7, 329 – 336).

"I'd say mental health is an internal world that... An internal world that is both robust when it needs to be, so resilient, but one which is also loving and peaceful when it doesn't need to be resilient(…)I think that life has its difficulties, and if you don't have a robust mind, if your mind can't defend itself against the threats of society, then you are, you are likely to get hurt ." (P1: 9, 431 – 442).

Despite P5's definition appearing most aligned with the universal definition of mental health, P1's eloquence in conveying his understanding, without employing typically used language, suggested to me the subjectivity of mental health, as shared amongst other participants, and its resonance when people had the knowledge and language to access it.

For example, P2 appeared quite stressed in defining mental health. My interpretation is that the absence of the necessary knowledge and language, evidenced by his intra- and interpersonal conflicts, such as his struggles in identifying the support he would have needed during a difficult time, seemed to make conveying mental health an arduous task. Therefore, a lack of knowledge or access to appropriate language to express oneself, can impact their access to mental health support. All participants, like P1, shared that their own difficulties with their mental health inspired their curiosity to better understand it. P1's use of the word "defend" seemed to capture the immense struggle other participants endured in trying to maintain 'good' mental health.

P2 went on to express that it was through enduring a difficult first time experience that he ascertained that he was "not as strong minded" or where he needed to be mentally.

> *"And for me, it's going through that experience I've never really been through before, that kind of made me realise, ok, shit, that means my mental health isn't where it's needs to be, or I'm not as strong minded as I thought."* (P2: 8, 433 – 437).

P4 seemed to illustrate this through his avoidance of crying to his friend whilst going through a difficult time. This appeared to mirror P5's frustration with losing the respect of others if he were to be vulnerable and cry (P5: 3, 120 – 136).

> *"(…)my best friend, I think, tried to call me all the time and she's not getting through to me, and then eventually I start to feel a little bit better, so I answered the phone and started talking and she said, "Like, what you doing, just brushing?" Then out of nowhere, like I said, I had like random moments of like*

going up and down, I just got upset. And then the minute umm, my eye started tearing up, I just hang up the phone on her." (P4: 8, 433 – 437).

The sentiment of being "mentally weak", echoed by P6 'realising' he was human, after enduring difficulty, seemed to be shared across all participants, verbally and behaviourally. There seemed to be a collective belief that experiencing immense negative affect after a difficult experience suggested that they or their minds were 'weak'. Such beliefs can impact access to mental health support, through the lack of self-disclosure, as the subsequent shame from being seen as weak can increase self-reliance, and other typically masculine behaviours, such as aggression, in order to prove strength. P1 and P4 explained that they started boxing, as a possible way to defend themselves, due to difficult past experiences of feeling weak. This is further explored later.

Despite some difficulties in understanding and navigating mental health, a majority of participants appeared to be able to self-identify some common mental health symptoms while they were encountering a difficult time in their lives.

"(…)my symptoms of depression were mainly low moods, apathy, really slow movement, like walking through molasses, walking through custard, can't walk quick, can't speak quick, drop things, teary sometimes. Rage! Immense rage! But almost immense rage like you're backed into a corner and you're the size of a rat. And you know your rage is there, but you know how useless it is at the same time, so." (P1: 15, 757 – 766).

"(…)at the start I didn't really notice anything. I just kind of saw it as I was becoming a bit more quiet.(…)I wouldn't say anything affected me in terms of like physically or nothing, but my appetite started to go. I was just struggling to eat(…)if I had like a college break between lessons and it'd be like an hour and 10-minute break, instead of just being there, going out with my boys going to the football cage, I'd rather just go to my nan's house, sit there for 10 minutes

and go back. I'm just trying not to be around too many people." (P3: 15, 805 – 828).

"Bad mental health to me… so, during that time, when everything just felt upside down, what I was going through, I called it manic depression, where I wouldn't know the exact issue of why I'm feeling so down. It'll feel like everything and nothing(…)it's a build-up of many many little things that you push down.(…)So, the way that looked on me, not just mentally, but physically in-person was, not being able to enjoy the same things I would, having random mood swings throughout the day.(…)I think there was even one point in time I was like walking and I just got upset out of nowhere. And like thinking 'What's happening? What's wrong with me?'(…)I'm like 'Rah, this is actually an issue at hand right now, which needs correcting somehow…". (P4: 16, 827 – 854).

"It kinda gets in the way of everyday life(…)when you're anxious, suffering from anxiety and stuff, like, you can find it hard to sleep. That kind of takes on the effect of, you know, not being able to perform properly at work, or you know when it comes to having a relationship". (P6: 2, 89 – 96).

P1's metaphor of being "as small as a rat backed into a corner, at the mercy of immense rage" suggests to me the overwhelming sense of terror he seemed to have experienced, of his own anger, when he found himself in more depressed states. Although P1 was the sole participant to explicitly name and link his rage to his difficult experiences and negative affect, others, such as P5 and his teacher (P5: 4, 203 – 208), seemed to grapple with similar feelings.

"And moods where I'd just be quiet or I would just assume certain things that she's saying or I'd twist her words and then she wouldn't feel good about things that I'm saying and it just ends up being negative kind of around the board, to be honest". (P2: 15, 775 – 780).

"I think she ring my phone, and it turned into an argument very very quickly. The way I shouted now, couple days later I was like 'Damn, that's not how I normally talk [smirk]'. And it wasn't even about what I said, it's about how I sounded and the way I shouted. I feel like, when you get angry, you realise what parent you are. You're, like, your mother and your father and you kinda gauge how they are when they are vex kinda comes down in you. I feel like they always say that "You are your father's son". And there are certain traits about your parents of how they disciplined you when you were younger, the way they spoke to you, the way they shout at you now… that's it with my dad, he had a short temper in general now, you kinda, you hear your parent now and like, "Ahh, that's not me". 'Cause I know how I am, things don't affect me. I'm very calm and collected I would say, zn". (P4: 25 - 26, 1372 – 1392).

"I know it doesn't seem like it now 'cause I'm very calm, but growing up I always had a temper. Umm, I was really bad in school, and some, sometimes I didn't really… Because, because of how my dad is, and I feel like I couldn't act out in front of him I'd sometimes, I didn't know how to [smirks] express my aggression [confused look]". (P6: 11, 548 – 556).

Despite feelings of anger, participants' expression of this, as highlighted above, appeared to be quite censored and would only emerge, perhaps when they felt emotionally overwhelmed. One interpretation is that participants' relationship with anger/rage is reflective of what was modelled to them, as evidenced by P4 being his "father's son". Another interpretation here, is that participants, similar to P1, seemed to suppress their affect, particularly anger, due to the societal connotations associated with the "Angry Black Man". This is underscored by P1 who described his experience of being labelled as 'beast-like' (P1: 19, 1009 – 1015). Such an aggressive and violent sense of self perpetuates beliefs around being 'bad' and 'monstrous'. This can impact access to mental health support amongst this demographic as they may be perceived as violent and more problematic than they are, which may inhibit them, out of fear of their own safety and wellbeing.

Some participants appeared to find labelling their emotional experiences more difficult than others, and so, seemed to benefit from the feedback of those within their social circle, such as a partner (P2: 13, 685 – 708), friends (P4: 17, 895 – 908) or parent, as evidenced below:

> *"And then I just started speaking to my parents about it. So, they kind of gave me like an inkling and then I remember, it was just like my mom just being like, 'You might be going through depression'. And I'm like, 'Naw, I don't think so'.(…)that's when she, she said like, 'I've picked up on it. I picked up on your behaviour changes, like you're not coming into the house with the same energy, because I will come inside and I would just start talking my, my lungs away. She's like, 'You're not eating the same way, you're looking a bit skinnier, you looking a bit more tired and upset'".* (P3: 17, 881 – 895).

My interpretation here is that participants benefitted from the support of others, despite not explicitly seeking it out. However, it appeared to be facilitated by a degree of 'implicit openness' which seemed to be brought about by an acknowledgement of changes within their behaviours by loved ones – those who 'knew' them. Therefore, access to mental health support amongst participants can be impacted by their degree of openness and connection.

Subtheme 3.3.1 explored participants understanding and experiencing of mental health. It has explored common mental health symptoms amongst men, particularly anger, which seemed to be influenced by several factors. Participants seemed to find it difficult labelling and expressing their emotions, which perpetuated their distress. Support from others in navigating this helped.

3.3.2 Mind-fullness

This subtheme explores participants' degree of mental and emotional 'saturation' due to their sense of overwhelm in navigating their difficult life experiences. Participants

appeared to experience a degree of mental and emotional 'fullness' which often seemed to be incited by a lack of emotional awareness and avoidance – suppression and repression. Some participants' appeared to have the capacity to identify signs and symptoms of their increased distress, whereas others found this more difficult.

P1's navigation of a difficult mental health experience seemed to lead him to 'breaking point'.

> *"So, for me, it was the point where I honestly thought I was going to lose my mind. I've yeah, that's it. I thought I was going to lose my mind… I felt that my mind was going to break".* (P1: 19, 981 – 998).

He described the navigation of his mental health difficulty as being trapped in a small shrinking room with a beast outside the door trying to kill him.

> *"(…), in my mind, it feels like I'm trapped in a really small room. And in that small room, everything is neat, and everything is tidy, and I have full control. But that room is getting smaller, and every time I step outside that room, there is a big dark beast which is trying to kill me."* (P1: 12, 603 – 609).

P1's use of "break" to describe his mind elicits the image of a shattered piece of glass and evokes a sense of fragility regarding his mental health. This suggests to me how vulnerable P1 might have been whilst going through that experience. It reminds me of P6 who only seemed to realise that he was human once he started to become more emotionally aware of the mental health difficulties he had been experiencing.

The delayed emergence of participants' awareness of their distress appeared to significantly influence the overwhelming intensity with which they experienced their adversities. P2 described his experience as a child being stuck.

> *"I've never really been in something prior to that kind of going through some things, and then when you're going through, you have no idea what to really do*

> *[nervous laughter](…)And then yeah, that's when I think you get into your own head, and this is at a point where I weren't really talking about it to anyone(…)you just kind of end up dealing with these problems by yourself and then it keeps getting darker and darker, to be honest(…)it's like giving a child car keys. Like, they're not really gonna know what to do with it. And then it's end up in a… stuck. They're stuck".* (P2: 11, 548 – 575).

P2's use of "it's like giving a child car keys" suggests the utter confusion he seemed to experience in navigating this time in his life. Furthermore, it hints at the heightened potential for danger/harm, 'a child driving a car', and the immense sense of terror, and possible anger, that was associated with it. This appeared to be influenced by his tendency to let his emotions "bottle up".

> *"(…)understanding that mental health is a journey and it's not always sunshine and rainbows and sometimes it's rough and horrible and awful(…)Because I think a lot of the times, there was a point where I weren't really talking about things, I was just kinda letting it bottle up. And that's when it kind of started affect, it started affecting me the most".* (P2: 9, 445 – 456).

Similarly, P4 appeared to reflect an 'emotional saturation/fullness' that resulted in those closest to him becoming aware that something might have been 'wrong' with him, due to his unusual social withdrawal and lack of emotional self-disclosure.

> *"More times out of ten, I'm just gonna ghost everyone and find a way to deal with it by myself. But when going through a large down spiral, it's not a couple days that you're gonna feel so down it goes on(…)It gets to the point where people around you start to notice – you're not acting your usual self. I was getting messages from my friends saying like, 'Wah gwaan, like what's happening?' because I'm not posting on social media, I'm not interacting in group chats and slowly they realised that there's something wrong with me".* (P4: 17, 895 – 908).

The associated frustration with his inability to interact with his friends as he normally would, in order to hide his difficulties, suggests the extent of the distress and helplessness he had been experiencing at the time, as well as how common it was for him to suppress his emotions. P4 later reports in Theme 3 some of the reasons he often opted to suppress his emotions and navigate mental health difficulties on his own.

Similar to P4, P1 and P6 appeared to knowingly suppress their emotions, despite the significant psychological costs. P1 reported that it was the suppression of his authentic affect, rage, that led him to feel as though his mind was going to 'break'.

> *"Yes, suppression. Suppression. There were parts of me which I didn't know how to express, that I thought were non, they were unsuitable to express. When you've been labelled as, and you've been given this image of being violent or aggressive or beast-like, you, I ended up suppressing that beast".* (P1: 19, 1009 – 1015).

P6 described his longstanding struggle with depression as akin to "running with like a knee injury".

> *"It's like, it's like, just ignore the pain. It's like running with like a knee injury or something. I just tried to kind of do that".* (P6: 7, 340 – 342).

P6's description of his depression as "pain", and his metaphor of running with an injury elicits the image of a runner with a possible limp, determined to finish the race, but deeply hurting and needing their body to compensate. This metaphor evokes feelings of frustration and disappointment that his body let him down, as well as a sense of worry about doing further damage. This suggests to me the complexity of P6's experience, despite his capacity to "ignore" it. One interpretation is that similar to P1, P6's enduring experiences of difficulty appeared to tremendously increase his emotional resilience, but at a grave cost. However, another interpretation is that both P1 and P6, similar to other participants, might have 'resigned' themselves to the

emotional pain, due to beliefs that “that was how life was”. Consequently, this may have impacted their desires to access mental health support, not only due to self-reliance, but also due to a lack of awareness of ‘better’, and/or beliefs that they were undeserving of it.

Despite the diversity in participants’ affect, and reasons for suppression, “letting it bottle up” did not always appear to be purposefully done. Emotional ‘saturation’ or ‘mind-fullness’ seemed to involve both conscious and unconscious/automatic processes which posed detrimental consequences for access to mental health support.

Heightened distress and declining mental health amongst participants appeared to present predominantly quite physically and behaviourally. During these times, a majority of participants also experienced thoughts about dying.

> *“I think body language and I think maybe even the way I; I would say things. I think I would say things with some, with more negativity. I wouldn’t be very positive(…)I would be making silly jokes about, oh yeah, now soon I’m gonna end up getting a rope, or something like that(…)even though I’m not saying that I wanna commit suicide, but having, saying those sort of things just brings out negative energy in itself, and I’ll be making jokes like that(…)comments about myself thinking I’m just being shit(…)just self-doubting me on, on a wide scale”.* (P2: 14, 754 – 774).

> *“(…)so, before I say what happened(…)I don’t agree with suicide. I feel like suicide is umm… a very very selfish act. And, it’s not about yourself(…)You kill yourself now, and you feel nothing(…)The effect is on everyone you love, and you care about. So, for that act alone, I’m gonna call it something selfish”.* (P4: 16, 854 – 866).

> *“So, it’s like when I was going through that downward spiral I was like, I had that thought not, but then at the same time I had that thought, that suicidal*

thought, like "I don't want to be here now", I thought, 'What the fuck is wrong with me?' Because I know how I feel about it now, and for me, that was like umm, an eye opener(…)". (P4: 17, 884 – 892).

"And then in like teenage years, it got to a point where I'm like, "Wow, would death really be that bad?", you know? You get into that dark space and like you're, you're wondering "Ahh, it can't be that bad", you know?" (P5: 18, 959 – 964).

"If we're on the more serious side of the spectrum, but still serious serious side of the spectrum, then, if I feel like I have a thought in my head about, I don't know, oh, I just wanna die, I just wanna die, or something like that, I don't wanna be here anymore. Then that's the more serious side of the spectrum. But, both are still very serious enough for me to reach out". (P6: 13, 691 – 700).

Participants' experiences of suicidal thoughts were interpreted as a significant 'eye opener', as they appeared to highlight the magnitude of their distress, and served as a 'marker' to "deal with the issue" (P4: 17, 892–893). The emergence of these thoughts, or "jokes", particularly during periods of heightened distress, suggests a dissonance between their usual sense of self and these disturbing cognitions. This was evident in participants' efforts to make sense of their thoughts. P4's need to preface his disclosure with a disclaimer about his stance on suicide suggests to me that these thoughts might have been atypical, and therefore, frightening. Despite their terrifying nature, these experiences of suicidal thoughts appeared to serve as a catalyst for participants to 'seek change', whether independently or with support. This is further expanded on later.

P4's account, illustrates the insidious and paradoxical nature of suicidality, revealing its dual impact: that it is both a source of profound distress and a motivator for self-awareness and action. Interestingly, his unforeseen experience of having suicidal thoughts, whilst enduring adversity, seemed to birth a deeper sense of empathy towards others who "got that low".

> *"I wouldn't see that [suicide] as it being me, me, me as someone being selfish with your own problems. But it's more in terms of how much they love you(…)that's the effect that you're going to have on them now if anything ever happened to you. I wouldn't call that a selfish act. And that's why it kinda brings full circle to like my thoughts on suicide and thoughts on everything else".* (P4: 18, 965 – 974).

One interpretation is that P4's initial formulation of suicide, as a selfish act, seemed to serve as a protective factor, to avoid emotional harm to his loved ones. However, this approach appeared to dismiss his own actual experience of distress, as his anguish seemed secondary to the perceived harm it would cause others. The trade-off between 'saving' oneself or 'protecting' their loved ones can create a moral and emotional conflict that can exacerbate feelings of isolation and guilt, leading to overwhelming distress. This poses crucial implications for one's access to mental health support, as dichotomously framing this process, may in itself act as a barrier to accessing support. Similar to other participants, P4's experience of suicidal thoughts appeared to serve as a tool to help him better understand the extent of mental health difficulties, and to better empathise with himself.

Subtheme 3.3.2 explored participants sense of significant overwhelm and its associated consequences, which appeared to be closely connected to suppression and repression. Furthermore, it elucidated the insidious nature, and nuanced function of suicidality, it's ego-dystonic relationship with participants, and the subsequent consequences it posed for accessing mental health support.

3.4 Group Experiential Theme Three: I Am An Island

This GET encapsulates the paradoxical dynamic of participants craving connection but feeling compelled to maintain self-reliance, a trait shaped by experiences of hardship, otherness, and internalised messages of self-responsibility. While their hopes for connection remained strong, their need for self-reliance often led to social

isolation, and made it extremely difficult for them to seek external mental health support.

3.4.1 Prove Yourself: Actions Speak Louder Than Words

This subtheme explores participants' navigation of their relationships and the role these interactions played in their capacity to establish and maintain secure and healthy emotional relationships. Behaviours, particularly of others, appeared to play a critical role in participants' negotiation of safety and connection (for access to mental health support).

All participants seemed to be impacted by the behavioural messages they received within their relationships. For example P5 spoke extensively about the depiction of (no)love within his family, particularly from his father. However, it appeared that his mother's deep concern after hearing him express a desire to die, due to his turbulent relationship with his father, is what allowed him to realise that she loved and supported him.

> *"That, that time would probably be the time where it was like at its peak. It was, it was so bad. And it got to a point where I was having a dispute, uhh, dispute with my father, and I must have said something that made my mom come into the kitchen, and she was like, what did you say?(…)but, it was, it wasn't out of like disappointment, it was out of, like, I guess, fear… on her end.(…)So, I had to just like lay it all out, I was crying, it was bad. But she's like, if you ever have a problem, make sure you tell me [pause] because I don't want you to be going through something and I don't know, as I'm your mother(…)that was the time where I decided, she's right, I should tell her everything. 'Cause this is a safe person I could go to."* (P5: 9, 475 – 498).

My interpretation is that earlier experiences of his mother encouraging him to yield during disputes with his father might have led to the development of beliefs that his

mother did not in fact love or support him. His astonishment that her response was out of possible fear, rather than disappointment, suggests to me that he might have had his own fears and assumptions around letting her down, by admitting the level of hurt he was experiencing at the time. However, his opportunity to "lay it all out" suggests that she provided a corrective emotional experience that was sufficient enough to prove that she did love him and that she was there for him. This appeared to increase the closeness within their relationship. Being taken "seriously" was an important factor influencing P5's desire to emotionally disclose.

> *"So, yeah. Obviously, I spoke to a lot of people and told them my problems, all that stuff. But then, I guess, there's only some people that really cared. Like, some people that I really talk to today are my best friend, he probably takes it way more serious than a lot more people".* (P5: 10, 529 – 535).

P5's desire and emphasis on being taken seriously, even within his friendships, suggests that his earlier experiences of being emotionally dismissed and invalidated might have had a lasting impact on his sense of trust, safety and esteem in navigating his relationships. This is further underscored by P5's often reiterated belief that "most people really don't care*"* (P5: 10, 522 – 523), despite his confiding in them. Such an ingrained perspective poses challenges for his access to mental health support, as it can leave him feeling isolated, even in the face of support. Consequently, P5 seemed to create quite rigid rules and expectations of his relationships in order to ascertain their strength and validity. These rules also appeared to serve as an emotional 'safety net' as he was able to have the certainty of support within his relationships, something he may not have been afforded growing up.

> *"I guess one trend that made me like realise that 'Ahh, you're, you're really my friend', or if you're not really like messing with me, is(…)your friends is someone you expect them to tell you the truth, no matter what, no matter what if it hurts you, no matter how it makes you feel, you expect the truth, 'cause that's what real friends do, they always tell you the truth.(…)but I learned from there, like 'Ahh, you're willing to lie, how can I trust you with my problems?' You*

know?(…)So, you just branch away from those people. Like you don't wanna interact with them anymore. And then when it comes to like the real people around you, they won't lie to you. They'll tell you the truth no matter how it feels. So, like, you know. Those are the people I decided to talk to". (P5: 11, 544 – 582).

His rules regarding what constitutes to "really being his friend" reflect characteristics of all-or-nothing thinking. This dichotomous approach may pose the risk of emotional distress and a breakdown within his relationships and support network if not adhered to, ultimately limiting his opportunities in accessing mental health support.

Similar to P5, P6 also appeared to find it difficult navigating others' authenticity, particularly with regards to friendships.

"(…)it comes to like friendships and what not(…)I find it really hard to tell when a person's a hundred percent genuine with me and I'll get scared of trusting people. So, I wouldn't, reaching out to a friend or something won't always be my first resort". (P6: 11, 587 – 593).

P6's admission of being "scared of trusting people", even those he would consider friends, evokes a deep unsettling sense of confusion, heartbreak and loneliness. One interpretation here is that his decision to not initially reach out to his friends might be due to his desire to competently attempt to manage his difficulties on his own. However, another interpretation is that his warped core beliefs and strong sense of self-criticism, possibly predisposed and maintained by very traumatic (relational) life experiences, may have left him deeply untrusting of others. This might have left him needing similar degrees of safety and certainty as P5.

"(…)I was already close to getting stabbed and losing my life at 14. So, when it comes to my friends and… ever since then, it comes to my friends and who I trust [shakes head], I'm just very cautious with it(…)I don't show a vulnerable

side to everybody like that. Umm, I feel like if I do that to you, if I show you that side of me, and you kind of disrespect it in anyway, I don't know, whether you dismiss my feelings, once I've trusted you with my heart [touches heart] and everything, or I don't know, even be in a relationship and being cheated on, or I've told you some sensitive piece of information and you want to tell the whole world about it and go and expose, expose that side of me which I don't, which I keep hidden away from everyone else, then you're disrespecting my trust. So, that's kind of like the way that I am, now". (P6: 14, 736 – 758).

P5 and P6's experiences of navigating social connections and employment of rigid rules regarding what constitutes a friendship and/or emotional closeness and disclosure, seem rooted in painful and traumatic early experiences. Accordingly, both participants appeared to require substantial evidence of trust and consistency in 'showing up' within their friendships. Interestingly, despite their distressing experiences within their relationships, both participants displayed an openness to connection, albeit as long as it was safe. My interpretation is that both P5 and P6's early experiences of difficult relationships have left them sceptical within their social interactions, with a necessity for clear and reliable boundaries and expectations, before allowing themselves to 'safely' emotionally engage with others. This may appear quite emotionally demanding for a man, particularly a young Black Jamaican man, in society. Therefore, their deep desire for this safe and consistent connection and opportunity to access (mental health) support may be compromised by factors such as their sense of self, stigma and/or societal norms.

Contrastingly, P4 seemed to be more purposefully emotionally distant with several people, including his mother, who despite her expression of support and concern, particularly when he was experiencing a difficult time at university, still appeared to leave him somewhat sceptical.

"(…)that kinda comes back to my parents and I would rather deal with the issue first than come to them.(…)I eventually ringed my mom and spoke to her about how I'm feeling, with feeling down and not enjoying my environment. To be

honest, I feel like eventually things started getting a bit too much for me. So, me going to her now is a bit like a cry for help. I feel like every single child, when that issue happens and they kinda like run back to their parents(…)and all they need is that adult figure now to try help them out, in a certain sense. That would have been me in that moment where being spent so much to the point where, damn, I'm now gonna, umm, go against my own belief of doing things for myself now, tired of looking for the answer because at that moment in time, I didn't have the answer to anything. And even though I don't enjoy speaking to especially family about certain things, you have to understand that no matter what, the person who raised you(…)it's the people that are gonna be there for you now no matter what." (P4: 23, 1231 – 1260).

His indication that going to his mother was a "cry for help" suggested to me, firstly, the profound devastation he felt at the time, and secondly, that she was his 'last resort', as he had hit "rock bottom" (P4: 23, 1245). His admission of acting against his own beliefs, coupled with his disclosure to his mother, despite his discomfort, evokes the image of someone in captivity – powerless and forced to act against their will in order to survive. This suggests to me the true severity of his experience, which he seemed to have minimised.

"So, for me, I'm gonna say as much as I feel like I need to say to get the answers which I need. So, me saying just the surface level and not going into full detail of how I'm feeling now was enough for me to get the right answer(…)and that helped me out.(…)I say what needs to be said rather than having to go in the whole detail and be over worried about… because that's what I don't really like, cause people might take onto your problems and have an overreaction to it… Well not really an overreaction, but on your side, you might see it as an overreaction". (P4: 23, 1261 – 1281).

P4's repetition of "overreaction" and his suggestion that his perception of others' responses might have differed from their actual reactions, suggests that what he considered as an "overreaction" carried significant implications for him, possibly even

a sense of ‘danger’ or risk. His caution around the level of detail he shared with his mother suggests that disclosing too much to her could have negative consequences, whether in terms of emotional overwhelm or an undesirable response. This guardedness in discussing his emotions seemed to stem from his desire to avoid discomfort and emotional overwhelm. However, this can inhibit his opportunities to be vulnerable and to emotionally connect with loved ones, which can impact access to (mental health) support.

> *“I don’t speak to my parents about my emotions or how I’m feeling in that sense because, again, I feel like talking does nothing… like, what’s the point of me talking? With my mom, I didn’t really get into what I was feeling because again, I’m not comfortable yet, like that.” .* (P4: 17, 912 – 922).

One interpretation is that P4 might have found emotional disclosures to his family, particularly his mother, incredibly terrifying and perhaps unsafe. This might have been due to the possibility of being emotionally ‘hijacked’, where in disclosing the extent of his difficulties, he could induce tremendous worry and dysregulation for her. This could potentially evoke feelings of guilt for him due to worries that he would then need to look after her. This interpretation seems to align with P4’s sense of being the person people ‘turn to’ within his social network.

P4’s desire to be self-reliant and emotionally independent might be due to the ‘weight’ and terror of trusting and relying on others, due to the devastating fear of being invalidated or have his difficulties minimised or hijacked. However, this appears to come at the cost of emotional intimacy, a wearisome forfeit that P4 appears to make until he needs a ‘top-up’. However, this can impact his opportunities and capacity to access mental health support due to an avoidance and lack of emotional self-disclosure.

Although P1, P2 and P3 also encountered difficulty navigating their social connections, they appeared more open to creating opportunities to connect with others.

"I'm quite grateful that I have… There's a massive [spiritual] community in [---], and [---] is a meditative religion. So, I learned how to meditate more through my friends who are [---] and that's really helped me to explore my internal world as well". (P1: 18, 956 – 961).

"I think speaking to like-minded individuals. People that's kind of been on the same journey as me and understand that yeah(…)going out of my way to have those conversations with people who are in potentially in positions that I wanna be in, or financially or mentally or whatever it is. And it's having an open conversation that's saying, this is what I'm kind of going through and say, 'Bro, this is normal…".(…)And for me, it's just, I'm making sure that I'm mentally strong to make it happen to be honest.(…)another thing that kind of pushed me to it is, there was a point where I joined this mentorship programme. So, it's this guy called X(…)what he does then it's like a program where men can join who've gone through certain things like either like, well not just mentally, like if they've got drinking problems or drug problems or how they are with their families… basically join the programme and help you with your fitness goals and hold you accountable". (P2: 24, 1234 – 1277).

"(…)I think I had like one thing I'd always say is that just talk, you know? That for me… I'm, I'm one of those people where like, I will drop anything to go talk to my friends. Like if my friends just wanna talk to me? I will, I will drive half an hour down the road. I'll say, 'Cool, I'll pick you up, we'll go to like a viewpoint, go for a walk and talk. If you wanna have a drink, you can have a drink, but you can talk'. So, I just think that people just need to speak a bit more, like sort of like discussion about mental health(…)I'm just a giving person. So, I think where I've seen a lot of my life where I've kind of gone through a lot, I think(…)I just give a lot to the people that I love because that's just my way of doing it. I'm not really someone that likes to tell someone that I love or appreciate them. I'd just rather to show it(…)" (P3: 14, 735 – 761).

P1 – P3 all appeared to establish healthy working relationships that seemed to help them manage their mental health. My interpretation is that their engagement in activities whilst navigating these relationships helped to create a sense of community, driven by a purpose – to meditate in P1's case or to exercise in P2's. P3's friendships, despite not explicitly seeming to have a goal, appeared to operate on the premise of showing love, understanding and care through action, by 'showing up' and "dropping anything to go talk". These approaches to social connection seem to foster a more engaging and possible male friendly way of accessing support, through the graded approach to emotionality/emotional intimacy.

Subtheme 3.4.1 explored the role actions played in shaping participants' sense of self and their relationship with others. It explored the depth of trust that may be necessary to create and maintain relationships amongst participants. Finally, it highlighted some factors that may be barriers and facilitators for access to mental health support amongst men.

3.4.2 No Man, Mi Gud (Don't Worry About Me, I'm Alright Thanks)

This subtheme explores participants' resistance to accessing support from others, particularly professional sources. It illustrates the nuanced function of some participants' self-belief, and its impact on their access to mental health support. It also explores participants' fears and necessary adaptations throughout their lives, that allowed them to be able to become people they could trust, and perhaps be proud of. Accordingly, these experiences posed several implications for participants' access to mental health support.

Akin to P6, who only realised he was "human" after enduring immense adversity, some participants seemed to share a strong sense of self-belief regarding their capacity to overcome difficulty. This seemed to impact their access to mental health support. P2, despite his difficult relationship with his father, and his sense of otherness and isolation within, and outside of the Jamaican community, described that for a long time he saw

himself as mentally strong. He expressed that this changed after experiencing mental health difficulties on embarking on a business venture.

> *"I think for a very long time in my head, I said I believed like I never really went through any sort of like mental health, or, my mental health was strong as anything. Like I've never really gone through any problems, I was always a strong minded individual."* (P2: 8, 419 – 425).

My understanding here is that he may have completely overlooked, minimised or disconnected from his adverse childhood experiences growing up. His use of "strong as anything" to describe his mental health suggests to me the undoubted robustness he believed he possessed in navigating difficulty. This sentiment seemed to be shared by P4 who held the belief that people had the answers to their problems within them and so did not require additional support.

> *"And that kinda comes down to my whole thoughts on regular mental health, where, you can deal with it, by yourself, without the need of drugs or an actual, let's say like teachings to a certain extent now, of like directing and telling you what to do, it's your body, and more times out of ten, all the answers are inside of you now."* (P4: 19, 1024 – 1032).

Though P4's use of "regular mental health" could insinuate more common mental health problems, my interpretation is that he may have actually underestimated the extent and severity of some mental health difficulties. This might have led to his belief that they could all be resolved solely through internal resources, and without external input. This seemed to reflect his understanding of mental health – the capacity to have control over one's mind. A significant contributing factor to his commitment to maintain control over his mind seemed to be his introjected sense of responsibility, particularly for others.

> *"I would say umm, my role in a friendship, is usually the person who will take up the troubles of other people and help them. But when it comes to my own*

problems, I'm gonna keep it in and deal with it myself, because I feel like, why am I coming to you venting about my issues, when my advice to you is me wording things a certain way, so you can get your own answers? (P4: 19, 1024 – 1032).

P4 assuming the role of "taking up the troubles of other people" within his relationships conjures the image of a saviour or superhero, similar to P6, who is able to provide safety and security to everyone. My interpretation is that this exaggerated sense of self may have possibly originated from his early experiences of introjecting high standards for himself, due to beliefs that he could not make mistakes, as well past experiences of feeling uncontained and possibly unsafe with emotional disclosures. Therefore, though his capacity to be a source of knowledge and refuge within his relationships might have increased his self-confidence in managing his own difficulties, it also seemed to be a hindrance in him accessing support from his social network.

"I care a lot about building the strength of my own character, which is being a bit more wise, being a bit more respectful and understanding myself to the point where I can be that person where everyone runs to. And when it's my own issues, I know that all the answers are already inside of me and I can actually find that, find that out to help myself rather than having to rely on other people". (P4: 23, 1222 – 1231).

P2's wish to help himself, rather than rely on other people, contradicts his behaviours in being someone that others can rely on. This suggests to me that his desire to be self-reliant might have been influenced by possibly painful experiences of being let down and/or feeling unsafe with others. Both P2 and P4 appeared to approach mental health from the perspective of self-development which seemed to buffer their experiencing of difficulty and helped them to better navigate it.

"I went through the therapist, I didn't really speak about emotions. I just spoke about things that I think as a person I need to improve on [giggles](…)I said, let

me see a therapist as me seeing where my flaws are and what can be improved.(…)I did, I just went, I just went through, went on a basis that I'm going through a big change in my life in terms of my career and what I'm doing, and I thought like I'm not making the right moves that I should be to kind to get to where I want to get to. So, I didn't go down the mental health angle, I kind of went down the self-development angle." (P2: 21, 1136 – 1144).

P2 appeared to be more inclined to access mental health support when it was labelled as self-development and excluded the exploration of his emotions. P2's lack of mental health understanding might have made possible discussions around emotions quite daunting, leading to both him and P4 reframing their experience through the lens of self-development. This may have felt less emotionally invasive and more empowering as men. However, this may have perpetuated emotionally avoidant behaviours like self-reliance and social isolation, which can impact access to mental health support due to the lack of authentic emotional disclosure and connection with others. This was also illustrated by P3. However, both his and P6's decision to not access professional mental health support seemed much more tentative than other participants when asked.

"Like, I've gone to psychologist meetings before.(…)Now, probably not, but I can't, I can't say never.(…)I just think now, I'd rather just work on myself. Where I'm, where I'm always kind of looking at myself in a way to see is something's wrong with me, or if I can improve and I kind of just would realise on myself or something a bit off for me to be fair. So, umm, would I go to a psychologist? I'm not saying never. Umm, but I would rather just be able to tackle it myself. And, if there is a scenario where I do, then I'll do it." (P3: 30, 1600 – 1638).

"I've not been therapy. It's not that I don't think it's for me, I'm just kind of scared to do it, I guess(…)my mental is something that is very sensitive to me, so it's like I don't know if(…)it's just this thing that's kind of been there from, you know, as long as I can remember and umm, its… It hasn't gone away,

and I'm kind of scared that if I try therapy and it doesn't work, then I'm kind of scared that, of the thought… I'm just scared of it not working, put it that way. I don't, I don't wanna be stuck in this whole loop where I'm thinking, 'Oh, if this doesn't work, when it's worked for so many people, would I be stuck in this loop for the rest of my life in terms of mental health?'" (P6: 17, 907 – 936).

Unlike P3 who might have been more tentative due to his history of previously accessing support, and a desire to "tackle" his difficulties on his own, P6 seemed more tentative to access professional mental health support due to fears of it not 'working', and him becoming 'stuck'. This conjures the image of being trapped and being forced to repeat the same thing, despite no change. It evokes feelings of immense (dis)stress. Although P6 was the sole participant to verbalise or name this fear, this might have been shared amongst other participants. This seems evidenced by their strong reluctance to pursue professional mental health support. However, one interpretation is that this might have been less vocalised due to the consequences of participants being perceived as weak, or perhaps broken, due to a skewed self-concept.

P1, like P4, seemed to pursue developing the strength of their character through boxing – a sport often considered quite tough. Both P1 and P4 seemed to actively pursue this after physical violence – P4 after a racial attack at university and P1 due to his father's infliction of PP.

"(…)I realised, I never wanna feel weak again. So, that's took me, taking gym, and perhaps boxing more seriously as a by-product. Because I think at that time, I wasn't boxing.(…)So, from that moment on I'm like, oh, I'm gonna put a bigger focus on improving myself now to make sure I can never feel weak again. Because even if it's not about myself, it's about people that I love. Making sure, that I can't be in situations where I can't be someone that they can call on if they're ever in a bad moment or bad situation." (P4: 22, 1205 – 1220).

"Maybe, maybe I did feel that in some ways. Maybe that's why I got into boxing to try and reinstate, partly, partly why. It was partly to defend myself at

school, but it was also to, to maybe step into that masculinity a bit more." (P1: 5, 263 – 268).

My interpretation is that their commitment in pursuing boxing emerged from them no longer wanting to feel weak or 'less than a man'. This emphasises the role physical strength and ability play in the identity of being a man and explains their desire to be seen and respected as such, predominately for P4 through self-reliance. However, P1 appeared to possess the capacity to display strength physically, as well as to emotionally connect with others for support, which seemed to leave him feeling more secure in his capabilities. He explained that he now saw himself as an asset when experiencing difficulties, due to his experiences of learning (from) and being supported by others.

"(…)thankfully now I can say myself. Myself, I'm an asset when I'm going through a tough time, I can rely on myself." (P1: 20, 1064 – 1066).

P1's use of "asset" and "rely" suggests to me that his diverse experiences of difficulty, but also of being supported, allowed him to develop a positive and balanced sense of self that he could trust to act in his best interests. This suggests to me that though self-reliance may have been born out of emotional scarcity, a more balanced approach, might provide a more sustainable navigation of mental health difficulties and access to support, where necessary – as one can be both self-reliant and open to support.

On the other hand, P5, who echoed the self-belief displayed by P4, seemed to strongly disagree with pursuing mental health support from professionals.

"Is, is mainly for the fact that if you go through problems in life, what's the point of going to a person that's getting paid to help you with your problems… like… Why, why should you go to them to solve your problems, where you could just attack it from the root itself?(…)if you're, if you're feeling a way, and say I have gone to another human, most times that does know me about it. Just find out where the source is coming from… who or what is hurting you, and then

approach it. That's the only way that most times you can get rid of a problem.(…)Because going to, going to say, like therapy… once a week, for like what, 10 weeks for stuff. What are you really going to accomplish? Like, that you couldn't do by yourself?" (P5: 27, 1467 – 1489).

P5's questioning of its usefulness seemed to evoke quite strong feelings of contempt, and a desire to actively pursue support-seeking through family members where necessary. However, his simplistic conceptualisation of managing addictions seemed unfounded, as this was not an approach he took when navigating his difficulties.

"Say that's… if it's with like an addiction that you have or a family member, you could literally go talk to the family member and say, ahh, I feel like this, and I want you to know… and is there any way we can solve it?. Solve it. I think it's way better than going to therapy and saying, 'Ahh, they make me feel like that'. Why are you telling them? Just go to who you're talking with, you know?" (P5: 28, 1498 – 1507).

My interpretation is that P5 might have developed strong negative erroneous beliefs about therapy and conflated his understanding of mental health problems. This might have been perpetuated by possible self-stigma developed from the impact of growing up exposed to hegemonic narratives around masculinity and mental health, and experiences of possible emotional neglect from his parents.

Subtheme 3.4.2 explored participants hesitations regarding accessing mental health support and elucidated the nuances of self-belief in this context. It also highlighted the lack of mental health literacy amongst participants and the implications it posed for the understanding of their mental health. Finally, this subtheme explored the range of affect displayed by participants that served as driving forces behind their decisions to (not) access support.

4 Discussion

4.1 Overview

As evidenced within the literature review, the lack of research comprehensively exploring access to mental health support amongst young Jamaican men from working-class families within the UK, highlighted the importance of this study. The interpretative phenomenological analysis of participants' interviews presented three main group experiential themes (GETs): *Incongruent, Heavy is the Head* and *I am an Island*. These findings offer valuable contributions to counselling psychology as they provide insight, through a critical realist lens, into the agentic manifestations of, or responses to, the structural barriers that impact help-seeking amongst this demographic. This reflects the striated organisation of critical realism which conceptualises a layered reality where *real* structural mechanisms, such as racism and poverty, interact with the *empirical* lived experiences of participants (Fletcher, 2017). Rather than viewing Jamaican men's access to mental health support as confined to systemic factors only, this study highlighted their agency and capacity to negotiate and navigate distress and support in ways that aligned with their self-concept and sociocultural realities, despite not being sustainable in the long-term – redefining 'access to mental health support'. By illuminating these complex intersections, this study underscores the need for culturally sensitive and male-affirming approaches that acknowledge and mitigate both the structural and agentic barriers to accessing external support amongst Jamaican men from working-class backgrounds within the UK.

This chapter will begin with a summary of the research findings, followed by an analysis that links these findings to existing theory and literature, particularly the Network Episode Model (NEM-II; Pescosolido et al., 2013) and the Integrated Behavioural Model of Mental Health Help-Seeking (IBM-HS; Hammer et al., 2024). Furthermore, this chapter will highlight how this research has contributed novel findings and extended existing knowledge and understanding of "help-seeking"

amongst this demographic. The strengths and limitations of this research, clinical implications and applications, as well as recommendations for future research will be explored. Finally, the chapter will present the researcher's personal reflexivity.

4.2 Summary of Findings

Access to mental health support amongst young Jamaican men in the UK from working-class backgrounds is not simply a matter of available resources or services; it is profoundly impacted by complex intersections of their identity, cultural (self)expectations, and societal (self)perceptions. The findings from this study revealed the nuanced and often challenging experiences these men endured when navigating their mental health. These findings reflected both the internal conflicts and external pressures that deterred them from accessing (external) support, embedded in the (self)expectations tied to race, masculinity, and class and socioeconomic status.

Incongruent emerged as a central theme amongst participants, as they grappled with internal conflicting self-perceptions, cognitive dissonance and emotional disconnect, alongside sociocultural expectations and systemic and structural barriers. This theme, divided into subthemes: "*The Dis-ease of Being a Jamaican Man*" and "*Sumn Nuh Right – Dissonance and Disconnection*", highlighted the impact of internalised sociocultural messages, including those from their fathers, both overt and covert, on their sense of self and their ability and desire to access mental health support from others. Consequently, participants found alternative self-reliant ways of 'accessing support' for their mental health, including a range of adaptive psychological approaches to their difficulties, which reflects Rickwood and Thomas' (2012) conceptualisation of mental health help-seeking (MHHS) – "an adaptive coping process" (p. 180).

The Dis-ease of Being a Jamaican man, further split into *"Our Father"* and *"Steering My Intersections"* illustrated how participants' often internalised shifting, yet

perfectionistic sociocultural messages, articulated and modelled by their fathers; and assumed these standards to validate their sense of self as young Jamaican men. These experiences posed several barriers for participants to access external support from others for their mental health, due to concerns around trust and (emotional) safety, fairness, shame and fear around authentic self-expression, and of 'failure' as (Jamaican) men. Consequently, participants 'accessed' (internal) mental health support by resorting to adaptive psychological behaviours such as resignation, minimisation, subordination and a 'distancing' from parts of themselves and their emotions, as well as from those within and outside of their social networks, as evidenced by P2 (P2: 16, 855 – 861; P2: 17, 885 - 911). (Emotional) unsafety, brought about by inconsistent familial support – with an emphasis on discipline; as well as experiences of prejudice, racism and pervasive shame, played a crucial role in developing participants' self-protective adaptations. Though these adaptations provided temporary relief, they often eventually led to (emotional) isolation and overwhelm. Nonetheless, some participants were able to utilise the 'flexibility' of their self-concept to partially alleviate their distress. For example, P4's outlook of "being Jamaican, by being Jamaican" (P4: 1, 35 – 37) helped to 'protect' him from the externally imposed expectations of the Jamaican identity. Similarly, P3 was able to 'forego' associations with the Jamaican identity, by leaning into other aspects of his bi-national identity as a mixed-race Jamaican man (P3: 3, 118 – 143). These examples highlight that some participants could use differing aspects of their identities as 'protective mechanisms'. However, this came at the cost of authenticity and created significant intra- and interpersonal conflict, ultimately impacting their access to external mental health support.

Sumn Nuh Right – Dissonance and Disconnection elucidated how participants' cognitive dissonance and emotional disconnect also served as a protective mechanism. These experiences amongst participants suggested that they 'accessed' mental health support to manage their distress by disconnecting from their emotions and circumstances, both actively through avoidance, resignation and suppression, as well as unconsciously through repression. However, this approach to managing their mental health was consequential, as it often left them unable to ascertain what, where,

and from whom further support may have been available, as evidenced by P2 (P2: 13, 685 – 708). Furthermore, these experiences also posed the risk of disrupting participants' interpersonal connections, due to a lack of authentic self-expression and disclosure, which led to instances of being misunderstood, as evidenced by P3 (P3: 6, 311 – 337), leading to an overwhelming sense of responsibility and isolation. The sense of being misunderstood was a theme shared across all participants, highlighting it as a pervasive barrier to accessing external mental support, which promoted self-reliance and hindered meaningful connections.

Heavy is the Head captured the overwhelming relationship participants experienced with their mental health, both in understanding it, as well as navigating it. Subthemes *"Mi Nuh Know – Mental Health is Hard to Conceptualise"* and *"Mind-fullness"* further illustrated participants' difficulties (and fears) in identifying and labelling their emotions, and the consequences this had on their (self)perception, their mental and emotional health and wellbeing, and their subsequent access to support. Participants had an inclination that 'things [their mental health] were not right', a sentiment particularly exemplified by ego-dystonic suicidal thoughts amongst some. However, their grapple with their emotionality highlighted the importance of language in understanding, articulating and alleviating their distress, as their 'access' to mental health support was often reactive and due to an 'emotional overspill' – an 'inaction until crisis'.

Mi Nuh Know – Mental Health is Hard to Conceptualise extends the abovementioned subtheme, *Sumn Nuh Right – Dissonance and Disconnection* as it contextualised factors that might have resulted in participants' cognitive dissonance, emotional disconnect and subsequent self-reliance in managing their distress and accessing support. Several participants struggled to define mental health, which suggested limited mental health literacy, and anxieties around 'getting it wrong', due to their high self-expectations. Therefore, language, or a lack thereof, emerged as a significant factor influencing access to mental health support amongst participants. For example, P1, who described himself as being well-read in psychological literature, demonstrated how familiarity with mental health concepts and language, allowed him to more clearly

frame his experiences, such as his relationship with anger and rage (P1: 15, 757 – 766). (Suppressed) anger emerged as a major indicator of declining mental health amongst participants, alongside behavioural changes including social withdrawal, changes in appetite, mood swings and issues with sleep. Participants reported that much of their understanding of mental health came from enduring, or witnessing others endure, adversity, circumstances which some described as indicative of them being "mentally weak". Consequently, limited (formal) mental health literacy, and limited language to formulate their experiences, compounded by structural and societal prejudices and stereotypes, such as the "Angry Black Man", meant that several participants had reduced opportunities and/or frameworks to safely and constructively explore their emotions. Where participants received external support, through feedback and observations from friends, family and/or partners, they were able to gain insight into their affect and behaviours, which encouraged them to access support in a more collaborative, constructive and empowering way.

Mind-fullness further demonstrated the overwhelming consequences of participants' cognitive dissonance and emotional disconnect, brought about by their limited capacity to express their emotions, limited mental health literacy and subsequent and perpetuating self-reliant behaviours, such as suppression. This often resulted in confusion and increased distress, evidenced by ego-dystonic suicidal thoughts amongst some participants, which they used as a reference point to understand how truly overwhelmed they were. Prior to this, they had often (un)consciously minimised their distress, viewing it as a challenge to overcome, rather than an indicator to access external support. This suggests the high self-expectations of emotional resilience they maintained despite significant adversity, forged by their history and sociocultural norms. This enduring strength and defiance was seen as the 'benchmark' – their norm. Participants' resilience or tenacity to endure mental health struggles could be understood as the legacy of strength transmitted through colonialism, slavery and generations of cultural, socioeconomic and racial hardships. However, the emphasis on discipline amongst Jamaicans also helps to understand and underscore the role their strong adherence to what is 'right' plays, and the importance for them to follow the 'rules'. Arguably, these rules include sociocultural masculine norms which

perpetuate self-reliant coping mechanisms that men ‘should’ follow. These factors resulted in the ‘inaction until crisis’ demonstrated by their ego-dystonic suicidal thoughts and fragmented self-concept. Consequently, this rigid adherence to traditional masculine ideals restricts their emotional and psychological ‘toolkit’, limiting their access to a broader range of coping strategies and sources, ultimately constraining their access to mental health support.

I am an Island underscored participants’ self-reliance in accessing (external) mental health support and the subsequent (emotional) isolation. It also highlighted the (relational) factors that contributed to this position, such as their strong sense of self-belief, as well as perceived inconsistencies within their relationships. *“Prove Yourself: Actions Speak Louder Than Words”* elucidated that perceived behaviours, rather than words, were pivotal in participants’ evaluations of trustworthiness and dependability on others – factors that were crucial to access external mental health support amongst them. Similarly, *“No Man, Mi Gud (Don’t Worry About Me, I’m Alright Thanks)”,* which demonstrated participants’ active pursuit of independence in managing their mental health difficulties, arose from their strong sense of self-belief, but also a pervasive fear: a profound apprehension of the unknown, of losing themselves and of appearing weak.

Prove Yourself: Actions Speak Louder Than Words described how participants established trust and safety within their relationships, placing significant emphasis on observed behaviours, rather than verbal assurances – regardless of the relationship. This approach to their relationships arose from past experiences of emotional unreliability, unsafety, trauma and hurt. Therefore, the demonstrated sense of dependability from others needed to be consistent, measured and unwavering, as any perceived lapse or transgression could undermine participants’ trust and risked damaging the foundations and emotional connectivity within their relationships. These experiences had the potential to leave them feeling overwhelmed, dismissed and uncared for. Therefore, their scepticism in trusting others reiterated their self-reliant “help-seeking” behaviours, resulting in access to external mental health support being

seen as only a completely last resort. Similarly, participants held themselves to the same standard, and so often became a steadfast source of refuge for others – showing up for others, as they would want others showing up for them. However, this was not always the case. P4 viewed others' reliance on him as an indicator that he could not access support from them. These experiences seemed to result in a learned self-reliance amongst participants in managing their mental health and emotional wellbeing, further compounded by their polarising approach to relationships. As a result, participants displayed a tentative approach to emotionality and emotional intimacy in order to 'access' mental health support.

As earlier alluded to, *No Man, Mi Gud (Don't Worry About Me, I'm Alright Thanks)* captured participants resistance to external sources of support, including family, friends and mental health services – often reflecting a superhuman or objective nature. This largely stemmed from, and was perpetuated by, their experiences of self-reliance and their necessity to be resilient as young Jamaican men from working-class backgrounds. Constructed by both personal experiences and broader sociocultural norms and expectations, participants developed a strong sense of self-belief in their capacity to overcome (psychological and emotional) adversity on their own, as "all the answers are inside of you" (P4: 19, 1024 – 1032). This self-sufficiency was informed by earlier experiences of emotional inconsistency, unmet needs, and a distrust of professional mental health services, which reinforced their preference for managing their mental health on their own. For many participants, their self-belief served as both a source of pride and agency, as well as a barrier in accessing external mental health support. Whilst their strong sense of self often limited their willingness and opportunities to access external sources of support, it allowed them to pursue other avenues that promoted personal growth and strength such as boxing. Similarly, for some, when therapy was accessed, it was framed as self-development, rather than for emotional difficulty (P2: 21, 1136 – 1144). These examples illustrate the adaptive approaches participants employed in accessing support for their mental health, as it allowed them to maintain a sense of control and autonomy along their mental health journeys. Consequently, their access to mental health support involved an intricate balance between feeling empowered through self-reliant coping strategies, and

cautiously navigating external sources of support, including professional mental health services.

4.3 Alignment with Existing Literature

Navigating Mental Health as a Jamaican Man

As young Jamaican men from working-class backgrounds in the UK, participants navigated a complex identity which reflected a dissonance between their internal self-concepts and external sociocultural expectations. This aligned with existing research on gender role conflict (GRC), which posited that restrictive norms in masculinity could lead to increased pressure and self-expectations, emotional isolation, and internalised dissonance and distress (Keating, 2007; O'Neil, 2008, 2015). This study's findings also underscored the centrality of father-son relationships in reinforcing rigid traditional masculine ideals and aligned with existing literature exploring the influence of fathers on their sons' beliefs on masculinity (Adamsons, 2013; Brown et al., 2018; Cleary, 2022; DeFranc & Mahalik, 2002). The influence of fathers in shaping their son's perceptions of masculinity, perfectionism, and self-reliance is not unique to Jamaican men, as it can be observed across different cultural and socioeconomic groups and contexts. Research has illustrated the crucial role fathers play in transmitting traditional masculine norms, particularly around emotional restraint, self-reliance, and achievement (Chetty et al., 2020; Cleary, 2022; Carmo et al., 2021; Abd-El-Fattah & Fakhroo, 2012). These studies have elucidated how paternal expectations often lead to internalised pressures amongst men from various backgrounds, regardless of race or class, resulting in high standards and a drive for self-sufficiency.

While the specific cultural contexts may differ, the underlying mechanisms of paternal influence on emotional regulation and perfectionism remain consistent across diverse male experiences (Chetty et al., 2020; Cleary, 2022; Carmo et al., 2021; Abd-El-Fattah & Fakhroo, 2012). Consequently, findings from this research have extended this literature by illustrating how Jamaican fathers often embodied and transmitted

masculine norms that were embedded within cultural history, socioeconomic hardships, sociocultural expectations regarding responsibility and discipline, and a legacy of resilience as 'survival'. Accordingly, young Jamaican men internalised an enormous 'weight' of high (self)expectations and perfectionistic standards. 'Failure', depicted by access to external mental health support, within the context of this study, was therefore not an option, as the hope, support and 'liberation of a people' was perceived as laying with these men. This theme expands upon previous findings by showing that Jamaican men's self-reliance is as much a protective adaptation to systemic adversities as it is a response to the sociocultural demands placed on them (O'Neil, 2008). As a result, these men 'accessed' mental health support predominantly through self-reliant coping strategies. However, this often came at the cost of their opportunities for connection, emotional understanding and expression (Levant & Richmond, 2007; Mesler et al., 2022).

Identity and Intersectionality in Mental Health Access: (Beyond) My Race and Gender

Findings from this study addressed O'Neil's (2008) observation that the intersection of GRC with class and socioeconomic had been "the least explored of all diversity variables" within the literature (p. 378). By focusing on Jamaican men from working-class backgrounds in the UK, this research provides a nuanced understanding of how these intersecting identities impact their access to mental health support – insights not fully captured in prior studies (Canales & Lopez, 2013; Southby et al., 2021). While Southby et al.'s (2021) intersectional phenomenological analysis of mental health recovery amongst African and Caribbean men in the UK aligns with this study's findings, its emphasis on racial identity, overlooks the overlap of socioeconomic and culturally specific factors that also influence their experiences. Instances of being 'grouped' solely by racial identity can create barriers to accessing mental health support amongst young Jamaican men in the UK from working-class backgrounds, as

generalised approaches may leave them feeling misunderstood, unheard and overlooked.

Indeed, the internalisation of racial identity stereotypes significantly contributed to emotional suppression among participants and reinforced barriers in accessing mental health support. This aligned with existing research which has explored the “Angry Black Man” stereotype – a descriptor that is associated with adverse mental health outcomes such as low self-esteem, anxiety, and depression (Chavis & Johnson, 2023; Gale et al., 2020; Hammond, 2012; Willis et al., 2021). Similarly, depictions of codeswitching illustrated participants’ cognitive and emotional ‘load’ and alienation, in navigating multiple intersecting identities within the UK’s dominant cultural norms and expectations (McCluney et al., 2021). Unlike traditional perspectives on codeswitching which often focus on racial identity adjustments (Johnson et al., 2021; McCluney et al., 2021), despite some literature regarding other intersectional identities such as class (Elkins & Hanke, 2018), this study found that some participants made interwoven adjustments across both their racial and socioeconomic identities. The accumulated strain from these ‘adaptive’ identity negotiations, included mental and emotional fatigue/burnout, shame, distress, alienation and an enduringly conflicted, suppressed and sometimes skewed sense of self, of being ‘less than’. This is evidenced by P1’s early perception of professional careers, such as a lawyer or accountant, as “pretentious” and “not for him”, and his later identification with a “working-class criminal, more than a professional” (P1: 6-7, 316 – 382), despite his substantial earnings. These findings highlight how chronic socioeconomic hardship can also influence Jamaican men’s self-perceptions/concept and, in turn, present barriers to mental health support that go beyond race and/or financial access alone.

Emotional (Dis)connect and Identity Tensions in Jamaican Men’s Mental Health

Participants’ self-suppression, driven by a desire to avoid judgment, conflict, disappointment, and/or shame (Hammond, 2012; O’Neil, 2015; Elkins & Hanke, 2018; McCluney et al., 2021), detrimentally impacted their sense of self-worth, and so,

created barriers in accessing mental health support. Consequently, participants often adopted an ‘inaction until crisis’ or waiting until ‘breaking point’ approach, where they refrained from accessing support until their distress became severe to them, or those around them. This is supported by existing literature which highlights that Afro-Caribbean men in the UK often accessed mental health services through coercive or crisis-driven pathways, such as through the criminal justice system or sectioning by the Mental Health Act (Bhui et al., 2018; Bignall et al., 2019; Southby et al., 2021). Despite these damaging consequences, participants used self-suppression, subordination and resignation within their intersectional identities to buffer/minimise the impact of external pressures, stereotypes and subsequent emotional distress, by selectively navigating and adapting to situational expectations. These intentional self-presentational strategies reflected participants’ efforts to assert some control over how they were perceived in order to reduce negative consequences and intrapersonal distress. This reflected existing literature on action-based dissonance (Harmon-Jones & Harmon-Jones, 2019). While useful, this posed some psychological cost, as these experiences subjected participants to (emotional) isolation and (intrapersonal) distress (Elkins & Hanke, 2018; Hammond, 2012; McCluney et al., 2019; O’Neil, 2015).

Alongside their self-suppression, participants experienced difficulties identifying, understanding, negotiating and expressing their thoughts and emotions. This finding aligned with existing literature on cognitive dissonance, emotional disconnect and alexithymia in men, which research has suggested develops in response to sustained emotional suppression (Festinger, 1957; Harmon-Jones & Mills, 2019; Levant & Parent, 2019; Mendia et al., 2024; Sullivan et al., 2015; Winningah & Pereira, 2024). Participants’ experiences highlighted how cognitive dissonance and emotional disconnect, at times manifesting as alexithymia, often operated below conscious awareness, where they had some sense that something was ‘not quite right’ but lacked the clarity and/or language to articulate it. Such implicit emotional conflicts contributed to a restricted self-concept and limited emotional awareness, further complicating their access to mental health support. However, their experience of a more unconscious discordance also suggests that this emotional disconnect and cognitive dissonance could serve as a protective mechanism that safeguarded them from accessing painful

realities tied to their past. Therefore, the 'automatic drive' for consistency, in aligning cognitions and behaviours, as described by Harmon-Jones & Harmon-Jones (2019), and based on Festinger's (1957) work, suggests that young Jamaican men may (un)consciously suppress conflicting emotions and avoid acknowledging distress to maintain a congruent self-concept, limiting their willingness to access external support, and hence reinforcing patterns of self-reliance over vulnerability.

Participants' reduced understanding of, and access to, 'appropriate' language, as well as the consequences of their cognitive dissonance and emotional disconnect aligned with research emphasising the impact of marginalised men's intersectional identities on understanding and accessing mental health support (Mahalik & Dagirmanjian, 2019; Southby et al., 2021; Sullivan et al., 2015). Consequently, a unique finding from this study was participants' use of an 'externalised' coping style to access and make sense of their internal emotional worlds. Participants used others and others' experiences as a reference point to understand and navigate their own emotional experiences. However, they were often obliged to learn and increase their mental health literacy through their personal experiences of distress. This experiential understanding of mental health, particularly as a measure of strength and masculinity, created a cycle where these men held demanding self-expectations and sought 'success', despite their limited mental health literacy. Resultantly, the high likelihood of failure created a threat to their sense of self, stress and anxiety, leading to shame and self-stigma and an avoidance of mental health and support, aligning with existing literature (McKenzie et al., 2022). This suggested and highlighted the extent of dissonance and complexity these young Jamaican men from working-class backgrounds experienced in accessing mental health support in the UK. In abiding to sociocultural masculine norms and demanding self-expectations, which endorsed self-reliance, (emotional) suppression and stoicism, participants restricted themselves from opportunities for connection to themselves and others. Contrastingly, it was often through connection with others that they were able to access, understand and connect with their own inner world. This significant benefit of externalised regulation and coping reflected a tension between the (learned) self-reliant ideals embedded within the

Jamaican cultural norms, and participants' implicit need for emotional validation and support.

Silent Burdens: Suppression and Manifestations of Distress in Jamaican Men

The detriments of emotional suppression, particularly amongst men, are well documented within the literature, highlighting psychological, relational, as well as physical consequences such as increased symptoms of anxiety and depression, relationship and intimacy issues, and cardiovascular strain (Boland et al., 2019; John & Gross, 2004; Peters et al., 2014). However, research has also highlighted that rather than being completely 'bad', the effects of emotional suppression are mediated by factors such as cultural differences and context, individual differences and coping strategies, as well as the availability of emotional support (Butler et al., 2007; Dunn et al., 2009; Ivanova et al., 2023). This diverse function of emotional suppression aligned with findings from the study where participants used it, both to their success and their detriment. Despite difficulties defining mental health due to suppression, cognitive dissonance and emotional disconnect, some participants could readily identify common symptoms associated with mental health problems, such as anger, sadness, and emotional withdrawal. These symptoms, while familiar, were often viewed in isolation and understood through a lens of personal inadequacy rather than as indicators of broader mental health needs. For example, expressing anger was frequently perceived as a failure to control oneself rather than a 'natural' response to distress, as evidenced by several participants (e.g. P1, P4, P5, P6). This aligned with Seidler et al.'s (2022) findings that feelings of shame in men lead to anger, particularly when they experienced distress and struggled to articulate their emotions. However, novel to this study, anger was also a familiar and accessible emotion for participants, as it was largely modelled to them growing up, often by their fathers. For example, P1's experience of anger, influenced by early violence from his father, illustrated its dual role, as both a source of power and oppression. Therefore, rather than viewing anger solely as a destructive force, these findings suggested the value of working with, and harnessing it as a medium to address deeper emotional needs.

Another marker of mental and emotional 'fullness' amongst participants, due to their suppression, was the emergence of fleeting ego-dystonic suicidal thoughts during moments of crisis. For example, P4 recalled a period where his own suicidal thoughts unnerved him, as he had strong opposing views on suicide (P4: 16, 854 – 892). Similarly, P5's contemplation of suicide (P5: 18, 959 – 964) suggested a sense of shock towards his internal emotional conflict and dissonance. However, P6's acknowledgement that suicidal thoughts were on "the more serious side of the spectrum" (P6: 13, 691 – 700) elucidates that these young Jamaican men had some inclination of when they were severely distressed. These experiences highlight the depth and complexity of participants' internal conflict/dissonance, as these uncharacteristic thoughts clashed with their core values and beliefs. Though these experiences understandably served as a 'wake-up call' or 'eye-opener' to the extent of their distress, they also highlighted the complexity and insidiousness of suppression and suicide as reflected in existing literature (De Berardis et al., 2018; Ribeiro et al., 2018).

Redefining Help: Culturally Affirming and Action-Based Mental Health Approaches

'Action' proved to be a critical means of establishing trust and emotional connection amongst participants, even within close familial relationships. Behaviours, rather than verbalisations, served as a more accessible and culturally resonant form of support amongst participants, as consistent, supportive actions provided a tangible sense of understanding, care and reliability that words alone could not convey. This finding has important implications for access to mental health support amongst Jamaican men within the UK as it suggests that traditional approaches focused on verbal disclosures, such as talking therapies, may not fully align with their sociocultural and gender-based norms, preferences or needs. This aligns with existing research that indicates that men often prefer action-oriented forms of support, including shared (physical) activities over verbal disclosures (Kelly & Steiner, 2021; Robertson et al., 2015, 2018; Sagar-Ouriaghli et al., 2020). However, in cases where they do verbally disclose, factors such

as the *right person*, the *right questions*, the *right environment* and the *right 'track record'* or *legacy* play a significant role in creating a foundation of trust, emotional safety and genuine support (Gough et al., 2021; McGrath et al., 2022). For example, P5 only felt comfortable to disclose his emotional difficulties to his mother after she demonstrated genuine concern during a critical moment (P5: 9, 475 – 498), which allowed him to view her as a 'safe person' with whom he could share his struggles. This highlighted the importance of consistent (supportive) actions in establishing trust and connection with Jamaican men. Indeed, this may not be specific to Jamaican men, as research (Gough et al., 2021; McGrath et al., 2022; Robertson et al., 2013, 2018) has discussed the delicacy and calculated nature of men in establishing "safe" relationships for emotional disclosure and connectivity. However, this study extends these findings by elucidating the different factors impacting emotional connectivity amongst Jamaican men in the UK from working-class backgrounds.

P2's involvement in a group fitness and mentorship programme provided not only personal accountability but also a supportive network that reinforced his sense of self-efficacy and "growth". He described this as particularly helpful as he was able to learn from other men who had navigated similar or more enduring challenges. This aligns with existing literature suggesting the value of positive male role models and peer support in cultivating resilience and personal development amongst men, particularly 'male-affirming' group settings (Robertson et al., 2018; Sagar-Ouriaghli et al., 2019; Seager & Barry, 2022). On the other hand, P3 underscored the value of 'showing up' for his friends, appreciating that just 'being there' and 'being present' meant a lot for his friends. His physical 'showing up' and commitment to his friends illustrated an understated (not making it a big deal) affirmation of care and loyalty, which words might not have conveyed effectively and/or authentically. Despite not being as explicit as P3, all participants shared and highlighted the sentiment of creating spaces and opportunities for connectivity and closeness with others, as it was an important resource in encouraging access to mental health support. Therefore, these findings underscore the necessity for consistent, affirming, and measured support, connection and emotionality, alongside talking or talking therapies, for young Jamaican men's

access to mental health support within the UK, as reliable, action-oriented support systems better align with their sociocultural expectations around trust and masculinity.

As illustrated above, participants often demonstrated a strong sense of self-reliance, which served as both a protective mechanism and a barrier to accessing support. Their self-reliance was reinforced by their adversities and personal beliefs about resilience, which often resulted in them resisting mental health support, deeming it unnecessary or incompatible with their identity. For example, P2 and P4 perceived their mental health difficulties as challenges to be overcome independently, due to strong self-beliefs that they possessed the necessary internal resources to handle their adversities. This reflects research that has demonstrated that men often viewed their mental health issues as problems to manage independently (Mahalik & Di Bianca, 2021; Robertson et al., 2015, 2018). P4's perspective, that "all the answers are inside of you", reflected a tendency to approach mental health difficulties through self-development. Therefore, support from others would challenge this, as 'external' assistance could undermine his sense of self-sufficiency. This perspective resonated with P2 who framed his access to professional mental health support, a therapist, through the lens of self-improvement rather than emotional vulnerability. Though empowering, and resonant with sociocultural and gendered norms, participants' focus on self-sufficiency and self-development over external support may inadvertently create a barrier to accessing mental health support, particularly those that emphasise vulnerability and emotional disclosure. Consequently, mental health interventions for young Jamaican men from working-class backgrounds in the UK may need to integrate approaches that champion their values of resilience and self-reliance, whilst also addressing structural barriers, including discrimination and limited resources, as these cannot be managed solely through personal/internal strength.

P6's experience of self-reliance offered a nuanced contrast to other participants, as it seemed to be predominantly influenced by emotional avoidance, rather than a confidence in his own sense of self and resilience. His concerns that therapy "might not work" and could potentially leave him 'stuck' with overwhelming and/or unresolved emotions, indicated a further protective aspect of self-reliance, where emotional

isolation from others helped him avoid confronting his vulnerabilities. His 'fear' of therapy, or him, 'failing it' and/or having no solution to his difficulties suggested a reluctance to confront the possibility that external support could exacerbate his distress, rather than resolve it. This sentiment is echoed above by P4 who only shared his difficulties with his parents on a 'needs-to-know' basis, as a last resort, due to the emotional repercussions for himself of their 'overreactions'. These experiences reflect the necessity of self-reliance amongst these participants as a means of emotional (self)containment and control. Therefore, within the context of access to mental health support amongst young Jamaican men within the UK from working-class backgrounds, these findings suggest that they require direct, transparent and measured communication, akin to a disclaimer outlining what mental health support, such as therapy, entails. This considered approach, with consistent, authentic action can help to create a sense of safety and trust, which will empower and allow them to approach mental health support on their own terms, both from formal and informal sources. Consequently, addressing young Jamaican men's broader historical distrust of mental health services within the UK, as seen in P5's account (P5: 28, 1498 – 1507), as well as within existing literature (Bhui et al., 2018; Bignall et al., 2019) may require further observed policies and changes to enhance their perceptions as credible and accessible systems of support for this demographic.

4.4 Theoretical Implications

The findings in this study align with both the Network Episode Model (NEM-II; Pescosolido et al., 2013) and the Integrated Behavioural Model of Mental Health Help-Seeking (IBM-HS; Hammer et al., 2024) and provide a useful lens to explain the "help-seeking" behaviours of young Jamaican men from working-class backgrounds in the UK. Both models contributed to this understanding, by highlighting different facets of access to mental health support amongst them. For example, the IBM-HS helped to better consider participants' intersectional identities and the more intricate factors influencing their attitudes and behaviours around accessing mental health support, particularly given its comprehensive focus on determinants like cultural norms,

structural barriers, and help-seeking beliefs. However, the NEM-II provided a better understanding of the more reactive or responsive approach participants took to accessing external mental health support.

The NEM-II offered valuable insights by focusing on help-seeking as a socially embedded process, highlighting the role of social networks, structural conditions, and sociocultural influences. This model posits that individuals' decisions to access support are not purely individual choices but are influenced by interpersonal interactions, social network ties, and cultural norms. For the participants within this study, trust in others was contingent upon observed consistent actions rather than words, reflecting the importance of relationship-based support networks in decisions about accessing support. Therefore, this aligned well with NEM-II's emphasis on social ties, and network influences, as key mediators in the "help-seeking" process, particularly for individuals who were sceptical of external support, due to past mistrust or societal stereotypes. This also challenged the idea and use of "help-seeking" as a deliberate process, as seen within models such as the Health Belief Model (HBM; Becker, 1974; Rosenstock, 1966) and Theory of Planned Behaviour (TPB; Ajzen, 1991). For many participants within this study, engagement with external mental health support was often an indirect and reactive response to 'crisis', rather than a purposeful pursuit. Positioning access to mental health strictly as "help-seeking" can inadvertently place undue pressure on men who may already experience apprehension and anxiety regarding emotional vulnerability (Robertson et al., 2018). For many men, particularly those within particular sociocultural contexts, such as participants in this study, where self-reliance and stoicism were valued, framing support as "seeking help" may imply a conscious act of 'asking', which may then be perceived as 'lacking within' – a weakness or failure. This my then insinuate a 'need' for external support, rather than receiving a 'lending a hand' or 'accessing' support – which could possibly suggest a more empowering, collaborative and emotionally measured approach, with greater agency. "Seeking help" often seemed to be at odds with gendered sociocultural (self)expectations, leading to both intra- and interpersonal conflict and shame. The NEM-II's (Pescosolido et al., 2013) emphasis on being socially embedded, suggested an alternative view: that rather than "seeking" help as

an isolated, individual action, accessing support could instead be understood as arising naturally through one's existing social networks and relationships, especially in moments of crisis or need.

Complementarily, the IBM-HS provided a detailed framework that better addressed the intersectional barriers faced by Jamaican men within this context, incorporating not only social influences but also personal agency and the limitations that mediated the *intention-behaviour gap* (Conner & Norman, 2022). The IBM-HS suggests that structural forces, cultural influences, and perceived needs influence an individual's beliefs, which were then moderated by factors such as mental health literacy, sociocultural expectations, and past experiences. For these young Jamaican men, sociocultural expectations around masculinity, self-reliance, and resilience were particularly salient, often leading to a preference for self-reliant coping strategies for their mental health struggles and a reluctance to seek formal external support. The IBM-HS directly accounts for this in its inclusion of cultural and structural determinants (Hammer et al., 2024). Furthermore, its constructs: *outcome beliefs*, *experiential beliefs*, and *logistical beliefs*, aligned with these findings. For example, participants' beliefs that expressing vulnerability could compromise their masculine identity aligned with IBM-HS's *outcome* and *experiential beliefs*, as well as perceived norms within the social groups these men navigated. The model's inclusion of perceived norms also explained how participants' sociocultural (self)expectations reinforced self-reliance, given that these behaviours were often modelled within their social networks, particularly by men. The model's *personal agency construct*, which involved beliefs about one's ability to access support further clarified why participants often displayed self-reliant behaviours and viewed access to external sources of support as a last resort – as this may have been seen as a 'failure' to manage their difficulties independently.

Whilst there is a lack of empirical data exploring "helps-seeking" using these models, both the NEM-II and IBM-HS provided useful frameworks to understand barriers in access to mental health support amongst participants. Therefore, integrating elements from both models, while tailoring them to address the specific individual, cultural,

structural, and relational influences identified within this study, enhanced their applicability. This approach provided a more comprehensive framework for conceptualising and addressing the mental health support needs and behaviours of young Jamaican men in the UK and poses considerations for future research.

4.5 Clinical Applications and Relevance to Counselling Psychology

This study's findings have provided meaningful insights that can inform effective culturally sensitive approaches in counselling psychology, with direct implications for policy, training and interventions tailored to young Jamaican men from working-class backgrounds. Below are key applications of these findings, emphasising strategies that align with the cultural and identity-specific needs highlighted by participants.

Positioning Mental Health Support as Self-Development

Many participants experienced mental health support as a threat to their self-reliant and resilient self-concept/perceptions. Therefore, positioning mental health support as part of 'self-development' rather than 'help' could resonate more effectively with Jamaican men who value autonomy and self-improvement. Framing therapeutic engagement as a pathway to enhancing personal strengths, in order to facilitate navigating life goals, may reduce the stigma associated with accessing support. This reflects existing research (Robertson et al., 2018; Sagar-Ouriaghli et al., 2019; Seidler et al., 2018) and aligns with Jamaican men's cultural preferences for self-sufficiency, which could improve their attitudes towards external sources of support.

Dual-Role Professionals and Implications for Building Trust in Mental Health Services

The study highlighted the value of modelling consistent long-term action-based 'messages' in building trust, rapport and encouraging emotionality and intimacy

amongst Jamaican men. Training and integrating psychological professionals within roles such as personal training/coaching or physical therapy/engagement could create more holistic and culturally resonant intervention formats. This is akin to supporting roles seen in places such as barbershops or Men's Sheds (Ogborn et al., 2022; Seager & Barry, 2022) and also reflects the 'expert companion' position proposed by Tedeschi and colleagues (2009, 2018). This dual-role approach might help to establish trust through shared activities and gradual relationship-building overtime, which, as findings suggest, aligned well with Jamaican men's preference for less-verbal, consistent actions, as indicators of support. These dually trained professionals could connect with these men within informal settings while offering evidenced-based psychological insights and support, and/or linking them to more specialised mental health services where necessary. Embedding these professionals within familiar community spaces such as gyms, churches, and cultural or community centres could further establish accessible, trust-based pathways to mental health support akin to work by Robertson and colleagues (2013). By connecting mental health personnel and resources to trusted environments, policy initiatives could address participants' mistrust of formal services, enhance engagement, accessibility and encourage earlier intervention.

Psychoeducation

Limited mental health literacy and difficulties with language around emotions were major barriers for participants. Therefore, workshops or interventions integrating psychoeducation to increase emotional literacy could help Jamaican men better understand and constructively express their emotions, providing them with tools to navigate distress without feeling that it undermines their strength or identity. These interventions could be offered as training to empower young Jamaican men in recognising and managing their emotions, including anger and distress, which were identified as significant markers of mental health struggles (Furman et al., 2018; Seager & Barry, 2022). This could allow them to see emotional awareness as an

integral part of self-development, and help to reduce shame, (self)stigma and suppression.

Other Minoritised Groups

Beyond the immediate spotlight on Jamaican men, this study's employment of intersectionality to highlight the relationship and impact of social identities beyond race and gender, such as class and socioeconomic status, has contributed to wider discussions on factors impacting men's mental health help-seeking. For example, sons' rigid internalisation of high perfectionistic standards and subsequent self-reliance, modelled by their fathers, despite being from a diverse racial and socioeconomic background (Chetty et al., 2018; Cleary, 2022; Carmo et al., 2021; Abd-El-Fattah & Fakhroo, 2012). Therefore, whilst qualitative research does not seek statistical generalisability, the contextual knowledge produced from this study may be relevant and thus transferable to other marginalised and/or diverse groups who share some commonality with young Jamaican men from working-class backgrounds within this study (Addis & Mahalik, 2003; Connell & Messerschmidt, 2005; Seidler et al., 2016; Tracy, 2010; Willig, 2019). Accordingly, suggested strategies could benefit other minoritised groups who display values of self-reliance and resilience, and who might face barriers in accessing conventional mental health support. By embedding mental health within culturally relevant, action-oriented frameworks, interventions can become more inclusive and effective. Cross-cultural applications could involve partnering with community organisations across different cultural contexts to understand and adapt similar methods, thus creating a replicable framework that meets diverse needs. Incorporating these recommendations into clinical practice and policy would not only align with the findings of this study but also underscore the importance of flexibility and cultural sensitivity in mental health interventions for minoritised populations. By addressing the unique intersections of identity, masculinity, and cultural resilience, counselling psychology can play a crucial role in reducing access barriers and promoting wellbeing in a way that is respectful and

empowering for Jamaican men and other groups with similar cultural dynamics (Kirkbride et al., 2024).

4.6 Strengths, Limitations and Recommendations for Future Research

Strengths

There is limited literature exploring access to mental health support amongst Jamaican men in the UK, particularly considering factors unique to their sociocultural history, such as persistence and resilience despite a legacy of colonialism, racism, economic deprivation, and the acculturative challenges faced by earlier generations (e.g. Windrush). One explanation for this gap in the literature is the tendency within large-scale epidemiological research and policy frameworks to homogenise "Blackness" due to limited sample sizes, often with little consideration for inter- and intra-cultural nuances that influence distinct experiences across nationalities (Woodward et al., 2013). Therefore, the interrogative and reflexive analysis employed throughout the literature review, methodology, findings and discussion chapters within this study provides a meaningful contribution by addressing these overlooked areas, and offers a more culturally specific understanding of Jamaican men's access to mental health support in the UK.

By employing a qualitative approach with IPA, this study offered in-depth and nuanced insights into the lived experiences of young Jamaican men from working-class backgrounds navigating mental health, and provided a valuable understanding of this process. This use of IPA aligned well with the research aims and epistemological stance, critical realism, allowing for a 'layered' interpretive approach that respected both participants' individual narratives and systemic and cultural contexts (Fletcher, 2017; Smith et al., 2021). Furthermore, the critical realist and intersectional lens employed within this study allowed for the understanding of the structural forces influencing participants' experiences, as well as their individual agency in navigating

these. This approach provided a holistic, empowering and male-affirming framework that considered their desire for agency, despite their systemic hardships. This was demonstrated through rigorous methodological choices, including the use of culturally resonant, de-stigmatising and accessible language and channels relevant to the demographic during recruitment, the integration of help-seeking models, detailed reflections in personal and methodological reflexivity, as well as considerations to minimise researcher bias – all in alignment with Yardley's (2000) principles of sensitivity to context, commitment to rigour, transparency and coherence. By employing these philosophical and methodological frameworks and practices, this study has demonstrated a shift beyond a purely structuralist explanation of poor access to external mental health support amongst this demographic – acknowledging both systemic barriers and men's desire for agency.

A theoretical contribution was made through the integration of existing theoretical models (NEM-II and IBM-HS) within the study. This integration acknowledges the limitations of traditional help-seeking models, adapting them to the specific cultural and contextual needs of young Jamaican men in the UK. By integrating these models, the study presented an adaptable framework for understanding mental health access in culturally diverse populations, that could potentially inform future research and practice.

Limitations

This study presented several limitations, one of which included the recruitment method, as participants were sourced through purposive sampling within a relatively small demographic region in the South of England, leading to a limited sample of six young Jamaican men. Though appropriate for IPA (Smith et al., 2021), which prioritises depth over breadth, this restricts the generalisability of findings and limits the study's ability to draw broader inferences about the experiences of Jamaican men across different UK regions. "I feel like, demographically, where you kind of come from will always bridge the difference between what you go through and what you don't go

through ” (P4: 31, 1667 – 1670). However, as abovementioned, findings may be transferable to other diverse groups. The majority of participants were Black or of mixed Jamaican heritage, which may confound the influence of race and socioeconomic backgrounds on their experiences. Future research could help to clarify whether barriers to accessing mental health support amongst Jamaican men were primarily influenced by the internalisation of socioeconomic factors, including family history of income and educational opportunities, or by racial and/or cultural dynamics, including stigma around mental health and experiences of discrimination.

The use of self-reported social class and socioeconomic status (SES) introduced further subjectivity, as participants identified as “working-class” without a standardised measure accounting for income, education, and social capital. Bourdieu’s (1986) framework of ‘capital’ critiques such gross classifications for overlooking the relational and multidimensional aspects of class, particularly disparities in cultural and social capital. Furthermore, Savage et al. (2013) proposed a more comprehensive model for evaluating social class, addressing criticisms that traditional measures were both discriminatory and unrepresentative of modern socioeconomic realities (Friedman & Laurison, 2020). While the decision to use a simplistic “working-class” label aligned with the study’s aim to reduce barriers to participation, it may have introduced inconsistencies in how social class was understood and reported (Savage, 2016). Therefore, this lack of consistency and precision could have impacted the rigour of the study. Future studies could benefit from integrating these more nuanced and multidimensional approaches, such as combining subjective self-reports with objective measures including education and income, to improve reliability and depth (Kezer & Cemalcilar, 2020; Navarro-Carrillo et al., 2020).

Similarly, the mental health or ‘psychological suitability’ of participants was determined based on participants’ self-reports, and use of the PHQ-9 (Kroenke et al., 2001). However, as a salient finding from the study was the impact of language in accessing and making sense of their experiences, this reliance on self-reports may have limited participants’ ability to fully articulate their psychological wellbeing. Furthermore, self-report measures are susceptible to biases such as recall bias and social desirability

bias, particularly with regards to sensitive topics such male mental health – with an 'insider' researcher. This may have led participants to underreport particular experiences or present their mental health in ways they felt were socially acceptable. This can pose consequences for the study's depth and authenticity. Therefore, future research should also consider the role of these factors on findings.

Recommendations

The study's in-depth and nuanced approach provided valuable insights into a largely understudied area, and has meaningfully contributed to the understanding of "help-seeking" amongst young Jamaican men in the UK. Therefore, further recommendations for future research could include the development and testing of action-based interventions within familiar and trusted community settings, such as gyms, sports clubs, or churches. This approach could help to establish trust, reduce stigma, and provide culturally resonant pathways to mental health support. Additionally, promoting mental health literacy programmes for Jamaican men may address language and emotionality barriers identified in this study, empowering participants with the vocabulary and frameworks necessary to articulate and manage their mental health more effectively. Finally, future research could empirically test the combined NEM-II and IBM-HS model proposed here, validating its applicability across other minoritised groups. By doing so, researchers can evaluate the model's potential to capture culturally specific barriers and facilitators of help-seeking, contributing to broader, culturally responsive mental health frameworks that can support diverse communities more effectively.

4.7 Personal Reflexivity

On reflection, my deepest desire to pursue this research stemmed from my own sense of difference within my sociocultural community, particularly with regards to emotional experiencing and expression. Growing up in Jamaica, I was labelled as someone who

“chat too much” and who was “extra”, often deemed a drama queen – someone considered to get upset over small problems. In my eyes, I just assumed I was an excitable kid. However, I quickly realised that it was not a version of me that would be celebrated. Therefore, I had to walk around and suppress many ‘big feelings’, because assimilation was important for me to ‘survive’ further social harm.

As I reflect on my own experience and the findings from my research, I have been tempted to identify with several participants – young Jamaican men who have had to forego parts of themselves to ‘survive’. Indeed, I am cognisant of how easy it is to be shrouded by sameness (Berger, 2015). However, rather than issues with (over)identifying and projecting preconceptions onto participants and their experiences, it was my lack, or avoidance of identifying with them that may have proved to be more of a challenge for me. For instance, when P5 spoke about his struggle to express vulnerability without being labelled as “soft,” I resonated deeply with his experience. It mirrored my own history of suppressing emotions to avoid social rejection. However, my awareness of this resonance made me hypervigilant against projecting my own experiences onto his narrative, causing me to adopt a stance of detachment.

This distancing, while an attempt to maintain analytical rigour, introduced its own challenges. By striving for objectivity, I risked not fully capturing the depth and richness of participants’ stories. Interestingly, I found myself mirroring some of the themes around emotional suppression and perfectionism that arose in the study. For example, in trying to meet the high academic standards of doctoral work and my supervisor, I often distanced myself emotionally from my research, focusing instead on academic precision. This tension between intellectual rigour and emotional connection became particularly evident when I presented my findings to my cohort. It was only then, after months of emotional restraint, that I cried - fully connecting with the weight of my participants’ experiences and my own.

Hearing perspectives from different sociocultural backgrounds, particularly from my supervisor and therapist - both white European men - further highlighted my complex

relationship with difference. Their input was invaluable in helping me engage with my data more critically, however, I could not help but notice how my need for external validation, outside of my 'community', echoed participants' reliance on external agents, often outside of their families, to affirm their sense of self. This mirroring made me realise how much I, like my participants, had internalised sociocultural expectations around emotional control and high achievement.

This tension between identification and detachment has been one of the most difficult aspects of this research for me. On one hand, I am aware that participants may have seen me as 'one of them', which likely influenced what they chose to share and how they framed their stories. On the other hand, my hypervigilance against leaning too heavily on this shared identity caused me to 'pull back', limiting my engagement at times. This dynamic seemed to operate both within and outside my conscious awareness. Reflecting on this, I realise that the challenge was not in avoiding identification altogether, but in recognising how my positionality - as both an 'insider' and an 'outsider' - provided valuable insights if balanced carefully.

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Appendix A - Final Interview Schedule

1. Could you share your perspectives and experiences on masculinity and being a young man, from a working-class family, in the context of Jamaican culture? In other words, what has the experience of being a young Jamaican man, from a working class family, been like for you? (What's it like being a young Jamaican man from a working class family?)
2. In your own words, could you tell me what you believe or understand mental health to be?
3. How has being a young Jamaican man, from a working class family, influenced your understanding of, relationship with and access to mental health support growing up over the years?
4. Could you tell me about your experience(s) of being supported whilst going through a (significantly) difficult time mentally/emotionally? Please describe this in as much detail as possible.
5. On reflection, how have your experiences influenced how you think and feel about mental health and how you access support now?
6. Could you describe the sources of support you believe to be most helpful when going through a difficult time? Why?
7. Is there anything else you would like to add to help me understand your experiences better?

Appendix B – Recruitment Poster/Email

PARTICIPANTS NEEDED FOR RESEARCH INTO YOUNG JAMAICAN MEN'S EXPERIENCES OF ACCESS TO MENTAL HEALTH SUPPORT WITHIN THE UK

Are you a Jamaican or 1st – 3rd generation British Jamaican man living in the UK?

(You were born and raised in Jamaica and have been living in the UK for more than 6 months, or was born in the UK to at least one parent or grandparent who was born and raised in Jamaica).

Are you 18 - 35 years of age?

Are you from a working-class family?

If yes, we would love to hear from you!

My name is Marvin Blake, and I am a Trainee Counselling Psychologist and Doctoral Researcher at City, University of London.

Jamaican culture has an enormous impact on Britain, and with this comes a great deal of challenges. Yet very little is known about the implications this identity has on individuals, particularly in relation to their mental health and wellbeing. **This study seeks to understand, from your perspective, how being a young Jamaican man living in the UK, from a working-class family has influenced how you understand mental health, the sources of support you have available to you and what you believe has been/could be the most helpful ways to support your mental health.** This is with the hope to inform mental health management and policies.

As a participant in this study, you will be invited to share your experiences of accessing support for mental and/or emotional difficulty, whether it be from a healthcare or psychological professional, friend, family or other, in an interview that is expected to last approximately 60 - 90 minutes.

This study has been reviewed and been granted ethical approval by the City, University of London Department of Psychology Research Ethics Committee: **ETH2223-2431.**

To express interest, take part in the study, or for more information, please contact:

Researcher: Marvin Blake

Research Supervisor: Dr Alan Priest -

Appendix C – Participant Information Sheet

Title of study: *Wah Gwaan? An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK*

Ethics approval code: ETH2324-2041

Name of principal researcher: Marvin Blake

We would like to invite you to take part in a research study. Before you decide whether you would like to take part, it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and ask if anything is unclear or if you would like more information. You will be emailed a copy of this information sheet to keep.

What is the purpose of the study?

Access to mental support can be quite a complex journey. This is further nuanced by intersectional identities such as age, gender, race and class. This study seeks to better understand the experiences of access to mental health support amongst young Jamaican men living in the UK from working class families. The aim of this research is to explore how factors such as age, race, gender and class impact the help-seeking behaviours of Jamaican men. This study forms part of a thesis for the Professional Doctorate in Counselling Psychology at City University London and is intended to run until September 2024.

Why have I been invited to take part?

You have been invited to participate in this study as you have notified the researcher that you are a young Jamaican man living in the UK and from a working-class family. You are also between (and including) the ages of 18 – 25 and have received or accessed support for emotional and/or psychological difficulty. Please inform the researcher if you do not meet these criteria.

Do I have to take part?

Participation in this study is voluntary. You can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged, and without giving reason. However, you will be unable to withdraw (your

data) from the study up to the point of data analysis (72 hours after your completed interview). You can refuse to answer questions that feel too uncomfortable or intrusive without being penalised or disadvantaged in any way. Therefore, you can decide on what you feel comfortable or not to share. If you do decide to take part in the study you will be asked to undergo a screening call to assess your suitability for the study and will also be asked to sign a consent form.

What will happen if I take part?

If you wish to take part you will initially be invited to take part in a quick screening call for the researcher to evaluate whether you have met the inclusion criteria. This should last no longer than 10 minutes. If you have met all the study criteria, you will then be invited to attend a one-to-one online interview expected to last 45 - 90 minutes. The interview will be semi-structured, so there will be seven or eight open-ended questions which are expected to lead onto further topics. You will be encouraged to take the lead in sharing your experiences. The interview will be audio recorded, all recordings will be done on an encrypted recording device and transferred to a password protected computer for storage. Recordings will be accessible only to the researcher. After the interview, recordings will be transcribed, replacing any identifying or personal information with pseudonyms to ensure your identity remains anonymous. The data, including quotations will then be analysed using an Interpretative Phenomenological Analysis (IPA) approach. This involves the researcher understanding how you have made sense of your experiences. The study is expected to last until September 2024 and recordings will be destroyed at the end of the study.

What are the possible disadvantages and risks of taking part?

Due to the nature of the topic, it is possible that conversations around help-seeking, as well as race and social class may cause some emotional upset. If this were to occur, we would be able to take a break from the interview. Furthermore, should the interview become too distressing, you would be reminded that you can withdraw at any point and would be provided with additional information for mental health support if needed.

What are the possible benefits of taking part?

This is an opportunity to share your experiences of accessing mental health support as a young Jamaican man living in the UK, from a working-class family. You will be contributing to research on an the very important topic of help-seeking amongst men, particularly men from a minoritized background. Your contribution will help to improve the understanding of the experiences and management of mental health amongst Jamaican men. This research

will also add to the field of counselling psychology and psychological clinical practice guidelines within the UK.

Will me taking part in the study be kept confidential?

All information you disclose will be treated confidentially. All recordings will be accessible only to the researcher and stored securely on a password protected computer until they are destroyed at the end of the study. Confidentiality will only be broken if the researcher believes there is risk of serious harm either to yourself or others, or where the researcher is legally obliged to do so. All identifying or personal information will be replaced with pseudonyms in order to maintain anonymity. Your contact details will not be shared with any third parties and future use of personal contact information will be used only if you express interest in being informed of the results of the study once completed.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/.

City will only use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher, Marvin Blake. City will keep identifiable information about you from this study for 1 year after the study has finished.

You can find out more about how City handles data by visiting https://www.city.ac.uk/about/governance/legal. If you are concerned about how we have

processed your personal data, you can contact the Information Commissioner's Office (IOC) https://ico.org.uk/.

What will happen to the results of the research study?

The findings of this study will be written up as part of a thesis for a Professional Doctorate in Counselling Psychology. The findings may also be included in various future academic publications. All details, including direct quotations from interviews will be listed under a pseudonym to maintain anonymity. There will be no identifiable or personal information in the final thesis or any other publications, so there will be no way for readers to identify you. If you would like to be sent the results of the study, please inform the researcher and consent to your contact details being kept for this purpose on the 'participant consent form.'

Who has reviewed the study?

[This study will be approved by City, University of London Research Ethics Committee]

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you can phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is *Wah Gwaan? An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK*

You can also write to the Secretary at:

Annah Whyton
Research Integrity Manager
City, University of London, Northampton Square
London, EC1V 0HB
Email:

Further information and contact details

Researcher: Marvin Blake

Research Supervisor: Alan Priest

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

Appendix D – Participant Consent Form

Title of study: *Wah Gwaan? An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK*

Ethics approval code: ETH2324-2041

Name of principal researcher: Marvin Blake

Please initial box

1.	I confirm that I have read and understood the participant information sheet for the above-named study. I have had had the opportunity to consider this information and to ask questions about what is involved. I have been given a copy of this consent form to keep for my records.	
2.	I understand that my participation is voluntary, that I can choose not to participate or to withdraw at any stage without being penalised or disadvantaged in any way.	
3.	I agree to the interview being audio recorded. I understand that any information I provide is confidential and that no identifiable personal information will be published or shared with third parties. I understand that the original recordings will accessible only the researcher, will be stored securely and destroyed following the completion of the research project. I understand information I provide will be used as part of the researcher's doctoral thesis in counselling psychology and a pseudonym will be used when referring to this information, including direct quotations, as a way of maintaining anonymity.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on university complying with its duties and obligations under the General Data Protection Regulation (1998).	
5.	I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.	
6.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Marvin Blake	M.Blake	15/02/23
Name of Researcher	Signature	Date

Appendix E – Participant Debrief Form

Title of study: *Wah Gwaan? An Exploration into the Experiences of Access to Mental Health Support Amongst Jamaican Men in the UK*
Ethics approval code: ETH2324-2041
Name of principal researcher: Marvin Blake

Thank you for taking part in this research study. In contributing to this project, you have provided valuable information into the understanding how young Jamaican men from working class families access mental health support in the UK.

If participating in this research has raised any issues for you or caused any psychological distress, please find below a list of support lines and websites that might be helpful in addition to crisis support services such as your GP, NHS 111, 999 or attending Accident and Emergency.

- Samaritans (24/7):
  Tel: 116 123
  Website: https://www.samaritans.org/
- SANEline:
  Tel: 0300 304 7000
  Website: http://www.sane.org.uk/what_we_do/support/helpline
- CALM:
  Tel: 0800 58 58 58
  Website: https://www.thecalmzone.net/
- MIND:
  Website: https://www.mind.org.uk/

- SHOUT: Text 85258
  Website: https://giveusashout.org

The abovementioned charity services provide psychological and emotional support to individuals experiencing distress and mental health crises.
We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:
Researcher: Marvin Blake Email:

Appendix F – Example of Annotated Transcript (P1)

	R6.1: So, thank you again for taking part and for making the time. I really, really do appreciate it. Umm, my first question is, could you share your experiences and perspectives on masculinity and being a young Jamaican man from a working-class family? P6.1: Ok, so yeah. R6.2: Yeah. So, I guess in, in short, it's like, what's it like being a young Jamaican man from a working-class family? P6.2: Yeah, yeah, yeah. And you said masculine as well, the masculine element, yeah? R6.3: Yeah, yeah, yeah. So, man, right? What, what, what's your idea of being a man? But what's your idea of being a Jamaican man from a working-class family? So, thinking about all of that. P6.3: So, so, now my answer is, is that being a Jamaican man has just as much diversity as any other nation or any other people. There are many Jamaicans who are obviously introverts, extroverts, have a lot of flair, don't have that much flair, like sport, don't like sport. So, however, I would say that as a youth growing up in England, you are, you are given… especially I grew up in a very undiverse area, right? So, my dad was in South London, I was in X. I grew up with my mum. My dad grew up in foster care. So, a lot of the times, his exposure to Jamaican men like his, his dad for example, even, even that was limited throughout his life. So, so we have, we have both, I suppose, you know, myself and my dad had to figure it out on our feet. So, I would say that growing up in my experience, that identity as a Jamaican man was given to me by people who weren't Jamaican. So, they saw that I was black. Most, most … there were more Nigerians coming into the area, but not enough people, in the sense of, people had a very strong idea of what a black man is because of Britain's exposure to the West Indies, but their belief systems are full of biases. So, I was very early labelled, very early on labelled with, I must sell drugs, or I must be a part of a basketball team, or I must be fast, "put him on the wing,", or "you are probably going to	The Jamaican identity is diverse as any other. Identity is given/can be projected onto you based on your context. The authentic Jamaican identity had to be negotiated due to being given an interpretation of it from those who are not Jamaican. A frustration with biases and conceptualisations of who he might be based due to his race.
The Jamaican male identity is diverse. The Jamaican male identity is enigmatic as it can be intrinsic or imposed.		

Being comfortable with one's (Jamaican) male identity requires research of and exposure to those from before.	be stronger that the average person" or more aggressive. So, these were kind of, I think, animalistic. You know, when it comes to it, for me to be honest my, I very quickly started reading and started to pick out role models from mainly the Civil Rights era. So, you know, first off, it was Muhammad Ali, then Malcolm X. Then you know, back to, back to Jamaica with Marcus Garvey, learned about the heroes of Jamaica, like Paul Bogle and Taki, and all the, and Samuel Sharpe. So, I don't know if that answers your question well, but it… Now, now, I'm much more comfortable expressing my masculinity as a Jamaican because I've had more exposure to Jamaica the older I've got.	A sense that what was being 'given' to him was not all he was and so that led him to investigate it himself. To truly find who he was? Age and increased exposure to Jamaica allowed for more comfort and confidence within the identity as a Jamaican man.
A conflict between who he was told he was versus how he saw himself.	R6.4: Mmm. And I, I, guess yeah. In some ways, yeah. I, I guess when I think of the question, you know, what's your experiencing of it, you said it felt like it was, you know, given to you by people who weren't . And so, I guess I'm curious about what was your experiencing of that? Being given an identity and where are you at with it now? P6.4: Yeah. So, it was conflicting right? Because I was shown, I was given an image which my own internal self didn't agree with. And then in that, you know, with the racism, I spoke to my dad, and my dad said, like plain and simple, "if anyone calls you that", so like the N work for example, "you fight them" and that is it. That's a recipe for a fight. "You fight them". So, the mirror that I'm seeing from society is that when even, you know, when my masculinity is challenged or whatever or my race is challenged, then you enter combat. And then your second question, sure. Your question was how do I feel about that now, did you say?	He found the identity he was 'given' and who he thought himself to be as conflicting/different.
When one's identity as a man or a black person (a black man) is challenged fight.	R6.5: As in your identity now. Do you still feel like it's, it's been imposed? What is this newness that you've discovered of that identity? P6.5: Ok. No, no, no. Oh no. Yeah, yeah. So, I, I am, first off, I am my own individual self with my own nature and my own, the culture that I've inherited. The, the, I adore what I have inherited from Jamaican culture. I adore the culture of reasoning and sitting around and fleshing something out until you	Fighting someone who was racist was justified, because it was the only way anything would be done about it? As a way to assert/defend oneself? If race or masculinity is challenged, one is justified to fight. He is able to distinguish what is his and what is not.

Jamaicans are reasonable people	get to the bottom of it. Like those, like my uncles would sit around just drinking and reasoning and I see that again and again and again in Jamaican culture. I think that my quest for truth, my wanting to get to the bottom things, I love. The culture of taking something in and making it your own. What Jamaicans have done with such limited resources, in literature, in sport, in the states in business, here in business. So, I think, you know, the idea that "We likkle but we tallawah", that to me is like how I would hang up, that's how I would describe Jamaican culture for me. And also, just coming from such a long line of people who are heroes in their own right who have stood up when they needed to, have worked hard when they needed to, have made something of it… Like me and my wife, we went to Sam Sharpe Square, and we saw so many family names on the memorial to those who fought in the Baptist War, both coming from Portland and St Thomas, which is where myself and my wife's family are from. I'm immensely proud of my Jamaican heritage.	Jamaican culture is one where people are able to bring their perspectives and try to make sense of it with others. Something he appreciates and identifies with, in himself.
Jamaicans are disadvantaged but determined/headstrong.		He is in awe of Jamaican culture.
Jamaican pride.	R6.6: Mmm. I was gonna hint on that because I, you know, I hear you talk about it and in some ways it, you know, almost being in, in awe of it. And I wonder if that's all the experience has been, you know? Has it all been being inspired and stuff or have there been other parts of that as well?	Jamaican pride.
More direct exposure to Jamaica, or lack of, influences one's relationship with it.	P6.6: Mmm. Do you know, what's interesting is obviously, I'm third. Obviously, I'm third generation, you're first generation, so I might be looking at Jamaica with rose tinted glasses, cause to me, you know, even growing up in X, Jamaica was Mecca. That's where, like, that's, that's the land that your family are from and you hear about it in my nan. I didn't even know my nana's name until I was maybe, maybe just before 10, after 10. I was always, I would always call her Nana Jamaica. That was, that was her name to me, right? So, the part that wasn't in awe? My wife would have a better opinion of, of this because she's had more negatives, because she represented Jamaica at X, she's had more negative interactions. Ok, I'll tell you this, the reason why I can't help but see Jamaica in awe, is because of the hand it was dealt at the beginning of the industrial era. And I think any people who make it through what Jamaicans have gone	An appreciation that his view of Jamaica might be influenced by his distance to it (3rd gen). But recalls growing up where it was seen as almost the promise land. People like his grandmother added to the notoriety of Jamaica being Mecca. His wife is less in awe of Jamaica as she has had direct and negative interactions with Jamaica.

The negatives associated with Jamaica can be forgiven/overlooked, met with empathy when their history of hardship is considered.	through and come up and to come out with a democracy and a, a working country and a culture which refused to die, I can't help but be in awe of it. Umm, I do, when I've been to Jamaica, obviously I know that there's a lot of hustling and there's a lot of people who are, will charm you to try and get something from it. But, one of the, maybe the other reasons Marvin why I find it difficult to maybe critique is, is because we're both from a therapeutic background, so, you can maybe see that people are the way they are for a reason. So…	Unable to not be in awe due to the hardships and challenges Jamaicans have endured for years.
	R6.7: Mmm. Cool. I think, you know, at the end of the day, it's. I'm curious about people's subjective experiences. So, you know, however you do present it, you know, that is, that is how your experience has been. So, all of it is useful.	People in Jamaica try their best to get what they can.
Disappointed and disapproving of the violence in Jamaican households, particularly with regards to discipline.	P6.7: Ok, yeah. I think that maybe, maybe one criticism actually that might have hindered myself… And I know other people of Jamaican descent is maybe like the violence in the household? I think the, the idea of if you disagree or if you, if you back chat or if you bring trouble to the home, then you're going to be met with violence. I think that, that might not have educated me on how to deal with people. I had to learn more how to, how to lead, how to guide, how to manage other people. Because the whole idea of like ruling with an iron fist, I don't think really works in, in the UK in 2024.	Being from a particular career background makes it harder to not appreciate reasons behind people's behaviour. Despite majority of his experiencing of the identity is awe-inspiring, one flaw is the violence in the household. Baffled and disapproving of the idea that violence can educate, as it teaches no actual skills in improving? He had to go away and use that experience to educate himself on how he can improve it.
	R6.8: And, if it's ok for me to ask. Was that your experience? Of being brought up with an iron fist, and sort of?	
	P6.8: Well, it was more, yeah. Like my, my dad was very, you know… Rudeness! For my dad, was like the, was the worst thing, so…	Parenting with strict harsh rules and punishments are not effective strategies, particularly currently in the UK.
	R6.9: What would you consider rudeness to be in that case?	
	P6.9: Oh, so, you know, side eyeing, or, or chat, back chat, backchat was the worst one.	
Talking back to a parent was considered and was met with violence.	R6.10: And so, you were saying then, rudeness for your dad, could you say some more around how that was for you growing up? In terms of how that was managed?	
	P6.10: I think it was just the norm for me. It was the norm for me. But as I started to know	Talking back to a parent would be considered rude and worth physical punishment.

	more about my dad's upbringing, I started to see maybe his own distressed self coming out in violence.	
	R6.11: Alright, so the norm for you, as we're saying, saying then that, growing up, you were sort of like, I guess hit? Is that what this…	It was the norm for him to be met with violence at home for his behaviours, but understood the reasons for this as he learned more about his father.
Nonchalance to violent punishment as learning about dad's upbringing brought more understanding of why.	P6.11: Oh yeah, yeah, yeah. So, yeah, I wasn't hit with anything other than you know, like hands. But I would be yeah. I'd be, I'd be beat, I'd be slapped, I'd be hands around my neck once or twice.	
	R6.12: I guess, you know, I'm, I'm conscious, you know, these are very sensitive things that we're talking about, so we can pause at any point if you need to.	
	P6.12: Nah, you're good.	He was beat, slapped and choked as a form of punishment.
	R6.13: But I guess, yeah. I'm conscious that you, you know, you've seen it as a, you know, for people who are coming from a particular thing, you know, one cannot not, you know, have empathy. But I guess I'm curious about what, what was your younger self's sort of like interpretation of that? Before having done the reading?	
Unphased by physical violence in the household as it was norm for punishment.	P6.13: Ok, ok, ok. Umm, honestly, it was just I, I've got to be honest. I thought all kids got hit. Like, I thought that's how you punish a child – is that your parents hit you, so… So, I won't say, I, you know, I didn't feel isolated. Umm, oh, let's have a think. Let me just put my mind's eye back into… once second *[speaks to himself with eyes closed]* How did I feel? Maybe I did feel isolated. I felt ashamed, definitely felt ashamed. My sister didn't get hit as much, so I thought I was lesser than. I didn't… yeah, I thought I was lesser than. My dad, I think in hitting me as well probably reinstated his masculinity. So, then the distance from being masculine was maybe perceived as being further. I thought, for me to do that and for my dad to beat me down so easily, I therefore must be so much further from being a man. *[opens eyes]* Maybe, maybe I did feel that in some ways. Maybe that's why I got into boxing to try and reinstate, partly, partly why. It was partly to defend myself at school, but it was also to, to maybe step into that masculinity a bit more.	He expressed that it was fine in a non-affected way after I expressed concern about what I heard regarding his punishment. As though it really was the norm. He was ok with how he was treated because he thought it was the norm. His process of remembering seemed like he needed to intentionally and systematically go through his 'files' to know how he was feeling. Dissociation? He felt ashamed about getting beat, but also felt less than (injustice?; anger) that his sister did not get beat as much as he did (because she was a girl or just a better kid?)
A belief that physical violence was the norm for punishment which brought solace. Being punished in a physically violent was creates shame, isolation and low self-esteem.		Being beaten down like that moved him further away from being a

The aggressor asserts masculinity whereas the victim loses his. Boxing reclaims strength, power and masculinity.		man, as his father punished him like that to make himself 'the man'. A connecting of the dots (sensemaking) during the interview due to being asked questions that allowed him to remember? He started boxing to move closer to being a man.

Appendix G – Example List of a Participant's Experiential Statements (P4)

1. The male Jamaican identity is an ambivalent/insecure experience (for those born outside of Jamaica).
2. (Jamaican) identity is typically assumed from physical characteristics by non-Jamaicans.
3. Several factors (school, being born/raised there, friends, awareness etc.), outside of appearance, dictate and embed being Jamaican.
4. Jamaica and the Jamaican identity can be risky to navigate as a non-local.
5. There is a shared sense of community amongst Jamaicans.
6. There is a strong shared sense of family/togetherness within Jamaican families, particularly poorer ones.
7. In the UK, it requires active efforts to maintain degrees of togetherness/relationships seen in Jamaica.
8. People hold on to early/childhood values/experiences, even as adults.
9. Geographical and individual factors play a role in closeness of relationships.
10. The Jamaican identity is multifaceted and influenced by individual circumstance.
11. Choosing what parts to identify with or not, dilutes the Jamaican identity.
12. It is essential to maintain connections to Jamaica to avoid the distress of loss.
13. The Jamaican experience is a way of being, which makes it difficult to conceptualise.
14. Music and food are big parts of the Jamaican identity.
15. The Jamaican identity and experience is different to the Black identity and experience.
16. Unwavering pride in being Jamaican.
17. Inspiration by and appreciation of the hard work ethic of Jamaicans due to their struggles.
18. Celebrating wins/achievements after hardship are important, regardless of how it looks.
19. Poverty/struggle is synonymous with the Jamaican identity.
20. The effects of chronic poverty in Jamaica are pervasive but understood and creates a sense of luck/privilege with opportunities (to go abroad, get an education etc.).

21.

Appendix H - Example of Initial Personal Experiential Themes (PETs) – P5

1. The Ebb and Flow of Identity

A. Bargaining Masculinity

1. An ambivalent acceptance of sociocultural rules/narratives round masculinity.
2. Defiance and discomfort opposing perceived social narratives around masculinity/threat of social judgement.
3. As a man, crying is only useful as a very last resort due to shame/associated messages.
4. An embarrassing assumption that the use of porn/masturbation as an outlet is a rite of passage for a teenage boy.
5. A belief that something is wrong with him for crying (a lot).
6. Crying challenges masculinity and toughness, which creates a sense of insecurity.
7. Experience of external pressures (from family) as a Jamaican man around education.

B. How I See Myself

8. Rejection from peers due to self-image negatively impacted esteem and sense of worthiness for connection in school.
9. Low self-esteem contributes to 'disruptive' behaviours in class.
10. He believed he had a high distress tolerance due to navigating negative thought patterns and difficulties on his own for a long time.
11. Tensions/conflicts between how he saw/thought of himself and what he was experiencing.
12. The belief he could handle a lot of distress on his own disillusioned from appreciating the extent of his difficulties.

2. Navigating Family Dynamics

A. The Strength and Safety of Mother

13. Empathy, inspiration and appreciation towards mother's hard work.
14. Mothers are at the core of our being/existence.

15. A feeling of debt towards mother for all she has done.

16. Mother's fear and empathic concern for him/his difficulties was very impactful and a catalyst for trust and bonding.

17. Difficulty is experienced as relentless despair eventually requiring talking to mother.

18. Having mother to talk to in distress creates a sense of security.

B. The Turbulent Father-Son Relationship

19. The father-son relationship is a very difficult one.

20. Father's lack of love from his father, in his upbringing, impacts his relationship with and ability to show love to his own son.

21. Concern around father's difficult emotional upbringing but the condemning of him passing it on (without diluting it/breaking the cycle?)

22. It is hard to trust a father's love based on his behaviours.

C. Family Values

23. Love is not passed down through generations in Jamaican families, but discipline is.

24. Love is passed down as discipline? Discipline is a way of showing love.

25. Family is paramount, despite its difficulties.

26. Perception affects authentic self-expression and connection with family.

27. Asserting a difference of opinion/perspective is dismissed at home creating tension, confusion, betrayal, sadness and powerlessness.

28. Asserting a difference of opinion/perspective to parents is dismissed and creates tension, confusion, betrayal, sadness and powerlessness.

29. Asserting an opinion/perspective and challenging older relatives, risks being disrespectful.

3. Managing Mental Health

A. Attitudes and Understanding

30. Mental health is experienced as a state of mind, interconnected with the body

31. Identify the core of problems and then manage it.

32. Mental health issues are easily managed/straightforward.

33. People going through similar circumstances may have different tolerances of distress and need different ways of managing it.

B. Coping Strategies

34. Music has a great impact on thought, behaviour and mood.

35. Disclosing communal difficulty helps with mental health.

36. Rationalisation of emotional experiences provides safety and connection in relationship.

37. Emotionally regulated through behaviours such as disinterest in school, anger/getting mad and pursuing girls.

38. Pursuing multiple girls was an addiction used to emotionally regulate, rather than out of interest.

39. You have to assert yourself (even with seeking help) to get what you want.

C. Shame and Pain of Disclosure

40. Discomfort in sharing difficulty.

41. Shame, disappointment and minimisation around disclosing distress.

42. Emotional expression/disclosure is borne out of emotional fatigue from suppression.

43. Shame around behaviours creates a distancing/disconnect from others.

D. Therapy is Useless

44. Consideration of professional mental health support when distressed is insulting.

45. There is nothing a professional can add that one doesn't already know/possess.

46. Therapy is about helpless complaining rather than action.

E. Things Get Easier with Time.

47. When younger, difficulty/distress is experienced as confusing.

48. Growing older provides realisations/understandings of impact of historical difficulties.

49. Self-esteem/difficulties improve after 15/mid-teens.

4. Negotiating The Essence Social Connection

A. Support and Connection are Critical.

50. Mental health support starts through bonding in friendships, not family, due to the implications for family/his mother.

51. Problems/difficulties need to be solved within one's closer social network.

52. Social support and connectedness is important for mental health.

53. Mental health is critical, where it is necessary to talk to someone if you do not have the willpower to manage it themselves.

54. Practices that involve activity or interacting with others socially in an uplifting way best help manage mental health.

55. Sameness helps with creating trusting relationships.

56. Being understood rather than challenged whilst experiencing distress creates stronger bonds.

B. Honesty No Matter the Cost

57. A true friend/relationship requires honesty regardless of the cost.

58. Honesty from others is a fundamental need to develop trust to emotionally disclose.

59. Real people/friends/connections do not lie – they say it as it is.

60. Tough love/the harsh truth can be handled. Dishonesty/deceit is more abominable/ruinous.

C. Prove You Care

61. Conflict between belief people do not care to listen, but knowing the consuming consequences of suppression.

62. Most people forget his difficulties/problems because they don't really care.

63. People show they care by taking/handling difficulties with deep concern.

64. Effort/concern has to be actively shown or will be perceived as a lack of care and inhibit disclosure and connectedness.

65. A lack of change from telling others about his problems led to the desire to address issues head on.

5. The Price of Education

A. The Impact of Teachers

66. It felt special and helpful talking about difficulties with teachers of a shared background as they better understood family dynamics.

67. Teachers can provide a sense of containment.

68. A sense of hurt/betrayal by teacher's disclosure.

B. School was Difficult.

69. Being put in an isolation room for behaviour feels more punitive than being in prison.

70. Enduring low mood and sense of feeling down was compounded by conflicts at school and home.

71. Going to school distressed contributed to a lack of interest in school.

C. Pressure of Education

72. Education is highly valued privilege.

73. Education is essential/critical as it provides socioeconomic opportunities.

74. A sense of pressure to capitalise on educational opportunities as an immigrant.

75. A split of pride and pressure to capitalise on educational opportunities as an immigrant.

Appendix I - Example of Initial Group Experiential Themes (GETs)

A. INCONGRUENT

The Dis-ease of being a Jamaican Man

Jamaican men experience a conflicting sense of self that leaves them susceptible to distress and a desire to *defend* themselves, which deters their access to support. Within the context of psychological help-seeking, this defending of the self could be interpreted as both a lack of self-disclosure and isolation to not be seen as vulnerable, as well as self-reliance and a physical defence of the self to illustrate strength.

Nationality:

'At the same time, when you're from the UK, and you go back to Jamaica, you're one and not two. So, in Jamaica, you're an English boy. In the UK, you're Jamaican, if you get what I mean now?' (Participant 3, p. 1)

"Like let's say I go to like a club for example, and I'll go and speak to a girl…it's, it got to a point in my life where, because… and even though it didn't affect me in any way, it comes to a point where I might go and talk to a girl and they asked me where I'm from, I won't say Jamaica first. I would normally go and say like [other country] and Jamaica. (Participant 4, p. 3)

P4's scepticism to disclose his Jamaican identity when pursuing intimate relationships suggests (could be interpreted as) an associated shame and cost comes with the Jamaican identity that refuses him the opportunity to wholly connect with others. P5's distancing from others with a shared Jamaican background can also be interpreted as a consequence of the shame associated with the Jamaican identity, resulting in feelings of isolation.

"I was just all over the place and always getting in trouble… And that's even why like after school, I decided to go to college in East London, in the Asian community, because I said if I'm around my same community, I think I'll continue doing the same shit I'm doing… get myself out the environment and go around a completely different demographic… I didn't have many friends in that college, maybe two or three friends. Not a lot the Asian community that wanted to be friends with me, or they kind of stuck to their own kind". (Participant 5, p. 17 – 18)

The implications for psychological help-seeking of P4&5's identity shame and scepticism is an othering of themselves from those outside of, as well as those within their demographic group. This seems to obstruct their opportunities to create safe enough connections for the self-disclosure needed to access mental health support.

Masculinity:

"There was people who were definitely telling me that I was crying too much. I remember one of my primary school teachers spoke to my mum and dad, and said 'Uh, he's too soft, he needs to be around his dad more'… If she should have said that to me… I, I wish I heard it from her, you know? Like people telling you, people telling like your family stuff, instead of saying it to your

face… I stopped crying on my own accord mostly cause I'm like, "Why am I crying?". It makes no sense. (Participant 2, p. 4)

P2's desire to have his teacher make her comments about his softness due to his excess crying, directly to him, rather than to his family suggests a feelings of betrayal, shame and a subsequent frustration with not being able to defend himself, leaving him vulnerable. This could be interpreted as one way he learned to stop crying and suppress his emotions as a young Jamaican man, as it exposed him to criticism. P6 also echoed the necessity for suppression due to the unsuitability of emotional expression to others. However, it could be interpreted that he did this to reduce the possible harm to others and the loss (of control) of himself due to the associated labels of his emotional expression as a young black Jamaican man – violent, aggressive, beast-like. This reiterates the struggle to wholly connect with others and build relationships open to vulnerability due to the risk to self and to others, which deters access to mental health support.

"Yes, suppression. Suppression. There were parts of me which I didn't know how to express that I thought were non, they were unsuitable to express. When you've been labelled as, and you've been given this image of being violent or aggressive or beast-like, you, I ended up suppressing that beast. I, I didn't, I was in absolute control. There's no way I'm going to let my emotions fly. I'm in control of that beast". (Participant 6, p. 19)

Race:

"But then I think as a black man, sometimes certain situations can be harder, like there's been like many times for no reason where I've been like stopped by police…where I feel like sometimes I'm being judged based on my culture or my skin….how I am as a person, I'm not really blaming that as being the main factor, but then when you look back on that, you think…I'm being judged a certain way just due to the colour of my skin or where I'm from". (Participant 5, p. 3)

"I spoke to my dad, and my dad said, like plain and simple, "if anyone calls you that", so like the N word for example, "you fight them" and that is it. That's a recipe for a fight. "You fight them". So, the mirror that I'm seeing from society is that when even, you know, when my masculinity is challenged or whatever or my race is challenged, then you enter combat". (Participant 6, p. 2)

It could be interpreted that P5&P6's experiences of being ridiculed due to their race (and masculinity) created feelings of mistrust, hurt and resentment towards others due to their sense of perceived threat from others. P6's defensive response to racism, to enter combat, encouraged by his father suggests the generational inheritance of using violence and aggression to mitigate emotional insult/injury and to regulate negative emotions such as hurt. Such an approach to emotional regulation perpetuates self-reliance and aggression as strengths, as indicated by being seen as beast-like (P6, p. 19). This can minimise desires and/or opportunities to ask for support, particularly if that is what is known within the family unit. However, challenging this approach to remedy its consequences, such as P6 not letting his emotions fly, comes at the emotional cost of suppression which also creates distress and reduces opportunity to access support.

Socioeconomic Status/Legacy of Poverty:

The legacy of poverty created feelings of shame, and an othering of the self, which has implications for accessing mental health support. P3 described the synonymity of poverty with the Jamaican identity and the imperative need to be grateful for opportunities.

"You know what? I would say one-word Jamaican identity is, you see poverty all the time. So, when you go to Jamaica and you see how there's a big begging culture in Jamaica, where cousins, friends and family now, will beg everything from you… as jarring and annoying as it can be, you have to understand that comes from opportunity. My dad always told me, you have to be lucky that he even brought me here now… like he even basically raised me in the UK, for opportunity". (Participant 3, p. 6).

It could be interpreted that the scarcity and chronicity of poverty has a detrimental impact on participants' sense of self by posing a narrative of life in which they do not see themselves. In other words, generational poverty poses the risk of young Jamaican men minimising themselves, creating feelings of inferiority, low self-esteem and unworthiness, and a sense that they do not deserve or have access to 'good things', perhaps that they are bad. Therefore, highlighting the imperative need for them to be grateful when they do get opportunities. This is echoed by P6.

"…yeah. So, for example, you know, if, friends at school say, I want to be a lawyer or I want to be an accountant, you know, [makes repulsed face] umm, doesn't sound like it's for me. That's, that sounds a little bit like pretentious or whatever… I remember thinking this, that I felt even when I was at Uni, and even after Uni, I still felt more similarities, and I could see myself reflected more in say, a working-class criminal, than I could in a business owner, or a doctor or solicitor or something like that". (Participant 6, p. 6 – 7)

However, feelings and beliefs of unworthiness, inferiority and low self-esteem pose a risk for young Jamaican men accessing mental health support as it can deter them from feeling deserving of support.

Sumn Nuh Right – Dissonance and Disconnection

Participants encountered a dissonance in their emotional experiencing which can create difficulties in identifying and expressing their distress, particularly when accessing support. They alluded to their difficulties as not being foreseen, understood or them being quite commonplace, which suggests discrepancies in their ability to identify and navigate cues of distress and/or negative affect.

"I grew up literally [long pause]…. I was a cry-baby; I could say that [adjusts in chair]. From the ages like, from when I was born to like Year 9, so call that what? 15? 14? I was crying all the time. But I used to cry for like nothing. It's like, it's like from my childhood, something must have happened to me". (Participant 2, p. 3)

"Umm, honestly, it was just I… I thought all kids got hit. Like, I thought that's how you punish a child – is that your parents hit you, so… So, I won't say, I, you know, I didn't feel isolated. Umm, oh, let's have a think. Let me just put my mind's eye back into… one second [speaks to himself with eyes closed] How did I feel? Maybe I did feel isolated. I felt ashamed, definitely felt ashamed. My sister didn't get hit as much, so I thought I was lesser than. I didn't… yeah, I thought I was lesser than". (Participant 6, p. 5)

B. HEAVY IS THE HEAD

Mi Nuh Know - Mental Health Is Hard To Conceptualise

Participants found the conceptualisation of mental health to be quite difficult.

"So, umm, I don't think… I can pinpoint a single thing that can determine whether a person has mental health… like a mental issue or not, but from my understanding of mental health, I feel like it's… well from my own perception of mental health, I feel like it's something that, umm…It's quite a difficult one [smirks]". (Participant 1, p. 1)

"…I understand it in my own words, but don't know how to portray it. Umm, I believe mental health is… an internal…. [big exhale] shit [laughs]. There's no right or wrong answer. I think mental health is just understanding the internal attributes your brain… [exhales] fuck. Sorry for the language [laughs and covers mouth]. Yeah, I think mental health is just like a part, a part in your brain that can just get affected by a wide range of different external factors that can make or break someone." (Participant 5, p. 8)

Their difficulty in conceptualising and expressing what mental health is could be due to factors such as the immediacy and possible stress of the interview process or alexithymia, as indicated by P5 who reported he understood it in his own words, despite being unable to communicate it. However, it could be interpreted that participants found it difficult to formulate mental health due to its ambiguity and the subjective nature of its experiencing which can impact their emotional awareness and ability to monitor their levels of distress. This can inhibit their access to mental health support due to possible underestimations of their difficulties brought about by their lack of mental health knowledge.

Mind-fullness

Participants reported a sense of emotional saturation and overwhelm which appeared to be brought about by the denying of their emotional cues. Indeed, this denial of their emotions and experiences might be due to several factors and could be interpreted as a safety strategy. However, it led to emotional isolation and fatigue and a reluctance to seek mental health support which resulted in significant distress.

"Umm, I, I, I was just tired… One, I was tired of beating around the bush most times, 'cause I didn't like talk, I didn't like talk about my feelings... Most times when you tell people something, they don't care. You know? So, it's like, you just have to keep it to yourself and try to figure it out yourself. But if you keep it to yourself, it's just gonna keep eating you up". (Participant 2, p. 9)

"… if we go back to that metaphor of, of the beast in the house, the beast was so, was at the door so often, of that tiny room in my mind, I couldn't keep organising. I couldn't keep trying to apply techniques and trying to tidy up and trying to, you know, apply these different CBT techniques, or anything. Like, I had, I had to get, I had to face what was outside of that room. So, for me, it was the point where I honestly thought I was going to lose my mind. I've yeah, that's it. I thought I was going to lose my mind… I felt that my mind was going to break". (Participant 6, p. 19)

C. I AM AN ISLAND

Prove Yourself: Actions Speak Louder Than Words

Participants' required proof from others, through action, for them to trust the validity, authenticity, strength and sustenance of forming and maintaining connections that required vulnerability. This was seen both within and outside of familial relationships and suggests the time and efforts necessary for young Jamaican men to feel safe enough within their relationships. This has implications for accessing mental health support as it suggests that they are sceptical with regards to trust and may only vulnerably connect with and disclose to those who have consistently spent time or evidently enough proven that they are safe enough. For example, P2 only appeared to recognise that he could talk to his mother about his difficulties after she expressed deep concern regarding his level of distress.

"…it got to a point where I was having a dispute with my father, and I must have said something that made my mom come into the kitchen, and she was like what did you say?... it wasn't out of like disappointment, it was out of, like, I guess, fear… So, I had to just like lay it all out… But she's like, if you ever have a problem, make sure you tell me [pause] because I don't want you to be going through something and I don't know, as I'm your mother… that was the time where I decided, ahh, she's right, I should tell her everything, 'cause this is a safe person I could go to".
(Participant 2, p. 9 – 10)

P3 negotiated his safety for emotional disclosure within his relationships through assuming that if others speak to him for advice, then they are unable to provide him with advice or support. It could be interpreted that the action of them seeking support from him proved to him that they are unable to help him, as they are unable to help themselves.

"I would say umm, my role in a friendship, is usually the person who will take up the troubles of other people and help them. But when it comes to my own problems, I'm gonna keep it in and deal with it myself, because I feel like, "Why am I coming to you venting about my issues, when my advice to you is me wording things a certain way, so you can get your own answers?"
(Participant 3, p. 21)

The all-or-nothing style of thinking illustrated by P3 was evident across all participants which can influence their desires to be self-sufficient and impact their decisions to not access mental health support.

No Man, Mi Gud – (Don't worry about me, I'm alright thanks).

Jamaican men displayed a very strong sense of self belief in navigating difficulties on their own for multiple reasons. For example, it could be interpreted that P3 saw himself as the source of refuge with all the resources to help himself and others within him, and so did not have to rely on others.

"I care a lot about building the strength of my own character, which is being a bit more wise, being a bit more respectful and understanding myself to the point where I can be that person where everyone runs to. And when it's my own issues, I know that all the answers are already inside of me and I can actually find that, find that out to help myself rather than having to rely on other people". (Participant 3, p. 23)

Though this might be considered a source of strength amongst this demographic, such a stance limits opportunities for access to mental health support amongst Jamaican men as it creates a rigid narrative that only they can help themselves, which deters them from seeking support from others.

"I would say umm, my role in a friendship, is usually the person who will take up the troubles of other people and help them. But when it comes to my own problems, I'm gonna keep it in and deal with it myself, because I feel like, "Why am I coming to you venting about my issues, when my advice to you is me wording things a certain way, so you can get your own answers?" Participant 3, p. 21)

It may also be interpreted that this rigid binary posed intrapersonal conflicts, distress and possible feelings of shame and failure when participants' sense of self and abilities did not align with it – when they realised they too were human.

"[shakes head with eyes closed] Up till this day, I have never seen my dad cry. But what I can say is that when…these events in my life, that whole perception of myself that I had in my head [shakes head], it kind of just made me realise that it wasn't true… for the first time, I was kind of feeling, you know vulnerable and especially when a lot of things are happening at once? It just made me, you know, realise that [shakes head] rahh, like, this… this is what it is to kind of be human, like I can't, I can't really lie to myself and say that I'm this person and reality is not really like that. (Participant 1, p. 3)

This poses the risk of not seeking mental health support out of shame of being weak – a failure.

Section B – Publishable Manuscript: Proposed Journal Article

Section C – Professional Component: Client Study and Process Report