

**A GROUNDED THEORY APPROACH TO GREEK CYPRIOTS'
UNDERSTANDING OF MENTAL HEALTH AND HELP SEEKING
BEHAVIOURS**

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This thesis is dedicated to my late father Michael.

Your love and faith in me has been a source of strength in the most trying of times even now. I miss your earthly wisdom, your strength and your bad jokes.

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Summary:

This research thesis explored how second generation Greek Cypriots understand issues of mental health and emotional wellbeing and their help seeking behaviours in relation to their culture. Coming from a critical realist point of view, 12 semi structured interviews were carried out and analysed using a grounded theory (GT) approach. Findings are discussed in light of current literature on cultural issues in psychology in general and Greek Cypriots in particular. In general participants saw mental health in the context of individual attributes but also equally if not more so, attributable to life circumstances and family relationships. Although compassionate towards people with mental health difficulties the majority saw themselves as resilient and able to cope and linked this to their upbringing. Four participants had had experience of therapy and all four experienced difficulties during the process relating to diversity issues. Family remains central to participants' understanding of self and in relation to their own wellbeing.

The core category was that of outlook on life as it encompasses notions of self, family and a philosophical stance in life, which filters all experiences. This outlook on life is an ever evolving concept with clear cultural origins through participants' upbringing with an emphasis on getting on in life and appreciating what they have as opposed to that they don't.

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1 Introduction:

This introduction will give some background on issues dealt with in more depth in the literature review. It will start with a personal stance followed by issues on definitions, current theoretical and practical issues and mental health provision for ethnic minorities. It will provide some background on Greek Cypriots in the UK and close with the justification for this research thesis.

1.1 Personal stance:

I often had to contend and deal with issues of culture both in my personal and professional life. Being an immigrant myself and my political affiliations, have played a great role in choosing this topic. A passionate believer in social justice, I find myself drawn to the ideas of critical theory as it has a realist approach to methodology whilst accounting for social constructions and power differentials between individuals and groups with the ultimate aim of bringing about social justice by utilising research findings. Next I will give background to this research thesis.

1.2 Background to this research thesis:

London is the largest metropolitan city in Europe with multiculturalism being one of its defining characteristics. It has the highest percentage of people born outside the UK as well the highest concentration of people of non-British descent (ONS, 2014). Unsurprisingly the needs of such a diverse population are not always met whilst acculturation, discrimination and identity are of paramount importance to members of ethnic minorities (Moodley, 2007). However, as ethnicity codes for ONS have changed in conjunction with a complex array of socio-political factors, not all ethnicities are represented accurately (Aspinall, 1998). This is certainly true for the case of Greek Cypriots, even though they were already established as community in London in the 60's (George & Millerson, 1967). Estimates on their actual numbers vary but there are believed in London alone to be about 150,000 to 200,000 (Papadopoulos, 1999).

Rogers and Pilgrim (2003) highlight the link between poor health outcomes and inequalities in society such as material wealth, social class, and discrimination on the basis of race, gender, religion, age and sexuality despite efforts to address these inequalities. Moloney and Kelly (2004) question not just the theoretical assumptions of Cognitive Behaviour Therapy and its efficacy, but whether the very notion that psychopathology can be seen purely on the individual level and not only in relation to one's environment and life circumstances. In fact, researchers and practitioners alike argue that members of ethnic minorities in the West are likely to experience discrimination and exclusion on multiple levels with considerable negative effects for their physical and mental health (Fernando, 1995; Fernando, 2011; Sue and Sue, 2009; Shah, Adelman and Ong; 2009).

Summary:

The UK in general and London in particular are hosts to a number of ethnicities and cultures. Members of ethnic minorities are likely to face barriers in everyday life as well as accessing appropriate health care be it physical or mental. Furthermore these difficulties are further compounded by issues such as class, gender and levels of affluence to name but a few. Categorisation of ethnic minorities is not always clear adding further to the difficulties, Greek Cypriots being one of the ethnicities affected with their health needs not being accounted for sufficiently. Next the stance of counselling psychology will be overviewed.

1.3 The stance of counselling psychology:

Counselling psychology, with its ethos of striving to improve the human condition and bring about social justice, could not be aloof to the importance of diversity in the therapeutic process (McLeod, 2003). The issue of social justice within counselling psychology is one of growing significance in the UK as evidenced by a new special interest group operating within the division as well as a

complete issue of the Counselling Psychology Review being dedicated to this topic in 2013. In the USA, Arredondo and Perez (2003) link multicultural competencies and training for practitioners with the social justice agenda as well as a political stance. Yet as Cutts (2013) points out, this social justice agenda is not unproblematic when put into practice. For instance she contrasts dominant notions in psychology of individuals as willing and able agents desiring change and actively pursuing their own goals, yet this does not apply in numerous cultures outside the West or to assumptions about power balance within therapy.

Furthermore, Harrison (2013) draws attention to the power dynamics and structures not just within the therapeutic relationship but also in society, and their interplay with people's distress and the therapeutic process. Pertinent to this is also the issue of NICE guidelines and evidence based practice (EBP). Hemsley (2013) explored counselling psychologists' positioning on NICE guidelines and EBP. Findings showed that the relationship was not entirely unproblematic as the focus on symptom reduction clashes with the discipline's ethos on client's needs. With regards to incorporating culture in clinical practice, Christopher, Wendt, Marecek and Goodman (2014) are also critical in the way that multicultural competencies training often becomes more of a tick box exercise rather than a critical view of not just one's own culture and identity but also of the cultural artefacts that include science in general and psychology in particular.

Summary:

Social justice is at the core of counselling psychology and working effectively across cultures is directly linked to this. Yet the very concept of social justice is not without grey areas whilst working across cultures can be problematic as the discipline is still embedded in ideas, theories and practices that may not always be in congruence with world views originating outside the cultures that gave rise to psychology as a scientific enterprise. The issues with theory, research and application will be discussed in the next sections.

1.4 Theoretical and methodological and application issues:

1.4.1 Psychological constructs and theories:

Scientific psychology is a western cultural artefact stemming from the Enlightenment (Hofstede, 2001; Harre, 2002; Christopher et al., 2014). The majority of psychological theories and constructs especially around issues of culture stem from the USA (Bond, 2002). These theories often develop with research carried out on populations in western, educated, industrialised, rich democratic (WEIRD) countries even though they constitute only about 12% of the world's population (Christopher et al., 2014). More importantly psychological theories developed in the West focus on individuals with an understanding of people as autonomous agents. WEIRD countries are mainly the USA but also to various degrees the UK, Western Europe, and other countries with cultural political and ethnic ties with the above (Laungani, 2007). As a result comparisons between cultures are often in the form of a bipolar understanding comparing what is opposite to the West (Laungani, 2007; Hwang, 2015).

Laugani (2007) also talks about how Europeans are often thought to belong to the western cultural sphere regardless of geographical location based on a notion of "whiteness" and several cultural and political similarities. However such an approach is very problematic (Shah et al, 2009). As research has shown white Europeans from the Mediterranean such as Greeks and Italians have distinct cultural traits, value and belief systems and practices (Traindis, 1994, Shah et al, 2009). So when talking about Europeans one should be mindful that they do not comprise a homogenous group and despite similarities there is a high degree of variation amongst the different ethnic, cultural and political entities that make up European populations (McGoldrick & Giordano, 1996).

Notions of self and identity are typical examples of the above. Sparrow (2002), in her review and research on identity discusses how theories of identity are essentially male and Eurocentric. The

concept of individualism versus collectivism is also one that sees individuals on opposing ends with the former generally emphasising autonomy, individual agency and secularism while the latter emphasises interconnectedness, spirituality and group cohesion (Languani, 2007). Yet as Laungani (2007) argues this bipolar construct is highly problematic. He cites how Indian culture is viewed as collectivist yet in Hinduism the notion of karma is a very individualist one. Of course this collectivist versus individualist concept of self is multifaceted encompassing vertical as well horizontal dimensions, with a number of variations (Triandis, 1994).

Sue & Sue (2009) talk about a collective versus individualist processes of socialisation and identity with Western cultures being more on the latter end of the continuum and Asian, African and Mediterranean on the former. With regards to Greeks and Greek Cypriots research has shown that they display vertical collectivism thus putting them somewhere in between the two ends of the continuum (Triandis, 1994; Papadopoulos, 1999). Sue and Sue (2009) further argue that outside the west the Cartesian dualism between body and mind hardly exists and therefore mental health, seen in conjunction with one's culture, group, family, spirituality and often support for mental health difficulties comes in the form of traditional healing, family and social networks. Asante (1987) as cited by Sparrow (2000) claims "*one becomes human in the midst of others*" p. 179.

Similarly, child rearing practises are considered normal if they fall within Western models and a great emphasis is given to individuality and autonomy. Yet for many non-western cultures the nuclear family is not the norm and individuals are understood within the social structure and group they belong to something that is true for Greeks whether from Greece or Cyprus (Triandis, 1994; Georgas 2006). It is not surprising that one of the challenges to Piaget's theory of cognitive development came when the West "discovered" the writings of Vygotsky with his emphasis on the social aspects of learning (Schaffer, 1996).

Drawing from linguistics, anthropology and psychology Wierzbicka (1999) argues that emotions are not universally understood and experienced in a uniform way. In fact the word emotion does not even have direct translations into all European languages let alone non-European ones. Furthermore, different languages have words for specific emotions that can be conveyed in other languages only indirectly. Christopher (1999) takes this point further and discusses implications in clinical practice.

Summary:

Psychological theory and research is firmly embedded in the post-enlightenment West and it is heavily culturally biased. It draws most of its constructs from theory and research carried out in the USA and Western Europe with white western European populations even though they constitute only about 12% of the world's population. As a result concepts such as the "self" are heavily influenced by western white male concepts of self with little or no direct application with individuals belonging to other ethnic groups including other white European populations such as the Mediterranean populations for instance, including Greeks. This is further complicated by cultural and linguistic differences between different ethnic groups. Although the concepts discussed above are not by no means agreed upon fully this thesis has adopted the concept of the West as referring culturally, scientifically and politically to the USA, the UK and Western Europe while Greek Cypriots are placed outside this cluster based on number of significant differences as the relevant section will highlight. The next section will highlight issues regarding research.

1.4.2 Issues with research:

Research and theory incorporating cultural issues in psychology are not new, but the relative degree of importance and shift in thinking is still a matter of debate (Hwang, 2015). Berry and

Poortinga (2006) discuss three different approaches in dealing with cross cultural research and application. Firstly there is the *etic* approach where psychology is seen as universal with culture being of little to no consequence to scientific enquiries. Secondly there is the *derived etic* where ideas from western psychology are tested and matched with ideas developed within a specific sociocultural setting. Thirdly there is the *emic* where only ideas grown out of a particular setting are considered valid and appropriate for this setting. The *derived etic* approach is typical in cross cultural psychology while the *emic* characteristic of indigenous or cultural psychology (Eleftheriadou, 2003).

However, such research enterprises are far from straightforward as the socio-political and historical context vary from country to country and cultures are not uniform (Moodley, 2007). Psychology on the whole is dominated by the positivist research paradigm and quantitative methods, therefore cross cultural research is more often than not more valid with western populations than non-western ones as in the case of collectivism and individualism (Hwang, 2015). Something that Papadopoulos, Foster and Caldwell, (2013) found when they explored collectivism as a predictor of stigma for mental health in four different ethnicities including Greek Cypriots in London something pertinent to this research thesis.

Summary:

Research across or in different cultures, has different strands and it is often dominated by constructs developed in the West to varying degrees. However this often proves problematic as these constructs cannot account for psychological phenomena equally or even partially at times across different cultures for a variety of reasons. A growing interest in emic approaches to research has arisen because of this. The next section will examine the issues with applying research findings and theories from the west in other cultures. Next difficulties and issues around applying psychological theories practices in different cultures will be discussed.

1.4.3 Issues with application:

Owusu-Bembah and Howitt (2000) argue that psychological theory and application has been insensitive to cultural differences, and is often damaging to people of non-western ethnicities and cultures. The history of IQ testing is a prime but not unique example of racism in psychology where, non-western people have been victimised (Owusu-Bembah & Howitt, 2000). This is especially true in the field of mental health when normality is seen through Eurocentric lenses and any differences are often seen as pathological (Fernando, 2011). Yet more and more psychologist are accepting the position that abnormal has to be seen in contrast to what a given culture considers as normal (Triandis, 1994). Fernando (2011) in his overview of the development of psychiatry and clinical psychology highlights early psychoanalytical ideas of the “adolescent primitive” attributing different abilities according to ethnicity thus defining a clear hierarchical classification of humans according to race and ethnicity.

Yet damage is often caused unwittingly as the experience of many Sri Lankans and Rwandans will attest to, following interventions offered by Western professionals after the tsunami and the genocide respectively (Siddiqui, 2012; Christopher et al., 2014). Psychological interventions in those cases were not only irrelevant, but often inappropriate and damaging as they lacked any insight into local values, beliefs, traditions and practices.

Summary:

Psychology as developed in the West, has often viewed individuals outside the West as inferior. Furthermore, application of western psychological theories and practices across cultures indiscriminately is often irrelevant and/or damaging. Next a brief overview on the impact on ethnic minorities will be presented.

1.5 Impact on ethnic minorities:

Shah, Adelman & Ong (2009) argue that members of ethnic minority populations in the UK are underserved in a number of ways, including their mental health needs. Shah et al. (2009) characteristically point out the higher prevalence of a diagnosis of psychosis for males of Afro-Caribbean descent disproportionately to their numbers in the general population. Cooper, Murphy, Webb, et al. (2010) found that Afrocaribbean females aged 16-34 were the group with the higher risk of self-harm, yet the least likely to access therapeutic services in the UK.

The issue is further complicated with minority populations as there are many factors influencing their treatment by the majority at institutional and personal levels. Such factors include: generational issues, gender, degree of acculturation, language barriers and political history between majority and minority groups (Sue & Sue 2009). In the UK, Lane, Tribe and Hui (2010) use the concept of intersectionality to explain how a multitude of factors such as power and economic differential at the macro level, discrimination, cultural values and practices all interplay to account for higher risk for depression amongst elderly Chinese women in Bristol. Unsurprisingly, members of minority communities set up their own community and support networks as they feel that their needs will be met best within their own community (Ahmed & Webb-Johnson, 1995).

As the focus is often on race, the needs of many white ethnicities originating outside Western Europe are overlooked as in the case of Greek Cypriots (Shah et al., 2009). Giordano and McGoldrick (1996) believe this to be a complex phenomenon as both practitioners and white clients often overlook their ethnicity and their culture. Yet whether it is physical or mental health,

ethnicity appears to be an important factor both for accessing services and treatment outcomes (Aspinall, 1998).

Summary:

The mental health needs of ethnic minorities are often overlooked. Lack of understanding of the needs of minority populations, socio-political factors, discrimination are amongst the factors in play. However such difficulties are true also for other white populations such as the Greek Cypriot population in the UK. The reason for this is due to a number of complex factors not least because ethnicity and culture are overlooked even more when it comes to white clients and therapists. In the next section a brief overview of efforts to address such issues will be given.

1.5.1 Addressing such issues:

The National Institute for Health and Clinical Excellence guidance for the treatment of depression (2009 update) emphasises the need to integrate cultural elements in tailoring individual treatment plans for patients of minority ethnicities. However, it does not provide a framework as to how this can be achieved. Furthermore, Sue and Sue (2009) argued that there is still not enough research on how specific treatment modalities are suited for interventions with a culturally diverse population given that all major psychotherapeutic theories and practices stem from western notions of good and ill health. Multicultural training and competencies are not entirely unproblematic for a variety of reasons not least because they can lead to 'tick box' exercises and not nurture the need for indigenous psychologies and practices to flourish (Leung & Cheng, 2009; Chistopher et al., 2014). Ultimately, there is more to be learned both at the *derived etic* and *emic* levels of psychological theory with research to advance both theory and practice (Pedersen 2003).

Summary:

Although steps to address cultural issues in treatment have been taken, it is still an area full of challenges. Lack of specific theories and practices with different ethnic and cultural groups as well as wider theoretical and socio-political factors appear to be crucial in this process. Next some background on Cyprus and Greek Cypriots including Greek Cypriots in the UK will be given.

1.6 Greek Cypriots in the UK:

1.6.1 Brief history of Cyprus:

Cyprus is located in the Eastern part of the Mediterranean being the third largest island both in terms of size and population. The first human settlements date back to the Neolithic era around 10.000 BCE. The first attested Greek settlers on the island appeared during the late Bronze Age when Mycenaean traders established trading posts on the island and from about 1100 BCE they become the predominant ethnicity on the island. Cyprus was part of many empires from antiquity to its independence in 1960. In antiquity Assyrians, Persians, Alexander the Great, the Seleucids and the Romans all incorporated Cyprus in their respective empires. In medieval times Cyprus was part of the Byzantine Empire, but was also contested and often acquired by the Arabs, the Crusaders and eventually the Ottoman Turks who kept the island up to 1874 when the British took control over the island before formal annexation in 1915 lasting until 1960 when Cyprus became an independent state.

Independence did not come without complications or violence. The Greek Cypriot armed struggle to overthrow British rule was coupled with the aim of "*Enosis*" namely unification with Greece. On the other hand the Turkish community felt threatened by the prospect of *Enosis* and the ensuing inter-community violence climaxed in 1974 when the island became *de facto* partitioned and has remained so despite efforts for reunification and EU ascension in 2004. Greek Cypriots comprise around 80% of the population whilst Turkish Cypriots about 18% with the rest being mainly

Armenians and Maronites. Unsurprisingly perhaps given its long history, Cyprus “...hosts a culture that mirrors an eastern heart but reflects western rationality...” pp. xiii (Mirbagheri, 2009).

1.6.2 Greek culture and Identity:

Greeks and Greek Cypriots whether in their respective homelands or abroad are often treated as a homogenous population in terms of culture based on a number of elements such as common language, religion, ethnic identity and politics (Georgas et al., 2001; Georgas, 2006; Mylonas, Gari, Giotsa, Pavlopoulos and Panagiotopoulou, 2006; Charalambous, 2006). This is not unproblematic of course but due to scarcity of research literature this thesis has adopted a similar stance. Greeks have been found to be more collectivist than western cultures specifically displaying more vertical than horizontal collectivism. This amongst other things means respect for authority whilst loyalties do not extend to all Greeks necessarily, in fact, they can be antagonistic to each other (Triandis, 1994).

Stankov, Lee and van Vijver (2014) explored cultural differences and learning styles on cognitive functions along two dimensions liberalism/conservatism and softness harshness in 35 countries. They found that Cyprus was closer to Taiwan and India rather than Western Europe and North America. They also found that affluence does not always bring a change of cultural values. Tamis-LeMonda, Wang, Koutsouvanou and Albright (2002) researched what family values mothers of pre-schoolers would like to instil on their children in Taiwan, Greece and the USA. They found Greek mothers to be closer in their values and parenting styles to the Taiwanese ones than their American counterparts.

Summary:

Cyprus has a long and often turbulent history while Greek Cypriots like their counterparts in mainland Greece have many distinct cultural elements. More specifically Greek culture in general shares a lot of features with eastern cultures as it is more collectivist, has great respect for authority and is it centred on family. The importance of family will be examined further in the next session.

1.6.2.1 The importance of family:

Family includes, parents, affines, children, uncles, aunties and cousins and but also what it is called the inner circle (Kaldi-Koulikidou, 2007). This inner circle comprises of close friends but also of special relationships such as "*koumbaria*" that refers to best men or maids of honour for married couples and God parents (Charalambous, 2006). Children of families related with *koumbaria* are not allowed to get married as this would amount to incest culturally (Georgas, 2006). Respect for elders and authority figures is quite central in Greek culture, whilst traditionally men and women have had distinct gender roles within the family, with men been seen as the head of the family and women as the neck that moves the head, often taking charge in establishing norms and rules in the family (Kaldi-Koulikidou, 2007). A mothers' role is also nurturing metaphorically as well as literally passing down traditions and customs and food is central in this process (Turnay-Theodotou, 2013). Georgas et al. (2001) found that Greek and Cypriot adult children tend to keep in touch more frequently with the extended family beyond parents and siblings in line with previous research findings differentiating them to their counterparts in the West.

Children especially sons, are not just expected to succeed their parents but to exceed them. Parents often work long hours to provide for their children while children need to obey parents, mistrust the world outside the inner circle and do well in life and uphold family values. Children are

also trained to pay more attention to who delivers the message rather than message content. Children's academic failure is seen as bringing shame upon the family and a direct act of rebellion against parental, mainly paternal authority. Incidents of harsh physical discipline or domestic violence occur in this context but they are often viewed as a family matter (Tsemberis & Orfanos, 1996).

The picture appears to have changed with regards to gender roles in the family but respect for elders, family members looking after each other and each generation doing their duty when the time comes, remains central (Georgas, Berry, Shaw, Christachopoulou & Mylonas, 1996; Georgas 2006). Georgas et al (1996) found that second generation Greeks in different European countries and Canada showed similar shift to their counterparts in Greece with regards to traditional gender roles but at the same time they also retained family as the highest cultural value and the importance of parents looking after the children when they are young and this been reciprocated with the passage of time. Expectations of achievement are high for children but also the assumption that parents will do everything they can so their children will achieve (Charalambous, 2006).

Demetriou and Christodoulidis (2006) in their effort to standardise the Parental Acceptance-Rejection scale in Cyprus found that Greek Cypriots adolescents in Cyprus perceived their parents as more warm than their US counterparts. Marjorubanks (1995) compared extrinsic motivation among children of Greek, Italian and Anglo-Australian families with regards to motivation. Greek children showed the highest levels of extrinsic motivation in doing well academically followed by the Italian and Anglo-Australian ones, a difference that was attributed family factors.

Summary:

Greek culture is centred on family. This includes extended family and people of the inner circle. Parents provide for the children and in return obedience and achievement is expected.

Traditionally gender roles were distinct but this has changed without affecting the overall importance of family and the generational roles. Families tend to keep to themselves and resolve difficulties within. Greek family values are closer to ones in eastern cultures than they are to western ones. As a result Greek individual identities have been shown to be more collectivists and have to be seen through individuals' respective families. The importance of family is further reinforced by the Greek Orthodox Church. The importance of religion will be examined next.

1.6.2.2 Religion:

Special mention needs to be given to religion as the Greek Orthodox faith is central for Greeks both in terms of spirituality but also in terms of identity with relatively high church attendance (Georgas, 1996; Crea, 2012). The family is considered sacred within the Greek Orthodox Church which also sanctifies the institution of *koumbaria*. (Charalambous, 2006; Kaldi-Koulikidou, 2007; Crea 2012). The church is expected to provide spiritual guidance, moral and practical support as well as lead on social justice issues as Georgiades (2015) found comparing Greek Cypriots in Cyprus and Australia and Crea (2012) with Greek-Americans.

Summary:

Religion is central to Greek culture and further reinforces the importance of family. It is also part of their identity and is expected to play a role in society at large as well as influencing many areas of individuals' lives. This emphasis on family and religion are in sharp contrast with cultural values and practices observed in the West as discussed earlier. Next some background on Greek Cypriots in the UK will be given.

1.6.3 Greek Cypriots in the UK:

As the ONS used to class Greek Cypriots as "white other" there are no exact figures regarding Greek Cypriots in the UK (Aspinall, 1998). However they constitute one of the largest linguistic minorities in London, estimated to be in excess of 150,000 strong (Papadopoulos 1999). Greek

Cypriot immigration started in the 1930's and continued all the way in the 1970's with the most significant numbers in the 1950's and 1960's (George & Millerson 1967; Papadopoulos, 1999).

Despite initial restrictions on emigration by the Cypriot Colonial Government, already by the 1960's they were an established community that included both men and women following initial migration of men only, searching work opportunities. Men brought a variety of occupational skills with them but they often worked in the catering industry while women had the double role of running the home as well as becoming income earners. They were employed largely in the textile industry working as machinists utilising their sewing skills they brought over with them from Cyprus (George & Millerson, 1967). They also tended to concentrate around certain areas in a typical immigrant community formation originally in the West End and South London and then in North London reflecting changes in affluence and occupation amongst other things (George & Millerson, 1967; Mavreas and Beddington, 1987).

They have their own organisations, churches and cultural institutions, schools and a popular radio station broadcasting both in Greek and English (Papadopoulos, 1999). This is particularly important as their cultural organisations have always been ethnocentric, with the aim of preserving ethnic, family, religious and cultural values and practices. This is further attested by the community's rejecting of early Anglo-Cypriot organisations set up with the aim of assimilating them into British society as well as suppressing political issues such as the quest for *Enosis* as discussed earlier (George & Millerson, 1967). In fact, many first generation Greek Cypriots in the UK especially females have very little or no English at all as a result of community structure and occupations within largely Greek employers (George & Millerson, 1967; Papadopoulos, 1994). Although Greek Cypriots are well integrated in British society today this has not been without any difficulties or even incidents of discrimination and racism against them (Turnay-Theodotou, 2013).

Spirituality and family values are well preserved in the community, and language seems to be one of the main vehicles of maintaining a distinct cultural and ethnic identity (Gardner-Chloros, McEntee-Atalianis & Finis, 2005). Greek Cypriots in the UK speak a variant of Modern Greek, the Cypriot dialect known amongst its speakers as *horiatika* or *horkiatika* meaning a peasant's dialect referring to the original migrants' rural origins, educational level and socioeconomic status. The liturgical language of the Greek Orthodox Church is the Hellenistic Koine an archaic variant of Greek (Finnis 2014).

Although language shift and cultural change had been observed between first and second generation Greek Cypriots as far back as the 1960's many traditions and cultural values and practices have been retained also (George & Millerson, 1967). Finnis (2014), studied the community of practice (getting together for a particular activity/purpose such as a youth club) of second generation Greek Cypriots and their use of both English and Greek. She found that they had developed a distinct and complex identity moving away from some of their parents' traditions, but at the same time retaining a number of these values. They were aware of the circumstances of their parents, and they were highly focused on professional achievement and family ties at the same time evident in their language switch frequency during those interactions. Papapavlou & Pavlou (2001) surveyed, through questionnaires, 274 second generation Greek Cypriots students in London aged 12-18. They found a relatively high preservation of their parents' language although there was a preference for using English in most occasions outside the home. They were also aware of the differences between the Cypriot dialect and standard Greek as they learned the latter at school and through media. Their level of competency in Greek varied and they had a distinct identity compared to those in Cyprus and Britain but were aware and proud of their heritage and actively involved in cultural settings and organisations. They often blamed their parents for not pushing them enough to learn Greek.

In 1983, Furnham and Kirris explored self-image disparity and sex-role stereotypes between white British, British Cypriots and Cypriots. They found that British-born Cypriots placed themselves somewhere in between the two poles, favouring their in-group and influenced by parental views on the issue as they had developed through a complex historical and political process. King, Christou, Goodson and Teerling (2008) found that when compared to second generation Greeks originating from Greece, the Cypriots found “returning” and settling in their ancestral home easier, perhaps due to the colonial past of Cyprus. Cylwick (2002) explored expectations of reciprocity between generations. Parents expressed pride in their children a wish to carry on helping and supporting them and not wanting to be a burden, but also felt that they would feel shame if rejected by them. The family appears as a close knit unit, with mothers playing a central role in it with food serving both as emotional physical nurturing. On the other hand, children felt they should look after their elderly and increasingly frail parents demonstrating strong family relationships that are dynamic and change over the lifespan.

Summary:

Greek Cypriots are an established community in the UK. They are integrated within broader British society but the process has not always been smooth. They have preserved their culture, identity, values and practices to a large extent and this is true for second generation Greek Cypriots too. Second generation Greek Cypriots have developed a distinct identity but retain many values and practices from their parents’ culture especially around their sense of heritage but also family values and are active members of their communities. Yet their understanding and needs around mental health are understudied as the literature review will demonstrate. The next section will provide a justification for this thesis.

1.7 Justification for this research thesis:

The present thesis aims to further explore cultural issues in psychology and clinical practice with a UK focus. More specifically the focus will be on understanding how culture influences second generation Greek Cypriots' understanding of mental health and their help-seeking behaviours. As this is an understudied population yet with a distinct ethnic and cultural identity, little is known as to what their views on psychological wellbeing and mental health are. How does their culture influence such views and how in return influences their help seeking behaviours. Furthermore its qualitative methodology aims at developing *emic* theoretical concepts from the data rather than imposing preconceived ideas on the participants.

2 Literature review:

This literature review will critically cover issues relevant to the research question. First, it will explain how the literature review took place before discussing the issues raised. These include the relevance of culture, definitions and research on culture, acculturation, ethnic identity and their relevance to mental health in particular. A note on established mental health understanding will be given with some of the criticisms. It will then focus on the relevance of culture for mental health theory and practice, impact on ethnic minorities, and initiatives to tackle this impact. Finally it will focus on the interplay of culture and mental health for Greek and Greek Cypriots across different countries including the UK.

2.1 The literature search:

A step wise approach was employed for the literature review. Furthermore the literature review took place broadly in two main phases. The first was during the research question formation and the second following data collection. This two phase approach is in line with grounded theory practice and is discussed further in the methodology section. The first step involved literature search through Psychinfo. The Athens Educational databases as well as the BPS online journals were used to access the identified relevant articles. The databases accessed were Science Direct, Sage Journals, Ovid Online, Oxford Journals, and Wiley Online Library. Key search terms included “culture”, “identity”, “health” “minorities” and “Greek Cypriot “at first instance. Empirical research papers and review/theoretical ones were reviewed. Books were also included whilst there was hand-searching of articles and books. This allowed for cross referencing relevant published articles and books. Cross referencing was also carried out by using Google Scholar.

The next step was to narrow down literature search by focusing on UK relevant literature in general and Greek Cypriots in the UK in particular. Finally following data collection and analysis further search criteria included “family and culture”, “family and mental health” and “Greek and

health". Published work was included in the review if it included research comparing different ethnic groups in relation to their understanding of mental health, help seeking behaviours, treatment options and efficacy with different ethnic and cultural groups.

Although there is a great volume of literature on culture and mental health in general this is mainly from the USA and focused on particular ethnic groups such as African Americans and East Asians. When it comes to Greeks in general and Greek Cypriots in the United Kingdom in particular the literature is rather sparse. The search on the various data bases gave poor results when it came to the mental health of Greek Cypriots living in the UK. For instance, on Sage Journals search using key words Greek Cypriot and health produced 804 titles when they were applied in any field. From them only a handful was relevant to the current research thesis. When the same search criteria were applied on the title line only the number was reduced 355 articles and only 2 were selected to be included in the current literature review. The limited literature on Greek Cypriots in the UK provides further justification for this research thesis. In practical terms it also meant that it had to be embedded in the wider literature on culture and mental health. The next section will focus on the relevance of culture in psychology.

2.2 Relevance of culture:

Culture seems to influence modes of communication, identity as well as beliefs about one's wellbeing and help-seeking behaviours (Sue & Sue, 2009; Chang, Tsai & Sanna 2010). Berry and Poortinga (2006) view culture in a constant interplay with the individuals concerned. It shapes and in return is shaped by these individuals whilst biology, ecology, socio-political factors are also important in this process. For instance, research has shown cultural influences in cognitive functions. A study by Sui, Zhu and Chiu (2007) found a cultural priming effect on a memory recall task when comparing a sample of Chinese and American university students. Chinese and Euro

Americans have been found to differ in terms of aging and cognitive functions (Park and Guchess, 2002). Han and Ma (2014) in their meta-analysis of neuroimaging studies regarding cultural differences argue that there is enough evidence to suggest that there are structural as well functional brain differences due to cultural differences. In a qualitative study carried out in the UK, Koffman, Morgan, Edmonds, et al. in 2008 compared perceptions of pain between terminal cancer Afro-Caribbean and White British patients. They found that both groups saw pain as a challenge to overcome but the Afrocaribbean group was more likely to see pain as a test of faith and punishment hence influencing the ways they accommodate pain.

Summary:

Culture is a multifaceted phenomenon permeating in all human activity. Cognitive processes, emotional experiences and behaviour appear to be influenced by culture and there is evidence that this is reflected in brain structure too. Culture is affected by both social and physical factors. Next definitions of culture and relevant concepts will be examined.

2.3 Definitions:

2.3.1 Race culture and ethnicity:

Culture, race and ethnicity are distinct concepts yet they are often used interchangeably in the literature thus confusing researchers and practitioners alike (Karlsson, 2005). The concept of race is one of contention and has changed over time but it could be defined as describing physical appearance (Eleftheriadou, 2003; Moodley, 2007) Furthermore race does not equate with culture whilst variations within a culture also exist (D'Ardenne & Mahtani, 1999). Ethnicity on the other hand is more complex as it combines features of both culture and genes whilst it also incorporates elements such as language and geographical location amongst others (Shah et al. 2009). Once again ethnic groups will not be uniform in their set of values, beliefs and practices (Koffman et al., 2008, Ganagarajah, 2008). From the above it becomes clear that political as well as theoretical factors influence definitions and concepts as it will be shown next by looking at each more closely.

2.3.2 Culture:

Culture could be conceptualised as a set of attitudes, beliefs and behaviours shared to varying degrees by an ethnic or social group (Sue & Sue, 2009). Hofstede (2001), refers to culture as mental programming while Triandis (1994), differentiates between objective and subjective culture, the former comprising of material artefacts while the latter beliefs, values and practices shared by a particular group. Lecusay, Lars and Cole (2008), see behaviour as the history of behaviour in the cultural context. Of course culture is not limited to ethnic or national groups as organisations and professional groups also have their own culture for instance Park and Gutchess (2002).

Culture often has a spiritual element something that is frequently omitted in western thought alongside the insistence on seeing western culture as the norm even though the West comprises only 12% world's population (Kagitcibasi, 2006; Hwang, 2015). Individuals are in a constant interplay with their culture. Although individuals' behaviour can be predicted to some extent by cultural norms, culture is not a deterministic blueprint for behaviour (Kagitcibasi, 2006). In fact as Hofstede (2001), highlights individuals in any given culture are caught between what is desirable of them to fit in their group and what is desired by them to pursue their own goals and wishes.

Many factors effect culture change such as contact with other groups, travel, migration, socio-political circumstances, media, war, natural disasters religion and affluence (Triandis, 1994, Hofstede, 2001). However it is also important to bear in mind that these changes are neither rapid nor absolute as the same factors can also resist change effectively (Triandis, 1994; Berry & Poortinga, 2006). A regression to older cultural beliefs and practices is also true (McGoldrick and Giordano, 1996). The recent financial crisis in Greece for instance has reinforced the family's role as a welfare provider further reinforcing the cultural norm of children residing with their parents even as adults (Lyberaki & Tinios, 2014).

Summary:

Culture whether national, professional etc. encompasses beliefs, values, attitudes, spirituality and behaviour. Cultures are diverse and evolving but also stable with a number of factors influencing this process. Individuals in any given culture will differ as how much they subscribe in their environment's culture whilst they also have their own goals and wishes. Next acculturation to a culture outside one's family of origin will be reviewed.

2.3.3 Acculturation:

Acculturation is the process of adapting to a new culture, often but not exclusively in the process of immigration (Triandis, 1994). Yet the process of acculturation is neither linear nor unidirectional and certainly not devoid of emotional distress (Georgas, 2006; Berry & Poortinga, 2006). The process of acculturation is dependent on many factors such as ties and contact with the original culture, language, distance or proximity to the culture of origin, socio-political factors, trans-generational factors, family's means of income, gender etc. (Berry & Poortinga, 2006). In the case of migrants and their descendants it cannot be assumed that acculturation leads to complete assimilation. Furthermore, subsequent generations often go through a process of enculturation (adopting one's parental culture) through the socialisation that family and the wider community offers (McGoldrick & Giordano, 1996 Ganagarajah, 2008; Wiley, Deaux & Hagelskamp 2012).

Measures of acculturation and integration are often based on irrelevant questions for the participants not accounting for the meaning that one gives depending on the situation at question (Boski, 2008, Haritatos & Benet-Martinez, 2002). For instance the concept of the nuclear family is often erroneously used to denote both the structure and the function of family (Georgas, 2006). This was evident when Georgas, Mylonas, Bafiti, Poortinga, et al. (2001) studied family structure and function in sixteen different countries across Asia, Europe and North America. Thus Goodwin,

Christachopoulou and Panagiotidou (2006) argue that although British families tend to be nuclear in structure, functionally they include social networks as well as other family members such as grandparents and parents' siblings.

Suin (2010) reviewed how acculturation affects overall wellbeing for Asian Americans. Although higher acculturation was generally related to higher levels of wellbeing the picture changed once the stress associated with the process of acculturation was also accounted for. Adolescents are often caught in this process, as maintaining family embeddedness and host culture's call for autonomy is not a straight forward process. Furthermore, high acculturated adolescents are likely to experience family conflict related stress. However, an outright rejection of the parents' culture is rarely the case (Kwak, 2003, Boski, 2008).

Summary:

Acculturation is a complex phenomenon influenced by many factors and emotional distress is often associated with the process. Theoretical concepts lack clarity as research shows, whilst the process is neither uniform nor linear. Finally the reverse process namely adopting the culture of one's family of origin is also true. Next the concept of identity will be reviewed.

2.3.4 Identity:

Pertinent to the issue of culture and acculturation is the notion of identity in general and ethnic identity in particular (McGoldrick & Giordano, 1996). In fact they are not alone in arguing that culture and identity are not just a "special issue" but paramount in the field of therapy. Unsurprisingly identity is a multifaceted concept and construct that includes not just one's ancestry but also one's roles in different contexts (Sparrow, 2002).

Berry, Phinney, Sam, and Vedder, (2006) as cited in Esteban-Guitart and Vila (2015) p. 18 proposed 4 different types of ethnic identity development: 1) the diffuse model, in which there is

uncertainty and confusion about how to live between two cultures, 2) the national pattern, in which young people assimilate and identify with the national group of the host society, 3) the ethnic model, in which the orientation is mainly towards their own reference group of origin, and 4) the integration model, in which young people identify with both cultures, preserving the ethnic codes of their tradition and integrating the lifestyles of the host society.

However the process is not straightforward. Sparrow (2002) in her critique of current notions of ethnic identity studied non-white American university students. Results showed that gender, ethnicity, socio-economic status as well individual circumstances were paramount in developing one's identity. She argued that ultimately identity is a lifelong development and as much interpretation as it is interaction; roots, sense of belonging and context are of paramount importance. *"The phone is ringing who will I be? ``With whom or where do you like best, the person who you find yourself being?"* p. 190.

Kenny and Briner (2003) took a critical realist approach and explored the meaning of identity for thirty Black British large organisation employees. They differentiated assigned ethnic identity and ethnic identification thus accounting for the complex historical and political issues faced by this group in relation to white British establishment whilst ethnic identity salience was dependant on context. Boski (2008) and Noels (2014) also question the approach espoused by Berry et al (2006). They contest the assumption based on governmental statistics, that identity is clearly defined and homogenous, which disregards people's subjective experiences, and of course context namely, family, language, religion, politics, gender, race and economy.

Haritatos and Benet-Martinez (2002) explored personality traits based on the "Big Five" and bicultural identity integration with Chinese Americans. Despite evidence for a relationship between high integration and traits such as agreeableness this was not linear and all

encompassing. Ganagarajah (2008) interviewed Sri Lankan Tamil speakers in the diaspora in the UK, Canada and USA with regards to language retention among second generation and ethnic identity. Contrary to predictions loss of language did not amount to a loss of ethnic identity. This was explained through a combination of varied factors such as colonialism, community setting, and family dynamics.

Although not unproblematic a concept, collectivism and individualism is often used in understanding identity in general and ethnic identity in particular (Bond, 2002; Hwang, 2015). Balcetis, Dunning & Miller (2008) found that collectivists tend to give more accurate predictions of their own behaviour than individualist while no difference was found when it came to predicting the behaviour of peers. Collectivists then to be more self-effacing (Triandis, 1994) while research has also shown that people think of themselves in social rather than individual terms as this provides a sense of belonging and safety and get defensive when this is under attack (Branscombe, Wann, Noel and Coleman 1993).

Summary:

Identity in general and ethnic identity in particular is a complex concept influenced by people's origins, gender, social and political factors and is heavily context dependant. Furthermore it is often researched from theoretical points and constructs developed in the West employing positivist assumptions thus failing to capture fully how identity develops and understood across different cultures and contexts. Last but not least like other aspects of culture is often conceived in White Western versus non-white groups leaving others groups unaccounted for. Next the relationship between ethnic identity and mental health will be explored.

2.3.4.1 Ethnic identity and mental health:

The relationship of emotional wellbeing and ethnic identity is well documented (McGoldrick & Giordano, 1996). Chavez-Corell & Torres (2014) found that Latinos with a strong Achieved

Positive identity reported significantly lower stress related depression symptoms than those with a Diffuse Negative identity. Achieved Positive identity means that an individual has explored aspects of their ethnic identity and has managed to integrate them in their overall identity (explored and resolved) whilst Diffuse Negative means that the individual's identity is neither explored nor resolved.

Veling, Hoek, Wiersma and Mackenbach (2010) studied immigrants of various ethnic groups in Holland. They found that those with a weak identity were at a higher risk for schizophrenia especially in an environment riddled with adversity such as poverty and racial discrimination. Schwartz, Zamboanga, Weisskirch & Rodriguez (2008) explored the relationship between personal and ethnic identity exploration with adaptive psychological functioning. A large sample of 905 university students completed questionnaires. Results showed that current personal identity exploration was negatively associated with adaptive functioning. Ethnic identity was not associated in any significant way with maladaptive function other than the confusion stage in other words when an individuals are unsure about aspects of their identity.

Caldwell-Harris & Ayçiçeği, (2006) compared collectivists in Boston USA and individualists in Istanbul Turkey. They found the former to present with higher traits of anxiety and depression while the former with higher traits of personality disorder indicating high risk when one's personality style and their surrounding dominant culture are at a clash.

Summary:

Research shows a strong relationship between ethnic identity and mental health. As ethnic identity is linked with culture amongst other things its relevance to research and practice cannot be underestimated. Once again the dominance of Western psychological constructs as well as a

focus mainly on non-white populations leaves many groups unaccounted for on top of lack of culture specific theories. Next the relevance of culture in mental health will be explored further.

2.3.5 Mental health:

2.3.5.1 A note on mental health:

Current notions of good or ill mental health in psychiatry and psychology are mainly if not exclusively based on western values and practices with regards to normality and abnormality often assuming the Cartesian dualism of mind and body (Thomas & Bracken 2011; Fernando, 2011). The medical model that is prominent both in physical and mental health often focuses on symptom reduction and equates symptoms with cause with biological explanations at its core (Lewinsohn, 1998). Although today the bio-psychosocial or the vulnerability-stress models are more widely used, the focus still remains on the individual rather than the environment for a range of ideological, political, economic, cultural and epistemological reasons (Boyle, 2011). Yet this can be problematic when applied to individuals of non-western origin or even within the West (Boyle, 2011; Christopher et al., 2014).

In fact, psychiatric and psychological theories and language describe abnormality in ways that appear to be at odds with lay understanding of distress, removing the power from ordinary people thus becoming self-serving enterprises (Rapley, Moncrieff & Dillon, 2011). This in effect means that instead of patients/clients seen in their social and cultural contexts and formulating their difficulties and offer appropriate treatments in this context, clinicians often project their own theories on to their clients (Thomas & Bracken, 2011).

Yet Jorm (2000) found that lay people's understanding of mental health difficulties, the language they use to describe them and their help-seeking behaviours differ to those the experts use. In the USA, Pescosolido, Martin, Long, Medina, Phelan and Link (2010) reviewed how public perceptions of depression and schizophrenia changed following a decade of educational programs to reduce stigma and increase access to help. They found that an increase in the numbers of people subscribing to biological explanations of mental illness, but only a modest increase in drug treatments whilst stigma remained high. They discussed social, economic and cultural factors affecting the results of the campaign.

Despite endorsement by research and practice circles, EBP is contested on such political, epistemological and cultural grounds (Boyle, 2011). Kirmayer (2012) argues that EBP is not validated across cultures and that formulation and treatment needs to incorporate cultural elements of distress aetiology and distress reduction.

Summary:

Current understanding of mental health is very much influenced by a focus on symptom reduction and on individuals with often little or no account for broader social, political and cultural factors. Such understanding is contested on many grounds culture being one of them as the next session will demonstrate.

2.3.6 Relevance of culture:

A number of studies have demonstrated that causes and symptoms of mental health difficulties are understood differently across cultures (Sue & Sue, 2009). Bulli, Melli, Stopani et al. (2014) carried out a survey in Italy in order to validate a USA screening tool for hoarding. A higher prevalence of hoarding behaviour was found amongst Italians especially the older ones. Cultural differences were thought to account for this as this generation comes from deprived backgrounds before the time of consumerism. Emanuelli, Ostuzzi, Cuzzolaro et al. (2003) in the area of family

therapy in the treatment of anorexia, found significant cultural differences between British and Italian mothers of adolescent girls in their perceptions of unhealthy attributes of family life. These were understood within the autonomous versus family life emphasis difference between the two cultures.

Habib, Dawood, Kingdom and Farooq (2015) explored the effectiveness of an adapted CBT model for psychosis in Pakistan. Illness was attributed to stress but through a bio-psychosocial and spiritual model. The adopted model incorporated family members in the sessions and proved more effective than the original model. A qualitative research methodology was useful as it allowed them as it facilitated the development of culturally relevant constructs. Ayalot & Young (2003), compared how European Americans and African Americans report and experience symptoms of depression. The former group reported more symptoms of self-blame and pessimism while the latter reported weight change, a sense of punishment, sleep disturbance and loss of libido. Interestingly, African Americans did not perceive weight change and sense of punishment as related to feeling depressed, highlighting ethnic differences not just in symptomatology but also in the way depression is conceptualised. Okazaki (2000) compared interview and questionnaire anxiety reporting between Asian and European Americans. Although there was no difference in the severity of symptoms depending on method of reporting, Asians consistently reported higher levels of social anxiety.

Summary:

Culture influences not only how mental health difficulties are viewed by people but also treatment outcomes. The established medical model is often at odds with how mental health is viewed across different cultures as family, perception of self, social, biological and spiritual elements are important. The impact of this discrepancy cannot be underestimated as the next section will highlight.

2.3.7 Impact on ethnic minorities:

Research on either side of the Atlantic has shown that people from minority backgrounds underutilise mental health services (Claassen, Ascoli, Berhe & Priebe, 2005; Sue & Sue 2009). This is a complex phenomenon with many factors accounting for it, such as mistrust of the white establishment in general, through experiences of discrimination and racism, the cultural incompetence of White therapists and culturally insensitive services and/or therapies (Maddux & Desmond 1996; Whaley 2001; Benkert, Peters, Clark, & Keves-Foster, 2006; Sue & Sue, 2009).

Research findings have shown a preference for African American therapists by African American clients (Whaley 2001; Karlsson 2005). Neto, Gaag and Thanki (2006) found similar results in the UK too in their study of counselling services utilisation by Asian people in the UK although in neither side of the Atlantic this was a universal phenomenon. Dogra, Vostanis, Abuateya and Jewson (2007) in their study of 15 Gujarati parents and adolescent service users of a UK community service found that quality of the service was more important to culture sensitivity. In addition research has also shown that a therapist from the same ethnic background can also commit cultural *faux pas* (Arcia, Sanchez-LaCay & Fernandez, 2002). All the above highlight the multitude of factors influencing treatment engagement and outcomes as well as the lack of homogeneity between and within cultures (Sue & Zane 2009; Suin 2010).

Claassen et al (2005) carried out a meta-analysis of mental health provision in the UK, Germany and Italy. It was found that although in the UK there appears to be more awareness of cultural barriers to accessing mental health services, these barriers still exist. Moodley (2007) argues that the multicultural model of Britain of not interfering may be equally damaging in marginalising

certain ethnic communities thus creating resentment for lack of opportunity and integration with multiple negative effects on individuals' physical and emotional wellbeing. Furthermore Beckett and Macey (2001), point out that even illegal acts in the UK such as domestic violence or female genital mutilation can continue in the guise of non-intervention on cultural grounds.

Degree of acculturation, as well as level of identity development also appears to influence clients' experience, as well as preference and expectations in therapy (AEgisdottir & Gerstein, 2004). Differences in expressing emotions, modes of communication, experience of symptoms, as well as culture specific disorders, confound the picture further (Okazaki, 2000; Matsumoto, Yoo & Fontaine, 2008; Sue & Sue, 2009). Sue & Sue (2009), argue that western values of individualism, prominent in psychological theory, may clash with the collective sense of identity that non-western cultures nurture and develop. For instance, Lam and Zane (2004) found that Asian Americans try to adapt to their environment in times of distress especially when it is due to interpersonal difficulties compared to White Americans. They explained this difference through the collectivist identity of Asian Americans and the importance they attach to maintain harmony within their inner circle as opposed to white American's emphasis on individualism and freedom to pursue personal growth. Socioeconomic factors also appeared to play a role. This is common enough amongst collectivist as they consider their inner group wellbeing as well as theirs, and they often turn to inner group for support in times of distress (Kuo, 2013). Furthermore Kuo (2013) argues that there is a lack of culturally validated models of distress and that research needs to focus explaining differences between groups not just noting them.

Different cultures understand and deal with mental health difficulties differently often with a high degree of success (Triandis, 1994). This was evident in Chen and Mak's (2008), study of white Americans, American Chinese, Hong Kong Chinese and Mainland Chinese. The first two groups were more likely to seek help whilst the importance of lay beliefs and practices as well as prior

experience of receiving help were also important mediating factors in understanding and dealing with mental health difficulties. Unsurprisingly Chen and Mak (2008) called for an incorporation of culture into formulation and practice.

Summary:

People from ethnic minorities face barriers in accessing help for mental health difficulties. They understand and deal with such difficulties differently whilst lack of cultural sensitivity by professionals and institutions coupled with historical and socio-political factors influence often result in poor engagement and outcomes. Once again research in the field often focuses primarily on groups with obvious phenotypical differences to individuals of White Western European ancestry. Ways of tackling such barriers will be examined next.

2.4 Incorporating culture in practice:

A number of ways have been put forward to deal with the impact of culture in mental health either at the conceptualisation level or clinical practice. These range from the development of multicultural competencies (Sue & Sue, 2009) to theorising about personality traits such as the Multicultural Personality (Ponterotto, 2010). Community initiatives are also part of the approach something that has been endorsed by NICE (2015). Multicultural practice is examined next.

2.4.1 Multicultural training and practice:

One of the ways of addressing culture in therapeutic settings is training in cultural awareness. Recommendations include many things such as learning about different cultures, guidelines for contact when there is a gender mismatch, addressing diversity issues in therapy and cultural techniques such as more authoritative and directive style during the initial stages (Sue & Sue, 2009). Roland (2005) reviewed how psychodynamic therapy works with Asian clients and found that accounting for culture in transference resulted in stronger therapeutic alliance and outcomes.

However practice in general tends to differ. Cortis and Law (2005) reviewed how racism and diversity is addressed through nursing training and practice in the UK. They found that diversity and cultural awareness is not a major component of training, whilst the “other” is seen as exotic and deviating of the norms as understood and established by western culture and practice. In the USA Maxie, Arnold and Stephenson (2006) surveyed 689 licensed psychologists. Most participants said that they felt comfortable and skilled in addressing ethnic differences in therapy however they these conversations with only about half of their ethnic clients whilst this was often initiated by the clients rather than the therapists.

This issue is further complicated on the theoretical level too. Sue and Zane (2009), in their review of the effectiveness of multicultural counselling highlighted a number of difficulties. First knowledge about cultures is a vast enterprise and it assumes that all members of a given community will share the same cultural values. Secondly, it does not link the process and goals of therapy as therapists need to incorporate their credibility in the process. This means both their ascribed credibility as well as the achieved one, something paramount when there is a mistrust of the therapist and/or the institution by the client or when clients come with high expectations. They argued that effective multicultural therapy needs to include culture in the formulation and clients need to feel that is an enterprise worth embarking on. Also Christopher et al. (2014) highlight that just focusing on general knowledge runs the risk of subscribing to stereotypes and still not addressing differences in how the world is perceived and experienced by individuals of different cultures.

Summary:

Multicultural competencies training and practice has been a major step in tackling inequality in mental health. Yet issues at the theoretical level, lack of consistency in training and practice have impeded the process of effective multicultural therapy. Community initiatives will be discussed next.

2.4.2 Community Initiatives:

In order to address some of the aforementioned difficulties on both sides of the Atlantic, initiatives involving communities and organisational change have shown some promise. Munoz and Mendelson (2005) in San Francisco developed a CBT manual for the local Latino population to improve access. They found that the inclusion of Spanish metaphors, consulting with clients of what was useful and relevant helped improve access, retention and outcomes. For instance a number of participants refused to take part in mindfulness exercises as they saw them as antithetical to their religion whilst the use of Spanish metaphors was very effective in sharing CBT formulations. Still in the US, Marsh, Cao, Guerrero and Shin (2009) found that matching services to meet the cultural/ethnic needs of clients enhances outcomes in addiction treatment.

Sass, Moffat, Bhui and Mckenzie (2009) in their analysis of different initiatives to improve access to mental health services for ethnic minorities on both sides of the Atlantic found that targeting specific populations with educational programs whilst respecting cultural beliefs around distress helped to remove barriers to accessing services. Mistry, Jacobs and Jacobs (2009) studied access, process and outcomes for three different family services that used a cultural approach to engage their local diverse communities. Although factors such as community size and population density appeared to influence results, generally adapting to community needs was more effective than multicultural training.

Lane and Tribe (2010) discuss the concept of community engagement in line with relevant NICE guidelines and current trends. They based their recommendations on their project of raising depression awareness amongst elderly Chinese women in Bristol. They found that engaging with community leaders, offering practical support, engaging in community practices such as exercise

and food sharing and respecting cultural beliefs around health were very important. However, they also highlighted the lack of clarity around terms such as community, the need for resources, and socio-political factors as influencing the success of such initiatives.

Summary:

Community initiatives taking a grass roots approach have shown considerable promise. Nonetheless theoretical issues as well as practical factors influence implementation as well as success of such projects. Next the literature on Greek and Greek Cypriots and mental health will be reviewed including Greek Cypriots in the UK.

2.4.3 Greek culture and health:

2.4.3.1 Greece and Cyprus:

Tyrovolas, Polychronopoulos, Tountas and Panagiotakos (2014) tried to improve dietary habits amongst elderly Greek Cypriots in Cyprus. Compliance was greater when there was more frequent contact between dietician and patients and also when the practitioner was of higher status i.e. masters as opposed to degree educated. In mental health, Zissi (2006) studied perceptions of mental health amongst a rural community in Greece utilising case vignettes as opposed to attitude scales. Perceptions of causes and degree of stigma varied according to the displayed behaviour in each vignette. For instance, participants were less likely to see depression as a mental health disorder and likely to attribute it to external psychosocial factors such as divorce, financial difficulties etc. On the other hand, behaviour symptomatic of psychosis was seen as serious mental illness and cause was attributed more to “bad genes”.

Fotopoulou (2013) explored the motivation behind Greeks substance users’ motivation to enter a rehabilitation program. *Filotimo* a complex set of values including amongst others, one’s duty to one’s family and family pride, was a major motivation, once again highlighting the interplay of

culture and the value of family in health matters. Kalaitzaki, Birtchnell and Nestoros (2010) explored how the quality of interrelating improved in the course of synthetiki psychotherapy (individual therapy) with young adults in Greece. They involved family parents as well as siblings utilising the *emic* of children staying with their parents even as adults and found that to be a predictor of positive outcomes.

Dimitriou and Didangelos (1987) in their account of the relative efficacy of family therapy with children in Greece found that parents were overinvolved, the inner circle was important, extended family pressures to do well and the use of corporal punishment were all factors influencing outcomes. Furthermore families expected expert opinion, whilst they feared stigma of mental health. They concluded that socio-cultural factors need to be understood in order to engage families in treatment effectively. Nicoll, Pelonis & Sperry (2012) in their account of the progress of Adlerian individual psychology in Greece found that the approach fits well with the culture of family's and inner circle's importance, the social meeting setting and taking interest in each other's lives.

Mantzios, Wilson and Giannou (2014) tried to translate and validate self-compassion scales in Greece. They found that the cultural belief that life can be unpredictable and harsh was useful in developing self-compassion as blame for psychological difficulties was attributed to factors outside one's control rather than internally. Katsounari (2009) compared eating disturbances among British and Cypriot women. Western influences coupled with economic growth and comparison to foreign women because of tourists or through media may account for an increase in body image and eating difficulties amongst Cypriot women. However as Cyprus is still traditional underneath this may be a case of culture clash as opposed to culture change. Furthermore the religious

practice of fasting still widely practiced is not accounted for by scales targeting eating behaviours developed in the West.

Summary:

Within Cyprus and Greece culture influences ideas about health with an emphasis on life circumstances. It also influences treatment engagement and outcomes as family is central and needs to be accounted for while ascribed credibility of practitioners appears important too. The influence of culture on such matters for Greeks living outside their ancestral homelands will be discussed in the next section.

2.4.3.2 Outside Greece and Cyprus excluding the UK:

Stagoll (1981) discussed working with the Greek immigrant community in Melbourne Australia one of the largest Greek diaspora communities. Successful family therapy treatment cases incorporated the following: moving from a position of curiosity to exchange ideas and utilising client's lead in what is appropriate, reframing mental health difficulties (depression and anxiety with paranoid thoughts) as normal response to abnormal stress, thus de-stigmatising and normalising the difficulties. Furthermore, a benign expert approach initially offered reassurance whilst involving the whole family network effectively meant three generations, the local priest and also the husband's best man (*koumbaria*). Still in Australia, Francis and Papageorgiou (2004) compared Greek and Anglo-Australian families having a child with psychosis with regards to parental involvement. They found Greek parents to be more involved emotionally and in actual behaviour compared to Anglo-Australian families. Parenting styles were influenced by culture and they influenced outcomes in return. By Expressed Emotion they meant the pattern of family communication involving criticism/hostility and emotional over-involvement. Greek parents, particularly mothers, were more explicit in stating and enforcing socially desirable behaviour.

In the USA Tsemberis and Orfanos (1996) discussed clinical work with Greek families. They highlighted the patriarchal structure of the family for first generation migrant parents and the frequent struggles between and within generations in the process of acculturation to a liberal, individualist culture and a legal setting, which clashed with traditional gender roles, notions of family hierarchy, family honour and pride (*filotimo*). They also highlighted the importance of class and incorporating culture respectfully during treatment. Interestingly they also found that seeking help was either at breaking point or mandated as in case of child protection cases.

Summary:

A similar pattern in the relationship of culture and beliefs and practices in mental health appear to operate with Greek communities abroad to the ones in Greece and Cyprus. Family remains central in terms of identity but also in terms of treatment engagement and outcomes. There is also an emphasis of life circumstances like Greeks in Greece and Cyprus. Next the focus will be on Greek Cypriots in the UK.

2.4.3.3 Greek Cypriots in the UK:

Mavreas and Beddington (1987) surveyed a random sample of Greek Cypriot immigrants in London and found a higher prevalence of mental disorder in comparison to the general population. Socioeconomic status was linked with higher prevalence of mental health disorders. In 1990 they found that males were more likely to be having mental health difficulties if they were highly acculturated whilst females showed lower vulnerability with lower acculturation.

This latter finding was in contrast to what Adamopoulou, Garyfallos, Bouras & Kouloumas (1990), found where higher acculturation resulted in fewer mental health complaints based on GP records and health surveys carried out in GP practices in London. They also found that less acculturated

Greek Cypriots showed higher anxiety and psychosomatic symptoms than British who showed higher depression symptoms. Certain core values were retained despite acculturation whilst the possibility of stigma in reporting psychiatric disturbances could not be excluded. The lack of cultural sensitivity of the measures used may have played a role as well the low numbers of Greek Cypriots in the area they studied. Both the above studies focused primarily but not exclusively on first generation and males.

Papadopoulos (1994) carried out interviews with first generation Greek Cypriot women in London. She explored their health beliefs and she found that health, physical or emotional was seen in the context of life, work-family balance, family and personal life going well and the presence or absence of major life upsets. There was strong emphasis on getting on with life regardless, and also a reflection on how most of these women ran homes and family lives as well as having to earn a wage. In 1999 Papadopoulos carried out qualitative interviews again but with both first and second generation men and women in the community. She found that general attitudes to health were a mixture of lay science, traditional beliefs and practices, spirituality, personal responsibility and way of life. Greek words were used to describe emotional states such as *marazi* to denote a low lasting mood over a loss or unfulfilled wish. Not surprisingly it appears that Greek Cypriots have their own way of understanding and dealing with physical and mental health difficulties.

Further evidence suggest that first and second generation members of the community hold similar views and attitudes on mental health which differ significantly from their white British counterparts. They tend to have little knowledge on the subject, fearing stigma and keeping difficulties within the family however they are sympathetic towards sufferers (Papadopoulos, Leavey & Vincent, 2002). These findings derived from surveys based on measurement instruments that may have only got a superficial understanding of how the community understands and deals with such difficulties.

Papadopoulos et al (2013) explored collectivism as an explanatory factor for higher stigma with regards to mental health. In their sample of UK based white Americans, White British, Greek, Greek Cypriots and Chinese collectivism and individualism were associated with levels of stigma the latter displaying the lowest stigma. However there were several other factors involved such as socioeconomic status, age, gender and education. In-group variations also existed and in fact, the greatest correlation was between vertical individualism and lowest degree of stigma. This perhaps highlights that measures developed in a western setting are more reflective of western psychological constructs with individualism versus collectivism being one of them.

Summary:

There is little research on the mental health needs of Greek Cypriots in London and most of it is dated and often based on administering questionnaires or auditing GP and mental health services records. Yet based on research findings second generation Greek Cypriots living in the UK appear to share many of their parents' beliefs about life and health. These include a distinct personal and ethnic identity that centres on family, spiritual elements and health seen through the prism of life circumstances and balance. These elements once again highlight the distinct cultural understanding of the individual and their health compared to the respective notions in the West. Nonetheless how these develop remains unclear given the scarcity of research findings with this population. This research thesis aimed at developing further this understanding in line with Hwang's (2015) "*one mind, many mentalities*" pp 2.

3 Epistemological stance and methodology:

This chapter will discuss the importance of epistemology in counselling psychology, provide relevant definitions, and explain the chosen epistemological paradigm. It will also discuss qualitative research methods and the method chosen for this research thesis. Issues of quality and ethical considerations will also be discussed. There will also be a section on research reflexivity and will conclude with methodology.

3.1 Relevance to counselling psychology:

Psychology in general and counselling psychology in particular, have evolved over the years as scientific enterprises with direct applications in all vestibules of life and so have notions of “truth”. Counselling psychology research has consequences far beyond the narrow academic settings. Counselling psychologists today are expected to fit the scientist-practitioner role, a role that is far from uncontested or clear (Ponterotto J., G. Kuriakose, G, & Granovskaya, Y. 2008). Unsurprisingly, questions such as what is ‘truth’ and how we may access it are at the core of both theory and practice dimensions of the profession. So questions of ontology, epistemology and research paradigms are central to counselling psychology research.

Haslam and McGarty (2003) in their discussion of research paradigms and the resulting methods talk about how *“features of world only exist as a result of a set of meanings, which are actively construed by communities within it”* p. 356. For instance the word ‘attention’ has a different meaning to a soldier compared to a cognitive psychologist. As a result psychological knowledge is more of a process of discovery, which confers novel meanings on particular experiences rather than a collection of objective facts.

Furthermore in choosing a research question, researchers need to be aware of their reasons for doing so, their personal biases, whether they are motivated by their affiliation or opposition to a particular theory and political ideology, and also be aware of the researcher’s impact on the

process as well as the impact of the design and the power imbalance between participants and researcher (Smith, 1995; Haslam and McGarty, 2003). Unsurprisingly, epistemological stances influence how these issues are treated within research paradigms (Ponterotto, 2005). A full outline of the epistemological and research paradigms is beyond the scope of this thesis so the focus will be on the rationale for this thesis preceded by relevant definitions in the next section.

3.2 Definitions:

Ponterotto (2005) defines “*science*” broadly as the systematic quest for knowledge. Furthermore he defines “*philosophy of science*” as referring to the conceptual roots undergirding the quest for knowledge. Incorporated within philosophy of science are beliefs or assumptions regarding ontology (the nature of reality and being), epistemology (the study of knowledge, the acquisition of knowledge, and the relationship between the knower (research participant) and would-be knower (the researcher), axiology (the role and place of values in the research process), rhetorical structure (the language and presentation of the research), and methodology (the process and procedures of research) p2. The epistemological stance of this research thesis namely critical realism is discussed next.

3.3 Critical realism:

Critical realists hold that there is a reality, but that our understanding of it can only be imperfect (Cruickshank, 2003). It can only be accessed through the understanding of the interplay between the emergent properties of the agency and the structures (social and cultural) that the agency operates in. For instance, Archer (2003) argues that there is a sense of self which is essentially a reflexive personal consciousness and a concept or concepts of self that are essentially socially determined. Therefore, psychological enquiry needs to move beyond investigation of causal relationships between variables to deconstructing them and placing them within their respective

structures. This should include researcher's biases, assumptions, social settings, etc. As a result, research that takes certain variables for granted, i.e. looking into causal relationships between variables without accounting for social structures, language, researcher biases, will render an even more imperfect view of reality (Carter, 2003).

Hwang (2015) discusses critical realism as deriving from the work of Bhaskar in relation to cultural phenomena in psychology. Hwang is critical of cross-cultural methods as they are essentially steeped in western ideas often treating non-western populations as the antithetical other. Therefore, the whole idea of "*model building on pan cultural assumptions becomes a veritable labour of Sisyphus*" p. 12. Critical realism on the other hand, acknowledges the distinction between the object and the researcher and their interaction, and views scientific knowledge as a cultural artefact produced by this interaction. Hence critical theory changes the goal from confirming or disconfirming knowledge produced in the West to developing indigenous theories (structures) and materialising the notion of "*one mind, many mentalities*". p.2

The purpose of research is not simply to study social and/or psychological phenomena but also to bring about social change and justice by developing relevant theory and utilising research findings to uncover and address power mediated relationships within society (Morrow & Brown, 1994). Critical realists operate from a politicised agenda (Ponterotto, 2005) and they bring their values into the research project with the hope it will bring about social change and justice (Marecek & Hare-Mustin, 2009) as in the case of mental health provision for the underprivileged in terms of class, ethnicity, and gender. As the present focus is on processes and mechanism critical realism is an appropriate epistemological framework for the purposes of this study. The next section will discuss qualitative methods.

3.4 Reflections on qualitative research methods:

In the last 30 years qualitative methodologies stemming from different paradigms have managed to challenge quantitative methods and the positivist paradigm thus establishing a distinct branch of research psychology (Willig & Stainton-Rogers, 2008). Positivism asserts that only what can be observed and measured is the remit of scientific inquiry (Harre, 2002). Originating in the Enlightenment, positivism applied logical deductions based on observable facts (Harre, 2002). Its ultimate aim was to establish causal relationships between variables. Although a paradigm for the natural sciences, by the beginning of the 20th century positivism gained dominance in social sciences (Willig & Stainton-Rogers, 2008). It also assumed an aloof stance on behalf of the researchers claiming that they only observed “real” facts not influenced in any way by the researchers or their environment (Ponterotto, 2005).

Yet not all natural phenomena are directly observable or grasped by our consciousness, something evident in the study of electromagnetic fields or quantum physics (Harre 2002). Furthermore empiricism itself, namely the gathering of data through one’s senses, is open to biases and mediation on behalf of the observer (Harre, 2002). For instance, cultural differences have been shown to alter this ‘reality’ and language is more than just a mirror to reality but a means of constructing reality and lived experience (Gergen, 2001).

Qualitative approaches in psychological research were present from the beginning of the discipline and provided further major challenges to positivism, evident in the liberation movement within social sciences and the school of social constructionism (Willig & Stainton-Rogers, 2008). For instance, the feminist movement in social science research showed how language works both at the macro as well as the micro level, not only describing but also interpreting ‘reality’, therefore maintaining established norms and forms of oppression (Hepburn & Jackson, 2009). This created

a shift towards interpretation and the search for meaning rather than trying to establish laws of causality.

The field of qualitative methodologies is very diverse encompassing various interpretative approaches (Madill & Gough, 2007). This poses questions of research replicability and generalisability and linking findings to theory (Baban, 2008). Furthermore search for meaning is not always bound to a particular agenda. However these are questions posed mainly from a positivist perspective (McLeod, 2003). Nonetheless qualitative research methods are enriching and not necessarily antagonistic to quantitative ones while the lack of a rigid agenda can be an advantage too (Haslam & McGarty, 2003; Willig & Stainton-Rogers, 2008).

Charmaz (1995) talks about the need for rigour and transparency in grounded theory for instance, but she does not claim that another researcher carrying out the same study will arrive at the same conclusions. In fact, Glaser and Strauss (1967) made no such claims despite being originally positioned closer to the post positivist paradigm. If anything this would be seen as strength as it would allow for more 'truths' to be uncovered and hence enrich theory building.

Therefore it becomes clear that psychology as a science is more a journey of discovery rather than a dogmatic adherence to predetermined theories and methods and very much in a state of flux. In that respect epistemological stances such as critical realism utilising a qualitative research methodology provide a framework where research can account for individual as well as social settings and the way their relationship influences notions of truth and therefore suitable for this thesis. The next section will focus on evaluating quality.

3.5 Evaluating quality:

The diversity in method and epistemological stances in qualitative research does not equate to no criteria for assessing quality but inevitably reflects on how criteria are conceptualised and applied (Pidgeon & Henwood, 1997; Madill & Gough, 2008). Mills, Bonner and Francis (2006) stressed that research questions stem from the researchers' values, and epistemological stance. Grounded theory as applied within the critical realism paradigm should acknowledge and reflect the researcher's lack of naivety, context and the interaction between researcher and the research participants as all contributing to the construction of meaning. Furthermore participants' accounts are not taken as self-evident truths (Madill, Jordan & Shirley, 2000).

Finlay (2006) argues that exact replicability in qualitative research is neither possible nor desired. Generalizability is not statistical as in quantitative methods but it is judged against relevance and transferability. Instead Finlay talks about credibility, transferability, dependability and confirmability. The first refers to whether the findings make sense theoretically and in relation to the data and the context it was collected, or as Pidgeon and Henwood (1997) discuss whether they fit theoretically. Transferability refers to whether findings can be applied to other settings and as well in a theoretically and practically meaningful way. Dependability refers to producing an audit paper and analytical trail so research can be scrutinised. Finally, confirmability refers a reflexive self-critical approach and ways of triangulating data.

3.6 Constructivist Grounded Theory:

Sociologists Glaser and Strauss (1967) developed Grounded Theory (GT) as an effort to address the lack of data based theory generation, within the traditional hypothetico-deductive approaches, which often tried to falsify or confirm preconceived ideas in a Popperian fashion. Grounded theory is both theory grounded in data and a method of analysing data (Heath & Cowley, 2003). Data can be collected via interviews, and through documents. By means of theoretical sampling, initial

coding, memo keeping and constant comparison, the researcher develops substantive theories about the phenomenon under investigation which can later develop with further data collection and analysis into formal theories grounded in data (Glaser & Strauss, 1967).

Grounded theory has evolved significantly over the years in a spiral like fashion and researchers acknowledge their biases, data analysis is used for the creation of shared meaning and objectivity of the researcher is not assumed whilst emerging theories come to the surface with an inductive approach. Hawker and Kerr (2007) place grounded theory within the critical theory paradigm in social research. The underpinnings of critical theory are that methods of research should follow research questions having a realist approach. They also claim that grounded theory sheds light in the social processes and changes and does not just describe them. Today GT is used by critical realists and constructionists (Ponterotto, 2005; Weed, 2009). Therefore as the researcher is not aloof to the research topic, the research question and the interaction between researcher and research participants will inform not only the gathering of the data but the analysis and interpretation stages as well (Charmaz 1995). Hurst (1999) acknowledges that in GT, theory derives from researcher's inductive interpretation that does not treat participant accounts as self-evident truths thereby acknowledging the interplay between object and agent in critical theory (Archer 2003).

In GT, the researcher is expected to make use of bracketing, in other words to be aware of prior knowledge and be able to recognise between this prior knowledge and assumptions and what emerges from the data as well as their interaction in the process of theory building (Pidgeon & Henwood, 1997). Rennie (1994) believes in not engaging with the literature before collecting data as a means of ensuring data validity. However, this is practically impossible not least because of the nature of academic research but also because it is important that researchers have at least

some theoretical resources that will inform their research topic. In addition critical realism postulates that research cannot take place in theoretical vacuum (Cruishank, 2003). Therefore engagement with the literature takes place in forming the research question and after the data collection/analysis stages (Charmaz, 1995; Smith, 1995; Pidgeon, 1996; Payne 2007) a stance that was adopted in this research thesis. As McLeod (1999) argues, research in counselling psychology should focus primarily on processes and as Sue and Sue (2009) claim, therapy is a form of social influence. Therefore, grounded theory is suited to the purposes of this study in light of the critical realism stance as the next subsection will highlight further.

3.6.1 A note on other Methods:

Although it is beyond of the scope of this thesis to compare and contrast all qualitative methods it is important to discuss further the choice of GT over other possible alternatives. Two of the most popular qualitative methods other than GT are interpretative phenomenological analysis (IPA) and discourse analysis (DA). IPA has different versions and has been greatly influenced by Husserl's phenomenology (McLeod, 2001). It focuses on subjective meaning and lived experience and allows for rich individual accounts with multiple layers of meaning to emerge (Eatough & Smith, 2008). IPA also has a thematic approach to analysis like grounded theory (Madill & Gough, 2008) but it is more fluid than GT with a more idiographic focus and less committed to theory or ideology (Willig & Stainton-Rogers, 2008; Eattough and Smith 2008).

As result, IPA has often been criticised in doing no more than incorporating the understanding of the phenomenon under investigation into an existing body of theory (McLeod, 2001). Critical realism aims in fallible theory building that incorporates social, cultural and personal emergent properties place them in a broader context than just the individual (Cruishank, 2003).

Although encompassing different strands and more of a philosophical stance influenced mainly by social constructionism rather than a method per se, DA focus on structures and how the language used by individuals either at the individual level or at the level of rhetoric (Mcleod, 2001). DA helps highlight how self is constructed through discourse and how structures influence individuals through dominant discourses (Potter & Weatherell, 1995). However critical realism sees reality as existing beyond discourse. Language mediates world views but does not construct them fully. If there is no reality beyond language and language is shaped by structures then there is little room if any, left for individual agency, human bodies, emotions and fantasies. Relativity also makes adopting a moral stance extremely difficult. Real groups such as women have universal interests as well as differences. Therefore we need to highlight realities rather than just turning to language to show the differences (Cruishank, 2003). Although of course not without its limitations GT fits the current research thesis' epistemological stance and research question more so than either IPA or DA as both agency and structures are taken into account. In the next section I will discuss ethical considerations.

3.7 Ethical Considerations:

Ethics are an intrinsic part of every research endeavour (McDermid, Peters, Jackson & Daly 2014) For the purposes of this research thesis, the guidelines of the British Psychological Society, (BPS) and the University of East London were followed and ethical approval was sought and granted by the university's research committee (see appendix 1). In line with BPS guidelines, informed consent was obtained from all the participants. All potential participants were given an information letter (see appendix 2) with the aims of the study explained as well as contact details for the research supervisor. Information was given again verbally over the phone or in person for those who agreed to take part in the research. Before each interview participants signed a consent form (see appendix 3). Participants were also reminded that they could stop the interview at any time and resume at a later time or date or they could withdraw from the research completely.

No distress was anticipated for participants due to the interviews, but participants were given a list of counselling agencies (see appendix 4) in case they needed it following the interview. This was done for both the participants' welfare as well as avoiding the temptation for the researcher and the participants to enter a quasi-therapeutic relationship (Brinkman & Kvale, 2008; Coyle & Olsen, 2005). In discussion with the thesis supervisor, appendix 4 does not include any local agencies to further protect the anonymity of the participants.

At the end of the interviews, participants were debriefed to inform them again of the aims of the study, as well as, checking that they had not experienced any distress during the interviews. No participant reported any distress due to the interview process; all the participants reported having enjoyed the interview process and generally hoped that they had been helpful to the researcher, perhaps displaying their *filotimo*. Participants were also offered a copy of this thesis once completed as a minimum token of gratitude. Brinkman and Kvale (2008) warn practitioner researchers to be aware of their skills in building rapport as this may lead participants in divulging things in interviews under the false auspices of 'friendship'. The issue of 'friendship' between researcher and research participants needs to be seen within the cultural, as well as research ethics dimensions.

Research has a duty to be of use not just to the researcher or to academia but primarily to participants and if possible to the general public. By moving from the microcosm of ethics in an actual research setting to the macrocosm of ethical practice as promoting social justice and improving of human condition (McLeod, 2003; Brinkman & Kvale, 2008), the consequences of research have to be of greater benefit than any potential harm to participants (Coyle & Olsen, 2005). Given the scarcity of research with Greek Cypriots this research thesis aimed at developing

an understanding of second generation Greek Cypriots views on mental health and their help seeking behaviours, thus hopefully opening avenues for further research and practical application.

Another issue, both in terms of epistemology and ethics in research is that of representing the 'other' and the authenticity of the voice selected to be heard and presented. Lyons (2007), in reviewing the former, points out that there is a great debate as to whether anyone could speak for anyone else other than themselves or the group they belong to. However, group identity is not singular and one can have different group affiliations or identities ranging from ethnic, gender, age, socio-economic status to disability amongst many others. A way of authenticating analysis and empowering participants is by checking with participants that the analysis reflects their views on the research topic (Brinkman & Kvale, 2008). The chosen methodology is discussed in the next section.

3.8 Methodology:

This section will discuss research reflexivity, and will provide details on methodology and account for the procedure used.

3.8.1 Research Reflexivity:

Any research endeavour poses certain questions from the moment of conception to the final write up and requires researchers to be critically reflexive of their involvement throughout this process, which is also true for GT (Charmaz, 1995; Finlay & Gough, 2003). The researcher's involvement covers a range of factors such as power relationships, gender, cultural differences, and 'expert' knowledge on the research topic. Researchers place themselves in interpreting data on a continuum that on one end has either the participant or the researcher as the voices of "truth" to the co-construction of meaning on the other (Mills, Bonner & Francis, 2006).

With regards to this present thesis, I reflected on a number of issues that were likely to have affected the process in the co-construction of meaning from the point of deciding on the research question to the write up.

- ❖ Why this topic?
- ❖ What is my personal investment in the topic?
- ❖ How my own ethnicity and personal background has affected my decision-making as well as the process.
- ❖ My “sameness” and “otherness” in relation to the participants.
- ❖ Knowing some of the participants personally.
- ❖ My role as a trainee counselling psychologist.
- ❖ My own degree of acculturation not just in relation to living in Britain but also in psychological theory and practice as this is understood in the West.
- ❖ Issues with interview data
- ❖ Ethical issues.

Ethical issues have already been discussed in the previous section whilst in my personal stance I explained the reasons behind choosing this topic and my personal investment, thus I will focus on the rest on the points raised here and return to these topics again in the reflexivity section in the discussion.

Semi structured interviews are often seen as a way of getting rich data from research participants as it allows for exploration of a topic without the constraints of questionnaires or the imposition of preconceived ideas on to participants (McLeod, 2003). Yet all research is contrived to lesser or greater extend (Keegan, 2009). Therefore it is important that researchers are aware of the limitations of interviews and how these limitations impact on the process of research form data

collection to analysis (Willig & Stainton-Rogers, 2008). For instance, people's accounts of an experience are not merely objective biographical narratives. They are the product of memory, emotions, interpretation whilst they are often at odds with overt behaviour. Social desirability as well as perceived and actual power imbalances between participants and the researcher can also affect what is given as "data" during an interview (Brinkman & Kvale, 2008). In the previous sections of this chapter I discussed how research does not take place in a vacuum, be it theoretical or cultural and is not value free. This is particularly important when one considers differences along the lines of gender, education and status between research participants and researchers (Keegan, 2009). Given that I am a male and most of the participants were female, and that in terms of formal education I was more qualified than most participants I needed to be mindful of such differences and how they might affect the interview process. The context of the interview including the topic, to who the interviewer is, the language of the interview schedule and the physical setting all play a role as to what "raw data" is presented to the interviewer and how (Keegan, 2009).

I tried to address the above by meeting the participants in a setting of their choosing so they can feel a sense of control over the process. As discussed in the relevant methodology section the interview schedule avoided jargon and provided flexibility in terms of exploring relevant topics. The interviews were carried out in English as this was the language that the participants were most proficient in and. As discussed in the ethics section building rapport and checking I understood participants' accounts by providing summaries etc, was integral to the process.

Even in qualitative research there is often an assumption that the researcher is a distanced expert or completely aloof to the data generated by the participants (Finlay, 2006). However, neither of these polarised positions is true. Researchers have at least some knowledge of the topic and they

are co-constructors of meaning (McDermid et al. 2014). The issue is further complicated when research is with participants that the researcher shares certain attributes such as ethnicity, gender or occupation with (McConnell-Henry, James, Chapman & Francis, 2010).

As I personally knew three of the participants, it was important that I clarified what the aim of the research was and confidentiality issues from the outset and posed questions in a way that did not lead the participants to assume that I knew the answer or that I had a full understanding of it. It was also important that I did not assume rapport had been established but made a concerted effort to build rapport as with the rest of the participants. In addition, bringing interviews to a structured closure as with participants unknown to me provided consistency of boundaries. The above considerations also apply with regards to the 'sameness' along the lines of ethnicity as well as reminding myself that I was also different on a number of levels such as Greek from Greece not Cyprus and level of education, hence my 'sameness' could become a vehicle for exploring diversity and what might have otherwise been assumed as shared meaning (Ganagarajah, 2008).

Finally, I needed to be mindful of the fact that however critical of western notions of psychology I may be, I was nonetheless part of that very cultural artefact through my training, paid employment, utilising media and also through living in the UK. The methodology and the analysis section demonstrate in detail, my relationship with the data was not a one way one but grounded in theory and acknowledging my role in both the collection of data and the analysis of it. Next an account of the methodology is given.

3.8.2 Methodology:

3.8.2.1 Participants:

3.8.2.1.1 Inclusion criteria:

Second generation adult Greek Cypriots fluent in English.

3.8.2.1.2 Participants' information:

Table 1 next provides some basic demographic information on participants.

Table 1: All names are pseudonyms.

Name	Gender	Age	Qualifications	Therapy
Elena	F	31	PHD	Yes
Maria	F	30	MS(c)	Yes
Pavlos	M	46	Diploma	No
Polina	F	47	Diploma	No
Michael	M	48	MS(c)	No
Andrula	F	52	GCSE	Yes
Stella	F	34	Diploma	No
Angela	F	54	A level	Yes
Georgia	F	53	A Level	No
Lucas	M	38	BA	No
Litsa	F	57	CSC	No
Yota	F	58	PTLLS	No

As it can be seen from the table the participants ranged in age, educational level and personal experience of therapy hence providing a diverse sample as evident in the recruitment process discussed next.

3.8.2.1.3 Recruitment:

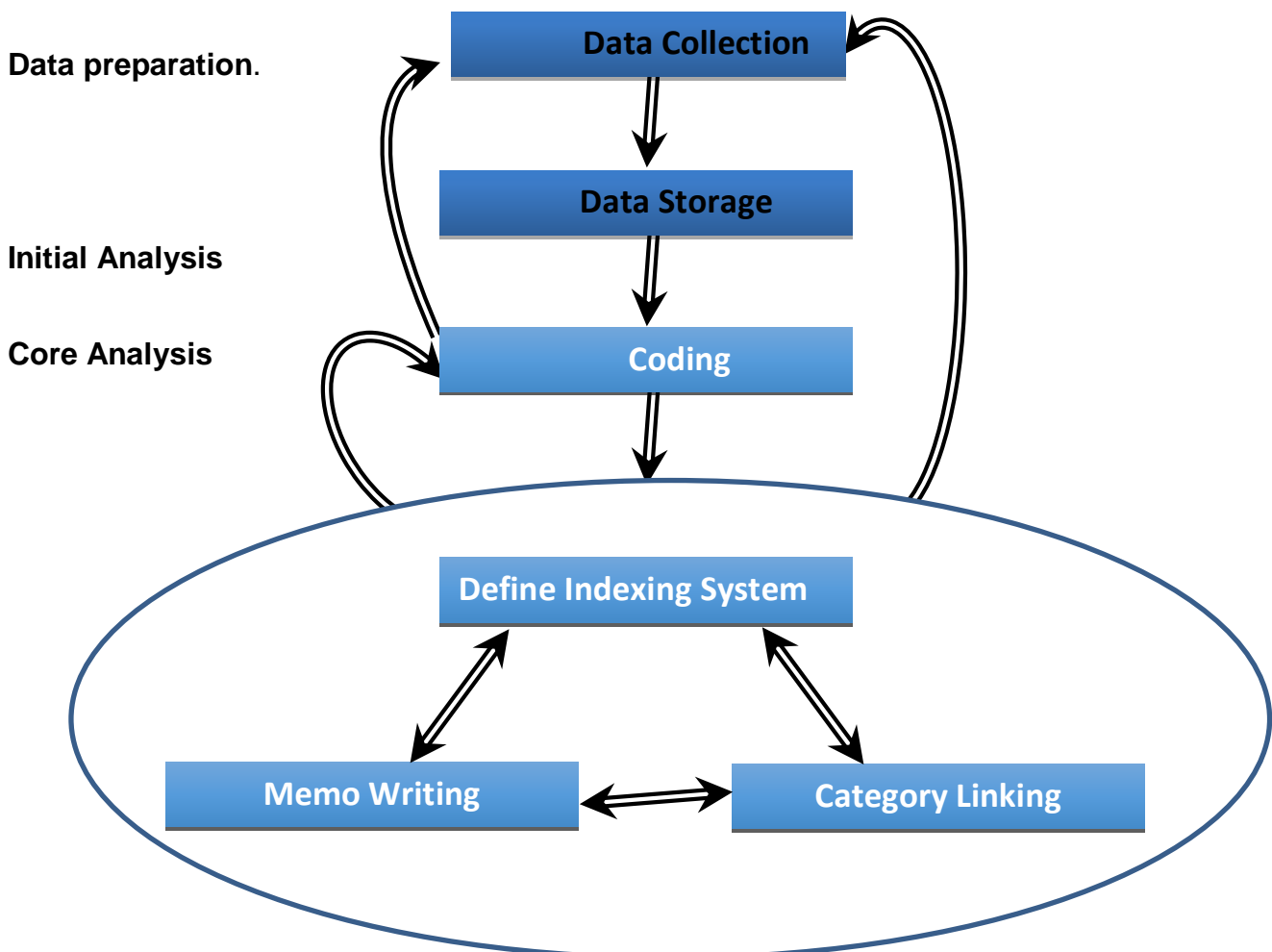
Participants were recruited using opportunistic sampling; they were either personally known to the researcher known to the researcher's acquaintances or recruited through community groups. The researcher approached the participants who were known personally to him directly and explained the aims of the study, what their participation would entail, and safeguarding confidentiality. They were also given the information sheet as well as the consent form. Community centres were approached in order to explain the aims and method of the research, and recruit suitable participants. When participants were recruited through a third party, initial contact was through the third party. Once potential participants agreed to have their contact details passed on to the researcher the same procedure as above was followed. A mutually convenient time a place was agreed with each participant. Interviews took place at a variety of settings that offered sufficient privacy (rooms in a community organisation) or participant's homes on two occasions. Data collection and analysis are discussed in the next sections.

3.8.2.2 Data collection and analysis:

GT postulates that data collection and analysis are not two distinct phases that take place independently of each other or in a linear fashion (Pidgeon & Henwood, 1997). It is worth noting that although there are quality controls to evaluate GT projects, there is no singular way of carrying out GT research or ensuring that two different researchers analysing the same data will reach the same conclusions (Charmaz, 1995). Pidgeon and Henwood (1997), view GT as akin to learning a foreign language where new material and preconceptions merge together. They

describe in a diagrammatic way how GT data collection and analysis develop (see diagram 1). As it can be seen from diagram 1, there is not discreet phase as analysis is constant and in a parallel rather than a lineal fashion (Charmaz 1995). Nonetheless for the purposes of research findings' presentation they are given in discreet steps a convention that this thesis also follows.

Diagram 1: Outline of GT:



Outcomes

3.8.3 Data collection:

3.8.3.1 Semi structure interviews and interview schedule:

3.8.3.1.1 Interviews:

All interviews were carried out in English although it was made clear to participants that they could use Greek expressions as the researcher would do the necessary translations. All interviews were recorded using a digital Dictaphone and once interviews were over files were transferred to a password-protected computer and deleted from the Dictaphone. Interviews varied in duration from forty minutes to over an hour. As the interviews were semi structured an interview schedule was developed (see appendix 5)

The interview schedule was meant to reflect the topic but phrased in a way that reflected participants' possible understanding of the topic rather than using jargon (Smith, 1995, Charmaz, 1995; Jorm, 2000; Nielsen 2007). So the interview often started exploring wellbeing before moving to mental health disorders. Furthermore the interview schedule is more of a guide of topics to be explored rather than a rigid set of questions to be answered therefore allowing meaning to emerge from the data rather than imposing preconceived ideas on participants. Finally, the interview schedule was not just reviewed and adapted within each interview but also from one interview to another whenever necessary as per GT practice (Pidgeon & Henwood, 1997).

This is to allow the researcher to follow different leads as they emerge from the data. This is done through analysing the data on an ongoing basis. For instance, when diversity issues in therapy

were discussed with participants who had had therapy in the past a hypothetical scenario based on this was discussed with other participants to explore this theme further. Summaries of participants' views were given throughout the interview process as a means of building rapport, checking meaning and following leads (Charmaz, 1995). Recording the interviews is further discussed in the next subsection.

3.8.3.1.2 The use of Dictaphone:

A digital recorder was used for recording the interviews. Recordings were downloaded to the researcher's personal computer which was password-protected and under password protected folders and deleted from the Dictaphone. The use of a recording device is not without complications as participants can be more self-aware or see it as interfering with the process, hence its use needs to be explained beforehand. Furthermore non-verbal communication is lost (Smith, 1995). For the purposes of this research thesis participants were made aware from the beginning that interviews would be recorded. There was no significant disruption to the interview process. The following section provides details of GT data analysis.

3.8.3.2 Data analysis:

3.8.3.2.1 Transcribing:

Transcribing is an integral part of the research process in general and of the analysis in particular not least because it produces a written record of the interviews (Pidgeon & Henwood, 1997). There are different transcribing systems and conventions depending on the purposes but they generally are guided by manageability, readability and interpretability (O'Connell & Kowal, 1995). Although prosodic, linguistic and extra-linguistic elements are included in some transcriptions GT focus is on the spoken word only as data to be analysed (Charmaz, 1995). However, clear paragraphs are central to the process of analysing interview data. Interviews were transcribed

soon after they had ended to allow the analytical process to unfold, themes to emerge, and the schedule to be revised accordingly (Charmaz, 1995; Pidgeon & Henwood, 1997). The process of coding is discussed in the next subsections.

3.8.3.2.2 Coding:

3.8.3.2.2.1 Line by line analysis:

Once interviews were transcribed and data was organised the next stage was line by line analysis see (see appendix 6). The codes are descriptive labels aiming at capturing the data fully at first instance (Pidgeon & Henwood, 1997). Themes are generated from the data and in turn they are placed in an open ended indexing system (see appendix 7). Similarities as well as differences are of interest. At this stage constant comparison of the emergent themes leads to categorisation that should fit the data. Negative cases are used both for enhancing diversity of the data and avoiding early theoretical closure (Charmaz, 1995). Memos serve as a way of looking into the data as themes emerge and revisit themes in light of the new themes (see appendix 8 for an example). This process leads to the developing of categories as discussed next in detail.

3.8.3.2.2.2 Developing categories:

The next stage is the creation of themes based on the open codes. They are categorised and grouped together based on their similarities. Unlike the open codes, categories are both descriptive and analytical as the aim here is to create theoretically sound categories as well as keep them grounded in the data (Charmaz, 1995). It is important that the links between the different themes is demonstrated and core codes emerge. Unlike other qualitative methods both open codes and emerging categories are not viewed as distinct and separate from each other. In fact, open codes as well as subcategories can be placed under different higher order categories demonstrating both the links between them and theory building as a process grounded in data

(Hurst, 1999). By means of splitting and constant comparison, core codes are examined in relation to the links between the themes, their relationship to each other as well as any antithetical ones. Again memos and revisiting the themes is paramount in order to reach theoretical saturation as well as to account for the researcher's contribution to the co-construction of meaning. Wherever possible and appropriate, categories are labelled using the data whilst also reflecting their theoretical relevance. As with the previous stage, themes can be tested and/or further explored either by repeating interviews or in subsequent interviews where further analysing and refining codes and themes to produce theoretically sound themes namely theoretical sampling (Pidgeon & Henwood 1997; Hurst 1999). Triangulation of the data is important at this stage and can be achieved by another researcher analysing the data or collecting data from a different source such (Mcleod, 2001). However this is not always possible for different reasons since practical constraints may limit such opportunities. Furthermore as already mentioned GT does not postulate that different researchers will reach the same conclusions by analysing the same data (Charmaz, 1995). The next stage is focused coding as discussed below.

3.8.3.2.2.3 Focused coding:

Once data has been examined and re-examined and theoretical saturation has been reached a core superordinate category or categories emerge. These codes need to demonstrate their link to the sub categories, their theoretical relevance in relation to the data, how they account for any antithetical themes and how they fit the purpose of the study. Although theory building is important this is not always the case as often the aim is to build a coherent story of the participants' accounts, which can be theoretically and practically relevant (Charmaz 1995).

3.8.3.2.2.4 Outcomes:

GT operates on a continuum from complete theory testing/building to a constructivist approach (Pidgeon & Henwood 1997). On the latter end of the continuum theory is viewed in relation to the data rather than in a general way. Nonetheless the core categories by demonstrating their link to the subordinate ones should help explicate phenomena, specify concepts and identify how they categorise these phenomena, and ultimately by demonstrating and explaining the relationship between these concepts to provide a framework for predictions either for future research, application or both.

4 Analysis:

4.1 Introduction to the analysis:

The interview schedule revolved around three topics and their interplay. The topics were notions of emotional wellbeing and mental health, help seeking behaviours and cultural influences. Unsurprisingly a number themes bearing testimony to the individuality of the participants as well as the richness of the topics arose. A number of subcategories emerged, which again led to building the main categories, which eventually gave rise to the core category of "Outlook on life". As diagram 2 demonstrates, the relationship between the different elements and resulting categories/themes is by no means unidirectional. That also means that a number of the subcategories could be placed anywhere under any areas explored in this investigation. For instance, accepting one's limitations and that one cannot control everything in life could be part of one's take on emotional wellbeing, problem solving abilities and strategies but also negotiating family relationships.

As the interview schedule revolved around the three themes of understanding mental health, identity and help seeking behaviours each area will be presented with the codes that emerged for purposes of clarity. Hence the overall category of outlook on life makes sense in this context as it will be presented in this analysis. Each category and subcategory is presented with extracts from the interviews. Table two has the main categories and subcategories per topic.

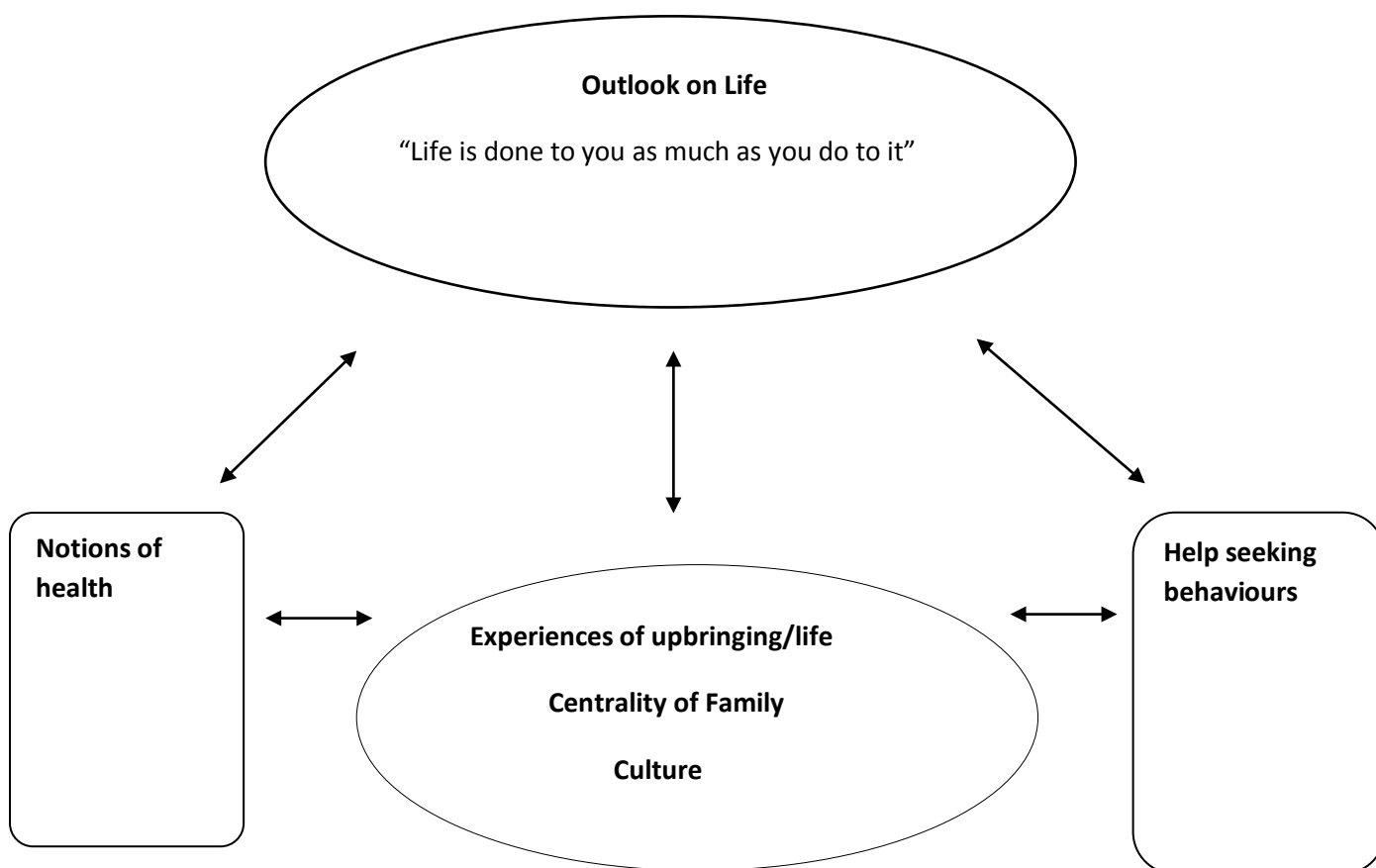


Diagram 2: The main category outlook on life and its relationship to the rest of themes and categories.

As the above diagram demonstrates, the relationship between the axial categories and the main category is neither linear nor unidirectional. The main category of “Outlook on Life” comes through a process of cultural values, life experiences, perceptions about the self all mediated by the importance of family. In return one’s outlook on life reinforces these past experiences by internalising them and maintains values and sense of self centred on family. This is the case on ideas as to what constitutes good and ill health and one’s help seeking behaviour. As the detailed analysis will show health is not conceived on an individual level or through a medical model and help seeking behaviours are heavily influenced by the importance of family and reliance of one’s

self. These ideas also derive from cultural values and practices and in return feedback to one's outlook in life as well reinforced by it.

4.2 Core category: Outlook on life:

Michael paragraph 24: "Family, respect for family, the ability to actually sort of, maybe it's a personal thing I don't know, the ability to see life in a balance. I get annoyed, but there is a calmness that comes with it as well. There is a level of reflection that life gets done to you as much as you do it."

Yota paragraphs 34 -37: "Life? Obviously life doesn't go the way you want it always, so you just have to take it as it comes, that's what I believe. I am not married in my age and they are "oh you're not married, you're not married", OK, I'm still alive, I've got my life. Life hasn't stopped...Yeah, you have to be philosophical about it."

The above quotes are indicative as to how most of the participants viewed life and their position in it. Life is not in one's control totally so the focus is on what they can control. Life is a combination of choices as well as circumstances and it is about the balance between them. Individuals are part of their family system and their identity as well as their health is linked to it in more ways than one. Families provide a sense of origin, belonging and safety. If family members are going through hardships then this affects individuals, and so does friction in the family. Family has also been central in developing ways of understanding and dealing with difficulties and ultimately in shaping individuals that they have a holistic, resilient and often stoic outlook on life and influences how they understand mental health. At the same time the emphasis on self-reliance can also prevent individuals from asking and receiving help as this would reflect on their self-expectation that they can cope. Therefore outlook on life is in a constant interaction with notions of wellness and help-seeking behaviours mediated by individuals' family and cultural background. This relationship will be discussed fully next.

Topics		
<i>Mental Health</i>	<i>Culture</i>	<i>Help seeking behaviours</i>
<i>Main Category</i>	<i>Main Category</i>	<i>Main category</i>
<i>Balance</i>	<i>Centrality of family</i>	<i>Self-reliance or "get on with it"</i>
<i>Subcategories</i>	<i>Subcategories</i>	<i>Subcategories</i>
<i>Pelli</i>	<i>Individual identity</i>	<i>Looking after one's self</i>
<i>Individual attributes</i>	<i>Ethnicity</i>	<i>Family and friends</i>
<i>Environmental factors/life circumstances</i>	<i>Upbringing</i>	<i>Professional help</i>
<i>Resilience</i>		<i>Community initiatives</i>
<i>Accepting limitations</i>		<i>Problem solving</i>

Table 2: Main categories and subcategories per topic.

4.3 Topic: Mental Health:

Notions of mental health varied, ranging from ideas about wellbeing, to severe mental health illness. A number of factors were associated with it, including interactions between individuals and their environment. The main category was that of balance and subcategories included health versus illness, individual attributes, environment/life circumstances, resilience and accepting limitations.

4.3.1 Main category: Balance:

Mental health was understood mainly in the context of a psychological/emotional wellbeing continuum and in relation to one's life circumstances including physical health, although at times it was also seen as separate. Mental health was seen as part of health in general. Physical and emotional aspects of health are in constant interaction and also linked to other life events/factors. When everything is in balance people are likely to feel well.

This by no means meant perfection or lack of problems per se but rather difficulties being manageable or confined to one area of life and what one can and cannot control. Yet within the notion of balance there was variation. Some saw emotional wellbeing on a continuum with mental health and talked about how feeling sad can become under certain circumstances full blown depression. Others despite acknowledging that life affects the way people feel, they perceived mental health difficulties such as depression as something separate to some extent as the relevant subcategory will demonstrate in more detail. How people are situated in a broader context and their ability to function were relevant. The following quotes illustrate the above points.

Elena paragraph 11: "I think I had a fair understanding, I had actually started, just before, I had started my A level in psychology, psychological wellbeing, the balance, your emotions, to feel balanced I guess"

Maria, paragraph 14-16: "In general ... is more to do with mental health than physical health so looking after what goes on internally, if that makes sense rather than physical stuff? ...Yeah and if they are going through any sort of difficulties in terms emotions, I would link to psychological problems as well...maybe you are depressed so I kind of link the two together I wouldn't say emotional wellbeing is completely separate from what goes on psychologically".

Litsa paragraph 59: "I would have thought it's something different, but depression, post natal depression must have some sort of mental health issue, I don't know."

Michael, paragraphs 12-14: "I assume it will be first to, I assume sits around how easy you sit in your environment, on one level, how comfortable you are with it, I suppose it has something about a level of happiness within your identity, and something around a level of contentment about what the environment you're in.I assume it will be because, matching, my ambitions, my aspirations, my work, my personal life, family all in the same place, there is nothing I can't cope with, I am not saying it will be perfect, but I can cope with whatever they are... It's a balance, balance is quite important."

Polina, paragraphs 1-6: "Functioning, being able to function and fitting in, feeling quite normal. Not being mentally unstable. I don't need to be on medication, I am generally a happy person, I am quite happy with life, to me that's normal. Yeah, no hang ups, no prejudices, no, no major worries really... Someone who is constantly ill, someone who's got a black cloud over their lives, someone who's is generally unlucky, unhappiness I suppose, illness...Emotional and physical, physical can make you very unhappy, not feel normal, not happy."

Summary:

The above examples highlight the overall understanding of psychological wellbeing in the context of mental health as a balance across the experience of life as a whole. Mental and physical health are not separated completely and life circumstances are important in how one's health is affected and whether balance is maintained. This is best understood on a continuum where people may feel well within themselves and their lives as a whole to being able to cope with difficulties to feeling overwhelmed and experiencing ill health mental and/or physical.

Of course within this understanding there are a number of variations. How people see themselves at first place, how content they are with who they are, their perceived ability to cope but also their

respective circumstances all play a significant role in how this balance is maintained. These variations are related to different factors namely individual characteristics as well as life circumstances while there are also some more polarised views. These variations will be discussed in more detail in the subcategories next.

4.3.1.1 Subcategories:

4.3.1.2 Pelli:

The adjective *PELLI* meaning a crazy person is characteristic of the more polarised views held within the community. Again this is seen within the broader context of balance but in this case it takes a more polarised shape as it encompasses health with expected difficulties from time to time on one hand and illness on the other. Mental disorders such as depression and bipolar were seen through this, again in conjunction with biological, familial and social factors. Although all participants were sympathetic towards people with such difficulties they felt that the older generation perceived severe mental health difficulties as stigmatising for the individual concerned and their families. People internalise the expectation to be able to cope and this is something that families place great emphasis on. Furthermore despite more open minded attitudes within second generation Greek Cypriots, they felt that stigma still persists within their peers drawing from the first generation where such issues were not discussed unless they reached breaking point. That was reflected on participant's accounts that had sought professional help. Andrula spoke about how marital difficulties and divorce led her to drinking and eventually seeking help but being very apprehensive about it. Maria also talked about her feelings when her therapist referred to a multidisciplinary community mental health team. Georgia spoke about her aunt who had mental health difficulties and used the term *PELLI* (crazy) since this is how family would describe her difficulties. Interestingly enough when it came to asking for help participants also felt a sense of

embarrassment suggesting that they were harsher with themselves rather than other people a point that will be discussed again under the topic of help seeking behaviours.

Pavlos paragraph 19: "Yes, a Greek friend. Probably about 14 years ago he had a nervous breakdown and because I was quite close with him I discussed it with him quite a few times. ... he sought professional help because he needed to. And he got over it and I just found it, ... Yeah, maybe strange is the right word because when he told me about his family upbringing and the way his father and mother used to treat him, they are Greek Cypriots."

Pavlos paragraph 35: "I think they were all saying basically that his upbringing was pretty much in a very bad way and that's what actually caused him after all these years to have the breakdown because he carried it, ... so yeah, people were sympathetic, people who knew him and knew that he was going through this. Also they said that he had a little bit to blame for it as well, that it was his character, that he was quite, I don't know he didn't let things go, he held on to things and was quite particular about any....."

Michael paragraph 34: "I always got the impression they were not discussed, until they are balled over...they were balled over, something happens,"

Lucas paragraph 39: "Well as I was growing up I had a cousin with bipolar, same age as me, so there was extreme, as we grew up we knew my cousins could be really sad, as in depressed, and the next day he would be really happy, excited as., and then everyone knew about that apart from us because we didn't know about bipolar until you know, you worked it out obviously there was something wrong, he was on medication, it was around us."

Lucas paragraph 41: "My parents would go towards, my mum, she would just hope everything will be OK, she would, it was very serious ... we were always concerned about him,..."

Lucas paragraph 45: Yeah, "it would affect family, sometimes he would say to members of the family, because of his illness and if there were other people in the room he didn't know, obviously it could change the, what you call it, the whole, the whole people's view of the family yeah? And the outsiders would think there is a crazy person in their family. Maybe runs through their family, you know."

Andrula paragraphs 97-99: "I felt, I had, I knew I had to do it, I felt I had hit rock bottom, I knew I couldn't get out of it on my own, I know I would need support to get out of it? Yeah I was thinking, "are they going to judge me? Are they going to understand me? Can I trust them to tell them these things"? Various things. They might not take me seriously, think, judge, thinking it was my fault."

Maria paragraph 39: "I think it felt more professional and I thought, I remember her saying she could refer me to some sort of community mental health team and "oh you can meet with" she said "a psychologist and social services, loads of professionals will meet and discuss your case, and you can then meet them and discuss what would be helpful". And I remember thinking seeing that

image, all these professionals discussing me and me seeing them and me been seen and assessed and judged and that made me feel I must be really quite messed up.”

Georgia paragraph 20: “As I said as children we just thought it was funny, she used to do funny things, she wasn't like screaming and shouting or anything like that, she used to run in the middle of the street one day in her nighty, as kids we thought it was funny, it wasn't like we could talk about it, we used to ask what's wrong with her, "ine pelli" (she is crazy) they'd give us that answer and that would be it, it wasn't a secret or anything like that, everyone knew about her, in our street everyone knew about her, so it wasn't like tucked away or anything like that.”

Summary:

Mental health was not something that participants would discuss in their families. Only when the issue could not be avoided such a family member being affected there would be an acknowledgement. There was also lack of knowledge around mental health amongst the older generation. This lack of knowledge often translated into stigma as a mentally ill person in the family could be source of embarrassment as well as people seeing some sort of defect in the family. This of course is not surprising given the importance of family in the Greek Cypriot community. *Pelli* as described by one of the participants meant a crazy person often with a mental health diagnosis such as bipolar or depression.

Knowing people with mental health difficulties shaped their understanding to some extent over the years and challenge the more stigmatising views held by their parents' generation. Despite the stigma attached to mental health difficulties this did not mean that families and friends were not compassionate. Furthermore life circumstances such as abusive upbringing were still viewed as part of the causes. Despite having being more knowledgeable than their parents and being sympathetic towards people with mental health difficulties they probably felt more stigmatising towards themselves when they found themselves in times of need. This is probably best understood in the context of their own upbringing, family and personal expectations around coping and the general interplay around individual and environmental factors as the analysis of the next categories will demonstrate.

4.3.1.3 Individual attributes:

This subcategory is of particular interest as it encompasses people's individual personalities for instance but also gender, age, education and upbringing in one's make up and ways of coping in life generally and psychological difficulties in particular. It permeates all three areas and it is clearly one of the links between them. Personality differences, individual experiences, life events etc., are in the context of an ever developing person, physically, psychologically and socially. The cultural background and people's upbringing were acknowledged as factors in shaping this understanding both by how one is affected psychologically and how one deals with such difficulties. Individual personalities are discussed first followed by gender and an overall summary at the end.

4.3.1.1.1 Different personalities:

Polina and Yota were quite clear that they saw themselves as strong enough and able to deal with life without getting too low or needing help from either outside their internal resources or immediate support network making a clear distinction between them and other people. Litsa also talked how she is always motivated and this contributes to her emotional wellbeing. Yet at the same time, most participants were clear that such difficulties do not discriminate and absolutely anyone could be affected by mental health difficulties.

Polina paragraph 50 -55: To be honest, I think I've lived my hell through her I've seen what help is available, I've seen what it would look like, and I don't think I need any help....Maybe that's an inbuilt thing, maybe you are just a happy person?

Yota paragraph 96: "Because like me if I have a problem I try to solve it myself, I try to, or I've got my friends that I can you know *na to mirasoume* (to share it) whereas the people,... cannot do that you know, they just dissolve, so they would like go for professional help. More than I would have, I think."

Litsa paragraph 33: "Right, yeah, I think it just comes automatically, as a person from the minute you get up, you, you're motivated, you think "I've got to do this now, I'm going to have breakfast,

I've," you, whatever you going to make, you motivate yourself and you keep going, you don't put a stop to it, "I've got to go and do my shopping" you know, so "I'm off to do my shopping" you have a routine you know, I don't know"

4.3.1.1.2 Gender:

Gender appears to have played a role too in how people define their strengths too. For instance Pavlos talked about the time his daughter was unwell and how he had to put his own feelings aside as the man of the house according to the way he was brought up. Litsa on the other hand saw her gender role as well as her biological sex affecting her day to day balance. Maria talked about how the importance of being strong was instilled in her by her grandmother in order to cope with men following Maria's parents' divorce.

Pavlos paragraph 13: ...I think it is the way you are brought up the Greek society isn't it? You try sometimes not to, especially being a man, you don't voice how you feel really because maybe it's a sign of weakness in a sense so you just, you just put on a strong front.

Litsa paragraph 24: "...emotional could be up and down, be the mother, been married with three kids, emotionally every day, I have my ups and downs, also I have my parents two doors away, elderly parents, so my emotions are everywhere, it's lovely for them to be next door, and sometimes when you're working it can be a little bit tough, you know because you 've got your husband, your three kids to look after, so my emotions are everywhere at the moment. It could be when I say everywhere, good times, a little snappy, you know a woman goes through her change of life as well, so emotional is going everywhere you have your ups and downs..."

Maria paragraph 20:my father was an alcoholic so we had a difficult childhood, and I, when my parents separated, I remember my mother, my grandmother, my mother's mother, saying, you must be strong, and don't trust men and I remember saying to myself, because it was quite a big thing in family, I think at that time in the Greek Cypriot community it was a big thing to get divorced.... So I would say to myself just get on with things, focus on your education, stay strong, don't worry about your feelings, dismissed my feelings, so I focused more on my career and doing well.

Summary:

Individual characteristics include personality, inbuilt traits, and learnt behaviours through socialisation to gender roles. Depending on what they are and the context they can be a protective or a risk factor. For instance there was an acknowledgment that people differ in their individual dispositions but also in the way that one deals with difficulties. Sharing troubles for instance prevents them from escalating and it is a choice based on individuals. Yet at the same time how they were brought up was also part of it. This constant interaction between people and their environment was evident where the participants looked at their gender for instance and the resulting expectations and roles.

Being a man meant that one had to be strong and provide for the family putting aside one's needs whilst being a wife, mother and a daughter is was part of keeping motivated alongside one's own inbuilt strengths. Families rally around individual members in times of need but they also emphasise the importance of being strong and coping with difficulties. In general participants discussed individual differences in relation to the environment including family. The importance of environmental factors is discussed next.

4.3.1.2 Environmental factors:

Although participants saw individual characteristics as located within the person they also saw them as interacting with one's environment: Unsurprisingly how one is brought up relates to environmental factors whilst life events as well as education appear to be of great importance. Stella talked about the importance of one's background for instance in shaping one's understanding of life as well as coping abilities. Angela talked about how her understanding developed through school and life experiences over the years. The same was true for Georgia and Lucas when they talked about how life experience, work and general education played a role in developing their sense of emotional wellbeing and mental health over the years.

Stella paragraphs 13-14: “ think it’s related as much to the person as well as their background, as well as where they are currently in their life ... a person’s strength probably comes from how they have been brought up and their environment and sometimes if people go through certain things in life they can get strength from knowing that they’ve got a good support network of friends or family around them or they know ... Sometimes it has become clear to me in the past that if people don’t have a very good relationship with their family and they don’t have many friends that sometimes things get internalised.”

Angela paragraph 34: “No, no. It was what we learnt at school and through ourselves growing up really.”

Georgia paragraph 8-10: “No, for me I don't think it's when someone's mad, I don't think it's only that, there are other things that lead to that area, I don't know it's hard to say, for me personally is how my, my life is. You know I have my children I have my husband, I have my mother. Are they OK? Then my state of mind is fine if they are OK. I don't know if I am explaining that right, if I am answering what you're asking me... Before I started working in this sort of environment, I'd been with people where, their state of mind is actually mental, I have been in that situation through friends and family, it was more for that for me, like the other side, the depression, the loneliness, the homelessness and the rest that comes with it all. But since I've been working in the school environment and other volunteering I do, my views have changed.”

Lucas 20: “No, I think it is definitely through working, studying, from, 9 o'clock in the morning till late at night, you can feel your body, you start off strong but eventually your body not give up, but slow down, telling you to stop, that's how my body will tell me mentally.”

4.3.1.3 Life circumstances:

Mental health and/or emotional wellbeing were thought to be influenced by life circumstances in conjunction of course with one’s make up and background. Participants talked about their own life experiences, but also what they witnessed or observed over the years. Lucas talked about an auntie of his and another lady he has known in his neighbourhood for nearly all his life and placed their difficulties within their life experiences. Angela talked about the time she felt low due to a number of family difficulties and sought professional help. The same was true for Andrula who

struggled with marital difficulties and the resulting divorce created a number of difficulties for her including parents who were not supportive of her to begin with and the wider family/community shunning her. Pavlos found his daughter illness affecting the way he was feeling and behaving.

Lucas paragraph 45: ..."But looking back I've got an auntie who's manic depressive, who always complains about her health, migraines and stomach aches, you know, she's not married, she's old now, so maybe it's through not having a partner, being on her own you know. Things like these you try work out, work it out yourself you know. "

Lucas paragraph 60: "...even a lady now she is bad woman, she walks around in the streets, she, back in the days stories that I've learned, she used to work in the coffee shops she used to hang around a lot of... you know, she walks in the streets now with her bags, obviously she has mental health problems, ... when I see her I know what life she's had you know. She's been through the system and back through it several times."

Angela paragraph 42: "Well the reason I was going was because he (her husband) was in a bad state, he was talking about taking his own life, he'd had enough, because he's got spine problems and some days he can't move and he's on morphine and it's just building up. And I was having problems because my daughter lost her job, my son lost his job, how we're going to cope with the bills. It was just getting too much for me so I went to see my GP and they referred me and the reason why I wanted to go was to get it all out of my system."

Andrula paragraph 63: "They weren't happy at first, but then my mum and dad realised enough was enough so they supported me in the end, but initially 'cause I split up with him, we separated and I went to live with my mum and dad, they were making me, they were forcing me to go back with him. "you should go back to your husband" "pegene ston antra sou" "e'eis ta mora" (go to your husband, you have children) you know , they didn't want me living with them they wanted me to go back with my husband, so I went back with him and another 2 years and then it all got too much and we divorced."

Pavlos paragraphs 6-7: " ...I'll talk about it, my daughter when she was born she had a problem, she had a tumour right in her mind, in her brain, and it was diagnosed when she was 2 ½ and through her having fits she incurred epilepsy so we were panicking, honestly, we were worrying. We took her to the doctors and they said the reason she is having this condition is because she's got a tumour; the tumour is causing the epilepsy, it's not like she's epileptic. So we dealt with it until she was 8 years old. So from when she was 2 until 8 she was on medication, it was a long

time. ... But during that period it was difficult for us and there were times when I wasn't happy. Not because the business wasn't going well or I wasn't happy with my wife, but sometimes things used to bounce off me and I would argue for instance with my wife because of the circumstance we were in..."

Summary:

Environmental factors encompass a wide range. Family upbringing is central as it for a number of reasons. People may or may not have a happy childhood and this in return can have long term effects on their wellbeing accordingly. However the family influence does not stop here. People learn how to cope in life through models and behaviours reinforced in the family context alongside ideas as to what is considered healthy or unhealthy. As families are central to participants lives difficulties faced by other family members or friction within the family will also affect their own balance as discussed earlier. Environmental influences included education and life experiences in general, as they broadened the participants' understanding as to what affects people's wellbeing and health. Work and money troubles were given as risks factors in upsetting the balance discussed earlier.

Although they talked about the more severe difficulties as discussed in more detail earlier there was a sense that even if there is some sort of mental health label to be given, people face these difficulties in a broader context. Loneliness, health difficulties, divorce and life in general were seen as contributing greatly to mental health difficulties once again highlighting the importance of one's background and personal attributes in dealing recognising and dealing with such difficulties in essence providing a framework for protective factors as well as the analysis of the next subcategories will demonstrate.

4.3.1.4 Resilience:

On the healthier side of the emotional wellbeing continuum resilience was seen as paramount in maintaining a positive balance. This was seen both as an individual's characteristic and choices but also in the context of people's upbringing and life experiences, once again highlighting how all themes and categories are linked together. The quality of resilience often focused on getting on with things, keep going, and thinking about one's strengths rather than weaknesses. Michael talked about how from an early stage "moping" was not allowed, in fact his physical disability was never seen by his parents as something that should deter him from working and enjoying life fully. Georgia spoke about how her past experiences made her a strong person whilst Andrula said how her dad especially always encouraged her to be positive and apply herself to deal with difficulties. Generally participants felt that they were resilient and able to cope with most things in life.

Michael paragraph 22: "No, and I suppose one thing obviously I have a disability. So... my mum ...she instinctively identified that growing up with one hand was going to be a problem and she instilled an element of resilience in me at a very young age. You can't do that but you should do this....There was not point, there was a level of resilience around the family, we were not a rich family, there were often times when there was no money or anything else, but there was an assumption that you would be strong emotionally, and the assumption that there will be the support around you to do that. So my mum actually made sure she was there, without having a discussion, and without being overly harsh or over caring."

Michael paragraph 30:... "I remember been 18 and there was the expectation that you get on with things and you cope with things and you go on and actually there wasn't time for, to mop, and there was never any moping allowed."

Georgia paragraph 75: "It does, it does, it cannot not have an impact on my life now, it does. But I think it's made me a strong person, I think so."

Andrula paragraph 72: "...he just said "think positive, you're being negative now, if you think positive you can do it". 'cause I was training for a new thing at work and I didn't understand it and getting frustrated and he'd say "you can do it, if you believe you can do it, then you can do it, think positive 'cause you think negative".

Summary:

Resilience is central in how participants understand and deal with difficulties. Once again resilience is linked with the rest of the themes in this analysis. Resilience is not just a trait that people have in the participants view. Of course, as with the previous theme people vary in their dispositions. However families place a lot of emphasis on building this resilience. Coping behaviours and positive thinking are encouraged while negative thinking or “mopping” are discouraged.

A person’s resilience will help them cope with life adversities. In return coping with difficulties and life experiences in general further reinforce this sense of resilience. This resilience manifests in a number of ways such as focusing on what one cannot do, problem solve and accept what is outside one’s control as the next subcategory will demonstrate.

4.3.1.5 Accepting limitations:

This theme links directly with the previous one, that of resilience and it can be seen as a cultural value too and ultimately within the core category of outlook on life. In the words of Michael (paragraph 24) “....There is a level of reflection that life gets done to you as much as you do it. ... as well as the realisation that there is always worse.” Although not every participant thought that this was common amongst Greeks, the commonality of the theme makes it hard not to hypothesise that there is cultural element underlying such theme, perhaps influenced to some extent by religion too. By accepting one’s limitations one can relinquish the desire to control and/or win every battle therefore avoiding unnecessary stress whether it involves family or life in general. Stella talked about how her family upbringing has helped learn to pick her fights. Michael talked about learning that it is not possible to control everything and that in itself is a great relief in times of distress. Maria spoke about how accepting her own and others’ limitation helped her manage family conflict.

Stella paragraph 17: "... but I do think I am the way that I am because of the family that I've been brought up in, but how I choose you know, picking and choosing your fights. Sometimes it's not worth, sometimes I don't think it's worth expressing your opinion if nothing can be done to change it. Sometimes with life you've just got to suck things up."

Michael paragraph 26: "I suppose it's a level of resilience, I am fairly clear about what I control and they are things I have to deal with and my decisions and there are things I don't control and I have to put things in place and mitigate their impact as such. But ultimately that's what it is and I suppose I see that as a Mediterranean, I see it, maybe it is a religious thing, you can't control things, God controls it, I don't know but there is a feeling that, and it keeps providing a level of emotional resilience, that maybe not be happy with it but there is desire to control every aspect of it. I can't, there is another part of me which allows me to be pretty carefree, outgoing and I identify that as the cultural aspect, I see it in other people who are also Greek or have a similar background to myself, and that doesn't mean that there are no depressed Greeks around, it doesn't mean that, it means that's something I identify around the value system that I've been given. And I have to assume that comes from my parents."

Maria paragraph 55: "OK, instead of trying to fight against my grandparents being too interfering or certain family members being judgemental, I now say "that's them, that's my culture, not everyone in my culture is like that" and I think having Greek friends has made me see that..... I think I've now accepted they have their views, but I don't always agree with their views, and their views will definitely not change, but that's fine. I think I've become stronger as a person now I can have a discussion with them and I don't feel so intimidated."

Summary:

Acceptance of one's limitations and the fact that not everything in life can be controlled was paramount for the participants. As a concept it helped them accept what was going on in their lives at times, focus on what was possible and also draw from their internal resources and strengths. Such an approach enabled them to pick fights and achieve change or just accept the situation as it is but not feel too distressed about it.

This take on life was developed through their upbringing as families tried to instil such attitude and behaviour. Possibly religious in origin it appears to be a widely held value within the community. Greek Cypriots appear to accept life is not straightforward and try to instil this idea on to the next generation as it can be a protective factor in times of stress. Cultural values and issues of identity related to these themes are discussed next.

4.4 Topic: Culture:

Similarly to the other two main areas a number of themes emerged here too in constant interplay with the rest, but again for reasons of clarity are treated separately. All participants identified with their Greek Cypriot heritage to a lesser or greater extent. This ranged from a non-descriptive label to Greek-British to predominately Greek. Interestingly no one identified as fully British whilst English was seen a separate ethnicity. Yet identities were not understood as fixed but rather in constant flux. This was true not only to matters of ethnic/cultural identity but on a very personal level too. This fluid identity also influences how psychological difficulties are understood as attitudes, beliefs and practices all changed throughout the participants' life span.

4.4.1 Main category: Centrality of family:

The degree of individualization of each participant varied. Yet whatever their perceived autonomy was, everyone understood their self in relation to their families. Children are encouraged to be independent yet there are rules and families always stick together no matter what. This at times involved extended family while sharing a house with aunties and cousins when younger was not uncommon. Families were seen as a sense of origin in biological as well as cultural terms, the main means through which values are passed and preserved and ultimately influencing all aspects of psychosocial development. Individual characteristics, values and practices were all seen as coming from the family. Individuals in the family look after each other bound to each other with a sense of duty as well as genuine care.

There is hierarchy and frequent contact with family members that includes the family's inner circle too. Contact with other family members is frequent and it is often assumed to differ from white British families. Unsurprisingly individuals see their wellbeing through family relationships. Yet

even when their difficulties are situated even partly within family dysfunction distancing one's self from family is not contemplated.

Michael paragraph 21: "Yeah and it's, my brother and sisters are very similar, we picked up the same characteristics, even though they live slightly alien worlds to each other but when we sit and talk it's very obvious we all work very hard. The behaviour of working hard comes from my mum. But the bit about taking chances and irresponsibility comes from my dad and we all have a little bit of it but we have less of it as we get older. I suppose this is what happens."

Michael paragraph 28: I think that's, we had our , each had our godparents and interestingly I knew they were part of the extended family, so my godfather and my godmother died in the last 6-7 years but I am godfather to my godsister's son and every Christmas I go round and see them, I feel really close to my godsister.

Elena paragraph 30- 31: "Yeah with I guess we are very family oriented, I don't know really just the way we were brought up... a sense of togetherness really."

Maria paragraph 20: ..."I think in terms of emotional wellbeing my family I guess they are kind of typically Greek Cypriot, Greek, Mediterranean, they fuss over you, especially my mother's mother, so they would kind take care of everything... I didn't even think about my emotional wellbeing and how to take care of myself emotionally. I felt my family was doing that for me."

Maria paragraph 55: "...I now feel I can be part of my family group but also be myself within that..."

Andrula paragraph 101: It did, with the English one, I wasn't long with the first one, with the English one because I had issues with my mum, she would say to me "don't speak to her, cut contact with her". I was thinking "are you mad"? "We are Greek we don't cut contact". I said to her, "we don't do that, family is family, we always stick together no matter how bad things are.."

Stella paragraphs 14-15: "...you know sometimes people's strength of character and mind does come from how they've been brought up and you know are they going through this life alone? Are they still tight with their family? Are they still connected to their family?... even though they're divorced because we're still a very tight family and I've got two siblings a brother and a sister and I've had my ups and downs with them over the years,

Stella paragraph 30 "...sometimes I come across English people and they aren't that connected to their family and it makes me a little bit sad for them because I get a lot of strength and a lot of security I suppose knowing that some people might turn their nose up and be like "all day Saturday you're going to be with your family boring."

Litsa paragraph 77: "...It's important to me that I have them around me and we communicate well, I don't know it's, family is important to me, have my children around when they're not out or whatever, to bring them up as best as you can..."

Summary:

Family for the participants meant something broader than just parents and siblings. It also meant something inseparable from their very person. The individual and the family are interconnected and always seen in relation to each other. Families are important in all aspects of participants' life and distress more often than not needs to be conceptualised in this context. Family provides a sense of origin, togetherness and belonging. The participants saw themselves through their families and in contrast to what they saw as being practiced by the wider British society. The well being of family members is not just a matter that rallies family support but it is influenced by each others' wellbeing be it physical or emotional.

Families are not free of conflict or above causing distress to individual family members.. Yet the concept of family and what it means is never under threat of being dissolved. Contact with family is maintained regardless even in times of conflict and it is frequent. Participants' understanding of life in general has come to great degree through their families as the subcategories below will demonstrate.

4.4.1.1 Subcategories:

4.4.1.2 Individual Identity:

This theme encompasses a number of layers but their relationship with each other is not a linear one. It is influenced by many factors and it appears to be in state of flux and over the life span and it includes roles such as being a father, which again change over the life span. Each participant talked about their concept of self in relation to their upbringing, their heritage, their gender, education and life experiences. Moments of clash between their heritage and the wider British culture were also part of the process. This clash was very dynamic and over the life span. Yet as

mentioned before despite the degree of distancing oneself from one's background the idea of the individual as completely separate from their family did not hold true with the participants.

Maria paragraph 55: "I used to see myself as an individual, completely western point of view. Now I am, I guess now, I still see myself as an individual but as part of, I hope I am not contradicting myself here, closer, in terms of a spectrum."

Yota paragraph 69-71: "Difficult, I think it would be very difficult to distance oneself from a close knit family. Because usually the Greeks and Cypriots families are very together aren't they?... At one point I left home and went to Cyprus, 'cause my parents were so strict I couldn't cope any more, and that for me was a big life change because I had freedom, when I say freedom I don't mean freedom going out every night, I had my own privacy, we have an apartment over there so I took advantage of that. So for me it was my big step I took in my life, going and living abroad for the first time without mum and dad or my brother or anybody so for me that was a big, big step I took."

Michael paragraph 18:" I've actually disassociated from my family, I live the farthest away, yet I feel a level of closeness with my brother and sisters and my mum and dad I feel a level of closeness towards them, so knowing that they are there, and it is, I suppose it is a traditional way of a Mediterranean family..."

Pavlos paragraph 13 "...I remember once my father once said to me "you've got to be the man of the house", "you have to show strength." So obviously I did because that's how I've been brought up"

Summary:

Participants see themselves as individuals and at times struggled to ascertain their individuality but their connection with their family remains strong. This individual identity was ever evolving and encompassed different dimensions. An individual was understood in relation to one's family, personal ideas and the wider society. Gender roles such as being the man of the house are also important in shaping and understanding identity and behaviour.

The participants' degree of individuation varied yet at no one saw her or himself as being a complete individual. Family remained central in their lives and the way they understood their individual identities. This understanding is characteristic of their heritage as the participants saw it, relating to their upbringing and ethnic identity too as discussed next.

4.4.1.3 Ethnicity:

Ethnicity was understood on different levels and the degree of 'Greekness' varied for each participant but it was present in all. Nonetheless for most participants there was sense of being different to Greeks in Cyprus and to British people. This run along the lines of biological heritage, "having Greek blood" personality traits and behaviour which they also recognised in other members of their community as well as seen them antagonistically at times. Of course general customs and values such as spirituality, music food and childhood experiences appear to have mediated such notions too. Once again family is a big part of this. Language was also important to all the participants regardless of degree of fluency in Greek. Ultimately this distinct identity was actively constructed with the influence of family being central to this process and is in a state of flux across the developmental span.

Elena paragraph 29: "... I do feel British Cypriot, but more so I guess I can relate, I feel more at home with the Cypriots than the English, even though you can have a laugh with English people but when it comes to family and close friends, I feel closer to them, the Greek Cypriots, yeah."

Maria paragraph 45: "I am a bit in conflict, I think it has changed over the years, I guess there have been times where I felt more British than Greek Cypriot, especially when my parents got divorced and my dad went back to Cyprus, and I stopped going to Greek School, say in my early teens, I had no links at that time with my culture, other than my mum, a few of my mum's aunties, but I felt very British at the time, I felt I didn't have any links at all. Now, I would say I feel a bit closer to my ethnic identity because I guess a big part of that is I have Greek friends now. Which is something, I always wanted to be more in touch with my culture.."

Yota paragraph 67: "My religion, I know it's not Greek, I mean you have Russian Orthodox, but I thought my religion as identifies with my culture, my background as well, my language, it was my first language, I learnt Greek. Obviously cooking. "

Polina paragraph 88: "The music, the food, the family orientation..."

Lucas paragraph 91: The food, the language, I can see the language is a private language, it's not French that everyone studies, it's not Spanish, it's not on the curriculum, it's more personal, yeah.

Summary:

As with the previous subcategory of individual identity ethnic identity was also over the life span as well as multifaceted. Again the degree of identifying as Greek or Greek Cypriot was not the same for each participant. Yet the sense of being Greek Cypriot to a greater or lesser extent was there while being British was understood more in terms of citizenship. Ethnic identity was understood both in biological as well as cultural aspects.

One was Greek because of one's parentage. Having Greek blood was central to that understanding. On the other hand, customs, religion, language, food and family were also central to their understanding of their ethnic identity. Being Greek meant that participants had a sense of biological and cultural origin that also provided them with a sense of pride. The importance of family as part of this identity was evident as in previous categories. The cultural and social aspects of their identity came through their upbringing in their families as it will be discussed next.

4.4.1.4 Upbringing:

This subcategory ran along several dimensions as it includes day to day life to particular family values and practices. It is the vehicle that family becomes a central cultural and personal value. Children were encouraged to develop their own ideas and expected to be children but rules were strict and often influenced by gender. Respect for elders was expected and implemented whilst in return parents went to great lengths to provide for their children. Boys were afforded greater freedom generally as opposed to a "kopelua" (young girl). Yet everyone was expected to do their part. This might have meant interpreting for parents with little English, helping out in the house, doing their homework etc.

A lot of emphasis was placed on doing well in life mainly though academic success but not exclusively. The hard work ethos was a value shared by all participants as something that was passed down to them by their parents. Special mention was given to their mothers who took care

of the house and also worked on the “michani” (sewing machine). This Greek word encapsulates not just the work ethos but also the hard circumstances for their generation.

Children were expected to cope with life, manage their emotions and generally get on with things focusing on what they can do rather than what was out of their control. There was also a drive to appreciate that there is always worse in life, be it parents' own circumstances or other people's. Families varied in how they dealt with difficulties from being open to focusing on keeping up appearances. Participants valued most of the above but they also tried to avoid their parents' mistakes by dedicating more quality time to their own children and being more open minded in general.

Litsa paragraphs 46-47: “She used to say "listen, we may be poor" she said "but if we are well mannered and we have our dignity" and all that, this was driven to our head, you had your dignity, you know, you have to, you have to express yourself, you have to be good with people, you don't answer, this was something I think, sometimes, you don't talk back to people, it was the thing in those days, you don't answer back but now you can't not answer back, I mean answer back to your elders in such a way, you had to be well mannered basically. I'd probably get a smack, the slipper would go flying, her slipper the "pantoufla" (slipper). “

Maria paragraph 20 “...So I would say to myself just get on with things, focus on your education, stay strong, don't worry about your feelings, dismissed my feelings, thinking it is not important, it's a weakness to get so upset about these things and you just have to carry on because that's life, if your parents get divorced, if your dad's an alcoholic that's life and you need to just get on with things...”

Stela 14: “So I do think everyone's different, but also by the same token how people deal with things I think they get that strength from when they're younger”

“Stella paragraph 49:we're realists, I think my mum's maybe a little bit, sometimes I do look at her and she's very much the young girl that came over from Cyprus when she was 15 so sometimes I do think she's a little bit naive about things which she has said to us and we've said to her because she didn't have the whole you know it was different how the first 15 years of her life

where she was over there when it all kicked off between the Cypriots and the Turks....my mum's very much like things could be a lot worse....”

Lucas paragraph 47: “A lot was, we were self-taught in you know, working out situations, no one can really teach you how to get upset, you have to experience it yourself.”

Yota paragraph 64: “No, the first generation, they came to England and they would go straight to work, that's all they knew, work, isn't it. And they only knew Greek community, their Greek shops, they weren't aware of a lot of things that were going on around.”

Summary:

Participants developed their ideas about life and their values over the years. Their upbringing has played a significant part by passing culture, the value of family and ways of dealing with difficulties. Of course there was a lot of variation within these experiences. Children were expected to behave in certain ways and show respects to their elders. If children behaved out of place then the rule will be enforced often with strict discipline.

Families also taught the participants to value and appreciate what they have, work hard and better themselves and trying to get on with life. Children were expected to problem solve and manage their emotions while there was a great emphasis on practicalities. All of the above is linked to how concepts of wellbeing are constructed as evidenced previously as well as the participants' help seeking behaviours as it will be demonstrated next.

4.5 Topic: Help seeking behaviours:

Unsurprisingly there is a direct link more often than not with the other two areas both as a result but also in maintaining beliefs and practices. Once again clarity for the purposes of the present research dictates that they are treated separately. All participants talked about being expected to cope with life and this appeared to have now become internalised rather than just an external demand. In fact the verb “get on” in its various forms was used by every single participant to describe what it was that was expected of them during testing times. The main category was that of self-reliance or "get on with it". Subcategories included looking after one self, family and

friends, and professional help. The last one was discussed as an actual experience of hypothetical one.

4.5.1 Main category: Self-reliance or "get on with it":

This resilience was attributed to the interplay amongst their upbringing, their personalities and their life experiences. It was often laced with the cultural understanding that life events are not always within one's control and that there is always worse so one should appreciate what one has and also focus on one's strengths and talents. Once again the concept of the family as part of one's self was important in the maintaining that resilience. Knowing that your family would support you no matter what, offered participants a sense of having a secure base. Relying on one's self was an intrinsic expectation and gave a sense of ability to cope as well as avoiding worrying and/or burdening other people. This self-reliance was often perceived as a philosophical stance towards life once more linking with the core category of outlook on life.

Yota paragraph 51:” How do I support myself in time of distress? Me personally, I just stay with myself. I don't want to "epivarino ton allo" (burden anyone) so I just cope with it that way ... I try to do it by myself, ...

Polina paragraph 104: “I wouldn't talk about paying my bills and problems with, where people constantly moan at how sick they are all the time, you know just get on with it, little silly problems.”

Stella paragraph 30: “Yes, we do just need to get on with it and we say that a lot as a family now. So my sister has recently had my niece and has returned back to work from maternity leave and they made a lot of her friends redundant and she works in sales and it impacted the number that she needed to make and she's very unhappy in work now, but when we're all together. Like, for instance at yaya's yesterday and my sister had mentioned what's going on at work something happened and we all laughed and she's like "but look we're all together"

Summary:

Overall participants felt that they should have the resources to deal with difficulties as well as adopting a more philosophical stance in life by focusing on what is important. The discussed how

they do not allow small things affect them, prioritising situations on degree of importance and putting things into perspective.

They felt that they should be able to cope with life and its stressors while reaching out especially for what it was thought as of small matters was not something they would do. Getting on with it was important as it showed they could cope and was something that families held as a value collectively as well as passing it down to the younger generations. The next subcategory looks as to how participants maintain their levels of self-reliance.

4.5.1.1 Subcategories:

4.5.1.2 Looking after one's self:

Looking after one's self is also a way of dealing with life's difficulties and the resulting emotional upset at times. It ranges from eating well, exercise, time for one self to having a hobby such as Lucas with his "agiographia" (Orthodox religious painting). This variety as well as the proactive stance allows for some self-reflection on life and it is in congruence both with both the main categories of balance and self-reliance discussed earlier.

Maria paragraph 17: "... the ways you can look after yourself emotionally, more aware of self-care and that sort of thing..."

Lucas paragraph 108: "... I started "agiographia" I stopped smoking, I stopped taking coke, you know, it was just, a recreational activity, that always knew, it wasn't a problem but it's helped, having a clearer mind, you know."

Elena paragraph 13 "...healthy life style, food, exercise, which they help you to have a happier outlook on life."

Litsa paragraph 35: "That's in the evening. Time for myself is in the evening, ... It could be, I've got an iPad now, and I am sitting there with the memory game, with the solitaire, or something to keep, keep me active sort of thing...I'd just have a little bit of me time. Or if I've got something in front of me like the local paper I may go read it, see what's on the news, but that's my time you

know, that's it that's my time. Or for instance if I want to go out and take a walk around the local park that's my time as well. A little bit of relaxation for the brain."

Summary:

Participants maintain their self-efficacy and self-reliance by looking after themselves in a variety of ways thus maintaining a sense of balance and their health. Healthy food, exercise, hobbies, time to oneself and looking for balance overall were paramount. The participants felt that looking after one's self was part of their life experiences and helped them maintain a healthy attitude towards life.

This practice of looking after one's self was not in contrast to being a member of a family but rather enable them to function in their roles as family members and as individuals in general. As discussed earlier the participants were brought up to "get on with things", work hard and fulfil their obligations and looking after themselves was part of it. Support from family and friends will be discussed next.

4.5.1.3 Family and friends:

Although participants were often reluctant to discuss difficulties with family and friends it does not mean they do not use their support network at all. However as families often focus on practical issues and problem solving they might miss the need for emotional support. Furthermore some parents might display what participants called exaggerated responses that either fuel their anxieties further or leave them feeling unheard and not cared for. In conclusion family support is available but not always as effective or useful as one might hope for it to be. The idea of having good friends as a source of support was also common although again this varied, often reflecting particular circumstances both at one's personal level but also life in general.

Lucas paragraph 94: "...we had to look after each other, 'cause if you got into trouble around here, you'd have a lot of people on your door step..."

Angela paragraph 59: I don't find it helpful talking to friends and family basically it's ok, they might know what you're going through but they'll have a different way of a different approach to it.

Georgia33: Now? My children, my friend still and depending on what it is my husband as well you know but again I am not very, I tend to keep everything, I don't, I don't really talk about if I am feeling bad, I am not very happy today, I never show it, what you see with me is the way I am all the time, always happy, always joking, always laughing and everyone says "is there ever anything wrong with you?" and I say there might be but I am not bring it to work, I am not going to show it to you, it's the way I am. But obviously there are moments I am down, I need to say to someone and yeah it depends on what the situation is, what I am feeling, who I am upset with, or who's upset me, whatever is going on in life, it just depends on what it is, but yeah. Probably my best friend * would be the one I would just tell her anyway, but I don't like burden if you like anyone.

Pavlos paragraph 11: "Yes that was discussed. The family were always supportive, my family and my wife's family. And we all stuck together and everyone tried to help whenever they could. They were all obviously aware of the condition so when they were with her they always kept a close eye on her....So yes it affected, but the family all came together and helped and it was a success, if you like."

Pavlos paragraph 14: " Just I had friends around me that were aware of the situation and even a few of the customers that come here and I used to sometimes off load on them, or ask their opinion, "what do you think?" Whereas sometimes with the family it was a bit more difficult to do that."

Summary:

Turning to their family and friends is something that participants do but often reluctantly for a variety of reasons. The perceived quality of support varies reflecting context and individual circumstances. One of the reasons was the focus on practical support as well as the expectation of the participants' ability and willingness to deal with the difficulties. The focus on practicalities may also divert from emotional support although the participants were more open about such issues with their own children.

Yet families and friends were resources that participants could rely upon as this was part of how they were brought up, looking after each other. It also meant that different members of their support network could offer different kinds of support for instance families for practical support but friends for offloading stress. However sometimes turning to professional help was necessary as the next category will demonstrate.

4.5.1.4 Professional help:

Professional help run along three main dimensions. The first is having experience of counselling/therapy, the second is hypothetical scenarios as to why one would seek such help and what their expectations are and the third ways of improving access to therapeutic services.

4.5.1.4.1 Experience of therapy:

Four participants had therapy in the past but their respective experience varied. Interestingly enough, accessing such support earlier was not without a great degree of reluctance and apprehension. Diversity as well as the whole concept of symptom reduction versus a more holistic approach appears to have played a role. Participants expected counsellors/therapists/psychologists to be experts in their fields, listen to them and provide advice or guidance. One could hypothesise that they will expect such professionals to take the lead and also understand their behaviour in the context of respect. This appears to have been the case for Elena something that was never picked up by her psychologist ultimately leading to her not engaging with therapy. Perhaps a similar process occurred for Angela where she never challenged the psychologist's "wisdom" to focus on symptom reduction something that she found irrelevant to her life circumstances at the time. Both the above examples highlight how the influence of family and its hierarchical structure may have played a role as well the class between participants understanding of mental health issues in conjunction with life as a whole. Yet all four saw therapy as something useful as at least it provides a confidential and contained space.

Elena paragraphs 19-20: Well looking back, looking back through this interview I don't think I took full advantage of it, eh I just went through the motions, and I don't know whether this was, maybe he wasn't connecting, we didn't have a connection between therapist and the client or. And again being quite young maybe we didn't have a connection ... who was older Asian guy, very nice but didn't connect with him, maybe I felt he wasn't going to understand me, so I didn't connect, being open, engage as much."

Angela paragraph 42: "...why I wanted to go was to get it all out of my system. But the reason I thought he didn't help me was because he wasn't interested in the day to day life. He was more interested in my health."

Elena paragraph 28: "...whereas with counselling for however many minutes it was 40 minutes, an hour, I can't remember now, the door locked, I didn't have to think about it, it was something personal..."

Summary:

Experience of counselling was varied and unaddressed diversity issues were part of it. The diversity issues were around notions of hierarchy and possible expectations of a benign expert approach as influenced by family and cultural values. Furthermore therapeutic approaches that focus on symptom reduction were at clash with the participants' more holistic outlook on life and could not account for the family's importance in one's wellbeing or underlying causes of distress.

On the other hand the defined boundaries of therapy as well as the opportunity to offload at times were seen as positive. This is particularly important given the participants' reluctance to reach out to their support network as discussed earlier. Overall the mixed experience that the participants' did not create a negative attitude towards professional input but it did raise issues further discussed in the next subcategories.

4.5.1.4.2 Hypothetical scenarios:

Those that did not have such an experience were not against it when it came to other people but they could not see why they would need it themselves as they felt resilient and able enough to cope with difficulties. This was true even when they talked about past difficult situations and on reflection it might have been useful to have someone to talk then. If they ever did need to access therapeutic services they expected professionals to be qualified, offer a safe place, guidance/advise, and hopefully be culturally sensitive.

Yota paragraph 56: "I would expect that person to listen to me, OK, and then after they heard me, say let it all, to think about it and give me some advice, or a comfort of some, just to help me overcome this problem. I wouldn't expect a miracle but I would want that person to help me overcome what I'm going through. But I don't know if that's how it works, this is what I would expect."

Pavlos paragraph 18: "At that time, probably no. No I didn't consider that, and I was never advised that and I'm not sure if I needed that. Maybe I did and maybe I didn't. I just never considered it."

Georgia paragraph 58: "They wouldn't know unless I told them this is what it's like for us, but then again they are not there to judge anyway, they are not there to, they are just there to listen. I mean they are not going to have an opinion really."

Elena paragraph 60: "Yeah I think that'd probably be counterproductive almost a bit, again, having an understanding of the culture, someone from another culture might see it as interference from the family and trying our way of life, we are very close..."

Summary:

Therapy was viewed positively but not always necessary. This was true even at times of distress, which makes sense in the context of what it was discussed earlier in this analysis around stigma and expectations of getting on with it. If participants were to access such help, they expected to be listened to and given advice once again linking with previous categories about authority figures and expert approaches.

In addition to this therapists were expected to account for families in individual's life. If they just dismissed them or treated them as an interference then that would be counterproductive once again in congruence with what was discussed earlier. Ultimately accounting for the person as a whole including family and culture was seen as the best approach also evident in the next subcategory.

4.5.1.4.3 Community initiatives:

There was a general consensus that people would become less reluctant to access help if service users were given the opportunity to speak up and normalise such issues. It was also felt that if such an initiative was driven from within the community such as the church, community centres etc. it would be more successful. Although the ethnicity of the professional did not matter as such, their knowledge of Greek culture and their ability to work with it was considered as important as their competence in general.

Andrula paragraph 125: "...would say there's nothing to be scared off, people understand, they don't judge you, they don't criticise you, it's confidential, there is no harm, it would only benefit you, it's just a good thing for you, it's make it better. "

Maria paragraph 65: "...if you went to areas with many Greek Cypriots, if you went to a local church, or maybe even at the sort of younger level at Greek Schools, go to speak about it, it is not even spoken about it, maybe going out to the areas where there are lot of Greek Cypriots, and just being more open talking about mental health issues and the help you can get, and talking about it with the community...and someone came and talked about the effects of divorce and how it can make you feel and the help you can get, I think that would be quite helpful.

Michael paragraphs 55-56: "Depending on the age, church will be one. Because it is a gathering, a lot of people don't go to church because they believe in a way, if you are a Christian in England, there is a difference, I do think there is something different around choosing to believe, I was brought up to believe, so people go to church, they will hear messages there and you will hear messages with the elders,..."

Summary:

Bottom up approaches for community initiatives were thought as being helpful. In such a scenario people who had experienced difficulties and received help for their difficulties they could talk about it thus normalising the issue and reducing stigma. Furthermore it would highlight how families need not be negatively affected by individual seeking and receiving help from professionals.

Again this is in congruence with the rest of the analysis as is the fact that professionals were expected to be competent and culturally sensitive. Of course community leaders and the church could help facilitate such process once again highlighting the close knit nature of Greek Cypriot families and the wider community and how life is understood overall. Next a summary of the analysis will be given.

4.6 Summary of the analysis:

Mental health is understood mainly in the context of a psychological/emotional wellbeing continuum as well as in relation to one's life circumstances including physical health, although at times it was also seen as separate. Unsurprisingly many diverse themes emerged sharing common strands with each other too. When everything is in balance then people are likely to feel good within themselves too. Individuals have a holistic view of life with sense of duty to themselves and family and this influences their understanding of mental health. These views have developed over the years with their culture and upbringing being central to this process.

The individual is firmly embedded in the Greek family system in contrast to what was perceived as English culture. For instance adult children are not expected to leave home whilst elderly parents are looked after by their children. People are expected to process their own emotions and deal

with life or in the words of nearly every participant to 'get on'. The interplay between self-reliance and family is paramount yet the inability to cope at times is acknowledged. There is as strong focus on problem solving especially on issues of a practical nature and families are central to this process. On the other hand families can affect people in a negative way too but at no point distancing oneself from family is contemplated. There is also the acceptance that not everything in life is within one's control.

People are generally expected to 'Get On'. The notion of 'getting on with it' as a sign of sound mind and ability to cope appears in both genders although it expresses itself in different ways as men are expected to provide for their families whereas women have the caring/nurturing role. Of course this is far from absolute and not as clear and fixed as in their parents' generation. Second generation are more understanding and knowledgeable since they have had better education and more exposure to information as well as mainstream British culture.

There was variable identification with their Greek heritage but many aspects of the Greek culture were valued by participants including the language, food, customs, religion and most of all the family orientation of the culture. Family is seen as a point of reference for participants on many levels ranging from sense of origin and belonging to a practical guide for living.

Despite the far less judgmental attitudes towards mental health difficulties compared to their parents, there were still perceived as a sign weakness to some extent as evident when it came to seeking/receiving professional help. Those who never had counselling/therapy themselves, were positive about such input for people in general but they did not see any need for them to seek such help. Of course this is not to say that they needed it but rather they saw themselves as

having the ability to cope despite stressful past experiences. This may well be true but it may also be a reflection of the stigma attached on to such individuals and situations by their parents as it would be antithetical to their intrinsic and extrinsic expectations. Counselling and/or therapy were seen as a safe space, where people can be listened to and if possible or necessary sound advice will be given by qualified professionals. Understanding the individual as a whole and part of their family systems was also important as opposed to mere focus on symptoms reduction.

Four out of the twelve participants in the present study, have had experience of receiving therapy. Despite positive attitudes in general their own experience varied. It appears diversity issues were at the core for all of them. Elena for instance found it difficult to relate and trust a middle aged male Asian counsellor fearing she may be judged and also due to her cultural understanding of respect for elders. Andrula struggled when her therapist suggested cutting of contact with her mum as this is inconceivable in Greek culture. Maria struggled with different therapists either by feeling not understood in the context of family dynamics or when another therapist was too symptom focused and clinical with her. The latter difficulty was encountered by Angela too where she was hoping to be able to talk about life in general and what was affecting her mood rather than focusing on anxiety management something she felt she was coping well with at the time.

All the above illustrate that mental health is perceived on a more holistic spectrum rather than just a kind of illness. It is seen within the context of individual characteristics and their interplay with their family, social and work systems firmly embedded in the context of life as a whole. Individuals are expected and raised to be resilient, develop their coping skills, stay close to their families and deal with life in as much as this is possible and within their means. This is important as one's health is seen as the result of life as a whole making illness something more than just a set of symptoms to be reduced and hopefully eliminated.

As the above analysis illustrated Greek Cypriots may be disadvantaged both in terms of accessing professional help as they may be reluctant to do so and also when they do access help when diversity issues are not taken into account. These implications will be discussed in the next chapter in light of current literature.

5 Discussion:

This chapter will discuss findings in light of current literature contributions to the discipline and make suggestions for future research. Limitations of the present research as well as reflexivity will also be discussed:

5.1 Relevance to current literature:

In this section the findings will be compared against current literature in different subsections. Following from the analysis, findings will be discussed in relation to the different topics explored. The broader context of culture ethnic and individual identity will be discussed first. The main focus of the thesis namely notions of mental health and help seeking behaviour will be discussed next; firstly with regards to the existing literature on Greeks Cypriots and Greeks and secondly with regards to the issue in general.

5.1.1 Relevance of culture:

All participants identified with their Greek Cypriot heritage to some degree. This ranged from a non-descriptive label to Greek-British to predominately Greek. Yet identities were not understood as fixed but rather in constant flux. This was true not only to matters of ethnic/cultural identity but on a very personal level too. This fluid identity also influences how psychological difficulties were understood as attitudes, beliefs and practices all changed throughout the participants' life spans. However family was always central in participants' lives and identities passing and maintaining many cultural values, beliefs and practices such as language, religion food and customs with ethos of hard work and 'getting on with things'. This notion of 'getting on' was central in how the participants viewed life and mental health.

5.1.1.1 Ethnic identity:

There was great variation in how participants identified themselves in terms of their ethnicity and their culture. This continuum ranged from non-descriptive to Greek with most participants falling in between the two poles and having a distinct identity to Greeks Cypriots in Cyprus and white British.

This identity included biological, personality and cultural elements. However all participants viewed a number of aspects of their heritage as positive and held them as personal values. The most important aspect was that of family. Other aspects included food, music, language and religion. Factors influencing points of identification or dissociation from their parents' culture included education, exposure to the wider society's cultural values and practices and personal experiences.

The above findings are in line with current literature postulating that acculturation is neither absolute nor unidirectional (Georgas, 2006). Acculturation to the wider society's culture brings changes in individuals but rarely results in an outright rejection of parents' culture (Kwak, 2003;). Furthermore cultures are fluid but can also be resistant to change as the process of preservation is mediated by many factors (Berry & Poortinga, 2006).

With regards to second generations Greeks and Greek Cypriots the findings of this study are in congruence with the current literature. (Georgas et al., 1996) found that second generation Greeks in Europe and Canada retain a number of cultural values with family being central although not as strict when it comes to gender roles something mirrored in this research's findings.

More specifically second generation Greek Cypriots in the UK show a great affiliation to their heritage, including their language and traditions and participate in cultural organisations and events. (Gardner-Chloros, McEntee-Atalantis & Finnis, 2005) There is also a relatively high degree of spirituality/religiosity not unlike what research shows for Greeks across the globe (Georgas, 1996; Crea, 2012). Degree of fluency and use of the Greek language does not have a direct correlation with this affiliation. Identification with their Greek Cypriot heritage is understood on a continuum thus giving rise to a distinct identity (Papavlou & Pavlou 2001). Once again it is

important to stress that identity is a multifaceted concept (Sparrow, 2002), and also includes assigned identity as well as ethnic identification depending on context (Kenny and Brinner, 2003) which was evident in the way participants described themselves.

Summary:

Participants displayed diverse levels of ethnic identity identification. Nonetheless they all valued a number of aspects of their heritage with family values at the core as well as having a sense of Greek Cypriot biological origin. Most saw themselves as different to British as well as their counterparts in Cyprus in line research literature. Next individual identity will be discussed:

5.1.1.2 Individual Identity:

Participants saw themselves as individuals but always in relation to their respective families, which included the families' inner circles too. This relationship included a sense of duty and respect for elders. Individuals saw their families as a safe base as families took care of their individual members. Roles changed and identities fluctuated alongside this change such as children growing up and looking after their ageing parents. Individuals drew strength from their families although this is not always straightforward or without any difficulties. Nonetheless families always stick together. There was frequent contact with family and this was viewed as a value and practice white British do not have and it is a view that is widely shared by Britain's many ethnic minorities (Goodwin, Christachopoulou & Panagiotidou, 2006).

Research has shown that Greeks and Greek Cypriots tend to display a more collective identity with mainly vertical features compared to Western Europeans (Triandis, 1995; Papadopoulos, 1999). This identity focuses mainly on the individual and his/her relationship to their family and the

family's inner circle with a hierarchical structure. This was also found in this present study which also showed degrees of variation and factors influencing this process.

Georgas et al. (2001) showed that Greek and Greek Cypriots maintained close relationships and frequent contact with their family members including extended family members. In addition, they tend to have a hierarchical structure with different roles for each generation in addition to gender roles (Kaldi-Koulikidou, 2007). Parents are expected to look after the children even when they are adults with that role reversing as parents become older. Cylwick (2002) found that this was true for Greek Cypriots in the UK something that was attested in the present findings.

Furthermore participants' accounts of their upbringing were in congruence with what research shows with regards to their parents' circumstances as well to the values and practices of child rearing (George & Millerson, 1968; Papadopoulos, 1994). Parents worked hard and long hours to provide a better future for their children but in return children were disciplined and expected to do their duties especially by following their parents' rules and doing well in life (Georgiou, 2006; Kaldi-Koulikidou, 2007). Children were expected to manage their own emotions, and 'get on with it' although high emotions were often expressed. Finally, difficulties were kept mainly in the family only asking for help at when they were breaking point (Tsemberis & Orfanos, 1996, Francis & Papageorgiou, 2004). Participants showed a change in the rigidity of gender roles but retained core family values such as respect for elders as well as family being the main source of reference and support (Georgas, 1996).

Similarly research has shown that outside the West the concept of a completely independent 'self' hardly exists but it is understood in relation to one's family and/or wider community (Sue & Sue.

2009). This of course has implications on a theoretical and practical level (Hwang, 2015). Furthermore, apart from variations within groups identity is also viewed in relation to one's different roles which was evident in the findings as the participants often talked about their roles as parents, workers etc. (Sparrow 2002). It appears therefore that Greek-Cypriots are closer to non-Europeans with regards to their identity once again highlighting conceptual and methodological issues with much of current theory research.

Summary:

Participants saw themselves as individuals but in the context of their families. Family remains central to people's identities and sense of wellbeing. There is reciprocity of care, respect for elders and frequent contact with family. Different roles place different demands and sense of identity of individuals within the context of family. Next understanding of mental health will be discussed in line with literature on culture and mental health.

5.1.2 Culture and mental health:

As the present research thesis explored both understanding of mental health and help seeking behaviours both will be discussed. For purposes of clarity the former will be discussed first.

5.1.2.1 Notions of mental health:

Notions of mental health varied, ranging from ideas about wellbeing, to severe mental health illness. A number of factors were associated with this and included interactions between individuals and their environment. Family and the quality of family relationships were central in this understanding. The core category was that of outlook on life as it influences how balance is perceived in different domains of people's lives and how the participants positioned themselves in relation to life in general and difficulties in particular. Generally, participants talked about resilience

as stemming from their upbringing, which resulted in a stoic attitude to life trying not to fight against the tide and appreciating what they had. Yet they also acknowledged that there was no immunity to emotional and mental health difficulties. They did not express overt stigmatising views towards people with mental health difficulties but they often thought of themselves as being more able to cope than others. Overall their views on mental health were holistic and firmly embedded in their outlook on life with family being central in this.

The participants' understanding of mental health was significantly different to the medical model as described by Lewinsohn (1998). They viewed such difficulties as the as the product of life circumstances such relationship difficulties especially within family and work pressures etc. This is more reminiscent of the lay model of schizophrenia in Pakistan described by Habib et al. (2015). It is also similar to beliefs about mental health found in rural Greece where the emphasis is often on context rather than on individual attributes (Zissi, 2006). Finally the emphasis on family is not unlike that many other cultures (Emanuelli et al., 2003; Sue & Sue, 2009).

The way participants described mental health difficulties was nearly identical to accounts by first generation London based Greek Cypriots on health in general where health was seen as dependant on balance between work, family, personal life and major life events (Papadopoulos, 1994). Findings are also in congruence with research showing that even second generation Greek Cypriots maintain similar beliefs about mental health (Padopoulos, 1999; Papadopoulos et al., 2002).

The participants also showed compassion towards people with mental health difficulties in line with previous research (Papadopoulos et al., 2002; Papadopoulos et al., 2013) but they did not display

overt stigmatising views towards such people. However the participants talked about their own perceived self-efficacy, good family relationships, and an attitude in life that allowed them to focus on what they could do rather than what they could not do, in addition to appreciating 'there is always' worse in life. They felt that people who struggled with mental health difficulties lacked the above qualities. Therefore based on the findings a hypothesis could develop that stigma is not conceived as something wrong with an individual per se, but could be experienced as a worry to admit a personal inability to meet internalised familial expectations to be able to 'get on with it'.

Summary:

Participants viewed mental health in a broad context that has balance between different aspects of life with family and individuals at its core. Both individual attributes and context were recognised as either protective or risk factors and they showed a continuity with views held by the previous generation. The participants felt compassion towards people with difficulties without stigmatising them but they also felt that their outlook in life and family background was a protective factor for them. Next, help seeking behaviours will be discussed.

5.1.2.2 Help seeking behaviours:

All the participants talked about being expected to cope with life and this appeared to have become internalised rather than just an external demand. In fact the verb 'get on' in its various forms was used by nearly every participant to describe what it was that was expected of them during trying times. The participants were self-reliant and tried to maintain balance in their lives. When that failed, they turned to family and friends reluctantly. Professional help was not excluded as an option but it was reserved for really 'serious' difficulties evidenced by those participants that had such experience. Whether as a hypothetical or an actual scenario, therapy was thought as having to be safe, discreet, directive, and to account for life in general and of course family.

The above findings confirm previous research that showed reliance on personal and support network recourses in the first instance (Tsemberis & Orfanos, 1996; Papadopoulos, 1999). More specifically the study by Papadopoulos (1999) showed a preference for traditional ways of looking after one's self using herbal remedies and eating healthy food as well as not talking about illness as this can become a self-fulfilling prophecy. In addition to the above that study also revealed that Greek Cypriots believe that God will look after them. Participants in this research talked about eating healthy, exercising, having hobbies as well as a certain level of spirituality. In this respect they appeared to follow the previous generation closely in focusing on maintaining a certain life balance perhaps adding some Western elements such as exercise.

Families and close friends were utilised as a source of support although this was variable and not without reluctance, once more showing congruence with previous accounts in the literature. Given the expectation of coping it is not surprising that the participants felt reluctant to confide in friends and family unless it was for practical support (Tsemberis & Orfanos, 1996). Furthermore the older generation's Expressed Emotion might have caused higher levels of distress rather than proving a soothing effect (Francis & Papageorgiou, 2004). Yet knowing that family was there may have been sufficient for participants as they valued family very highly.

This was also evident when it came to accessing therapy. Those who had experienced psychological therapy did so in secret again confirming notions of stigma amongst Greeks when it comes to using professional help (Stagoll, 1981). Counsellors or psychologists as they were referred to by the participants failed to recognise the importance of family and its hierarchical structure, either by not taking an expert lead in the therapeutic relationship or becoming too

agenda focused, thus alienating the participants and even committing cultural *faux pas*. Furthermore, focus on symptoms was irrelevant to those participants leading to unsuccessful treatment. The importance of paying attention to the above points has been attested in the literature when it comes to working with Greek clients (Tsemberis & Orfanos, 1996). This last point is in line with the literature on mental health and culture as well as to challenges to the medical model in general (Roland, 2005; Boyle, 2011).

Participants in hypothetical scenarios around psychotherapeutic input for mental health difficulties valued qualifications, a benign expert approach and cultural sensitivity from counsellors. Again this was in line with literature where qualification level is important (Tyrovolas et al., 2014) in addition to a need to account for family in therapy (Kalaitzaki, Birtchnell & Nestoros, 2010) Such findings are common in many non-western cultures (Sue & Sue, 2009). The level of qualification as well expertise for professionals is important for Gujarati families in the UK (Dogra et al., 2007) whilst accounting for family relationships is also important for Asian Americans (Suin, 2010).

With regards to community initiatives the participants felt that a bottom up approach would be most useful especially if it involved community leaders, the church and service users. As there is no research on such initiatives with the Greek community, this can only be compared to similar projects with other communities such the depression awareness project for elderly Chinese women in Bristol where involving community leaders and participating in community life was a successful strategy (Lane & Tribe, 2010).

Summary:

In line with the literature participants preferred to rely on their own recourses to cope with difficulties such emotional ones. They did make use of emotional support from their family and

friends but this was variable for a number of factors such as families' focus on practical issues and individual's internalised expectation of coping. This appeared to be the case for accessing professional help as it was reserved for serious issues. Yet diversity issues need to be acknowledged for successful therapy engagement and outcomes. Next the findings will be discussed briefly within the broader literature on culture and mental health.

5.1.3 General points for discussion:

Mental health in the West is viewed mainly, if not exclusively through the medical model, which often focuses on symptoms and equates them with the cause of distress (Lewinshon, 1998; Boyle 2011). Even though there is currently a greater emphasis on including environmental, social and cultural factors in understanding and treating psychological distress, the emphasis is still on symptomatology and the individual (Thomas & Bracken, 2011).

This is despite growing evidence on the importance of social, political and economic factors as well as on power structures and life within society as causes of ill mental health (Lane et al., 2010; Boyle 2011). Outside the West mental health is often seen in broader holistic context and different cultures have different and effective ways of dealing with mental health difficulties (Sue & Sue, 2009; Fernando, 2011). Furthermore even in the West lay accounts of mental health and ways of dealing with such difficulties differ from current established theory and practice (Jorm, 2000). In addition Pescolido et al. (2010) found that educational initiatives to reduce stigma around mental health difficulties by conceptualising them as neuro-chemical disorders did not result in higher drug treatment.

This is evidently the case with the participants in this study as the discussion above demonstrated. Furthermore, the issue of western psychological constructs used indiscriminately with non-western population is raised once more (Hwang, 2015). Identity, acculturation, individualism and collectivism are complex constructs that often tell us more about western populations than about the rest of the world (Hwang, 2015; Sparrow, 2002). Again such issues were evident in the participants' accounts especially when it came to exploring mental health and stigma.

Summary:

The results in this study reflect findings in current literature thus calling for a more *emic* approach in research and theory building for people of non-western origins. Such approach is needed with regards to psychological constructs in general and mental health difficulties in particular. Next limitations of present research thesis will be discussed.

5.2 Limitations:

5.2.1 Issues on methodology:

In grounded theory as with other qualitative research methods there is the issue of generalisability of findings due to the small number of participants used (Charmaz 1995). However GT is not concerned with statistical generalizability (Pidgeon & Henwood, 1997; Finlay, 2006). Alternatively, theoretical fit is more important and so is transferability of results (Finlay, 2006). Pidgeon and Henwood (1997) advise that a narrow focus should be used to achieve the best theoretical fit. This research study due to the scarcity of research with this population may have had a wider focus in order to account both for the research question and findings, therefore impacting on transferability.

Furthermore GT does not account for prosodic and paralinguistic elements in interviews (Smith 1995). This can reduce the construction of meaning as it leaves out important aspects of interaction something evident in this research thesis. For instance, participants talked about sensitive issues in a playful manner that added a light hearted note to the interaction; this would have been something accounted for and interpreted using discourse analysis for instance. Grounded theory is interested in process yet it still carries some positivist assumptions within it, hence failing at times to account for every step in the process under examination (Charmaz 1995). This may have affected findings to some extent as the areas explored were broad and the interactions between them were complex.

As discussed earlier, GT uses negative or disconfirming cases as a means of avoiding early closure or missing out on important leads (Charmaz, 1995). This is done by constant comparison of the open codes, memos and revisiting themes all used until triangulation of data and theoretical saturation is achieved and themes can be placed in the theoretical categories grounded in the data. For instance all the participants whether having experience of therapy or not claimed that they were not against it in principle but did not feel other Greeks would be as positive. There is clearly a contradiction there but it can be explained as a need to appear better compared to other Greeks as literature shows they can be antagonistic to each other (Triandis, 1994). Furthermore, the literature shows that Greeks people often ask for professional help when difficulties reach breaking point (Tsemberis & Orfanos, 1996). This was true for the participants who had received professional help while other participants who might benefited from therapeutic intervention in the past preferred to rely on their internal and family resources. Such discrepancies were accounted for in the analysis by comparing within and across interviews and incorporating under notions of stigma and in line with previous literature.

Although such approach is in line with both critical realism and GT it is not entirely unproblematic (McLeod, 2001; Cruishank, 2003). There is always the possibility that preconceived ideas on my behalf influenced the analysis evident in the way the subcategories are ultimately defined by the researcher in this case myself (McLeod, 2001). In order to account for these I provided summaries during and at the end of the interviews to the participants to check I have understood what they meant similar to the approach espoused by Murphy in 2005 in his study of the experience of mandatory therapy for counselling trainees. Nonetheless it is still possible that in the process of co-constructing meaning individual cases were missed out and/or categories might have also been biased by my own preconceived ideas. Another issue is the very constructing of categories. In the original version by Glaser and Strauss in 1967, categories emerge from data naturally with time. However in the current thesis the version of GT employed uses coding as means of category construction from the data (Hurst, 1999). Although such approach was in line with the epistemological stance there is always the risk of forcing preconceived ideas on the data to achieve theoretical fit (McLeod, 2001).

A possible safeguard against the above would have been checking the analysis with the participants. As it was mentioned earlier summaries during and at the end of the interviews were used to this purpose. However there was no full verification of the analysis with each or any of the individual participants. This was not carried out for two reasons. The first was the practicality of trying to get in touch with participants after the interviews as well as respecting their privacy and time. In discussing this with my supervisor I decided against it, making the aforementioned compromise of checking with participants during and after the interview I have understood their accounts of the phenomenon under investigation. This was in line with GT practice as often categories are not verified by participants but by the researchers using labels from the data such as the study carried out by Khan and Watson in 2005 exploring the experiences of Pakistani

immigrant women in Canada. Wherever appropriate categories were labelled using the terms participants used an example being the core category of Balance as many participants talked about health and wellbeing as a balance between personal, family, work and life circumstances.

The second reason derives from the above was both epistemological and methodological. Critical realism does not postulate that there is no reality or that only individual accounts in research are to be examined isolated from the structures they operate within or researchers' personal and professional experiences, beliefs and their respective structure. On the contrary is the interplay of all these factors and the emergent properties that provide some understanding of reality (Cruishank, 2003). As a result, GT will not treat participants' accounts as self-evident truths that an aloof and objective researcher will bring to light (Madill et al., 2000).

Finally, with regards to triangulation of the data practical constraints meant that this was not possible, so for instance apart from feedback from my supervisor there was not an independent researcher analysing the data to achieve this (McLeod, 2001). Such a way of triangulating the data is not absolute of course as discussed in the methodology section since there is no guarantee that another researcher would come to the same conclusions anyway (Charmaz, 1995). On the other hand a future improvement would be data collection from a different source to triangulate the data (McLeod, 2001). An example of this would be to interview a professional who has worked with this particular population. Next more general points about research limitations are discussed.

5.2.2 General points:

5.2.2.1 Methodological reflexivity:

In the methodology chapter I discussed how certain factors such as issues with interview data in general, my ethnicity, personally knowing some of the participants and my own acculturation through living in the UK and training as a psychologist may impact the process of data collection and analysis. Although such issues were discussed with my research supervisor, noted in memos and explored in literature so boundaries were defined and leads were followed, there is always the possibility that this is unlikely to have been absolute. As result important leads may have been missed if both the participants and I felt we had a shared understanding without exploring it first.

5.2.2.2 Sample and location:

Finally although ethnic and/or cultural groups within the same location are diverse (Koffman et al., 2008) compact communities can be more effective in maintaining cultural values and practices (Mistry, Jacobs & Jacobs, 2009). Participants for this research thesis were recruited from different areas within London and their contact with the Greek Cypriot community. This may have affected how they had developed certain concepts as for some such concepts would have been reinforced by the wider community as well as by their respective families. Contributions to counselling psychology will be discussed next.

5.3 Contribution to Counselling Psychology:

This section will discuss theoretical implications, transferability of the study and future research suggestions based on the findings.

5.3.1 Theoretical implications

Counselling Psychology is a dynamic involving discipline with a firm focus on improving the human condition (McLeod 2003). Furthermore, it draws from a variety of theoretical approaches but with the concept of the scientist-practitioner at its core it is not surprising that it places a great deal of emphasis on empirical research to advance the field (Chwalisz 2003). The importance of culture in mediating psychological knowledge and practice not just within counselling psychology, but in psychology as a whole is increasingly acknowledged (Pedersen, 2003).

This research thesis provided further empirical evidence that culture is central in individuals' conceptualisation of mental health difficulties and this in turn influences how they deal with such difficulties. More specifically the findings added to the limited empirical research on second generation Greek Cypriots in the UK. The findings demonstrated how these people see mental health difficulties in a broad context, which is influenced by their cultural values and upbringing. Ultimately, individuals take a stance in life where they are expected to cope, accept their limitations and maintain balance across the different domains of their life. When this balance is upset mental health is likely to suffer. Family is central in that understanding and in fact it could be argued that even individual identities are not individual per se but in relation to family and their respective roles. This is in line with the literature discussed earlier not just on Greek Cypriots but identity as a whole outside Western views.

If mental health is seen as a balance across the individual and life then dominant notions of what is good and ill mental health as discussed earlier are challenged further. In the participants' view notions of wellness or illness had little to do with symptomatology but mainly with life in general. Such view questions the validity of focusing on individuals and their symptoms but call for a more holistic approach as well as addressing social justice issues as part of interventions.

The above were particularly important when it came to their help seeking behaviours and with participants' reluctance to engage with professional help. Although stigma had already been identified as a possible factor in the literature this was studied from a collectivist versus individualist point of view. Such view as it was shown in the literature can be problematic both in terms of how it is applied as well as its very conceptualisation. Findings in this present research thesis suggest that stigma is best conceptualised as an anxiety over failing to meet internalised expectations to cope with difficulties and 'get on with it'. Such a failure would reflect negatively on the individual concerned and their ability to fulfil their duties to themselves and their families as families are central in their lives. The following section will discuss transferability of the present study.

5.3.2 Transferability:

As discussed earlier qualitative research is evaluated by different criteria than the ones for quantitative research. A key criterion is that of transferability meaning whether findings can be applied to other settings as well as in a theoretically and practically meaningful way (Finlay, 2006). This research study meets transferability criteria on a number of levels.

Firstly it adopted an emic approach and explored the participants own understanding avoiding the imposition of preconceived ideas on the data. By paying attention to the context such as setting of interviews, similarities and differences between the researcher and the participants allowed for a shared understanding of the topic under investigation to emerge addressing some of the power imbalances. Furthermore it did not assume lack of theory but revised theory in line with findings rather than the opposite. The language that the interviews were conducted was the language the participants felt most competent in but it also avoided jargon once again allowing for the participants' own views to be expressed.

In order to further the present thesis transferability the use of case studies vignettes maybe a useful addition in order to facilitate discussion on the topic after investigation. Focus groups as well as individual interviews may also facilitate data collection at different settings as well as data triangulation. Nonetheless the present research thesis' epistemological stance acknowledged both that understanding of reality can only be imperfect and that there is not one single way of reaching that understanding. The above steps can be take in other research endeavours with Greek Cypriots as well as other populations as it will be discussed in the next section.

5.3.3 Future research suggestions:

To further advance the current findings more research is needed ideally continuing with the emic approach. Stating form the core category, outlook in life, stigma on accessing mental health services could be explored further within the internalised perceptions of self-efficacy. Furthermore, as Boyle (2011) argues, social learning theory can be very useful in exploring how these concepts are modelled and reinforced until they become internalised by individuals.

Drawing from drives for hermeneutic approaches in counselling psychology (Christopher et al., 2014) the phenomenology of experiencing mental health difficulties could be explored further adding to these findings: not simply exploring notions but also lived experience thus completing the picture. Such findings may help professionals to better formulate and treat Greek Cypriots facing mental health difficulties. Christopher et al. (2014) also discuss the need to engage with other disciplines i.e. anthropology to further enhance our understanding of cultural influences in shaping beliefs and practices.

Research with the same group could also look at how specific mental health disorders are understood in addition to examining gender and age differences. Ideas and theories growing from

such research findings could be explored alongside other cultures and ethnic groups. As discussed earlier Greek culture shares common features with cultures around the Mediterranean and beyond where family is central in how people understand themselves and how well being is perceived. Research on the above lines could add to the growing body of empirical evidence of similarities and differences thus driving towards Hwang's (2015) "one mind, many mentalities" pp 2. Clinical implications will be discussed next.

5.4 Clinical Implications:

Based on the current findings as well the literature it appears that attention to culture during therapy is important in order to enhance engagement and outcomes. Counselling psychologists need to be alert that phenotypical similarity to the white British population does not mean absence of cultural differences. Greek Cypriots may benefit from a benign expert approach initially whilst the family needs to be accounted for in the formulation of client's difficulties. Furthermore a narrow focus on symptoms and symptoms reduction is unlikely to enhance the therapeutic alliance.

5.5 Personal reflections:

As I argued previously in the methods chapter, psychological research is more of a journey of discovery than a process adhering to preconceived ideas about science in general and psychology in particular. The current endeavour has definitely been a journey of discovery for me both professionally and personally.

The more I engaged with the literature the more questions I had. Yet at the same time, a sense of understanding developed. I learned that my own cultural assumptions about humans are always present and I cannot just ignore them. By being aware of this fact, I learned that I can empathise more with clients. Interestingly enough, even in areas that I felt competent enough such as

working with families as a CAMHS practitioner I saw a significant improvement. For instance, by incorporating culture in my work with parents I was able to work with cultural values around discipline and move them from extreme positions of either helplessness or authoritarian to more balanced and constructive approaches to managing their children's behaviour.

My embarking on this journey of discovery has impacted on my personal development too. The more I read about my own culture and engaged with my participants' accounts the more I understood my own development in the context of my family. I realised that pursuing a doctorate it was a personal ambition but also a subconscious wish to do even better than my late father to whose memory this present thesis is dedicated. I am an individual, but also very much part of my national and family's culture.

5.6 Conclusion:

This present research thesis explored second generation Greek Cypriots understanding of mental health and their help seeking behaviours. This was conceptualised in a broad psychosocial context with the individual's outlook on life at the core of it. Outlook on life was mediated largely by culture with family being central to this process as well as in participants' notions of self and well-being. Implications for practice and future research were discussed and it is hoped that dissemination of these findings can help to improve access to psychological help for second generation Greek Cypriots and enhance therapeutic alliance and outcomes.

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7 Appendices:

7.1 Appendix 1: Ethical approval

RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)
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SUPERVISOR: Rachel Tribe

ASSESSOR: Mary Spiller

STUDENT: Panayiotis Papahristopoulos **DATE (sent to assessor):** 28/06/2013

Proposed research topic: Greek Cypriots understanding of mental health and help seeking behaviours (working title)

Course: Professional Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- | | | |
|----|--|----|
| 1 | Emotional | NO |
| 2. | Physical | NO |
| 3. | Other
(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

APPROVED

YES		
-----	--	--

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: **MS** Date: 16/07/13

For the attention of the assessor: Please return the completed checklists by e-mail to ethics.applications@uel.ac.uk within 1 week.

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBIol.



School of Psychology
Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



7.2 Appendix 2: Information for participants.

PARTICIPANT INFORMATION LETTER

University of East London

Water Lane, Stratford, London, E15 4LZ

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

University Research Ethics Committee

If you have any queries regarding the conduct of the researcher or regarding the research itself, please contact:

Prof Rachel Tribe University of East London

If you have any complaints regarding the above, please contact:
School of Psychology

Support

It is not anticipated that any distress will be caused to participants. However, should you need support after participating in this research, please contact:
(information given at the beginning of the interview)

The Researcher

Panayiotis Papahristopoulos

The Principal Investigator and Supervisor

Professor Rachel Tribe
School of Psychology
University of East London
Water Lane, Stratford
London E15 4LZ
Tel: (0)20 8223 4553
Email: r.tribe@uel.ac.uk

Project Title:.

Greek Cypriots' understanding of mental health and help seeking behaviours

Project Description

This study hopes to explore the influence of culture on concepts of emotional well being and help seeking behaviours. The mental health needs of Greek Cypriots in the UK have been understudied and little is known as to how their culture impacts on their well being. Furthermore despite their distinct cultural and ethnic identity their needs are often overlooked as they are often classified as white other with little or no reference to culture specific needs. The present study aims to explore how concepts of ethnic and cultural identity help shape ideas of emotional well being and help seeking behaviours with regards to the above. It is hoped that it would add the body of knowledge around this particular population and help improve access to therapeutic services that would be able to meet their needs in a more holistic way.

Confidentiality of the Data

Your data will be kept on a password-protected computer in a secure location. Only the Researcher and his supervisor/examiners will have access to your data and will follow UEL, BPS and HPC guidelines in their handling of the data. All data will be destroyed or deleted upon

completion and write-up of the research and participant anonymity will be retained, should any verbatim extracts be used in future publications.

Disclaimer

Consent will be obtained in writing via consent form. The consent form and letter cover areas such as: identification of researcher, research purpose, benefits of outcome, level and type of participant involvement, risks, participants' professional responsibility to abide by the BPS guidelines mentioned above, confidentiality, right to withdraw and an independent contact name in case of complaint

Your participation in this research is voluntary. You are free to withdraw without disadvantage to yourself and without obligation to give a reason. Should you wish to withdraw from the research, please contact the Researcher . The deadline for requesting withdrawal is 3 months after your interview after which the study will be written up.

The Researcher

Panayiotis Papahristopoulos

School of Psychology

University of East London

Water Lane, Stratford

London E15 4LZ

Email: panpap72@yahoo.gr

7.3 Appendix 3: Consent form.

CONSENT FORM

Greek Cypriots' understanding of mental health and help seeking behaviours

UNIVERSITY OF EAST LONDON

Consent to Participate in Research Involving the Use of Human Participants

I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers (and examiners) involved in the study will have access to the data. Procedures regarding data storage and destruction have been explained to me.

I understand that I will take part in a semi-structured interview, lasting approximately 45 minutes, to be conducted at my convenience at my place of work.

I hereby freely and fully consent to participate in the study.

Having given this consent, I understand that I have the right to withdraw from the research until without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)
.....

Participant's Signature
.....

Researcher's Name (BLOCK CAPITALS)
.....

Researcher's

Signature

.....

Date:

Participant Reference number: _____

7.4 Appendix 4: Support Services.

Thank you for your participation. I hope the experience was pleasant. However if you felt distress as a result you might find the following organisations helpful.

Samaritans

24/7 helpline for people in distress. Tel: 08457 909090.

NHS 24/7

24/7 helpline. Tel: 08454 242424

Mind

Nationwide and local services. www.org.uk

Helpline Mon-Fri 9:00-18:00 Tel: 03001233393

7.5 Appendix 5: Interview guide:

What do you understand by the terms; emotional wellbeing, mental health?

How are these discussed in your community? What is your personal stance?

How are these dealt with?

What about you? Who do you turn to?

How do you define yourself given your GC heritage and being born and living in Britain?

What elements of your culture are central to who you are as person?

How did they come about? How did you manage to fit in?

What would help you seek help from a professional, if the need arose?

What would you hope to see, and receive as professional help?

7.6 Appendix 6: Examples of line by line analysis.

Elena:

I11: Thanks for doing that. Before you had your first session of therapy, what was your understanding of psychological well being?

Elena11: I think I had a fair understanding, I had actually started, just before, I had started my A level in psychology, psychological wellbeing, the balance, your emotions, to feel balanced I guess

(Role of education/specialist education well-being as balance).

I12: You mentioned the word balance and also studying psychology a level

Elena12: Yeah I think just before, yeah.

I13: When you say balance how do you define that?

Elena13: Well being for me is balanced, healthy life style, food, exercise, which they help you to have a happier outlook on life.

(Balance across physical and psychological domains, food, exercise and outlook on life)

I14: Ok it sounds there are a few things, not just psychological aspects, what you eat, exercise, etc. How did that fit with your own upbringing?

Elena14: What do you mean?

I15: I mean growing up in your family, and also your family coming from outside the UK, what was that like, their values in terms of psychological well being?

Elena15: Well we were always quite open, though being Greek the trigger, maybe not so much exaggerated but focused on maybe too much than it should be. Maybe in a sense, some things are taboos you don't want to be open too much about it.

(Family were open but "Greek" focus on situations may be exaggerated and/or taboo).

I16: An example of that?

Elena16: An example would be say if people knew I was having counselling, there would be constant conversations within my family between my mother and my grandmother there will be an issue. So from a younger generation perspective it wouldn't be the main concern in for my life, just something.

(Therapy can raise concerns within network and elicit reactions in opposition to individual's take on the issue.)

I17: So what you are saying is how you might have seen the need for counselling it might not be how your family would see it. They would be more exaggerated.

Elena17: Yeah.

I18: So what sort of ideas you had about seeking help at that point, what motivated you to seek help at that point?

Elena18: I had just recovered from an illness I had major surgery for, they it was health professionals who advised me to go and talk to someone about it, I was quite young as it was big surgery and I was quite young, it was major surgery and a lot happen, so initially I saw through the NHS a psychiatrist, who was very much, the case, of a young girl for him, he asked me if I was in a relationship, I said yes, he asked how was it, I said "fine" , it was fine, I don't need to see a psychiatrist so it was very much like psychiatry, bit medical I guess, but I wanted to pursue it a bit further for the extra support he said maybe to speak to someone, I went through the GP who referred me to a psychologist that I met weekly.

(Health issue as trigger to seek help, external and internal motivation, acted on professional advice but the experience was one of indifference, "medical" and distant).

I19:OK, so what was that like?

Elena19: Well looking back, looking back through this interview I don't think I took full advantage of it, eh I just went through the motions, and I don't know whether this was, maybe he wasn't connecting, we didn't have a connection between therapist and the client or. And again being quite young maybe we didn't have a connection, I mean, I don't know probably one of these things where you sit and talk, where the other person, he wasn't engaging, I mean it's not he didn't care, but I don't think he made a difference I remember looking back, I was sitting there talking, I might have talked to a wall really, I don't remember him really making a difference, giving me advise, so I don't remember that I came out the sessions, thinking, feeling motivated and good about myself.

(Overall not a great experience, critical of her own approach as well as therapist. Issue of therapeutic bond. Was hoping for advice and guidance but did not get a sense of gaining through counselling. Style/stance of therapist appears to not have helped).

I54: It sounds like you are open to the idea but also you now have a bit more of an idea of what to expect from, and make that part of the process. And in terms of any cultural values, how do you think they might influence if you were to go therapy again?

Elena54: Yeah again I don't think I would be open with my family about it and at this stage, I don't know I wouldn't say I'd be open about it with them again a bit of cultural taboo (inaudible), mental health is too much of a worry to understand it as well I don't know, increasingly, I think increasingly is becoming more acceptable, but at this stage is still too much of an issue.

(Despite changes she still reluctant to share with her family such a situation).

Maria:

I17: OK, is it, if I get that right, like depression is often associated with low mood and that would be experienced as sadness by some people. I appreciate you have had quite a bit of training, in terms of psychology etc. Do you find, would you have defined emotional wellbeing any different before you studied psychology, and if so what might it have been?

Maria17: I think, I probably didn't think about it that much before I started studying psychology, I think the reason I went to psychology, one of the main reasons, 'cause I had a period of depression, and then from that point I realised how important emotional wellbeing is, so I think before I started studying and before I got depressed, I didn't really think about it too much, think how important it is to look after yourself emotionally as well as physically, so now I am more aware of the effect it can have, the ways you can look after yourself emotionally, more aware of self-care and that sort of thing in terms of emotional wellbeing.

(Understanding has changed over the years. Influenced by education and training but also life experiences. The latter includes psychological difficulties and a serious trigger that brought issues to the forefront).

Maria20: I don't think I ever thought about it, I don't know if that was related to my childhood maybe? because I was, my father was an alcoholic so we had a difficult childhood, and I, when my parents separated, I remember my mother, my grandmother, my mother's mother, saying, you must be strong, and don't trust men and I remember saying to myself, because it was quite a big thing in family, I think at that time in the Greek Cypriot community it was a big thing to get divorced. The early 90's and it was a big thing for my family, a big thing for the community, so I remember thinking I need to stay strong, and OK, divorce is big thing in my family part of my culture really, 'cause I felt in England as a whole and my friends who weren't Greek Cypriot, were, their parents got divorced and it wasn't such an issue I felt. So I would say to myself just get on with things, focus on your education, stay

strong, don't worry about your feelings, dismissed my feelings, so I focused more on my career and doing well and I didn't look after myself emotionally at all, I just, I guess I didn't pay much attention to my feelings, I kind of turned to a bit of a robot, thinking it is not important, it's a weakness to get so upset about these things and you just have to carry on because that's life, if your parents get divorced, if your dad's an alcoholic that's life and you need to just get on with things, but it just caught up with me when I got depressed. So throughout my teens I didn't focus on my emotional wellbeing at all and then I got depressed in my early twenties and that's when I sort of made the connections why. But I think in terms of emotional wellbeing my family I guess they are kind of typically Greek Cypriot, Greek, Mediterranean, they fuss over you, especially my mother's mother, so they would kind take care of everything, you know in terms of feeding me, my physical health, my emotional wellbeing, they didn't, I kind of felt my grandmother especially didn't give me the space to look after myself. I don't know if this a cultural thing or just her. But she would sort of suffocate me sometimes and say, it kind of felt like she was saying you are not capable of looking after yourself. I know best, I know your emotions better than you, I know how to look after you physically. I didn't even think about my emotional wellbeing and how to take care of myself emotionally. I felt my family was doing that for me.

(Ignored issue of emotions completely. Focused on staying strong, and dealing with life. Family expectations and support as well as family's understanding influenced hers. Being upset as a sign of weakness, avoidance as defence? Personal responsibility to "get on with life" therefore feelings becoming of secondary importance. Stigma on being weak and not coping and stigma of divorce compared to white British counterparts. Elders in the family have duty of care towards the youngsters but this can also be overwhelming. Elders may have equated physical with emotional health but youngsters did not share that necessarily. Individual differences within a culture. However ignoring your emotions eventually catches up with you).

Polina:

I1: Ok well thanks again, for agreeing to do this. I just like, to start with how do you understand emotional wellbeing? How do you, if I were to ask you, what would your definition be?

Polina1: Functioning, being able to function and fitting in, feeling quite normal.

(Ability to function, normality).

I2: Could you tell me a bit more what you mean by normal?

Polina2: Not being mentally unstable.

(Opposite of being mentally unstable).

I3: OK, but I guess the reason I am asking this is because people have different definitions, so what is your definition of not functioning or being mentally unstable?

Polina3: I don't need to be on medication, I am generally a happy person, I am quite happy with life, to me that's normal.

(Wellbeing as normality, stability, happiness, functioning no need for medication, lack of major worries).

I6: When you say illness you mean emotional wellbeing or physical?

Polina6: Emotional and physical, physical can make you very unhappy, not feel normal, not happy.

(Physical and emotional are connected).

Andrula:

Andrula25: No, if you had mental health, anyone they thought, anyone with mental health issues they thought he was weak, my dad would say these people are weak.

(Mental illness as weakness of character).

I26: And what was your dad's definition of mental health?

Andrula26: Someone who was depressed, gay people even gay people stuff like that they're weak.

(Prejudice, depression as weakness).

Georgia:

I10: OK and you have seen a few things. How did that alter your views on wellbeing as to before you started this job?

Georgia10: Before I started working in this sort of environment, I'd been with people where, their state of mind is actually mental, I have been in that situation through friends and family, it was more for that for me, like the other side, the depression, the loneliness, the homelessness and the rest that comes with it all. But since I've been working in the school environment and other volunteering I do, my views have changed.

(Work and life experience in general have altered her views over the years. Has been exposed to a variety of people's problems and has seen how this affects them).

I11: So what was your view before?

Georgia11: Probably black and white, it was mental, mental state, now I see there is more involved, there's more to it. It's not just about one thing, which is always, you hear about it in the media, you read it about or you heard it from somewhere. Yeah so...

(In the past she was more concrete on these issues but now is more flexible and understanding).

I12: It sounds you have become a bit more flexible perhaps.

Georgia12: Yeah a bit more knowledgeable, you know, I've opened up there, it's not just one thing or a couple of things.

(More knowledgeable now and aware of different factors).

Michael:

I47: Talking about identity, how do you identify yourself, and I mean in terms you gender, your ethnicity, the fact that you were brought up in the UK, so if you were to give me a flavour of all of that, how would you describe yourself?

Michael47: I am male, Greek Cypriot but I don't know how much of that is tied to fact, I don't look as if I am English, but that should matter, I am quite proud of the fact that my family's background is Greek Cypriot, so I mention it.

(Greek Cypriot male and proud of heritage).

I48: OK what is the pride about?

Michael48: I think it's a mixture, I am part of a culture that is quite rich on its own right, I suppose it's the acceptance by other people, like in England, if I was in Turkey talking about it, I might have a different response, but I suppose in a country where people like Cyprus, people like the Greek Cypriots, actually I am part of it, it's what I like. And if I say that, people warm to it also I am quite proud of being part of that culture, I am quite proud of being part of a culture that is seen as being, that has a flippancy to it. There are not many countries that would actually have an invasion throw themselves in the markets have a crash and the way they seem to deal with it, it's different to what you have, in a Northern climate or a Northern European country. So there is something about, almost feel that there is common heritage, to get us through, how you deal with things, going back previously in our conversation in how people deal with life and death. On the whole.

(Being accepted, richness of culture, lightness off attitude in the face of adversity, yet emotional too, distinction between North and South of Europe).

I49: It quite similar to what you said about life is the things you do but also are done to you because of life.

Michael49: It's things I can't control, and once you accept you can't control everything, it's a lot easier to deal with things that happen to you, your resilience is greater because you are not fighting against the tide.

(Can't control everything, accepting one's limitations is protective).

7.7 Appendix 7: Sample of open codes

Interview Themes and relevant initial open codes

Notions of psychological/emotional wellbeing

Wellbeing as balance of physical, emotional and life circumstances. Generational differences. Families vary on expressing/managing emotions. Mental illnesses as weakness/stigma. Building resilience. Focus on getting on with things. Discreet roles in the family.

Age/gender/educational issues. Mental health as taboo. Impact on community. Difficulties stay within the family mainly. Community can be source of support as well as stress for the individual. The same with the family. Religion as source of support. Exaggerating situation. Stressors within the family can be family intervening, abuse, distant parents, language barrier, lack of education on these issues, strict rules/expectations for children as well as support which differ for males and females. Class issues. Life happens as well as people doing things to it. Things can always be worse. Importance of sharing and helping each other.

Role of culture

Variable degrees of identification with Greek heritage yet it is not denied. Identity as changing over the life span. Importance of family, looking after one another be it children or the elderly, respect for elders. Food, language, music traditions and religion as part of the identity. Emphasis on difference despite good integration. Individuals cannot be understood outside the family context. Contact with country of origin. Level of education and ability to reflect affects sense of identity as well as one's life experiences. Fluency in Greek also a factor as well as connection with local community. Pride in one's heritage.

Seeking/experience professional help

Positive attitudes overall at first instance. Two main categories, those who had personal experience and those who have not. Issues of diversity during therapy. Role of family, asked to reject or accept family. Gender and age issues not been explored. Need for whole life to be taken into account as opposed to symptom reduction. Positive attitude towards therapy for others but rather ambivalent for themselves despite possible need. Hoping to be heard, understood and not be judged. Hoping for guidance and advice. Importance of community based initiatives, involvement of community figures church. Service users speaking up.

7.8 Appendix 8: Memo examples

Memo help seeking behaviours:

So far mental health is seen as part of health. It links physical, emotional health but in close relationship with life events/factors. When everything is in balance then high likelihood of feeling well within yourself. Interplay between self-reliance and/or family but also inability to cope at times. Focus on practical problem solving. How does this fit with psychotherapeutic approaches? They see themselves as less stigmatising and more knowledgeable since they have had better education and more exposure to information. Not judging explicitly yet reluctant to ask for help. Also some see mental health and emotional difficulties as weakness of character. (Polina,). Pavlos did not ask for any support when his daughter was seriously ill. He relied on practical support from the family and was told to put on a strong front as the man of the house. On reflection said that he was affected and turned to friends. But he did not consider any support for himself and his family would have been worried (similarity with Elena). Is stigma really not an issue? Is there something not said? Need to explore barriers to asking/accessing help.

Memo on family importance:

Individual firmly embedded in family system in contrast to English culture. i.e. children staying home as normal and not an exception or out of necessity. Firm upbringing 'pandufila'. Children are children but not spared of certain duties. Implicit understanding that parents look after you and you do what you have to do. Sharp gender differences. 'kopelua', 'man of the house' Families stick together no matter what. (how is that processed in therapy?)

Memo on reflexive issues:

How my being Greek has affected the process so far? Am I seen as one of them? If so does this mean they open up more or close down? Do they think I know what they talk about? Polina said something along the lines , you know Greeks. Did she assume that I would know what she meant? Michael and I share similar skin tone, we discussed what is like to be mistaken for Asian. How are similar and how are different? I find it amusing but he is quick to say he is Greek to avoid racist comments. I need to be aware that leads might close down so I have to explore every lead and ask for clarification. Best If I assume a naive position or I might miss out on important data.

Sample memo of analytical table:

How do the categories link to each other? Can they collapse even more?

What is the overarching core category?

Mental Health	Culture	Help seeking behaviours
Emotional wellbeing as balance across psychological, physical and life circumstances	Individual but in the context of family relationships	Getting on with things There is always worse
Individual characteristics	Distinct identity	Family and friends
Life circumstances	Religion	Counselling/Therapy
Healthy vs Ill	“Pantufila” Respect for elders	Community initiatives
Resilience	“Michani” (Work ethos)	Problem solving
Accepting limitations.	“Peli” (crazy) Stigma	Looking after one’s self “Agiographia” (hobbies)
	Role of Culture	

