

**EXPLORING BRITISH PUNJABI-SIKH MEN'S VIEWS ABOUT ALCOHOL
CONSUMPTION**

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ABSTRACT

Background: British Punjabi-Sikh men are known in their community to consume large quantities of alcohol (Kumar et al., 2018). Previous research suggests that this population is overrepresented for alcohol-related health problems yet there are several barriers to accessing alcohol support services (Galvani et al., 2013; Gleeson et al., 2019). However, there are few studies to date that explore British Punjabi-Sikh men's perspectives about their relationship to alcohol consumption. The study aimed to provide a voice to British Punjabi-Sikh men by exploring their experiences of the role and management of alcohol consumption.

Methods: A qualitative methodology was employed, using semi-structured interviews, to investigate the personal accounts of seven British Punjabi-Sikh men's experiences. Data from the interviews were subject to interpretative phenomenological analysis.

Results: The analysis revealed four superordinate themes: i. "We are a Drinking Culture"; ii. Community Judgements; iii. Coping with Distress; and iv. A Desire for Change.

Conclusion: Findings revealed that British Punjabi-Sikh men consume large quantities of alcohol to help fulfil a cultural identity that is heavily influenced by ideals of hegemonic masculinity. Alcohol is also used as a coping mechanism for distress, which might be exacerbated for this population as cultural expectations prevent problems from being spoken about. Management of alcohol consumption was deemed necessary if it caused harm, namely to health or employment, yet seeking support was considered shameful and mainstream alcohol support services were reported to be culturally inappropriate. The findings have several implications, including recommendations for adapting clinical practice and policies to accommodate the cultural needs of British Punjabi-Sikh men. Future research recommendations are suggested.

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1. INTRODUCTION

1.1 Chapter Overview

A recent literature review revealed high rates of alcohol consumption for Punjabi-Sikh men when compared with other ethnic backgrounds in the UK (Gleeson et al., 2019). This stands in contrast to the majority of the literature base as Punjabi-Sikhs are often categorised into wider ethnic groups, such as the 'Asian/British Asian' category, who on average consume the least alcohol compared to other ethnic groups (McManus et al., 2016). This discrepancy is likely because data that categorises everyone of Asian descent into one homogenous group fails to account for varying cultural identities within it. Such aggregated data can conceal high levels of alcohol consumption among Punjabi-Sikh men in the UK (Smith et al., 2000).

Given that British Punjabi-Sikh men tend to be underrepresented in alcohol-related literature, a narrative review will explore the cultural complexities in this community which might influence their high levels of alcohol consumption. Following this, a scoping review is presented to critically appraise relevant studies that explore the socio-cultural relationship between British Punjabi-Sikh men and alcohol consumption. This helped to reveal the need for further research on this topic as well as the gaps in the literature which help shape the study's research questions.

1.2 The Formation of a Punjabi-Sikh Culture

Culture can be defined as a multifaceted concept that encompasses the knowledge, beliefs, norms, customs, and social behaviours of a certain group of individuals. The way in which we understand alcohol consumption is situated in context and culture (Gleeson et al., 2019). Therefore, exploring the origins of the Punjabi-Sikh community will help highlight the culture of this population to give a better insight into their relationship with alcohol consumption. Punjabi-Sikhs are often raised with cultural values that have arisen from the history of Punjab and the Sikh religious

heritage, thus creating a unique Punjabi-Sikh cultural identity that is difficult to disentangle (Nayar, 2004).

1.2.1 History of Punjab

The Punjabi-Sikh community originates from India in the province of Punjab, derived from the Punjabi language words 'Panj' and 'Ab', which translate to 'five' and 'waters' respectively. This is in reference to the five rivers that flow through the region, which help the agriculture as the area consists largely of farms. Punjab is located on the northern border of India and thus has acted as a gateway to India for traders, invaders, and conquerors over the years (Singh, 2012). Punjab existed as a sovereign state for fifty years (1799-1849) before it was annexed by the British in 1849 and merged with the rest of India under one unified imperial rule. India gained independence from Britain in 1947.

In 1947, the British administered a partition of India, forming the country of Pakistan. This initiated large-scale displacement which changed the religious make-up of Punjab (Ayres, 2008). A reason given for the partition was an attempt to resolve tension between religious groups, namely those identifying as Muslim, Sikh, and Hindu (Ahmed, 2012). Prior to the partition, the population in Punjab comprised a mixture of Muslims and Sikhs (Copland, 2002). However, when the Islamic Republic of Pakistan was formed, those who identified as Muslim were displaced to Pakistan, whilst Sikhs were displaced mainly to Punjab. This was the second-largest scale refugee crisis in history (Office of the United Nations High Commissioner for Refugees, 2000) Thus, there is a stark contrast in religious affiliations between the neighbouring areas.

Despite there still being many subgroups related to the Punjabi identity, including Punjabi-Hindus, Punjabi-Christians, and Punjabi-Muslims, the most prevalent group today in Punjab is the Punjabi-Sikhs. Often now when people think of Punjabi culture, it is associated with a Punjabi identity that combines the Sikh religion, Punjabi language, and Gurmukhi script (Singh, 2012). Hence, often when Punjabis are referenced, people are implying they are Punjabi-Sikhs. A distinctive Punjabi-Sikh cultural identity is thought to have emerged from the interlink between race,

language, and religion (Grewal, 1998). This is because of the history of migration and the development of the Sikh religion that has occurred through the years.

1.2.2 Sikhism

The Sikh religion has had a large impact on the development of the Punjabi-Sikh cultural identity. Sikhs make up the majority of the Punjab population, accounting for 58% of the total population, according to the most recent census report (Census of India, 2021). The Sikh religion originated in Punjab and was founded by Guru Nanak (1469-1539), and then built upon by his nine successors, all of whom were Gurus. The second of the ten Gurus, Guru Angad, introduced the script of Punjabi, Gurmukhi, which made Punjabi a sacred language. Henceforth, Sikhism became a distinctive religion in Punjab (Ballard, 2009). As the Sikh religion was founded in Punjab, a strong link has been formed between Sikhism and the Punjabi culture.

Sikhs tend to view themselves as a religious, ethnic, and racial group (Gill, 2005). This was demonstrated in the UK as although defined originally as a religious affiliation, Sikhs sought to be recognised as a distinct racial group under the Race relations Act in 1976 (Jhutti-Johal, 2018). Although the Equality Act has now replaced the Race Relations Act, it is clear that being 'Sikh' means more than representing one's religion; it represents a unique ethnic identity. This can be seen through the names given to all children who are born into families across the Sikh diaspora, with 'Singh' for men and 'Kaur' for women, regardless of whether one practices the Sikh religion or not. Ethnic identity has been described as a potential 'source of pride and political power', which could contribute to the development of communities with strong identities (Nazroo, 1998). This has likely further ingrained a sense of cultural identity within the Punjabi-Sikh community.

The majority of those identifying as Sikh also identify as Punjabi or Punjabi-Sikh, and these three terms are often used interchangeably across the existing literature base. However, for clarity, the term 'Punjabi-Sikh' will be referred to in this study to distinguish this community from other subgroups.

1.3 Alcohol Consumption within the Punjabi-Sikh Community

1.3.1 A Culture of Alcohol

Alcohol consumption has become intertwined with the Punjabi-Sikh cultural identity (Gleeson et al., 2019). This has resulted in a higher proportion of Punjabi-Sikhs drinking alcohol when compared to other cultural groups (Kunz & Giesbrecht, 1999). Indeed, many Punjabi-Sikhs feel that alcohol abuse is an 'open secret' within their community, and a recent survey revealed that 27% of Punjabi-Sikhs reported they have someone in their family who has an alcohol 'problem' (Kumar et al., 2018). Tuck and colleagues (2017) found a significant negative correlation between high levels of alcohol consumption and attending religious services for most religious affiliations; however, Sikhism was one of the few exceptions to this finding. In fact, alcohol consumption is associated with Sikh celebratory occasions such as weddings (Bradby, 2007). This is surprising to many people outside of the community because it is a common misconception that all those who identify as Sikh are prohibited from drinking alcohol. This might be because baptised Sikhs are prohibited from drinking alcohol, however, the religion states that anyone who has a belief in the Gurus is equally a member of the Sikh community. Therefore, those who identify as Sikh, but who are not baptised, may drink alcohol. Moreover, identifying as Sikh has become associated with a cultural identity rather than strictly a religious affiliation; consequently, those who identify as Sikh do not necessarily practise the Sikh faith or adhere to its teachings.

Subcultures exist within the Punjabi-Sikh community, largely through the existence of a caste system, which can influence how community members relate to alcohol. Guru Nanak rejected the Indian caste system in the Sikh religion on the principles of equality, however, a social stratification survived due to economic and political interests (Judge, 2002). A Sikh caste hierarchy was constructed in parallel to the Hindu caste hierarchy, where 'Jats', i.e. cultivators and owners of land, were afforded a high class (Puri, 2003). When the British colonised India in 1849, it capitalised on the Indian caste hierarchy within the economy. This changed the social structure of the Punjabi-Sikh community, as they allocated areas of land and

higher status jobs to the 'higher' castes, which further consolidated their economic power. The history of this class or 'caste' system is important when understanding alcohol consumption as it shaped the cultural patterns we know today. For example, within Indian music, Jats are often referred to as drinking large quantities of alcohol. This might be because their economic position allows for more alcohol to be included in Sikh celebrations and gatherings, which is an established part of the culture (Gleeson et al., 2019).

1.3.2 Punjabi-Sikh Men

Alcohol consumption is mainly associated with men in the Punjabi-Sikh community, who typically drink more alcohol than women (Bradby, 2007). However, this trend is not limited to the Punjabi-Sikh community as men drink more than women across the globe (World Health Organisation [WHO], 2022). In 2020/21, 58% of those accessing substance support services were men, overrepresenting those in the general population (Office for Health Improvement & Disparities, 2021). This may be due to gender roles leading men to resort to alcohol consumption rather than talking about their problems, in an attempt to resolve their distress (Lemle & Mishkind, 1989). Such gender roles seem to extend into the Punjabi-Sikh community as drinking alcohol for women is seen as less acceptable than for men (Bradby, 2007). Specifically, in the Punjabi-Sikh community, women tend to hide their drinking behaviours due to fear of judgement, whereas it is expected that men will drink (Gill, 2015).

Uniquely, Punjabi-Sikh men consume high rates of alcohol when compared with men from other ethnic groups (Cochrane & Bal, 1990; Gleeson et al., 2019; Hurcombe et al., 2010). This could be explained by the belief that alcohol consumption is an aspect of Punjabi-Sikh men's sense of masculinity (Jhutti-Johal, 2018; Sandhu, 2009), which can increase levels of alcohol consumption (Sharma et al., 2010). Although masculinity ideologies are not limited to the Punjabi-Sikh culture, it seems to be a more central component. For example, Punjabi-Sikh men have described themselves as Sher Punjabi ('Punjabi lion') and the 'shield and sword arm of India' (Grewal, 1998), demonstrating how masculine strength is a core

value in this community (Bayley & Hurcombe, 2010). This identity of strength was also reinforced by the first World War, as Sikh men were recruited into the British army for their martial character and strong physique (Singh, 2012). The idea of alcohol consumption equating to masculine strength has likely been solidified through Punjabi folk songs, particularly in bhangra music, as music is known to have a large influence on drinking levels (Ellickson et al., 2005). Masculine ideals also intersect with social class. Drinking with other men is a way of demonstrating wealth and status within the community, for example, buying large quantities of alcohol for a wedding or birth of a son entails a higher level of respect from community members (Oliffe et al., 2010). This might be more relevant to Punjabi-Sikh men as honour and respect are key values in the culture (Sandhu, 2009).

1.3.3 British Punjabi-Sikhs

The Punjabi-Sikh community has migrated to the UK over the years, which has likely affected their levels of alcohol consumption in various ways. They mainly migrated to the UK during the first World War, where many Sikh men were employed in the British army, and after the Second World War when Britain opened its borders to people from Commonwealth countries to help replenish the British workforce. A large proportion of people in Punjab self-reported that they abuse substances, with alcohol being the most common substance (Sharma et al., 2017). However, drinking alcohol as a British Punjabi-Sikh man may be different from the people in Punjab. This is because migration entails at least two cultures (Smith et al., 2000). Exposure to multiple cultures can cause cultural and psychological changes through a process termed 'acculturation' (Sam & Berry, 2010). Berry's (2007) model of acculturation highlighted that migration might result in either the adoption or rejection of the new host culture, through processes of assimilation, separation, integration, and marginalisation. It is commonly thought that the first generations of British Punjabi-Sikhs adopted the 'separation' strategy for social survival in a country where they were unfamiliar with the culture and language (Ruprai, 2016). They may have clung to their Punjabi-Sikh cultural values even more so to feel part of a group (Tajfel, 1979). Alcohol consumption or abstinence are behaviours that individuals adopt in an attempt to identify with or reject societal definitions of their culture (Gleeson et al.,

2019). Therefore, first-generation British Punjabi-Sikh men may have increased their levels of alcohol consumption to identify more strongly with their cultural values, such as their value of masculinity.

British Punjabi-Sikhs may drink alcohol as a coping mechanism to deal with acculturative stress (Hurcombe et al., 2010). Qualitative data has demonstrated how post-migration stress and acculturation are factors for drinking higher levels of alcohol (Agic et al., 2011). Health behaviours change over time as a result of interaction with the host culture (Caetano et al., 1998). The acculturation stress that Punjabi-Sikhs experience in the diaspora can further aggravate their cultural tendency to drink alcohol. Second-generation members of the British Punjabi-Sikh community may resort to alcohol or drugs to cope with the tension that they may experience as a result of being overwhelmed by living in two disparate cultures, i.e. their parents' Punjabi-Sikh culture and society's British culture (Nayar, 2004; Tyakoff et al., 2004).

Conversely, levels of alcohol consumption have fallen for second-generation Sikh men (Hurcombe et al., 2010). This could be explained by the process of assimilation, which is more applicable to second and third generations of British Punjabi-Sikhs. The gap in alcohol consumption levels between White British and ethnically minoritised groups tends to narrow among second-generation migrants (Wang & Li, 2019). Hence, British Punjabi-Sikh drinking behaviours might become more similar to the host population over the generations, as they seek to assimilate to the British cultural identity. The disparity in the existing literature demonstrates that the ways in which migration to the UK has affected alcohol consumption in the Punjabi-Sikh community are currently ambiguous.

1.3.4 Alcohol Consumption and Physical Health

Alcohol consumption affects people's physical health, which is inclusive of British Punjabi-Sikh men. There are over ten million people in England alone who are drinking alcohol at levels that increase risks to their health (Office for Health Improvement & Disparities, 2022). Alcohol consumption accounted for almost nine thousand deaths in the UK in 2020 and is a causal factor in more than two hundred

medical conditions (Office for National Statistics, 2021; WHO, 2022). Alcohol consumption is a major risk factor for liver cirrhosis, some cancers, and cardiovascular diseases as well as injuries resulting from violence and accidents (WHO, 2022); these contribute to the mortality rate associated with alcohol use (Ritchie & Roser, 2018). The harms of alcohol are reflected in public health expenditure, which is estimated to be £3.5 billion per year for the UK National Health Service (NHS) (Scarborough et al., 2011). Harmful use of alcohol is also known to bring significant social and economic losses to families of those that drink alcohol (Navarro et al., 2011).

British Punjabi-Sikh men are particularly impacted by alcohol-related health harms (Pannu et al., 2009). Research statistics have reported that Asian men are almost four times more likely to die from alcoholic liver disease than their white counterparts (Fisher, 2002). Upon inspecting the demographics of participants within Fisher's (2002) study more closely, 80% of the Asian men identified as Sikh. In another study, South Asian males with alcohol liver cirrhosis, of whom the majority were Sikhs, were significantly younger at the time of diagnosis than white British males, with an average age of 44 in comparison to 50 years old for white British men (Douds et al., 2003). Douds and colleagues (2003) suggested that the younger age of onset points towards a genetic predisposition of alcohol liver cirrhosis for South Asian men. This is based on their assumption that all South Asian men mainly abstain from drinking alcohol, however, this misses how Punjabi-Sikh men drink large quantities of alcohol, which might be contributing towards the impact on their health. When researching Sikh men as their own ethnic category, it has been shown that they consume higher levels of spirit alcohol than other groups and are more likely to drink daily in comparison to the general population (Mckeigue & Karmi, 1993). Additionally, Sikh men have been shown to have a high proportion of alcohol-related hospital admissions (Cochrane, 1999). Therefore, the health impact of alcohol consumption is a significant, rarely considered factor for this population.

1.3.5 Access to Support Services

Despite the health risks associated with alcohol consumption for British Punjabi-Sikh men, there are several barriers to accessing support services. Such barriers have been studied for ethnically minoritised groups and are likely applicable to British Punjabi-Sikh men; these include low awareness of the health implications of excessive drinking, not being aware of what support is available, difficulties navigating services and problems not being recognised by professionals, exclusion from services, lack of trust in the confidentiality of services, and community shame and stigma (Gleeson et al., 2019). These factors have resulted in ethnically minoritised groups in the UK accessing alcohol support services less than their white British counterparts (Bayley & Hurcombe, 2010; Gleeson et al., 2019).

One of the key barriers against Punjabi-Sikh men seeking support for alcohol consumption is stigma (Taak et al., 2021). Stigma is principally a psychological and social phenomenon (Mantovani et al., 2017), which is a known barrier to successful treatment engagement and participation in services (WHO, 2001). Punjabi-Sikhs hold a belief in self-sufficiency and so seeking professional support is seen as shameful (Ruprai, 2016). This stigma is fuelled by fear of tainting the honour of the family name and also reprisals from other community members (Johnson et al., 2006; Nayar, 2004). As a result, publicly Punjabi-Sikh men deny drinking alcohol, whereas privately they will detail various levels of consumption (Olliffe et al., 2010). Stigma particularly affects individuals' willingness to divulge their alcohol consumption when they are heavy drinkers (Kreitman, 1977), as is the case for Punjabi-Sikh men (Weber, 1996).

Accordingly, if alcohol-related support services are not expecting many Punjabi-Sikh men to attend, they might be less likely to consider the cultural and language adaptations needed to make the service more appropriate for this population. This can inadvertently exclude Punjabi-Sikh men from accessing services by not meeting their needs (Pannu et al., 2009). For instance, Western alcohol interventions on offer, such as Alcoholics Anonymous, often do not accommodate the cultural values, norms, and beliefs of Punjabi-Sikhs (Sandhu, 2009). Additionally, language barriers

mean that communicating distress is less possible and can affect the use of healthcare services (Smith et al., 2000). Failure to consider cultural and language adaptations thus partly explains why British Punjabi-Sikh men might be less likely to access alcohol support services.

Equally, services may not recognise the need to adapt to the Punjabi-Sikh culture because ethnicity demographics are often left out when reporting on alcohol consumption, for example in the UK Government's annual adult substance misuse treatment statistics report (2021). Within a review of randomised controlled trials for alcohol use disorders, only 12% of studies reported full racial/ethnic characteristics of their study participants, and only 6% of trials conducted subgroup analyses to examine differences in treatment outcomes by ethnicity (Schick et al., 2020). When ethnicity demographics on alcohol-related harms in the UK are reported, Punjabi-Sikh men are often categorised within the wider Asian population (e.g. McManus et al., 2016; NHS Digital, 2018). Although there are some cultural and genetic similarities between individuals within the Asian population, it is important to note that they vary significantly in terms of health behaviours (Bhopal et al., 1999). Grouping cultures or excluding ethnicity demographics mean that service providers will be unaware that British Punjabi-Sikh men are disproportionately affected by alcohol-related harms and so are unlikely to target this population when designing interventions. Services can then become inaccessible to those that wish to access their service by not making appropriate cultural adaptations (Jhutti-Johal, 2018). This backs up the claim that ethnically minoritised groups are easy to ignore rather than 'hard to reach' (Matthews et al., 2012). The hard to reach narrative is common within healthcare services and presumes marginalised individuals are at fault for not accessing the service, when it could instead be the service creating barriers.

1.4 Scoping Review

A scoping review is a type of literature review that aims to 'map' relevant literature in a particular field of study (Arksey & O'Malley, 2005). Scoping reviews are an efficient way of identifying the main types of evidence available, particularly in an

area that has not been comprehensively studied before (Mays et al., 2001). By critically appraising existing research, a scoping review can help to identify gaps in the existing literature and determine what needs to be studied further. As the relationship between alcohol consumption and British Punjabi-Sikh men has not been researched widely due to the reasons described in the previous section, a scoping review was chosen to help reveal the extent to which the existing evidence base has studied this population. This can also help to determine which aspects of alcohol consumption have already been researched for this population, and what needs to be further studied. In particular, scoping reviews allow for relevant and up-to-date research to be presented; this is important because ideologies about alcohol consumption are often located in time and context (Sudhinaraset et al., 2016). Therefore, the present scoping review aimed to appraise studies published within the last ten years in the UK to obtain a recent perspective on the relationship between alcohol consumption and the unique cultural identity of British Punjabi-Sikh men.

Peter and colleagues' (2020) methodological guidance for scoping reviews was adhered to. The main search was conducted on three electronic databases: Academic Search Complete, PsychInfo, and CINAHL Complete. The full search strategy, search terms, and inclusion/exclusion criteria can be found in Appendix A. The search map has been displayed in a flow chart (adapted from Peters et al., 2015) (Appendix B). The following filters were applied to the search: i. written in English; and ii. published between January 2012 and January 2022. This yielded 23 potentially relevant citations, which were procured for full-text review. Papers were deemed eligible if the study was based in the UK and explored the socio-cultural relationship between alcohol consumption and British Punjabi-Sikh men. Any study that was based on biochemical processes were excluded. After applying such inclusion/exclusion criteria to the search, one study was deemed suitable for the review. In addition to the main search, hand-searching was conducted in key journals, as well as checking for studies in bibliographies, 'cited by' sections, individual author lists, and 'secondary documents' sections, which yielded two additional studies.

1.4.1 Review of Individual Papers

1.4.1.1 Johl (2017): This study investigated staff views about alcohol use in the Sikh community. The aims were to explore the barriers that staff feel inhibit members of the Sikh community from accessing and engaging with alcohol services. The researcher intended that the results would help to support family members of those dependent on alcohol, with an implicit focus on Sikh men. The sample was comprised of ten participants working as staff members in alcohol treatment services in one part of the UK. Nine out of ten participants were female, and half of all participants were from the Sikh community. Participants participated in semi-structured interviews to explore their views. Thematic analysis was used to analyse the interviews, which revealed five main themes: i. attitudes towards alcohol; ii. inter-generational differences; iii. lack of understanding; iv. nature of familial support provided; and v. targeting and tailoring of services. The results revealed that Sikh families are more likely to support a family member with alcohol dependence for a long time, mainly provided by female members of the family. There was a sense of pressure to drink from the family as alcohol was considered a part of the culture. Participants reported that alcohol was an expected part of social gatherings, such as weddings and celebrations, and within their music. Participants felt that alcohol was the norm in the Sikh community and that there would be judgement toward men who did not drink. There was a strong notion that family members believed the best course of treatment was through the medical model e.g. detox medication. Participants felt there were differences in generational thinking about alcohol interventions. Namely with a focus on how first-generation Punjabi-Sikhs had different attitudes towards 'addiction' and different expectations of alcohol services, compared to second and third generations. Participants also reported having a lack of knowledge on why individuals from the community might drink. When the researchers use the term 'Sikh' to describe the community, they are likely referring to the Punjabi-Sikh cultural identity rather than the religious identification; however, as the researchers did not explicitly distinguish between religion and culture, this cannot be assumed.

The researchers appeared to employ a suitable qualitative methodology to study the research aims identified. However, as participants reported a lack of knowledge about why Sikh men drink alcohol, staff members may not have been the most suitable population to employ in investigating this topic. The majority of participants identified as female from the Sikh community, and so their perspectives about alcohol consumption by Sikh men may have been influenced by their own experiences as a family or community member, rather than expressing accounts of their clients. Therefore, the results from this study were not a wholly reliable way of capturing the relationship between alcohol use and Punjabi-Sikh men.

The study also aimed to explore the barriers the Sikh community face that prevent them from engaging with alcohol services. However, individuals who drink alcohol were not directly consulted on what these barriers might be. Additionally, there was no exploration into whether the alcohol services are appropriate for Punjabi-Sikh men to be attending or whether other ways of intervening (or not) are desired. This might be because of a conflict of interest as the sample was comprised of staff members from services who likely have an alliance with the alcohol support service they provide. Therefore, the views about the management of alcohol consumption are not generalisable to the views of British Punjabi-Sikh men.

1.4.1.2 Galvani et al. (2013): Galvani and colleagues (2013) completed both an evidence review and ethnographic research. Their goal was to establish a community alcohol support package in a UK-based alcohol service for the Punjabi-Sikh community. Part of their extensive ethnographic research involved a mixed-methods approach, using surveys and interviews, to gather views from community members about their alcohol-related support needs. The self-report surveys were distributed to the local community, which was a majority Sikh area. Of the 89 adults who completed the survey, 81% identified as Sikh and 58% as male. It is not clear what the minimum and maximum age of participants were, however, the researchers reported that 17% of participants were under 24, 39% were between 25-44, 33% were between 45-64, and 11% were over 65; this indicates a wide range of ages. The closed-question survey included views about health problems associated with alcohol use, the reason people drink, and knowledge about

interventions for alcohol consumption. The questions were not specifically about the Punjabi-Sikh community, but rather about alcohol consumption as a general concept.

The majority of survey participants reported that people might not access alcohol-related support due to factors such as i. shame and worry about their families and people in their neighbourhoods finding out, ii. not realising the health impact, and iii. thinking they can change their consumption level on their own. Participants reported that the main reason they believed people drank alcohol was to escape from or forget their problems; peer pressure was another reason many participants chose. Most participants reported that they felt alcohol led to arguments and conflicts at home, liver and kidney problems, and financial problems. Additionally, 63% of participants reported that they thought drinking alcohol was related to mental health problems. Participants reported that they would mostly help others with alcohol use by sending them to alcohol medical centres or rehab as a first step.

Although survey participants rated themselves as having an average of eight out of ten level of knowledge on the impact of alcohol (with a higher number indicating greater knowledge), they did not disclose their own drinking habits. Therefore, it is unclear whether participants were reporting their views based on personal experience or opinions about what they have seen and heard from others.

Furthermore, the questions asked about alcohol consumption as a general concept rather than alcohol consumption specifically in the Punjabi-Sikh community. Hence, it cannot be assumed that the reasons identified for drinking are also applicable to British Punjabi-Sikh men. Lastly, the surveys comprised of closed-ended questions, which limit participants' responses to the pre-hypothesised perspectives of the researcher.

The researchers also conducted semi-structured interviews with eight individuals who were clients within their alcohol service. The participants were between the ages of 17 and 64. Seven participants identified as male and one identified as female. All participants identified as Sikh and the majority were Punjabi-Sikh, with missing data from one person about their ethnicity (i.e. whether they were Punjabi or

other). The analysis revealed eleven themes related to alcohol consumption in the Punjabi-Sikh community. One theme related to how drinking alcohol is a cultural norm in the Punjabi-Sikh community, particularly using spirits, which was encouraged by peers around them and witnessed within families. The participants recognised the health and relational harms of drinking alcohol, but they were mainly concerned about the shame and judgement they experienced when told they were drinking too much. There was a theme about the gender differences in drinking alcohol, where women drinking is more stigmatised. There were no explicit comments about the relationship between being a man in their culture and drinking alcohol, however, masculinity/being the provider of the family was identified as a barrier to seeking help. Participants noted a distinction between the Sikh religion and culture, where drinking alcohol was only perceived to be prohibited if someone is a baptised Sikh. There were several themes about views on service provision and how alcohol support services could be set up in a way that considered the importance of cultural and language adaptations. There was also a common opinion that the alcohol 'problem' should be resolved within the family. The perspectives about these support options came after the participants were provided with vignettes about domestic violence and conduct behaviour, which the participants were asked to comment on.

The interviews did not explore what it is like to drink alcohol as a man in the Punjabi-Sikh community, however, as most of the participants were Punjabi-Sikh men, the results likely represent a male perspective. Therefore, this study provided in-depth experiential data about alcohol consumption within the Punjabi-Sikh community. The study captured a specific subset of individuals who were already known to alcohol support services and so participants' views about alcohol consumption might differ from those who do not readily access services (Alcohol Knowledge Centre, 2020). Consequently, it might not be appropriate to generalise the qualitative results of the study to the rest of the Punjabi-Sikh community (i.e. those who have not engaged in alcohol support services). Participants' responses might also have been restricted by presenting them with vignettes to comment on rather than speaking freely from their experience, hence affecting the study's construct validity.

1.4.1.3 Taak et al. (2021): This study explored Punjabi-Sikh men's views about alcohol consumption and digital alcohol-related support in the UK. The study aimed to gather qualitative data on the social and cultural influences of alcohol consumption, views about support for alcohol consumption, and views about an evidence-informed alcohol reduction app. Participants were recruited via volunteer and snowball sampling and were required to score in the 'hazardous or harmful' range for alcohol consumption, using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) scale (Bush et al., 1998; Frank et al., 2008). Fifteen Punjabi-Sikh men, between the ages of 18 and 27, were recruited. Participants took part in interviews investigating their views on alcohol consumption and were also asked to use the 'Drink Less' app whilst thinking aloud their thoughts, after which, they were asked more questions about their impression of the app.

The data gathered in the interviews were analysed using inductive thematic analysis with two coders; this means that the results likely have a good level of inter-rater reliability. There were six themes generated, three related to views on alcohol consumption and support for alcohol reduction within the Punjabi-Sikh community, and three related to the 'Drink Less' digital app. The themes concerning the app were largely about practicalities and issues with the app rather than about alcohol consumption. The themes about alcohol consumption and reduction were categorised into 'fear of drinking to cope', 'clash between religious and cultural norms' and 'stigmatisation of mental health issues and lack of knowledge as barriers to help seeking'. The participants noted that the older generations within the Punjabi-Sikh community turned to alcohol to cope with stress, which resulted in physical health problems and negative family relations. The participants in this study were 'young adults' and they felt they drank more in social situations and did not consider their drinking as problematic as it did not harm others in comparison to the older generation of Punjabi-Sikh men. The results also revealed that participants felt alcohol was part of their Punjabi-Sikh cultural identity as they grew up with alcohol within the home and associated it with social functions. Furthermore, participants felt that they would be judged by community members if they had a 'problem' with

alcohol that required professional support. They felt that older generations viewed mental health issues as a 'weakness', which prevented them from seeking support.

This study captured British Punjabi-Sikh men's perspectives about alcohol consumption through the use of an appropriate qualitative methodology (Lincoln et al., 2011). However, including the 'Drink Less' app within this study may have primed the participants to think the research aims were about reducing their alcohol consumption. Participant effects, such as social desirability bias, may have led participants to adapt their responses to appease the researcher based on their assumption of the research aims.

Interestingly, a younger sample was recruited despite there not being an age limit in the exclusion criteria. This might have been because the study concerned itself with a digital app that may be more appealing to the younger generations, thus inadvertently excluding older generations who may not feel the app applies to them or be able to access it. Consequently, this study captured a younger generation's perspective about the relationship between alcohol consumption and Punjabi-Sikh men, likely impacted by specific processes of acculturation due to their age and the era in which they grew up (Sam & Berry, 2010). Although participants commented on the function of alcohol use for older generations, these were second-hand opinions. Accordingly, the perspectives of the participants cannot be generalised views for older generations of British Punjabi-Sikh men.

1.5 Summary of Papers and Research Rationale

The papers discussed in the scoping review present qualitative and mixed-methods designs that explore different perspectives about the relationship between the Punjabi-Sikh community in the UK and alcohol consumption. The views largely consisted of how alcohol consumption and a lack of access to support services are common for Punjabi-Sikh men in the UK and are related to their culture. The small pool of research studies found suggests that the relationship between British Punjabi-Sikh men and alcohol has seldom been studied in the past ten years, highlighting the need for further study.

1.5.1 Whose Perspective?

Only one of the three scoping review studies set out to explore first-hand perspectives from British Punjabi-Sikh men on their experiences with alcohol consumption. Instead, British Punjabi-Sikh men have often been spoken about, rather than spoken to. A second-hand perspective of why British Punjabi-Sikh men may drink alcohol may entail a different level of meaning-making; for example, perspectives from family members or professionals who have their own experiences likely influence how they understand the men's drinking behaviours (e.g. Johl, 2017). Consulting the perspectives of others often results in a dominant narrative about the harm that the men cause through their 'excessive' alcohol consumption and there is a focus on how others are affected rather than the reasons for drinking (Ahuja et al., 2003). Understanding the reasons for drinking alcohol can help to better demonstrate the influences of the cultural processes described in the scoping review studies. However, there is little in the existing literature base that attempts to understand British Punjabi-Sikh men's views about why they drink alcohol. Henceforth, the current study will address a gap in the literature by exploring British Punjabi-Sikh men's perspectives on the role of alcohol consumption. This will be achieved through a qualitative method to gain in-depth, rich information with no pre-determined hypotheses that could influence their narrative.

1.5.2 An Interventional Focus

All the identified studies in the scoping review focused on interventions for alcohol and two of the three were conducted by researchers who were involved in alcohol intervention services. The researcher's presence may have deterred the participants from being open about their alcohol consumption, given the stigma associated with engaging with professionals (Ruprai, 2016). Furthermore, the researchers may have a vested interest in reducing the participants' quantity of alcohol consumption, which could have influenced the way in which they conducted interviews or data analysis, affecting the studies' reliability. For example, researchers may not have explored what British Punjabi-Sikh men feel would be helpful as they already had a pre-determined support service in mind. The present study will attempt to eliminate

researcher effects by addressing British-Punjabi Sikh men's views about the management of alcohol without the assumption that interventions are needed.

1.5.3 Capturing Cultural Nuances

Previous studies that have recruited 'Sikhs' may have overlooked potential participants who do not align themselves with the Sikh religion (e.g. Johl, 2017). Therefore, to capture perspectives from participants who identify with the culture, rather than solely the religion, the 'Punjabi-Sikh' community will be investigated.

The studies from the scoping review identified that alcohol consumption is particularly salient for the British Punjabi-Sikh community. This is lost within alcohol literature because ethnicity is either not reported or British Punjabi-Sikhs are aggregated into wider cultural groups such as Asians (Pannu et al., 2009).

Therefore, this study will attempt to investigate a specific population with a unique cultural identity that is likely distinct from other populations. This will help to capture the complexities of how British Punjabi-Sikh men's culture might interlink with their views about alcohol consumption.

1.5.4 Clinical vs. Community Sample

The Punjabi-Sikh men who took part in the majority of the scoping review studies had previously accessed alcohol-related support services. Therefore, the participants may represent a clinical population who have distinctly different experiences and values that led them to access the service. As men in the British Punjabi-Sikh community seem unlikely to access support services due to a multitude of barriers (Galvani et al., 2013), a clinical sample likely presents an atypical perspective that is not generalisable to the rest of the community. As such, the current study proposes to address a gap in the literature by promoting the perspectives of British Punjabi-Sikh men in the community, who have had no prior contact with alcohol-related support services.

The study will not employ any quantitative screening questionnaires to categorise participants' alcohol consumption as 'excessive' 'harmful' or as a 'disorder', such as by using UK government guidelines as other studies have done (e.g. Taak et al.,

2021). Self-report measures are an unreliable method of ascertaining this population's alcohol consumption levels as fear of stigmatisation can result in bias of reporting (Oliffe et al., 2010). Regardless, such measures are not relevant to the current study as the research focus is to explore the reasons for alcohol consumption rather than quantity. Moreover, avoiding predetermined categories could help prevent the researcher's language from influencing participants' narratives, allowing for a more personal account of their relationship to alcohol.

1.5.5 Generational Differences

The scoping review studies suggested that the relationship between alcohol consumption and British Punjabi-Sikh men is influenced by generational factors. However, no study has attempted to investigate a generational subgroup of British Punjabi-Sikh men. Young generations of Punjabi-Sikh men thought that those older than them were less likely to access support services and drink more to cope with stress, however, this was a second-hand perspective. Therefore, it could be important to explore an older subgroup of British Punjabi-Sikh men and their views on the management of alcohol consumption, particularly given that they are more likely to be at risk of related health harms (Douds et al., 2003).

In addition to the generational differences that are age-related, the scoping review studies pointed to differences in 'generational status' of the Punjabi-Sikh community, i.e. the country in which they or their parents were born. Hence, the present study will aim to capture a more nuanced generational perspective on alcohol consumption, through its target sample, given the influence of the social context on alcohol consumption (Sudhinaraset et al., 2016).

1.6 Research Questions

The aim of the study was to explore British Punjabi-Sikh men's experiences of alcohol consumption. Given the research rationale above, the following research questions were developed for this study:

1. “What is the role of alcohol consumption for men from a British Punjabi-Sikh background?”
2. “What are British Punjabi-Sikh men’s views about the management of alcohol consumption?”

2. METHODOLOGY

2.1 Methodological Approach

The present research adopted a qualitative research design to address the study's aim of exploring experiences of alcohol consumption from the perspective of British Punjabi-Sikh men. The research questions focus on meaning and lived experiences, which are best explored through a qualitative methodology (Taylor et al., 2013).

2.1.1 Interpretative Phenomenological Analysis (IPA)

An interpretative phenomenological analysis (IPA) was the chosen qualitative approach adopted in this study, which helps to organise the methodology, including sampling and the data collection procedure. IPA is a qualitative research method that explores personal lived experiences and focuses on participants’ meaning-making of phenomena (Smith et al., 2009).

IPA concerns itself with phenomenology, hermeneutics, and idiography.

Phenomenology can be defined as the study of conscious experience from the first-person point of view, which is evidenced in the analysis (Smith, 2018). It is the philosophical study of the way people experience things; thus, IPA concerns itself primarily with a rich account of participants’ experiences. Meanwhile, the hermeneutic aspect of IPA is about interpretation, as all phenomena are inherently interpreted (Pietkiewicz & Smith, 2012). This involves entering the participant’s perspective but through the researcher’s own interpretation (Smith & Osborn, 2003). In this way, the researcher is engaged in a ‘double hermeneutic’ as they try to make sense of the participants who are trying to make sense of what is happening to them

(Smith et al., 2009). IPA does not claim it is possible to gain direct access to the participants' worlds and recognises the meaning-making process that occurs by both participants and the researcher. Consequently, IPA is not an objective analysis but embedded in subjective and meaning-making experiences. Finally, IPA relies on idiography, in that it attempts to undertake an in-depth analysis of each participant's perspective before generating any interpretations that are common across the group. In this way, IPA values the unique insights of participants as it understands each perspective is highly influenced by individual contexts (Smith, 2008).

IPA was chosen because the research questions are embedded in British Punjabi-Sikh men's lived experiences of consuming alcohol and attempts to understand the meaning of their experiences. This entails what sense British Punjabi-Sikh men make of why they consume alcohol and how they understand the management of alcohol consumption. IPA tends to be used in health psychology as it values the lived experience of mind and body phenomena and therefore was particularly relevant for the study of alcohol consumption (Brocki & Wearden, 2006). IPA helps to address the aims of this study by developing an in-depth understanding of the phenomenon of alcohol use for British Punjabi-Sikh men. In particular, IPA helps to address the gaps in the research literature where British Punjabi-Sikh men's views are often not sought when considering their experience with alcohol consumption; therefore, IPA allows their experiences to be explored from a first-hand perspective. IPA typically concerns itself with a small number of participants who can offer meaningful insight into the phenomena in question, and who typically have a shared perspective on the experience being studied. As the target population in this study includes individuals who share a unique cultural identity IPA is appropriate as the sample attempts to be somewhat homogenous; though IPA does not deny that there can be multiple perspectives on the same experience (Smith & Osborn, 2003).

2.1.2 Epistemology and Ontology

Epistemology is the study of knowledge. Phenomenology can be considered as an epistemological position that is central to IPA. From a phenomenological epistemological position, knowledge is achieved through one's conscious first-hand

experience; we know what we know because of our experiences, which is influenced by our meaning-making of such experiences. Phenomenology is our experience of experiences, rather than the objective experience – thus it captures the meaning of a given experience. Knowledge within IPA is also produced through interpretation; participants' meaning and interpretation of the experience create knowledge about the phenomena.

Ontology is a branch of philosophy that concerns itself with the study of being and reality. IPA can be thought to be underpinned by a relativist ontological position. This means that IPA does not aim to reveal a single 'truth' about an objective 'thing', rather it aims to understand how individuals experience and make sense of phenomena (Willig, 2008). From this relativist approach, IPA will take the stance that there are many versions of reality. However, it also takes a critical realist approach in that one's version of reality is real to each individual. It capitalises on the subjective lived experience of individuals, noting that their reality is grounded in their interpretation of their experiences, and therefore direct contact with an independent existing reality cannot be achieved. There is also a material aspect to the study as alcohol consumption has real physiological effects; however, these are tempered by subjective beliefs and expectations, which result in each person making sense of the physiological effects of alcohol differently.

2.2 Participants

2.2.1 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were adopted during recruitment to allow for a 'fairly' homogenous sample in order to fulfil IPA requirements (Pietkiewicz & Smith, 2012). The criteria were developed through the review of past literature (section 1.5) and moulded by discussions with the research supervisor. Participants were screened, using a proforma, to ensure they met the following criteria before taking part in the study (Appendix D).

2.2.1.1 British Punjabi-Sikh men: Participants were required to identify as British Punjabi-Sikh men and reside in the UK.

2.2.1.2 Culture vs. religion: In order to capture the British Punjabi-Sikh cultural identity rather than the Sikh religious identity, baptised Sikhs were excluded. To ensure that non-practising Sikhs did not exclude themselves from participating in the study because of the 'Sikh' part of 'Punjabi-Sikh' potentially leading to religious connotations, the screening criteria explicitly highlighted that participants did not have to practice the Sikh religion.

2.2.1.3 Age range: The age range was between 30 and 65 years as this represents working-aged adults who are not young adults, to capture a more specific generational perspective.

2.2.1.4 Generational status: Moving to the UK as an adult was an exclusion criterion as those who were born and raised in another country are likely to be influenced by a distinctly different culture during the formative years of their life.

2.2.1.4 Level of alcohol consumption: Participants were required to drink alcohol at least weekly at some point in time during the past five years of their life, to ensure they had a first-hand experience of alcohol consumption at a reasonable level. Those who had not consumed alcohol within the last five years were excluded from taking part as their perspective may be less salient because memory fades over time.

2.2.1.5 Non-clinical sample: Potential participants who had attended any alcohol or substance support services were excluded.

2.2.2 Recruitment Strategy

Participants were recruited through both opportunistic and snowball sampling techniques. The study was advertised on social media and promoted by Punjabi-Sikh organisations. The study advertisement included the inclusion and exclusion criteria and highlighted that a ten-pound amazon voucher would be provided for their participation. Snowball sampling, also known as referral sampling, was also employed where recruits shared the study advertisement with others. The word

about the study being beneficial and fulfilling for participants spread to other potential recruits. Therefore, this method of sampling likely reduced the stigma of taking part and allowed potential recruits to feel more comfortable in approaching the researcher to participate in the study.

IPA studies typically involve small sample sizes to ensure a detailed interpretative analysis (Smith & Osborn, 2003). Turpin and colleagues recommend between six to eight participants for IPA studies within British clinical psychology doctoral programmes, which were adhered to for the present study. Recruitment ceased after meeting these recommendations and ensuring that the dataset achieved sufficient detail.

2.2.3 Participant Demographics

The sample consisted of seven participants aged between 36 and 60 years old. All participants met the inclusion and exclusion criteria (see section 2.2.1) and were either employed or self-employed. All participants were consuming alcohol (i.e. not abstinent) at the time the interviews were conducted, which is demonstrated through their self-reported current drinking patterns (Table I).

Table I: *Participant Self-Reported Current Drinking Patterns, Age, and Pseudonyms.*

Participant Pseudonym	Age	Current Drinking Patterns (self-reported)
Amar	52	Consumes a couple of alcoholic drinks on the days he goes out, usually on the weekend.
Prabjot	42	Occasionally drinks small quantities of alcohol for the taste.
Indy	36	Consumes several drinks with friends and work colleagues at social events.

Deep	51	Drinking 'moderately' at weekends, in social situations.
Solan	59	Drinks large quantities of spirit alcohol on weekends, usually in the company of his partner at home
Juginder	59	Consumes alcohol with meals when with family or friends.
Tajveer	60	Consumes one or two drinks, once or twice a week, usually with meals.

2.3 Ethical Considerations

2.3.1 Ethical Approval

Ethical approval (Appendix C) was granted by the UEL School of Psychology Research Ethics Sub-Committee (SREC) in June 2021 to carry out the study and ensure the physical and psychological safety of the participants.

2.3.2 Informed Consent

Participants were provided with a Participant Information Sheet (Appendix C: II) that they were required to read in order to understand the purpose and details of the study. They were then asked to sign the Consent Form (Appendix C: III) before the interview could commence. All forms were provided digitally.

Before beginning the interviews, participants were reminded of their right to withdraw from the study at any point and withdraw their data within three weeks of the agreed interview date. Participants were reminded that the interview would be recorded, and further verbal consent was gained before beginning the recording.

2.3.3 Confidentiality and Anonymity

All participant identifiable information was anonymised, and the use of pseudonyms has been provided for participants and organisations mentioned in the transcripts. Transcripts, consent forms, and voucher-claim forms were saved on the University of East London's (UEL) encrypted and password-protected databases. All anonymised data will be securely stored for up to three years to allow for data dissemination to be completed, following this, they will be destroyed.

There were no disclosures during the interviews that premised a serious concern about any person's safety and therefore the process of breaking confidentiality was not necessary for this study.

Prior to the start of each interview, the participant was reminded of the confidentiality agreement, which was communicated in a jargon-free manner to help them feel confident that their anonymity would be protected. Furthermore, as the interviews were conducted on Microsoft Teams, the researcher reminded participants to find a quiet and confidential space to conduct the interview, to be free from the oversight of others in their environment.

2.3.4 Risk of Distress

To mitigate the risk of the interviews causing distress to participants, the researcher utilised their Clinical Psychology skills to conduct the interviews sensitively.

Additionally, the researcher used their clinical skills to attune to any signs of distress and reiterated the participants' rights to not answer any question or terminate the interview prematurely if they so wished. This did not occur in any of the interviews and there were no risks of harm identified as a result of the interviews.

At the end of each interview, the participants were asked how they found the interview and there were no reports of distress as an outcome of the interviews. All the participants were thankful for the opportunity to take part and some participants reflected that they found the interview cathartic. Nevertheless, all participants were signposted to the debrief form where they could access mental health and substance use support services if they were impacted by the interview (Appendix C: IV).

2.4 Procedure

2.4.1 Semi-Structured Interviews

The study employed IPA guidance on how to conduct the interviews, where open questions were asked to explore the phenomenon under investigation (Smith & Osborn, 2003). Focused and specific questions are only used to pick up on

something a participant has already said, encouraging participants to elaborate rather than agree or disagree with claims offered by the researcher (Smith & Osborn, 2003). Within these specific questions, the participants' words/phrases were reiterated to avoid researcher jargon and build on their experiences rather than impute a different one. The semi-structured interviews followed, but were not limited to, an interview schedule.

All interviews were conducted on Microsoft Teams, as outlined by the UEL ethics committee due to the COVID-19 pandemic. If participants did not have access to Microsoft Teams, then face-to-face or telephone interviews were on offer, however, all individuals who were recruited were able to access Microsoft Teams. The interviews were recorded using the recording and transcription function on Microsoft Teams. The recordings were saved on Microsoft Stream and transcriptions were downloaded. After editing the transcription manually by cross-referencing it with the recording, the recordings were deleted.

Each interview lasted between 50 and 75 minutes, not including introductions, rapport building or the debriefing and bureaucracy that followed the end of each interview. Participants were encouraged to ask questions before starting the recording if they had any concerns about confidentiality. This was important to ensure that the participants felt comfortable sharing their experiences openly, given the stigma associated with the topic of alcohol consumption. The end of the interview was also used to informally check in with participants to determine their current wellbeing and assess any risks of harm that may have been induced by the interviews.

2.4.2 Interview Schedule

The interview schedule aimed to explore the research questions, whilst adopting a semi-structured format. In this way, the interview schedule is not used in a fixed or rigid manner, but rather as a guide and basis for the conversation. Smith and colleagues (2009) developed guidelines for the interview structure within IPA studies. Using these guidelines, the interview schedule included open questions to allow the participants to share their experiences of alcohol consumption without the

influence of the researcher's prior assumptions. However, that is not to say that the interview schedule can be free of all assumptions as there is the assumption that the participants screened for interviews will be able to talk to the questions chosen by the researcher. In accordance with the guidelines, rapport-building questions were included at the beginning, followed by questions that targeted the research questions (Smith & Osborn, 2003). In addition to the IPA guidance, the interview schedule was developed through an examination of existing literature in the field and further nuanced by undertaking pilot interviews. The final interview schedule can be found in Appendix E and allowed for interviews to gather in-depth information as per IPA protocol.

2.4.3 Pilot Interviews

Two pilot interviews were conducted with individuals who met the inclusion/exclusion criteria of the study. These interviews were not included in the data analysis, rather the purpose was to test the interview schedule and general viability of the study. Pilot interviews were a helpful tool in confirming the suitability of the research questions and interview schedule. The pilot interviews revealed that the interview schedule was too lengthy, and a few questions were too specific. After discussing with the research supervisor of the study, the interview schedule was adapted by rewording some questions and eliminating others. The final interview schedule was adapted to thirteen questions that were used as prompts in line with Smith et al.'s (2009) guidelines. The original interview schedule prior to editing can be found within the ethics form in Appendix C: VI.

The pilot interviews also helped to gain an understanding of and plan for potential challenges of recruitment. The pilot interviews revealed the researcher's gender and age were an advantage for conducting the study as individuals were likely to feel more comfortable sharing with someone from a different demographic to their own. Individuals in the pilot interviews suggested capitalising on the scientific aspect of the research to reassure potential recruits of the researcher's credibility. They also suggested highlighting the confidential nature of the study. These strategies were employed during both recruitment and rapport building stages.

2.3.4 Transcription

Microsoft Teams recordings were transcribed verbatim by the researcher. The Microsoft Teams transcription function was utilised to provide a basis for manual transcribing. Transcribing procedure guidance was adopted from Banister et al.'s (2011) recommendations. Names spoken by the participants were replaced by “[name]” and organisation names were replaced by “[organisation]” to ensure the anonymity of the participants. In line with transcription guidance for IPA, non-verbal utterances were not reported and participants’ words were transcribed verbatim. Any words inaudible were indicated by “[inaudible]”. The addition of punctuation in the transcripts was to enhance readability. The em dash (—) was also adopted to indicate a hanging phrase resulting in an incomplete sentence or an interruption by another speaker. Participants occasionally used phrases that were from the Punjabi language and therefore an English translation was provided in brackets within the transcripts.

2.5 Data Analysis

The transcripts were analysed using an IPA process, where the researcher attempts to immerse themselves in the world of the participant, whilst also applying higher-level theories and insights from a psychological perspective (Pietkiewicz & Smith, 2012). Data analysis using IPA does not test out hypotheses, rather, the researcher focused on the experiential world of the participants.

The first stage of IPA is reading and re-reading the transcripts, where initial thoughts and observations are produced. As IPA adopts an idiographic approach, analysis of each individual participant is explored before generating themes. The following types of comments are made for each participant: i. descriptive comments, capturing the participants’ subjective experience; ii. linguistic comments, capturing the language of the participant and its interpreted significance; and iii. conceptual comments, focusing on the context of participants’ experiences and abstract notions that help the researcher make sense of the participants’ accounts (Smith et al., 2009). Analysis continued until full integration of the themes had been achieved,

where subordinate themes were either integrated or dropped from the analysis. An example of the data analysis process can be found in Appendix F.

2.5.1 Reflexivity: The Researcher's Position

The use of interpretation is central to IPA where the researcher is engaged in a 'double hermeneutic' process; i.e. making sense of participants' sense-making. Therefore, it is important to acknowledge how this interpretation was influenced by the researcher's position and identity (Elliott et al., 1999). In order to present a reflexive personal account, the following section will be written in first-person.

I identify as a young cisgender woman from a British Punjabi-Sikh heritage. Being surrounded by substance use within my family, as well as my psychology background, has led me to formulate that trauma and stressors can lead people to consume alcohol as a coping mechanism. However, I have noticed family are seldom empathic to the men and rarely try to formulate why they drink. My views likely stem from strong social justice values and my belief that distress is best understood from a socio-cultural-political framework.

Given my reflexive capacities from my clinical psychology training, I tried to avoid using *a priori* hypotheses to analyse the transcripts; this is known as 'bracketing' and I have relied on IPA guidelines to support me with this (Tufford & Newman, 2012). However, it is recognised that the researcher's reality will influence the interpretation of the transcripts within IPA (Reid et al., 2005); therefore, the reader should note that the results do not display an 'objective truth'. Rather, I present my subjective interpretation of how the participants report their experiences.

3. RESULTS

3.1 Overview

This chapter presents the main findings of the data analysis, which aimed to explore British Punjabi-Sikh men's experiences of consuming alcohol. Through the use of interpretative phenomenological analysis (IPA), four superordinate themes emerged

from the transcripts, each with its own subordinate themes (Table II). Each theme will convey an unfolding narrative and will include extracts from the interviews followed by analytic comments from the researcher (Nizza et al., 2021). Participants' own words are included to retain their voice when describing their personal experiences, also allowing the reader to assess the relevance of the researcher's interpretations (Pietkiewicz & Smith, 2012). The participant extracts, referenced using pseudonyms, aim to achieve idiography that IPA seeks to address. Additionally, presenting excerpts from multiple transcripts within each theme helps to illustrate the similarities and differences between the participants' experiences (Smith et al., 2009). The extracts aim to capture both what matters to the participants and what is meaningful about their experience (Pietkiewicz & Smith, 2012). Following each extract, the interpretative comments show the researcher's attempt at making sense of the participants' experiential meaning (Smith & Osborn, 2008). This helps to reveal a fuller, more in-depth understanding of the data. A third element of meaning-making is created as the reader brings their own experiences and perceptions, which will likely influence the understanding of the presented findings (Smith et al., 2009).

The following technical adaptations have been made to enhance readability: i. additional words have been included in brackets to clarify the meaning of certain words e.g. 'it [alcohol]'; and ii. ellipses have replaced parts of the extracts that are deemed to be irrelevant to the essence of the meaning, to allow for precision and brevity.

Table II. *Superordinate and Subordinate Themes.*

Superordinate Themes	Subordinate Themes
1. "We are a Drinking Culture"	Living up to the Reputation A Display of Masculine Strength

An Evolution of the Drinking Culture

2. Community Judgements
- What is Acceptable Drinking?
What Will People Say?
-

3. Coping with Distress
- “Finding Comfort in it”
Escaping Emotions
-

4. A Desire for Change
- Concerns about Alcohol-Related Harms
“Learning to Talk”
-

3.2 Superordinate Theme One: “We are a Drinking Culture”

The first superordinate theme explores participants’ perspectives on how men from the British Punjabi-Sikh culture are expected to drink and how it is ingrained in their identity. Although participants had varying levels of alcohol consumption throughout their life, they all reported that drinking alcohol as a British Punjabi-Sikh man was both accepted and expected.

3.2.1 Living up to the Reputation

All participants explained that alcohol consumption was central to their culture. Amar described the prevailing position that alcohol consumption has within his community:

“It’s [alcohol] been quite a big part of my life, because obviously we’re Sikh, a lot of people drinking init... we are a drinking culture”

From Amar's experience, alcohol has played a significant role, which he intrinsically links to being 'Sikh'. Amar had experienced that drinking alcohol is common for other Sikhs, and his use of 'we are' suggests this is a distinct group identity. His use of 'drinking culture' implies a strong relationship between alcohol and his cultural identity, and the use of 'obviously' indicates that it is a known fact that drinking would be part of his life because he is from this group identity. Deep's interview revealed a similar notion:

"It's [drinking alcohol] essential... especially for my culture... it's just normal. It's expected... We don't just drink, we drink to a stupor"

Deep's experience of alcohol consumption has been normalised within the culture. His use of 'essential' demonstrates how alcohol is required within the cultural identity. He then described how it is not just general alcohol consumption that is central to the culture 'we don't just drink', but that British Punjabi-Sikh men surpass perceived regular levels of alcohol consumption 'we drink to a stupor'. This is elaborated further by Prabjot:

"Let's be honest, in Punjabi context in Punjabi society and culture, when people ask if you drink, it basically means, if you you know get pissed all the time or if you drink in large quantities. So that's what I mean by drink to get drunk, drink is to get drunk"

Prabjot felt that cultural traditions have made it the norm to 'drink to get drunk', to the point that the very word 'drink' has been redefined to mean 'drunk'. Indy also refers to the levels of drinking accepted in the culture:

"Some of my uncles drink a lot, but it's not considered that alcoholism is an issue for them, because perhaps there's a level of accepted, there's an accepted level of drinking that that is perhaps too much in our culture and tradition... so it's kind of okay because our culture and tradition has that level of drinking...you lose your limits, right, you lose, you lose where that boundary is."

Indy's comments imply that the excessive level of drinking ('too much') in his culture has been normalised ('so it's kind of okay'). His uncles 'drink a lot' but are not considered alcoholics, perhaps because of a loss of perspective on what is an

acceptable level of drinking outside of the Punjabi-Sikh culture. Comparably, Solan stated that high volumes of alcohol are not problematic:

“I don’t think it’s no big deal, there’s a lot of British Punjabi-Sikh people that are heavy drinkers. We’re known for it...So we have a reputation of being big drinkers.”

Solan experienced feelings of acceptance for heavy drinking, noting that is not out of the ordinary (‘it’s no big deal’) because there is a reputation to uphold. He also explained how this reputation is demonstrated within Sikh celebrations, such as weddings:

“And when we go out to a party or that, we have to live to that reputation. Look at our weddings, you know on the tables, bottle of Whiskey, bottle of Barcadi, bottle of Vodka, and there’s more when you want it...it’s expected of us. You’re a big drinker. You’re a Singh. So you get carried away... That’s us Punjabi people...just wanna drink and show all those around them that this is what we do”

Solan seems to have experienced an obligation (‘we have to’) to drink high levels of alcohol in order to display to others that the role of a ‘Singh’ (i.e. Sikh man) is being fulfilled. The phrases ‘that’s us’ and ‘this is what we do’ suggest that consuming high volumes of alcohol is a regular practice and social norm that is ingrained within their cultural identity. To further establish this identity, participants compared alcohol consumption in their culture to others. Amar highlights this:

“British culture is to drink. Spanish culture is to drink. But everyone drinks in different ways and I think that’s a personal thing... but culturally, yes we do, it’s a big part of our culture. You know, you’re not having a wedding without alcohol. You’re not having get together without alcohol... I think some people look at it like a kind of responsibility. If people come round my house, I wanna make sure they leave drunk... They don’t think they have had a good time if people haven’t left drunk. And I don’t know whether the British culture is so much that way”

Amar felt that drinking alcohol is a part of many cultures, but there are certain traditions and rituals involving alcohol that are unique to the Punjabi-Sikh culture. Amar noted that there is pressure not only to drink more as a British Punjabi-Sikh

but to get others drunk, which has become a cultural tradition. It appears Amar felt that you must allow Punjabi-Sikh men to fulfil this responsibility of getting others drunk, which Prabjot explains is complied with to avoid causing disrespect:

“They would ply people with drinks because as soon as that other person had said no, or they don't want one, they took it as a personal insult, thinking oh you've offended me by not taking a drink... Because Punjabi culture is very, it's an honourable kind of existence... So it's almost like saying I'm offering you all this but you're saying nah I don't want that from you and it's like a disrespect. So, the other person not wanting to cause offence they then say right I'll have a drink just to you know make things easy between us”

Prabjot felt that he could not refuse an alcoholic drink as there is a worry that this will cause 'disrespect'. He described the culture as an 'honourable' 'existence', suggesting that people will drink alcohol to avoid dishonouring the host. The only time that refusing alcohol is accepted is when you identify as a religious Sikh, which Deep summarised:

“so you either have a turban and a beard and you don't drink or you get wasted”

Deep experienced the cultural identity as split dichotomously between religion and no alcohol, or no religion and a lot of alcohol, with no in-between. The notion is that religious Sikhs are not held to the same expectations of alcohol consumption, which suggests that the cultural identity that participants are referring to is separate from that of religious Sikhs.

3.2.2 A Display of Masculine Strength

A reason that participants constructed their cultural identity around alcohol consumption was that alcohol is perceived as a sign of strength, allowing them to affirm their masculinity. All participants reported the need for British Punjabi-Sikh men to be 'masculine' which increased alcohol consumption levels. Prabjot reported that masculine strength was depicted in how much alcohol one can consume:

“People drink alcohol to to show people that yeah, they're one of the boys, that they can, they can live with the big boys and knock back seven shots in a row, and this

and that. And if you can't do that, you're not man enough... And the aspect of showing people that you're you're stronger than you really are"

Prabjot seemed to understand that strength is a key characteristic of a man, where not keeping up with rituals that involve large quantities of alcohol result in being 'not man enough'. Alcohol is used to prove to others, and perhaps oneself, masculine strength. Similarly, Tajveer and Solan described how masculinity is an ideal characteristic for British Punjabi-Sikh men:

"They [Punjabi-Sikh men] don't necessarily show the effeminate side of their bodies... They just need to be the super macho, super aggressive, super hyper alpha males... the other people around them are drinking, they need to drink and the other guys around them are drinking more, they need to drink more"

"Being macho is... drinking more than the people you're with, you know, I'm the bunda [translation: the man] here"

Both Tajveer and Solan described a sense of competition, equating outdrinking others to being 'stronger' and more masculine. Their suggestions are that British Punjabi-Sikh men are not just masculine, but are 'macho' i.e. an exaggerated sense of masculinity that brings them pride. It seems that drinking alcohol helps them to be viewed as an 'alpha male', which suggests a dominance and power over others.

Deep spoke about how if you are not able to drink in accordance with the other men then you no longer represent the group's values:

"what comes to mind is the the finish the bottle phrase; You know, I have to finish the bottle and and if you don't drink and you're with guys, you do, you become ostracised to some extent. So, you're like an outsider"

Deep focused on the social loss of not drinking. He indicated certain alcohol rituals that British Punjabi-Sikh men have adopted ('finish the bottle'), which allowed them to feel part of the group. This suggests that if they are unable to display machoism by drinking in this way then they are 'ostracised' for not upholding the group's values, which Amar also spoke about:

“I suppose if you can't handle your drink and you're a Sikh, well then you're you're you're not, I wouldn't say you're a pussy but you're letting the side down”

Amar's use of 'handle your drink' suggests that there is a need to tolerate large quantities of alcohol and be unaffected by it in order to display masculine strength. In a way, men are expected to be stronger than alcohol, demonstrated by Amar's use of the term 'pussy' which is usually slang for being feminine and weak. By using the metaphor 'you're letting the side down' infers that an individual's actions reflect on the group's image. A similar notion was shared by Prabjot:

“If anything, it [drinking alcohol excessively] was just to be part of the gang or be part of your mates to get into those, into those groups and say, yeah, I'm one of the boys or whatever... I used to get members of my wife's family constantly goading me to drink, drink, drink. Have fun.”

Prabjot felt that he wanted to be 'one of the boys', suggesting a group affiliation. His repeated use of 'drink' highlights the pressures he felt to fulfil the perceived role of a British Punjabi-Sikh man. He experienced others shaming him for not drinking and associated drinking with having fun, suggesting it is shameful to be 'unfun'. Using alcohol to have 'fun' seems to be a core value of the British Punjabi-Sikh culture, which Solan felt was linked to masculinity:

“with our music, singing, dancing, we'll drink more. You you tend to have a good time... if you look at all the videos on the Asia [tv] and that they're dancing and their singing and drinking. So that's what a lot of guys think they do to be macho as well... you know to be a bit more macho, you drink, you sing, you dance”

For Solan, his understanding of being 'macho' is conducting alcohol-fuelled singing and dancing, which he has seen displayed in media. As drinking alcohol is linked to fun, it was perceived as a good thing within the culture, which leads men to drink more.

3.2.2 An Evolution of the Drinking Culture

The participants noted how the cultural identity of drinking alcohol has been established from previous generations and has evolved over the years. Prabjot

expressed how alcohol consumption for Punjabi-Sikh men has increased over the years due to increased prosperity:

“so they've inherited more wealth from the first generation... that wealth has allowed them to go and enjoy themselves a lot more... And once I have that access to that wealth and access to the alcohol, it means they've gone completely off the rails with it. As I said, you know, three people in my brother's generation. So it's about seven years, eight years younger than I am. Three people have died. Simply because they didn't know how to-- through the the rigors of of alcohol. Simply because they couldn't control it or didn't know how to control it”

Prabjot experienced that a lack of control in addition to increased wealth results in alcohol-related harm and gives an example of death. This suggests that increased prosperity allows British Punjabi-Sikh men to capitalise on their drinking culture, at the detriment to their health.

Several participants commented on how the first-generation of Punjabi-Sikh men in the UK were subject to racial discrimination, which resulted in a different way of drinking, as expressed by Juginder and Tajveer:

“The acceptance of a Sikh individual going to the pub was frowned upon... they didn't understand you... I remember a couple of times that I would drive my uncle and my father to the pub... And they would be there literally set times and there will be in their nearest to their home, so they they know the people in there... There's always gonna be a a racism attack.”

“whilst they [the older generation of Punjabi-Sikhs] could go to pubs locally, they weren't wanted... they become very dependent on each other to survive as opposed to, you know, melding into and becoming acceptable to the white environment that was here. That level of resentment still being retained by them because again, they weren't, they were ostracised when they first came here. They they weren't wanted.”

Both participants' comments evoke a sense of fear of racism that led to a necessity for unity within the Punjabi-Sikh community rather than integrating with the British

culture and their way of drinking. Their use of the past tense suggests that the restrictions on drinking are no longer present, which Indy summarised:

“I feel liberated and accepted that I can go to a pub in today's day and age, where because I know in this in the 60s and 70s when my parents came over and my my uncles came over they weren't allowed in pubs... So I feel liberated in that sense in the sense that I can go to a pub and I'm accepted and kind of I'm part of British English society.”

Indy felt that drinking in pubs allowed him to feel part of ‘British English society’, suggesting that drinking alcohol is now helping to achieve another cultural identity. As the youngest participant, Indy may have felt a British way of drinking has been adopted more so as more time has passed between himself and the older generations of Punjabi-Sikh men. This might also be true for women in the Punjabi-Sikh community, as Juginder explained:

“The older generation tend to just be men drinking. Our generation will be husband and wives, girlfriends and boyfriends, you know, couples drinking. I think that goes same for the younger children, they tend to drink as a company as opposed to on your own. I think that that's the difference. It wasn't accepted that Indian women could go to the pub in the olden days or my parents generation, just it wouldn't be allowed. They just wouldn't go take your wives to the pub”

In Juginder’s experience women would not drink nor go to pubs which is a stark comparison to what he sees currently. His comment that ‘it wouldn’t be allowed’ likely refers to the culture not accepting women drinking. This suggests that as the younger generations have adopted more of a British culture, there is a change in cultural expectations as the Punjabi-Sikh cultural values are less adhered to for women. Amar explained the gender differences further:

“I think my mum’s generation even, mind you, not sure, it started changing in my generation. You go to wedding, the girls weren’t drinking. And I also think it's probably a bit more acceptable now, maybe in Punjab in thirty, forty, fifty years ago women drinking was just a complete no no. Whereas now maybe it's a bit more socially acceptable where women would drink. I remember going to weddings when

I was ten, eleven, forever I don't remember seeing any woman having a drink. Maybe they're sneaking one here or there, but I don't remember it, but I think it's it's it's a big change...

Researcher: Do you think women drinking more now has changed how the men drink or not?

Nah, I don't think it affects them. I don't think that that links. Or they drink more or they drink less. I don't think that's that's linked."

Amar experienced that the acceptance of women drinking in the community has changed over the years, however, he did not feel this changed the way men drink. This perhaps means that adopting a British cultural identity over the generations has not so much affected the men's drinking cultural identity but it has for women in the community. It might not be that women are drinking in line with a British cultural identity, but the British culture has created acceptance for women to drink in accordance with a Punjabi-Sikh cultural way of drinking; expressed by Solan:

"And I think a lot of Punjabi-Sikh women, if they're drinking heavily it's because they're unhappy in their marriage. Could be the same for Punjabi-Sikh blokes, they could be unhappy in their marriage as well. And because alcohol is accepted by Sikhs for example"

Solan's statement that 'alcohol is accepted by Sikhs' implies that if it was not accepted then perhaps women would not be drinking heavily in this way. This shows how generational changes has shifted cultural values, but that men in the Punjabi-Sikh community still drink in accordance with the cultural identity that they have inherited.

3.3. Superordinate Theme Two: Community Judgements

Although the cultural identity of British Punjabi-Sikh men encourages alcohol consumption, not all ways of drinking alcohol are acceptable to the community. The second theme examines how judgement from family and community members

create shame, and taint British Punjabi-Sikh men's masculine identity, which prevent them from talking about their problems or accessing alcohol support services.

3.3.1 What is Acceptable Drinking?

Several participants described how the impact of alcohol use determined whether it was accepted in their community. Amar highlighted the paradox in the culture, where drinking a lot is encouraged, however it becomes unacceptable if you then display a 'problem':

“And I mean it's funny in a culture that we do have lots of drink, but to turn around and say well this person got problem with drink is taboo”

Amar seemed to have felt the irony of the culture ('it's funny') as heavy alcohol consumption is encouraged yet revealing an issue with alcohol is prohibited ('taboo'). Solan explained how this attitude towards alcohol is encouraged through music:

“There's a song called Aish karo metherro per dil kissay nah dekaho [translation: have a good time friends but don't hurt anyone's heart]. So it's just like that. Have the fun you want. Drink as much as you like. You know. Just don't upset anyone”

Solan explained that it is acceptable to drink 'as much as you like' until it has an impact on others ('just don't upset anyone'). He associated alcohol with fun, suggesting that when it harms it is no longer fulfilling the role of fun and therefore becomes unacceptable. Solan built on this notion by explaining how drinking large quantities was acceptable if work responsibilities are upheld:

“you're a heavy drinker, provided you're working as well. If you're drinking so much that you know you can't work, then people gonna talk about you and say things about you behind your back, it's shameful. But if you're heavy drinker and you're working, that's fine, no problem... So they think it's alright to drink. Drink as much as you like. Provided you can work. It's only a problem if you, you're not getting to work. That's the attitude of the community.”

The emphasis Solan placed on keeping up with work responsibilities indicated that this is a key value for British Punjabi-Sikhs. His comment about how 'people gonna

talk about you', indicates that it is 'shameful' for work to be disrupted; thus, if 'heavy' drinking does not affect work it is acceptable. Prabjot expressed how working after 'heavy' drinking was more easily achieved by the older generation of the Punjabi-Sikh community:

“when my dad and his brothers and the menfolk first came to England in the late sixties... they would work long long hours in these foundries... then get totally pissed out their heads, right, with their friends. Have a good time, then go home pissed out their heads, wake up the next morning, a bit sober and go straight to work... In the old days it was just hard work, foundry stuff. They had to use their hands, had to use their mind a bit, but these days there's a lot more of the mind that has to be used rather than hands. So the more alcohol you drink now, the the greater effect it's going to have on your mind and damage it”

Prabjot felt that it was acceptable for the older generation of Punjabi-Sikh men to drink a lot because they were able to work the next day, as their jobs were mainly manual labour. He expressed less acceptance of large quantities of alcohol for his own generation as its effect on the mind would disturb their ability to perform at their job. Both Prabjot and Deep described the responsibility men have to provide financially for their families:

“they worked their socks off to provide for their families, which later down the line enabled their children to go to university and get bigger houses”

“men have a lot of pressure. Especially older sons as well in Sikhism. I think age matters... Lot of expectation maybe, to provide... I think that puts a lot of pressure on the men as well to be a certain way... Where's the release then?”

Prabjot understood that work was important because it allowed future generations to prosper economically. Deep explained that there is pressure on men to be the provider for their family and act in certain ways because it is expected of them within the culture. His comment about the 'release' refers to using alcohol as a way of dealing with the pressure. Building on this, Tajveer felt a tolerance for heavy drinking in a social setting:

“the generations above us, they were really heavy drinkers. Um, but it it took its toll in its own way. But it was just more of a social drink, not anything more than that really... they were relatively strong drinkers, but not abusive drinkers, if you like... at the heaviest time that I was drinking, uh probably, uh, three or four times a week and that was all work related. Again, all social, not medicinal, not a desire. I wasn’t hooked on in any way. Umm. So I’m not dependent... it really is literally a a social thing, a very light social thing”

Tajveer justified ‘really heavy drinking’ because if still ‘working really hard’, highlighting his value of work responsibilities. He described his family as ‘strong drinkers’ indicating that they drank a lot but this was perceived as acceptable because it was ‘social’ compared to being ‘dependent’. He also placed an emphasis on how his own drinking was social, suggesting that the context of drinking alcohol determines whether it is judged as acceptable rather than the quantity consumed.

3.3.2 What Will People Say?

Most participants understood that problems should not be admitted because this could damage the reputation of the family. In contrast to the performative drinking as a display of masculine pride (see section 3.2.2), alcohol use that leads to an impact on people’s lives is often hidden away from the rest of the community, which Indy explained:

“I think people hide it [alcohol impacts people's lives] away really. It’s kind of like a bit of a silent thing... I think there’s a lot about our culture and the Sikh culture, the Punjabi culture in that in the sense of anything that might be disparaging, anything that might be negative to do with a person’s personal traits or that might be disparaging of the family or anything like that. I think the the consequences, or or I guess reputation being harmed is something that our families and in our culture are very afraid of... they don’t want to let their issues be known out in the open”

Indy felt a pervasive fear of revealing problems ‘out in the open’. As tolerating large quantities evokes pride, alcohol consumption that leads to consequences is considered shameful as it implies that alcohol is not well tolerated. Similarly, Amar

explained the contradiction of being expected to drink large quantities of alcohol but to equally not develop or display any issues as a result of this drinking:

“someone goes into rehab or goes to AA and say you know what I got a problem and I need to fix it, you’re actually showing a weakness... they look at it as a weakness, oh there’s something wrong with you... What do you mean you can’t handle your drink”

Amar’s perception of being able to ‘handle your drink’ was about showing control and strength over alcohol and therefore if alcohol results in needing to access support services (‘rehab’ or ‘AA’) it is perceived as a loss of control and a weakness. In his interview, Amar then explained how there would be shame from others to admit a problem, which deters British Punjabi-Sikh men from asking for help if they need it:

“I think that’s a Sikh thing of not wanting to ask for help. Punjabi thing not wanting to ask for help, kind of thing or admitting they got a problem... because we just don’t think like that. I think with our lot, it’s just brushed under table and just get on with it. Or certain people finding it embarrassing. They don’t want to let the family down because if someone turns around and says oh, I need help with alcoholism, you kinda like it’s reflected on the family init... maybe it’s a pride thing”

Amar experienced how requiring support alcohol consumption reflects badly on the family and thus is hidden to preserve pride. It seems that a ‘problem’ with alcohol only exists if it is displayed in public, for example by asking for support; this suggests that visibility equates to reality and thus a problem does not exist in their reality if support is not sought (‘it’s brushed under table and just get on with it’). Despite only ‘certain people’ expressing this opinion, it had a major influence on his perception of what constitutes shameful behaviour. He experienced that people would hide their drinking and ‘just get on with it’ to preserve the family’s honour, implying that families would prefer that alcohol consumption continues rather than asking for help. Indy presented a similar view about pride, which he linked to the identity of his family’s Punjabi-Sikh caste:

"Sikhs and Punjabis are very proud... I think that comes from the strong kind of work that Punjabi Jats do right and the the the labour and the farming work it's very it's it's, you know, it's physical work, and so I think that then manifests itself in then, strangely, manifest itself in the way that they think. They're like okay we're strong, physically strong people 'cause we do physically strong work, and so we need to be physically strong in the way we put ourselves across. And so anything that harms that, I think then becomes an issue."

Indy spoke about all Punjabi-Sikhs and then went onto speaking about 'Jats' (a Punjabi-Sikh caste meaning cultivators of land) specifically being strong due to the ancestry of their career, suggesting how nuances within the wider Punjabi-Sikh identity has influenced attitudes. Indy highlighted how problems aired openly would harm this strong image and thus would become an issue. Similarly, Prabjot described a worry of showing a problem with alcohol use, referencing a common Punjabi phrase:

"We know it [alcohol] destroys many lives... But they're just worried about coming out because they're worried what will, what will other people think? Lokaneh ki khena [translation: what will people say], what will other people say? What will other people do? They're gonna think badly of you."

The Punjabi phrase ('what will people say') seemed to be instilled in Prabjot. Believing others would 'think badly of you' held a strong notion of fear, therefore, one must keep their problems hidden. Juginder expressed a similar view that leads to British Punjabi-Sikh men denying the problem altogether:

"It's the stigma. It's one of those things that oh, you accept that you have a problem. That's the big thing. People are in denial... Oh, it's nothing is just alcohol."

Juginder spoke to the stigma that leads to denial of problems and justifying harms by trivialising alcohol ('just alcohol'). Juginder felt that accepting a problem rarely occurs because of the risk of being stigmatised by others. This suggests that community judgements have a strong influence.

3.4. Superordinate Theme Three: Coping with Distress

In addition to the cultural reasons for drinking mentioned in the previous two themes, all participants described how alcohol was consumed by British Punjabi-Sikh men in response to distress.

3.4.1 “Finding Comfort in it”

Most participants described how they consumed alcohol to relax from life stressors. Juginder noted how alcohol is used as a relaxing agent in his life:

“I enjoy it, a glass, you know. It’s for me I see it when you’re relaxing. You’re enjoying your company with people or your family... when your parents have done it, so we do it. With the society shows that’s that’s the norm... I think it does does have an effect on you, if you because if you have the normal mundane stress of working life or family life.”

Juginder felt that using alcohol as a relaxant was normalised by parents and family. Using alcohol to cope with work stress seems to have been passed down the generations. Indy mentioned work stress as the reason his consumption increased:

“I think work stress personally would lead to me drinking a lot personally. Um, drinking more than I needed... it felt like almost an easy way and numb the issues of like a hard week work... I don’t know why it had to be alcohol. I don’t know why it couldn’t have just been coffee, you know like... I don’t know whether it was the-- the way the alcohol changes my mindset... it probably was that I was looking to change my mindset.”

This excerpt demonstrates the process of reflection Indy went through when trying to understand the function of alcohol during a stressful period of his life. He referred to the use of coffee to relax instead of alcohol, however, he concluded that alcohol served a unique purpose of changing his mindset. Similarly, Deep described using alcohol during a stressful period:

“I probably was in a bit of a crisis actually. I said to you earlier I studied when I was about mid thirties. I thought I wasn’t really being fulfilled, or, I was in the family business and I wasn’t, something wasn’t correct. And didn’t have much

confidence... so every time I went to a wedding or function, I'd have a drink and it became yeah, yeah, I can have a drink, and it used to cover a lot up... covered up my insecurities really"

Deep described an insecurity 'crisis', which seemed to relate to his career and his future. He used alcohol to increase his confidence and mask his insecurities whilst he was amongst others. Alcohol served the function of allowing him to feel secure in himself and less stressed, albeit only for a short while.

The only participant who denied using alcohol to destress was Tajveer, who reported different stress outlets, being music and golf. He described himself as a "non-conformist" and did not see himself as the same as the stereotypical British Punjabi-Sikh man who drinks, thus relied on other coping strategies for stress. Whereas Deep felt that British Punjabi-Sikh men turn to other substances to cope with stress if not alcohol:

"But some turned to other drugs when they give up, like cannabis. So, if it's not one thing, it's another."

Deep felt that other drugs are used as a replacement for the stress relief that alcohol offers. Solan commented that alcohol as a stress reliever was also present in other cultures:

"I think I'm the same as an um fifty-year-old, you know white Englishman sat next to me who's drinking like me - we're both finding comfort in it, we're both so used to it"

Solan's use of 'comfort' expresses a sense of ease and relaxation that alcohol provides as if it accompanied him in the same way a person would be comforting. He experienced other cultures to use alcohol in a similar way, which might suggest that coping with stress through alcohol use is not unique to his cultural identity. However, he also highlighted in his interview:

"being macho, being a man dealing with a problem, deal with it you know... it's just the way Punjabis are"

Solan's comments suggest that although he might be using alcohol in the same way as a 'white Englishman', he also experienced that dealing with problems

independently was ingrained in his culture, thus using alcohol as a coping mechanism might be used more readily by men in his community.

3.4.2 Escaping Emotions

Several participants described alcohol as a tool to escape vehicle from their problems and emotions. In their culture, expressing emotions is perceived as a sign of weakness, so men use alcohol to suppress their emotions to preserve their identity of strength (sections 3.2.2 and 3.3.2). Using alcohol to escape was experienced as common in this culture, according to Tajveer:

“People use it [alcohol] for escapes... to destress to uh to escape from their, you know, the the, the conundrums or the mundane way of life that surround them.”

Tajveer commented on serious problems (‘conundrums’) and everyday menial life stressors (‘mundane way of life’) that lead British Punjabi-Sikh men to drinking. Indy expressed a similar view about how alcohol helped to make problems disappear by forgetting them:

“I think not knowing how to deal with emotion... Numbing negative emotion. I think that’s probably what led to the the isolated drinking or drinking my own... and forget about what perhaps I was thinking about already in that week or on that day”

Indy’s comments suggest that British Punjabi-Sikh men do not learn ways of relating to their emotions (‘not knowing how to deal with emotion’) and so they drink to cover up feeling anything at all (‘numbing’). For Indy, drinking to achieve numbing occurred on his own, which contrasts with the performative drinking described in a previous subordinate theme that requires a social setting to achieve its purpose of displaying masculine strength (section 3.2.2). Numbing emotions could be a helpful avoidance tactic to clear the mind of needing to think through and problem-solve. Solan provided a personal example of this:

“I think a lot of people that do drink do have problems that they try to get away from while they’re drinking. Uh, again, coming back to me, on a Saturday I’ve got a, you know, a list of problems. And on a Saturday I’ll have a drink where I just don’t care about the problems”

Forgetting about problems was a shared experience that Solan felt was achieved through alcohol consumption. Problems are stressful and it can be easier to mentally avoid them. In this way, not thinking about problems served to rid himself of any negative emotion associated with it. This is important as having problems that you are overwhelmed by is seen as a sign of weakness, which Solan explained:

“So privately you might be breaking up inside, but then you're dealing with the problem you don't want to show everyone that you're not as weak, no, that you are in fact weaker than they think you are. So, you might have a drink to mask that”

Solan explained how internally the emotions would be felt, however asking for help would undermine their strength. Alcohol seems to be used to mask the pain, mask the problem, so that it appears gone rather than acknowledging that there is an unresolved problem. The use of alcohol to solve problems was considered a cultural stereotype, which some participants explained by referencing the film *Bend it Like Beckham*, which portrays a Punjabi-Sikh family; Deep said:

“the bend it like Beckham film, every time the father has a problem, he picks up a glass of whiskey... they think Asians don't live like that—no, we do.”

Deep suggests that the father will drink when there is a problem, and was firm in his belief (‘no, we do’) that this stereotype is lived up to in his culture. Prabjot provided an example of this by describing his experience with his own father:

“the more I tried to push him and question him on what was happening to him, the more he tried to shut down and close off by not revealing too much. I think genuinely he didn't want to give too much away because here he was a fifty-one-year-old man trying to tell his son that he was struggling, that he was in pain, that he couldn't be the father, he couldn't be the man he should be. So it was an awkwardness for him, a embarrassment for him, a shame on him maybe... that's not how Punjabi fathers are supposed to behave”

Prabjot felt a desire to understand his father and to talk to him about his problems. However, this led to the opposite effect, as his father attempted to uphold his roles of the ‘man’ and ‘Punjabi father’. Prabjot felt that the pain his father was struggling

with was nothing in comparison to the emotional pain it would be to let down his guard and reveal his problems. Prabjot's use of the words 'should be' ('he couldn't be the man he should be') denotes a strong expectation to fulfil a specific role. This could be because showing emotion defies their masculine identity, as described by Deep:

"people think they're being feminine if they're being emotional, my honest opinion is men are much more emotional than women we just get shut down a lot earlier"

Deep's comment that men get 'shut down' suggests that when emotions are attempted to be expressed they are not taken seriously by others. This could then lead British Punjabi-Sikh men to numb their emotions to excess, as his interview later highlighted:

"It's a bit of a curse for Punjabi men I would say that follows them around; there's a joke that you either kill yourself or drink yourself to death. Uh. So there's a, there's a real seriousness about it I feel"

There is a stark contrast between Deep's use of the word 'joke' at the start compared to the word 'seriousness' at the end. He seemed to feel this joke was indeed a sobering thought. He experienced how suicide or alcohol use to 'drink yourself to death' were the only two options for British Punjabi-Sikh men to cope with difficulties. Solan shared a solemn personal experience of using alcohol in this way in the past:

"think I drank the most alcohol in my life at the age of thirty when my first wife left me. Emotionally, I just weren't interested in any, anything... the fact that my family has broken up now. The guilt, I blamed myself a lot. And just wanted to die, drink myself to death, it wasn't happening"

Solan used alcohol as a way to suppress the emotions of guilt and self-blame by hoping it would result in his death, however it could not be achieved ('it wasn't happening'). This demonstrates the powerful use of alcohol as a response to difficult life events. Similarly, Deep explicitly noted the suicidal nature of alcohol use:

“This is suicidal as well and it covers a lot of stuff. So, it’s kind of sad actually as well. I see a lot of, I’ve not lost people to drink, but they’ve, I’ve kind of lost them. Good friends of mine”

Deep refers to suicide and loss, not in the physical sense of death, but in the metaphorical sense (‘I’ve kind of lost them’). He might be referring to a loss of the person he knew as alcohol killed the essence of who they were.

Several participants described how trauma was a reason people used drink to escape from their emotions. Prabjot explained how this only works to a certain extent:

“they just wanna forget something that has happened to them, a trauma. And to me, I’ve had a few traumas in my life and I’ve always found that yeah, you can drink, drink, drink one particular day, but then the next day you’re going to be sober and the same things are going to be totally on your mind again”

Prabjot experienced how suppressing traumas are only successful if one is constantly drunk. Although the intended function of alcohol was to suppress emotions, he explained it can have the opposite effect:

“But it allows them to do that in a messed up way, where sometimes it doesn’t come out as they intended and it comes out aggressively or whingeing or whatever... And I always found even when I was drinking and I had a bit of alcohol and I would talk to someone on their level, and talked to them, they would sometimes assume this guys talking crap, he’s drunk. So what he’s saying is total rubbish and I would be thinking hold on a minute, I might have had a drink, but what I’m saying is- so it made me think that as soon as you have, uh, drink alcohol, as soon as you drink it, people naturally assume you’re off your head so they’re not going to believe anything you say as well”

Prabjot pointed out how others would not take him seriously after a few drinks, even if what he was saying was important. He felt that alcohol helped to express emotions but it comes out ‘in a messed up way’ that others do not respect. Building on this

idea, Deep described his experience of how British Punjabi-Sikh men unintentionally share their emotions when drunk:

“Then they cry their hearts out to each other and, you know, get all emotional, and then they can’t remember what they said to each other the next day. But they know they said something they shouldn’t. It’s happened to me so... And like they can’t take it back. I mean I’ve heard instances of abuse people have talked to me about when they’re drunk. Or family relations that are bad. Really, horrific, horrific stuff”

Despite the intention of emotion suppression, in Deep’s experience, alcohol leads to the opposite, and that traumas are shared unintentionally when drunk. Hence, participants experienced how alcohol acts as both a suppressor and releaser of emotions.

3.5 A Desire for Change

The final theme explores how participants desired a change in how alcohol is consumed in their culture due to the associated harms. They hoped this might be achieved by increasing awareness of the harms and by talking about problems to prevent harm being caused.

3.5.1 Concerns about Alcohol-Related Harms

All participants expressed concerns about the health impacts of alcohol use. Several participants shared their personal experiences of illness and death due to alcohol consumption. Tajveer emphasised the need for the health problems associated with alcohol to be highlighted, namely through education:

“A lot of the fabric is already there, it’s just trying to educate them. It’s an educational process... not saying show pretty pictures saying this is what happens to you, show actually what happens to the the overall fabric of their body. What happens to diseased livers, what happens to diseased bodies. What are the real after-effects. Get them to talk to people who come through the other side of what it actually means.”

Tajveer spoke of the need for explicit knowledge to be shared about the physical impairments alcohol can have on the body. His comment on 'what it actually means' suggests that he does not think British Punjabi-Sikh men currently understand the harms of alcohol consumption. Conversely, Solan spoke to his experience of struggling to make a change despite having knowledge of the health impact:

"I seem to think to myself that I really need to change this if nothing else, just for the health reasons, 'cause my body can't keep it up... at this age, at the age of 59, um drinking a bottle on Saturday, having a hangover Sunday morning and thinking I'll I'll have a couple of pints that'll take the hangover away, is something that I'm not happy with. But I don't know how I'm gonna change it, I just seem to go with it"

The future health impact was not enough to deter Solan from using alcohol to reduce short-term physical effects, such as a hangover, hence why he continued to still 'go with it'. This implies a degree of hopelessness and not being in control of the alcohol consumption, despite having a desire for change. Juginder expressed a similar notion about the health impacts, however highlighted the need for personal experience of the harms in order to make a change:

"I saw my father growing up and I see my uncles, that they have diabetes. And I mean I've got diabetes now, I'm 59 but I think there's associated illnesses with heavy drinking or um people who drink more than others...I try to control my diet as well as my alcohol because if I don't, it will get worse and other things... one of my friends, uh, he's alcoholic, it's sad to say and he drinks and he's got his liver problems cirrhosis other things...unless you, something in your family, or someone in your family gets ill because of it. That's the difference. If it goes through your family, has happened right in front of you, then you would make changes. Otherwise, you just get on with life"

Juginder understood that he needs to 'control' his alcohol use in order to avoid health-related issues ('diabetes' 'liver problems') that he has seen occur to others, as well being affected by his own health issues. Juginder felt that changes to alcohol consumption would only be made if health problems are experienced or closely witnessed. His comment that the alternative is 'you just get on with life' suggests

that alcohol consumption would continue because there is no reason to make a change.

Not only were there concerns about the health impact of alcohol use, but also the impact on other parts of life, which requires education, as expressed by Prabjot:

“I want to show people that there are choices in life with alcohol. That if you nip it in the bud as soon as possible... You can still drink it... but you don't have to let it control your life and let it totally take you on a path for destruction. And especially in the Punjabi culture, too many times and still too often, that's what it tends to do-- it destroys lives, the money wasted, the relationships wasted, the families that breakdown, the children that have to live with their parents breaking up. There's just no point. You've only got one life.. Have a longer life, have a longer existence without it.”

Prabjot viewed alcohol as problematic when it leads to ‘destruction’ of finances, relationships, and families. He spoke generally about everyone who drinks alcohol, but then specifically to the ‘Punjabi culture’ who he believed these problems occurred ‘too often’ for. He felt that short term use of alcohol to ‘change you’ is not worth shortening a life for and hoped that increasing knowledge of different choices would prevent alcohol from harming people’s lives. Despite feeling a similar desire for change, Juginder suggested that denial is a barrier to changing:

“And I hope maybe this study will show that there is an effect of uh, large consumption of alcohol will cause damage to your body and your health as well as your family... but there's definitely a denial part from Punjabi-Sikh men that they've got a problem”

Juginder’s felt a desire that the present study would demonstrate the health impacts he had previously described, however, he caveated this with how there is a denial about alcohol consumption when it begins to create problems. This perhaps links to a previous subordinate theme about not wanting to display problems to protect one’s honour (section 3.3.2). Solan expressed how it is not just the men themselves living in denial, but the social network also preventing change:

“Open their eyes as to what's happening. I think generally, there is an awareness that there is a problem with Punjabi Sikh men drinking heavily but they're not doing anything about it. They'll write it off, people will say, oh da sharabia [translation: he is an alcoholic].”

Solan felt that people should ‘open their eyes’ and see the problems that are occurring because of ‘Punjabi-Sikh men drinking heavily’. Conversely, his comments suggest that the Punjabi-Sikh community are in fact aware of alcohol-related problems, but they overlook them, likely due to attempting to avoid shame and dishonour.

3.5.2 “Learning to Talk”

Most participants expressed their wish for British Punjabi-Sikh men to talk about their problems, which would help reduce the reliance on alcohol consumption. Solan spoke about how talking could be helpful in multiple formats:

“Well, if you actually spoke to someone, maybe counselling or like-minded people with similar problems I think you could agree that your little group would all do the same if they're drinking there, and I bet they're drinking heavily on the weekend. So if they said let's do a group... Let's all meet together... And as the trust grows between the people, friendship build and they talk, talk through the problems. And you know someone who's got similar problem might have an idea for you that would be helpful. But talking is always a good thing. Whether it's alcohol related or any problem. You gotta talk. If you talk, you can fix the problem.”

For Solan, not only talking in the professional sense (‘counselling’) but talking with others who have a shared experience of drinking alcohol could help solve their problems. He specified how ‘trust’ would grow, which shows how this is needed for someone to open up about their problems. This is likely because problems are thought of as a sign of weakness in the Punjabi-Sikh community and so asking for help to solve a problem is difficult to do, as discussed in Amar’s interview:

“we do have that thing where it's asking for help... If you're going to rehab or you've gone into help it's a sign of weakness, but ultimately it's actually a sign of strength...”

most times those people probably going through the same thing with their own children, so the more we talk about it, the easier it will be for everyone, there's no shame in that"

Amar experienced asking for help with a problem as a sign of strength but recognised that it is often thought of as weakness. He explained how others will likely be going through the same difficulties but each hiding their problems, so talking about them will 'make things easier' for everyone. This was also expressed by Solan, however, he presented a more cynical view:

"So it's to try and get them to open up that will help. They're not gonna open up... the fear is always I think of being judged. Maybe as a failure. A weak person. And you know Punjabi, Sikh men are macho aren't they... So they need to learn to talk about their alcohol problem rather than disguising"

Solan spoke about wanting British Punjabi-Sikh men to open up but that this was not going to happen because of the macho identity leading them to 'disguising' and hiding their problems. Although he acknowledged how there are barriers, he still felt there was a need to learn to talk about problems. Furthermore, Deep highlighted how there is not anyone available to listen if British Punjabi-Sikh men were to talk:

"One major thing that's specific I think to Asians is we don't talk outside the family. Again, that's linked to shame, honour. Somebody having a crisis, nobody talks about it... you don't talk about your stuff, we just don't do that. I think in the villages in India I used to have somebody you could really talk to, elders elders, but here there's nobody really you can really talk to, so it can become quite confined, restricted, claustrophobic. So, no there isn't many supports"

Deep spoke of how elders in India were available to turn to for support, however that this was not the case here in the UK, which might reflect a generational change. He used graphic words ('confined, restricted, claustrophobic') to describe what it feels like to not have anyone to talk to. Deep then explained how he hoped talking would occur more, not necessarily in a traditional talking therapy space as this might not be culturally appropriate:

“For God’s sake, talk to somebody. A lot of men don’t want to come to therapy anyway 'cause I see it as a something wrong with them-- there’s a stigma around therapy anyway. And it doesn’t even have to be therapy anyway, really could be just being in a group of other men, maybe – and there’s a lack of support in that generally as well in the UK... And where can men be vulnerable? Prison? The prison groups? AA groups? Do you know any particularly? I know a few now that’s bringing up, but they’re mostly white middle class ones as well, so then how do Asians fit into that?... but if people can express themselves in groups with other men, why why wouldn’t it be good?”

Deep’s passion for the benefits of talking is clear. He felt that traditional therapy and groups were run and dominated by white middle class folk and not appropriate for his culture. Solan provided a similar view about alcohol-related support services not being the right fit:

“I think a lot of them just think there’s nothing there for them that relates to their own community, therefore they don’t want to be part of it. 'Cause they don’t want to go to the mainstream organisations... they won’t connect.”

Solan had experienced community members not wanting to go to mainstream services because of this lack of cultural understanding. Building on this, Indy spoke about how language barriers also stop people from accessing appropriate support:

“I think our community need, especially if it’s the older generation, as in my parents generation, who might not speak English very well... they need someone to be able to talk to them on their level. They need someone to talk to them in Punjabi perhaps. So, I think we need more Punjabi counsellors, which I know there are that can help in these conversations”

Indy described language as a physical barrier to understanding problems. He suggested the need for counselling in the Punjabi language to accommodate people whose English is not their first language. This highlights how there are barriers even if someone wanted to talk about their problems.

4. DISCUSSION

4.1 Overview

The present study aimed to explore British Punjabi-Sikh men's experiences of alcohol consumption. Research questions were developed to guide the study, focusing on experiences about the role and management of alcohol consumption. This chapter seeks to summarise and explain the psychological relevance of the main themes that emerged from the data analysis by relating the findings to previous literature and psychological theories. A critical review of the study will be presented as well as the implications of the study and recommendations for research and practice.

4.2 Understanding the Main Findings

The patterns that emerged from the data analysis were organised into four superordinate themes. The first pattern in the data captured how and why drinking large quantities of alcohol were a tradition for men from the British Punjabi-Sikh culture (superordinate theme one: 'we are a drinking culture'). The second pattern that emerged identified how participants felt problems with alcohol were considered a weakness in their culture and therefore must be hidden (superordinate theme two: community judgements). The third pattern moved towards understanding alcohol use as a means to relax, forget, or suppress problems that evoke emotions (superordinate theme three: coping with distress). Finally, the fourth pattern congregated participant experiences about the desire for a change due to concerns about alcohol-associated harms and how this might be achieved (superordinate theme four: a desire for change). The findings within these superordinate themes will be discussed in the context of the study's two research questions, using existing research and psychological theories to make sense of the participants' experiences.

4.2.1 What is the Role of Alcohol Consumption for Men from a British Punjabi-Sikh Background?

There were several roles of alcohol consumption identified by the participants. Firstly, the analysis revealed that participants perceived large quantities of alcohol

consumption ('we drink to a stupor') to be an 'essential' part of their culture, demonstrating the pivotal role it plays in their lives (section 3.2.1). Amar (p.40) spoke of being a part of a 'drinking culture', demonstrated through alcohol's regular inclusion within cultural gatherings such as weddings. This is in line with previous research that understands a drinking culture to be where alcohol is integrated within the culture's values (e.g. for belonging) and practices (e.g. celebrations) (Savic et al., 2016). Participants felt that British Punjabi-Sikh men had a 'reputation' for drinking 'large quantities' of alcohol to get drunk ('drink to get drunk'), which was normalised and 'expected' in their culture (section 3.2.1). The idea of drinking to get drunk was readily expressed by participants, indicating that alcohol use which does not lead to getting drunk is not considered to be actual drinking. Cultural identity is central to the construction of the self, i.e. who someone believes they are (Lustig et al., 2006). Within this understanding, the role of alcohol for British Punjabi-Sikh men might be to help them feel like they are living in accordance with who they believe they are.

Central to the participants' cultural identity was the value of being 'the man' and demonstrating strength (section 3.2.2). This finding is likely underpinned by the concept of 'hegemonic masculinity', which can be defined as practices that show men are the dominant gender, the breadwinners, and are tough (Connell, 2005; Scott, 2014). Accordingly, the role of alcohol for British Punjabi-Sikh men was to live up to the image of a hegemonic masculine man by drinking and tolerating large quantities of alcohol to demonstrate they are 'macho' (section 3.2.2). Amar (p.44) expressed how they are expected to 'handle' their drink as not being able to tolerate large quantities of alcohol is viewed as a 'weakness', thus the expectation is to be in control even when very drunk. Uniquely, Punjabi-Sikh men do not just consume alcohol to demonstrate their masculinity but also by encouraging others to drink in their homes can establish their sense of authority. Participants felt that they would be offending another man from their community by refusing to drink alcohol as it is seen as causing 'disrespect' (section 3.2.1). Honour and respect are key values within the Punjabi-Sikh community (Ruprai, 2016). Therefore, the role of alcohol

consumption is to ensure other men drink to avoid feeling dishonoured which could taint his masculine identity.

Building on this, participants felt that the role of alcohol was to help them to establish themselves as part of a group, namely as 'one of the boys' (section 3.2.2).

According to Social Identity theory, establishing oneself as part of a group identity leads to individuals enacting behaviours that represent the group's values (Tajfel & Turner, 2004). The participants' use of the collective pronoun 'we' is a demonstration of their alliance to the drinking social identity ('we're known for it'). Participants felt pressure to complete certain rituals that were expected of them, such as 'finish the bottle' (section 3.2.2); this is supported by ideas from hegemonic masculinity, as drinking large quantities of alcohol was needed to demonstrate their manliness to be accepted by their peers. Another part of their social identity entailed the value of having 'fun' which was associated with masculinity, achieved by getting drunk. These behaviours to fit in with a group might have been completed as group status can be imperative for a sense of social belonging (Mahar et al., 2013). Deep (p.42) expressed how there were two social identities within the culture 'you either have a turban and a beard and you don't drink, or you get wasted'. The study did not include baptised Sikhs and therefore participants were speaking as part of the latter group who were expected by others to drink a lot. This finding is similar to previous research that has found that religious ties prevent men feeling pressured by others to drink in order to display their masculinity (De Visser & Smith, 2007). However, it is unclear from the findings whether baptised Sikh men are held to the same masculine ideals and if so, how they demonstrate their masculinity without alcohol consumption.

A part of the data analysis revealed how British Punjabi-Sikh men's social identity is shaped by their subcultural identity. For example, Indy (p.52) expressed how 'Jats', which is a Punjabi-Sikh social caste that comes from a lineage who complete physically hard labour, has resulted in attempting to maintain the image of strength through other means within the Punjabi-Sikh diaspora, namely heavy alcohol consumption. Although Indy also spoke about the British Punjabi-Sikh identity, his family origin influenced his understanding of this subgroup identity which could

affect conceptualisations of alcohol differently. Such Punjabi-Sikh subcultural identity and their relation to alcohol consumption has seldom been studied in the literature and is a novel finding that requires further exploration.

The findings suggest that drinking patterns have evolved across the generations of Punjabi-Sikhs in the UK, however, the role of alcohol to establish themselves as part of a group seems to be consistent across generations. The findings suggest that the first-generation adopted the acculturation strategy of 'separation' from the host (British) culture (Berry, 2007); for instance, Tajveer (p.46) expressed 'they become very dependent on each other to survive as opposed to, you know, melding into and becoming acceptable to the white environment'. Participants felt that this was due to racism and discrimination which led them to drink alcohol among members of their own community (section 3.5.2). However, the participants being from a different generation to this, seemed to adopt the acculturation strategy of 'integration' into the host community by attempting to adopt British values; for example, pub culture is a British practice that was important to Indy (p.46) ('I feel liberated... that I can go to a pub and I'm accepted and kind of I'm part of British English Society'). Group membership might have been even more salient for participants who identified as British Punjabi-Sikh men and therefore find themselves grappling between two established cultural groups, the British and the Punjabi-Sikh (Ruprai, 2016).

Participants also noted that the role of drinking was 'personal' with the intention of changing their emotional state to cope with distress (see section 3.4). This falls in line with the existing literature base that suggests how alcohol helps people to cope with trauma and adversity (Johnstone & Boyle, 2018). Abuse as a child has been found to increase a person's risk for alcohol-related problems as an adult (Widom & Hiller-Sturmhöfel, 2001); in the interviews, Deep (p.59) alluded to hearing about historical abuse ('I've heard instances of abuse... Really horrific, horrific stuff'). Hence, participants felt that the role of alcohol was to escape from painful emotions and memories, as expressed by Prabjot (p.58) 'just wanna forget something that has happened to them, a trauma'. Previous literature has established the use of alcohol as an avoidance strategy for emotions, particularly for men (Wilsnack & Wilsnack, 1997). Drinking alcohol in this way might serve the biological function of entering

into a state of 'hypoarousal' when too many emotions are felt (Kerr, 2015). In this state, people tend to feel numb, as Indy (p.56) summarised because of 'not knowing how to deal with emotion'. Escaping from distress was also conducted in a more extreme form, as a 'suicidal' mechanism, for instance, Solan (p.58) spoke of using alcohol to 'drink myself to death'. Previous research has shown how the risk of suicide is ten times higher in those with alcohol dependence than in those without, demonstrating the relationship between suicidal behaviour and alcohol use (Ferrari et al., 2014). This is slightly different to the participants' suggestion that alcohol is used as a form of slow suicide. Therefore, the present findings provide a novel insight into how British Punjabi-Sikh men perceive one of the roles of alcohol to be a way of attempting to end their distress. However, it might not only be alcohol that could achieve this, as according to participants other drugs could be used for the same function. This finding is similar to previous research that has showed how drug use rarely discussed openly due to it being a taboo subject yet is prevalent for Punjabi-Sikhs (Sandhu, 2009).

The analysis suggested that there are specific cultural factors that contribute toward British Punjabi-Sikh men using alcohol to cope with distress. Fear of appearing 'weak' and 'feminine' results in British Punjabi-Sikh men using alcohol to forget about their problems rather than talking about them; thus, drinking alcohol to suppress emotions could help to maintain a consistent self-concept of masculine strength, which is central to their cultural identity (Marsh, 1987). This is compounded by community judgements, for example Prabjot (p.53) expressed how the influential phrase 'what will other people say' is commonly used in the community. Prior research has demonstrated how this phrase is common across South Asian cultures, resulting in not discussing problems due to the fear of shaming and dishonouring the family (Rahman, 2021). This helps to explain why Punjabi-Sikh men tend to deny their problems in public but will reveal them in private (OliFFE et al., 2010). In this way, internal and external pressures from the culture facilitate using alcohol to cope with distress. Such cultural influences might be specific to the participants' generations as previous research has suggested that coping with distress by consuming alcohol is less relevant for younger generations of Punjabi-

Sikh men in the UK (Taak et al., 2021). This is perhaps because they have assimilated more with the British culture and so coping with distress through alcohol use is more salient to older generations of Punjabi-Sikh men as they identify more with the Punjabi-Sikh culture.

Furthermore, alcohol use for stress reduction is modelled to participants ('when your parents have done it, so we do it') and only one participant reported that they did not use alcohol to relax from stress (section 3.4.1). This suggests that role models' drinking behaviours shape their beliefs about the way in which alcohol should be used, in this case, to help relax from stress. Participants felt that more British Punjabi-Sikh women are now drinking alcohol to cope with distress as it is more acceptable for them to drink, and therefore in the past there was likely a lack of women modelling alcohol consumption (section 3.5.2). Women drinking more alcohol is consistent with the evidence-base that shows how second-generation British Punjabi-Sikh women are drinking more in line with 'indigenous' populations i.e. White British women (Bayley & Hurcombe, 2010; Gill, 2015). More acceptance and modelling of alcohol within a culture could thus make it more likely for someone to use it in a 'personal' way.

Although the role of alcohol was intended to suppress emotions, participants noted that sometimes the opposite occurs where emotions are expressed when drunk but it comes across unsavoury to others (see section 3.4.2). As a result, others do not listen and dismiss their emotions, for instance, Prabjot expressed that 'they're not going to believe anything you say'. Therapeutic benefits are derived from non-judgemental listening, which are the fundamental principles of talking therapy. Therefore, being dismissed or judged for expressing their emotions can be invalidating, which may lead to further alcohol consumption to cope with the rejection, in a perpetuating cycle (Zielinski & Veilleux, 2018).

4.2.2 What are British Punjabi-Sikh Men's Views About the Management of Alcohol Consumption?

The analysis revealed that only certain types of drinking behaviours were perceived to require management and there were some suggestions about how this could be

achieved. Participants noted the need for management of alcohol consumption when it 'takes you on a path for destruction' and negatively impacts finances, relationships, and families (section 3.5.1). Participants' perspectives on what constitutes acceptable drinking have been shaped by Bhangra music; Solan (p.48) provided an example of a song that has told him 'Drink as much as you like... Just don't upset anyone'. The findings support previous research that shows that music has a large influence on alcohol consumption levels (Ellickson et al., 2005). According to Bandura's (1977) Social Learning Theory behaviours that are 'modelled' by someone/thing of significance, are likely to influence one's own behaviour (McLeod, 2011). Therefore, the display of alcohol in music is likely to have a significant influence on what is acceptable drinking behaviour and what might need intervention.

Disruption to employment seemed to be one of the main reasons participants perceived that external support was required (section 3.3.1). For example, Solan (p.49) expressed that being a 'heavy drinker' is acceptable 'provided you're working as well. This suggests that it is not so much the amount of alcohol that is problematic, but rather the impact of the consumption. This might be because of a cultural value of employment, which links to their responsibilities as the breadwinner in the family. Deep described a great 'pressure' on men to 'provide' for their families, which mostly occurs through finance provision, acquired by working; this value seems to have been passed down the generations. Previous literature has suggested that working can help to display 'masculine strength' to others (Singh & Tatla, 2006). Therefore, alcohol consumption that threatens work also threatens British Punjabi-Sikh men's hegemonic masculinity and thus is perceived to need management.

Participants' use of language suggested that drinking behaviours that were conducted in 'social' settings were unproblematic, for example, Tajveer (p.50) expressed that 'But it was just more of a social drink, not anything more than that really'. This might suggest that the opposite of social drinking, i.e. drinking alone, is a cause for concern, however as this was not explicitly reported it cannot be reliably concluded from the dataset. One participant alluded to how 'numbing negative

emotion' tended to occur in isolation, however it was not explicitly reported that this use of alcohol was not also conducted in a social setting. Participants focused on the consequences, rather than the environment of alcohol consumption, to help them determine whether it was problematic or acceptable.

The management of alcohol might be impeded because judgements from community members result in British Punjabi-Sikh men 'not wanting to ask for help' (section 3.3.2). Despite acknowledging the harms of drinking 'we know it destroys many lives', the pressure of reputation in the culture are stronger 'what will other people say' (section 3.3.2). The analysis suggested that 'stigma' and shame associated with having a problem with alcohol led British Punjabi-Sikh men to deny their problems, not talk about them, and not access support (section 3.3.2). Previous research has also highlighted how shame associated with expressing problems can prevent this population from seeking professional support (Galvani et al., 2013).

Participants felt that British Punjabi-Sikh men often strive to deal with problems on their own in their attempt to maintain their pride through an image of strength, which they do by using alcohol to forget about the problems rather than resolving them (section 3.4.2). For instance, Prabjot (p.57) expressed that if a British Punjabi-Sikh man reveals he is struggling it leads to 'shame' that he is not living up to 'the man he should be'. This finding aligns with previous research that has shown how Punjabi-Sikh men's construction of masculinity prevents them from seeking help (Bhangu, 2021).

Despite the stigma, participants expressed a desire for British Punjabi-Sikh men to 'open up' about their alcohol-related problems to resolve them; 'if you talk you can fix the problem' (section 3.5.2). If alcohol is a response to trauma and adversity to 'mask' the painful memories and emotions then treating alcohol as a separate entity will not resolve the underlying issue that is leading someone to drink alcohol (Johnstone & Boyle, 2018). This then can lead to more problems arising from alcohol consumption, such as the 'destruction' mentioned by participants, which suggests an interdependent role between alcohol and mental health (Cornah, 2006).

Whereas talking about problems could help to reduce emotional distress and therefore there might be less reliance on alcohol to suppress emotions.

Mainstream support services that could offer British Punjabi-Sikh men the opportunity of talking through their problems were deemed culturally inappropriate by the participants. Participants felt that mainstream organisations that provide alcohol-related support could not 'relate' or 'won't connect' with the culture of British Punjabi-Sikh men or the language of older generations of the community who 'might not speak English very well' (section 3.5.2). Participants felt that talking did not have to occur within counselling spaces, rather, in a safe space where trust could grow, and problems could be shared and resolved with others going through similar difficulties. A shift in the culture was desired, from seeing talking about problems as a 'weakness' to seeing it as a 'strength'. This finding provides new insights into alcohol consumption management for British Punjabi-Sikh men as there are a lack of qualitative studies exploring their perspective.

Another reason participants expressed a desire for the management of alcohol consumption was when it had an impact on physical health. Participants described how seeing the harmful effects of alcohol on their own or other people's bodies, such as diabetes, liver problems, or mortality, was enough reason to reduce their consumption levels (section 3.5.1). Concerns about their own health led them to want to change their drinking habits, as expressed by Solan (p.60) 'I really need to change this if nothing else, just for the health reasons'. The focus on physical health problems resulting from alcohol use is likely because physical health problems are less stigmatising and easier to discuss. Whereas mental health is a stigmatised topic within the Punjabi-Sikh community, resulting in hesitancy for many Punjabi-Sikhs to discuss any mental health issues with others (Sekhon, 2000).

Equally, participants' focus on the physical health association of alcohol consumption can be explained by Rotter's (1954) concept of 'locus of control', which is 'internal' when an individual perceives themselves to have control over their behaviours and 'external' when they believe events in life occur because of external forces (Lopez-Garrido, 2020). Mental health problems are seen as an issue that the

Punjabi-Sikh community perceive to have a high internal locus of control over and therefore men do not tend to access support because they view themselves as failing to manage on their own (Bhangu, 2021). Whereas British Punjabi-Sikh men likely perceive themselves to have an external locus of control over physical health problems, which does not evoke the same feelings of weakness or failure that form a barrier to their access to support structures. This has been demonstrated in previous research where mental health problems are often attributed to physical health sensations (Kawanishi, 1992).

Several participants suggested that education about the health impacts should be provided to British Punjabi-Sikh men to reduce their alcohol consumption (see section 3.5.1). This may have been suggested because several participants described how their alcohol consumption reduced after seeing themselves or others suffer from the physical health impacts of alcohol consumption (section 3.5.1). Participants felt that education would be helpful for other British Punjabi-Sikh men, which suggests that they do not believe most know about the health impact of alcohol consumption. This might imply that British Punjabi-Sikh men have been on the receiving end of 'hermeneutical injustice', where the knowledge about the health impacts is known but not made available to them (Fricker, 2007). This is in line with previous research that has shown how public health campaigns are less likely to reach Asian communities because campaigns are not targeted at this population, meaning that they fail to consider important cultural nuances (Lip et al., 1996). This suggests that there is insufficient management of alcohol consumption in the way desired by British Punjabi-Sikh men. Contrarily, education might not be sufficient in changing drinking patterns because real-life experience is needed to truly understand the health impact of alcohol consumption, as expressed by Juginder (p.61) 'unless you.. or someone in your family gets ill because of it... then you would make changes, otherwise, you just get on with life'. Previous studies have argued that health behaviour change models which attempt to increase information often fail as they do not consider the influential role of emotions on human behaviour (Kelly & Barker, 2016). Thus, knowledge about the harms of alcohol might only sink in when demonstrated through an emotive experience.

4.3 Critical Review

4.3.1 Ensuring Quality

Yardley's (2000) guidelines present four key characteristics that constitute 'good' qualitative research, which have been adopted to evaluate this study; these are, sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance.

4.3.1.1 Sensitivity to context: Context was attended to throughout this report. Within the literature review, the historical context of the phenomenon of alcohol consumption for men in the British Punjabi-Sikh community was explored by presenting their cultural origins. Additionally, the present study attended to the context of theories and models that help to explain the main findings (section 4.2). Relating the findings to previous literature helps to obtain 'vertical generalisation' as the findings build on previous literature and theories. The results section highlighted the individual contexts of each participant by providing extracts of their unique experiences. Lastly, the study was sensitive to the researcher's social context in relation to the participants (see section 2.5.1). The researcher's own background was reflected upon and how this could have influenced the study, including power dynamics, which is further discussed throughout this chapter.

4.3.1.2 Commitment and rigour: These criteria refer to the thoroughness of data collection, analysis, and reporting. There was a good level of commitment to the study topic by the researcher, which was demonstrated through an extensive search of the literature as well as a life-long engagement with the topic. Furthermore, the researcher conducted pilot interviews with British Punjabi-Sikh men, which allowed for appropriate adaptation of the recruitment methods, the terminology used, and the interview schedule to suit the needs of the target population. Rigour (i.e. completeness) of the data analysis was demonstrated as the interviews were considered to provide 'richness' as well as comparison between individuals. The in-depth data interpretation also demonstrated rigour by linking 'common sense'

understandings of alcohol consumption to psychological theories and constructs; this helped to address the complexities of the participants' experiences.

Commitment and rigour to the interpretative phenomenological analysis (IPA) and reporting data were achieved by applying IPA guidance on ways of coding, theme generation, and interpretation (Smith, 2011). This was supplemented by applying the four quality indicators of a 'good' IPA by Nizza and colleagues (2021). These were: i. constructing a compelling unfolding narrative where each participant quote added another layer of meaning; ii. presenting a vigorous experiential account by including quotes of matter and meaning about the participants' experiences; iii. close analytic reading of the participants' words through the interpretative comments about the language used; and iv. attending to convergence and divergence by presenting views that were both similar and different from one another.

4.3.1.3 Transparency and coherence: Transparency of the IPA methodology has been provided, including details about how the superordinate themes were generated (see chapter 2). Coherence was demonstrated as the chosen research questions were in line with an IPA approach, which focuses on perspectives and experiences. The researcher's perspective was made transparent in section 2.5.1 and will be further discussed in section 4.5. The research questions appropriately considered British Punjabi-Sikh men's perspectives about their experiences with alcohol use and therefore triangulation using other people's perspectives, such as healthcare workers, would not have been appropriate within this study (Yardley, 2000).

4.3.1.4 Impact and importance: The findings of this study have contributed to the evidence-base of the topic area by both building on previous research and by developing new understandings of the role and management of alcohol consumption for British Punjabi-Sikh men. There are also several clinical and socio-cultural implications which have been discussed in section 4.4. The present study explored socio-cultural processes that help to explain existing quantitative findings of how British Punjabi-Sikh men are more likely to drink large amounts of alcohol yet unlikely to access support (Fisher, 2002; Galvani et al., 2013). This has shed light

on the meaning of British Punjabi-Sikh men's experiences with alcohol and how it links to ideologies such as masculinity.

4.3.2 Methodological Considerations

The study's strengths and limitations are acknowledged.

4.3.2.1 Recruitment strategy: The study employed a volunteer sampling method to recruit participants. As participants self-selected themselves for the study, their attitudes towards the study area might be biased by their interest in the topic. Therefore, the findings might represent a certain subgroup of men from a British Punjabi-Sikh background. One of the key findings that may have been influenced by this subgroup was the 'a desire for change' superordinate theme, which found that participants wished for men from their community to talk more and to be educated. Their part in the study might suggest these are the men who tend to talk more already and have education on the harms of alcohol consumption. It is unclear whether the same results would have been obtained if participants did not self-select. The gravity of this bias was likely mitigated by employing snowball sampling as the recruitment strategy; this is where participants suggest the study to others. As such, this 'marketing' from peers may have led to the recruitment of participants who might not have ordinarily volunteered themselves.

The researcher being a younger woman from the same community as the target sample did not seem to affect the participants' willingness to take part. The researcher's cultural identity was not revealed explicitly in the study advertisement; however, the researcher's gender may have been speculated by the name and pronouns within the researcher's email signature. As the researcher identified as a different gender from the participants, it likely allowed the men to feel more comfortable taking part as there is a particular stigma associated with sharing experiences with alcohol with other men, due to trying to maintain their masculine identity (Bayley & Hurcombe, 2010). This was evidenced by the pilot interviewees who reported that the researcher's demographics were not a recruitment barrier for them and were unlikely to be for others.

4.3.2.2 Power dynamics: Participants were offered a voucher as compensation for their contribution to the study. This could have exacerbated the power imbalance that inherently exists within the researcher-participant relationship and may have led participants to respond in a 'socially desirable' way to appease the researcher in order to receive their 'reward' (Karnieli-Miller et al., 2009). Therefore, the researcher took the opportunity to reduce the power imbalance during interview screening and at the beginning of the interview by detailing the participants' rights and how they would receive the voucher regardless of whether they withdraw their data from the study. Moreover, most participants were indifferent about receiving the voucher and expressed their gratitude for being able to share their perspectives; this suggests that participants' responses were unlikely influenced by power dynamics. Power dynamics will be further discussed in section 4.5 as the researcher's demographics would usually constitute less 'power' within a lay relationship with British Punjabi-Sikh men.

4.3.2.3 Appropriateness of sample: The sample may have represented a specific subgroup of British Punjabi-Sikh men as all participants were in employment. Participants reported that there was shame associated with discussing alcohol use that disrupts employment, therefore British Punjabi-Sikh men who were unemployed may have felt shame in taking part. Nevertheless, this sample may have unintentionally increased the homogeneity of participants' perspectives. This is because the data analysis revealed a prevalent pattern about how continuing in employment justified heavy levels of drinking and so participants' employment status may have led to differing views about the management of alcohol consumption.

Only one participant self-reported their current alcohol consumption levels to be 'heavy', whereas the other participants did not describe their current drinking patterns in this way. Several participants described how they used to drink large quantities in the past and therefore had experiences of the 'typical' drinking patterns expected for the British Punjabi-Sikh men that they described. Within IPA methodology, a 'fairly' homogenous sample is aimed for. Although the participants

were homogenous in their cultural and gender identities, their current alcohol consumption levels may have constituted a perceived identity meaning that the results were not representative of a homogenous group. Nevertheless, IPA also capitalises on idiography that values each participant's unique experience as well as patterns between participants. An IPA sample cannot be truly homogenous as it adopts a critical realist epistemology that understands that knowledge is produced by people's perceptions of their experiences rather than an objective homogenous experience. Furthermore, previous research has shown that stigma can lead to underreporting of alcohol consumption levels and as drinking levels were self-reported this is not a reliable way of measuring alcohol consumption. The results indicated that the amount of alcohol was insignificant in comparison to the impact of consumption suggesting that current alcohol consumption levels do not seem to be a suitable way of assessing the 'appropriateness' of the study sample or findings (Lincoln et al., 2011). This provided confirmation that questionnaires of alcohol consumption levels, as recommended by UK government guidelines, should not be used to recruit participants from this population.

4.3.2.4 Appropriateness of findings and generalisability: The final sample consisted of seven self-identified British Punjabi-Sikh men. The interviews achieved data saturation in accordance with the research questions, suggesting that the sample was an appropriate size to meet the standards of good quality qualitative research (Fusch & Ness, 2015). Additionally, the phenomenon in question was studied in a culturally and contextually appropriate way by recruiting the target population, who were distinct from other generations and genders. However, validity cannot be inferred as IPA adopts a relativist ontological position, which understands that 'truth' and 'reality' are grounded in the subjective experience. IPA aims to offer a specific interpretation of the data that will likely be different if another researcher were to analyse the data. Therefore, the results do not represent an objective truth of the role and management of alcohol consumption, but rather an interpretation of perspectives that are grounded in time and context and will likely change over time as the socio-cultural context changes. Henceforth, it is not suggested that the findings are 'horizontally' generalised, i.e. to other places or across time (Yardley,

2000). Moreover, a small sample size is recommended in IPA studies, which means that results cannot be readily generalised to other individuals who identify similarly to the sample (Smith et al., 2009). Instead, the study produced 'vertical' generalisability, in that it increased the availability of British Punjabi-Sikh men's voices in the literature, contributing to the findings of studies that have already been conducted (Johnson, 1997). However, as the study recruited a particular subset of British Punjabi-Sikh men who do not represent certain generations, age-groups, or religious status', vertical generalisation should be tentatively applied.

4.3.2.5 Researcher effects: The researcher was a novice in conducting IPA studies and therefore was learning and becoming more experienced as the study progressed. This could have affected how well interviews were conducted in accordance with IPA methodology. Although open questions are suggested, prompts are acceptable to enable participants to expand on specific comments. As the researcher chooses which comments to expand upon, it is likely that the participants' narratives were shaped by the researcher's interests. In order to reduce researcher effects, the researcher engaged in a reflective diary throughout the research process to keep their thoughts detached from influencing the research process. The researcher's ability to remain neutral likely improved across interviews as they familiarised themselves with the IPA process. The influence of the researcher's prompts was likely minimal and did not obscure the participant's perspectives as the prompts would simply lead to a different level of detail obtained for certain experiences over others rather than changing the participants' reports. Providing examples of the prompts in Appendix F promotes transparency of the research (Yardley, 2000). In conducting the interviews, the researcher avoided language that held certain assumptions, that the participant had not already used themselves; for example, using the term alcohol 'misuse' holds the assumption that alcohol is being consumed in a wrong way. This is important in reducing interviewer bias.

4.4 Implications and Recommendations

4.4.1 Practice and Policy

Most UK alcohol support services, or mental healthcare services that support people with alcohol consumption, adopt 'Western' models of understanding distress. However, the present findings suggested that these understandings lead to interventions that do not connect with the culture of British Punjabi-Sikh men, which prevents them from seeking support. It is important for clinicians to educate themselves about the worldview and values of clients from different cultural communities in order to implement an appropriate care plan (Sue et al., 2019). As the findings present an in-depth understanding of the complexities of British Punjabi-Sikh men's cultural identity, it could help clinicians adapt their practice accordingly. In particular, the study revealed how the concept of hegemonic masculinity influenced the reasons for consuming alcohol, and so certain therapeutic models that focus on the historical, social, and cultural context, could be more appropriate for British Punjabi-Sikh men (Burr, 2004). Narrative approaches could help to situate alcohol consumption for this population in context (Morgan, 2000). For example, understanding how masculine ideals lead to increased alcohol use for socio-cultural belonging and coping with distress, could help move away from a pathologising narrative about British Punjabi-Sikh men to an alternative, more holistic, and less blaming narrative about why alcohol-related problems exist for this population.

Ideas and beliefs are an intrinsic part of how people experience health and illness. The current study presented novel understandings of how British Punjabi-Sikh men conceptualise alcohol consumption. Previous research understood British Punjabi-Sikh men's alcohol consumption largely through the voices of others, such as healthcare workers or family members, rather than asking them directly. This has resulted in a single narrative of British Punjabi-Sikh men - that they are the cause harm to others through their alcohol consumption and as a result, clinical practice focuses on supporting families (e.g. Johl, 2017). Though this is undoubtedly helpful, it employs an ameliorative model that is reactive rather than preventative. Such clinical practice does not tackle the root cause of the harm to family, meaning that harm will continue to occur. Whereas the current findings revealed reasons as to why British Punjabi-Sikh men might resort to harmful drinking, i.e. distress and

socio-cultural expectations. These novel understandings could help inform health policy by suggesting preventative interventions for this population, for example within the National Institute of Health and Clinical Excellence (NICE) guidelines. Furthermore, ideologies about alcohol consumption will likely change over the next generations, namely due to acculturation processes, suggested in this study. Henceforth, guidelines should be continually updated for this population to maintain a standard of culturally appropriate care.

Healthcare services should be aware of the finding that British Punjabi-Sikh men are less likely to access alcohol-related support services and therefore they could adapt their service to help overcome the barriers. For example, shame about alcohol causing problems to employment might mean that British Punjabi-Sikh men who are unemployed are less likely to actively seek support and so support services could undertake service evaluation projects to better understand how to support these individuals. Another way could be by targeting British Punjabi-Sikh men who have physical health conditions related to alcohol consumption; for instance, culturally sensitive outreach services to hospitals might encourage British Punjabi-Sikh men to begin talking about their difficulties rather than relying on alcohol to cope with distress. Language differences, as revealed in the findings, should also be considered in understanding how the service might be unintentionally excluding some people for whom English is not their first language.

Another barrier to accessing alcohol-related support services revealed in this study was that talking about distress is stigmatising for British Punjabi-Sikh men. There was a desire for talking about problems and emotions to be more prevalent in this community and therefore there could be a change to the discourse associated with viewing talking as a weakness. The understandings developed from this study help to locate distress in context and culture and move away from viewing distress as an individual flaw. Thus, clinicians could promote this formulation within advertisement and media campaigns, which has a significant impact on the public's understanding of health problems (Wakefield et al., 2010).

The findings shed light on how British Punjabi-Sikh men wish there to be further knowledge spread about the physical health impacts of alcohol consumption. The UK government currently provides guidelines for 'high risk' alcohol consumption, which is mainly considered by the amount of alcohol consumed (NHS England, 2021). However, the results indicate that British Punjabi-Sikh men do not view the amount of alcohol as harmful, but rather the impact of alcohol consumption. This might suggest that UK health campaigns conceptualise harmful alcohol consumption differently to British Punjabi-Sikh men and thus are not impactful for this community. Targeting this population's ideologies about alcohol consumption within health campaigns, such as in media and educational systems, could help reduce the associated harms.

4.4.2 Research

The current study is one of few that qualitatively explores British Punjabi-Sikh men's views about alcohol consumption. This is important because it allowed their voices to be included in the literature base and revealed new conceptualisations about the role and management of alcohol consumption for this population. Similar studies should be conducted in order to strengthen the findings through 'vertical generalisability' (Yardley, 2000). Generalisation to the wider British Punjabi-Sikh population could also be possible in time if there are a regular accumulation of studies researching this population (Smith et al., 1995). This might also help to reveal novel insights about alcohol consumption for this population that the present study missed. For example, the context of drinking behaviour that required management (e.g. alone or with others) was not a prevalent pattern in the dataset, and could be further studied.

Previous quantitative research found that men from this population were more likely to develop alcohol-related health problems, however, the reasons were genetically attributed rather than understood by large quantities of alcohol. This might be because when the levels of alcohol consumption are researched British Punjabi-Sikh men are often aggregated into a broader ethnic category (e.g. Asian), who on

average drink less than other ethnic groups (McManus et al., 2016; NHS Digital, 2018). The present findings revealed that British Punjabi-Sikh men consider their culture to involve large quantities of alcohol, which could contribute to the reasons why alcohol-related health problems occur in this population. However, in order to investigate a causal relationship between alcohol consumption and associated health harms for British Punjabi-Sikh men, longitudinal studies should be conducted on this specific population rather than studying aggregated cultural groups.

A key finding was about how participants desired men from their community to talk more about their problems but is highly stigmatised. To further understand this finding, participatory action research could be employed (McIntyre, 2008). This type of research collaborates with British Punjabi-Sikh men who drink alcohol as co-researchers to take action and make social change (Nelson et al., 1998).

Psychological knowledge can be produced from this methodology as well as actions (Smith, 1994). This could result in finding ways to reduce the stigma and talk about problems as part of the British Punjabi-Sikh culture.

There were several unique findings revealed by the data analysis that have seldom been studied by other researchers and thus require further exploration. Firstly, the findings suggested that British Punjabi-Sikh women might be using alcohol to cope with stress and adversity, which has increased recently due to their drinking being more accepted by their community. Therefore, future research should employ British Punjabi-Sikh women's narratives to explore this finding from their perspective; this will help to understand the relationship between distress and alcohol in the British Punjabi-Sikh community. A larger sample could help to compare different gendered experiences of alcohol consumption within the British Punjabi-Sikh community. Secondly, there were intersecting identities for British Punjabi-Sikh men that may have affected their conceptualisation of alcohol consumption, such as family caste, generational status, religious identity, and employment status. Therefore, a larger sample could also help to compare subgroup identities of British Punjabi-Sikh men. Thirdly, the use of other substances was suggested to replace the role of alcohol for British Punjabi-Sikh men, however, this needs to be further explored. Discussing drug use is considered more taboo than alcohol in this culture (Sandhu, 2009);

therefore, recruitment and the study procedures should be approached sensitively to mitigate participant effects. Lastly, the findings commented on the similarities and differences in drinking patterns between the British Punjabi-Sikh culture and other cultural identities. Thus, recruiting a larger sample with participants from contrasting cultures could help to establish the features of alcohol consumption that are unique to British Punjabi-Sikh men and those that they share with other cultures.

4.5 Reflective Account

It is important to reflect on the research process as well as the interactions between the researcher and participants. Therefore, the following section will be written in first-person to allow for the reflections to represent a personal account.

This study was driven by my personal interest in the topic area, and after reviewing the literature, I noticed a gap in the evidence base that could be addressed by the present study. Although I have had a lifelong experience observing British Punjabi-Sikh men who drink alcohol and the reactions they elicit from family members, the findings of the study broadened my understanding. I have understood concepts such as 'drinking to get drunk' and 'drink myself to death' with an added layer of emotive meaning that I had not previously acquired. These terms are readily used in my culture, however, by familiarising myself with the IPA process, I was able to understand the meaning behind their words.

Another aspect of IPA is using the researcher's interpretation of the participants' experiences. Therefore, although I attempted to objectively observe the participants' meaning of their experiences, the findings are intended to be the result of my meaning-making. I was conscious of how my characteristics might influence this meaning-making process because although I identify with the same cultural heritage as the participants, I identify with a different gender and generation than the participants. From a critical realist ontological position which IPA adopts, my identity and values are likely to inform my interpretations of the world. Subsequently, I regularly used my reflective journal to record my reflections on any preconceived notions or hypotheses that could influence the way in which I conducted interviews or analysed the dataset. Additionally, I regularly referred back to existing literature

and theories to make sense of the participants' experiences, rather than relying on my anecdotal opinions.

Prior to conducting the interviews, I had developed an awareness of the shame associated with disclosing issues with alcohol consumption for British Punjabi-Sikh men. This was aided by my experience of being from the same community as the participants and observing family members who consume alcohol, along with the knowledge I obtained from conducting an extensive literature review on the topic. Therefore, I strived to set up the interviews in a way that assured participants of my neutral and non-critical position, in my attempt to gain their candid perspectives. This may have unintentionally prevented participant's from presenting critical thoughts about alcohol consumption, however, the results do not seem to indicate that this occurred. Having a shared culture with the participants can allow for commonality between the two and can encourage participants to be more open in their responses (Ramji, 2008). During the interviews, I noticed that participants used Punjabi language phrases and cultural terms relevant to the Punjabi-Sikh community, which they may not have readily expressed if I was not of the same cultural heritage. This might suggest that the accounts provided by participants represented a fuller and less restricted narrative.

Such awareness of commonly used phrases, concepts, and ideas within the culture could have led me to interpret the participants' responses during the interviews through my own experiences. Therefore, I ensured I prompted the participants to provide further information about ambiguous comments that may not have been clear to someone who did not understand the cultural specificities. This allowed for the data analysis to occur on the participants' words only rather than filling the gap based on what I assumed they were referring to.

I was aware of the power dynamics at play in the relationship, as outside the research study an interaction between a younger woman who is British Punjabi-Sikh with an older British Punjabi-Sikh man would usually lead to a natural hierarchy, where the man would hold more authority. Therefore, I was concerned with disrupting this power dynamic by being in a 'power position' as a researcher, which

could have left the participants feeling vulnerable or emasculated, and thus less likely to talk about a sensitive topic. There were not any observations or comments that this occurred, and participants commented at the end that they found the interview to be a good experience. Additionally, I capitalised on my clinical active listening skills to build rapport with participants prior to and during the interviews, which likely allowed participants to feel more comfortable when sharing their experiences.

4.6 Conclusion

In conclusion, the present study used interpretative phenomenological analysis to investigate British Punjabi-Sikh men's experiences of the role and management of alcohol consumption. The main findings suggest that alcohol consumption takes on the role of living up to a cultural group identity, which is influenced by hegemonic masculinity ideals. Another role of alcohol is helping British Punjabi-Sikh men cope with distress and there are specific cultural factors that contribute to using alcohol in this way. There were several recommendations for the management of alcohol consumption. The data analysis revealed that health and employment detriments of alcohol consumption constitute intervention and there were recommendations on how to achieve this through talking about problems and increasing the knowledge about harms. The findings have implications for clinical practice, health policy, and research, including how clinicians and healthcare services can adapt their practices to overcome the barriers that prevent British Punjabi-Sikh men from obtaining support for alcohol consumption that causes harm.

5. REFERENCES

- Agic, B., Mann, R. E., & Kobus-Matthews, M. (2011). Alcohol use in seven ethnic communities in Ontario: A qualitative investigation. *Drugs: Education, Prevention and Policy*, 18(2), 116–123.
- Ahmed, I. (2012). Ethnic Cleansing and Genocidal Massacres 65 Years Ago. *Asia Portal*.
- Ahuja, A., Orford, J., & Copello, A. (2003). Understanding how families cope with alcohol problems in the UK West Midlands Sikh community. *Contemporary Drug Problems*, 30(4), 839–873.
- Alcohol Knowledge Centre. (2020). *Ethnic minorities and alcohol [Briefing]*. Institute of Alcohol Studies. <https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
- Ayres, A. (2008). Language, the Nation, and Symbolic Capital: The Case of Punjab. *The Journal of Asian Studies*, 67(03).
<https://doi.org/10.1017/S0021911808001204>
- Ballard, R. (2009). *Panth, Kismet, Dharm te Qaum: Continuity and change in four dimensions of Punjabi religion*. Heidelberg University Library.
<https://doi.org/10.11588/XAREP.00000230>
- Banister, P., Bunn, G., Burman, E., Daniels, J., Duckett, P., Goodley, D., Lawthom, R., Parker, I., Runswick-Cole, K., & Sixsmith, J. (2011). *EBOOK: Qualitative Methods In Psychology: A Research Guide*. McGraw-Hill Education (UK).

Bayley, M., & Hurcombe, R. (2010). Drinking patterns and alcohol service provision for different ethnic groups in the UK: a review of the literature. *Ethnicity and Inequalities in Health and Social Care*.

Berry, J. W. (2007). *Acculturation strategies and adaptation*.

Bhangu, J. K. (2021). *Sikh men in therapy*.

Bhopal, R., Unwin, N., White, M., Yallop, J., Walker, L., Alberti, K. G. M. M., Harland, J., Patel, S., Ahmad, N., Turner, C., Watson, B., Kaur, D., Kulkarni, A., Laker, M., & Tavridou, A. (1999). Heterogeneity of coronary heart disease risk factors in Indian, Pakistani, Bangladeshi, and European origin populations: Cross sectional study. *BMJ*, *319*(7204), 215–220.
<https://doi.org/10.1136/bmj.319.7204.215>

Bradby, H. (2007). Watch out for the Aunties! Young British Asians' accounts of identity and substance use: Young British Asians' accounts of identity and substance use. *Sociology of Health & Illness*, *29*(5), 656–672.
<https://doi.org/10.1111/j.1467-9566.2007.01011.x>

Burr, V. (2004). *Social Constructionism* (0 ed.). Routledge.
<https://doi.org/10.4324/9780203694992>

Bush, K., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., Bradley, K. A., & Ambulatory Care Quality Improvement Project (ACQUIP). (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. *Archives of Internal Medicine*, *158*(16), 1789–1795.

- Caetano, R., Clark, C. L., & Tam, T. (1998). Alcohol consumption among racial/ethnic minorities: Theory and research. *Alcohol Health and Research World, 22*(4), 233.
- Cochrane, R., & Bal, S. (1990). The drinking habits of Sikh, Hindu, Muslim and White men in the West Midlands: A community survey. *British Journal of Addiction, 85*(6), 759–769. APA PsycInfo. <https://doi.org/10.1111/j.1360-0443.1990.tb01688.x>
- Connell, R. (2005). *Masculinities* (2nd ed). Polity.
- Copland, I. (2002). The Master and the Maharajas: The Sikh Princes and the East Punjab Massacres of 1947. *Modern Asian Studies, 36*(3), 657–704.
- Cornah, D. (2006). Cheers? Understanding the relationship between alcohol and mental health. *Mental Health Foundation*.
- De Visser, R. O., & Smith, J. A. (2007). Alcohol consumption and masculine identity among young men. *Psychology and Health, 22*(5), 595–614.
- Douds, A., Cox, M., Iqbal, T., & Cooper, B. (2003). Ethnic differences in cirrhosis of the liver in a British city: Alcoholic cirrhosis in South Asian men. *Alcohol and Alcoholism, 38*(2), 148–150.
- Ellickson, P. L., Collins, R. L., Hambarsoomians, K., & McCaffrey, D. F. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction, 100*(2), 235–246.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal*

- of Clinical Psychology*, 38(3), 215–229.
<https://doi.org/10.1348/014466599162782>
- Ferrari, A. J., Norman, R. E., Freedman, G., Baxter, A. J., Pirkis, J. E., Harris, M. G., Page, A., Carnahan, E., Degenhardt, L., Vos, T., & Whiteford, H. A. (2014). The Burden Attributable to Mental and Substance Use Disorders as Risk Factors for Suicide: Findings from the Global Burden of Disease Study 2010. *PLOS ONE*, 9(4), e91936. <https://doi.org/10.1371/journal.pone.0091936>
- Fisher, N. C. (2002). Mortality from liver disease in the West Midlands, 1993-2000: Observational study. *BMJ*, 325(7359), 312–313.
<https://doi.org/10.1136/bmj.325.7359.312>
- Frank, D., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Kivlahan, D. R., & Bradley, K. A. (2008). Effectiveness of the AUDIT-C as a screening test for alcohol misuse in three race/ethnic groups. *Journal of General Internal Medicine*, 23(6), 781–787.
- Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408.
- Galvani, S., Manders, G., Wadd, S., & Chaudhry, S. (2013). *Developing a community alcohol support package: An exploration with a Punjabi Sikh community*.
- Gill, R. (2015). *'Don't let them see a drink in my hand': An interpretative phenomenological analysis of British Sikh women's experiences of alcohol*

- [Doctoral, London Metropolitan University].
<http://repository.londonmet.ac.uk/707/>
- Gill, S. S. (2005). *Being Sikh: Constructions of Masculinity and Identity amongst young British Sikh Men*.
- Gleeson, H., Thom, B., Bayley, M., & McQuarrie, T. (2019). Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities. *Alcohol Change UK*.
- Grewal, J. S. (1998). *The Sikhs of the Punjab* (Vol. 2). Cambridge University Press.
- Hurcombe, R., Bayley, M., & Goodman, A. (2010). *Ethnicity and alcohol: A review of the UK literature*.
- Jhutti-Johal, J. (2018). Sikh ethnic tick box in the 2021 Census and a question about research and methodology. *University of Birmingham*.
<https://www.birmingham.ac.uk/research/perspective/sikh-census.aspx>
- Jhutti-Johal, J. (2018). *Sikh ethnic tick box in the 2021 Census and a question about research and methodology*. University of Birmingham.
<https://www.birmingham.ac.uk/research/perspective/sikh-census.aspx>
- Johl, N. (2017). An exploration of alcohol services' staff experiences of providing support to relatives of alcohol-dependent individuals from the Sikh community. *Sikh Formations*, 13(3), 207–224.
<https://doi.org/10.1080/17448727.2016.1147178>
- Johnson, J. L. (1997). Generalizability in qualitative research. *Completing a Qualitative Project: Details and Dialogue*, 191.

- Johnson, M. R., Banton, P. M., Dhillon, H., Subhra, G., & Hough, J. (2006). Alcohol Issues and the South Asian & African Caribbean Communities. *Alcohol Education and Research Council*.
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, 0022167818793289.
- Judge, P. S. (2002). Religion, Caste, and Communalism in Punjab. *Sociological Bulletin*, 51(2), 175–194. <https://doi.org/10.1177/0038022920020202>
- Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power Relations in Qualitative Research. *Qualitative Health Research*, 19(2), 279–289. <https://doi.org/10.1177/1049732308329306>
- Kawanishi, Y. (1992). Somatization of Asians: An artifact of Western medicalization? *Transcultural Psychiatric Research Review*, 29(1), 5–36.
- Kelly, M. P., & Barker, M. (2016). Why is changing health-related behaviour so difficult? *Public Health*, 136, 109–116. <https://doi.org/10.1016/j.puhe.2016.03.030>
- Kerr, L. (2015). *Live Within Your Window of Tolerance [Factsheet]. FRASAC*. <https://www.frasac.org.uk/resources/Window-of-Tolerance-Guide-.pdf>
- Kreitman, N. (1977). Three themes in the epidemiology of alcoholism. *Alcoholism: New Knowledge and New Responses*, 48–59.
- Kumar, A., Castelli, A., & Syal, C. (2018). The unspoken alcohol problem among UK Punjabis. *BBC News*. <https://www.bbc.co.uk/news/uk-43505784>

- Kunz, J. L., & Giesbrecht, N. (1999). Gender, Perceptions of Harm, and Other Social Predictors of Alcohol Use in a Punjabi Community in the Toronto Area. *Substance Use & Misuse*, 34(3), 403–419.
<https://doi.org/10.3109/10826089909035653>
- Lemle, R., & Mishkind, M. E. (1989). Alcohol and masculinity. *Journal of Substance Abuse Treatment*, 6(4), 213–222.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, 4(2), 97–128.
- Lip, G. Y. H., Luscombe, C., McCarry, M., Malik, I., & Beevers, G. (1996). Ethnic differences in public health awareness, health perceptions and physical exercise: Implications for heart disease prevention. *Ethnicity and Health*, 1(1), 47–53. <https://doi.org/10.1080/13557858.1996.9961769>
- Lopez-Garrido, G. (2020). *Locus of Control*. Simple Psychology.
<https://www.simplypsychology.org/locus-of-control.html>
- Lustig, M. W., Koester, J., & Halualani, R. (2006). *Intercultural competence: Interpersonal communication across cultures*. Pearson/A and B.
- Mahar, A. L., Cobigo, V., & Stuart, H. (2013). Conceptualizing belonging. *Disability and Rehabilitation*, 35(12), 1026–1032.
<https://doi.org/10.3109/09638288.2012.717584>
- Mantovani, N., Pizzolati, M., & Edge, D. (2017). Exploring the relationship between stigma and help-seeking for mental illness in African-descended faith communities in the UK. *Health Expectations*, 20(3), 373–384.

- Marsh, H. W. (1987). Masculinity, femininity and androgyny: Their relations with multiple dimensions of self-concept. *Multivariate Behavioral Research*, 22(1), 91–118.
- Matthews, P., Netto, G., & Besemer, K. (2012). Hard-to-Reach'or 'Easy-to-Ignore'. A *Rapid Review of Place-Based Policies and Equality*. Scotland: Equality and Human Rights Commission.
- Mays, N., Roberts, E., & Popay, J. (2001). *Synthesising research evidence In Fulop N, Allen P, Clarke A and Black N (eds) Studying the Organisation and Delivery of Health Services: Research Methods*.
- McIntyre, A. (2008). *Participatory Action Research*. SAGE Publications, Inc.
<https://doi.org/10.4135/9781483385679>
- Mckeigue, P. M., & Karmi, G. (1993). Alcohol consumption and alcohol-related problems in afro-caribbeans and south asians in the united kingdom. *Alcohol and Alcoholism*, 28(1), 1–10.
- McLeod, S. (2011). *Albert Bandura's social learning theory*.
- McManus, S., Bebbington, P. E., Jenkins, R., & Brugha, T. (2016). *Mental health and wellbeing in England: The adult psychiatric morbidity survey 2014*. NHS digital.
- Morgan, A. (2000). *What is narrative therapy?*. Dulwich Centre Publications Adelaide.
- Navarro, H. J., Doran, C. M., & Shakeshaft, A. P. (2011). Measuring costs of alcohol harm to others: A review of the literature. *Drug and Alcohol Dependence*, 114(2–3), 87–99.

- Nayar, K. E. (2004). *The Sikh Diaspora in Vancouver: Three Generations Amid Tradition, Modernity, and Multiculturalism*. University of Toronto Press.
<https://doi.org/10.3138/9781442682368>
- Nazroo, J. Y. (1998). Genetic, cultural or socio-economic vulnerability? Explaining ethnic inequalities in health. *Sociology of Health & Illness*, 20(5), 710–730.
- Nelson, G., Ochocka, J., Griffin, K., & Lord, J. (1998). “Nothing About Me, Without Me”: Participatory Action Research with Self-Help/Mutual Aid Organizations for Psychiatric Consumer/Survivors. *American Journal of Community Psychology*, 26(6), 881–912. <https://doi.org/10.1023/A:1022298129812>
- NHS Digital. (2018). *Harmful and probable dependent drinking in adults*. GOV.UK.
- NHS England. (2021). *Chapter 12: Alcohol*. GOV.UK.
- Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18(3), 369–386.
- Office for Health Improvement & Disparities. (2021). *Adult substance misuse treatment statistics 2020 to 2021: Report*. GOV.UK.
<https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>
- Office for Health Improvement & Disparities. (2022). *Alcohol: Applying All Our Health* [Government]. GOV.UK.
<https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

Office for National Statistics. (2021). *Alcohol-specific deaths in the UK: registered in 2020*. GOV.UK.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020#alcohol-specific-deaths-in-the-uk>

Office of the United Nations High Commissioner for Refugees. (2000). *The State of the World's Refugees*. Penguin Books.

Oliffe, J. L., Grewal, S., Botorff, J. L., Dhesi, J., Bindy, H., Kang, K., Ward, A., & Hislop, T. G. (2010). Masculinities, diet and senior Punjabi Sikh immigrant men: Food for Western thought?: Masculinities, diet and senior immigrant men. *Sociology of Health & Illness*, 32(5), 761–776.

<https://doi.org/10.1111/j.1467-9566.2010.01252.x>

Pannu, G., Zaman, S., Bhala, N., & Zaman, R. (2009). Alcohol use in South Asians in the UK. *BMJ (Clinical Research Ed.)*, 339, b4028.

<https://doi.org/10.1136/bmj.b4028>

Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *JBI Evidence Implementation*, 13(3), 141–146.

Pietkiewicz, I., & Smith, J. A. (2012). Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne*, 18(2), 361–369.

Puri, H. K. (2003). Scheduled Castes in Sikh Community: A Historical Perspective. *Economic and Political Weekly*, 38(26), 2693–2701. JSTOR.

- Rahman, A. N. (2021). *Log Kya Kahenge (What Will People Say): Honour-Based Violence as a Response to Community Influenced Control and the Fear of Ostracization*. PRISM. <https://doi.org/10.11575/PRISM/38624>
- Ramji, H. (2008). Exploring commonality and difference in in-depth interviewing: A case-study of researching British Asian women. *The British Journal of Sociology*, 59(1), 99–116.
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*.
- Ritchie, H., & Roser, M. (2018). Causes of Death. *Our World in Data*. <https://ourworldindata.org/causes-of-death>
- Ruprai, S. K. (2016). *“A Sinking Heart”: Beliefs of Distress in the Punjabi Community* [Doctoral dissertation, University of East London].
- Sam, D. L., & Berry, J. W. (2010). Acculturation: When Individuals and Groups of Different Cultural Backgrounds Meet. *Perspectives on Psychological Science*, 5(4), 472–481. <https://doi.org/10.1177/1745691610373075>
- Sandhu, J. S. (2009). A Sikh Perspective on Alcohol and Drugs: Implications for the Treatment of Punjabi-Sikh Patients. *Sikh Formations*, 5(1), 23–37. <https://doi.org/10.1080/17448720902935037>
- Savic, M., Room, R., Mugavin, J., Pennay, A., & Livingston, M. (2016). Defining “drinking culture”: A critical review of its meaning and connotation in social research on alcohol problems. *Drugs: Education, Prevention and Policy*, 23(4), 270–282.

- Scarborough, P., Bhatnagar, P., Wickramasinghe, K. K., Allender, S., Foster, C., & Rayner, M. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: An update to 2006-07 NHS costs. *Journal of Public Health, 33*(4), 527–535.
<https://doi.org/10.1093/pubmed/fdr033>
- Schick, M. R., Spillane, N. S., & Hostetler, K. L. (2020). A Call to Action: A Systematic Review Examining the Failure to Include Females and Members of Minoritized Racial/Ethnic Groups in Clinical Trials of Pharmacological Treatments for Alcohol Use Disorder. *Alcoholism: Clinical and Experimental Research, 44*(10), 1933–1951. <https://doi.org/10.1111/acer.14440>
- Scott, J. (Ed.). (2014). *A dictionary of sociology* (Fourth edition). Oxford University Press.
- Sekhon, A. K. (2000). *Understanding family coping with alcohol problems in the Sikh community* [Doctoral dissertation, The University of Birmingham].
<https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.506124>
- Sharma, B., Arora, A., Singh, K., Singh, H., & Kaur, P. (2017). Drug abuse: Uncovering the burden in rural Punjab. *Journal of Family Medicine and Primary Care, 6*(3), 558. <https://doi.org/10.4103/2249-4863.222037>
- Sharma, H., Tripathi, B., & Peltó, P. J. (2010). The evolution of alcohol use in India. *AIDS and Behavior, 14*(1), 8–17.
- Singh, G., & Tatla, D. S. (2006). *Sikhs in Britain: The making of a community*. Zed Books.

- Singh, P. (2012). *Globalisation and Punjabi identity: Resistance, relocation and reinvention (Yet Again!)*. 19, 153–172.
- Smith, D. W. (2018). Phenomenology. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Summer 2018). Metaphysics Research Lab, Stanford University.
<https://plato.stanford.edu/archives/sum2018/entries/phenomenology/>
- Smith, G. D., Chaturvedi, N., Harding, S., Nazroo, J., & Williams, R. (2000). Ethnic inequalities in health: A review of UK epidemiological evidence. *Critical Public Health*, 10(4), 375–408. Academic Search Complete.
- Smith, J. A. (1994). Towards reflexive practice: Engaging participants as co-researchers or co-analysts in psychological inquiry. *Journal of Community & Applied Social Psychology*, 4(4), 253–260.
<https://doi.org/10.1002/casp.2450040405>
- Smith, J. A. (Ed.). (2008). *Qualitative psychology: A practical guide to research methods* (2nd ed). SAGE Publications.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis: A reply to the commentaries and further development of criteria. *Health Psychology Review*, 5(1), 55–61.
<https://doi.org/10.1080/17437199.2010.541743>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*.
<http://www.vlebooks.com/vleweb/product/openreader?id=none&isbn=9781446203897>

- Smith, J. A., Langenhove, L. V., & Harre, R. (1995). Rethinking methods in psychology. *Rethinking Methods in Psychology*, 1–224.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In *Qualitative psychology: A practical guide to research methods* (pp. 51–80). Sage Publications, Inc.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In G. M. Breakwell (Ed.), *Doing Social Psychology Research* (pp. 229–254). The British Psychological Society and Blackwell Publishing Ltd.
<https://doi.org/10.1002/9780470776278.ch10>
- Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and cultural contexts of alcohol use: Influences in a social–ecological framework. *Alcohol Research: Current Reviews*.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- Taak, K., Brown, J., & Perski, O. (2021). Exploring views on alcohol consumption and digital support for alcohol reduction in UK-based Punjabi-Sikh men: A think aloud and interview study. *Drug and Alcohol Review*, 40(2), 231–238.
- Tajfel, H. (1979). Individuals and groups in social psychology. *British Journal of Social and Clinical Psychology*, 18(2), 183–190.
- Tajfel, H., & Turner, J. C. (2004). *The social identity theory of intergroup behavior*.
- Taylor, B., Francis, K., & Hegney, D. (2013). *Qualitative research in the health sciences*. Routledge New York:

- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80–96.
- Tyakoff, A., Policy, S., & Region, W. (2004). South Asian-based group crime in British Columbia. *Gatineau, Quebec: Department of Canadian Heritage, Strategic Research and Analysis.*
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet, 376*(9748), 1261–1271.
[https://doi.org/10.1016/S0140-6736\(10\)60809-4](https://doi.org/10.1016/S0140-6736(10)60809-4)
- Wang, S., & Li, S. (2019). Exploring generational differences of British ethnic minorities in smoking behavior, frequency of alcohol consumption, and dietary style. *International Journal of Environmental Research and Public Health, 16*(12), 2241.
- Weber, T. R. (1996). The influence of acculturation on attitudes toward alcohol and alcohol use within the Punjabi community: An exploratory analysis. *Substance Use & Misuse, 31*(11–12), 1715–1732.
- Widom, C. S., & Hiller-Sturmhöfel, S. (2001). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research & Health, 25*(1), 52.
- Willig, C. (2008). *Introducing qualitative research in psychology. Maidenhead, England.*
- Wilsnack, R. W., & Wilsnack, S. C. (1997). Gender and alcohol. *Individual and Social Perspectives. New Brunswick: Rutgers Center of Alcohol Studies.*
- World Health Organisation. (2022). *Alcohol [factsheet]*. <https://www.who.int/news-room/fact-sheets/detail/alcohol>

World Health Organization. (2001). *The World Health Report 2001: Mental health: New understanding, new hope*.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215–228. <https://doi.org/10.1080/08870440008400302>

Zielinski, M. J., & Veilleux, J. C. (2018). The Perceived Invalidation of Emotion Scale (PIES): Development and psychometric properties of a novel measure of current emotion invalidation. *Psychological Assessment*, 30(11), 1454–1467. <https://doi.org/10.1037/pas0000584>

APPENDIX A: Scoping Review Process

Search Strategy Steps:

1. Search terms entered into databases
2. Duplicates removed
3. Filters applied
4. Full-text articles assessed for eligibility according to inclusion/exclusion criteria
5. Additional articles identified through other methods

Database Search Terms:

(DE Alcohol) AND (Punjabi OR Sikh OR “Punjabi Sikh” OR Punjab OR “British Sikh” OR “British Punjabi Sikh” OR “British Punjabi” OR “Punjabi Sikh men”)

Databases Main Search Conducted in:

- Academic search complete
- Psych Info
- CINAHL Complete

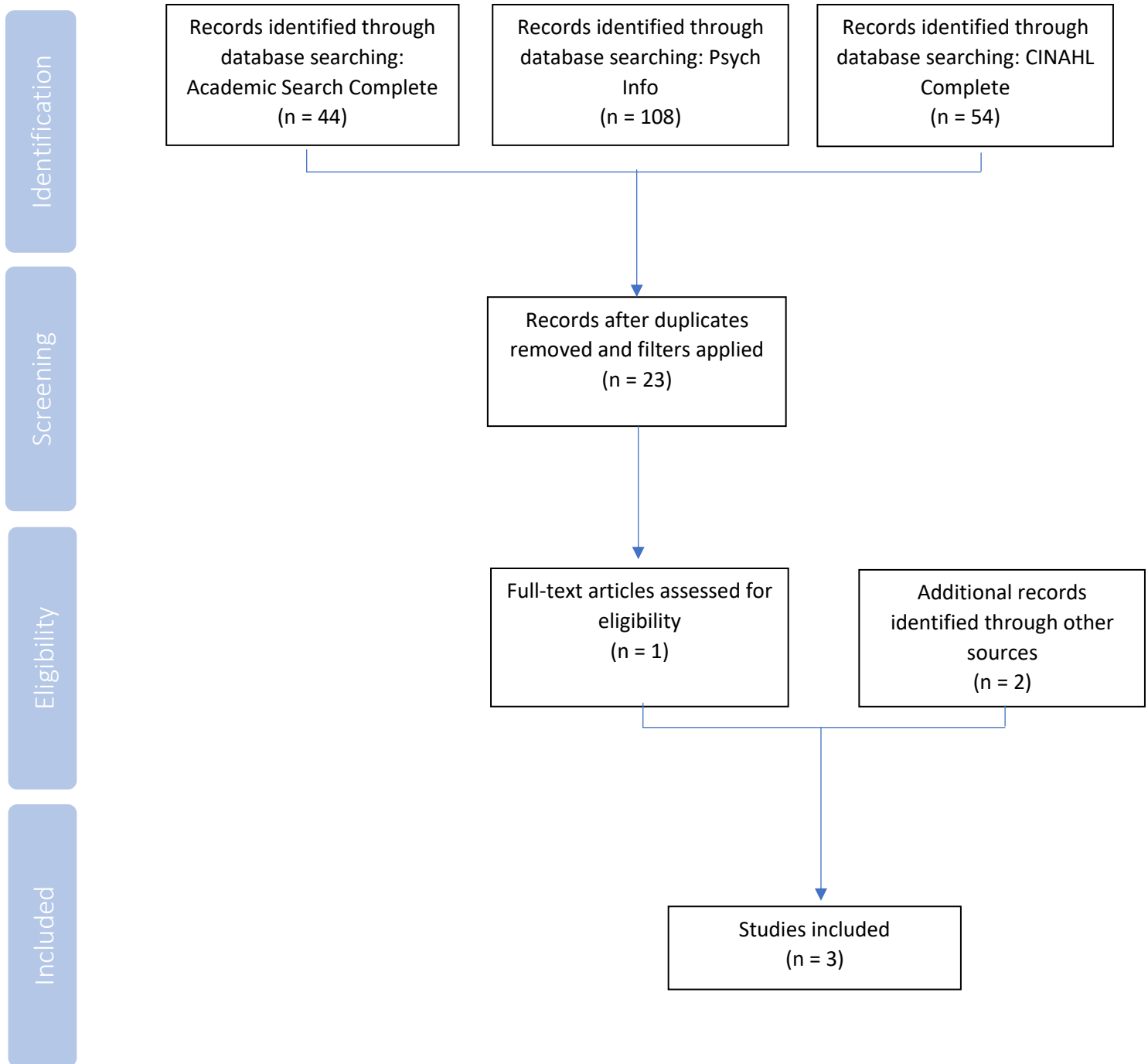
Inclusion Criteria:

- Conducted in the UK
- Investigating the socio-cultural relationship between alcohol consumption and British Punjabi-Sikh men
- Published between Jan 2012 and Jan 2022
- Written in English

Exclusion Criteria:

- Investigating biochemical processes e.g. neurochemical pathways

APPENDIX B: Scoping Review Map



**APPENDIX C: Amended School of Psychology Research Ethics Committee
Application Form and Signed Approval Form**

I. Ethics Application Form

UNIVERSITY OF EAST LONDON

School of Psychology

**APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS**

(Updated October 2019)

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

**FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING
& EDUCATIONAL PSYCHOLOGY**

1. Completing the application

1.1 Before completing this application please familiarise yourself with the British Psychological Society's [Code of Ethics and Conduct \(2018\)](#) and the [UEL Code of Practice for Research Ethics \(2015-16\)](#). Please tick to confirm that you have read and understood these codes:

1.2 Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will then look over your application.

1.3 When your application demonstrates sound ethical protocol, your supervisor will submit it for review. By submitting the application, the supervisor is confirming that they have reviewed all parts of this application, and consider it of sufficient quality for submission to the SREC committee for review. It is the

responsibility of students to check that the supervisor has checked the application and sent it for review.

1.4 Your supervisor will let you know the outcome of your application.

Recruitment and data collection must NOT commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (see section 8).

1.5 Please tick to confirm that the following appendices have been completed.

Note: templates for these are included at the end of the form.

- The participant invitation letter
- The participant consent form
- The participant debrief letter

1.6 The following attachments should be included if appropriate. In each case, please tick to either confirm that you have included the relevant attachment, or confirm that it is not required for this application.

- A participant advert, i.e., any text (e.g., email) or document (e.g., poster) designed to recruit potential participants.

Included or

Not required (because no participation adverts will be used)

- A general risk assessment form for research conducted off campus (see section 6).

Included or

Not required (because the research takes place solely on campus or online)

- A country-specific risk assessment form for research conducted abroad (see section 6).
 Included or
 Not required (because the researcher will be based solely in the)

- A Disclosure and Barring Service (DBS) certificate (see section 7).
 Included or
 Not required (because the research does not involve children aged 16 or under or vulnerable adults)

- Ethical clearance or permission from an external organisation (see section 8).
 Included or
 Not required (because no external organisations are involved in the research)

- Original and/or pre-existing questionnaire(s) and test(s) you intend to use.
 Included or
 Not required (because you are not using pre-existing questionnaires or tests)

- Interview questions for qualitative studies.
 Included or
 Not required (because you are not conducting qualitative interviews)

- Visual material(s) you intend showing participants.
 Included or
 Not required (because you are not using any visual materials)

2. Your details

2.1 Your name: DANIELLE BAGRI

2.2 Your supervisor's name: DR KENNETH GANNON

2.3 Title of your programme: CLINICAL PSYCHOLOGY

2.4 UEL assignment submission date (stating both the initial date and the resit date):

3. Your research

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and details of your proposed research.

3.1 The title of your study: Exploring British Punjabi-Sikh Men's Views About Alcohol Consumption.

3.2 Your research question: i) What is the role of alcohol consumption for men from a British Punjabi-Sikh background? ii) What leads to a change in drinking pattern for British Punjabi-Sikh men? iii) What are British Punjabi-Sikh men's views about the management of alcohol consumption?

3.3 Design of the research: In-depth semi-structured interviews.

3.4 Participants: Eight participants who self-identify as a 'British Punjabi-Sikh man'. Aged 30-65 years (working-aged adults, excluding 'young adults'). British citizens who were born or grew up in the UK. Non-practicing Sikhs. Currently or historically consume alcohol, must have consumed alcohol within last 5 years.

3.5 Recruitment: Through word-of-mouth within the Punjabi-Sikh community, social media, and Punjabi-Sikh specific non-statutory organisations.

3.6 Measures, materials or equipment: In-depth one-to-one interviews, encrypted Dictaphone, password-protected laptop for online interviews and interview schedule.

3.7 Data collection: Data collection is based on interviews with the participants exploring their experiences and beliefs in relation to the research question.

3.8 Data analysis: The analytic method of Interpretative Phenomenological Analysis will be used to analyse the data from the interviews.

4. Confidentiality and security

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the [UEL guidance on data protection](#), and also the [UK government guide to data protection](#) regulations.

4.1 Will participants data be gathered anonymously? Participants will be asked to provide their name in the consent form and if they wish to receive the voucher, they must provide their name, address, and National Insurance Number.

4.2 If not (e.g., in qualitative interviews), what steps will you take to ensure their anonymity in the subsequent steps (e.g., data analysis and dissemination)? Participants will be given a pseudonym, which will be applied in all subsequent data analysis and dissemination. Any other data that could lead to identification will also be anonymised.

4.3 How will you ensure participants details will be kept confidential? Identifying documents such as consent forms and audio-recordings will be kept on UELs encrypted and password protected databases and any identifiable paper documents will be scanned and then shredded.

4.4 How will the data be securely stored? All data will be kept on UELs encrypted and password protected databases. All printed records will be scanned and shredded. Audio recordings will be encrypted and password protected.

4.5 Who will have access to the data? The researcher, research supervisor, and examiners.

4.6 How long will data be retained for? The data will be retained until three years after the study is completed and marked in August/September 2022. This provides a time period long enough to exceed the dissertation re-resit period (should this be applicable) and provides time to use this data for journal article submission for publication purposes.

5. Informing participants

Please confirm that your information letter includes the following details:

5.1 Your research title:

5.2 Your research question:

5.3 The purpose of the research:

5.4 The exact nature of their participation. This includes location, duration, and the tasks etc. involved:

5.5 That participation is strictly voluntary.

5.6 What are the potential risks to taking part.

5.7 What are the potential advantages to taking part.

5.8 Their right to withdraw participation (i.e., to withdraw involvement at any point, no question asked):

5.9 Their right to withdraw data (usually within a three-week window from the time of their participation):

- 5.10 How long their data will be retained for
- 5.11 How their information will be kept confidential.
- 5.12 How their data will be securely stored.
- 5.13 What will happen to the results/analyses.
- 5.14 Your UEL contact details.
- 5.15 The UEL contact details of your supervisor.

Please also confirm whether:

- 5.16 Are you engaging in deception? If so, what will participants be told about the nature of the research, and how will you inform them about its real nature. NO.
- 5.17 Will the data be gathered anonymously? If NO what steps will be taken to ensure confidentiality and protect the identity of participants? Audio-recordings will be gathered on an encrypted Dictaphone and all transcripts will be anonymised.
- 5.18 Will participants be paid or reimbursed? If so, this must be in the form of redeemable vouchers, not cash. If yes, why is it necessary and how much will it be worth? Yes, £10 vouchers will be given to compensate participants for their time in taking part.

6. Risk Assessment

Please note: If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data

(e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

6.1 Are there any potential physical or psychological risks to participants related to taking part? If so, what are these, and how can they be minimised? It is possible that questions asked around alcohol consumption could cause the participant to feel uncomfortable or upset. I would seek to minimise this happening by asking questions sensitively and to make it clear from the outset that this is a non-judgemental setting and that there are no right or wrong answers. If someone were to get upset, I would pause the interview and if necessary, stop the interview altogether if they were unable to continue. The debrief will highlight sources of support should this be required.

6.2 Are there any potential physical or psychological risks to you as a researcher? If so, what are these, and how can they be minimised? There are minimal risks for me as the researcher. Most important is that the interviews are carried out in a safe space, during daylight hours, and that someone else knows where I am and how long I should be gone for when I go to carry out the interview and that I have a mobile phone on me. However, as the interviews will likely be conducted online there is a smaller risk of harm.

6.3 Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant? Yes. Support services related to alcohol consumption have been identified as well as local mental health support services and local and national support lines.

6.4 Does the research take place outside the UEL campus? If so, where? Due to covid-19 all research is currently planned to take place online. However, should circumstances change, there may be an option to see people who wish to in person at a place of their convenience if they are unable to attend the UEL campus.

If so, a 'general risk assessment form' must be completed. This is included below as appendix D. Note: if the research is on campus, or is online only (e.g., a Qualtrix survey), then a risk assessment form is not needed, and this



appendix can be deleted. If a general risk assessment form is required for this research, please tick to confirm that this has been completed:

6.5 Does the research take place outside the UK? If so, where? No.

If so, in addition to the 'general risk assessment form', a 'country-specific risk assessment form' must be also completed (available in the [Ethics folder in the Psychology Noticeboard](#)), and included as an appendix. [Please note: a country-specific risk assessment form is not needed if the research is online only (e.g., a Qualtrix survey), regardless of the location of the researcher or the participants.] If a 'country-specific risk assessment form' *is* needed, please tick to confirm that this has been included:

However, please also note:

- For assistance in completing the risk assessment, please use the [AIG Travel Guard](#) website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the [Foreign Office travel advice website](#) for further guidance.
- For *on campus* students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Head of School (who may escalate it up to the Vice Chancellor).
- For *distance learning* students conducting research abroad in the country where they currently reside, a risk assessment must be also carried out. To minimise risk, it is recommended that such students only conduct data collection on-line. If the project is deemed low risk, then it is not necessary for the risk assessments to be signed by the Head of School. However, if not deemed low risk, it must be signed by the Head of School (or potentially the Vice Chancellor).
- Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

7. Disclosure and Barring Service (DBS) certificates

7.1 Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?

YES/NO

7.2 If so, you will need a current DBS certificate (i.e., not older than six months), and to include this as an appendix. Please tick to confirm that you have included this:

Alternatively, if necessary for reasons of confidentiality, you may email a copy directly to the Chair of the School Research Ethics Committee. Please tick if you have done this instead:

Also alternatively, if you have an Enhanced DBS clearance (one you pay a monthly fee to maintain) then the number of your Enhanced DBS clearance will suffice. Please tick if you have included this instead:

7.3 If participants are under 16, you need 2 separate information letters, consent form, and debrief form (one for the participant, and one for their parent/guardian). Please tick to confirm that you have included these:

7.4 If participants are under 16, their information letters consent form, and debrief form need to be written in age-appropriate language.
Please tick to confirm that you have done this

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic

care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children [click here](#).

8. Other permissions

8.1 Is HRA approval (through IRAS) for research involving the NHS required?

Note: HRA/IRAS approval is required for research that involves patients or Service Users of the NHS, their relatives or carers as well as those in receipt of services provided under contract to the NHS.

YES / **NO** If yes, please note:

- You DO NOT need to apply to the School of Psychology for ethical clearance if ethical approval is sought via HRA/IRAS (please see [further details here](#)).
- However, the school *strongly discourages* BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
- If you work for an NHS Trust and plan to recruit colleagues from the Trust, permission from an appropriate manager at the Trust must be sought, and HRA approval will probably be needed (and hence is likewise strongly discouraged). If the manager happens to not require HRA approval, their written letter of approval must be included as an appendix.
- IRAS approval is not required for NHS staff even if they are recruited via the NHS (UEL ethical approval is acceptable). However, an application will still need to be submitted to the HRA in order to obtain R&D approval. This is in addition to a separate approval via the R&D department of the NHS Trust involved in the research.
- IRAS approval is not required for research involving NHS employees when data collection will take place off NHS premises, and when NHS employees are not recruited directly through NHS lines of communication. This means

that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

8.2 Will the research involve NHS employees who will not be directly recruited through the NHS, and where data from NHS employees will not be collected on NHS premises?

YES / **NO**

8.3 If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought, and will HRA be sought, and a copy of this permission (e.g., an email from the Trust) attached to this application?

YES / **NO**

8.4 Does the research involve other organisations (e.g. a school, charity, workplace, local authority, care home etc.)? If so, please give their details here. South Asian and Punjabi/Sikh non-statutory organisations and charities will be contacted to post the study advertisement on their social media pages and/or websites.

Furthermore, written permission is needed from such organisations if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation. If that is the case, please tick here to confirm that you have included this written permission as an appendix:

In addition, before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation,' or with the title of

the organisation. This organisational consent form must be signed before the research can commence.

Finally, please note that even if the organisation has their own ethics committee and review process, a School of Psychology SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

9. Declarations

Declaration by student: I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name (typed name acts as a signature): DANIELLE BAGRI

Student's number: U1945405@uel.ac.uk

Date: 18/06/2021

As a supervisor, by submitting this application, I confirm that I have reviewed all parts of this application, and I consider it of sufficient quality for submission to the SREC committee.



PARTICIPANT INVITATION LETTER

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a DClInPsy in Clinical Psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting interviews to explore British Punjabi-Sikh men's views about alcohol consumption. The aim of the study is to explore your experiences in relation to this research topic.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking for participants who fit the following criteria:

- Identify as a Punjabi/Sikh man
- Aged between 30 and 65
- British Citizen
- Not currently a baptised Sikh e.g. Amritdhari
- Can communicate comfortably in English to be able to take part in an informal interview
- Currently or previously consume alcohol on at least one occasion per week
- Was born or grew up in the UK
- Have not used alcohol/substance support services

I emphasise that you will not be judged or personally analysed in any way and you will be treated with respect. The aim of the project is to hear from your experience to help develop the research in this topic area.

You are quite free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate you will be asked to take part in a semi-structured one-to-one interview. The interview will involve an informal chat about your experiences of using alcohol. This will include questions about how you relate to alcohol as a Punjabi-Sikh man. The interview will last around an hour. Due to COVID-19

restrictions, interviews will take place using a digital platform such as Microsoft Teams. Should the restrictions change, the interviews can be conducted in a mutually convenient place during daylight hours to be decided once the interview is confirmed. Please note that the interview will be recorded so that the audio recording can be used for data analysis. There will be a voucher of £10 per person given for participating in this research project. However, HMRC regulations require that recipients of vouchers must provide details of their name, address and National Insurance Number so you will be asked to provide these if you wish to receive a voucher. This information will be securely stored separately from the research data.

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times. The data collected will not identify participants, by name or other identifiable information, on any written material resulting from the data collected or in any write-up of the research. Participants do not have to answer all questions asked of them and can stop their participation at any time.

What will happen to the information that you provide?

Your contact details and all data relating to the interview will be kept electronically on a password protected and encrypted database. Any paper forms will be scanned and shredded. All audio material will be password protected. The data collected will be anonymised and a pseudonym will be used so your name will not appear in the study in any capacity. Some broad demographic information may appear in the thesis and works based on it but that this will not be such as to permit the identification of individual participants. After the study has been completed, all data, including your contact details, interview recordings, and transcripts will be destroyed. The final study will be seen by the research supervisor and examiners. Anonymised extracts of interviews will be used in the thesis and in presentations, reports, publications and any other ways in which the findings of the research will be disseminated. The thesis will be publicly accessible on UEL's institutional repository.

If for any reason you wish to withdraw your data from the study, you can do this at any point within three weeks from the interview. After this point data analysis will have begun.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within three weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me, Danielle Bagri at U1945405@uel.ac.uk.

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Kenneth Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: k.n.gannon@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

III: Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Exploring British Punjabi-Sikh Men's Views about Alcohol Consumption.

I confirm that I have read the information sheet dated 20/03/2021 (version 1) for the above study and that I have been given a copy to keep.

(NB: all consent forms should show the date on which they were agreed and have a version number in order to keep track of any changes that might occur over the course of the study).

I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation in the study is voluntary and that I may withdraw

at any time, without providing a reason for doing so.

I understand that if I withdraw from the study, my data will not be used.

I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.

I understand that the interview will be recorded using Microsoft Teams.

I understand that my interview data will be transcribed from the recording and anonymised to protect my identity.

I understand that my personal information and data, including audio recordings from the research will be securely stored and remain strictly confidential. Only the research team will have access to this information, to which I give my permission.

It has been explained to me what will happen to the data once the research has been completed.

I understand that short, anonymised quotes from my interview may be used in the thesis and that these will not personally identify me.

I understand that the thesis will be publicly accessible in the University of East London's Institutional Repository (ROAR).

I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in professional and academic journals resulting from the study and that these will not personally identify me.

I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.

I will offer you an Amazon voucher as a token of appreciation for your participation. However, HMRC regulations require that recipients must provide details of their name, address and National Insurance Number. If you wish to receive a voucher you should tick to indicate that you have been informed of this requirement

I agree to take part in the above study.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

IV: Anonymised Debrief Form



PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study on exploring Punjabi-Sikh men's views about alcohol consumption. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- Your personal contact details will be encrypted and stored on a password protected computer. Any paper records will be scanned and shredded.
- All audio material will be encrypted and password protected.
- All data relating to you will be anonymised and a pseudonym will be used so your name will not appear in the study in any capacity.
- The final study will be seen by the research supervisor and the examiners. After the study is complete all your contact details and other data relating to your interview such as recordings will be destroyed. Anonymised transcripts and extracts will be kept for three years after the study has been completed.
- You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data after the interview, provided that this request is

made within three weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

X	National alcohol helpline. You can call this free helpline on XXXXX (weekdays 9am to 8pm, weekends 11am to 4pm).
<i>Mental Health Support Groups</i>	For those near you visit the website XXX and enter your postcode.
X	To see whether this is the service for you and/or to self-refer please see here XXX
X	Confidential support line for drinking and drug use. Telephone: XXXX. Email: XXXX . Website: XXXX
X	Supports with a range of issues included substance use. Telephone: XXX. Website: XXX
X	Working with Punjabi communities to create spaces where all individuals can access mental health awareness. Website: XXX or Email: XXX
X	Offers 24 hour online support for mental health difficulties. Website: XXX

You can visit your GP for support, who can help you in making a referral to support services. You are also very welcome to contact me or the research supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me, Danielle Bagri at U1945405@uel.ac.uk.

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Kenneth Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: k.n.gannon@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

V: Risk-Assessment Form for Research Off-Campus

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x	Additional control measures required (if any)	Final risk rating

					Severity)		
Travel risks to location of interview.	Researcher and Participant	Established safety procedures on public transport.	1	1	1	Plan routes in advance of interview day.	1
Talking about a sensitive topic may cause distress.	Participant.	Option to pause or terminate the interview. Signposting participant to support services	1	1	1	Assessing distress using clinical skills and check-in with participants to allow a pause or cease of interview if	1
Interviewing in unknown location and risk of physical or psychological	Researcher	Ensure that someone knows where I am going and how long I will be there. Have a mobile phone to	1	2	2	Make sure I am comfortable with where I am going and check it out beforehand if possible.	2
Participant revealing something that is a danger to themselves or others.	Participant	Explain the limits of confidentiality within the interview. End the interview. Identify best person to pass information onto and if urgent contact emergency services	1	2	2	Discuss possible risk outcomes and actions with research supervisor.	2

VI: Interview Schedule

Rapport building

1. How have things been for you recently?
2. Can you tell me about the structure of your current weekly routine?

Alcohol- general

3. Moving on to alcohol. Can you tell me about your drinking patterns?
4. What do you like about drinking alcohol?
5. What are you less keen on when it comes to drinking alcohol?
6. What does alcohol mean/represent to you?

Drinking transitions

7. Have you ever had times in your life when you have consumed less alcohol than now? (if so, can you tell me about those times?)

Follow-up question- and what led to changes in your drinking that mean you drink more alcohol now?

8. Have you ever had times in your life when you have consumed more alcohol than now? (if so, can you tell me about those times?)

Follow-up question- and what led to changes in your drinking that mean you drink less alcohol now?

Intersectional and support-related questions

9. Would you say that drinking alcohol as a Punjabi-Sikh man is a different thing to drinking alcohol were you a Punjabi-Sikh woman?

Follow-up question- (depending on answer) why different/why not different?

10. Would you say that drinking alcohol as a Punjabi-Sikh man is a different thing to drinking alcohol were you a man from another ethnic background (e.g. a White British man)?

Follow-up question- (depending on answer) why different/why not different?

11. Would you say that drinking alcohol in your generation is different to drinking alcohol in other generations?

Follow-up question- (depending on answer) why different/why not different?

12. Would you say that your religious status has an impact on your drinking?

Follow-up question- (depending on answer) why/why not?

13. Are you aware of support services available to people who experience difficulties around their drinking behaviour?

Follow-up question- (depending on answer) what do you think of these services?

14. Are you aware of support services designed specifically for individuals in the Punjabi-Sikh community who experience difficulties around their drinking behaviour?

Follow-up question- (depending on answer) what do you think of these services?

15. Have you yourself ever needed/wished to approach support services designed specifically for individuals in the Punjabi-Sikh community who experience difficulties around their drinking behaviour?

Follow-up question- (depending on answer) what was your experience of these services?

Meta level and reflective questions

16. Why did you decide to take part in this study?

17. Are there any things related to your views/experiences of alcohol use that we have not talked about in this interview but that you would like to talk about now?

VII: Study Advertisement



ARE YOU A BRITISH PUNJABI/SIKH MAN?

We are looking to hear about your experiences of using alcohol (past or present)

Your contributions will be invaluable in supporting the research in this topic area



THEVOICEOFALCOHOL

Tell Your Story!

 @TheVoiceOfAlcohol

I am carrying out a doctoral research project to hear from British Punjabi-Sikh men about their views about alcohol consumption. Join me for a video call for around an hour to talk about your experiences, which will be kept strictly confidential. Participants will receive £10 Amazon gift vouchers for their contribution.

You CAN take part if:

- ✓ Aged 30-65yrs
- ✓ British Citizen
- ✓ Drink alcohol at least once per week or used to drink at least once per week in the past
- ✓ Can communicate comfortably in English

You CANNOT take part if:

- ✗ Have used alcohol/substance support services
- ✗ Moved to the UK after your 18th birthday
- ✗ You are currently a baptised Sikh e.g. Amritdhari
- ✗ Stopped drinking alcohol more than five years ago

To sign up for the study or for more information please email:

Danielle Bagri at U1945405@uel.ac.uk

VIII: Written Permission from Organisations

The following organisations have granted permission to advertise the study:

[Removed to protect anonymity]

VIII: Ethics Review Decision and Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Lorna Farquharson

SUPERVISOR: Kenneth Gannon

STUDENT: Danielle Bagri

Course: Prof Doc in Clinical Psychology

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If

in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

2. Approved, but minor amendments are required before the research commences.

Minor amendments required (for reviewer):

In the information sheet, there is reference to broad demographic data appearing in the thesis, but there are no details of the demographic data that will be collected. This needs to be clarified and the information sheet amended if required. - added

There is a typo in the consent form as it refers to the 'information sheet dated 20/03/2020' when it should be 20/03/2021. - changed

The debrief letter states that all data will be deleted at the end of the study rather than detailing which information will be deleted at the end of the study and which information will be retained for three years after the study has been completed. Please amend to make this clear to participants. - amended

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*): DANIELLE BAGRI

Student number: U1945405

Date: 02/07/2021

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*): Lorna Farquharson

Date: 28.06.21

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

APPENDIX D: Participant Screening Questions

Please select the option that is relevant to you. Additionally, please add in information where you see ____.

YES/NO I am aged between 30 and 65 years [My age is ____]

YES/NO I identify as a British Punjabi-Sikh man (you do not need to be religious)

YES/NO I was born in the UK or moved to the UK before my 18th birthday

YES/NO I currently drink alcohol at least once per week or I used to drink alcohol at least once per week in the past [I currently drink _____ per week]

YES/NO I have drunk alcohol within the last 5 years

I AM/AM NOT a baptised Sikh e.g. Amritdhari

I HAVE/HAVE NOT used any alcohol or substance support services

YES/NO I have access to a laptop/smart phone to complete the interview via Microsoft Teams

Any additional information:

APPENDIX E: Final Interview Schedule

Rapport building

How have things been for you recently?

Alcohol- general

1. Tell me about your experiences with drinking alcohol.
2. Can you describe your drinking patterns?

Prompts: frequency, quantity, location

3. What do you like about drinking alcohol?
4. What do you not like about drinking alcohol?
5. What does alcohol mean/represent to you?

Prompt: What role does it play in your life?

Drinking transitions

6. Can you describe a time when you were drinking the most alcohol in your life and describe what led to this change?
7. Can you describe a time when you were drinking the least alcohol in your life and describe what led to this change?

Contextual Questions

8. What is drinking alcohol like as a British Punjabi-Sikh man?

Prompts: Would you say it is different from drinking as a man from another ethnic background/woman that is British Punjabi-Sikh?

9. Would you say that drinking alcohol in your generation is different to drinking alcohol in other generations?

Prompts: why different/why not different?

Support Questions

10. Do you know where to seek support/advice if you or someone you know had concerns about alcohol consumption?
11. What could be helpful for British Punjabi-Sikh men who might experience difficulties around drinking alcohol?

Meta level and reflective questions

12. Are there any things related to your views/experiences of alcohol use that we have not talked about in this interview but that you would like to talk about now?
13. What do you hope this study might contribute/achieve?

APPENDIX F: IPA Analytical Process

I. Anonymised Transcript Examples with IPA Comments

You know, going to weddings, going to Sikh weddings, having your wedding in the Gudwara, and then suddenly going to the the hall to get totally off your head on alcohol and wasting. It's just so much, it's just such a waste to me, in terms of money in terms of relationships and I just I just there is no relationship, a good relationship there, with me with it.

And having having been brought up in um in a family where my father is to get drunk every now and again. It impacted me, because I remember the times when he would get drunk and then he'd have to either drive us home from weddings drunk or my mom would have to drive and she was never the most, er, er, confident driver, let's say, and the fear in me and my brothers and sisters thinking, are we going to get home today, are we going to get into a crash. And when I when I became a parent or even before I became a parent, I always said to myself I'm never gonna put my children through that, where they've seen me off my head and are constantly worried about me or their own future or safety. So, I've learned a lot growing up about the dangers of alcohol and it's something I never want to get into myself and I'm just glad I've just stayed well away from it. I've, I guess I've saved a lot of money in the long run and also I've got, I've got quite a few family members who have been deeply impacted by alcohol in their lives. I have got one family member who, who was an alcoholic, is an alcoholic. He doesn't drink anymore, but he set up his own er Alcohol Recovery network for Sikh people for Punjabi people and he's trying to help them. So I've seen the impact that it's had on his life but he's been able to turn it around so he's trying to help others. But with alcohol for me it was always something that made people not be their true selves. So they ended up lying to you, lying to themselves. And that's not the kind of person I want to be or want to be around.

Researcher
Can you tell me a little bit more about that where you saw that happen?

Participant 2
During my college days when I was about seventeen, eighteen, sixteen, seventeen, eighteen, obviously I, you wanted to be part of the crowd and you wanted to you know, be on the same level as your mates, so you would get drunk and then to me it was always a Jekyll and Hyde type thing where when someone was sober they acted normally themselves nice people, but when they were drunk they then took on a different persona and were totally different and to me I just couldn't quite understand how somebody could be totally off their head, still not realise what was going on because whenever I was drunk I still knew what was going on. But you could like pretend to yourself or pretend to others that you're totally off your head. So you're doing things totally out of character, so that when you did sober up, you could either say, oh, I can't remember or or like, you know, I don't know what happened there. But even in my worst states when I was drunk, there's probably only a couple of times where I was totally of my head that I couldn't remember anything. Most of the time I did remember, and the next day after the hangover or during the hangover you would remember, and think what a div I was or what a silly person I was or I don't like that about myself and it reflects badly on me and my parents and whatnot, so I tended to gradually, you know, just walk away from it.

Reply

Part of Sikh weddings to drink

Reply

It's a waste to P2 because he would rather spend his money on other things and have seen the perils that alcohol has brought
23 April 2022, 00:05

He goes onto this in the paragraph below
23 April 2022, 00:06

Reply

Upbringing/seeing family drink or having the impacts of a parent drinking have affected his relationship with alcohol

Reply

If parents drink, sometimes people either do the opposite or follow in footsteps, perhaps it is when health illness or death is associated with role models is when they do the opposite

Reply

Not wanting to be around other people drunk because they change

Reply

Participant 2

Yeah. Well, it doesn't really happen anymore because people, know know me, but when I first got, well, when I got married back in 2005, I used to get members of my wife's family constantly goading me to drink, drink, drink, have fun, and have fun 'cause they were big drinkers. And I just put my foot down and said, no, I don't want to drink that is not who I am anymore, you know enough. And I could have taken the little sip here and there, but I'm quite stubborn person and I just didn't want to be a part of it. The thing is, with Punjabi culture and this happened when I was growing up with my dad. Sometimes you would go to a family members house or a friend's house, my dad would and he would take us with him, or they would come to our house and my father, let's say my father would ply them with drink, have a drink, have a drink, have a drink, and he knew, and they knew very well that they had to go home and they had to drive home. But the thing is, our, my dad and his family friends and relations, they would all do the same. They would ply people with drinks because as soon as that other person had said no, or they don't want one, they took it as a personal insult, thinking oh you've offended me by not taking a drink and then a fight would break out or or ureh you've upset me. So the other person would be emotionally blackmailed into drinking and I just thought that was a nonsense when I was growing up and it was became a bigger nonsense even now. Why are you putting someone's life at risk just to boost up your own ego ego. These people have to drive home, these people have to get home somehow and you're plying them with drinks. I didn't like that nature of Punjabi culture where it seemed to be an offense to have to say someone no, I don't want to drink 'cause you're upsetting them or disrespecting them. To me, it's like if I don't want to drink, I'm not gonna have a drink, leave me alone.

Researcher

Why do you think they get offended and take it as an insult?

Participant 2

Because Punjabi culture is very, it's an honorable kind of existence. I'm from such a pend [translation: village] or village in the Punjab from India. These are my people. This is my dad. This is his family. These are his farms and so on. It's almost like saying I'm offering you all this but you're saying nah I don't want it from you and it's like a disrespect. The other person not wanting to cause offence they then say right I'll have a drink just to you know make things easy between us and it's just the stupidity of it all where people are trying to show off to each other in relation to drinks. Even weddings, now they waste so much money on booze and alcohol, it's just a joke. You're wasting all this money on drinks at the bar, free drinks, you might as well give that money to your child or the bride and groom and say right invest that in a house, you know. The way I see it, when my daughter gets married, when my son gets married, I hope I don't have to, uh, spend all this money on all that nonsense and say look here's some money. But then again, some people say oh look at that tight git, obviously doesn't want to spend any money wasting it on alcohol or whatever.

Peer pressure from in-laws to fit in and take on the stereotypical role
23 April 2022, 08:43

Reply

"Who I am" indicates alcohol consumption is a part of the identity rather than just a behaviour detached from oneself.

Reply

Known as a 'sign of respect' to drink but is this because if you don't it makes people feel bad about themselves for drinking?
DC: Actually leads to fights which is how strong

Reply

I'm offering you food and hospitality and drink and to not accept it is a sign of disrespect, a way of showing hospitality and so you're not letting them be hospitable, because it's the same for

Reply

Showing off bravado by offering drinks

And again that kind that relates back to I guess the idea and the issue of Punjabi jats anyway numbing the the problems of work on the farm and uh I guess the the fear of not earning enough and you know and any other traumatic incidents that are going on their lives. It's the way of, not guess it's not a way of numbing anything that's going on in the back of your head. Which obviously is an issue in itself if that's what people are using, and that's what we've tried to — Sometimes I feel a bit hypocritical in the sense of one of my biggest narratives towards my dad is okay, numbing whatever pain you have in the back of your head the alcohol is not going to numb that but then I do it as well. So, I do feel hypocritical at times about that, um, but I feel like my relationship with alcohol is different to the relationship with alcohol that my dad has and his generation have.

Researcher

How is it different?

Participant 3

Different in sense that. I think my when my dad does drink or you know when he used to drink a little bit more my dad used to drink to get drunk. Whereas my relationship with alcohol is I'll drink socially. So here's another thing actually, my dad used, and this is actually quite a unique thing with my dad specifically is, uh, he didn't, he never got drunk at social events, never got drunk at a wedding, never got drunk at birthday parties, someone's house. He'd always get drunk at home on his own kind of thing, by himself.

Uh, and that was quite fascinating for me because no one, I've not seen anyone else do that. So that's like a personal thing for me and so that's what made me and my brother think that's more of a trauma for him, whatever that trauma is, I don't know. Um, for him anyway, for my dad, it's more the trauma that he drinks for because it's when he's on his own and when he's isolated and kind of never would he get drunk when he's at birthday parties and stuff like that. So when he does drink when it becomes an issue for him, it's because he's drinking to get drunk and we know that. Whereas like my relationship with alcohol is, it's always in social events, it's always with people to maybe enjoy myself like you know just -- uh, sorry there's a loud motorcycle in the background -- Uhm. To drink socially to kind of drink with other people. Especially now my relationship with alcohol is always just okay, a few but not so get drunk anymore, so I've I've changed that in my own head. Uhm. So that's where I think my relationship with alcohol is different.

Researcher

What's led to that change for you to go from drinking to get drunk?

Participant 3

It's an interesting question I don't know. I think my partner, my girl friend she's like I think -- I was single for a long time and so like I will be getting married next year, and I think that I'm trying to change my way of being, I've got purpose I guess. Like I got a purpose in, you know I'm I'm working towards something. Perhaps that's it, I don't know. Maybe maybe it's that and and I want to change maybe for her and for you know, the wider, I don't know, the wider circumstances in in our life and you know I don't want to be the way I was, you know, wayward. I don't wanna be wayward anymore. I want it to be focused. So maybe there's that.

Comments

New

But he still considered it social drinking when later he was saying he went to pub on his own

Reply

Only considered a lot if drinking to get drunk

Reply

Maybe this also has something to do with having a motivation more important than alcohol, like work was for older generations

23 April 2022, 17:07

Reply

is alcohol, whether that's to numb the physical pain or numb the emotional pain. I think not knowing how to deal with emotion. They they don't know how to, again, it comes back to that hiding issues like being strong people, I guess is they don't want they don't want to let their issues to be known out in the open. In order to then solve that they drink to solve that - it becomes a problem-solving aspect as opposed to anything else. Personally, then that obviously, balls outta control doesn't it, it's kind of a bit of a snowballing effect

Researcher
Mhmm. And can you tell me a little bit about your experiences with alcohol?

Participant 3
So my personal expenses with alcohol, so I'll go from 'cause I thought about it. I'll go from family and then my personal experiences. Like my dad has had issues with alcohol in the past in terms of not drinking all the time but when he did drink, it was always to get drunk. There was always to-- it wasn't manageable, it wasn't a small drink, it wasn't enjoying the flavour of the drink, or you know, enjoying the the moment, it was always to drink TO get drunk. And so it would only ever be large portions. And it only ever be -- t always yeah, so that's what it would be. But it always and then so for a long time for a long time me and my brother would get and my mum we would get annoyed and angry at him. And it is only it's only been in the last three or four years so I'm 36 and it's only been in the last three or four years that we've been able to change the way that we've dealt with that. And I was talking to my brother, and as I've gotten older, me and my brother have become a little bit more open, and so we've changed our tact in dealing with my dad and we, we've become a bit more understanding -okay, there's got to be something more deep rooted there, what is it? And he's never opened up about that. But it's us saying to him okay we understand there might be something more deep rooted, but the alcohol isn't solving it. And so that talking and that opening up has been a bit of a miracle has been like it's helped no end like he's gone from my dad gone from drinking 3/4 times a week and and drinking to get drunk to drinking maybe once every six months through our change in our tact. Which is, for me fascinating. And, and it's been one of the most amazing things for me.

And he would never be, I guess this is personal, he would never be abusive, he would never be but it would change his being his state of being and that's not that's something that we wouldn't enjoy. And kind of, and that's what we've tried to make him understand as well through talking. Through sitting him down and helping him understand, okay, this is what it does to us, this is how it makes us feel, as opposed to us just getting angry at him, going like why do you drink? Why do you do this? You know and then that would result in arguments and that result in weeks on end of not talking to each kind of thing so you know our changing our tact has helped that. So that's.

Comments

New

Aim of drinking is to resolve problems or does he mean mask/avoid them? Which then makes it worse (avoidance)

Reply

Not talking about problems because shows weakness

Reply

Trying to formulate father and no longer berating but changing how they interact has changed his drinking (feedback loops)
23 April 2022, 16:05

Reply

II. Example of Initial Clustering of Data

Men drink to fulfil a cultural expectation

Pink: Stereotype/Identity/Pride/Accepted

Pink: facilitated within social functions. Weddings

Toxic masculinity – bravado/machoism, using alcohol to show that you are strong

Pressure on men/provider = being the breadwinner

Associated with fun/being fun/having a good time – which is central to the culture and displaying masculinity (comradery) → Drinking more when younger to party (but paradoxically, it leads to a lot of fights)

Therefore, helps increase confidence to become something/one else. Allows you to become closer to the masculine fun person

Magenta: drinking to get drunk (which is different from other ethnicities) = larger quantity

British culture migration (wealth)

Pink and white: Expectations e.g. going to houses/pilgrims (a sign of respect) and not is causing offence

Same/different other cultures – but is it all cultural? Because there are things similar in other cultures e.g. Alcohol/non-alcohol influence from others/fitting it – links to drinking to be social

This is shown because women drinking is different, but it's changing now and that hasn't affected men's drinking?

Wanting the culture to change / promoting knowledge - They want the culture to change but no one wants to appear weak because that's a cultural value

But don't show a problem/What is acceptable? "Can you handle it"

"being able to handle it" – belief that all problems should be handled independently and therefore a drinking problem is seen as a weakness as any other problem

What does being able to handle it mean? = Wanting to be in control (also has something to do with trust). Impact on work/it's okay if doesn't impact your work (older generations able to do this) - OR drinking because you're working/in control of life – because work is central to the British PS community as they were migrants and didn't have time to drink constantly, so it's only shameful now because more wealth and not needing to work and function

Impact on family/others

'role' is considered to be a dependent thing. Only relationship if you have a 'problem' + problem with drink is bad but drinking a lot is good + weak if can't handle drink = weakness if mental health problem

Drinking to be social is acceptable. Needing to drink vs. Wanting to

Admitting a problem/denial (showed in the ways they described own drinking patterns 'them' 'they')

→ Drinking is only drinking if it is a lot which has perceived negative impacts or if you are not in control of yourself? - Comments about problematic drinking (drinking is bad) – ties in with drinking to get drunk and underreporting alcohol use - Not admitting it to themselves about drink, or talking

about what others SHOULD do based on own experiences. If goes against values then it is shameful to say out loud and admit to themselves.

Green: community silence/shame/stigma/what will they say/embarrassment/reputation

This is because we have a **Collectivist culture**

Blue: Therefore, they do not talking about feelings-- using drink to express emotions or numb emotions

=
Dark green: Barriers to accessing services |

Alcohol as a mental tool

Blue: using drink to express emotions or numb emotions (hypocritical)

Red: Trauma/escapism/coping with stress + comfort (self-soothing) (dissociation/numb from reality) (plenty of trauma stories heard)

Drinking yourself to Death: alcohol as a form of self-harm? Hopelessness?

Red: coping with stress

Red: relaxation

Mental health perceptions

But as soon as you use alcohol to talk people don't take your feeling seriously = (not wanting to be around other people drunk) = makes stress worse?

Same/different other cultures

Drugs (has the same function but more taboo so less common + hidden)

Talking spaces/non-judgemental space are needed

Support from others around you. (understanding from others)

What leads to a change?

Drinking more when younger to party + Understanding why people drink to relax or enjoy the taste as get older Role of drinking changes as gets older + noticing impact of alcohol as older

seeing death/health impact → this is so salient because health is more easily accepted and important in the culture

Upbringing: either follow it or do opposite, drinking in front of family/not inside the home impact of alcohol (also changes as gets older)

Don't know how to change consumption levels

Generational differences (drinking with partners, women drinking) more money and time to drink, drinking in pubs. Women drinking hasn't changed men though

and acceptance into society

Role models speaking out saying it's a problem/education

III. Patterns in the Data Related to Emergent Themes

<p style="text-align: center;">“We are a drinking culture”</p>	<ul style="list-style-type: none"> • Stereotypes • Identity • Pride • Weddings/Social functions • Bravado/machoism • Alcohol and fun/comradery • Partying when young • Peer pressure • Drinking to get drunk • Different cultures • Migration • Cultural expectations/respect • Fitting in • Pressure on men/provider • ‘We’/social identity • Racism/Acceptance in society • Religion • Gender differences • Wealth/prosperity • Drinking with partners • More availability of alcohol over generations
<p style="text-align: center;">Community Judgements</p>	<ul style="list-style-type: none"> • Control • Trust • Impact on work • Impact on others • Weakness associated with problems • Social drinking • Admitting a problem/denial • Collectivist culture

	<ul style="list-style-type: none"> • Community silence • Shame/Stigma • What will they say • Reputation • Upbringing • Underreporting consumption
<p style="text-align: center;">Coping with Distress</p>	<ul style="list-style-type: none"> • Numbing emotions • Trauma • Escapism • Coping with stress • Comfort/Self-soothing • Drinking to death • Hopelessness • Relaxation • Mental health perceptions • Responses from others when emotive when drunk • Not wanting to be around other people drunk • Drugs • Confidence • Becoming someone else
<p style="text-align: center;">A Desire for Change</p>	<ul style="list-style-type: none"> • Talking spaces • Non-judgemental spaces • Support from others • Understanding • Awareness • Health conditions

	<ul style="list-style-type: none">• General fitness• Health impact over the years• Seeing health impact on others• Experiences of alcohol-related deaths• Impact of alcohol• Unsure how to change consumption levels• Education• Role models speaking out• Promoting knowledge• Hopes from the study
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