Stories of opportunity, challenges, and hardship in Irish men aged 65 and over

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Abstract

Introduction: There is a long and complex history of migration from Ireland to Britain. However both the impact of migration and dislocation, and the reasons for leaving Ireland mean that this population in Britain require a specific focus as a group in terms of mental health and wellbeing. The aging male population in particular experience a greater burden of socioeconomic and health issues compared to those born in Britain, and experience higher levels of mental health issues. There is currently a gap in the research in terms of eliciting personal accounts from this population and examining this through a psychological or mental health lens.

Methods: Five semi-structured interviews were carried out with older Irish men living in London, recruited through an organisation that supports this population. Interviews were analysed using thematic and performative narrative analysis.

Results: Findings suggested that these men storied their experiences in unique ways according to their personal, social, and cultural contexts. The narrative accounts explored demonstrate a focus on stories around work, labour, masculinity, place in the community, bodies and disabilities, and migration and home. The performative analysis applied to the interviews illuminates the multiple and dynamic ways in which participants story their lives and identities.

Discussion: These findings were discussed in relation to relevant literature on mental health, general health, and community. The findings were also discussed in terms of their implications for and applications to the field of clinical psychology and the therapeutic encounter in general.

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1. INTRODUCTION

1.1. Overview

This study explores some of the key issues affecting older Irish men in Britain and explores the ways in which they story their lives. In doing this I explore ideas around identity, mental health as a construct, and who is researched and why.

This chapter will begin by outlining my personal connection to this area of research, and the current socio-political context of Irish people in Britain. Following this I will explore and consolidate the research pertaining to this demographic through a narrative review of relevant research. I will identify gaps in the literature and in doing so I will outline the importance of researching the experiences of older Irish men in Britain in relation to mental health. Subsequently, a literature review of research in relation to these parameters is described in section 1.4.

1.2. Context

1.2.1. Personal Context

Many aspects of research endeavours are subjective and are formed and informed by the epistemological positions and personal context of the researcher(s). Aldridge (1993) suggests that instead of attempting to remove these experiences from research writing, we can use them analytically. I have chosen to write in the first person to reflect the influence of these subjectivities on how the current project came about, how the interviews were carried out, and how the transcripts were analysed. Writing in the first-person throughout encourages my own reflexivity (Webb, 1992), and sets this research up as a story in its own right, with a narrator and a specific socio-historical context. Doing so also encourages the reader to recognise and explore how they may have come to different conclusions had this research been set in their own story, rather than seeing it as an objective pursuit and conclusion.

I position myself in relation to this research project as someone who was born in Ireland and moved to Britain as an adult. I describe myself as Irish, a woman, white, middle-class, and educated. I have explored and considered these identities in different ways while living in Britain, and how these categories can be more or less fluid, or even non-existent, depending on the context. I have a particular interest in language and mental health due to my involvement in previous research on 'idioms of distress' and the idiosyncrasies of language in mental health. I carried out research on the idiomatic ways in which people conceptualise their distress and suffering (Cork et al., 2019). Through this I recognised how research into differing conceptualisations of distress is rarely applied to people assumed to be of the dominant culture, and instead usually entails inadvertently essentialising and exoticising the 'other'. Through the current research I sought to utilise these experiences and apply them to further understandings of identities and conceptualisations in mental health. In many ways this thesis has been a personal journey of learning and understanding the categories and labels that I use to navigate my own experiences and life. I have endeavoured to examine the roots of my weddedness to some of these terms, and examine my assumptions about the universality of what they signify.

1.2.2. Broader context: Ireland and Britain

People from the island of Ireland have migrated to Britain in large numbers since the mid 19th century, with waves of migration periods when this increased greatly – in the post-famine era, the post-war era in the 1950s, again in the 1980s due to economic recession, and after the 2008 financial crash and subsequent recession (Ryan et al., 2014). While in many ways the post-colonial British-Irish relationship has provided Irish people with significant rights and opportunities in Britain, many have argued that the other side of this coin is a legacy of negative stereotyping (Hickman & Walter, 1997). During the post-famine period, attitudes to immigrants from the island of Ireland were characterised by explicit, racialised stereotyping and discrimination (Hickman & Ryan, 2020). In later post-war years, Irish immigrants were seen as an essential labour force and, in contrast to those from the New Commonwealth and South Asia, were not subject to migration controls in the 1960s. However Hickman (1998) argues that this benefitted a strategic 'myth of homogeneity' of the British

Isles, and that the consequent shift in viewing Irish people as the same race as British people rendered the discrimination that Irish people still experienced invisible. Additionally this period also saw significant periods of political upheaval and violence between the two countries (Delaney et al., 2013). This meant the Irish people's position in British society has fluctuated, for example at times being seen and treated as a threat to national security during the 'Troubles', as exemplified by the Prevention of Terrorism Act (Prevention of Terrorism (Temporary Provisions) Act, 1974).

At certain points in history, Irish people have made up the largest migrant population in the UK, however in recent years Polish born migrants have become the most numerous. According to the 2021 Census there were around 410,000 Republic of Ireland born people living in the United Kingdom, 368,000 in Britain (England, Wales & Scotland), 333,000 in England, and 92,000 in London, making up 1% of the population of London (Office of National Statistics, 2021). The number of Northern Irish born people in Britain is not recorded.

Researchers have noted the changing demographic of Irish born people migrating to Britain in recent years compared to previous waves of migration: the reasons for and nature of their migration are seen as different (Ryan, 2015); newer migrants are more likely to have had more years of education (Glynn et al., 2013); and health outcomes have been noted to be generally more positive (Delaney et al., 2013). Additionally there is a general perception amongst newer migrants that they differ in various ways compared to older migrants (Ryan, 2015; Ryan & Kurdi, 2015).

Due to the specific geographic and political relationship between Ireland and Britain, much emigration to Britain from Ireland has been characterised by being unplanned or hasty, people moving at a young age as a single person, and involving regular trips 'home' or multiple moves. Irish people living in Britain have noted that an adaptive aspect of living in England is the relative ease with which they can move between the two countries (Moore, 2018). This has been significantly impacted by the Covid-19 pandemic and restrictions on travel,

which may change how Irish immigrants living in Britain experience their lives here.

Throughout this thesis, Britain will be used to refer to the mainland of England, Wales, and Scotland, where traditionally many people from the island of Ireland have emigrated to. The term United Kingdom (UK) will be used to reflect other works or research that have examined Britain and Northern Ireland together.

1.3. Definition of Terms and Constructs

1.3.1. Ethnicity and Being Irish

The terms Black, Asian, and Minority Ethnic (BAME) and Black and Minority Ethnic (BME) are no longer officially used by the UK government (Commission on Race and Ethnic Disparities, 2021) however they have been utilised in many past policy documents and research. While the terms BAME and BME can be interpreted to include white minority ethnic groups, and were operationalised as such by the Department of Health (2010), other interpretations are confined to racialised groups or people who define themselves as ‘Black’ (Wood & Patel, 2017). The latter definition may be how BME is more commonly understood by the general public and utilised by the media. The concept of Whiteness can be utilised in its broadest sense to define ‘other’ and cultural belonging (Hickman et al., 2005; Hickman & Ryan, 2020; Walter, 2011; Wood & Patel, 2017).

While the concept of being ‘Irish’ may seem like a simple definition, it is fluid in many ways and can be more or less exclusionary depending on the context. Indeed the concept of nation as a concrete identity is relatively new in historical terms (Busteed, 1998). Within Ireland, people can be seen as more or less ‘Irish’ based on their religion, ancestry, or where in the country they are from. Second generation Irish people in Britain can identify more or less with belonging to an Irish identity (Hickman et al., 2005) and can be accepted as ‘authentically’ Irish to varying extents by Irish born people (Campbell, 1999) and English people (Hickman et al., 2005). People from Northern Ireland can officially choose whether to define themselves as ‘Irish’ or ‘British’, and yet

others might define them as unequivocally Irish. Irish identity in Britain is also gendered in a multiplicity of ways to the differing migration and labour trends between men and women (Gray, 1996). Minority groups can experience fluctuations in attitudes in a host country, reflected in interpersonal interactions, policy, and media content. These fluctuations can affect how visible, trusted, or accepted minority groups are (Campbell, 2013; Hickman, 1998). Current events around Brexit negotiations, in particular the Northern Irish border, have highlighted a lack of understanding of the complexity of Irish-British relations (Hickman & Ryan, 2020), and at times there has been a sense of Ireland thwarting the UK's exit from the European Union in political discourse and in the media, thus shaping the Irish identity and presence in Britain.

Lievesley (2010) examined the age structure of ethnic minority groups in England and Wales and noted the unusual structure of the 'White Irish' group being partly due to ethnic 'switching', whereby the children of Irish parents often identify as 'White British', a phenomenon that does not regularly occur in other ethnic minority groups. This exemplifies the intersection and complexity of race and ethnicity, and Irish peoples' proximity to Whiteness. This proximity to Whiteness however can come at a cost to those who feel closely identified with their Irish ethnicity or heritage, with the ethnic distinction between 'White British' and 'White Irish' being denied and challenged (Willis, 2017) by individuals and institutions, and was added to the UK census as an ethnic category for the first time in 2001. Thus the 'White Irish' existence is dependent on its acceptance by others and is arguably a socially constructed performance of the self (Goffman, 1969; Maye-Banbury, 2021). An overall critique of such conflations of race and ethnicity in recording systems is exemplified by the fact that there is no ethnic identity on the census to reflect the growing number of currently racialised Irish people who may live in the UK.

1.3.2. Migration and migrancy

There has been much research in the field of migrant health, and migration is often perceived and described as being a stressful experience which can lead to mental illness (Bhugra & Jones, 2001). However there is also an argument for a 'healthy migrant effect' where immigrant groups may be less likely to have a common mental disorder than non-immigrants (Dhadda &

Greene, 2018). Irish migrants are seen as having benefitted from usually speaking the same language as is used Britain, and (being predominantly White) being ethnically similar to White British people (Hickman & Ryan, 2020). Despite this, research has consistently shown poorer mental health in Irish migrants in the Britain. There are conflicting evidence and theories about the causes of distress and disparities in health among the older Irish population in Britain, including questions of identity and health (Kelleher & Cahill, 2004), anti-Irish sentiment, poorly planned migration, and distress caused by personal circumstances in Ireland (Leavey et al., 2007). However, research has shown the heterogeneity of this phenomenon, with the younger generation of Irish born migrants showing better health outcomes (Delaney et al., 2013). Additionally many studies into prevalence rates and related factors do not disaggregate the 'White' category (Tilki et al., 2010).

While the newer immigrant Irish born population in Britain may have overall better outcomes and be seen as more 'assimilated' compared to older waves of migration, Casey and Maye-Banbury (2016) emphasise the importance of social issues being seen within their historical contexts. They warn of the 'historical amnesia' of British migration studies whereby only present or current issues are focused on, in what Cole (2006) refers to as the 'perpetual present'. This reflects the ahistorical nature of much thought in political and human life which can obscure the trajectories and stories of many groups.

1.3.3. Mental Health

How psychological or mental distress is conceptualised in a society reflects cultural understandings about the meaning of suffering, appropriate responses, and healing (Kirmayer, 2012). These understandings are shaped by and inform the language we use, the services we provide, and the research we conduct. The World Health Organisation definition of mental health emphasises ability to cope, work productively, and contributing to the community. It also highlights that mental health is determined by biological, social, economic, and environmental factors (World Health Organisation, 2004). While there are many critiques of this definition (Galderisi et al., 2015), a similarly broad understand of the term 'mental health' will be referred to throughout this thesis, including

concepts of wellbeing and living well within one's context and relationships. However the culturally and socially situated epistemological assumptions of the term 'mental health' are also recognised (Kirmayer, 2012).

Psychiatric hospital admissions data for Irish born people in Britain, particularly in the second half of the 20th century, consistently showed elevated rates for Irish born people compared to those born in Britain (Bracken et al., 1998; Cochrane & Bal, 1989). Additionally, while the data is difficult to parse due to the fact that deaths in the UK are not recorded by ethnicity, various studies have pointed to a possible higher rate of suicide among Irish people in Britain (Aspinall, 2002; Neeleman et al., 1997), particularly men (De Ponte, 2005; Ougrin et al., 2011). Many studies have pointed to poor mental health outcomes in Irish born people in Britain in terms of common mental disorders (Ryan et al., 2006) which seem to persist into the second generation, both in terms of common mental disorders (Das-Munshi et al., 2013; Sproston & Nazroo, 2002) and substance use (Das-Munshi et al., 2014). However more recent research in these areas (e.g. Ahmad et al., 2021; Halvorsrud et al., 2019; Mann et al., 2014; Wan et al., 2021) seems to more commonly include Irish people in 'White Other' or 'White' categories (Tilki et al., 2010).

Given the nosological crisis of mental illness diagnostic categories, older data on specific diagnoses, particularly with this population who may not have been familiar with mainstream conceptualisations of mental health, may fall into category fallacy (Kleinman, 1977). This is a concept that was explored in Clarke's (1998) discussion of varying rates of 'schizophrenia' in Irish people, and whether Irish people's symptoms fit into those described as a DSM, or whether there was something phenomenologically different about their 'schizophrenia'. If mental illness is understood to be contextually dependent, and if the cultural background of these participants was very different from those the interviews were standardised against, then data on diagnosis alone tells us little about the subjective experience of distress of the participants. Additionally there is debate of the usefulness of comparing mental health outcomes between ethnic groups, with arguments that underlying factors such as poverty, isolation, are the driving factors.

Evidence around Irish people accessing mental health services is mixed: while men identifying as ethnically Irish have higher rates of attending GPs for psychological problems compared to the general population (Erens et al., 2001), satisfaction of Irish-born people with the help offered is low (Tilki et al., 2009). However more recent data is scarce, and it is unclear whether this is also true for older Irish people. People in the 'White Irish' group are as likely as those in the 'White British' group to receive cognitive behavioural therapy (CBT) in inpatient and community settings (Morris et al., 2020). However Irish people tend to have high levels of hospital admissions for mental health problems, and unlike other ethnic groups this is more likely for those aged over 50 years old (CHAI, 2007). This tentatively suggests that there may be a missed opportunity to intervene successfully when help is sought.

Tilki et al. (2009) reports on a review of evidence as well as key informant interviews on a wide range of health and social issues. Regarding mental health, key informants noted family abuse as a factor in mental health problems. Therefore there is a need for nuanced and innovative approaches when attempting to understand the experiences of Irish people in Britain.

1.3.4. Older adults

According to the 2011 census data, the category 'White Irish' was the oldest ethnic group in England and Wales in terms of median age (ONS, 2011). Although this data may include some second-generation Irish people, it suggests that age and aging is an important consideration for the Irish migrant population in Britain. Compared to the British born population, older Irish people in Britain are more likely to live alone; and men in particular are more likely to have spent their lives working in risky occupations, and have multiple long-term health conditions (Tilki et al., 2009). Ethnic minority elders are more likely to experience late-like depression compared to reference groups (Pickett et al., 2013). Mansour and colleagues found that older 'White Irish' people with depression were more likely to have additional substance use and sleep problems, and have a diagnosis of recurrent depressive disorder, compared to the 'White British' group (Mansour et al., 2020). Similar findings regarding problematic substance use were found in older 'White Irish' people with dementia (Tsamakis et al., 2021).

The concept that the current or more recent Irish migrants are seen as more skilled and less likely to experience poor health has interesting implications to how the older generation are seen. If ethnicity is viewed as socially constructed, perhaps earlier migrants showed more signifiers of a separate ethnic identity, such as a different language or stronger accent, having customs of rural Irish areas, practising Roman Catholicism, and tending to live and congregate in specific parts of cities. These migrant Irish may have less proximity to Whiteness, and yet are part of the wider group of 'White Irish' that is perhaps increasingly seen as assimilated into 'White British' culture. Although, as long-term migrants, Irish people have been a part of British society for many decades, their constructions of their mental health, wellbeing, and distress may not necessarily be in line with the commonly accepted means of communicating and conceptualising mental health in medical professions and clinical psychology. Newer Irish migrants are less likely to congregate exclusively with other Irish migrants in Irish pubs and clubs as older Irish migrants did (Ryan, 2015). The relationships of different older migrant groups to their communities is explored by Ryan and colleagues (2021). Experiences of discrimination were discussed, as well as the importance of dances, but importantly their local networks, built up over many years were discussed and their changing relationship with and negotiation with place as they age. Older Irish migrants who came to Britain in the 1940s-1970s are more likely to have come from rural backgrounds (Stopes-Roe & Cochrane, 1980), have had less education, and were more likely to work labour intensive jobs either in construction or in healthcare (Hughes & Walsh, 1976). This was a gendered division of roles, with women more likely to work in healthcare amongst members of the general population, and men more likely to work in construction amongst other Irish people (Gray, 1996).

Older migrants are also more likely to have attended industrial schools and reformatories in Ireland, which, as Irish society has now begun to understand and reckon with, were often abusive and neglectful places (Commission to Inquire into Child Abuse, 2009; Delaney et al., 2013). Childhood abuse within institutions is a risk factor for poor general health and mental health outcomes and alcohol dependency (Carr et al., 2010; Wolfe et al.,

2003). Thus there is a unique constellation of factors to consider when examining the lives of the older generation of Irish people in Britain.

1.3.5. Men and masculinity

There has been much research into the differing health behaviours of men, and linking these to ideas around 'masculinity'. Masculinity is often linked to a lack of help-seeking for health care, lack of acknowledgement of personal distress, and avoidance of appearing vulnerable (Yousaf et al., 2015) and research has demonstrated how adherence to masculine ideals may impact on acceptance of professional help for distress (Oliffe & Phillips, 2008). Using discourse analysis, Johnson and colleagues (2012) found that men talked about help-seeking in the context of their depression in ways that mapped onto traits commonly associated with hegemonic masculinity such as self-reliance, responsibility, and guarded vulnerability. However others have noted that masculinity may also have positive effect through harnessing these typically masculine traits (Emslie et al., 2006). Johnson et al. (2012) note that their participants expressed a desire for genuine connection in their help-seeking endeavours, which presents a challenge to the assertion that hegemonic masculinity dictates their help-seeking activities. They also reflect that encounters with medical providers produce gendered interactions that may be more conducive to those who identify as women to engage in more discussion about their mental health or distress. Through narrative analysis of men speaking about depression, Valkonen and Hänninen (2012) concluded that masculinity is a useful construct in understanding depression in men, however the ways in which men related their depression to masculinity varied, including some associations that were experienced as helpful. Therefore it does not suffice to couch the general finding that men are less likely to seek help for mental distress in their own individual masculinity. Nor does it suffice to offer strategies that are in line with hegemonic masculinity based solely on a help-seeker identifying as a man, because by doing this, hegemonic masculinity is reinforced.

Theorists such as Judith Butler understand genders as socially constructed phenomena through which the self and the world are experienced. One understanding is that traditional binaries of masculinity and femininity may

be performed to a greater or lesser extent by members of society, and thus gender is a, “performative accomplishment compelled by social sanction and taboo” (Butler, 1988, p. 520). A performance also necessitates a perceiving audience, suggesting the construction of gender through interaction with others (West & Zimmerman, 1987). Irish migrants who moved to the UK in the mid 20th century were likely raised in a context of strictly gendered roles. Perhaps specific to Ireland was the patriarchal reign of the Catholic Church over people’s private lives and minds. This added an additional layer of authority to a more deeply entrenched gender divide through for example, the sacrament of marriage, teachings and instruction around reproductive rights, sexuality, shame, and sin. Many researchers note gendered differences in the experiences of Irish migrants to Britain and the trajectory of their health, socioeconomic status, and identity after migration (Gray, 1996; Ryan, 2004; Tilki et al., 2009). Women would have had more opportunities for romantic relationships and integration into varied social circles. Additionally the pub was a highly gendered place that women would have frequented much less (Tilki et al., 2009). Men who migrated to the UK were more likely than women to be less skilled (Barrett & Mosca, 2013), and their working lives would have been more physically demanding and precarious. Tilki and colleagues (2009) describe the impact of this type of work later in life on family relationships and economic instability. Barrett and Mosca (2013) concluded from their research on returned migrants that, compared to women, the process of migration was more likely to cause men ‘psychic suffering’. Therefore the experiences at the intersection of gender and migration are a potential area of interest for the field of clinical psychology.

1.3.6. Key Lessons

Irish people have a long history of migrating between Ireland and Britain and migration forms a large part of Irish identity. However both the impact of migration and dislocation, and the reasons for leaving Ireland mean that this population in Britain require a specific focus as a group in terms of mental health and wellbeing. Particularly the aging male population, due to their experiencing a greater burden of socioeconomic and health issues. It is important that researchers have a longitudinal lens of the history of British culture and society and focus on this group despite them being less prominent

as a ‘problem’ or ‘difficult’ group in recent times. This narrative review pointed informed the basis of my literature review, which involved exploring what research exists on the mental health of Irish people living in Britain in a way that considers their personal experiences and opinions. The details of this are discussed below.

1.4 Literature Review

A literature scoping review was undertaken to broadly establish what other research has been conducted in this area. Although not as stringent as a systematic review, scoping reviews are indicated where the aim is to identify knowledge gaps and explore concepts, rather than to resolve conflicts in practice or produce statements to guide decision making (Munn et al., 2018). After a number of brief searches for research with specifically older Irish men which yielded very small numbers of articles, it was decided to broaden the search to include all Irish born people to gather a more informative amount of literature. A number of databases were searched including Scopus, CINAHL, APA PsychInfo, and Academic Search Complete. The key search terms were derivatives of: Irish; migrant; Britain; health and wellbeing; and first-hand accounts of their experiences in either quantitative or qualitative form. The full search terms are provided in Appendix A. No time-limits were placed on the publication date. The reference lists of papers that matched the inclusion criteria were searched for potentially relevant papers. Additionally I spoke to experts in the field of Irish migrant health who recommended authors and papers. This ensured that relevant material was not missed. Articles were excluded if they did not specifically include those who were born in Ireland, or if this could not be determined from the population characteristics. A broad definition of health and wellbeing was operationalised in the inclusion criteria in order to take as holistic an account of health as possible, such that any articles including measures or discussions of results that were relevant to clinical psychology were included. Research that solely investigated migration was excluded. The literature search results and exclusion process have been detailed in Appendix B. The initial database search yielded 358 results, resulting in 282 texts after all duplicates were removed. After screening titles and abstracts, 61 full-text articles were reviewed for inclusion. Eleven additional articles were identified from other

sources. After full screening, 24 articles were included in the final review. A qualitative synthesis of these articles is detailed below.

1.4.1 Epidemiological Studies

There were a number of epidemiological papers on 'mental illness' that sought first-hand accounts in the form of diagnostic interviews or surveys, from either Irish people in Britain only, or migrant populations including those born in Ireland. These publications were mainly from the late 90s. It is unclear whether the lack of similar updated epidemiological papers is due to changes in methods in epidemiological studies, whether this is because the 'White' category is less often disaggregated in contemporary epidemiological mental health studies in Britain, or whether the Irish in Britain are no longer seen as requiring specific research in this area. Some of these studies used this methodology to build on and deepen understanding of quantitative data such as psychiatric hospital admissions. Bebbington (1981) reported on a study involving a small number of Irish immigrants in Camberwell (n=32) aged 18-64 years who were interviewed using a standardised questionnaire designed to assess present mental state (Present State Examination). The results suggested that compared to those born in the West Indies and Britain, the Irish born had the highest rate of disorder. This data was compared to hospital admissions data in South London and suggests the two types of data are in broad agreement – i.e. that rates of anxiety and depression were high amongst the Irish population. The authors suggested that one possible reason for the differences in the pattern of disorder between those from Ireland compared to the West Indies was a response of "cheery denial" to adversity by those from the West Indies, compared to a greater awareness of adversity amongst the Irish. These comments suggest underlying assumptions about ethnicity and mental health which probably reflect the attitudes of the time. Livingston and colleagues (2001) assessed psychiatric symptoms in ethnic minority elders (65+) in North London. This included 139 Irish born people. 16.5% of the Irish sample were described as having a diagnosis of depression and no significant differences were found between ethnicities on prevalence rates of depression. This study showed that the Irish born sample had significantly lower rates of dementia. The authors noted the contentiousness of the categories of race and ethnicities as variables in epidemiological research, and argue that ethnicity and

migrancy are not themselves predictors of dementia or depression in older adults.

Clare (1974) interviewed 76 Irish born men in South London aged 15+ who had previous contact with psychiatric services and/or their families. A history of drinking and psychiatric issues was obtained, and a mental state examination carried out. Clare concluded that the Irish born population had higher rates of alcoholism and similar rates of schizophrenia compared to the British born population. Commander and colleagues (1999) carried out interviews of the general population as part of a mixed-methods study including clinical data from those using mental health services. This included 24 Irish born people aged between 16-64 years. They found that the Irish born in the general population were more likely to have alcohol use disorders – however note the small sample size and non-significant result. Comparing this to the psychiatric services data, they suggest that alcohol use disorders reflect variations in the general Irish born population rather than being specific to those who use psychiatric services. However they warn against this information being interpreted in an essentialist way and suggest further ethnographic studies to gain a better understanding of this finding. Rao and colleagues (2008) assessed alcohol consumption and other health and mental health indicators in an inner-city London borough amongst English and Irish people aged 65 and above (n= 30 in each group). It is not specified whether the 'Irish' group were all born in Ireland, however the authors state that an emigrant cohort is sampled in the study. This Irish sample was younger than the English group, and their physical health was better compared to the English group, however they had poorer health than expected for their age. The Irish group scored higher on average on an alcohol harm screening tool and were significantly more likely to have family psychiatric history.

Weich and colleagues (2004) discussed the results of the EMPIRIC household survey of common mental disorders in ethnic minorities aged 16-74 years in England, including 733 Irish respondents. They found that the prevalence of common mental disorders was statistically significantly higher amongst middle-aged Irish men compared to the reference 'White' group. The authors note the limitations of the term 'ethnicity' and acknowledge the

possibility of Type 1 error occurring in this analysis. They note the dearth of research amongst the Irish group in this area, and suggest that understandings of ethnicity and race may be one reason for this. Crawford and colleagues (2005) carried out a secondary analysis of the EMPIRIC survey focusing on suicide attempts and suicidal ideation, involving 329 Irish respondents. They found that suicidal ideation and behaviours were more common amongst Irish men compared to the reference 'White' group while being less common for other ethnic groups; and Irish respondents were more likely than other ethnic minority groups to receive medical attention following attempted suicide. However in both of these studies the Irish group was defined as those born in Ireland or having one parent born in Ireland, therefore migration cannot be seen as a definite factor in the participants' lives.

The prevalence of these kinds of epidemiological studies, particularly older such studies, suggest a trend of examining mental disorder and ethnicity differences that included the Irish born population. While the authors do not generally suggest that the issues of increased alcohol use or mental disorder is due to an ethnicity effect, it suggests a visibility of a significant Irish group where specific research was deemed necessary. Current race and ethnicity research tends to focus on the Irish as an ethnic group less. This could reflect a shift in societal focus towards race rather than ethnicity, or towards the Irish being seen as acculturated and less discriminated against, and thus less othered, in the British context.

1.4.2. Experiences of Mental Health and Wellbeing

Ryan and colleagues (2006) carried out a case control study comparing Irish-born migrants with depressive symptoms to a matched sample of those without. The participants had a mean age of approximately 56 years. The authors also measured level of preparedness for migration, and found that poorly planned migration was a significant predictor of depression, however after additional analyses this only held true for men. The authors also found that men on average had higher scores on the measures for depression, but were not more likely than women to be receiving treatment. Using data from this study as a point of departure, Leavey and colleagues (2007) explored Irish migrants' explanations of depression through qualitative interviews (n=40),

some of whom experienced depression. Many described ‘escaping’ from what could be deemed traumatic events such as abuse and punitive schooling in Ireland. Many of the narratives and causes described by participants about their depression linked to events experienced in Ireland, which were then exacerbated or triggered in various ways upon arrival in England. Bereavement, illness, and alcohol use were all described. The authors concluded that for these participants, the origins of distress were rarely directly linked to migration itself or racial discrimination, as suggested by previous theories of the Irish experience in Britain.

Moore and colleagues (2017, 2019) investigated socioecological resilience and wellbeing, and help-seeking behaviours of Irish emigrant survivors of institutional childhood abuse (ICA). One qualitative study (Moore et al., 2017) looked at the help-seeking patterns of this population (n=22) and found that due to negative past experiences of seeking help, and the specific nature of institutional abuse, participants often relied on self-management strategies, and rarely accessed formal interventions. Participants discussed the importance of peer- or survivor-led groups, and the importance of sensitivity and having control in interactions with professionals. The sample included only a very small number of men, which the authors state reflects the specific challenges of engaging men who have experienced ICA. A mixed-methods study (Moore et al., 2019) found that compared to survivors of ICA based in Ireland (n=46), emigrant survivors (n=56) had more ecological resilience factors such as personal skills and family support. The qualitative data with survivors in the UK (n=9) found themes reflecting resilience factors across their ecology such as problem-focused coping, altruism, and a supportive person facilitating a ‘turning-point’ in their lives. Both studies note the potential beneficial impact of migrating on this group of people. One positive of migrating for some was that they could conceal or escape from the stigma associated with their experiences; another was that migrating opened up opportunities for them and the potential to create a stable and secure life. However the data reflecting better outcomes for survivors of ICA in the UK compared to Ireland could also be self-selecting in that those who moved to the UK may have had more social and economic resources.

Bhui and colleagues' (2008) qualitative research into ethnicity, religious coping, and mental distress found that the Irish respondents (n=21) did not tend to describe using religious coping, while other ethnic minorities were more likely to. Some Irish respondents described seeking guidance and wisdom from religion, and found calmness through praying. However the demographic data suggests that a proportion of these respondents were born in the UK.
Palmer (2012) describes oral histories carried out with migrants living in an outer London borough, focusing on migration and mental wellbeing. One Irish participant cited in the study reported being very isolated when they arrived in Britain and spoke of feeling lonely, sad, and depressed.

1.4.3. Substance Use

The issues of substance and alcohol use and/or abuse was investigated in a small number of identified articles. O'Brien & Tierney (1998) researched Irish migrants' drug use and HIV in Britain. They describe the findings of an action research project based on interviews with 100 Irish people affected by HIV, ethnographic observations, and focus groups. They found that there was widespread drug use in this sample, and found that drug use tended to become more harmful after migration. The authors emphasise the importance of culturally appropriate services and monitoring of Irish clients by drug services.
Tilki and colleagues (2009) report on the alcohol related aspects of a previous study on wider health outcomes and behaviours in the Irish population in London. It includes data from a focus group with older Irish men and with professionals, and individual interviews with four men aged 47-61 years who were all accessing support services for psychosocial issues. The author notes the central role of the pub in the social and economic lives of Irish men, the subculture and associated rules and etiquette of pub drinking, the links between drinking and masculinity, and alcohol as a coping strategy or self-medication. The author also notes the impact that alcohol use had on access to adequate help for physical or mental health.

1.4.4. General health outcomes

While papers that examined outcomes or understanding of specific diseases were not included, studies that examined broad indicators of health such as stress or living with chronic illness were retained. Clucas and

colleagues (2009) used data from the 2001 Census to examine the general health and experiences of long-term illness of UK born and Irish born people who identify as 'Irish' in the UK. They found that first generation and UK born Irish people experience a persistent health disadvantage compared to their British counterparts. They concluded that for the Irish born group, this disadvantage could be mostly attributed to demographic and socioeconomic factors, whereas for UK born Irish, this could not explain the disadvantage. Also using Census data, Ryan and colleagues (2014) reported on the high rates of long term illness in the Irish population compared to other ethnic minority groups, partly due to the age profile of the Irish population in Britain.

Delaney and colleagues (2013) used multiple data sources - such as health surveys, educational attainment measures, and health outcome information on Irish migrants who had returned from Britain to Ireland – to better understand the processes that have led to changing health outcomes for Irish migrants to England, from poorer in older generations, to better outcomes in newer arrivals. Some of the conclusions that they draw include factors leading to poor mental health prior to migration, the high rates of childhood abuse in those who migrated, and poorer health and education prior to migration. They suggest that for this older generation (those born before 1960), troubled assimilation in England did not appear to be driving force for poor health outcomes, but rather factors prior to migration. Addressing another possible theory about migration and health, Walsh and McGrath (2000) explored the relationship between identity and health among Irish born people in England. They note a correlation between both how central and positively participants held their Irish identity, and more positive health behaviours and coping behaviours. The authors thus suggest the encouragement of positive regard to one's Irish identity as a possible way to tackle poor health outcomes in this population.

Some studies refer to the high use of health services by the Irish population in England (Delaney et al., 2013; Erens et al., 2001), something that Moore (2021) explores in a community action research project among Irish people in London. This study found that older Irish born males were less likely than other Irish people to access GP services for advice for health issues. Therefore some of these narratives around the Irish population's use of health

services likely mask differing use according to gender, age, and type of service accessed.

1.4.5. Community and Belonging

Moore (2018) carried out a mixed-methods research with recent Irish migrants in London exploring resilience and difficulties after migration. The quantitative aspect (n=125) used a measure of social support closely linked to psychological distress, and qualitative interviews (n=51) were carried out relating to migration and community resilience. The researchers found that low social support in the initial stages of migration and poor planning were the main causes of difficulty. In this participatory action research project, the authors worked with the community to implement interventions to attempt to address these sources of difficulty. Moore and colleagues (2018) surveyed Irish migrants in London (n=790) on resilience, unfair treatment, and health. They found the moderating role that social support plays in the relationship between unfair treatment and poor health. The authors discuss this finding in the context of migrant communities and highlight the importance of migrants' knowing a trusted person who will be supportive in times of adversity. Using the same sample, (Moore, 2019) examined the relationship between self-rated general health and social support. The analysis found higher social support amongst the older age group than younger, and found that those who had three or more people they could count on in times of crisis , and those who reported experiencing some emotional support, were more likely to report having better health. Another finding of this study was that those who used Irish community-based organisations as their main source of support or advice for health were more likely to be in fair or poor health than those who used other sources. This series of studies suggests an important interplay between general health, social support, and types of resilience. They point to the role that community-based organisations can play for Irish migrants in times of adversity.

An older study by Stopes-Roe & Cochrane (1980) used questionnaires to gather information on a community-based sample of Pakistani, Irish, and Indian immigrants in England. They gathered data on 'psychiatric and psychosomatic disturbance', acculturation, social isolation, family support, social mobility, and migration difficulties. The authors found: no differences in scores of psychiatric

disturbances between the groups; that low acculturation was associated with high social isolation, particularly for women; and that non-working Irish men had significantly higher social isolation compared to working groups, however this difference in social isolation was not observed for other non-working groups. The authors conclude that wellbeing as a migrant does not depend on the cultural or geographical proximity of one's home country, but instead that migration is beset with the same number of problems, albeit differently experienced.

1.5. The Current Research

1.5.1. Rationale

The scoping review details research from various disciplines such as public health, sociology, epidemiology, and psychology. The articles illuminate the specific needs of older Irish people in Britain, with many specifying men as having significantly more difficulties. The unique constellation of pre-migration factors, migration itself, the nature of their lives in Britain, and often poor health outcomes means that this population have an important story to tell for mental health research. There is much epidemiological research based on mental health diagnostic categories, particularly from the 1990s, however very little where first-hand accounts of mental distress are sought. This is a notable gap in the literature given the well-documented poor health outcomes across decades. It is unclear why this may be but perhaps as a group, older Irish men are seen as difficult to reach, not psychologically minded, or reluctant to speak specifically about mental health. Improving understandings about how this group story their lives would ensure that their needs are listened to when communicated. Given the predominance of varying narratives hypothesising about poor health in older Irish men, it is pertinent to seek to conduct research where people can narrate their own experiences and to meaningfully listen to these perspectives.

1.5.2. Research Question and Aims

The aim of the present study is therefore to explore the narratives that older Irish-born men living in Britain engage with in order to tell their stories of their lives and the associated challenges, hardships, and opportunities. The aim

is not necessarily to provide an overarching guide for how to work with older Irish men, but rather to explore different ways of knowing and understanding mental health, distress, and coping. Through these aims it is hoped that a positive contribution will be made to current understandings bout health and mental health in older Irish men. The proposed research question is therefore: what stories do older Irish men tell about their lives in terms of opportunities, distress and hardships, and ways of coping. The following chapter will discuss the proposed methods for carrying out this research question and its associated aims.

2. METHODS

This chapter will outline the ontological, epistemological, axiological and methodological basis for this research, the assumptions of which underlie the methods used. I will then describe data collection and analysis, and reflect on ethical and practical considerations.

2.1 Ontological, Epistemological, and Axiological Position

Ontology, epistemology, and axiology are inextricably interlinked and inform the way in which research and analysis is carried out, and the conclusions drawn from this pursuit. Ontology refers to the assumptions we make about the nature of the world, and what there is to know, while epistemology refers to assumptions about what knowledge is and how we can know about the world (Willig, 2013). This study adopts a social constructionist epistemological position, according to which reality as we perceive it is constructed through social interactions, language, and other social factors which influence individual perceptions, and individuals in turn shape their world Rather than one universal truth, there are multiple social worlds in which we are all active agents in creating (Afuape, 2012; Andrews, 2012; Pearce, 2007). According to a social constructionist approach, concepts such as migrant status, gender, ethnicity, mental health and distress are constructed through relationships, language, and context. This approach is in line with my definition of these concepts described in the ‘Introduction’. Epistemologically, social constructionist approaches to research concern the way in which language is used by people to describe experiences, and with the functions and consequences of constructing one’s identity in a particular way (Willig, 2013). The basis of the current research question: “What stories do people tell…” reflects a social constructionist epistemological position in that it suggests that what there is to know is constructed by people in the form of narratives, yielding multiple realities in the world, and that we can come to have knowledge about these through their stories. This is in contrast to a realist position, according to which the true nature of the world is observable and measurable (Burr, 2015). Another position, critical realism, specifies that while research can inform us

about the nature of reality but cannot allow us to directly observe it (Harper, 2011).

This epistemological position does not make assumptions about what external reality, if any, exists separate to human experience. A pragmatic approach is taken to the epistemological position of this research, whereby it is acknowledged that while experience is socially constructed, material constraints and socio-political factors enable some experiences, and constrain the possibility of others (Squire, 2014). Additionally, concepts are seen to be 'real' enough to be discussed, researched, and named (Carter & Little, 2007). However, ontologically my position is more relativist than realist, as it is my position that research can inform us about what has been constructed through our interactions, but not about the true state of nature.

Taking an epistemological position is an axiological pursuit (Carter & Little, 2007). Axiology is concerned with what is valued and what is considered to be desirable or good (Biedenbach & Jacobsson, 2016). Thus it is essential to reflect on the values that have informed my approach to this research, and what values certain methods are suggestive of. The aim to reflect on this in and of itself highlights the assumption that research is not neutral, as it is influenced by the biases and values of the researcher(s), and the institutions that they are a part of. Within the aims of the research are some indicators of the axiological position such as: allowing people to describe their experiences of distress in their own language, acknowledging any convergence or divergence with mainstream expressions of distress to emerge; and examining the contextual basis of the narratives provided. This suggests values of appreciating difference, people being experts at making meaning in their own lives, and questioning dominant discourses. Additionally through my association with UEL as an institution, my training as a clinical psychologist has been heavily informed by concepts of social justice, which has partly informed the aims of this research to improve peoples' experiences and to treat their perspectives, worlds, and lives, with dignity and respect. I took inspiration too from the concept of an ethically and politically reflexive stance when working with a group that could be seen as marginalised (Boonzaier & Shefer, 2006). I thus endeavoured to reflect on the embeddedness of this research in multiple contexts of power and attempted to ensure that my methodologies, approach to

interviewing and questions, and ways of working with this group did not further stigmatise or marginalise them (Boonzaier et al., 2019).

2.2. Choosing a Qualitative Method

The ontological and epistemological position about this research question suggest a methodology where people are asked about their experiences. Previous research on Irish health in Britain has relied on quantitative methods (McGee et al., 2008). While epidemiological studies and surveys provide important information about the prevalence and scale of distress or diagnosed disorders, qualitative accounts are also needed to enlighten professionals who operate in the subjective human encounter. As this research aims to explore the stories that older Irish men tell about their life experiences, a narrative method was employed which aligns with an epistemological stance of social constructionism. Narrative approaches are a family of methods of interpretation of texts and speech that have a storied form (Riessman, 2008). 'Narrative' is understood to be an essential human activity that is not just about life but interacts in life (Daiute, 2014). This approach has been chosen for a number of reasons:

- I argue that our role as clinical psychologists is often to understand the meaning that people make of their lives, while acknowledging that it may not be the meaning that we ourselves might make. This subjectivity is a crucial skill and understanding for clinical psychologists if we are to work with people with diverse experiences and perspectives that we cannot personally understand. A narrative approach adopts the perspective that the stories that people tell are one of the ways that they construct and express meaning (Mishler, 1991).
- Narrative approaches allow us to attempt to address the power imbalance inherent in the researcher/participant relationship (Elliott, 2005a) and to allow people to tell their stories in their own words.
- Narrative research and analysis acknowledge how meaning is constructed between two people. This is important given the research cited regarding masculinity, and other ideas around identity, and the nature of meaning making in GP consultations or in therapy.

- I am committed to allowing space for other ways of discussing and healing distress, or what dominant culture refers to as ‘mental’ distress or illness. The purpose of this piece of work was not to strive towards education into dominant discourses of distress but to understand multiple existing perspectives.
- A narrative approach is best suited to capture some of the critical features of this research including migration, coping with difficulties over time, and identities formed in interaction with others.

Narrative analysis is useful for interpreting stories at multiple levels of meaning, and for taking into account the personal, interpersonal, positional, and ideological (Murray, 2000). In certain forms, narrative approaches also allow us to pay attention to the constructed nature of the interview itself between researcher and participant. Narrative analysis can be conducted with: discrete event stories or stories across the life span; and at the level of collective or individual stories. Analysis in narrative research can involve any or all of: an exploration of the content i.e. what people say; how narratives are constructed; and why certain experiences and events are told (Riessman, 2008). These distinctions are not necessarily mutually exclusive, and many researchers work across these divides. Riessman (2008) notes the variation in definitions and uses of narrative approaches, stating that the, “approaches are not mutually exclusive; in practice they can be adapted and combined. As with all typologies, boundaries are fuzzy” (p.18). Forms and combinations of narrative analysis are diverse and numerous, and researchers are encouraged to interrogate the positioning of their research question and methodology in order to choose an approach or combination of narrative approaches (Riessman, 2013). This research will combine thematic narrative analysis (content – what is said) and performative analysis (how narratives are constructed). Elements of the wider context will be taken into account while carrying out this analysis. This employs a constructionist rather than naturalist narrative approach, whereby narratives are used to explore how meaning is constructed rather than as a resource in and of themselves (Elliott, 2005b).

2.2.1. Narrative Thematic Analysis

Narrative thematic analysis concerns the content of stories, and the themes and meanings formed in the telling of a story (Squire, 2014). In contrast to the most established form of thematic analysis (Braun & Clarke, 2006), the unit of analysis is themes that develop across a story, or across time, rather than coded themes (Riessman, 2008; Wood et al., 2017).

2.2.2. Performative Analysis

Performative narrative analysis involves the contextual features that shape the construction of narrative, and how meaning is collaboratively created through interaction between storytellers and listeners. This is in line with the epistemological position of co-constructed realities in which the researcher plays a role. The interview is seen as a performance in which both parties participate, thereby creating a shared experience (Denzin, 2001). This does not mean to suggest that identities or experiences are inauthentic but that they are situated in social interaction (Riessman, 2001). Performative analysis acknowledges that all stories are situated in culturally available narratives, and thus can tell us about individuals and about the society in which they are created (Esin, 2011). ‘Performance’ and ‘performative’ are at times used interchangeably in the narrative analysis research; however I have chosen to use ‘performative’ to acknowledge the interactive nature of the narratives and my role in them, rather than a role as an observer.

2.3. Consultation

When devising the interview schedule, two people over the age of 65 who at one point in their lives emigrated to Britain were consulted with about the use of certain terms, how they would understand them, and how they felt when certain words were used. This consultation formed part of the title of the project and the questions asked. I also met with two experts in the field of health and migration of the Irish in Britain. These discussions concerned gaps in the literature, and advice on organisations that work with a large number of older Irish people in London.

A number of discussions occurred with organisations working with the Irish population in London while planning the project. Eventually, just one organisation had the capacity to work with me, however discussions with various people from different organisations aided my approach to this research. From the consultation period, individual rather than collective interviews were chosen, as I was advised that it would be more difficult to engage this population in a group project. Many people working with the older Irish population stated that potential participants might be deterred by the use of the words “mental health”, that it would be useful to get to know the organisation and people who use it first, and that people might find it easier to talk to me because of my own identity as an Irish person. These considerations informed how I approached recruitment and the structure of the interview.

2.4. Ethical Considerations

2.4.1. Ethical Approval

Ethical approval was sought and obtained from the University of East London Research Ethics Committee (Appendix C).

2.4.2. Informed Consent

Prior to meeting with me, all participants either had a discussion with me personally, seen a poster about my research (Appendix D), and/or discussed the research with a community facilitator.

I was aware that literacy might be a difficulty for gaining informed consent through text-based information sheets. Although I discussed literacy with community facilitators and with participants themselves beforehand, it became clear to me that participants may have had less literacy skills than required to read the consent forms. To address this I requested an ethics amendment in order to simplify the initial consent form (Appendix E), ensured that any community facilitators had the information sheets (Appendix F) and were discussing details with participants, and fully read through the information sheets and consent forms with all participants regardless of their literacy levels. All participants were given a debrief sheet to take home (Appendix G). Consent was conceptualised as processural rather than a once off event (T. Hughes &

Castro Romero, 2015) whereby there were a number of points where participants could ask for more information or decline participation, before, during, and after meeting with me. This negotiation reflects how ethical issues can occur at many points during the research process and should be reflected on throughout (Kvale, 1996).

Prior to interviewing, I also asked participants if they were comfortable with a follow-up meeting where I would summarise my analysis of their narratives and check if this analysis makes sense to them.

2.4.3. Data Protection

A data management plan was developed according to the UEL Research Data Management Policy, and approved by the Research Data Management Officers at UEL (Appendix H).

2.5. Design

2.5.1. Inclusion criteria

Participation was open to those who were: over 65 years old; male; born in Ireland; and who emigrated to Britain after the age of 16 years old.

2.5.2. Sampling & Recruitment

I developed a relationship with one community organisation that provides support to older members of the community in an area of London where a large number of older Irish people reside. This collaboration began by meeting with the managers of the service and explaining my research to them. I then attended a weekly lunch group for older adults in the area for a number of weeks, introducing myself to both staff and attendees. I put posters up of my research around the centre and spoke to outreach workers and staff about my research. In return for their help I have offered my skills in the form of training around mental health, and/or assisting with grant applications from a psychological perspective.

The study used a purposive sampling approach via derived rapport, with the community group facilitators approaching people on my behalf. Purposive

sampling means that participants are chosen based on their ability to provide an in-depth account based on the aims of the study rather than for their diversity or generalisability. Thus there is no specific N for narrative research but rather is based on a number of choices appropriate for the project at hand (Wells, 2011). Therefore from discussions with my supervisor it was estimated that 4-6 participants would suffice given the depth of analysis associated with narrative analysis and the time constraints of this project. Purposive sampling can produce a biased sample due to the participants often being those most engaged with the community group (Ellard-Gray et al., 2015), however this method meant that participants were already connected into a support network, and aided recruitment of a demographic traditionally seen as 'hard-to-reach'. Due to the reliance on online communication during the Covid-19 pandemic, the difficulty of conducting research with people seen as 'hard-to-reach' has been exacerbated as many do not have access to these technologies. Therefore I felt it was important to prioritise a way of recruitment that did not rely on internet technologies.

2.5.3. Participants

These methods of recruitment led to interviews with five participants. Specific demographic information was not collected on the participants, however it was gathered in the interviews that all were of White ethnicity, from the Republic of Ireland, and all had migrated to England approximately as teenagers or young adults.

2.6. Procedure

This research utilised narrative-informed individual interviews. All participants were offered the option of conducting the interview over Microsoft Teams or in-person and all chose to do the interview in-person. These were carried out in a private room in the centre described above. I began the interview with an initial guiding question, and added to this throughout the interview. An interview schedule was developed but this was treated as a general guide rather than a strict procedure (Appendix I). I asked for clarification if needed, however in general I allowed the flow of a story to continue without interrupting (Wengraf, 2001). After each interview I wrote a brief note about

aspects of the meeting not captured by the voice recorder such as interactions that happened before or after, and my feelings during and after the interview.

2.7. Analysis

Data analysis in narrative research is flexible and responsive to the task at hand, and does not generally follow specific guidelines. Instead an important feature of narrative analysis is ensuring that people's stories are understood and represented in the terms of their own meaning-making (Josselson, 2011). Additionally the aim of narrative analysis is to better understand sections of participants' narratives in relation to other parts and as a whole (Josselson, 2011). Therefore the steps described and undertaken were influenced by previous narrative research and writing, but also were adapted and moulded in response to the current project.

Transcription is an important part of narrative analysis as it is itself an interpretation that is influenced by the researcher (Mishler, 1991). Each interview recording was listened through before transcribing. Each interview was then initially transcribed using the transcription function on OneDrive, however due to strong regional accents it was necessary for me to transcribe most of the material manually. This allowed me to fully immerse myself in the data. At this point the main features of the interview were transcribed including speech, laughter, and crying. The recordings were then listened to again to make corrections and to add more detail such as pauses, emphases, and false starts. This roughly follows Riessman's (1993) recommendations on transcription. After transcribing was completed, each transcript was read through again a number of times while listening to the recording to summarise individual interviews, and to analyse across interviews. I constructed a table to allow myself to note the different levels of narrative that I was analysing (Appendix J) and reflective notes were made taking content, performative and contextual aspects into account (Wells, 2011).

The narrative thematic analysis followed guidance from Riessman (2001) and Squire (2013) around the description of narrative themes within stories, focusing on order and sequences (Riessman, 2001) rather than codes. The

performative analysis followed guidance from Riessman (2001), Mishler (1991) and (Boonzaier et al., 2019). While listening and reading I asked myself the following questions, adapted from the sources cited above in order to guide the analysis:

Narrative Thematic Analysis Questions

- What kinds of stories are being told?
- What sense do I get from reading the transcript/listening to the recording?

Performative Analysis Questions

- In what kind of a story does the person place themselves?
- How do they position themselves in relation to the audience, and vice versa?
- How do they position characters in relation to one another, and in relation to themselves?
- How did I respond to the person? How did this influence the unfolding of the story and its interpretation?
- How do they position themselves to themselves, i.e. make identity claims?
- How do the stories implicate the lived intersectional experiences of race, class, gender, disability, location religion etc?
- What kinds of social and cultural resources might the storyteller have access to and how do these frame the telling?
- Are there aspects of the stories that highlight cultural conventions and social structures?
- In what ways do the narratives ‘speak back’ to hegemonic ‘othering’ discourses about the group being researched?

Attention was paid to performative aspects such as masculinity, nationality, class, values and, given Ireland and Britain’s long fraught history, these were approached with a decolonial, intersectional lens (Boonzaier et al., 2019). I also considered my own role as an interviewer, how I had been positioned, how I was positioning myself, and the interplay between these aspects of the encounter. The transcription stage and these two stages of analysis were not

necessarily distinct and there was overlap in noticing and analysing themes and performative aspects. I situated myself in the analysis, recognising the inherent subjectivities involved in interpreting another person's story and strove for reflexivity throughout this process. Narrative themes and aspects of performative analysis were sent to an external narrative expert to inspect and enhance the credibility of these interpretations.

2.8. Reflexivity

Reflexivity as a researcher entails situating oneself in the research context and examining the subjective nature of conducting research. This involves being aware of the historical and cultural background of one's ontological and epistemological assumptions, and the potential biases towards certain methods and approaches (Esin, 2011). It is important to critique the appropriateness of the implications of these assumptions throughout the research process. Examining this began during the consultation process, and continued throughout through research supervision. In particular, analysing interviews through a dialogical lens in narrative research necessitates reflexivity throughout the process. I engaged in my own regular therapy during the period of this research. While I did not explicitly speak about the research process in therapy, themes around identity, belonging, and 'home' were things that were regularly explored, and these were themes that influenced my approach to this research. I kept a reflective log during this time period and aspects of the research process often came up in this writing.

3. ANALYSIS

Accounts of individual stories will be presented initially and thematic narrative aspects and performative aspects will be considered together. Following this diverging and converging aspects of the narratives will be discussed, and overarching stories will be described. Pseudonyms have been given to each participant and to any place names to maintain anonymity.

3.1. Individual Accounts

3.1.1. Gerry's Story – From Curses to Riches

I had chatted to Gerry a number of times prior to arranging an interview, as he was eager to speak to people and to tell his stories in general. As was a common theme when I spoke to people who attended the centre, Gerry was keen to know where in Ireland I was from, and to find out if we knew any of the same people. Gerry held some beliefs that would be considered non-conventional by some, however some of these beliefs were at one time more commonplace in Ireland and may be commonly accepted in other cultures or generations. For example a person possessing a 'cure' for different illnesses, people who had passed away appearing to him, and the existence of curses. Gerry appeared to sometimes shift to speaking about himself in the third person "he" during the interview. At times it was difficult for me to follow the thread, particularly as I do not share some of these beliefs. I wondered if my confusion was apparent, and how this was received by Gerry. I also wondered if I was then reflecting the 'conventional' back to him in my misunderstanding, and his experience of being different from 'mainstream' society.

Being 'cursed' was a central narrative in Gerry's story of his life, *"my case is unique because I was cursed*" (p.1), and seemed to be foundational in his understanding of the luck or misfortune of others and himself. Gerry described how, *"[name] cursed poverty on me at home when I was eight-year-old, was the talk of the parish, cursin' a little child"* (p.7). Gerry told stories of misfortune and victimisation through this curse, *"They actually cursed me that I'd have a bad accident. And I'd get me neck broke, and I'd lie completely*

paralysed and then eat away, slowly, very slowly with cancer" (p.2). However the belief in curses also served a protective function in that he believed in the redemptive nature of his experiences. He found solace in the curse enacting moral consequences, "*See the way the curse works. See the way it fell on the lad that called it. He never, you curse poverty, you never have any luck you know?"* (p.24).

Gerry's story was one of moving to England as a way for him to escape a sense of persecution or victimisation in his hometown. However he continued to experience this in England, and expressed a sense of misplacement or being excluded in both places, *"then they fall out with you then, stop contacting you"* (p.2). He told stories about violence in his former workplace in Ireland, and the threat of violence while living in London, *"Someone trying to shoot me, that was scary"* (p.3).

Gerry spoke about his work status and how he had not worked for many years due to disability and health issues. Gerry was keen to express that this was beyond his control, "*I was held back with my physical, bein' physically unfit"* (p.8). Perhaps Gerry's story did not fit neatly into a dominant narrative of Irish immigrants being hardworking physical labourers who helped to build Britain. His justifications also possibly reflect dominant narratives about people with disabilities being considered as lazy, skivers, or 'benefit scroungers' and the level and veracity of their disabilities being challenged or doubted by society.

Stories of masculinity were present in his ways of coping with the threats to his safety, *"I was able with him, able for him from the start"* (p.17). The preferred identity was a tough, invulnerable person. Even though Gerry's life had been extremely difficult, his narrative suggested that he was not fazed by it partly because it had been predicted by a psychic, and thus he had been expecting it. This seemed to be a way of coping with these distressing experiences. Some of this preferred identity as being tough and unfazed may have been due to his perception of me as a woman and younger than him. At times Gerry commented on my appearance, *"tall goodlookin' like yourself, lovely lass"* (p.2), joked about marriage with me and how our relationship could go further.

Gerry valued stoicism, comparing our time to the past when people had harder lives but did not experience things like ‘depression’. However it was also important to him that it was acknowledged that he had had a difficult life. This was reflected in his goal to write a book about his life, in his eagerness to talk to me about his life, and in his story about a family friend acknowledging that “*you had an awful life. You had an awful life… 'cause he was thinking back that he knew me from the past 65 years, you know?”*, adding that, *“so long as he knows it, you know. He’d be proud of me when I pull out of it too”* (p.16).

Gerry spoke in a matter-of-fact way about his mental health issues and readily answered my question about experiences of distress, “*Aye, I remember what it was, I had a nervous breakdown”* (p.15). Gerry linked this experience into that of others, presumably other Irish people like him in London, “*I blew it altogether, yeah, well that's the way, and that's a common thing in London like that could happen all right”* (p.15). Gerry recalled a story of being treated kindly during a time of great distress, “*I was afraid he’d throw me out… He wasn't going to throw me out but he was going to console me and rub me on the arm and that”* (p.15). Gerry described having flashbacks and dreams about his experiences in Ireland, and how his ‘breakdown’ was fated, couldn’t be cured, and had always been with him though not always been visible. In some ways this description is akin to an invisible disability that followed him that no one else could see.

A belief in being protected by a guardian angel seemed to help Gerry to be reassured that one day his curses would be lifted and that good things would happen to him, *“I was very lucky to have a wonderful guardian angel with me”* (p.3). Other protective beliefs were around finding strength in the existence of God, *“I was praying to the good Lord one night and eh, I asked him to protect me from the from the virus”* (p.2), and in the existence of the spirit of a deceased family member. Gerry took pride in his having the ‘cure’ for bleeding and for cancer, and told stories of offering his cure to people, and how they remembered him for doing so, *“he was telling the staff - this man cured me nosebleeds”* (p.15).

These stories were told in the wider context of economic recession, poverty, and systems in place that Gerry felt he could not trust, "*the government put a stop to it. It should have been, should have been global, viral, whatever you call it, and instead of that it was hush hush"* (p.2), or that did not serve him:

> *"that's fraud, of course, because… If you're getting that and getting dole you're not supposed to be doing any work. Dya see? [mm] But you have to live, you can't live on the on that alone, and then you can't live on the few shifts."* (p.8)

In this interview, my position as an educated person carrying out 'research' for academic means seemed to play into our interaction and Gerry's narratives of a preferred identity. Perhaps I was seen as being part of these systems that did not serve him. Gerry referred to how he was not good at reading or writing a number of times; he expressed suspicion of modern medicine; and he was keen to express that he had other types of knowledge that I did not. He seemed eager for me to believe the things that he did, and wanted to pass on his knowledge of traditional medicines and religious beliefs to me. He also discussed the ways that he planned to write an autobiography using modern technology such as dictation programmes and publishing this on eBay.

Overall Gerry's story was one of persecution in Ireland, moving to England as a means of escape or starting afresh, however finding that similar problems followed him due to a curse that was placed upon him. Despite this, he expressed hope and trust in a better life in the future, *"it's starting to turn I can feel good wishes coming through on me now"* (p.7). Gerry expressed a desire to return to a rural way of life, living off the land. Ultimately, he hoped to buy land to farm in Northern England. He spoke of an experience he had of attending a community garden in his area, which seemed to fulfil some of his need to be connected to the land.

3.1.2. Brian's Story – Getting on with it

Brian was reserved and quiet at times and some details that stood out for me in this meeting occurred outside of the recording or in what was withheld or

unsaid. Contexts of poverty and rural living were evident in our initial encounter discussing the information sheet and consent when I realised that Brian was having more difficulty than I anticipated with reading them. Brian explained that due to his upbringing he had not received proper formal education, and how this in some ways dictated his life, *"I had no nothing, could hardly read or write, that's what I am today. You know? [mm]. But I, it's alright sayin' read that then, I wouldn't be – I wouldn't know what it's about, you know?"* (p.2). We discussed this in detail before the interview started and I read out the information sheet and consent forms in full for Brian.

Brian told stories of sudden tragedies in his family and amongst acquaintances. These had affected him deeply and he often ruminated about what might happen next, or what the next thing might be, *"you'd be thinking is something else going to happen, you know? Or what else is going to happen. Terrible"* (p.7). Brian was particularly troubled by the suicide of a man who he knew. He appeared to be trying to come to terms with this, and trying to understand why it had happened, as the usual signs were not there, *"I didn't think that [redacted] man the way he spoke to me, cos he wasn't drinking or nothin' that time. God almighty it happened"* (p.19). Therefore excessive drinking or the disinhibition supplied by alcohol could not explain it. Brian had also recently lost a close family member, a loss which he was still trying to make sense of and which he was clearly grieving with great difficulty, *"I couldn't believe it"* (p.3). These stories were marked by the common factor that the person had denied the seriousness of their illness, or actively hidden their situation, thus making it an unexpected tragedy.

Brian's story of his life was one notably lacking in choice: being forced to leave his home and Ireland for economic reasons, *"Oh sure I had to. I left Ireland and that was it"* (p.1); being forced to take on a particular type of work because of the need for immediate pay; moving around for work based on where he was needed; and being forced out of work for physical health reasons, "*You don't have a choice you see. You don't have a choice. You know"* (p.20). These physical health issues were partly caused by a lifetime of hard physical labour. There was also a sense of constant movement and journeying, *"I started travellin' then and that was it and I was going from town to town with*

different people in different work and all that" (p.1), suggesting a way of life with no fixed abode and perhaps little say in the matter.

Brian's retirement due to health issues seemed to have marked a huge shift in his identity and self-perception, a common experience for people upon retirement. Despite his life having lacked in choice during his working days, he had had a clear purpose and distraction then. The importance of work, and hard physical toil was evident, and the centrality of this to his identity was clear from the many stories he told about his work. There was pride in this hard work, and in his physical strength, *"There was no machines, was all, all the human being was diggin'"* (p.11), and how this work had been integral to recognisable parts of British society. Brian told stories about the camaraderie and community in his line of work, *"everyone was standing together and we all knew one another, you know?"* (p.11), the routine, money, and not having time to think about anything else. Brian described merciless working conditions where bosses were authoritarian, and work that involved relentless, physical labour, however said it was *'fine'* and that, *"'twas good times, them times"* (p.14). Perhaps the negative aspects of his working life were not part of his current storying of his life, as he was predominantly missing being busy with work at this point. Brian positioned himself in contrast to more recent generations, telling stories about how his generation had done a lot of the hard work before more recent labourers came to England. He told stories about teaching younger workers how to do things without machines, and about the differences in their pay, *"Sure they want everything today now and it's a week in hand"* (p.15).

It seemed that Brian's had spent a lot of his life ignoring, avoiding, or distracting himself from physical and emotional pain, "*You were meet, meeting up with people in the morning and getting on with it you know"* (p.20). It was thus unfamiliar to him to pay attention to his thoughts. This marks a central transition in the story of his life. An attitude of getting on with it was a central theme of Brian and others' stories. "*They wouldn't have you goin' in near the hospital. Ha? Goin' into a hospital and there's work to be done here. Ha!"* (p.12). At this point in his life he was having to attend to these things because he didn't have the usual means to distract himself, and because he had been

forced to listen to his physical health needs and to seek medical input more recently.

It seemed to be easier for Brian to speak at length about physical health issues rather than mental health, *"Oh I don't want to be talkin' about things"* (p.2). He spoke about struggling with depression, *"depression, it sets in"* (p.3), which he described as: *"Oh, everything's going through your head, you know. Through your mind everything is. You don't know what's going to happen then you say you're better off goin', be dead you know?"* (p.6). He also described how these ruminating thoughts meant that it was sometimes difficult for him to concentrate and remain connected to people, *"people'd start talkin to ya and then, then, the next thing you wouldn't know what you're talking about. Y- they'd say, are you listening to me. You know you'd be gone away some- I'd be gone away somewhere else"* (p.7). Brian spoke about having engaged in talking therapy however he did not discuss many details about therapy or whether it had been helpful. Brian compared it to talking to people who gave good advice. I wondered if this was either a way to downplay the implications of professional input, or perhaps therapy had not seemed more helpful to him than a chat with a friend. However given the positive way that Brian spoke about his discussions with friends, perhaps this indicates approval.

Brian spoke of the pub being the predominant means of socialising for men like him. Brian described the push and pull of not wanting to drink because of its impact on his mental health, however becoming isolated if he did not go to the pub. Brian emphasised that he now only drank water, perhaps wanting to specify his deliberate avoidance of alcohol in prevailing narratives about the Irish and alcohol. He described the impact that alcohol had on his mental health, *"if you went drinkin' that's when it 'twould, your head'd go completely, you know. If I went drinking, out drinking shorts or something like that and my head'd start reeling [Yeah]. Thinking of all these things you know"* (p.6-7). This suggests the role that alcohol can play in weakening the barriers that keep certain thoughts and feelings at bay.

In terms of coping, Brian told stories about the support of one close friend who was important to him and had supported him in times of illness. He

also spoke about his need to try to keep busy to stay well, however this had been hugely hindered by the social distancing measures in place due to the Covid-19 virus.

Brian told a story of a life of movement and labour with little ability to dictate where he went. However when this ended there was a great sense of loss of purpose and identity, particularly as it coincided with illness and a bereavement. This marked a transition from the communal toil of work to illness and a loss of purpose and company. Brian spoke of tragedies with a sense of confusion and perhaps distress at how little sense they made or how sudden they were, *"she just fell down"* (p.3). Perhaps because of these experiences, and the idea that life can change so suddenly, he considered himself lucky, *"as I say, man is lucky to be alive"* (p.20).

After the interview and recording had finished, Brian seemed to want to stay and speak to me for a while. As I had found this to be quite an emotional interview, and I felt it had brought feelings of sadness and grief to the surface, I stayed and spoke to him for another twenty minutes or so. Brian asked me why people got depression, why I thought he had depression, and how to help it. We spoke about Brian's grief and what his deceased family member had represented for him – home, being taken care of, his childhood – and how her loss also represented a loss of these things. I reflected back to Brian the things that he had said help him – speaking to friends, getting out and about, watching sport with people. However this interview was carried out during a time of Covid restrictions and so some of these things were less available to him. I encouraged Brian to use the services in the organisation and to go to his GP if he felt he was struggling again.

3.1.3. John's Story – Redefining Success

John spoke for a shorter amount of time than the other participants, and was slower and more deliberate in his speech. His stories were told in the wider context of poor housing, rural upbringing, large families, *"there was no work at home really and then there was eh, 11 of us in the family… Be lucky to get a bed, you know"* (p.1), alcohol and drinking culture, *"that time, that was the culture that time anyway, heavy drinking"* (p.2).

John spoke about the dream that many had of moving to England with only a small amount of money and becoming wealthy, and the stories told in Ireland about people who had succeeded in doing this. He linked his migration story to that of others, *"that time nearly everybody used to come here because we used to send money home to bring up the, the youngsters behind us, you know [mm]. That was a, a common practise"* (p.1). Additionally there were *"fairy stories"* about how, *"London was paved with gold"* (p.2). However the reality was very different for many. John spoke about the deep loneliness and displacement he felt when he moved here, *"Missed home, strange place, knew nobody [mm] yeah. Found it very, very strange"* (p.1). This was compounded by poor, isolated living conditions, "*when you rented a place that time, it was just a room [yeah] and you weren't going to go back and sit in the room… for hours on end"* (p.3). Part of the 'strangeness' for John was in attempting to relate to the people who lived here, "*And then there was a lot of we'll say English people you'd be talking to and then you couldn't understand them. They probably didn't understand us either, you know"* (p.1).

Perhaps because of the extreme loneliness that John felt, and his difficulties with alcohol, his story of coming here was marked by a conflict about whether he should have stayed at home. He spoke both of being forced to come here for economic reasons, but also that he could have feasibly stayed at home and helped to manage his family's small farm. This conflict seemed to be partly influenced by pride and the possible shame of having 'failed' at achieving potential successes in England, *"I didn't want to be here. But I'd made the decision. And then to make matters worse, I didn't have to be here. You know I coulda stayed at home"* (p.1). John did not have a coherent or settled story about why he had come here and stayed. Perhaps he wondered whether he could have had a better life if he had stayed in Ireland. However it is possible that he found some comfort in the fact that this conflict was part of many people's stories*, "I couldn't definitely turn around and say to you, when this was the 100% reason I came [yeah], I couldn't say. So that was it, but then again, there was an awful lotta people like me"* (p.2).

Dominant narratives of masculinity, and the need to be seen to succeed were present in John's story of how he managed and hid his emotions, *"then you see you'd be feeling real lonely and you wouldn't admit it. You know. Cried"* (p.3). Again John fit this into a wider story that others shared, *"There was an awful lotta lads like that"* (p.3). There seemed to be a wider narrative that people did not speak of the loneliness they felt, however with time people were more able to talk about these difficulties. Perhaps this occurred when they were no longer trying to simply survive, or because they had been forced to admit their difficulties to themselves, *"then if you talked to them ten years later, they would admit it"* (p.3), explaining that, *"you're not going to talk about it when you're afraid you know"* (p.4). John also explained this through the idea of 'pride' and how many would not have wanted to admit their failure, perhaps particularly men who were expected to send money home to their families. Additionally this is pride that was probably already hurt because of their inability to find adequate work in Ireland, *"it was pride you know. If you said you were going to come over to England and you, there was no way were you going back [mm], because you were a failure, you know? Even though you were crying yourself to sleep. No, there's no way you can… you were going to stay. And that was it"* (p.3). This is a story of silent survival and accepting the life that you have chosen in England, even if it was very different to expectations.

Masculine strength was important in John's stories of eventually succeeding or getting the upper hand. He spoke about how he himself was not abused by gangermen,[1] and how later on he used his relative power and position in society to stand up for younger labourers through intimidation. John spoke with disregard for the gangermen, in an almost threatening way, *"they wouldn't get away with it today or, they'd get shot"* (p.4). He spoke as if these construction companies had had their comeuppance, describing how people would no longer work for them so they had to change their ways; that these days they would be "locked up" if they behaved that way; and spoke about infamous gangermen who were now outcasts in their communities, and had to move through their areas fearing their safety. Certain gangermen seemed to have almost mythical status in the collective mind, with John saying that

[1] A gangerman was a commonly used term to refer to someone who worked under a foreman on a construction site and supervised labourers. Also referred to as a 'ganger'.

"everybody has" heard about one particular man and how, *"there was books, everything written about him. An absolute pig"* (p.5).

John's story was framed by his use of alcohol and he spoke about how after coming to England he quickly fell into drinking a lot, "*That time, of course, started drinking and… that was the start of a… ten, twenty year downfall"* (p.1). John placed his story in the context of the times, and as part of a wider struggle that others faced, "*it was all, all drinking culture. And this is what it was, and this is why there was so many problem drinkers and all that time, you know?"* (p.1). Similar to admitting to being lonely, admitting addiction was also a struggle for John, *"there was no way would I admit to being an alcoholic [mm]. Not in a million years"* (p.4). He told a story of a pivotal discussion with a male doctor in a hospital, *"he had a good chat with me after my second or third dry out [yeah]. And he was saying don't be afraid to admit. He said if you admit you're an alcoholic, you need help. He said that's half the battle. And dya know something he was right"* (p.4). I wondered if there was something positive in the authority the male doctor had in his ability to connect with John on the possibility of being vulnerable.

Similar to Brian, some of his struggles were in the nature of the work John was involved in. John spoke of abusive working conditions, *"They used to be abused and get dog's abuse. From real thick*[2] *Irish gangermen"* (p.3)… *"they were afraid of their lives going to work"* (p.4)… *"It's a dog's life when you look back on it, you know"* (p.5). These working conditions only improved after gaining some power in experience or connections with other forms of work. meaning that he was not reliant on labouring work. The complexities of class and hierarchies in these scenarios are illuminated by the fact that Irish labourers stuck together socially and at work, however the threat of violence was from other Irish men who managed their work, *"the Irish, you know were horrible for abusing their own young, you know"*… *"there was a lot of oul' thick*[2] *Irish men and that's for fuckin' sure"* (p.3). It seemed that wider narratives of success and becoming wealthy meant that expected ideas of looking out for "their own" did not occur. The driving force was productivity and profit, *"that went on an' they*

[2] 'Thick' is slang meaning stupid or intelligent, but to Irish people this word can also mean angry or belligerent

were greed, greed, greed" (p.3). John seemed to find it easier to speak about others when perhaps he was also referring to himself such as speaking about the struggles of young labourers . Perhaps he really did avoid the abuse some went through but it would undoubtedly make one fearful when working on the sites.

John's stories of success were present in both vulnerability and in masculine strength. He cited the point of admitting he had a problem and that he needed help being pivotal in addressing his alcoholism – a sort of unfamiliar vulnerability which he compared to how young men wouldn't admit that they were lonely or scared until later on in life. John seemed to acknowledge that he had not had the kind of financial success he had wished for, but he achieved a status of sorts in his particular community.

Speaking to me about his struggles was a vulnerable position to be in. Before we started recording, he told me about his daughter who had a number of qualifications, however his daughter did not come up during the interview. Additionally he spoke about his personal connections to a successful Irish businessman. These were possibly ways of establishing some kind of equal footing between us in a situation that is inherently asymmetrical in power.

3.1.4. Sammy's Story – Good Prevails

I had met Sammy once before in the centre where he was keen to tell me about his athletic skills and we discussed where in Ireland we were from. He often burst into song while talking, making up songs on the spot based on what we were discussing. Sammy spoke at length and told long, detailed, tales.

Sammy was keen to impress on me that he had not experienced hardship or distress and preferred to discuss his strengths. However when hardships or challenges did come up, they were around being let down or disrespected despite trying to do the right thing. For example being rejected at a dance by a woman who had a similar physical disability to him; and being unfairly let go from a job after working hard at it. In these instances he told a story in which he gained the upper hand by righting a wrong, or by behaving in a way that he deemed to be morally good:

> *“if somebody is awkward to you like, show your, your good side… then they won't think they're getting anything any satisfaction like you see”,* and, “*I didn't mind getting refused like, you know…I'd say well if I'm mannerable, nice person, at a dance I wouldn't give a hoot like you know*” (p.12)

In one instance this meant that his attempts to gain the upper hand over a discriminatory employer led to the business being heavily sanctioned. Sammy told this story excitedly and it was clear that this was a huge achievement for him, and that it righted a sense of injustice he had felt both personally and for other Irish employers. *“I couldn’t go without having a go at him, you know it was boiling”*... *“because if they done that, doing that to an awful lot of Irish lads”* (p.6). The joy and sense of achievement from this situation was almost divine, *“‘twas like an Angel was looking down at me as I went out as happy as Larry”* (p.5).

In terms of relationships, there were narratives of having missed or lost relationships, such as the woman who declined him at the dance and a close, dear friend who he worked and travelled with who got married and moved back to Ireland. Sammy also sang a song about a young man emigrating from Ireland to America and missing his mother’s love, *“A mother's love is a blessing, no matter where you roam. Keep her while she's living, you'll miss her when she's gone.”* (p.18).

Sammy found strength and pride in a number of ways as described in his stories. He told stories about the importance of being physically fit and strong, sometimes denying his needs, such as hunger, in order to be seen to work hard, *“You'll tire after a bit because the, you’ve no energy really like you see which you get from food”* (p.1). Similar to others, Sammy placed great value on work, his ability to turn his hand to any job, and his physical ability to perform difficult labour, “*I'm a sort of character, doesn't matter what I do if you ask me”* (p.1)… *“fit from the running and I was able to rush round, and I was able to do the job quickly”* (p.4). He placed a lot of value on the positive feedback he received for his efforts, *“they wanted me back because they said you're such a*

helpful bloke to everybody and you're right, ideal for them" (p.7)… *"often they said, Sammy, you're very good at your job like yano. That's a boost to your morale a bit anyway"* (p.4). Sammy differentiated himself from those he worked with who were only interested in monetary gain, *"And he was giving out*[3] *to me because he'd take money from his grandmother"* (p.3)… *"if I see fellows doing wrong, I'd say, well, I wouldn't do that. Like you know if they weren't helping old people, or doing that. I'd be more… I'll be more reliable and helpful in every way"* (p.8). He told many stories of helping people and always going the extra mile, "*I always loved, liked, helping people with children and to see them smile"* (p.2). Sammy also told stories of people or himself being ill-treated, and how he fought back against this in his own way. It is possible that this was a necessity for him to learn because of his physical disability, which he described being discriminated against for, *"I was wanting to go to join the priesthood once. But they wouldn't take me on account of the [disability] like you know"* (p.15).

Sammy spoke about his religious faith being a protective factor for his wellbeing and how it has helped him to stay positive, *"I think if you've got the confidence, and eh if you're relaxed, and you say a little prayer always, you know. People don't believe in prayer, but I do like you know"* (p.15). He told a story about how a religious object saved his life as a child and how he carries it with him at all times, *"this saved my life and I always will believe in it (shows me the object). This is what saved my life"* (p.21). He cited bible verses that help him to feel calm and described reminding himself that Jesus Christ lived and died for us if he ever felt low or down. He also found community in the church choir and attending mass. He also described being happiest being outside, *"I'd rather be out in the fresh air you know"* (p.4), and told stories about his time in horticulture with great pride.

Sammy told a counter narrative to dominant discourses of masculinity and violence; one that was against asserting oneself through threats or power. He told story of male violence in the context of alcohol that had had an impact upon him and which seemed to influence his decisions and values. This was a story of a man in his hometown who would become physically abusive when he

[3] 'Giving out' in Irish slang refers to scolding someone, or sometimes complaining.

drank, *"but nobody used to tell him off or anything"* (p.2). This shows the acceptance of this kind of violence in the community he grew up in. The impact of witnessing this was evident, *"sometimes you'd think of it when you're trying to sleep, them little girls, maybe five or six jumping out the window… it's one of the things that always stick in your mind like you know, about drink".* This caused him to make an important decision about his life*,* "*but the drink was the cause of it that was one of the causes and that was - I'm not, never going to drink that, drink that stuff"* (p.2). He described trying to help families and women who had experienced violence from men, and described his own ways of getting the upper hand through wit, working hard and well, and remaining positive and friendly at all times.

Sammy told stories that illuminated the prevailing culture of drinking alcohol in order to aid confidence and sociability, *"they couldn't understand me at all like at, parties how I'd get up and sing a song, I didn't want anything"* (p.2). Sammy positioned himself in relation to others who drank alcohol and became violent or became unwell. He had taken the pledge of abstinence from alcohol through the Pioneers - an abstinence organisation that was once prominent in rural Ireland - and took pride in not drinking:

> *"I was always telling fellas when I'd see them drinking and fighting with their girlfriend or like I said, give up that…. that's no good to you. Give the bloomin' stuff up you. It's driving you crazy like you know. I said you can do without drink and cigarettes. Your health is more important now"* (p.1)

Many of these stories were told in the contexts of poverty – either Sammy's poverty or that of people who Sammy helped when he noticed they were in need. The stories also reflected the lack of workers' rights and discrimination specifically of Irish workers or those without secure contracts. However he also told stories about the positives associated with being Irish such as being hard workers and being friendly, "*he said I couldn't get better blokes to help me with… you couldn't get better people… the company and the camaraderie with the Irish lads. He said it was great working with them and everything"* (p.4). Sammy also told stories about great achievements despite a

lack of opportunities, "*… he left school at 13. But he learned to read or write himself"* (p.10) noting that*, "it's amazing how people do it they might have one thing… hindering them, but remember there's always different things that they might be better than you at like you know"* (p.11).

Sammy's was a story of resisting violence, injustice, and dominant narratives in his own unique way. Sammy remained hopeful despite receiving setbacks and possibly losing or missing out on some important relationships in his life.

3.1.5. Declan's Story – Finding my Confidence

Declan had told the outreach worker who invited him to my research that his story was a happy one with no complaints, a message that was to be passed on to me. In general Declan told a positive story however there was a sense that this was in order not to be seen to be overly negative or complaining about his experiences in England. Thus I was surprised when Declan told me about his struggles with mental health, which he told me as part of a story of a positive time in his life, *"it was lovely that time. And em… but that was the… everything was fine and fantastic, but then I started getting sick"* (p.9). Declan's more difficult stories were couched within justifications and often conclusions that they should not be the focus of the interview, *"anyway, but we shouldn't be talking about the mental times we should talk about the good times, and there was good times here"* (p.16).

One of the ways that Declan made sense of his mental health difficulties was genetic or hereditary explanations:

> *"a German nurse told me, a nice lady, she said the Irish and the Jamaicans the were about the worst for that. And she said I don't know what it is she said, it's possibly close breeding. See, all your people, all my people, they all married each other"* (p.13)

This struck me as an odd thing for a nurse to say – perhaps this was a common belief among nurses at the time or perhaps Declan had internalised this message from elsewhere. Declan storied his mental health as something

that seemed to be masked by the excitement of having moved to England however it had reappeared at a later date, "*I was not happy in Ireland, maybe I was depressed, I don't know. I didn't know I was depressed… but when I came here sure everything was fantastic"* (p.9). At times Declan seemed to struggle to find the words to describe his experiences, *"'Tis very hard to explain it to eh… to a person that never suffered it. But it, it is a curse"* (p.11), and described having found it helpful to hear a footballer on the radio describe his experience of depression, highlighting the potential benefits of hearing others' stories. Declan also told stories about his mental health having roots in his lack of confidence. He told stories of the inadequacies of his schooling, abusive teachers, corporal punishment, and not feeling safe with teachers. He described locating his experience of his confidence being affected by a physically abusive teacher in the stories of others:

> *"Oh he affected it yeah, he affected everybody yeah. And you know, I thought we were the only ones with a one like that because the man next parish, he was a nice man. But you're talking to people here, and they were all the same"*. (p.5)

He linked this to the experience of the Irish people as a whole: *"no that did affect a lot of people. And anyway… the old Irish people they… they had no, no uplift"* (p.6). He told stories of feeling inadequate in comparison to people more educated than him or from different parts of Ireland to him:

> *"lack of confidence for a start. When I see people there now, young people and foreigners, they can walk in there to an office and they can demand what they want and that kind of… [yeah] we could never do that. I still can't, well I can now I don't give a shit what anybody thinks. But eh, no there was a long time we couldn't [yeah]… even when the Yankees came over or the Dublin ones came down, they were always better than us. They were better dressed, they spoke you know confidently and all that"* (p.5)

However he spoke of the positive impact of being kindly treated by aunts who he visited:

> *"they took us to the Zoo, and they, they, no they, they [aw] straightened you up a bit. Now, you're as good, stick your chest up, keep your head up high, you're as good as anybody else. That's the way [aw] you know, we, you didn't hear that in rural Ireland. No, no. They were lovely, I, I had a great admiration for them"* (p.6)

Declan's lack of adequate schooling had shaped how Declan saw himself and his position in English society, *"I came over here, no education, no intelligence, a [disability]"* (p.4), and it seemed that he felt his life would have been easier if he had had better opportunities, *"I would have liked to have a bit of education to be, to be easier earlier on"* (p.5).

Declan told stories of the impact of his mental health issues on his concept of himself and his masculinity. For example his role in his marriage, *"A fine fella she married… and just suddenly down in the… it's not, it's not fair like"* (p.10); and on his perception of himself as a hard worker who should have succeeded, *"I regret that that happened in the best part of my life. But I'd be a wealthy man today if I, if I…"* (p.13). This seemed to be amplified by the idea that Irish people judge those who attempt to succeed harshly, *"the Irish thing really is to laugh at people trying to get on"* (p.14).

Declan spoke about the difficulty of communicating emotions, for example at the time that he left home, *"There was nothing said, you know, the, the way in Ireland there'd be nothing said"* (p.2). On the other hand some stories he told were notable for the fact that difficult experiences were spoken about – however this was not the norm. Declan recounted a conversation with a friend about the potential impact of the type of schooling he had on him and others like him:

> "*I was telling him about the people here I said, there's an awful lotta them affected…. about the way we were, we weren't dra- well we were dragged up. You know at home, was grand, mother and father were fine. But I mean, if we had a mother and father like the teacher, [yeah] well*

> *you'd, you'd go wrong like I mean, you would have no empathy with anybody or anything"* (p5)

It was clear that the part of Ireland that someone was from was important to Declan, who described everyone in his stories with their Irish county of origin. Declan's stories suggested a performance of being a certain type of person, farmer, Irish person, a more open-minded type of Irish immigrant, *"there'd be chatting going on, about people, and about work and, I don't want to know about that. I don't want to hear about concrete or steel or anything like that ever again"* (p.4). He told stories of how he differed from the Irish population here, *"I never fell into the trap now of the drink and that. Because I went into vans in the morning with some of these people. And now, you can just imagine [yeah]. You'd rather go into a pigsty"* (p.6). Perhaps Declan's desire to differentiate himself from these men came from wider narratives that he was aware of about Irish people in English society, *"there was a lot of them men then just let themselves down…. They were the ones the English people saw. They didn't see the nice clean fella coming home from work, minding his own business"* (p.6). In response to a comment I made in our conversation about how a large number of Irish men did not marry, Declan made the point that he and his friends were different to this, *"ah now a lot of the decent lads they'd all have girlfriends"* (p.7), continuing that other men who arrived in the 1950s:

> *"weren't much fun to be with no. And, and they, this hard luck story, about how they survived and how they bet the odds… I'm sure 'twas rough enough here but I mean the time I came now, I embraced it and I enjoyed it"* (p.7)

The economic function of the family was clear from Declan's stories as he spoke about him and his brother taking turns to work in England to send money home, *"I was here to make money for six months and that was it"* (p.1), and how it was initially left to him to work the farm rather than his brother as he was, *"bigger, stronger, more stupid"* (p.2). Declan described how when he left home the usual economic functioning of the family was disrupted, *"my younger brother was only 12. And my father was 60 and arthritic so he needed a man"* (p.2).

Declan referred to Ireland as ‘home’, however noted the distance that had grown between him and his place of birth, *“And when you’re ten years gone, then people are getting old [yeah] and you don't see them anymore”* (p.2). This leads to the question of where home is now, and if home moves around but stays fixated on Ireland. Declan spoke about the joy of returning to Ireland and experiencing rural life again, *“we took the horse out, a nice quiet road, and when the horse saw a nice bitta grass, he’d stop, and we’d stop, and we chatted. I thought it was lovely…”* (p.5). This desire for rural life came up again in Declan’s stories about how him and his wife used to escape city life, *“to get out of this damn town just to see a green field”* (p.7).

Declan’s stories around his move to England involved complex feelings: guilt, shame, joy, excitement, coercion. The over-riding story that Declan told was one of escape and a chance for opportunity, *“the freedom we had you don't even, you couldn't even imagine it”* (p.8). He told stories about finding work easily – although difficult work, *“there was work everywhere yeah. “‘twasn’t a great, ‘twasn’t a nice job but ‘twas a job it was… until you got settled”* (p.3), about meeting new friends and people his age, and about fitting easily into the Irish community in London, *“you’d say, I cannot be in a foreign country. The whole lot was Irish sure”* (p.4). However he described how the high concentration of Irish people in particular areas was a barrier for some, *“And, that was a downfall of a lot of people, because some of them never learned to deal with anybody, only their own, and their own type like”* (p.4). Additionally there was a sense that this type of Irish community in this area was a thing of the past, telling a story about where they used to sit while waiting for work, *“50 years ago we used sit here, and wonder where are all them men now [mmm]. Most of them are dead I suppose”* (p.7). He also lamented the fact that his father had not had the same chance he had had to leave the country and pursue other options, perhaps feeling some guilt that he had left, *“I’m not apologising to anybody because he said the same thing in his time, like he was a bright kind of a fella. And eh, he should have got away too”* (p.2).

The implications of my gender, age, and profession were present in the encounter and in Declan’s construction of his story of having received

psychological input, *“she said she was a trainee psychologist. She was young, she wouldn’t be as young as you, maybe 30, maybe… a lovely looking girl and all”* (p.10). Additionally the differences in our levels of educational attainment were acknowledged, *“it's all very well for yee, you’re all educated and you were trained to do different things”* (p.19).

Declan’s story was one of finding freedom and joy in England but having to eventually deal with some internal struggles that he believed existed before he migrated. Declan had worked hard to build himself up and he was eager to differentiate himself from negative stereotypes of Irish people, and express his overall contentment with his life.

3.2. Bringing Stories Together

The narratives of each participant were considered collectively, noticing similarities, differences in narrative themes, and also overarching stories or narrative threads with a focus on performative aspects. The potential ways that these narratives might align with or diverge from mainstream, or ‘master narratives’ were considered.

3.2.1.Comparing and contrasting

3.2.1.1. Common ground

There were a lot of instances of a search for shared narratives with me. It was common for us to connect our backgrounds before the story telling started. This either came up naturally or I deliberately mentioned where I was from, however my county of origin seemed to always have been already told to the men by the outreach workers who had introduced us. This is an important and standard part of meeting someone from Ireland, where many assumptions, and performances can occur based on accents and areas of origin.

3.2.1.2. Performing masculinity

Identities formed around masculinity could be interpreted in all of the interviews. There was a conflict between being seen as ‘tough’ in order to survive, and the inherent conflict of masculinity – reconciling ‘toughness’ and vulnerability/distress. Stoicism was evident in stories about getting on with

things and comments that reflected being resigned to a certain type of life or pain. Masculinity was performed in some ways in relation to my position as a young woman, however it is also possible that stories of vulnerability were also easier to discuss with me as a woman. One narrative thread often associated with masculinity that was present in some of the men's stories was the spectre of suicide. The way that they spoke about this suggested that it was a difficult thing to talk about, either speaking about it hypothetically or telling stories in a jilted or rushed way. It was evidently a difficult topic to discuss and it seemed that the threat of it, to oneself or to acquaintances, was always close. This is a narrative that is understood at the level of the local context and also on a wider scale, with there being awareness among policymakers and health professionals that suicide is a risk for men who are socially isolated. Another narrative thread typically associated with masculinity was relationships with alcohol. Participants seemed to be aware of the narratives about drinking and alcoholism in their specific demographic. Many purposefully mentioned that they do not drink, or specified that they were in fact drinking water when telling stories about the pub. Perhaps they assumed that I expected them to be alcoholics. I wondered about the possible shame associated with this stereotype and on a personal level of having difficulties with alcohol. Indeed as Declan noted, it was the men who drank that the English saw. Perhaps specifying their views and behaviours around alcohol was to ensure that I did not see them in this light. A number of the men spoke about the concept of 'confidence' as a defining feature of either doing well or not doing well in life, an idea that could fit into a framework of wellbeing according to masculine ideals involving self-sufficiency and toughness.

3.2.1.3. Silent stories

Markedly absent were stories of romantic love or partnership. The majority of the men were unmarried and did not discuss romantic partnerships or interests. However my gender and age could have been a factor in the absence of these stories. Other noticeably absent stories were those of interactions or relationships with English people, with some small exceptions. When English people were mentioned it was brief and lacking in detail. It may be that immigrants are wary as to how secure their footing is within a place, even after many years, and thus prefer not to say anything negative to

someone seen as a relative outsider like me. However this is speculation, and it could be that this was not a notable part of people's stories.

3.2.2. Overarching Stories

I drew out five storylines and processes of performing identities across the accounts. These were not necessarily main stories in everyone's accounts, nor are they an exhaustive summary, but stood out to me as prominent narrative threads. These were interpreted through my examination of the interviews, and through discussion with my supervisor. These stories, and sub-stories are shown in Table 1.

Table 1 Overarching Stories and Substories

Story	**Sub-stories**
The curse that follows	Depression; tragedies; making luck; comeuppance; being cursed
Always managing my difference to others	Uniqueness; hard worker; sober; morally good
Finding my story	Making sense of difficulties; sharing what I can; song and tales
The body as a vulnerable machine	Disability; physical toil; abuse
Journeying and settling: Searching for home	Home; quest for freedom; unplanned moves

3.2.2.1 The curse that follows

Many of the stories were formed around the idea of a curse or a similar presence or feeling that followed them through their lives. For some this took the form of their distress following them – for example Declan spoke about how he must have been depressed in Ireland but it only caught up with him later in his life; Gerry felt that his 'nervous breakdown' was always in him but was invisible to others until at a certain point in his life it was not; John spoke about his alcohol use as something that coloured many decades of his life and was still something he had to deal with; and Brian seemed to battle with the idea that many tragedies had happened to him, and he wondered if other tragedies might occur. In some ways this sense of a luck or curse following was protective in

that people believed that bad deeds were punished, and good deeds were rewarded. Additionally it may provide a sense of order to the universe, despite the often harsh and unpredictable experiences within their lives. Sammy differed from the others in that his stories emphasised being blessed and saved by religious objects and prayers throughout his life. However arguably both feeling blessed and cursed are ways of seeing the world that may provide some sense of order.

3.2.2.2. Always managing my difference to others

Many of the stories and much of the identity performances in the interview occurred in the context of differentiating oneself from others. I wondered if this was a way for the men to control or challenge some of the narratives that they assumed to have been present in my mind. For some, like Gerry, differentiating himself from others (*"my case is unique"*) may have served a protective function, as he had been excluded from being part of the proud narrative of the Irish as hard workers due to his disabilities. Some of the more dominant or well-known narratives that the participants may have wanted to distance themselves from were around drinking, having 'tragic' lives, being unsophisticated, and being close minded. Knowing the differences in identity assumed between people from cities, particularly Dublin and 'the Pale', I made it known that I too was from a rural part of Ireland which may have created more common ground between myself and the men, and perhaps meant we were at times aligned as being from a similar group. My position as a psychologist researching mental health may have meant that there was an assumption that problem saturated stories were expected. This may have led participants to emphasise their positive experiences compared to perceived problem narratives, to differentiate themselves from those who might be seen to be 'complaining' or seen as a problem population.

3.2.2.3. Finding my story

The means by which the men told their stories showed the different ways that they had found meaning, and had found the words to use. With Brian, I felt that he was trying to find his story during the interview, often saying he did not understand things, taking on reflections that I said, and asking me for my opinion on why he had the experiences he had. Sammy created and found his

story through long tales and song. Through singing he found a way to make light of, and immortalise his experiences. Through telling long tales he became a true story-teller by mythologising his experiences. John's story was one of finding his way through both vulnerability and strength, but still trying to navigate these – striving to maintain his masculinity and strength while acknowledging the need to accept help and recognise his vulnerabilities. Declan had found ways to understand his story of mental health difficulties through the work of professionals, through speaking to his family about their history of mental health, and through speaking to friends about their experiences of school. I wondered how he had internalised the nurse's advice that the Irish experienced mental health problems more due to 'close-breeding' and how his theory that his issues were hereditary made him feel about his family and self. Perhaps through talking to me, another mental health professional, another layer to his story was created. Gerry was confident in his story of his life and felt it was important that it was shared. His assertions and eagerness for me to understand and take part in his belief system was an assertive challenge, perhaps a way to convey self-assuredness had come from living life on the outskirts. The participants tended to come back to a story they were telling if I had inadvertently interrupted it, perhaps showing their desire to tell complete, coherent stories, and to have their voices heard.

3.2.2.4. The body as a vulnerable machine

The use of the body and the feelings involved in when it failed was a big part of most of the men's stories. Particularly in the context of most Irish people having moved to England to work due to employment shortages at home, and the prevalence of physical labour jobs, the body was a site of both conflict and pride. For Gerry his disabilities meant that he existed out the border of this narrative and grappled with his position in society. For Declan, when he suffered with depression he could no longer work, which challenged his perception of himself as a hard-working man, and he looked back on this time as a setback in his ability to succeed. John spoke about the abuse that young men like him experienced on worksites – it seemed that profit through the labour of bodies was more important than dignity or social ties. This use and abuse of "our own" was a commonly told story in the interviews and I wondered about the toll of this transgression of a general social rule to look after one's

own people and bodies. Brian took pride in the fact that his body was a site of hard labour and physical strength, however the flip side of this was that when he could no longer work due to health issues, his sense of identity was challenged. Sammy too took great pride in his ability to use his body for work, and in the fact that he was physically fit and able to work quickly and efficiently.

3.2.2.5. Journeying and Settling: Searching for Home

All of the men's stories followed narratives of journeying, returning to Ireland frequently, and seeking an understanding of home. Ireland was referred to as 'home' frequently in the interviews and I wondered if they had found what they were looking for in their journeys to Britain. Considering how much these men had retained their sense of being Irish and stayed in majority Irish communities, I wondered about the impact of leaving home and the conflict of wanting freedom and work but losing their sense of place and home, particularly as the men's migrations seemed at times to be haphazard and unplanned, *"they were telling you then about this and that, where they were working. And then you said well Jeez I'd give it a go, you know"* (Brian, p.16). Rural life and countryside were spoken about as things that the men missed and aimed to seek out more of in their futures, and stories were told about life on farms and working the land. Brian told a story about a man who went back to the county he was born in and took his own life there. This deeply sad story evokes ideas about what might be considered a final resting place, and that perhaps London was never really home for this person. These ideas about home are reflected in the existence of charities that assist older people to return to Ireland from Britain.

3.2.3. Summary

Dominant narratives and shared contexts structured the means by which participants could story their experiences of distress, and tell and rehearse an identity in the interview process. These narratives provide insights into how mental health and distress may be storied both in alignment with, and diverging from, dominant cultural narratives. The next chapter will discuss these findings with reference to the research aims and relevant literature. I will then discuss the clinical relevance of the research and explore ideas for future directions.

4. DISCUSSION

4.1. Overview

This research set out to understand how older Irish men living in England/London story their lives and their distress, and their ways of coping with or overcoming difficult parts of their lives. Considering Bakhtin's "unfinalizability" of participants (Bakhtin, 1984, p.53), it is acknowledged that these narratives remain open to revision and that, "Understanding a life is understanding the continuous oscillating of the different orders of past, present, future" (Brockmeier, 2000, p.59). I also acknowledge that the current analysis is just one possible reading of these stories, that attends to certain aspects influenced by my interests and positioning. Narrative approaches value positionality and subjectivity over objectivity (Riessman, 2001), however personal narratives are deeply enmeshed in collective, societal, and historical narratives and thus they can tell us about personal and collective meanings and social processes (Laslett, 1999). This section considers the potential implications of this analysis in light of the research questions and how it relates to relevant literature discussed in the introduction. I will structure this approximately according to the five overarching stories described in the results section, bringing in reflections from individual narratives as well.

Following this, I describe my critical reflections on this study and highlight its possible limitations. I will then detail some reflections on my personal context, and on certain aspects of the research process. Finally I will describe some suggestions for the direction of future research, and some concluding reflections.

4.2. Research Questions and Relevant Literature

4.2.1. Mental Health – The Curse that Follows

The stories that some of the men told often linked distress back to negative experiences in Ireland in some way. This is similar to Leavey and colleagues' (2007) research on depression in Irish migrants, in which those participants too

linked their depression to events in Ireland. Leavey and colleagues (2007) concluded that depression was rarely linked to migration or racial discrimination. However in the current research I felt that conflicting feelings and incomplete stories about why participants had left home, or where home is, featured prominently. This is in line with Ryan and colleagues' (2006) finding that poorly planned migration was associated with depression in Irish men. Racial or ethnic discrimination was mostly absent from the narratives, however there were stories about Irish people specifically being discriminated against at work, and a lack of shared understanding with people in England.

4.2.2. Controlling the Narrative – Always Managing my Difference to Others

There was an awareness of negative stereotypes of Irish people, and varied narratives of pushing back against these. One of these stereotypes in particular was around the drinking culture of Irish men. Most of the men spoke about alcohol in a way that either positioned them as being different to this stereotype in some way (e.g. through abstinence), or explained as having been inevitably drawn into a culture of drinking and socialising in the pub. The men were also acutely aware of the harms and pain that alcoholism can cause. The current research does not easily compare with the epidemiological studies from the scoping review as no claims can be made about prevalence from this study. However many of these studies concluded that the Irish born population had a higher rate of alcoholism (Clare 1974; Rao et al., 2008). The essentialist nature of the older epidemiological studies is reminiscent of the story Declan told of a hereditary cause relayed to him by a nurse during his care. I wondered whether this messaging or theory had been received by the other men in various ways. Both the epidemiological studies and the statement by the nurse in Declan's story might reflect a context in which the impact of colonisation and migration on people is framed in terms of individual pathology rather than as a consequence of colonialism (Rogers & Pilgrim, 2014). These kinds of stories may have meant that some of the participants were eager to differentiate themselves from certain 'types' of Irish migrants. Additionally the narrative of Irish people as being hard workers may have meant that participants closely aligned themselves to this, but also differentiated themselves from newer migrants who were deemed to work less hard.

4.2.3. Storytelling – Finding my Story

As touched on in the introduction, concepts such as psychological literacy and being 'psychologically-minded' can suggest one particular narrative of distress that may not be in line with the ways in which many story and make sense of difficulties their lives. This idea resonates with how many of the men storied their lives in a way that seemed to minimise their distress or the impact it had on them, not necessarily using psychological language. My wish is not to re-story that again by insisting that certain events are in fact more serious or traumatic than they conveyed but instead to respect that telling one's story in this way is equally as valid as storying it in a way that follows a neat trauma to impact timeline.

The men tended to frame important aspects of their lives within the shape of a story or tale, despite my not usually mentioning the word 'story' or asking for 'stories' specifically. This way of expressing themselves could be seen as obscure or difficult to understand if one is not aware of this or seeking a meaning within the story. Indeed one participant expressed the desire to have his life story told through an autobiography. Classic memoirs of rural Irish life are well known across the world in the form of poems, plays, and novels. Some examples of this are Seamus Heaney's and Patrick Kavanagh's poems on rural life; and 'Peig', a famous personal history by an inhabitant of the Blasket Islands. However this genre of literature has also been subject to mockery, particularly by those from more metropolitan elite parts of Irish society, for example through the satirical novel 'An Béal Bocht' by Flann O'Brien. This aspect of Irish literature and story-telling is an interesting reflection on how the stories of Irish people have been told and spoken on. On the one hand a positive stereotype of Irish people can be that they tell long, detailed stories, and entertain through tales and song. On the other hand however this has been mocked and thus these stories and their tellers have been marginalised and turned into cliché even in Irish society. Storytelling is an important part of Irish culture due to a number of factors including the delayed electrification of Ireland compared to other European countries, which meant that telling stories and singing were integral means of entertainment and passing time in rural communities within living memory. This tradition also has its roots in ancient Irish history as highlighted by the existence of the *'dindshenchas'* - meaning

‘lore of places’ - a medieval Irish text recounting the origins of placenames and describing events and notable figures associated with that place as a means of navigating the landscape. As Foster notes when speaking of the lack of maps and cartography in Ireland in the 1600s, “to the native Irish, the literal representation of the country was less important than its poetic dimension. In traditional bardic culture, the terrain was studied, discussed and referenced: every place had its legend and its own identity” (Foster, 2001, p.130). Perhaps this endures in the famous telling of stories of places, whether by the diaspora or Ireland’s inhabitants and perhaps in the telling of these stories, an objective truth or map is not what is most important, but the memories, emotions, and understanding evoked.

Some of the men’s stories were also importantly framed within their religious beliefs, either explicit belief in the presence of protective spirits and in the protection of religious objects, in attending mass as a cultural activity, or in practicing abstinence from alcohol, based in a ‘pledge’ from a religious organisation (the ‘Pioneers’). However for some this was absent, despite the fact that religion was most likely a significant feature of their lives even after leaving Ireland. These unheard or untold stories may suggest a conflict or difficulty relating to their faith or lack of. There are interesting parallels here between the current research and Bhui and colleagues’ research (2008) which found that Irish people did not tend to use religious coping as much as other ethnic minorities. It could be that for Irish people there is much more conflict in how they relate to their faith and to the church, which might mean that while it plays a part in their lives and culture, it may be less common for them to use it to cope.

4.2.4. Masculinity – The Body as a Vulnerable Machine

Masculinity and characteristics associated with masculine ideals such as self-sufficiency, independence, strength, and stoicism (McKenzie et al., 2018; Noone & Stephens, 2008) featured strongly in how the men storied their lives. It could be seen as one of the reasons that they were often eager to impress on me that they did not have many complaints and that their lives had been generally successful. Such masculinities meant that disabilities, illness, and an inability to work or define oneself through work were a huge blow to their

identities, and isolation seemed to increase at this age. Thus the current analysis adds an important layer of understanding to the statistics of increased chronic illness and poor mental health in Irish people discussed in the introduction (Ryan et al., 2014). Storying their lives in masculinised narratives served a protective function in some ways – for example telling their stories to me in this way may have served to maintain dignity and control of their narrative. Physical strength, and their ability to perform work and physical labour also featured in their construction of their masculine identities. In a society in which they had been in many ways disempowered, holding onto this may maintain a sense of control and power in the world. Additionally, storying their distress in the context of a wider narrative of others who had experienced the same as them may have served the purpose of taking the focus away from them as individuals, as telling a personal story of pain may not have been in line with their values of being tough and stoic. The prevalence of suicide in men has been linked to masculine ideals (Apesoa-Varano et al., 2017). Mentions of suicide in the participants' narratives highlight the vulnerability of men in their immediate communities and reflects research on the prevalence of suicidal ideation and behaviours in Irish men (Crawford et al., 2005). Finally as discussed in the introduction, Tilki and colleagues (2009) link the centrality of the pub and drinking with masculinity which is reflected in the current research in the conflict that the men had in their relationships with alcohol and both the negative and positive aspects of the pub as a social hub.

4.2.5. Land and Community - Journeying and Settling: Searching for Home

Many of the men described connection to land, territory and rural living as things that seemed to bolster them. This is understandable for people whose lives growing up were synchronised with farming their territory and rural living. Until very recently the relational aspects of humans and the landscape were a significant paradigm of thought in Irish society. This could be seen, for example, in the cautiousness with which people treated the land that was seen to be the property of fairies. Such paradigms of thought seep into phrases around mental health such as someone being "away with the fairies". Additionally many famous works of literature referred to above are shaped by land, territory and rural places for example, Brian Friel's 'Translations'; Anne Enright's 'The Green Road', and continues up to contemporary up and coming writers such as Colin

Barrett's 'Young Skins' and Michelle Gallen's 'Big Girl Small Town'. An agrarian epistemology has been applied as a frame of analysis to 'Translations', a lens which examines the interrelationship between people, communities, and the land, and the existence of such an epistemology in pre-modern Ireland (Russell, 2006). Connection to land and experiencing nature may be an important aspect of wellbeing, in part because of the connection between land and material security in rural Ireland, and also because of the connection to landscape being essential to identity. There is a contrast between possibly feeling deracinated in London and the rural landscapes of their home territories.

Many of the men described living in communities consisting of only other Irish people and sharing cultural interests such as Gaelic games, going to the pub, dances, and religious events. There seemed to be a lot of assumed shared understandings of these things such as aspects of Irish culture, rural life, dances, and schooling in Ireland in the '60s and '70s. As a member of this community in some ways, I shared some of these understandings, and this was crucial to a certain level of my comprehension of their stories. The importance of this level of community understanding was evident and I wondered how this operated in their storying of their lives – perhaps allowing them to engage in an ongoing story of their lives that confirmed and held a part of their identity closely. Additionally perhaps it allowed them to live without explaining aspects of their culture to others, and to live in a way where their cultural needs were met without question of their importance. It was important for the men to link their experiences into a wider story of others, often saying things like "there were an awful lot of others like me". Perhaps there is a comfort that comes from knowing others in a similar situation to you in your community. It also moves away from an individual understanding of one's distress. The idea of the community as a protective factor links in with Moore's series of research on social support and health (Moore et al., 2018; 2019). Despite these stories of community and belonging, there were also stories of loneliness and difficulty, particularly in the initial stages of migration. This type of story was told by the Irish participant in Palmer's (2012) oral histories of migrants in London. This idea of aging in changing communities is explored by Ryan et al. (2021) in how relationships to places are a constant negotiation of change, both due to aging and the changing landscape of where people had built up faith and ethnic

connections. Moore's (2018) work on contemporary migrants emphasised the importance of support in the initial stages of migration, which shows that while there are often differences drawn between older and newer migrants, some of the same difficulties are shared.

4.3. Relevance to Clinical Psychology

From linking these overarching narratives in with relevant research, a number of applications can be considered for the field of clinical psychology and for therapeutic encounters in general. These will be discussed in the current section.

The stories that the men told about their lives pre-migration, and previous research on this topic, shows the importance of taking into account the impact that shared experiences may have had on this particular population, for example economic disempowerment, abusive or inadequate schooling, and unplanned migration or migration without choice. These experiences should be considered alongside the potential impact of migration, and conflicting feelings about their migrations choices and their sense of home.

Given the awareness that participants had about negative stereotypes about their cultural group, it is important to approach topics such as alcohol use with sensitivity and without assumptions about a person's attitudes or behaviours.

Without essentialising 'the Irish' as a homogenous group, it is worth considering the importance of the story in the socio-political context of Ireland, and in the context of this data and its implications in the therapeutic encounter. Allowing people to tell their stories and seeking the meaning in them, rather than only allowing thin descriptions of symptoms could be a crucial way to engage this group. Additionally narrative approaches to therapy could be particularly suitable due to the emphasis on multiple worldviews and intervention through re-storying.

With this particular population it is important to note the existence of belief systems that would be considered non-conventional by some and may not fit with the general paradigm that the NHS operates on. This may take the form of not only strongly Catholic beliefs but also beliefs with their roots in pre-Christian times such as curses and possessing a ‘cure’. Often the consideration of alternative belief systems only occurs (if it does) if a person is considered to have entirely different cultural beliefs to the most commonly or dominantly held beliefs in Britain, which often is not assumed about people from Ireland. Additionally, while the men did use terms that are congruent with current mental health language terms such as depression, they also used more colloquial terms such as ‘nervous breakdown’, “your head would go” and externalising turns of phrase such as drink and depression “setting in”. Many spoke about the idea of ‘confidence’ as a term or concept that denoted their mental wellbeing. These kinds of colloquialisms should be understood as part of the language used by this population in reference to what the NHS calls mental health.

Exploring the ways in which a masculine identity is negotiated is an important consideration for clinical work. Masculinity and stoicism were important parts of these men’s’ identities and seemed crucial to their survival. However they told stories where it was evident that tenderness was valued, where a trusted friend or acquaintance supported them, and where the timely provision of gentle or knowledgeable direction and advice was viewed as a turning point in their lives. This is similar to a finding in Moore and colleagues’ study on social support and a trusted supportive person (2018). It is important that masculine ideals are not seen as solely negative, instead clinicians should work towards the integration of these seemingly conflicting ideas of masculinity, care, and vulnerability, depending on what aspects of their masculinity a person finds protective or important (Emslie et al., 2006; Valkonen & Hänninen, 2012).

The prevalence of stories about landscapes, rural living, and a desire to be outdoors has implications for potential therapeutic approaches involving more open or rural landscapes such as community gardens. Gardening and access to open spaces has been shown to be psychologically beneficial (Thompson, 2018). It may also be beneficial in terms of connection with a familiar part of people’s stories, and a way to root oneself into an urban territory

and community, if it is not possible to live in a rural landscape. I was reminded of a discussion with a manager of another organisation that serves the Irish community in London who said that while they do not advertise their community activities such as choirs and classes as a 'mental health intervention', she believes that they are that. These kinds of collective activities that facilitate meaning making and engage with an ongoing relational identity is an argument for community psychology approaches with this group.

Finally, on a more practical note the lack of literacy skills that the men had was notable, and could be at times a source of shame. This has implications for the provision of psychological therapy which can at times be dependent on the ability to read resources and complete worksheets. While it is often taken into consideration that people may not have appropriate literacy skills, this is something that may not be commonly considered for this particular population.

4.4. Critical Evaluation and Limitations

In this section I will reflect on the process of this research, evaluating the quality of it, and discuss some of its limitations.

4.4.1. Quality

The quality of this research will be evaluated using concepts from Yardley's principles for qualitative health research (Yardley, 2000) and Riessman's concepts for considering the validity of narrative work (Riessman, 1993). Riessman (1993) emphasises the importance of 'trustworthiness' rather than an objective 'truth' for evaluating the validity of narrative interpretations. This approach to quality evaluation is line with the ontological and epistemological assumptions of this research. Riessman (1993) notes that there is no formula for this, and different procedures for considering validity may be more suitable than others depending on the research. Yardley too describes the principles as 'flexible' and to be used as a guide (2000). Thus I have chosen concepts from these two authors – between whom there is some overlap - that best suit my research. The research will be evaluated according to the

parameters of: sensitivity to context, persuasiveness, correspondence, transparency and coherence, and pragmatic use.

4.4.1.1. Sensitivity to context

This refers to theoretical context and sensitivity to the context of the participants. Sensitivity to theoretical context is particularly important for some qualitative approaches such as narrative research where a central tenet of the analysis is the critical questioning of our assumptions and biases. Thus it is essential to reflect on and critique the philosophical underpinnings of the research and explore the origins of these choices. I have addressed this by including information on my personal context in relation to the research in the introduction; and I have written about the ontological, epistemological, and axiological basis of the research in the methods chapter. With regards to the context of the participants including their sociocultural background, some of this I was familiar with due to my own background. Additionally I spent time in the centre getting to know the people who attended and managed the organisation before carrying out interviews. This allowed me to gain a better understanding of the specific context of these participants.

4.4.1.2. Persuasiveness

This refers to whether narrative interpretations are reasonable and convincing – that is, plausible. I have presented my interpretations with extensive quotes from participants' stories, included a section of a transcript in Appendix I, and considered alternative interpretations. Checking themes with an external narrative expert also enhances this measure of quality. These improve persuasiveness and allow the reader to consider their own interpretations. I have also stated my positionality which allows some transparency regarding the interpretations I have made.

4.4.1.3. Correspondence

Correspondence refers to checking results with the participants. Unfortunately it has not been possible within the timeline of the current write-up to check whether my analysis and re-storying of the participants' interviews resonated with them. However for any future write ups for dissemination I hope to meet with the participants and speak to them about a summary of their story,

and provide them with a short, accessible written summary of this. On the other hand, Riessman (1993) posits the question of whether the interpretations can be validated by participants, given the nature of human stories as fluid and ever shifting in relation to time and space.

4.4.1.4. Transparency and coherence

This refers to the transparency of methodological choices and processes such as recruitment and interview processes. I have described these in the methods section and have described these processes in a clear and detailed way. It also refers to epistemological coherence between the aims of the research, the approach chosen, and the analysis.

4.4.1.5. Pragmatic use

This refers to the utility of the research and its ability and potential to inform others. It also refers to how a piece of work might be used and perceived by those in the scientific community or anywhere that the research might be relevant. In the introduction I have described the relevance of this piece of work, and justified my reasons for carrying it out. In preceding sections of the discussion I have described the relevance of the current analysis for the field of clinical psychology. The concept of pragmatic use is future oriented and part of this is plans for dissemination which will be discussed in the 'dissemination' section below.

The reader is encouraged to engage critically with this thesis and consider whether these qualities and values have been upheld. The reader is also encouraged to engage with this research reflexively, acknowledging that the chosen analysis and approach is but one method that could have been used.

4.4.2. Limitations

A limitation of the literature review conducted is that it does not include accounts of the personal histories of this group of people. A number of such accounts have been elicited and published, for example those carried out by Catherine Dunne and Ultan Cowley (Cowley, 2001, 2010; Dunne, 2021).

However the scoping review undertaken in this research highlights the relative scarcity of such investigations through the lens of health.

This is a small-scale study, prioritising participants' unique narratives rather than seeking objective generalisations. However personal narratives are made up of often deeply contradictory and fragmented patchworks of cultural resources (Wetherell, 2005, p. 170). Therefore examining the particularities of people's stories within the interactional context can facilitate the analysis of wider cultural and social contexts (Phoenix, 2013).

Regarding participants and recruitment, all of the men I interviewed regularly attended the organisation and most of them received outreach support from members of staff at the organisation. Therefore this study is lacking in narratives from those who are more isolated, and who may find it more difficult to engage with services. On the other hand, as all of the men I interviewed found support in the organisation, I did not speak to Irish men who migrated who might not be linked into services such as this organisation, perhaps due to having extended families and other means of support. Their stories of migration could be very different, and they might emphasise different narrative themes compared to the current study's participants.

I acknowledge that I may not always have been epistemologically consistent in my approach and analysis, however I have engaged with the ontological, epistemological and axiological underpinnings of the work I have done and outlined my intentions and choices explicitly, something that is often lacking in research reporting (Biedenbach & Jacobsson, 2016; Carter & Little, 2007).

4.5. Reflections

4.5.1. Personal

In terms of my own story, I moved from a rural part of Ireland to the capital city, Dublin, to attend university. I then moved to Scotland for a number of years, before moving to London. During this time my identity and sense of myself as a person in terms of my nationality, class, and relation to others

changed greatly. At the current point in time being Irish is something I hold dear to my identity, perhaps a common experience of those living as diaspora. Additionally I care deeply about respecting a multiplicity of narratives in our society, beyond simplistic ideas of whose voices should or should not be heard at particular times. This research has been an important way for me to explore and affirm that for myself both as a developing psychologist and on a personal level. Much of this research was an exploration even of the position of my question, title, and my relationship to that. While deciding upon the demographics of the intended participants, I reflected on the fact that while there may be a few specific characteristics that tie people together, there is no one way to be any of the markers of identity that make up my research question. I thought about how clinical psychology research can often be seeking answers about what makes a minoritised group 'other' in that it can seek out peculiarities about groups and what makes them different to mainstream culture. During this research I reflected on this and have endeavoured not to not to look upon the present research participants as 'other', while recognising the divergence of many aspects of my identities from theirs. This also prompted broader reflection on other immigrant groups, how they are currently represented in research, and what dominant narratives exist that are assumed to be true.

4.5.2. Interviews

I strove to be aware of the assertion of my power as an interviewer in shaping the stories. Listening back to the recordings I became aware of the avenues I had missed which may have been important parts of the men's stories, and the parts of stories that I asked more about and asked the men to elaborate on. However I was also struck by how much the participants tended to come back to a story they were telling if I had inadvertently interrupted it. At times during the interviews I found it difficult to balance research and therapeutic boundaries. Particularly when participants were discussing distressing topics and/or became visibly upset. Additionally when participants were particularly self-deprecating, I found it difficult to know how or if to interject. This is a common conflict that qualitative researchers exploring sensitive topics have (Dickson-Swift et al., 2006). Due to the nature of the narrative interview process I felt that it would not impact on the validity or quality of the interviews if

I did use my clinical skills and provide empathetic listening. I also kept in mind the value of bearing witness and legitimating and validating painful experiences through listening attentively (Naef, 2006). Additionally, all of the participants that I interviewed were supported in some way by the organisation that I was working with. I felt that having the interviews in this centre provided a sense of containment, and the knowledge that they received support meant that they already had a relationship with an organisation to turn to after the interview should they have needed it.

4.5.3. Dissemination

Approaches to dissemination are politically and value led. Emphasising the decolonisation of research at every point of the process, Tuhiwai Smith (1999) critiques research as it is conceptualised in the Western world and argues that work done with communities should be created and disseminated within and by those communities. Boonzaier and colleagues (2019) critique how power and politics play out in research. One critique when researching marginalised communities is that their experiences of pain are repackaged in inaccessible “academic codes” and are rarely used in a way that benefits the community (Tuck & Yang, 2014). A classic example of dissemination causing harm occurred in Nancy Scheper-Hughes’ 1979 ethnographic study of a small, rural community in the west of Ireland (Scheper-Hughes, 2001). This work was published to great acclaim in academia, however the community on which the work was based were deeply unhappy with what they read about themselves and with how their private stories were communicated. These critiques informed my plans for the potential uses of this research. While I shared some background with the participants, I am in many ways an outsider to this community and considering these differences and possible power differentials it is important to consider how I retell the participants’ stories and not solely rewrite them in a new academic language. Throughout analysis and writing the results I have attempted to keep in mind the dissemination process and the accessibility of my re-storying of the interviews. I reflected on the pressure to rewrite stories in a more academic way in order to publish in academic journals. I considered the difference between the performative aspects of the interview, in which I was striving to be personable and informal, and moving to re-storying through writing in a more academic way. I have attempted to soften the

dichotomy between these two things through including my reflections throughout. Tuhiwai Smith says that, “Sharing knowledge is a long-term commitment” (Tuhiwai Smith, 1999, p.16), therefore I hope that this research can be an ongoing means through which to share knowledge and that it can be used over time to serve this community. Throughout this research I have developed a greater interest in and understanding of narratives, migration, gender, older age, and community work have developed greatly. I hope to continue to develop these understandings and work with them both in my chosen career path and in carrying this research forward.

4.5.4. Decolonial Aspects

While I attempted to analyse using a ‘decolonial’ lens by reading for stories that were true to these men’s lives rather than imposing epistemologies, there is no possible way that this work could be decolonial, and it would be untruthful to claim so. The histories and lives of Irish people are colonised and globalised, and this is part of the ongoing construction of what it means to be Irish. Moreover the concept of research itself is also an arguably colonial idea (Tuhiwai Smith, 1999). I discussed the concept of Whiteness in the introduction and in my conceptualisation of this research. During the analysis, I wondered whether this had come up at all during the narratives and whether it was relevant. Considering ‘Whiteness’ in its broadest form in terms of being ‘other’ and cultural belonging, I realised that ‘Whiteness’ and lack of proximity to it showed up in a number of ways: finding London ‘strange’; being disempowered; being taken advantage of or discriminated against at work; finding it hard to ‘understand’ people and be understood; wanting to both congregate with others like you; while at the same time distancing oneself from certain ‘types’ of Irish people because of harmful stereotypes. The powerful examples of differentiating oneself from other ‘types’ of Irish people showing the complexity of these hierarchies and perceived differences and inadequacies. A simplistic reading of ethnicity and race does not apply to Irish people and Ireland’s relationship with Britain. A number of factors complicates this history in that Ireland’s mixed position in relation to imperialism, in its collusion and subjugation, can complicate and expose the limits of current models of post coloniality (Flannery, 2016). These nuances are discussed in Ireland’s president, Michael D. Higgins’, address on the centenary of the creation of

Northern Ireland. Higgins discusses the complexity of Britain and Ireland's shared history, and cites Kearney (2019) in emphasising a "hospitality of narratives" (Higgins, 2021).

4.6. Directions for Future Research

A number of possible directions for future research arise from the implications of, and critical reflections on the study described in the preceding section. Affording the opportunity for other voices to be heard is pertinent, such as those of people who find it more difficult to access services. Due to the difficulties in recruitment with this population these narratives could be elicited through less formal means than an interview with someone unknown to the participants. Perhaps these accounts could be elicited through speaking to a known outreach worker or social worker. The stories of women who migrated to Britain have been gathered and analysed through a sociological lens (Gray, 2003; Walter, 2004), however there is a lack of similar research carried out through a psychological or mental health lens. Therefore this could be another potential avenue for research. Alternatively, a narrative synthesis of the historical accounts and even fictional accounts of migration, many of which exist, could inform an understanding of the needs of this group. Additionally, given the prominence of accounts of cultural belonging, and the research context in a community organisation, research on the benefits of a community psychology approach for this group could be useful.

4.7. Conclusions

This study explored how older Irish men living in London understand and story their lives, and how they describe coping with difficulties in their lives. The aim was to contribute to a limited research area on the experiences of this particular population with regards to mental health or distress. Through collaboration with an organisation working specifically with this population, five semi-structured interviews were carried out to elicit such accounts. The narrative accounts explored demonstrate a focus on stories around work, labour, masculinity, place in the community, bodies and disabilities, and migration and home. The performative analysis applied to the interviews

illuminates the multiple and dynamic ways in which people story their lives and identities. These findings were discussed in relation to relevant literature on mental health, general health, alcohol use, and community. The findings were also discussed in terms of their implications for and applications to the field of clinical psychology and the therapeutic encounter in general.

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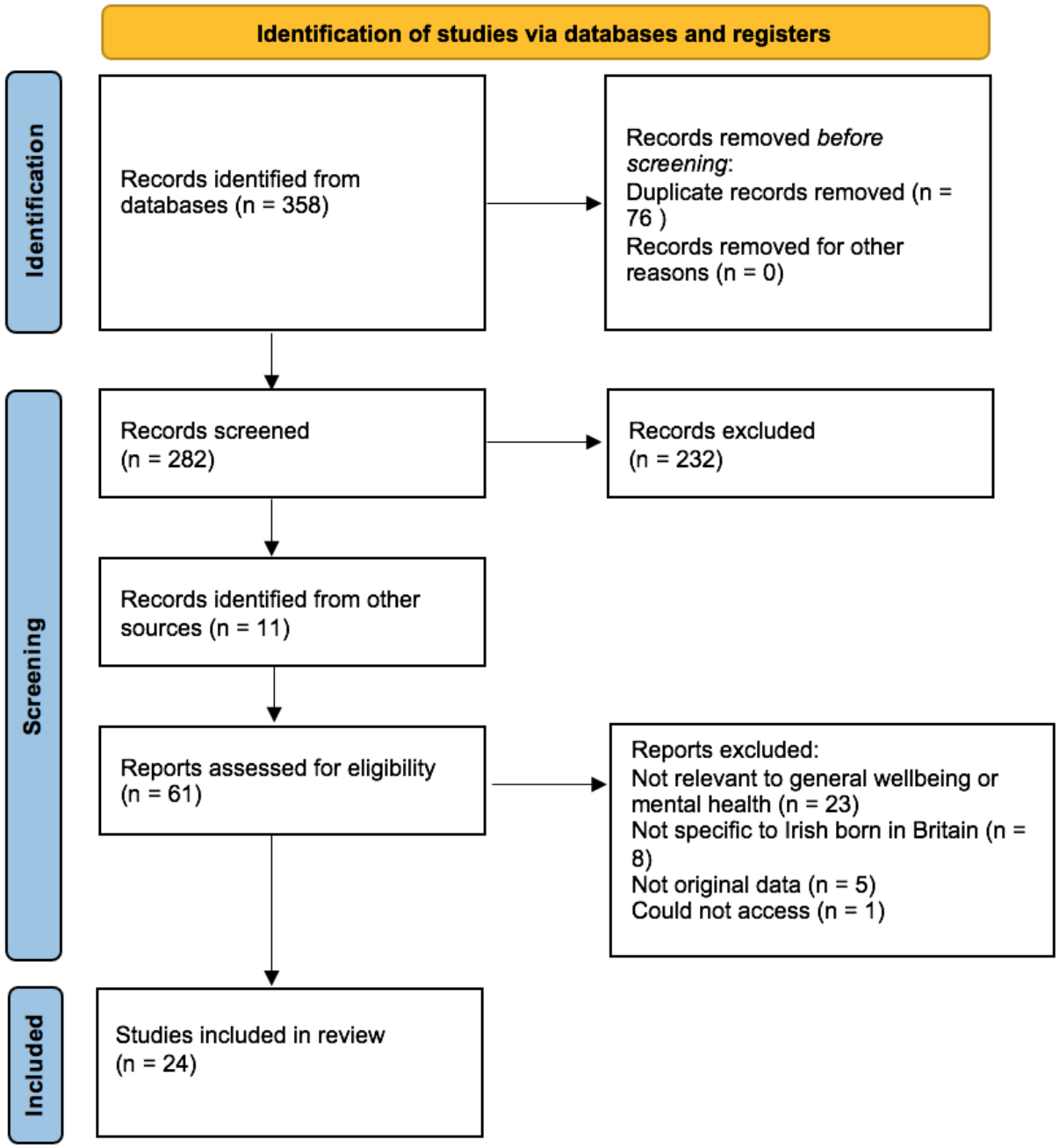
APPENDICES

Appendix A – Literature Search Terms

(Irish AND (emigration OR migrant OR migration OR immigra*) AND (britain OR england OR london))) AND ((hardship OR opportunit* OR health* OR wellbeing OR illness OR challenges OR mental OR distress)) AND ((narrative* OR perception* OR perspective* OR view* OR experience OR opinion* OR belie* OR stories)

Appendix B – Literature Search Results



Appendix C – Ethical Approval, Ethics Amendments, & Ethics Application

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: Matthew Jones Chesters

SUPERVISOR: Maria Castro

STUDENT: Clíodhna Cork

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)

APPROVED

Minor amendments required *(for reviewer)*:

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):*
Student number:

Date:

(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 / NO

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)

[X] LOW

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

Reviewer *(Typed name to act as signature)*: Matthew Jones Chesters

Date: 27 May 2021

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 UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

UNIVERSITY OF EAST LONDON
School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Trishna Patel (Deputy Research Director/Chair of School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Trishna Patel at t.patel@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant:	Clíodhna Cork
Programme of study:	Doctorate in Clinical Psychology
Title of research:	'Stories of opportunity, challenges, and hardship in Irish men aged 65 and over'
Name of supervisor:	Dr. Maria Castro

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Inclusion of poster as part of recruitment – not previously explicitly stated. Therefore there are amendments the section concerning recruitment and a draft of the poster is attached.	It was decided that a poster would be a positive way to engage potential participants.
'UK' changed to 'Britain' where participants are described	'UK' includes Northern Ireland – I aim to speak to people who moved to mainland Britain.

My proposed methodology includes a follow up meeting after analysis of interviews, to check that my analysis makes sense to participants – this is now included in the information sheet and consent form.	This procedure means that participants have more control over their narrative.
I have changed the details of one of the organisations I will be working with and provided an email detailing their interest in collaborating with me.	I am now collaborating with this organisation rather than one previously identified.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student's signature (please type your name): Clíodhna Cork

Date: 01/10/2021

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments: Due to the possible health consequences for participants in this age group if they do contract the virus, it is very important that participants are provided with all the options before consenting to an in person interview.		

Reviewer: Trishna Patel

Date: 01/10/2021

UNIVERSITY OF EAST LONDON
School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Trishna Patel (Deputy Research Director/Chair of School Research Ethics Committee).

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9. When submitting this request form, ensure that all necessary documents are attached (see below).
10. Using your UEL email address, email the completed request form along with associated documents to: Dr Trishna Patel at t.patel@uel.ac.uk
11. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
12. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

4. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
5. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
6. A copy of the approval of your initial ethics application.

Name of applicant:	Clíodhna Cork
Programme of study:	Doctorate in Clinical Psychology
Title of research:	'Stories of opportunity, challenges, and hardship in Irish men aged 65 and over'
Name of supervisor:	Dr Maria Castro Romero

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
As some participants are less familiar with academic/research terms I have simplified the information sheet and consent form and	From speaking to potential participants and having conducted 2 interviews it has become clear that many participants may be

included some images to aid understanding, while retaining all necessary information.	less familiar with academic and research based language, and would benefit from simpler information documents. Therefore the information sheet and consent form should be revised for future participants to make them more accessible.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student's signature (please type your name): Clíodhna Cork

Date: 22.11.21

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments - In the PIS, take out the statement that review by an ethics committee 'means that a committee has judged that this research is not likely to cause harm to people who take part'.		

Reviewer: Trishna Patel
Date: 26/11/2021

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: [X]

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 [X]
- The participant consent form [X]
- The participant debrief letter [X]

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 [x] or

  Not required (because no participation adverts will be used) [ ]

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

  Included [x] 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 UK) [x]

- 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) [x]

- Ethical clearance or permission from an external organisation (see section 8).

  Included [ ] ***Not REQUIRED***

  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 [ ]

  Not required (because you are not using pre-existing questionnaires or tests) [x]

- Interview questions for qualitative studies.

  Included [x]

  Not required (because you are not conducting qualitative interviews) [ ]

- Visual material(s) you intend showing participants.

  Included [ ]

  Not required (because you are not using any visual materials) [x]

2. Your details

2.1 Your name: Clíodhna Cork

2.2 Your supervisor's name: Dr. Maria Castro

2.3 Title of your programme: Professional Doctorate in Clinical Psychology

2.4 UEL assignment submission date (stating both the initial date and the resit date): May 2022

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: ***Stories of opportunity, challenges, and hardship in Irish men aged 65 and over***

3.2 Your research question: What stories do Irish men living in Britain tell about their lives and what do these stories say about their identities, experiences, and mental health?

3.3 Design of the research: This study will use narrative methodologies to create data for narrative analysis through one-to-one interviews either in person or online with participants, eliciting stories.

3.4 Participants: Male, aged 65 years and older, Irish born, identify as Irish, moved to Britain when aged 16 and over.

3.5 Recruitment: Recruitment will be done through collaboration with two organisations that I have been in contact with that work in outreach with this population, through a convenience/snowball strategy until the desired number of participants is reached. This will be done via word of mouth, and a poster (attached) sent by email, post, or placed in view in these organisations. These organisations are: Ashford Place (Ashford Place, 60 Ashford Road, London, NW2 6TU); and the Irish Elderly Advice Network (50-52 Camden Square, London NW1 9XB). For those who are less literate the usual way of giving information and seeking consent will be altered in order to accommodate this. This will be done through seeking the assistance of a trusted carer or member of staff. My research will have been explained to people at least one week before I seek to interview them, giving them sufficient time to decide and ask questions (from me or a member of staff). However, consent will be seen as processural rather than a one-off event. I will be present in the centre that I recruit from most Fridays to answer any questions.

3.6 Measures, materials or equipment: Online interviews = Microsoft Teams Programme, transcribing equipment and secure online storage space will be required. In person interviews = voice recorder, room to conduct interview in.

3.7 Data collection: Approximately 4-6 participants' verbal stories will be used for narrative analysis after conducting individual interviews with them.

3.8 Data analysis: Narrative analysis will be used to interpret multiple levels of meaning and constructions of mental health and distress in the interviews. Narrative analysis is useful for understanding stories at multiple levels, taking into account the personal, interpersonal, positional, and ideological (Murray, 2000). I will situate myself as a researcher in the analysis, recognising the inherent subjectivities involved in interpreting another person's story and striving for reflexivity throughout this process. I will attend group reflective practice during the analysis stage in order to critically examine my role as a researcher (Elliott, 2005). I will ask participants if they are comfortable with a follow-up meeting where I will summarise my analysis of their narratives and check if this analysis makes sense to them. I will offer the opportunity to engage in collective activity (e.g. creating a poster, a leaflet, a work of art) around the research if participants are interested in this. This activity will be collaboratively decided upon, based whether participants want to take part and if so what they may be interested in. Therefore the specific activity cannot be pre-defined.

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? No

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)?

- During analysis, files will be labelled with pseudonyms, which participants can choose if they wish. Identifiable information such as names, places, or detailed stories will be excluded from the transcriptions, final write-up, and from future dissemination.
- Permission to contact participants following completion of the study will be sought in advance from participants. The contact information necessary to do this will be securely stored separately from all other data/information collected in the course of the study.
- If a collective narrative activity is undertaken, no identifiable information will be included in it.

4.3 How will you ensure participants details will be kept confidential?

- Paper consent forms will be scanned in PDF format, saved on UEL's OneDrive for Business, and the originals shredded.
- Electronic consent forms will be saved on UEL's OneDrive for Busines.
- Audio files and transcripts will be stored in separate locations; audio files recorded on MS Teams will be backed up on the Microsoft Stream library, while audio files recorded by Dictaphone will be backed up on the H: Drive post-transcription, and encrypted, and stored in a separate folder from the consent forms.
- If a collective narrative activity is undertaken, a digital photo/recording of this will be taken and stored on OneDrive. The audience and/or sharing methods of this will be collaboratively decided upon with participants.

4.4 How will the data be securely stored?

- Separate folders on UEL's OneDrive for Business will be used to store:
- Documentation containing identifiable patient details (the completed consent forms; any participant contact details)
- Potentially identifiable and sensitive data, which will be deleted in September 2022 (Interview recordings)
- Anonymised data for narrative analysis (anonymised interview transcripts)

4.5 Who will have access to the data?

- No one apart from myself and my supervisor will have access to personal or research data unless the examination board request access to it for examination purposes.
- The transcripts will be stored electronically on my UEL OneDrive for Business. Hard copies will be stored in a locked folder.

4.6 How long will data be retained for? Until after examination in Autumn 2022.

Anonymised transcription data will be retained for 3 years on my supervisor's OneDrive for Business in case they are required for the purposes of future publication, e.g. in an academic journal. Transcripts will not be shared after the research project is completed as the interviews are too personal and potentially identifiable if whole interviews are shared.

5. Informing participants

Please confirm that your information letter includes the following details:

5.1 Your research title: [X]

5.2 Your research question: [X]

5.3 The purpose of the research: [X]

5.4 The exact nature of their participation. This includes location, duration, and the tasks etc. involve [X]

5.5. That participation is strictly voluntary: [X]

5.6 What are the potential risks to taking part: [X]

5.7 What are the potential advantages to taking part: [X]

5.8 Their right to withdraw participation (i.e., to withdraw involvement at any point, no questions aske [X]

5.9 Their right to withdraw data (usually within a three-week window from the time of their participatio [X]

5.10 How long their data will be retained for: [X]

5.11 How their information will be kept confidential: [X]

5.12 How their data will be securely stored: [X]

5.13 What will happen to the results/analysis: [X]

5.14 Your UEL contact details: [X]

5.15 The UEL contact details of your supervisor: [X]

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? No, see above re confidentiality.

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? No

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? There are no physical risks but there may be psychological risks as it is possible that participants may become distressed or upset when invited to talk about hardship or issues related to mental health. I will ensure that they are aware that they are not obliged to talk about anything they do not feel comfortable talking about, and that they can have a break or stop at any time if they wish. Participants may disclose ongoing or previous abuse, I will signpost to relevant services and act within the remit of my role to address this.

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 no physical risks but there may be psychological risk if people disclose distressing information. I will debrief with my supervisor after interviews if this occurs.

6.3 Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant?

- London Irish Centre: 020 7916 2222
- Aisling – Return to Ireland Project: 0207 485 7030
- Irish Counselling and Psychotherapy (ICAP): 020 7272 7906

These are services that work to support this population.

6.4 Does the research take place outside the UEL campus? If so, where? Online or at a charity organisation site.

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: X

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)?

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.

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?

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? N/A

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: Ashford Place (Ashford Place | 60 Ashford Road | London | NW2 6TU); Irish Elderly Advice Network (50-52 Camden Square, London Nw1 9XB)

8.5 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: X

I am not using material owned by these organisations, however they will help me with recruitment, and I may collect data on their premises. I am including quotes from email exchanges with these organisations in Appendix E showing their interest in collaborating.

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): Clíodhna Cork

Student's number: 1945413 Date: 6.4.21

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.

XXXXX *XXXXXXXX*

Appendix D – Recruitment Poster

Participants Needed

University of East London

Are you an Irish man aged 65+?

Did you move to Britain from Ireland as an adult?

I would like to talk to you as part of a research study on the stories of Irish men living in Britain. Taking part would involve:

- Speaking to me about opportunities, challenges, and hardship in your life, and what some people call 'mental health' or 'mental ill-health'.
- Telling your story in a way that makes sense to you. This will be like an informal discussion with some questions from me.
- This will take about an hour but it can be more or less than this, depending on what you feel comfortable with.

I hope that this project may provide information which could improve the care that people receive & improve access to mental health services.

This research is being carried out as part of a Clinical Psychology Doctorate at the University of East London.

If you are interested in finding out more, please speak to [redacted]
or email Clíodhna Cork (Trainee Clinical Psychologist) on: ***u1945413@uel.ac.uk***

Appendix E – Consent Form

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Stories of opportunity, challenges, and hardship in Irish men aged 65 and over

Please tick

	Yes	No
I have read the information sheet about this research study and have been given a copy to keep. The research has been explained to me, and I have had the chance to ask questions about it. I understand what my involvement means.		
I understand that my involvement in this study, and the information I provide, will remain strictly confidential and private. Only the researcher(s) involved in the study will have access to any information that could identify me.		
I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without needing to give any reason. I understand that I have until 3 weeks after the interview to let the researcher know that I would like to withdraw. After this point the researcher can then still use my data in the write-up of the study and in any further analysis.		

	Yes	No
It has been explained to me what will happen once the research study has been completed.		
I hereby freely and fully consent to participate in the study which has been fully explained to me.		
Would you like to receive a summary of the research findings once the study has been completed?		
Do you agree to be contacted after this interview, so that the researcher can talk about their ideas with you?		

Participant's Name (BLOCK CAPITALS)

……
…

Participant's Signature

……
……

Researcher's Name (BLOCK CAPITALS)

……
…

Researcher's Signature

……
……

Date: ……..…….

Appendix F – Information Letter

Information letter

Who am I?

My name is Clíodhna and I am training to be a Clinical Psychologist at the University of East London (UEL). As part of my studies I am carrying out the research you are being invited to take part in.

What is the research?

I am interested in how Irish men living in Britain talk about their distress and how they have coped with this in their lives. I think this is important for understanding mental health and improving access to mental health services. This research has been approved by the School of Psychology Research Ethics Committee.

Why have you been asked to participate?

You have been invited to participate in my research because I want to involve men who were born in Ireland, moved to Britain after the age of 16, and are now aged 65 and over.

What would this involve?

- This would involve speaking to me (either by video call or in person) about opportunities, challenges, and hardship, and what some people call 'mental health'
- I would like people to tell their story in a way that makes sense to them. This will be like an informal chat, but I will ask some questions on the topic.
- These interviews will be recorded on a voice recorder.
- This interview could take about an hour, but it can be more or less than this, depending on what you feel like.
- Participation is voluntary so you will not be paid. However it might be an interesting opportunity for you to tell your story.

- If you agree to, I would like to carry out a follow up meeting to talk about how I understood your story, to check if this makes sense to you.

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times. You do not need to answer all of my questions and you can stop at any point during the interview.

The interview recording will be typed out by me, and at this point all personal details (like names and places) will be removed. Quotes may be included in the write-up of the research, but these would not contain any personal information.

After we do the interview, if you change your mind about being part of this research, let me know within 3 weeks and I can remove your interview from my research. After 3 weeks removing your interview will not be possible.

Keeping your information safe

All the information gathered during this project will be kept on a password-protected computer, that only I will be able to see. The typed-up interviews may be viewed by my supervisor to help with the write-up.

Recordings of the interviews, and any contact details will be kept until September 2022 and then deleted. The typed-up interviews will be kept for 3 years, and then deleted. The final write-up will be available online on UEL's research papers website.

What if you have been negatively affected by taking part?

It is not expected that you will have been negatively affected by taking part. However if you are you may find the following services helpful for support:

- Irish Counselling and Psychotherapy (ICAP): 020 7272 7906
- Samaritans: 116 123
- Aisling – Return to Ireland Project: 0207 485 7030

Contact Details

If you would like further information about my research or have any
questions or concerns, please do not hesitate to contact me:

Clíodhna Cork **u1945413@uel.ac.uk**

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr. Maria Castro. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.castro@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)

Appendix G – Debrief Letter

PARTICIPANT DEBRIEF LETTER

Thank you very much for participating in my research study on *Stories of opportunity, challenges, and hardship in Irish men aged 65 and over.* I really appreciate you taking the time to speak to me.

What will happen to the information that you have provided?

- You may withdraw your information until up to three weeks after the interview.
- I will store any personal information such as names and contact details on a password protected database. Only I will have access to this, and it will be stored separately to recordings and written transcripts of the interviews.
- All data will be destroyed after my research is examined, apart from transcripts (written versions of interviews) which will be kept for 3 years after the interview date.
- Our interview will be transcribed, analysed and written up for my research report. I would really appreciate the chance to speak again so that I could share some of my ideas about your stories to see if they make sense to you.

- I also hope to publish this report, but no information that could identify you will be included in this. If you have any questions about this or if there are details you are worried about being shared, do not hesitate to get in touch with me.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Clíodhna Cork
U1945413@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr. Maria Castro Romero. School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.castro@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

Appendix H – Data Management Plan

UEL Data Management Plan: Full
For review and feedback please send to: researchdata@uel.ac.uk
If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	**Clíodhna Cork**
PI/Researcher ID (e.g. ORCiD)	**https://orcid.org/0000-0001-8753-7502**
PI/Researcher email	**U1945413@uel.ac.uk**
Research Title	***Stories of opportunity, challenges, and hardship in Irish men aged 65 and over***
Project ID	**N/A**
Research Duration	**12 months [Start date 05/21]**
Research Description	This study aims to explore the narratives of Irish born men, who identify as Irish, aged 65 years and over, living in London and who moved here after the age of 16. The proposed research will explore stories of home, opportunity, migration, hardship, distress, identity, survival, health, and community through one-to-one interviews. Participants will be recruited through organisations that provide outreach to this population in London. Conceptualisations of distress and/or wellbeing

	will be sought through narrative analysis of this data. It is hoped that this project may provide information which could improve access of this population group to mental health services and provide useful information for mental health practitioners which would improve the care received.
Funder	**N/A – part of professional doctorate**
Grant Reference Number (Post-award)	**N/A**
Date of first version (of DMP)	**21/3/21**
Date of last update (of DMP)	**08/04/2021**
Related Policies	**UEL Research Data Management Policy (2019)**
Does this research follow on from previous research? If so, provide details	**No**
Data Collection	
What data will you collect or create?	Personal data will be collected on consent forms (names) and prior to the interview (email address and/or telephone number for purposes of arranging the interview, via the researcher's UEL email address). No sensitive data will be collected. Interview data -Audio recordings either on Dictaphone (.mp3) or Microsoft Teams recordings (.mp4) -Transcripts of recordings (to be stored as Word documents - .docx) - Hardcopies of transcript will be printed for analysis and stored in a locked folder in my home.

How will the data be collected or created?	4-6 participants will be interviewed by the researcher. Interviews will be one-to-one, approximately 40 – 60 minutes long, and semi-structured. All interviews will be audio-recorded either on MS Teams or Dictaphone, and transcribed by the researcher on a computer as a Word document. Data will be anonymised at the point of transcription. Each participant will be given a pseudonym and all identifiable information (e.g. names, locations, identifiable scenarios) will be anonymised in the transcripts.
Documentation and Metadata	
What documentation and metadata will accompany the data?	Participant information sheets, consent forms, list of guide interview questions and debrief sheet. -Advert for the study -Participant information letter -Participant consent form (blank) -Participant debrief letter - An interview schedule Excel spreadsheet containing a key connecting: -Participant contact details (for correspondence – this will only be retained in the spreadsheet for 3 weeks following the interview) - Pseudonyms will be used for the participant's interview recording and the participant's interview transcript Interview recordings will be saved with the relevant pseudonym in the document name. This will allow an interview to be identified and removed from further study (if this is requested by the participant within 3 weeks of the interview).
Ethics and Intellectual Property	
How will you manage any ethical issues?	Participants will be fully informed of the purpose of the interview and how their interview data will be used prior to the interview itself (the participant information letter). Written consent will be obtained for all participant interviews. During the interview, participants will be reminded that they can answer each question as briefly or

	fully as they like, including refusing to answer a question they find distressing, and are allowed to end the interview at any time for any reason. Participants will be advised of their right to withdraw from the research study at any time without being obliged to provide a reason. This will be made clear to participants on the information sheets and consent forms. If a participant decides to withdraw from the study, they will be informed their contribution (e.g. any audio recordings and interview transcripts) will be removed and confidentially destroyed, up until the point where the data has been analysed. I will notify participants that this will not be possible more than 3 weeks after the interview due to the data having already been analysed. Permission to contact participants after the interview in order to summarise findings will be sought in advance of the interviews. In case of emotional distress during or following the interview, contact details of a relevant support organisation will be made available in a debrief letter. If participants appear distressed during the interview, they will be offered a break or the option to end the interview. Transcription will be undertaken only by the researcher to protect confidentiality of participants. Participants will be anonymised during transcription to protect confidentiality. Following September 2022, the interview recordings and the key will be destroyed, and only the anonymised transcripts will remain within my supervisor's OneDrive for Business.
How will you manage copyright and Intellectual Property Rights issues?	N/A
Storage and Backup	
How will the data be stored and backed up during the research?	Separate folders on UEL's OneDrive for Business will be used to store: • Documentation containing identifiable patient details (the completed consent forms; any participant contact details)

	• Potentially identifiable and sensitive data, which will be deleted in September 2022 (Interview recordings) • Anonymised interview transcripts for narrative analysis Audio/MS Teams recordings and transcriptions will be accessed via my personal password protected laptop within my UEL OneDrive cloud service, as .docx files which will be encrypted. Audio files will be backed up on the Microsoft Stream library, while audio files recorded by Dictaphone will be backed up on the H: Drive post-transcription, and encrypted, in a separate folder from the consent forms. Paper consent forms will be scanned in PDF format, saved on the H: Drive, and the originals shredded and deleted from the email inbox. , and the originals shredded. Scanned/electronic consent forms will be saved in a separate H: Drive folder to other research data and will be encrypted Identifiable information such as names, places, or detailed stories will be excluded from the final write-up and from future dissemination.
How will you manage access and security?	• Only the researcher, supervisor will have access to the transcripts. Examiners will have access if requested. • UEL storage will be used to store data • Data stored on the H: Drive will be encrypted • My supervisor and I will have sole access to the data unless the examination board request access to it for examination purposes. If required, the data would be shared with them by using a secure link to the relevant data item on UEL's OneDrive for Business. • Anonymised transcripts will be shared with the research supervisor via secure link to the relevant data item on UEL's OneDrive for Business. File names will be participant numbers e.g. Participant 1.
Data Sharing	

How will you share the data?	Extracts of transcripts will be provided in the final research and any subsequent publications. Identifiable information will not be included in these extracts. Anonymised transcripts will not be deposited via the UEL repository as even with anonymisation, whole interviews are too personal and potentially identifiable.
Are any restrictions on data sharing required?	None
Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	Audio recordings and electronic copies of consent forms will be kept until the thesis has been examined and passed. They will then be erased from UEL servers. Anonymised transcription data will be retained for 3 years on my supervisor's OneDrive for Business in case they are required for the purposes of future publication, e.g. in an academic journal.
What is the long-term preservation plan for the data?	The anonymised transcription data will be preserved for 3 years and then destroyed.
Responsibilities and Resources	
Who will be responsible for data management?	Clíodhna Cork
What resources will you require to deliver your plan?	Remote access to UEL IT services including OneDrive for Business and the UEL H drive for backing up data (this is standardly available and should not require any additional outlay).
Review	
Date: 08/04/2021	**Penny Jackson** **Research Data Management Officer**

Guidance
Brief information to help answer each section is below. Aim to be specific and concise. For assistance in writing your data management plan, or with research data management more generally, please contact: **researchdata@uel.ac.uk**

Administrative Data

Related Policies
List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

Data collection
Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

Documentation and Metadata
What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

Ethics and Intellectual Property
Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

Storage and Backup
Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

Data Sharing
Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

Selection and Preservation
Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (data.uel.ac.uk) or a subject repository. How long should data be retained?

Appendix I – Interview Schedule

Interview schedule

Introduction:

Discuss the aims of the study, consent, right to withdraw, confidentiality, anonymity, recording. Provide opportunity to discuss any questions or concerns.

Potential questions:

- Can you tell me about coming to live in England? Why did you move here?
- What kinds of opportunities were there?
- What kinds of hardships or challenges were there?
- Can you tell me about any experiences of distress or mental ill health in your life? In your own words.
- Can you tell me what helped with this distress?

Prompts:

- Can you tell me a bit more about that?
- Can you tell me what you mean by that?
- Can you tell me about what that means to you?

Debrief:

Discuss the participants' experience of the interview. Provide information for support if needed. Providing debriefing sheet.

Appendix J – Section of Annotated Transcript

	Themes	Performative	Context
01:45 QR: There was 6 younger and there was 5 old. That's the way it was.		Finality	
C: OK. And how do you remember coming here? What was it, what was it like?			
QR: Horrible for the first few months. Then got into the swing of the things, and loved it [OK]. You know. That time, of course, started drinking and… that was the start of a… 10, 20 year downfall. [mm] You know? Because you used to get… well ah the… drinking culture that time when you finish work in the evening, you went to the pub. We all, everybody went to the pub. And then you were meeting anybody you met them in the pub [mm]. If you were goin out on a date, you went to the pub. You know it was all, all drinking culture. And this is what it was and this is why there was so many problem drinkers and all that time, you know?	Starting to enjoy it also led to a life of problem drinking	There was a reason why I was a 'problem drinker' -	Culture of drinking
C: So the good times were kinda linked to drinking, you said…			
QR: Of course yes, yes, yeah. Partying, you know? There was a lot of that going on.			
C: OK. So it's mostly for coming over to work [to work yeah] and why was it horrible for the first few months? [hmm?] Why was it horrible for the first few months?			
QR: Missed home, strange place, knew nobody [mm] yeah. Found it very, very strange. And then there was a lot of we'll say English people you'd be talking to and then you couldn't understand them. They probably didn't understand us either, you know [mm]. And that's the way it was.	Different to home, less connections, missed home	Cultural differences	
C: And what did you find strange about it, what did you find strange?			