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**INTERSECTIONALITY AND NON-HETEROSEXUAL  
BRITISH SOUTH ASIAN WOMEN: A CRITICAL  
NARRATIVE ANALYSIS**

**ANNA LOUISE FRY**

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements  
for the degree of Doctor of Philosophy

The University of Huddersfield

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## **Abstract**

Relatively recently there has been a significant increase in literature concerning non-heterosexual women and also a substantial increase in the study of non-heterosexual identities and the prevalence of mental health difficulties within this minority group. However, the study of British South Asian non-heterosexual women is noticeably absent in the areas of lived experience, mental health and well-being. This study was prompted by the relative absence of literature on the lived experience of non-heterosexual British South Asian Women and by the fact that much of the existing literature focuses on homosexual Asian men, thus ignoring the lives of non-heterosexual women within British South Asian culture.

Opportunity or convenience sampling was utilised to recruit participants through Hindu Sikh and Muslim lesbian, gay, bisexual and transgender support groups, through strategically placed flyers and through social media. Using Critical Narrative Analysis based on the hermeneutic phenomenological approach of Paul Ricoeur the lifeworld of eleven self-identified non-heterosexual British South Asian woman is explored in terms of lived experience, mental health and resilience through the analysis of semi-structured interviews. Key narratives such as the "good" daughter, coming out, queer Asian identity, cultural connectedness, mental distress and help seeking are identified, and explored, through the lens of minority stress (Meyer, 2003), Psychological processes (Hatzenbeuhler, 2009) and Identity Process Theory (Breakwell, 1986). The lives of the women in this study demonstrate unique intersections between gender, sexuality, culture, spirituality and ethnicity in an environment of religiously and culturally endorsed homophobia, which prevents their freedom to openly explore and express their sexuality. This study explores the difficulties faced by non-heterosexual British South Asian Women due to their invisibility and the impact of this on their mental health and well-being. Future research identifying links between collectivist cultures and other-focussed emotions suggest that collectivist cultures may experience minority stress, general psychological processes and identity integration in other-focussed ways that may moderate psychopathology is suggested. Furthermore, the application of identity Process Theory (Breakwell, 1986; Jaspal and Cinnirella, 2012), as an interpretive tool, to the minority stress processes in LGB individuals framework proposed by Meyer (2003) may further enhance minority stress theory and offer a more complete interpretative framework for assessing mental health outcomes in specific minority groups.

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~ *Emma*

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## List of abbreviations

BAME	-	Black, Asian and minority ethnic
BSAW	-	British South Asian Women
CR	-	Critical psychiatry
CRT	-	Critical race theory
GPPF	-	General psychological process framework
IPT	-	Identity process theory
LGBT	-	Lesbian, gay, bisexual and transgender
LGB	-	Lesbian, gay and bisexual
MSPM	-	Minority stress process model

# Academic Biography

## Papers

Fry, A. L. & Monro, S. (2018). *Intersectionality and South Asian Non-normative sexualities: The case of British South Asian lesbians and bisexual women*. (Under review)

## Oral Presentations

Fry, A. L. (2016). "We're here, we're queer, we don't drink beer": *The intersections of gender, sexuality, race/ethnicity, religiosity and non-heterosexual British South Asian women and the implications for mental health care*. Post Graduate Research Conference. School of human & Health Sciences. University of Huddersfield. First prize winner.

Fry, A. L. (2017). "We're here, we're queer, we don't drink beer": *The intersections of gender, sexuality, race/ethnicity, religiosity and non-heterosexual British South Asian women and the implications for mental health care*. BACP 23<sup>rd</sup> Annual Research Conference. England. Chester

Fry, A. L. (2017). "I didn't think there was such people like that to help a gay Asian girl cos then again I thought I was the only one": *The intersections of gender, sexuality, race/ethnicity, religiosity and non-heterosexual British South Asian women and the implications for mental health care*. The 19<sup>th</sup> BPS Psychologies of Sexuality Conference. London. England.

# Chapter 1 Introduction

*I don't think there is anything wrong with mutually beneficial arrangements, I don't think you, I don't think it's right for somebody um, to say we must come out, we must do things in a certain way um, we, we have to handle things how we want to handle things. (Amber)*

This thesis will explore the uniquely diverse lived experience of non-heterosexual British women of South Asian descent. It will examine their mental health and wellbeing whilst also considering their help seeking behaviour in order to understand how non-heterosexual British South Asian women develop and integrate their sexual identity. Although there is a considerable amount of qualitative and quantitative research exploring the mental health discrepancies between lesbian, gay and bisexual (LGB) individuals and their heterosexual counterparts (King, et al, 2008; McAllister & Noonan, 2015; Meyer, 2015; PACE, 2015), there is little published research that specifically considers the lived experience of non-heterosexual British South Asian women. Furthermore, research has shown disparities in the treatment of lesbian, gay, bisexual and transgender (LGBT) individuals within health and social care settings in the United Kingdom, due to gaps in the education and understanding of health care professionals (Ineichen, 2010; Unhealthy Attitudes, 2015, McAllister & Noonan, 2015). Moreover, evidence of inequalities in the treatment of black, ethnic and minority (BAME) individuals is well documented (Fernando, 2003; Bowl, 2007; Shefer, 2013). Therefore, a combination of factors led to my decision to carry out this research project. My curiosity was aroused by my own deep personal interest in the topic under investigation due to my own sexuality and lived experience. In addition, my discomfort at finding a lack of narratives from non-heterosexual British South Asian women and my perception of the invisibility of their lived experience fed my natural inquisitiveness. The negativity surrounding existing narratives and my interest in mental health from the perspective of a qualified counsellor and psychology graduate shaped the interpretation of my informal findings and led to the formulation of this project.

Therefore, this thesis provides an examination of the lived experience of non-heterosexual British South Asian women within an intersectional framework, utilising a hermeneutic phenomenology approach. The key aims of this project are as follows:

1. To explore the mental health and wellbeing of British South Asian non-heterosexual women



2. To understand if, when and how British South Asian non-heterosexual women access mental health services
3. To understand how the experiences of non-heterosexual British South Asian women in Britain affect their mental health and help-seeking behaviour.

This chapter will expand on my interest in the phenomenon under investigation and summarise some of the existing narratives and perceptions of lesbian and bisexual British South Asian women (BSAW). I will briefly discuss existing primary mental health policy and provision in the United Kingdom as an introduction to the challenges experienced by these organisations in the provision of services to black, Asian and minority ethnic (BAME) individuals and sexual minority individuals. I will also outline some of the specific definitions applied to the current study before briefly describing the current project, after which I will outline the structure of this thesis.

### ***1.1 My interest in the mental health and wellbeing of non-heterosexual British South Asian women***

My interest in the phenomena under investigation comes from my own experience as a lesbian, white British woman who grew up in culturally diverse environments distinct from my own cultural heritage, where religion played a key role in the social structure of the time. My lived experience led me to become actively opposed to discrimination of all kinds. My work as a counsellor and counselling supervisor has informed my interest in mental health services and the way in which these services are delivered and finally, as a humanist, I have come to believe in the value and agency of all human beings.

During the third year of my undergraduate degree I carried out a project looking at the lived experience of lesbian and bisexual women in terms of micro-aggressions. Micro-aggressions are the covert forms of prejudice that have become prevalent in society as overt forms of prejudice have reduced (Sue, 2010; Platt & Lenzen, 2013). I began to read around existing racial micro-aggression literature (Sue, Bucceri, Lin, Nadal, & Torino, 2007) and critical race theory (Delgado & Stefancic, 2012) in order to understand how these topics related to mental health and well-being. I was aware that my undergraduate project was very specifically focussed on the White-British experience and became curious about how that experience compared to the experience of British women from different ethnic groups. My informal research suggested that the experience of non-heterosexual British women of South Asian descent was missing from British narratives, within existing research and British Asian literature. Furthermore, mainstream media coverage was largely negative in nature. The Independent headline below is an example of the negative narratives that exist in popular media,

*"The sham marriages of convenience protecting gay Asians"* (Amara, 2014)

and in the Telegraph;

*"Homophobia taints the British Asian community"* (McAleenan, 2014)

The BBC is also guilty of this type of reporting and very often there is a disproportionate focus on the male perspective thus rendering non-heterosexual British women of South Asian descent invisible.

*"The gay Asian men pressured into marrying women"* (Razzall, 2014)

Furthermore, the popular press focusses mainly on the Muslim experience,

*"Imams help gay Muslims embrace new social identities"* (Jillani, 2010)

Having read the sporadic stream of news articles, academic psychosocial literature and British Asian feminist history, I felt that the voices of non-heterosexual British South Asian women were neglected. The literature around the increased risk of mental health difficulties within lesbian, gay, bisexual and transgender (LGBT) communities, compounded by the literature on the increased risk of mental health difficulties within British South Asian communities, led me to believe that this research was long overdue. I therefore became curious about the mental health and wellbeing, risk and resilience factors at work in this specific community. I wanted to understand how the intersectional experience of this group facilitated or hindered help seeking behaviours and the implications that this would have for mental health practitioners and services.

During my undergraduate degree, I became academically aware of the philosophy of phenomenology and the focus on the lived experience, which I felt was the most appropriate way to explore how the lives of the women concerned were experienced from an intersectional perspective. I believe that the philosophy fits well with the methodology and theoretical perspective, all of which will be discussed in greater detail later in this thesis. The use of phenomenology allowed me to gain a unique understanding of the lived experience of this invisible and uniquely diverse group of women. Phenomenology and its appropriate application to the current study will be discussed in detail in Chapter 4.

## **1.2 My position as researcher**

It is important to describe my position as researcher from the outset. Researchers can be both outsider and insider in many subtle ways, for example, through the intersections of sexuality, ethnicity, class, age, gender and health status (Fish 2008; Tang 2007). These

roles can be adapted simultaneously as both insider and outsider. Hayfield and Huxley (2015) suggest that to see oneself as purely an insider or an outsider is to oversimplify the complexities of researchers' relationships with their participants. Boundaries between researcher and participants are often more nuanced than they may first seem. Furthermore, while both participants and researcher contribute to data production, they always remain researcher/researched and this boundary cannot be removed, even when researchers are members of the same (stigmatized) groups as participants (Corbin-Dwyer & Buckle 2009). The nature of conducting research versus participating in research will always remain (Richards & Emslie 2000).

I consider myself an insider through my intersecting identities of being non-heterosexual, female, British and a member of a minority group and outsider as being white and of English descent. Hellawell (2006) states that alienation (outsider) can enable the researcher to critically appraise specific situations, whereas empathy (insider) can enhance rapport, relationship building and communication between participant and researcher. I believe I was uniquely positioned to undertake this project and found participants to be open and honest in their responses to my interview once I revealed my own lived experience and understanding of my own intersectionality.

### **1.3 Issues of definition**

#### **1.3.1 Definitions of sexuality**

Although in many countries the word lesbian is seen to be an acceptable self-identifier for homosexual female sexuality, Norton (1997) states that in India lesbians are reclaiming terms such as jami ('twins') and sakhiyana ('women-to-women bonding'). Bisexual is a term commonly used to describe an individual who self-identifies as being sexually attracted to those of the same sex and those of different sexes (Monro, 2015). The term 'gay woman' or simply 'gay' is also commonly used to describe same-sex attraction in women. 'Queer' has also become a common term for same-sex attraction (Norton, 1997). However, as the current research focusses on the experience of women of south Asian descent who were born in the United Kingdom, the term non-heterosexual does not assume a particular self-identity and allows for participants to describe their sexual identity in their own words. A table of participant self-identifiers can be found in table 4.4

The term 'non-heterosexual' has been used throughout this thesis to define the western concept of self-identified lesbian, gay and bisexual (LGB) individuals. There is some debate within academia around the use of non-heterosexual to describe bisexuality as it is argued that bisexuality has elements of heterosexual attraction (Monro, 2015). The term 'non-heterosexual' describes the non-binary, fluid nature of sexuality and recognises that women

who identify as bisexual and live in other-sex relationships are rendered invisible by being described as heterosexual. Conversely, bisexual women who live in same-sex relationships are rendered invisible by being described as lesbian. The term "non-heterosexual" may be seen to privilege heterosexuality as the norm and perpetuate the idea of any sexualities outside of heterosexuality to be considered abnormal. However, for the purpose of this project non-heterosexual provides a broad conceptualisation of sexuality that does not suppose the sexualities of the participants in this study. Furthermore, this approach removes the requirement to include acronyms with multiple characters that have been shown to be irrelevant to the younger generation (Savin-Williams, 2005). The term sexual minority is also used to describe non-heterosexual individuals. Although this term may be problematic in that it privileges the majority over the minority, the term is used in the theoretical framework for this thesis and therefore has been used for consistency.

### **1.3.2 *Mental health and wellbeing versus mental or psychological distress***

For the purpose of this thesis, mental health and wellbeing will be defined as a "*subjective sense of enduring life satisfaction*" (Sharma & Sharma, 2010, p121) in terms of happiness and pleasure and the absence of pain. Mental or psychological distress is defined as emotional suffering and a subjective sense of enduring life dissatisfaction in one or more specific area.

### **1.3.3 *British south Asian women (BSAW)***

The women who met the inclusion criteria were born in Britain, were of South Asian descent and first generation British onwards. The term British south Asian was chosen to encompass all women who described themselves as being descendants of the geographical area known as south Asia (see section 1.6). As can be seen from table 4.4, participants described their ethnicity in a variety of ways such as British Asian, British Pakistani, English Asian, British Indian and British. Therefore, the term BSWA was used for consistency. A detailed discussion of participants and specific inclusion criteria can be found in Chapter 4 of this thesis.

### **1.3.4 *Minority stress***

Minority stress is defined as "*a state intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, the impact of these environmental forces on psychological well-being, and consequent readjustment or adaptation*" (Brooks, 1981, p. 107). Further discussion of minority stress theory (Meyer, 2003) is included in Chapter 3.

### **1.3.5 General psychological processes**

General psychological processes are defined as *"established cognitive, affective, and social risk factors for mental health outcomes"* (Hatzenbuehler, 2009, p.710). Further discussion of general psychological processes is included in Chapter 3.

## **1.4 Mental health policy and provision**

### **1.4.1 Policy**

In the United Kingdom, the National Institute for Health and Care Excellence (NICE) which offers guidance to health care providers in order to ensure high standards of clinical practice, states that,

*"In setting priorities there is no case for the Institute or its advisory bodies to distinguish between individuals on the basis of gender or sexual orientation unless these are indicators for the benefits or risks of preventative or therapeutic interventions."* (NICE equality scheme and action plan 2007-2010, p.15, 2005).

This guidance has not specifically been updated in either the revised equality scheme 2010-2013 or NICE'S equality objectives and equality programme 2013-2016 (NICE revised equality scheme and action plan 2010-2013, 2008; NICE's equality objectives and equality programme 2013-2016, 2013). However, NICE (2008, p.6) does state that public authorities should, *"take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it"*. The NICE guidance for individual approaches to behaviour change (NICE, 2014) specifies sexual orientation as a characteristic which may require an individual approach. Unfortunately, the guidance falls short of describing what that approach might be. Many of the NICE (2013) research recommendations proposed on their website include specific research priorities into the requirements of discrete minority groups in terms of health care. However, much of this research has yet to be carried out (NICE, 2013). Guidance specifically focussing on ethnic minority approaches is available for several health issues including smoking, body mass index, diet and physical activity (NICE, 2013). Therefore, the next logical step would be to ensure that specific guidance exists for sexual minority individuals.

In 2005 the Department of Health published a document outlining a proposal for change in the delivery of mental health services ensuring race equality and that the National Health Service (NHS) meet the legal requirements of the Race Relations (Amendment) Act 2000 (Delivering Race Equality, 2005). The document considered the specific mental health issues and causes that may affect Black, Asian and Minority Ethnic (BAME) groups in England. Legislation against discrimination towards sexual minority groups in the provision of goods,

facilities, services, education and public functions was produced in 2007 (Equality Act, 2006). It is no surprise then that much of the sexual minority health advice produced by the NHS and the Lesbian & Bisexual Women's Health Check (Stonewall, 2008) was produced in 2008 (Health with Pride, NHS Barking and Dagenham, 2008). The NHS choices website also includes a section on "Gay Health" (NHS Choices, 2012). However, the advice is generic and does not consider the diverse nature of lesbian and bisexual women's communities. Considering that individual approaches have been identified as areas requiring research and the fact that specific interventions and guidance is available for ethnic minorities, the next logical step is to understand the unique health and social care requirements of multiple minority group members.

In April 2008 it became the statutory duty of Directors of Public Health, Directors of Adults' Services and Directors of Children's Services to undertake Joint Strategic Needs Assessments (JSNA's) which were implemented in order to guarantee specific, local population targeted service commission (Klynman, 2010). The purpose of the JSNA was to compile a picture of current and future health, care and wellbeing needs of a populace. National information was supplemented with local data in order to provide in depth descriptions of the needs of local populations. Klynman (2010) highlights the dearth of literature, which highlights disparities in treatment across race and ethnicity. BAME populations continue to be underrepresented in primary care services but overrepresented in acute services (Taha & Cherti, 2005).

A recent mental health policy briefing paper (Parkin & Powell, 2017) sets out the mental health strategy for England over the next five years. This document builds on policy identified by the Coalition Government's mental health strategy, *No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages* (2011) which described strategies to ensure equal importance is given to both mental and physical health. In 2015, a task force was set up by NHS England to make recommendations in order to achieve mental and physical health parity. This was followed by an implementation plan, which was accepted in full by the current government. Notably, specific recognition was given to the disproportionate number of BAME individuals, and in particular, black people, who are detained under the Mental Health Act (1983) and the discrimination and stigma that is experienced by those with mental ill health.

## **1.5 Provision**

### **1.5.1 Primary mental health care provision**

The World Health Organisation (WHO) describes primary mental health services as the initial point of contact for interventions essential for overall health care and the care provided by primary mental health workers such as general practitioners, mental health nurses and

counsellors (Ivbijero, 2008). Primary mental health services were introduced due to a need for earlier intervention, improved supervision of chronic conditions and enhanced partnership working between the patient, primary care workers, the community and support networks (The Joint Commissioning Panel for Mental Health, JCP-MH, 2015). The JCP-MH (2015) emphasises the requirement of primary mental health services to be delivered as close to the patient's home as possible. These services are required to be delivered in discussion with the patient, *'no decision about me, without me'* (Department of Health, 2012) and meet the requirements of the patient and their carers to be treated within primary health care services. Interestingly, although the JCP-MH (2015) primary health service guidance acknowledges the increased risk of mental illness in sexual minority individuals it does not include specific guidance for lesbian, gay, bisexual and transgender mental health services. However, it does offer specific guidance for BAME mental health services but does not discuss the specific needs of sexual minority BAME individuals.

### **1.5.2 Stepped care model in primary health care**

The Joint Commissioning Panel for Mental Health (2015) suggests that a stepped care model for mental health be utilised in primary health care services. The stepped care model is described by the Increased Access to Psychological Therapies (IAPT) initiative as a multidisciplinary approach to evidence-based interventions for the treatment of common mental health difficulties such as depression and anxiety (DOH, 2008). Step one to step three are delivered exclusively within primary care services. However, step four may require certain interventions to be obtained from secondary services such as acute hospital inpatient treatment (JCP-MH, 2015).

Step 1 comprises of self-management supported by peer experts and mentors, health trainers, low intensity psychological wellbeing practitioners and e-mental health services. Step 2 includes low intensity psychological therapies with coordinated employment, carer and social support. Step 3 is offered to those with more complex mental health needs and consists of high intensity psychological therapies and medication. Step 4 includes specialist mental health services and intensive therapies.

### **1.5.3 Black, Asian and ethnic minority (BAME) primary mental health provision**

In a meta-analysis of research highlighting historical institutional racism in psychiatric facilities in the United Kingdom, Fernando (2003) found the following disparities for BAME individuals with mental health difficulties when compared to the general population: (i) greater diagnosis of schizophrenia; (ii) more often detained under the Mental Health Act; (iii) more often admitted to hospital as "offender patients"; (iv) more likely to be detained under section 136 of the Mental Health Act, 2007; (v) more often held in secure wards; (vi) less

often referred for psychotherapy; (vii) more often given high doses of medication; (viii) more likely to be referred to a psychiatrist by courts and finally, (ix) less likely to have their mental health and wellbeing needs met.

In a thematic analysis of BAME focus group participants in London, England, Shefer et al (2013) identified four “voices” of mental health stigma within BAME communities reflecting the findings of previous research, further highlighting the complex nature of identifying, formulating and commissioning mental health services for BAME communities. Shefer et al (2013) identified a '*medical critical voice*' and suggested that BAME individuals had an awareness of the inequalities in mental health care services, and had become stigmatised as a result, reducing the likelihood of BAME individuals accessing mental health services. Within BAME communities, stigma and discrimination is often directed at those who are recognised as having mental ill health (Shefer et al, 2013) and results in internalised stigma. The resulting '*self-critical voice*' identified by Shefer et al (2013) results in BAME individuals delaying treatment leading to their overrepresentation in acute services (Taha, 2005). Furthermore, some evidence suggests that traditional thinking around mental ill health has resulted in scepticism about the medical model and a belief that behaviours associated with mental ill health are a result of spiritual possession requiring exorcism. Moreover, Shefer et al (2013) found evidence of a sense within BAME communities, that such behaviours would resolve themselves without intervention given time.

#### **1.5.4 Sexual minority mental health provision**

Mental Health Needs Assessments have been identified as critical for ensuring that individual mental health requirements are met (Ash & Mackereth, 2013). However, when scrutinised, Mental Health Needs Assessments are often lacking in detailed assessments of sexual minority groups (Ash & Mackereth, 2013). In response to this evaluation, Ash & Mackereth (2013) carried out a Mental Health Needs Assessment for the Northeast of England focussing specifically on the lesbian, gay, bisexual and transgender (LGBT) communities. Discrimination and stigmatisation were found to be a significant experience for LGBT individuals within mental health services. Ash and Mackereth (2013) suggested that specialist services should be commissioned in the short term, ensuring that through training and development in inclusive services and building trust within the LGBT communities these provisions could eventually be integrated into existing mental health services. The visibility of LGBT individuals, families and communities as they exist within British society, through informational leaflets, adverts and promotions, was identified as crucial in meeting this ideal of inclusive services (Ash & Mackereth, 2013). In their assessment, Ash and Mackereth (2013) also found that health professionals were aware of a lack of sensitivity towards LGBT individuals and



attributed this to a lack of available training in unique sexual minority<sup>1</sup> requirements. In a thematic analysis of twenty-nine interviews of lesbian, gay, bisexual, transgender and queer (LGBTQ) youths, Sherriff, Hamilton, Wigmore and Giambrone (2011) identified discrimination and stigma as significant themes in their analysis. Sherriff et al (2011) suggest that healthcare professionals require training in the area of LGBTQ youth needs in order to break down barriers to accessing mental health services for this group. However, research into LGBTQ groups is consistently challenging due to the stigma and discrimination identified in the research which results in invisibility and non-disclosure of sexual minority status and therefore sample size and demographic is often restricted (Sherriff et al, 2011). Stonewall (2008), a lesbian, gay, bisexual and transgender charity, carried out a survey of 6,000 lesbian and bisexual women, and reported that this specific group of women did not feel that mental health services were inclusive or that they met their specific needs.

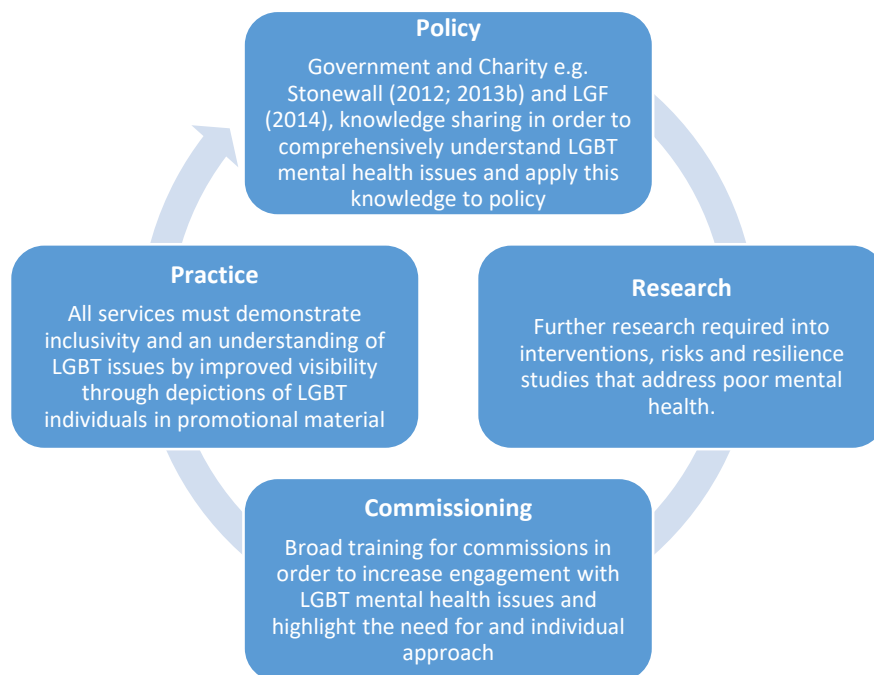
McAllister and Noonan (2015) carried out a policy implementation review of lesbian, gay, bisexual and transgender (LGBT) mental health services in England and concluded that although there has been significant change in policy there has been very little change in practice. Non-disclosure of an individual's sexuality was identified as a significant barrier to service provision (McAllister & Noonan, 2015). In accordance with recent Department of Health policy, the Joint Strategic Needs Assessment (JSNA) for National Health Service (NHS) service commissioning should result in enhanced commissioning of services, which balance identified health inequalities in specific NHS trust areas (Department of Health, 2010). However, if individuals with mental health difficulties do not disclose their sexuality, inequalities cannot be identified. Williams (2007) found that less than 50% of LGB individuals had disclosed their sexual identity to their doctor. Furthermore, McAllister and Noonan (2015) describe significant homophobic attitudes within NHS trusts with 20% of NHS staff admitting to being homophobic (Hunter and Minsky, 2007, cited in McAllister & Noonan, 2015). Moreover, research carried out by Hunt and Fish (2008) found that 70% of lesbian and bisexual women who disclosed their sexual identity were treated unfavourably by healthcare workers.

McAllister and Nanon (2015) have identified the Stonewall Health Champion Programme, funded by the Department of Health, as a possible solution to the organisational issues within the NHS. The programme is open to 20 NHS trusts every year who are required to apply to the programme and once accepted receive funding for an initial assessment of existing services and the staff training on LGBT issues. However, this programme requires that the

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<sup>1</sup> The term sexual minority broadly encompasses individuals whose sexual orientation is non-heterosexual. operational definitions of sexual orientation including self-identification as lesbian, gay or bisexual, same-sexual behaviour and same-sex attraction.

NHS Trusts be proactive in identifying a need. McAllister and Nanon (2015) suggest that if a particular trust has institutionalised homophobia they are unlikely to apply the programme and that there is a risk of 'tokenism' which describes the idea that to name an issue in policy is enough to gratify fears, rather than accepting that policy is only a first step. Below is a table of the recommendations for policy outlined by McAllister and Nanon (2015).



**Figure 1.1** Proposal for policy change, research, commissioning and practice (adapted from McAllister and Noonan, 2015)

### **1.5.5 BAME sexual minority primary mental health provision**

Stigma and discrimination are further complicated for BAME Sexual Minorities as there are some indications that non-heterosexual behaviours are considered mental health disorders by some individuals within BAME communities which increases stress and lack of family and community support (Stonewall, 2008). However, mental health charity, Mind, reports that BAME sexual minority individuals are less likely to present as suicidal than white sexual minority individuals and suggest that this may be due to cultural and religious factors which make suicide unthinkable (Mind, 2003). Conversely, in an American study, Diaz, Ayala, Bein, Henne and Marin (2001) found that Latino sexual minority group members demonstrated high levels of suicidal ideation, which suggests that the lived experience of both distinct ethnic groups and distinct sexual minority groups are unique to the individual and therefore require individual approaches to mental health and wellbeing. The Stonewall report (2008) identified deliberate self-injury as a significant mental health issue for lesbian and bisexual women, with

one in five respondents reporting self-harming behaviour over the previous year compared to 0.4% of the general population. Furthermore, 5% of lesbian and bisexual women reported suicide attempts (Stonewall, 2008) and finally, one in five reported having an eating disorder compared to one in twenty in the general population. In a study of three English cities, Cooper et al (2010) discovered the highest rates of self-harm were among black females between the ages of 16 and 34. Also, Cooper et al (2013) found that alcohol misuse was a significant indicator for repeated self-harming behaviour (self-poisoning and self-injury) in south Asian and Black minority ethnic groups. This, linked with the finding that nine in ten lesbian women drink alcohol and 40% of these women drink three times a week, as compared to only one quarter of women in the general public (Stonewall, 2008), raises concerns that lesbian and bisexual women may be at higher risk of repeated self-harm. The Department of Health (2007) reports that young, heterosexual South-Asian women are at a high risk of self-harm and suicide in the United Kingdom (Department of Health, 2007). Although it is not known how this risk may be affected by being homosexual, the evidence above would suggest that the risk of repeated self-harm could be considerable for South-Asian lesbian and bisexual women. There is a significant gap in existing research within the United Kingdom considering the unique experience of non-heterosexual British South Asian women and their mental health. The evidence presented above demonstrates the need for specific research targeted in this area.

A more recent document, The RaRE Research Report, published by PACE, a Lesbian, Gay, Bisexual, Transgender plus (LGBT+) mental health charity, reports on a research study carried out between 2010 and 2015 by PACE and a panel of academics from three British universities. The report looked at the risk and resilience of LGBT+ individuals based on three key mental health issues; suicide attempts and self-harm for young LGBT+ people under 26; alcohol misuse in lesbian and bisexual women; body image issues for gay and bisexual men. In the five stage, mixed method study, two groups of interviews were carried out between 2011 and 2014 with 58 participants in total, supplemented with a national survey of England involving 2078 people. The study found that 34% of LGB people under the age of 26 had attempted suicide at least once in their lives compared to 18% of heterosexual people in the same age group (PACE, 2015). Furthermore, 48% of Transgender people under the age of 26 reported at least one suicide attempt in their lives compared to 26% of cisgender people in the same age group.

The PACE study found no significant differences in alcohol dependence or alcohol misuse in lesbian and bisexual women when compared to heterosexual women. This finding contradicts previous research (Stonewall, 2008). The recommendations outlined by the RaRE report

match previous research findings and the proposals made by NICE (2008) for individual approaches to health care. The recommendations are as follows: -

1. Specific training for health professionals in the mental health care needs of all sexual orientations and gender identities.
2. LGBT+ friendly services to be proactively implemented to allow sexual minority individuals to feel safe in disclosing their sexuality or gender identity without fear of discrimination.
3. All schools should implement sexual diversity training for all staff and students in order to ensure non-discriminatory educational spaces free from homophobia, biphobia and transphobia.
4. Resilience training for LGBT+ young people
5. A new LGBT+ "scene" to be promoted for young people that does not centre on alcohol.
6. More appropriate media representations of male bodies.
7. Promotion of a more inclusive society through awareness campaigns and increased visibility of appropriate sexual minority individuals in the media.

However, as stated in the RaRE report *"our findings can only be considered valid for our samples and are also subject to the specificities of the social and cultural contexts where the research was conducted."* (PACE, 2015, p. 79). The study included 949 participants who identified as lesbian or gay. However, only 25 individuals who identified as lesbian or gay described themselves as *"Asian/Asian British"* and only six individuals who identified as bisexual described themselves as *"Asian/Asian British"* from 302 participants in total (PACE, 2015, p. 100). The report does not identify the gender of the lesbian/gay group but it would be interesting to know how many women were represented in this category as there was a large difference in the numbers of lesbian and gay women who participated in the study when compared to the number of male respondents. This further emphasises the need for specific research considering the experience of non-heterosexual British South Asian women.

Purdie-Vaughns & Eibach (2008) argue that people with intersecting identities fail to be recognised as a part of their constituent community and describe this phenomenon as intersectional invisibility. Lewis and Isiah (2012) suggest that certain sexual minority individuals diverge from the social norm to such an extent that lasting stereotypes have yet to be created for these individuals. This results in further invisibility. Therefore, making the invisible visible is of paramount importance in order to redress the gap in knowledge and understanding of non-heterosexual British South Asian women.

In the next two sections, I will consider current understandings of the lived experience of British South Asian women and specifically non-heterosexual British South Asian women through the lens of female British South Asian writers, academics and social media. This section will consider the psychosocial causes of mental distress within British South Asian communities and discuss the particular mental health difficulties experienced by the women living in these communities.

### **1.6 Current understanding of the lived experience of British South Asian women**

South Asian women consist of an extremely diverse group of individuals from countries such as India, Pakistan, Bangladesh, Sri Lanka, Nepal, the Maldives, and Afghanistan and have very diverse immigration histories. South Asian women speak many different languages and follow several distinct religions such as Christianity, Hinduism, Islam, Sikhism, Jainism and Buddhism (Choudhury et al, 2009). Furthermore, immigration from South Asia to Britain has changed markedly creating further diversity within this group of women (Wilson 2006 and Brah, 1996). The British census (2012) reported that 7.5% of the population identified as Asian or British Asian of which 2.5% or 1.4 million people identified as Indian, 2.0% as Pakistani, and 0.75% Bangladeshi. The remaining members of this group identified as Chinese or 'other Asian' (Office for National Statistics, ONS, 2012). Pakistani and Indian ethnic group categories have both increased by approximately 0.4 million people since the 2001 census which equates to an increase of 0.5 and 0.6 percentage points respectively (ONS, 2012). These groups together form the second largest growth category after the 'any other white' category.

The contemporary British South Asian experience cannot be understood without some historical contextualisation. After the Second World War Britain suffered extreme labour shortages and looked to members of ex-colonies to take up employment in unskilled positions with low pay and unsocial working hours that white workers refused to do (Brah, 1996). The South Asian '*immigrants*' faced inaccurate preconceived judgements of their culture, due to the colonial narratives and discourses that existed within British society, which enforced the construction of the '*native*' populations as inferior and obsequious which fuelled racist policies. A policy of assimilation was adopted by the British Government in which difficulties with race relations were seen as a purely cultural issue; it was thought that these could be resolved through a programme of '*helping the immigrant to adjust to the host society*' (Brah, 1996). Women were underrepresented in the South Asian community during this phase of immigration (Brah, 1996). During the 1960s and early 1970s '*assimilation*' was recognised as being unacceptable to the communities it was designed to assist and was replaced with a system of '*integration*' intended to create equal opportunity whilst allowing for cultural

diversity in order to create an atmosphere of mutual trust. However, racism continued to grow. Brah (1996) argues that the principle of integration was fundamentally flawed due to a lack of insight regarding the existing socioeconomic, political and equality issues within British society. There appeared to be a naïve belief that changes to social policy would eradicate the inequality of opportunity inherent between the indigenous population and those who had emigrated to Britain, which had created an atmosphere of hostility and intolerance.

Members of the South Asian communities were considered black people by the British social structures of the time and therefore shared a common political identity with Afro-Caribbean communities. As a united front, the two communities began to fight back against racism and inequality through activism (Wilson, 2006). In response, the government initiated a policy of 'multiculturalism' in which ethnicity was identified as the fundamental concept. Wilson (2006) describes a consequence of multiculturalism as the defining of 'ethnic' cultures as fixed, inflexible entities that would not change over time. This resulted in an assumption of oppressive gender relations within South Asian communities and assumed acceptance by South Asian women that this was a part of their culture. Thus, South Asian women were represented as victims who required saving due to lack of agency. A further consequence of this policy was a growth in '*multiculturally sensitive*' support workers who encouraged South Asian women who were living in violent relationships to consider remaining in the situation in order to maintain the family honour (Wilson, 2006).

During the 1960's a significant number of family members joined their relatives in Britain and the original intention to work in Britain in order to earn enough to return to their country of origin began to change into an intention to remain in Britain for the foreseeable future (Brah, 1996). Brah (1996) states that during this period South Asian women began to join the waged workforce in significant numbers, and this brought about a reorganisation of gender relations due to the greater visibility of South Asian women and their changing role in British South Asian society.

Over time, the defining characteristic of South Asian communities within social policy changed from their country of origin to the language they spoke and, most recently, to the religion, they follow (Wilson, 2006). Wilson (2006) illustrates how damaging this shift has been for those South Asian communities that follow the Muslim religion. Anti-Islamic discourses from America began to infiltrate the general media in Britain during the 1990s restructuring ethnic minority identities and creating specific anti-Muslim racism. The term 'Muslim culture' began to make an appearance in academic papers as well as government documents with complete disregard for the diversity of Muslim faiths (Alexander, 1998). This resulted in the term '*Muslim culture*' being theoretically flawed and worthless for practical application (Wilson,

2006). Furthermore, the rise in antagonism towards South Asian women more generally created an environment in which the struggles for equality and basic rights were hindered by hostility from the very services that were set up to assist these women.

### **1.6.1 *Psychosocial causes of mental illness in British South Asian women***

Research into the psychosocial causes of mental illness has found evidence to show that specific circumstances, significant life events and level of vulnerability are important predictors (Gilbert et al, 2007). Cognitive vulnerability models of depression in women attempt to demonstrate that deficiencies in cognitive resources such as irrational thinking, perceived lack of personal control and perceived helplessness are sources of depressive symptoms (Stoppard, 2010). Moreover, Jack (1991) suggests that social narratives describing what it means to be a '*good woman*' silence women's sense of self and contribute to depressive symptoms. Furthermore, Stoppard (2010) proposes that social discourses of the '*good woman*' inhibit self-caring behaviours; these are seen to be selfish and are therefore to be avoided. Correlations with mental health issues have been found in studies of bullying (Schuster, 1996), subordination (Wilkinson & Pickett, 2002), high expressed emotion such as high levels of control within families, invasive behaviours such as emotional over involvement and judgemental attitudes (Wearden, Tarrier, Barrowclough, Zastowny & Rahill, 2000) and domestic violence (Lewin, Abdrbo & Barrant, 2010).

### **1.6.2 *Suicidality***

Although some reports from the 1990s show that the mental health of British South Asian individuals is as good or slightly better than the ethnic majority (Ineichen, 2012) there is evidence to demonstrate the contrary. Soni-Raleigh (1996) found that young South Asian women have a twenty to forty percent higher rate of suicide when compared to indigenous British communities. Furthermore, Wilson (2006) states that, unlike most other countries where men are approximately three times more likely to commit suicide than women, in South Asian countries this is reversed. The reason for this is described by Gill (2004b) as an acceptable method of ensuring that the family is protected from shame and humiliation.

Wilson (2006) suggests that Asian women who are diagnosed as having a mental health disorder are often labelled as experiencing '*cultural problems*' or alternatively they are seen to be '*caught between cultures*', especially if they are young Asian women. However, Wilson (2006) describes how Asian women often struggle with the joint effects of the South Asian patriarchal concept of a woman as strong, resilient, accepting and charitable and conventional British patriarchal disdain for those who complain or whine. In the patriarchy of Asian family life, women's emotional distress is often ignored leading to isolation and further emotional distress. This is reflected in the lived experience of Shireen who moved from Bangladesh to

Britain in 1970 to join her husband to whom she had been married for five years since the age of seventeen.

*There are men who understand women's minds and respect them – a few. Others torture women. My husband used to beat me if I spoke up. This was right from the start. As for me, I never hit anyone or anything. I just spoke. When I went mad, I continued to laugh, just to laugh ... I was lonely. Even then, he used to hit me. One day he almost strangled me.* (Wilson, 2006, p.114).

Shireen goes on to describe how when in hospital after a suicide attempt, doctors spoke only to her husband.

*They asked my husband, 'What is the problem?' No one spoke to me. No, I don't think it was just the language – no one felt they had to talk to me.* (Wilson, 2006, p. 114)

Before she arrived in Britain, Shireen suffered from post-natal depression after the birth of her first two children who both died before the age of three months. During this time, she received no emotional or physical support and began to fear the death of her other children. Shireen had no one to talk to about her fears and decided to have a hysterectomy without the permission of her husband and once again received no emotional support or counselling in making her decision nor subsequent to her surgery. The domestic violence that Shireen was subjected to was never acknowledged even though her psychiatrist was aware that her husband was 'dominant' as her psychiatrist stated, 'we did not want the marriage to break down'. After her suicide attempt Shireen was diagnosed with schizophrenia and has been treated with medication ever since. Wilson (2006) states that neither Shireen nor her family had received any information or support regarding her diagnosis and that on numerous occasions Shireen's husband would have her admitted to hospital if they argued. This experience was echoed by the children of South Asian women diagnosed with mental illness who were interviewed by Wilson (2006) and who themselves now suffered from depression and anxiety as a consequence of witnessing the domestic violence that their mothers endured.

### **1.6.3 Self-harm**

The Department of Health (2007) reports that young, heterosexual South-Asian women are at a high risk of self-harm and suicide in the United Kingdom (Department of Health, 2007). A study by the Newham Asian Women's Project (NAWP) in 1998 found that young Asian women between the ages of fourteen and thirty received very little support from mental health services and had very little knowledge of the mental health support available to them. Many of the women in the 1998 NAWP study agreed that they did not trust their general practitioner



to respect their confidentiality and therefore did not seek information or support from this source. Likewise, Gilbert, Gilbert and Sanghera (2004) identified the fear of mental health professionals violating confidentiality as a significant predictor of secrecy around mental health issues. Furthermore, many of the women felt that they could not discuss their mental health concerns with their parents as this was seen as a sign of weakness. Therefore, the build-up of emotional stress was relieved through self-harming behaviours, which was seen as a coping strategy. Wilson (2006) suggests that patriarchy produces subservient women who internalise their anger towards others and also the resulting stress and anxiety that this creates results in self-harming behaviours. Some women report that they self-harm as a form of self-punishment for their perceived role in their own abuse (Wilson, 2006)

*I hate myself with venom. I hate myself so much; I don't want anyone else to tell me I can't feel like that, because they are not in my shoes. I know my family don't want, they told me I should be dead, and I am a burden. Blah, blah, blah. When my dad died, when they carried out the coffin, when they were wailing, they were saying it should be my body not his. For me, it is not the seeing; it is the feeling what I have done. I basically warm up the iron as hot as I can, then I get it, leave it on me as long as I can possibly tolerate the pain and that just let's go of a lot of stuff . . . I actually need to pick my wounds and keep picking them because I don't want it to heal. I don't want it to get better because what's inside never gets better. (Virdee cited in Wilson, 2006, p120)*

Wilson (2006) describes how self-harm is usually the presenting problem when Asian women attend counselling. Her research shows that the majority of women developed self-harming behaviours due to sexual and physical abuse within the family.

### **1.7 Current understanding of the Lived experience of non-heterosexual British South Asian women**

Christ (2016) suggests that in patriarchal communities, homosexuality is generally unmentionable as heteronormativity is required to produce heirs and in order to pass power from father to son. Furthermore, Christ (2016) highlights control of female sexuality as one of several defining attributes in patriarchal societies. This is apparent in British South Asian communities (Wilson, 2006). Moreover, homosexuality is described as a 'Western disease' and not something that affects South Asian communities (Siraj, 2012, Yip, 2004). Therefore, many non-heterosexual South Asian women do not reveal their sexuality. The impact is enormous for those women that do choose to reveal their sexual identity as recounted by Leila (Wilson, 2006).

*Coming out [to my mother] was very painful to me... She still thinks it is a white woman's disease and if I had been in Pakistan this would never have happened; that it's this country that has corrupted me. What she doesn't know is that, in the long holidays back in Pakistan, I had a girlfriend who was the first person to kiss me! After I came out to my mum, she told my uncles, who became very strict with me and said I must stop being gay. They said that if it had been anything else that had been wrong with me, like if I was going out with an African man or I was pregnant, they would help me by saying the right prayers for forgiveness. But being gay was the worst thing... They began to talk about getting me married to a Pakistani man to 'cure' me. I got scared and left home. I am still in hiding from my family. They have tried to find me and make me go back with them, so I have to be careful though I really love and miss my mum. (Kassam, 1997 cited in Wilson, 2006)*

However, a contrasting experience emphasises the diversity of this group of women as described by a woman from a 'strong Jatt family' born in Yorkshire who moved to London 'to come out as lesbian' and describes herself as coming from 'Punjabi stock'.

*I was born a lesbian; I never chose my sexuality. I consider myself lucky for coming from an Asian background as being gay is deemed to be special in India. Hermaphrodites attend births and marriages in India in order to bless them, and people consider them holy or lucky. So, we're blessed, we're lucky as a group of people, in Asian society anyway... I came out when I was 14. I was boozing and sleeping around with men who I didn't fancy prior to going away to India with my mum. Whilst I was staying at my mum's village, I became besotted with a woman who was getting married very soon. It became so intolerable that I told my grandmother about my feelings for this woman, and her reaction was "What's wrong with that?" I had been lacking in that sort of validation of my identity whilst I was in Britain, and yet received it whilst living in a village in Punjab from my grandmother... I was young and I was queer. I found out who I was, I came out, and I was embraced by my family. When my father died and my mother became ill, that was the first time that I experienced homophobia from my family. It was used to undermine my ability to care for my mother, and I found that deplorable. I became isolated, and I couldn't relate to my local community or culture, which is predominantly black. (Sarbat.net)*

However, a self-identified lesbian Sikh woman from Birmingham recounts a very different experience.

*I found it particularly problematic talking to my Sikh friends about my sexuality as they were so heavily invested in the idea of marriage, and I couldn't see marriage as an option for me. I remember the subject of homosexuality coming up on the telly, and my dad commenting 'That doesn't exist in India', and I felt that there was a cloak of invisibility. I felt that Sikhism didn't address the issue in any way, that there were no references to being gay within Sikhism. (Sarbat.net)*

In a study of five Muslim lesbian women who were members of Imaan, an online support group for lesbian, gay, bisexual and transgender (LGBT) Muslims, Siraj (2012) considered how religious identity is reconciled with sexual identity and found that the women in the study experienced a considerable amount of conflict. This conflict of desire, emotion and feeling with the sense of being an aberration were a source of anxiety, stress, isolation and invisibility.

*My mental state at the moment is that I don't know what to do with myself. I feel like I'm in a box, part of me wants to stay inside because it's safer and quieter, the other half wants to break out of it. Isolated indeed. (Farhat 26, cited in Siraj, 2012)*

The need to reconcile faith and sexuality has led to marriage of convenience websites and requests becoming common place, either as a way of maintaining secrecy around same sex relationships or as a way to meet cultural expectations of hetero normativity including co-parenting. A brief internet search will disclose sites dedicated to marriages of convenience where the subject line '*single lesbian seeks single gay*' is commonplace. For example.

*Salaam/ Hello. I am a British Pakistani Sunni female looking for British Pakistani gay male for a marriage of convenience and open to co-parenting. I am looking for a straight acting male who is closeted. You must be 28- 36 years old; British as it needs to look realistic to my parents (they fully well know I would not date/marry a non-British male). I am looking for a gay male, not bi curious or confused. I would be looking to get married as soon as possible. I am hoping this will be a long-term relationship/ commitment so it is very important we get on, have similar interests - perhaps meet up on regular basis to get to know one another. (Saathinight.com)*

In summary, many non-heterosexual British South Asian women lead hidden lives, choosing to remain in the "closet" and lead double lives. In a study of seven British Pakistani lesbians, Siraj (2018) found that concealment of their sexual identity was largely due to concerns for

their family honour or *izzat*. However, this decision had significant implications for the women's mental health and wellbeing. The combination of this secrecy with the stigma surrounding mental illness in the British South Asian community is likely to result in non-heterosexual British South Asian women being at high risk of mental distress and having lower intention to access mental health services. Therefore, research in this area is crucial to meet the current focus of mental health policy in reducing stigma and discrimination, meeting the needs BAME service users and recognising the unique needs of British South Asian LGB individuals.

### **1.8 The current study**

A qualitative approach has been used to investigate the lived experience of non-heterosexual British women of South Asian descent. As a research methodology, a qualitative approach is most appropriate in its inherent flexibility and ability to focus on the unique perspective of the participant, and intersectional nature of the social world in which they create their individual experience. The current study uses Ricoeur's (1990) conceptualisation of hermeneutic phenomenology as a methodology and Critical Narrative Analysis (CNA) as the method of analysis.

Two semi-structured interviews were initially carried out and analysed using critical narrative analysis (Langdrige, 2007). Due to the dearth of existing literature specifically examining the lived experience of non-heterosexual British South Asian women the initial semi-structured interview schedule was specifically designed to elicit an in depth understanding of the lived experience of British South Asian non-heterosexual women, to initiate contact and begin to build working relationships with participants. The two interviews were analysed using critical narrative analysis and the interview guide revised considering the initial responses. The aim was to specifically explore mental health through the lens of minority stress theory (Meyer, 2003) whilst considering psychological processes (Hatzenbuehler, 2009). A further nine participants were interviewed resulting in eleven participants in total. As will be discussed in Chapter 4, CNA is a particularly demanding method of analysis (Langdrige, 2007) and therefore the number of interviews required is relatively small. This allows the researcher to create detailed descriptions of the experiences of a small number of individuals who share that common experience. Furthermore, the sample size reflects the hard to reach nature of this particular participant group.

### **1.9 The thesis structure**

As a philosophical foundation for research, hermeneutic phenomenology strives to interpret lived experience and the "*meaning of being*" (Ricoeur, 1981, p.114). Ricoeur (1981) identifies hermeneutics as a critical consciousness of belonging through a process of suspicion, which

allows for distancing of linguistic meaning through text, discourse and narrative. In other words, knowledge from discourse as text allows for critical interpretation beyond that which was described by the tradition of the author; hence, making that which was unknown known. Knowledge is gained through the interpretation of discourse as text, a concept that will be discussed comprehensively in Chapter 4.

The lived experience of non-heterosexual British South Asian women is explored through the phenomenological conceptualisation of tradition described as belonging to a specific history, religion, culture and language, which determines understanding. In this way the chosen methodology allows for an intersectional approach to be applied utilising intra categorical complexity (discussed in Chapter 3) to allow for an in-depth interpretation of the experience under examination.

Chapter 2 contains the literature review in which I consider existing theoretical perspectives and frameworks related to lived experience of sexual minority individuals in terms of mental health and identity integration. I draw on research from minority stress theory, psychological process theory and identity process theory, to describe the possible impact that the intersectional lived experience of non-heterosexual British South Asian women may have on their mental health and wellbeing. Furthermore, this chapter will consider the existing literature discussing the help seeking behaviour of non-heterosexual women and British South Asian women. The chapter will summarise the current presuppositions gleaned from the literature review and highlight gaps in existing knowledge.

Chapter 3 outlines the theoretical influences as applied to the project offering appropriate hermeneutics of suspicion that will be applied to Stage 5 of the analysis. The theoretical underpinnings of this study include intersectional theory, critical race theory and critical psychiatry and form the basis of my methodological approach.

Chapter 4 covers the methodology associated to the research project detailing the method and research design, including a discussion around ethical considerations and practicalities. In this chapter, I will discuss practical and theoretical considerations and the rationale behind the choice of analytic tool. The hermeneutic phenomenological approach is introduced, highlighting the importance of narratives. Furthermore, I discuss phenomenology from its origins and the philosophy of Edmund Husserl (1859-1938) to the hermeneutic turn of Hans-Georg Gadamer (1900-2002) and the work of Paul Ricoeur (1913-2005), which informs the method of analysis utilised in this project, namely critical narrative analysis (CNA) (Langdrige, 2007).

In chapter 5, I will present the analysis where I will offer a critique of the illusion of the subject and discuss the main narratives identified in each interview including relevant sub-narratives. Narrative tone and rhetorical function are also considered. This chapter is divided into subsections, categorising participants according to their religious heritage.

Chapter 6 presents the third stage of analysis where I will discuss the identities being constructed and identity work being done. Once again, this chapter is divided into subsections categorising participants according to their religious heritage.

Chapter 7 presents the fourth and fifth stages of the analysis. In stage 4 I describe the thematic priorities identified within the narratives. The main themes include concealment and outness, the need for accessible role models, cultural intersections, culturally endorsed heteronormativity, the experience of prejudice events, mental health and help seeking behaviour and coping and resilience. Stage 5 seeks to destabilise the narrative by critically discussing the relevant theoretical hermeneutics in relation to the key findings in the previous two chapters.

In Chapter 8, I present Stage 6, which includes a critical synthesis of the key findings, discussion and conclusion. Implications for mental health practice are presented. Limitations and suggestions for further areas of research are discussed. Furthermore, a reflexive piece outlining the research process from the point of view of the researcher is presented.

## Chapter 2 Literature Review

*Left out of histories of homosexuality because of lack of evidence, excluded from cultural constructions of sexual agency because of gender stereotypes, unnamed because of scholarly prohibitions against imposing anachronistic or culturally inappropriate terms, women who love women face an uphill battle. (Garber, 2005, p.30)*

It has been thirteen years since Linda Garber exclaimed, "Where in the world are the lesbians?" that described a perceived bias for white, queer male research in both the United States and Britain (Garber, 2005). Although queer research in the field of psychology has grown considerably over the past few years particularly in the field of mental health and wellbeing there continues to be a dearth of literature on the experiences of sexual minority BAME women and, in particular, women of South Asian descent.

This literature review will assess existing research that describes the current understanding of sexual minority mental health and help seeking behaviour. Furthermore, it will evaluate current literature that goes some way to explain the discrepancies in mental health outcomes between lesbian gay and bisexual individuals and their heterosexual counterparts. Furthermore, this section will summarise the current presuppositions gleaned from the literature review and highlight gaps in existing knowledge. The chapter will conclude by constructing a rationale for the current research..

### **2.1 Literature review methodology**

The aim of the current study is twofold; one is experiential and the other is theoretical. The experiential aim is to understand the phenomenological experience of mental health and wellbeing in British south Asian non-heterosexual women; to understand if, when and how British South Asian non-heterosexual women access mental health services and; to understand how the experiences of non-heterosexual British South Asian women in Britain affect their mental health and help-seeking behaviour. The theoretical aim is to advance current understandings of minority stress processes in LGB individuals (Meyer, 2003) through the lens of Identity Process Theory (IPT)

I initially assessed my understanding, knowledge and beliefs regarding the topic under consideration. I identified gaps in my knowledge and understanding of diversity within the British LGB community. My own lived experience and knowledge of history was essentially gained from a southern African context and therefore it was important for me to gain an understanding of British history from the perspective of south Asian diaspora. To this end I

carried out a comprehensive internet search of literature relating to the lived experience British south Asian women, south Asian diaspora and the history of migration. I identified several texts by British south Asian feminist writers and began reading around the topic whilst initiating a search for literature related to minority stress theory.

I carried out my literature search using two search engines, Summon and Google Scholar. I also set an alert to notify me when new research was submitted that fit my search criteria (See appendix 8 for a list of search criteria). My first task was to identify literature related to minority stress theory and literature written by or co-written by Ian Meyer. I then turned my attention to my specific participant group. Due to the scarcity of literature exploring the lived experience of non-heterosexual British south Asian women, I initially carried out a broad search of literature exploring the lived experience of ethnic minority LGB individuals. I included literature from the United States, the United Kingdom and Europe related to the research topic as I was interested in south Asian diaspora in Western cultures. I then focussed my search on literature from the United Kingdom related to the lived experience of both male and female British south Asian LGB individuals. The next step was to identify literature specifically related to British south Asian women. My search then turned to research related to Identity Process Theory in a British context. Throughout the project I periodically carried out further searches to ensure that I had captured more recent research and literature. Furthermore, I include both quantitative and qualitative research. Once I had identified key researchers in this area, I carried out a search for literature using the authors names.

## **2.2 Literature Review**

In Western society the social and legal status of lesbian, gay, bisexual and transgender (LGBT) individuals has undergone gradual and significant improvements over recent years. However, the stress experienced from homophobia, biphobia and transphobia continues to affect LGBT people's lives (Jaspal, 2017), their mental health and their wellbeing. Meyer (2003) offers a conceptual framework to describe minority stress processes in lesbian, gay and bisexual (LGB) individuals that includes distal and proximal stress processes that may help to explain the prevalence of mental distress in LGB populations (see chapter 3). Current research shows that the extent and manifestation of minority stress differs for those LGBT individuals who belong to minority sociocultural groups with significant religious affiliations (Yip, 2004). Although there is a growing body of literature focussing on the experiences of British south Asian gay men (See for example, Jaspal and Siraj, 2011; Jaspal and Cinnirella, 2012; Jaspal and Cinnirella, 2012; Jaspal, 2012; Jaspal, 2017), there has been only minimal research into proximal and distal stressors that ethnic minority non-heterosexual British south Asian women face from within their communities, the general population and the wider LGB community as a result of their ethnic minority, religious and sexual identities. Existing research focusses on



the experience of British Muslim lesbian women (Siraj, 2011; Siraj, 2012; Siraj, 2017). At the time of completing this thesis I was unable to locate research within a British context that examined the lived experience of British south Asian women from Sikh and Hindu ethnoreligious backgrounds who self-identified as lesbian, gay or bisexual. This may be due to the difficulty in recruiting participants from this hard to reach population (Siraj, 2012). To address this gap, this study seeks to understand how non-heterosexual British south Asian women manage, negotiate and maintain their sexual identity within the confines of their sociocultural and ethnoreligious environments. Furthermore, this study aims to understand this experience through the lens of Minority Stress Theory (Meyer, 2003) and proposes a theoretical adaptation to the conceptual minority stress process framework in LGB populations as proposed by Meyer (2003) to include Hatzenbuehler's (2009) Psychological Mediation Framework and Breakwell's (1986) Identity Process theory (IPT). Utilising IPT in this way may offer an interpretive tool for assessing the characteristics of minority identity such as identity prominence, valence and integration identified in the minority stress process framework (Meyer, 2003).

The literature review will initially focus on some of the existing studies from an American context that describe the experiences of lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTIQ) black, Asian and minority ethnic (BAME) individuals through a lens of minority stress theory. It will then discuss literature within a British context that describes the experiences of British Muslim gay men (BMGM) through the lens of Identity Process theory. Finally, it will discuss existing literature within a British context that describes the lived experience of British Muslim lesbian women. A list of key literature demonstrating the novelty of the current research can be found in table 2.1 below.

### **2.2.1 *American perspective: Minority stress***

Research has included the experience of BAME individuals in the area of minority stress and LGB individuals (Bowleg et al, 2003; Szymanski, 2005; Selvidge, Matthews & Bridges, 2008 for example). However, at the time of writing this thesis there was very little research in the area of minority stress and the experience of non-heterosexual South Asian individuals and I was unable to locate any research examining minority stress and the experience of non-heterosexual British South Asian women. I did, however, uncover four studies examining the experiences of non-heterosexual Asian American individuals utilising a minority stress perspective. In this section I will review the existing literature and describe how this study will advance this research in a British context.

Szymanski and Gupta (2009) adopted a multicultural-feminist approach in a quantitative study of the additive and interactive links between objective and subjective stressors and psychological distress in non-heterosexual Asian American individuals. Their findings

suggested that racist events and internalised heterosexism were the most significant forms of oppression in the link with mental distress. However, this study included individuals whose cultural heritage was from the whole Asian continent (i.e. Taiwan, China and Vietnam) and included both men and women. Choudhury et al (2009) suggest that non-heterosexual South Asian individuals experience unique stressors from community and familial stigma, which leads to social isolation resulting in further stress. This in turn results in an unwillingness to seek professional assistance and community support with issues of sexuality. In their study of American LGBTIQ (I being intersex and Q being Queer and Questioning) South Asian individuals, Choudhury et al (2009) found that cultural sensitivity to issues of sexuality and mental health negatively affected help seeking behaviour.

Szymanski and Sung (2010) utilised minority stress theory to examine the impact of proximal (subjective) and distal (objective) stressors and their interactions on psychological distress in Asian American non-heterosexual individuals. Furthermore, Szymanski and Sung (2010) examined outness as a mediating factor between internalised heterosexism and psychological distress. Findings suggest cultural heterosexism, relationship issues related to ethnicity/race (e.g. racial prejudice), internalised heterosexism and outness to the wider community are significant and unique predictors of mental distress. Once again, this study included men and women who described themselves as having Asian heritage, rather than specifically south Asian heritage. More recently, Sandil, Robinson, Brewster, Wong and Geiger (2015) examined the experience of American South Asian lesbian, gay, bisexual and queer (LGBQ) individuals and found that heterosexist discrimination, racist events, and internalised heterosexism correlated positively with psychological distress and negatively with enculturation. Although Sandil et al (2015) specifically examined the experience of South Asian LGBQ individuals, the research considers both men and women. Although the studies described above identified proximal and distal stressors that impacted on the psychological wellbeing of participants, they did not explore specific minority identity characteristics as described in the minority stress model that could positively or negatively impact on the mental health and wellbeing of participants. In a comparative study of the experience of white LGB individuals and ethnic minority LGB individuals, Moradi et al (2009) tested risk and resilience perspectives through the lens of minority stress theory. Existing theory suggests that ethnic minority LGB individuals may be at greater risk of heterosexist stigma (e.g. Battle & Lemelle, 2002) but may possess greater resilience to this stigma due to their lived experience (e.g. Constantine and Sue, 2006). However, Moradi et al, (2009) found that the risk of exposure to heterosexist stigma was not significantly different between the two groups. However, levels of outness differed. Ethnic minority LGB individuals reported lower levels of outness and a weaker connection between perceived heterosexist stigma and internalised homophobia. Therefore, Moradi, et al, (2009) propose that link between heterosexist stigma and internalised

homophobia may be over pathologized and that findings are not generalisable to the whole group. Moradi, et al (2009) conclude that an individual approach to mental health and wellbeing is suggested. The current study addresses current gaps in existing research that ignore the unique lived experience of non-heterosexual British South Asian women from a perspective of minority stress theory (Meyer, 2003) and expands on this to include Identity Process Theory to further understand the characteristics of minority identity and mental health outcomes.

### **2.2.2 *British perspective: British non-heterosexual Muslims***

Existing research exploring the lived experience of British south Asian non-heterosexuals individuals has generally focussed on the lives of Muslim gay men (See for example, Jaspal and Siraj, 2011; Jaspal and Cinnirella, 2012; Jaspal and Cinnirella, 2012; Jaspal, 2012; Jaspal, 2017) and Muslim lesbian women (Siraj, 2011; Siraj, 2012; Siraj, 2017) and Muslim non-heterosexual individuals (Yip, 2004; Yip, 2012). In this section I will review this literature and demonstrate how this study will advance this research in relation to non-heterosexual British south Asian women.

Yip (2004) carried out a qualitative exploratory investigation which focussed on life circumstances and lived experience of British non-heterosexual Muslims on an interpersonal level. The study found that homosexuality was seen as a “western disease” and that being homosexual, and Muslim was a product of westernisation and a “moral decadence in the mainstream culture characterised by secularity, permissiveness and individualism.” (Yip, p341, 2004). Yip (2004) found that this had a significant impact on the way in which British non-heterosexual Muslims managed their sexual identity within familial relationships. Participants were more likely to come out to their siblings than their parents. Those that came out to their parents experienced increased pressure to marry as this was seen as a cure for homosexuality. Participants who chose to conceal their sexuality did so due to a fear of rejection, out of respect for their parents and in order to maintain family honour (*izzat*). Resisting marriage was problematic for participants and caused stress within the family. The protective nature of community support was important to the participants of this study and therefore concealment of their sexuality from the wider community was a protective strategy. Participants whose sexuality was accepted by their immediate family were pressured into concealing their sexuality from the community in order to maintain family honour. Although this study highlights some of the strategies that British non-heterosexual Muslims employ to construct safe spaces, the study does not explore the impact that these strategies may have on the mental health and wellbeing of participants.

A case study described by Yip (2012) demonstrates that ethnic minority lesbian and gay individual's experiences of homophobia result in invisibility, secrecy, violent attacks and inequality. Further research in this area has shown

### **2.2.3 British perspective: British Muslim gay men**

In a qualitative study, Jaspal and Cinnirella (2010) utilised Identity Process theory to analyse the lived experience of 12 British Muslim gay men. Four superordinate themes were identified,

*'I'm gay because...': making sense of gay identity, 'It's all about temptation': invoking religious discourses to explain sexual identity, 'Going against God': fear of divine retribution, and 'It's easier to be gay here': external attributions and British national identity.* (Jaspal and Cinnirella, p849, 2010).

The analysis illuminates the strength of IPT in offering a method for creating an in depth understanding of the experience of identity threat in specific diverse minority individuals. For instance, Jaspal and Cinnirella (2010) suggest that for BMGM individuals, gay identity was less associated with self-efficacy than with other identity principles described by Breakwell (1986, 1992). This provides an interpretive tool in which the characteristics of minority identity such as valence, integration and prominence can be investigated. To this end, Jaspal and Cinnirella (2010) suggest that BMGM experienced feelings of guilt and transgression and attributed their sexuality to God or as an attempt by Satan to lead them away from God. Therefore, their sexual identity could be said to have low valence. However, the picture is far more complicated than it may first appear. Participants in this study were able to employ strategies to counter this threat to their identity by suggesting that they were God's creation and as God is perfect, they are a result of that perfection. This may increase identity valence and integration and decrease identity prominence.

Furthermore, Jaspal and Cinnirella (2012) suggest that a distinction is require between coping strategies (Breakwell, 1986) as a reaction to a perceived threat to identity and enhancing strategies as an active pre-emptive attempt by an individual to enhance identity principles (see also Vignoles, Chryssochoou, et al., 2000). For instance, visibility management (Szymanski & Sung, 2010) can only be described as a coping strategy if the individual perceives a threat. Therefore, Jaspal and Cinnirella (2012) offer further evidence to support this theory from the perspective of BMGM. Furthermore, in a more recent study by Jaspal (2017) found that Young British South Asian gay men may face multiple layers of rejection such as racism and homophobia from several ingroups. This can create multiple threats to identity and, may undermine social and psychological well-being among young British South Asian gay men. The current study will offer further insight into the integrative nature of IPT

from the perspective of non-heterosexual British south Asian women whose lived experience has remained largely hidden due to the nature of this hard to reach group (Siraj, 2012).

#### **2.2.4 British perspective: British Muslim lesbian women**

The lived experience of British Muslim lesbian women remains largely unknown. However, Siraj (2011) began the process of illuminating the lives of British Muslim women in her case study of one woman residing in Glasgow. The life story interview of 'Sophia' (a pseudonym chosen by the narrator) identified the struggle with self-hatred and the guilt experienced by the narrator in her journey to self-acceptance and decision not to reveal her sexual identity leading to isolation. Siraj (2011) identified the need to explore and make known the experiences of lesbian women who choose not to engage in sexual relationships with women. Although this study is by no means generalisable it offers a unique insight into the life of one woman as she came to terms with her concealed and devalued sexuality. Building on this research Siraj (2012) carried out online interviews with five Muslim lesbians. The purpose of this study was to examine how Muslim lesbians create their lesbian identity within a socio-religious environment that denies their (homo) sexuality. Siraj (2012) found that although the women were able to explore their sexuality through Imaan, a Muslim LGBT support group, they continued to experience conflict to a significant degree. Religious intolerance towards homosexuality meant that the women chose to remain in the closet. However, participants were able to utilise their religion in creating a framework for understanding of their sexuality within the confines of the closet. However, Siraj (2017) found that remaining in the closet caused a considerable amount of conflict, stress and anxiety which impacted on lesbian women's sense of freedom and expression of their sexuality. The fear of being 'ostracised', 'disowned' and 'shunned' by both family and the wider Pakistani community led the participants of this study to remain in the closet revealing the complex relationship between structural social systems and social relationships that marginalize British Pakistani lesbians as a result of their ethnic, sexual and gender identity. Siraj (2017) identified how discourses of 'coming out' vary in importance and interpretation. Furthermore Siraj (2017) states that existing and established identity narratives ignore the lived experience of those who do not conform to white, western understanding of LGBT experience. The current study will offer further insight into the experience of non-heterosexual British south Asian women from the perspective of the closet and as openly non-heterosexual. It will explore the intersections between sexuality, gender, ethnicity and religiosity from the perspective of Sikh, Muslim, Hindu, spiritual and atheist British South Asian lesbian and bisexual women.

Table 2.1 Literature Review Matrix

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
<b>Minority Stress</b>						
Meyer, I. H. (2003)	Minority stress	Do LGB individuals have higher prevalence of mental disorders	Meta-analysis of minority stress processes	Analysis of within-group studies of minority stress processes and between-group studies of prevalence of mental health disorders.	LGB individuals are exposed to excess stress due to their minority position and that this stress causes an excess in mental disorders	This thesis applies specific minority stress processes experienced by non-heterosexual British South Asian women
<b>Psychological Mediation Framework</b>						
Hatzenbuehler, M. L. (2009)	General Psychological processes	<p><b>Hypothesis 1:</b> sexual minorities confront increased stress exposure resulting from stigma</p> <p><b>Hypothesis 2:</b> this stigma related stress creates elevations (relative to heterosexuals) in general coping/emotion regulation, social/interpersonal, and cognitive processes conferring risk for psychopathology</p> <p><b>Hypothesis 3:</b> these processes in turn mediate the relationship between stigma-related stress and psychopathology.</p>	Meta-analysis of distinct determinants of risk relating to mental health difficulties, including group-specific minority stressors and general psychological processes that are common across sexual orientations.	Research has documented two broad classes of determinants of psychiatric morbidity in LGB populations. 1. Risk factors from stress exposure 2. Risk factors from general psychological processes	the literature has largely been pursued separately and gives little consideration to group-specific and general psychological processes and how they may jointly operate to produce disparities in psychopathology among sexual minorities. The psychological mediation framework proposed, synthesizes and integrates the	This thesis builds on the work of Meyer and Hatzenbuehler by offering and theoretical framework of identity processes which may add to the risk factors relating to mental health difficulties identified in their work

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
					key observations from the literature, highlighting the interrelationships among group-specific and general psychological processes in the development of mental health disparities.	
<b>Related Literature</b>						
Yip, A. K. T., (2004)	Qualitative exploratory investigation focusing on the interpersonal level of life circumstances and lived experience.	An exploration of the religious and sociocultural framework within which participants construct, contest and negotiate their identities, with specific reference to familial relations	Non-random convenience sample. exploratory study of 22 male and 20 female British non-heterosexual Muslims. Postal questionnaire, Interviews and two focus groups.	Key themes from the data were as follows: Homosexuality as a "western disease", The complexity of secrecy and silence, Negotiating marriage, And managing kin relationships.	the data demonstrates the intricate inter-relatedness of structure and agency, and the cultural embeddedness of the production and management of identity and social relations.	This thesis specifically focusses on the lived experience of non-heterosexual British South Asian women and integrates Identity Process Theory to identify characteristics of minority identity.
Szymanski and Gupta (2009)	Multicultural feminist theory/ minority stress	<b>Hypothesis 1:</b> Racist events, heterosexist events, internalized racism, and internalized heterosexism are positively correlated	Asian American LGBTQ Men and women. Whole Asian continent. Quantitative.	Hypothesis 1: Racist and heterosexist events, internalized racism, and internalized heterosexism were significantly	The "complex" additive oppression perspective of racism and heterosexism through external	Qualitative research identifying the lived experience of non-heterosexual British South

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
		<p>with psychological distress.</p> <p><b>Hypothesis 2:</b> When examined concurrently, racist events, heterosexual events, internalized racism, and internalized heterosexism will have direct and unique links to psychological distress</p> <p><b>Hypothesis 3:</b> The interactions of racist events and heterosexual events and the interactions of internalized racism and internalized heterosexism account for variance in psychological distress beyond that accounted for by their unique links.</p>	<p>Asian American Racism-Related Stress Inventory (AARRSI)</p> <p>Heterosexual Harassment, Rejection, and Discrimination Scale (HHRDS)</p> <p>Multigroup Ethnic Identity Measure (MEIM)</p> <p>Internalized Homonegativity Inventory (IHNI)</p> <p>Hopkins Symptom Checklist (HSCL)</p>	<p>positively correlated with psychological distress.</p> <p>Hypothesis 2: Racist events and internalized heterosexism were significant predictors of psychological distress.</p> <p>Hypothesis 3: Heterosexual events, internalized racism, the interaction of racist events and heterosexual events, and the interaction of internalized racism and internalized heterosexism were not significant predictors of psychological distress.</p>	<p>and internalized oppression were the most important in relation to mental health of individuals with multiple identities.</p>	<p>Asian women. Which could inform future quantitative research demonstrating the challenges of this specific minority group.</p>
Choudhury et al (2009)	Community alienation and its impact on help seeking behaviour among LGBTIQ South Asians	determine the most critical unmet needs for the health and well-being of LGBTIQ South Asians. Explore LGBTIQ South Asians' experience in and sense of belonging to South Asian and LGBTIQ communities and the impact on their help-seeking decisions.	<p>Quantitative analysis</p> <p>Online Survey</p> <p>Community based research</p> <p>94 American south Asian male, female and transgender respondents</p> <p>Variables included openness about sexual identity in</p>	<p>Descriptive analysis and multivariate analysis using SPSS</p> <p>Respondents reported receiving less emotional support in being South Asian LGBTIQ from all sources when compared to general emotional support.</p>		<p>Qualitative research identifying the British lived experience of non-heterosexual women of south Asian descent</p>



<b>Author/ Date</b>	<b>Theoretical/ Conceptual Framework</b>	<b>Research Question(s)/ Hypotheses</b>	<b>Methodology/ method</b>	<b>Analysis &amp; Results</b>	<b>Conclusions</b>	<b>Thesis originality</b>
			six domains or communities (scale of 1–5), sense of belonging to community (scale of 1–3), prejudice and discrimination experience (yes/no), sources of emotional support, and access and past-year utilization of health care services (yes/no).	Only 37% reported feeling like they are part of the broader South Asian community most of the time. 27% reported feeling alienated in the broader South Asian community, 19% felt alienated from the broader LGBTIQ community		
Jaspal, R., & Cinnirella, M., (2010)	Identity Process theory	Explore the lived experiences of participants' in managing their sexual, religious, and ethnic identities Advance Identity Process Theory through its application in a somewhat novel psychosocial framework.	Qualitative study utilizing thematic analysis within a framework of identity Process Theory. 12 semi-structured interviews with British Muslim gay men.	Four superordinate themes are reported 1. 'I'm gay because...': making sense of gay identity, 2. 'It's all about temptation': invoking religious discourses to explain sexual identity, 3. 'Going against God': fear of divine retribution, 4. 'It's easier to be gay here': external attributions and British national identity.	The intersection of religious, ethnic, and sexual identities in this particular sample has been said to give rise to identity threat, and in some cases national identity may be invoked in order to alleviate this threat. psychological coherence is proposed as an additional principle which may have some motivational	Application of identity process theory to minority stress theory to provide a further insight into mental health outcomes for LGB British South Asian women.

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
					force in guiding identity processes.	
Moradi, B., et al, (2010)	Minority stress. Risk and resilience perspective	<b>Hypothesis 1:</b> compare levels of perceived heterosexual stigma, internalized homophobia, and sexual orientation concealment for LGB people of color and White LGB individuals. <b>Hypothesis 2:</b> compare the magnitudes of the relations of perceived stigma with internalized homophobia and sexual orientation concealment for LGB of color and White individuals.	Quantitative Comparative study of stigma perception in LGB people of colour and white LGB individuals. <b>Measures:</b> Modified Herek and Glunt's (1995) seven-item measure applied to both men and women. Internalized Homophobia Scale (IHP) Outness Inventory (OI; Mohr & Fassinger, 2000). 12-item Disclosure subscale of the revised Nungesser Homosexuality Attitudes Inventory (NHAI; Shidlo, 1994).	No significant differences were observed in levels of perceived heterosexual stigma, internalized homophobia, or comfort with disclosure. A significant difference showed that LGB participants of colour reported lower levels of outness. Perceived heterosexual stigma was associated positively and significantly with internalized homophobia for White LGB individuals, but not significant for LGB people of colour.	Assessing, validating, and working through perceptions of heterosexual stigma and its correlates are important in clinical work with LGB clients of color and White LGB clients.	Qualitative research seeking to build an understanding of the lived experience of non-heterosexual women of Asian descent in a British context.
Szymanski, D. M., and Sung (2010)	Minority stress	<b>Hypothesis 1:</b> When examined concurrently, experiences of heterosexual events,	Asian American LGBQ Men and women.	<b>Hypothesis 1:</b> Heterosexism in communities of color, race-related	All the theorized multiple minority stressors, except for outness to	

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
		<p>racist events, heterosexism in BAME individuals, racism in sexual minority communities, race-related dating and relationship problems, internalized heterosexism, outness to family, and outness to world will each have significant and unique links to psychological distress.</p> <p><b>Hypothesis 2:</b> The interaction of internalized heterosexism and outness to family and the interaction of internalized heterosexism and outness to world will account for variance in psychological distress beyond that accounted for by their unique links.</p> <p><b>Hypothesis 3:</b> Outness to family and outness to world will mediate the relationship between internalized heterosexism and psychological distress.</p>	<p>Whole Asian continent. Quantitative.</p> <p><b>Measures:</b> Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS) Subtle and Blatant Racism Scale for Asian Americans Minority Stress Measure for LGBTQ People of Color Scale Internalized Heterosexism Scale (IHP) Out to Family and Out to World subscales of the Outness Inventory Hopkins Symptom Checklist-21 (HSCL-21)</p>	<p>dating and relationship problems, internalized heterosexism and outness to world were the only significant and unique predictors of Asian American LGBTQ persons' psychological distress.</p> <p><b>Hypothesis 2:</b> interactions of internalized heterosexism and outness to family and the interactions of internalized heterosexism and outness to world were not significant</p> <p><b>Hypothesis 3:</b> neither outness to family nor outness to the world mediated the relationship of internalized heterosexism and psychological distress.</p>	<p>family, were related to psychological distress in the expected directions</p>	

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
Siraj, A., (2011)	Case Study	Explore the life story of one Muslim lesbian through the participants narrative	Life story interview of one Muslim lesbian	The results are not generalizable however, they reveal the case study demonstrates how one Muslim lesbian is able to acknowledge her true sense of self whilst remaining hidden and isolated	The experience of Muslim lesbian women is complex and varied. The experiences of women who identify as lesbian but are not in sexual relationships should not be discounted.	The current study offers a broader understanding of the experiences of non-heterosexual British South Asian women who are in sexual relationships and those that identify as lesbian or bisexual and have never had a sexual relationship with women
Hu, X., Wang, Y., Wu, C., (2012)	Social exchange theory	<b>Hypothesis 1:</b> acceptance concern leads to a stronger tendency to conceal one's sexuality, which further causes lower life satisfaction. <b>Hypothesis 2:</b> different social groups have a different psychological importance for LGB and thus, concealment from different target groups (i.e., family, friends and acquaintances) will	Qualitative study of 152 Chinese student who self-identify as LGB. <b>Measures:</b> Acceptance concern was measured using five items developed by Mohr and Fassinger (2000). Self-concealment intention was measured using three items	acceptance concern negatively predicted life satisfaction, and this effect was mediated by individuals' self-concealment of their sexuality. The mediation effect was only found when using self-concealment from the family as the mediator.	self-concealment is an important mediator in translating the effect of acceptance concern to general life satisfaction of LGBs. Evidence that self-concealment from different social domains has different implications in	The current study provides a platform for future research in a British South Asian cultural context and highlights the importance of specific gendered studies

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
		have a differential impact on the mediating process.	developed by the authors. On a Likert scale. Life satisfaction was measured using five items developed by Diener et al. (1985).		this mediation process. Family plays the most important role in Chinese LGBs' life satisfaction. This can be tested in other cultural contexts, so that cultural similarity and differences in this mechanism can be revealed.	
Jaspal, R., & Cinnirella, M., (2012)	Identity Process Theory	<b>Phenomenological aims:</b> (a) the impact of frequenting gay affirmative social contexts (GASC) for the principled operation of identity processes; (b) how participants perceive and construe the social networking opportunities afforded to them in GASC; and (c) the perceived nature of interpersonal relations with Muslim and non-Muslim gay men, as well as members of the superordinate Asian ingroup. <b>Theoretical aims:</b>	Qualitative study utilizing thematic analysis within the framework of Identity Process theory. Semi-structured interviews with 20 self-identified British Muslim gay men.	Three superordinate themes reported: (a) self-continuity and the transition from straight to gay space; (b) interpersonal relations with other gay men and self- and other categorization; (c) interpersonal contact or identification with White gay men as an identity enhancer.	The study proposes that the most effective method of enhancing wellbeing among BMGM, and possibly other ethnic minority gay men, is to seek to modify (a) existing social representations of homosexuality within ethnoreligious contexts, (b) existing representations of BMGM and other ethnic minorities in gay space.	Application of identity process theory to minority stress theory to provide a further insight into mental health and well-being of non-heterosexual British South Asian women. Provide a framework to identify distal and proximal stressors specific to non-heterosexual British South Asian women in future research.

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
		(a) to demonstrate the heuristic value of IPT in research on conflictual identities; (b) to explore how interpersonal relations may impact intrapsychic processes; and (c) to further elucidate the relationships between the identity principles				
Siraj, A., (2012)		To examine how religious identity interplays with sexual identity To examine whether Islam is a source upon which women draw strength to understand their sexuality and to cope with being in the closet.	Internet qualitative research through asynchronous interviews based on e-mail messages and responses to semi-structured interviews 5 participants	Key themes identified were as follows: Islam and the incompatibility of religion and homosexuality, spirituality: forging acceptance and understanding through religious discourse, and seeking connections	Identity is negatively influenced by Islam's intolerance of homosexuality, which supports and maintains the continued invisibility of LGBT Muslims in society. Restructuring the way participants perceived their sexuality also encouraged them to emphasize their spiritual rather than "religious" connection to Islam	11 interviews with non-heterosexual women who identified as Sikh, Muslim, Hindu and atheist.
Aranda, F., et al, (2015)	Minority stress (Meyer, 2003)	<b>Hypothesis 1:</b> African American and Latina	secondary quantitative data	Over 50% of the participants reported	This study provides a	

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
		<p>lesbians are less likely than White lesbians to disclose their sexual minority identity.</p> <p><b>Hypothesis 2:</b> compared with White lesbians, African American and Latina lesbians report higher rates of depression.</p> <p><b>Hypothesis 3:</b> higher levels of disclosure are associated with lower rates of depression.</p> <p><b>Hypothesis 4:</b> White lesbians who report higher levels of disclosure will show lower rates of depression</p>	<p>analysis using two waves of data from the Chicago Health and Life Experiences of Women (CHLEW) study.</p> <p><b>Measure:</b> Depression: questions from the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, &amp; Ratcliff, 1981). Disclosure measures: based on Herek, Cogan, Gillis, and Glunt's (1998) scale.</p>	<p>a history of lifetime depression at baseline and 35.9% reported depression at time 2. Disclosure levels varied: 78.9% had disclosed to their mother, 58.4% to their father, and 83.3% to a sibling. The mean level for disclosure to nonfamily individuals was 6.29 (SD 2.64; range 0–9). Disclosure results varied by race/ethnicity showing African American lesbians (vs. White lesbians) were less likely to disclose to nonfamily individuals when controlling for covariates. relationship between disclosure and depression showed disclosure to either parent or sibling was not associated with depression for the total sample. Among Latinas only, disclosure to</p>	<p>starting point for examining lesbians living with multiple-minority identities and how additional stressors might affect how lesbians of color deal with their multiple and often conflicting identities within the family, ethnic and lesbian communities, and society. we must be mindful that disclosure can still carry both benefits and risks for some lesbians. Thus, careful consideration is needed when helping lesbians and specifically, lesbians of color make decisions about when and to whom they should disclose their sexual minority identity.</p>	

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology/ method	Analysis & Results	Conclusions	Thesis originality
				nonfamily individuals was associated with less depression.		
Sandil, R., et al (2015)	Minority stress (Meyer, 2003) and feminist multicultural theories (Brown, 1994)	<p><b>Hypothesis 1:</b> Racist events, heterosexual discrimination, and internalized heterosexism will correlate positively with psychological distress.</p> <p><b>Hypothesis 2:</b> Both external stress variables and internalized heterosexism would each account for unique variance in psychological distress.</p> <p><b>Hypothesis 3:</b> the two external stressors (heterosexual and racist events) would each interact with the internal stress processes (internalized heterosexism, acculturation, enculturation, and outness) in predicting psychological distress.</p>	Quantitative research utilizing Pearson's correlations, multiple regression, and simultaneous multiple moderation analyses to analyze 142 participant responses. South Asian American participants (67% men, 30% women, 3% genderqueer, transgender, or other gender) were analyzed in this study. Participants ranged in age from 20 to 55 years (M = 32.45, SD = 7.50, Mdn = 32).	<p><b>Hypothesis 1:</b> respondents reporting more racist events and heterosexual discrimination and higher levels of internalized heterosexism also reported higher levels of psychological distress</p> <p><b>Hypothesis 2:</b> the external stressor variables and internalized heterosexism accounted for significant, unique variance in psychological distress.</p> <p><b>Hypothesis 3:</b> one significant interaction was uncovered. Outness moderated the relationship between racist events and psychological distress.</p>	The results from this study support employing Minority Stress Theory (Meyer, 2003) and Feminist Multicultural Theory (Brown, 1994) to understand the experiences of South Asian LGBTQ individuals. Although many of the minority stressors experienced by other LGBTQ individuals seem to hold true for South Asians, there are potential differences that warrant further research. Specifically, the intersection of race/ethnicity and sexual orientation	This thesis goes some way to providing a framework to explore the potential differences in the experience of non-heterosexual British South Asian women and the intersection of race/ethnicity and sexual orientation identities.



<b>Author/ Date</b>	<b>Theoretical/ Conceptual Framework</b>	<b>Research Question(s)/ Hypotheses</b>	<b>Methodology/ method</b>	<b>Analysis &amp; Results</b>	<b>Conclusions</b>	<b>Thesis originality</b>
					identities seem to have unique implications for the South Asians.	
Jaspal, R., (2017)	Identity process theory (Breakwell, 1986)	exploring perceptions of intergroup relations—primarily between young British South Asian gay men and White gay men—in sexual identity contexts, and the effects of these perceptions for identity	Qualitative research utilizing thematic analysis to analyze 12 semi-structured interviews with self-identified young British South Asian gay men. Seven participants were of Pakistani background and identified as Muslims, and 5 were of Indian background and identified as Sikhs.	Three superordinate themes were identified (a) ethnic otherization on the gay scene (b) mechanisms of rejection on the gay scene (c) nowhere to turn: double rejection and identity threat.	Young British South Asian gay men may face multiple layers of rejection—racism and homophobia from several ingroups. This can pose multiple threats to identity and, may undermine social and psychological well-being among young British South Asian gay men.	Qualitative research identifying the British lived experience of non-heterosexual women of south Asian descent and their perceptions of intergroup relations.
Siraj, A., (2017)	Grounded Theory	An exploration of the complex interaction between ethnicity, gender and (homo)sexuality and the decision to stay in the closet and self-perception.	Qualitative analysis using grounded theory to analyze 7 semi-structured interviews with British Pakistani lesbians.	The results demonstrate the complex relationship between structural social systems and social relationships that marginalize British Pakistani lesbians as a result of their ethnic,	Fear of being 'ostracized', 'disowned' and 'shunned' by both family and the wider Pakistani community led the participants of this study to remain in the closet.	The current study identifies non-heterosexual British South Asian women who employ a variety of visibility management strategies and

<b>Author/ Date</b>	<b>Theoretical/ Conceptual Framework</b>	<b>Research Question(s)/ Hypotheses</b>	<b>Methodology/ method</b>	<b>Analysis &amp; Results</b>	<b>Conclusions</b>	<b>Thesis originality</b>
				sexual and gender identity.		the impact of these strategies.
Siraj, A., (2018)	Case study	An investigation of the relationship between friendship and sexual identity, exploring how friends negotiate their own sexual identity in the context of their friendship and whether friendship itself serves as a catalyst for self-acceptance.	Internet qualitative research through asynchronous interviews based on e-mail messages and responses to semi-structured interviews 2 Participants	Key themes identified were as follows: Shared sexuality and friendship, Coming out and, Family of origin versus family of choice.	Communal and agentic elements helped the friends cope with heteronormative and homophobic attitudes in their society, family, and religion. Their sexual identity was mediated through friendship, as their lesbian identity was "normal," positive, accepted, and celebrated.	11 interviews with non-heterosexual women who identified as Sikh, Muslim, Hindu and atheist.

## **2.3 Non-heterosexual sexualities and mental health**

Since the medicalisation of sexual behaviour in 1892 by Krafft-Ebing in *Psychopathia Sexualis* (King & Bartlett, 1999) homosexuality has been progressively theorised as pathology, developmental immaturity and as a normal variation in sexual behaviour (Drescher, 2015). Initially, homosexuality was used to describe men who had sex with men. This was extended to include women who have sex with women in the 20<sup>th</sup> century (King & Bartlett, 1999). Plummer (1992) describes the history of female homosexuality as hidden within legal, medical and pornographic Victorian male discourse, which stigmatised the female homosexual experience beyond that of the male experience. It is important to note that at this the word homosexual was used to describe all variations of same sex sexuality including bisexuality. Up until the 1970's the medical profession and specifically psychiatry, considered non-heterosexual sexualities mental health disorders, resulting in oppressive treatments, prejudice and stigma (King & Bartlett, 1999). In 1973, the American psychiatric association removed the diagnosis of homosexuality from its Diagnostic and Statistical Manual (DSM II). However, the term Sexual Orientation Disturbance (SOD) continued to pathologize specific presentations of homosexuality, where the patient described their same-sex attraction as distressing and expressed a wish to change. In the DSM-III SOD was replaced with Ego Dystonic Homosexuality (EDH). It was not until 1987 that homosexuality was completely removed from the DSM (Drescher, 2015). The World Health Organisation did not remove the diagnosis of homosexuality from the International Classification of Diseases (ICD-10) until 1992. As discussed by King and Bartlett (1999), the stigmatisation of non-heterosexual individuals has been encouraged by theories of pathology inferring mental illness which may increasing the stress experienced by sexual minority individuals. The additional stress processes experienced by sexual minority individuals has been described as minority stress and will be discussed in the next Chapter.

## **2.4 Help seeking behaviour and mental health**

In a study of Muslim women of South Asian descent, Pilkington, Msefti and Watson (2010) found that shame or *izzat*, biological beliefs and length of time as a resident of Britain were all significant predictors of intent to engage with mental health services. Indeed, Pilkington et al (2010, p1) established that '*higher levels of acculturation and education predicted greater intention*' of engaging with mental health services.

The 'Time to Change' marketing campaign (2010) produced a report highlighting the attitudes towards mental health problems in the South Asian community in Harrow, North West London. The study found that mental illness was a source of shame and that a diagnosis of a mental

disorder was something to be kept secret and would not even be discussed with immediate family. One participant had kept their diagnosis from her spouse for twenty years. Findings from two focus groups and six face-to-face interviews revealed that the need to ensure that gossip within the community was avoided meant that those with mental health issues accepted the need for secrecy without question. The study found that this culture of secrecy was due to the misconstructions of mental illness within the community. Mental health disorders were seen to be the result of black magic, the will of God, genetics or bad parenting and, therefore, could not be treated by a medical practitioner (Time to Change, 2010).

*They think there is no need to go to the doctor – the doctor won't do anything* (Time to Change, 2010. P.6)

Isolation was found to be a significant issue for those with mental health disorders within South Asian communities as a result of immediate family members attempting to protect those with mental health diagnosis from gossip and stigma. Invitations to community gatherings would be declined and extended family members were seen to reduce their contact with the immediate family. Siddiqui and Patel (2010) state that although South Asian women may be prevented from receiving treatment for mental health issues there are a significant number of women who do utilise the services of general practitioners, psychiatrists and hospitals with many accepting medication as a treatment to either restrain unacceptable behaviour or as a potential cure. However, there is little understanding of talking therapies and a fear that accepting this type of service would indicate that the diagnosis was "madness". Consequently, very few South Asian women access these services (Siddiqui & Patel, 2010). Siddiqui and Patel (2010) offer further evidence of the need for secrecy in order to protect the family from the shame of mental illness describing how the resulting isolation occurs for those whose behaviour is seen as unacceptable, by being confined to their homes, over-medicated or hospitalised. Alternatively, such family members are sent abroad to receive treatment, abused or neglected or considered to require a religious or 'alternative remedy' (Siddiqui & Patel, 2010).

## **2.5 Conclusion and rational for the current research**

This literature review highlights the challenges, as well as some of the opportunities, that LGB (Lesbian, gay bisexual) people face daily in their communities in terms to their mental health and wellbeing. While the social and cultural environment has changed significantly in Britain over recent years, LGB people still experience discrimination and abuse in various contexts, which result in stress and the potential to contribute to the development of mental health problems. The RaRE report (2015, p.33) states, "*In fact, previous research suggests that to*

*a large extent risk seems to rise from exposure to external (i.e. societal) factors, while resilience may derive from a combination of a supportive environment, the acceptance of oneself and the attachment to the LGB&T community".* As evidenced above, very little is known about the mental health risk and resilience factors for LGB British South Asian Women. Furthermore, specific research considering their unique experience in terms of minority stress, general psychological processes and identity appears to be absent. This study aims to address this gap by gathering qualitative data in order to begin the process of understanding this underrepresented group in both mental health research and LGB research in Britain utilising the models described above to provide a framework for the analysis. Consequently, the research question that has emerged from an evaluation of the existing literature asks:

How do non-heterosexual British South Asian women construct narratives of their lived experience and how does this impact on for their mental health and wellbeing?

As academic attention of the lived experience of non-heterosexual British south Asian women continues to grow this study will propose a framework for future research that offers an intersectional perspective to identify risk and resilience factors that may affect the mental health and wellbeing of non-heterosexual British south Asian women through the lens of minority stress theory (Meyer, 2003). Furthermore, this study proposes Identity Process Theory (Breakwell, 1986, Jaspal and Cinnirella, 2010) as an interpretive tool within the minority stress process model proposed by Meyer (2003) to assess characteristics of minority identity described by Meyer (2003) as valence, prominence and integration. In this way, I am generating original knowledge by exploring the lives of a hard to reach group of women whose lived experience has been rendered invisible due to the current social and cultural structures existing in Britain at the present time.

Furthermore, the study aims to contribute knowledge by briefly considering the implications for existing mental health services, specifically in primary mental health care as the first point of contact.

The following chapter describes the theoretical influences underpinning the methodology and offers a critique of the illusion of the subject that will apply critical social theories to the topic under investigation. This will allow for a mutual understanding of the lived experience of non-heterosexual British South Asian women from the perspective of the researcher and the participants as required by the research methodology (see Chapter 4 for an in-depth discussion of methodology).

## Chapter 3 Theoretical Influences

*I find myself only by losing myself (Ricoeur, 1991a, p88)*

The theoretical underpinnings of a study represent the researcher's understanding of the subject under examination and current critical thinking in this regard. These theoretical perspectives guide the research question and provide motivation for the chosen methodology. This chapter serves as a critique of the illusions of the subject (Langdridge, 2007) which is required by the method of analysis. Thus, I have chosen intersectionality as a social theory that allows for an approach to minority stress theory that describes social identities and stress process arising from inequality as interdependent and not additive. I have chosen Critical Race Theory (CRT) to examine the covert forms of prejudice that remain prevalent in society and create an environment in which minority stress processes are initiated and maintained, leading to negative general psychological processes and difficulties with identity development. Critical psychiatry offers a theory of mental health that describes the complexity of human experience from both a biomedical and an existential position, allowing a phenomenological philosophy to be applied to this study.

The Four theories identified offer appropriate hermeneutics of suspicion through which to examine the lived experience of non-heterosexual British South Asian women and implications for mental health care. I will discuss them in turn. In this way, I do not attempt to draw hidden meanings from the text but employ relevant critical social theories to apply a form of imaginative variation by applying different perspectives to the phenomenon under consideration. These theories will be utilised in Chapter 8 as Stage 5 of the analytical process where the narrative is examined through the theory.

### **3.1 Minority stress and mental health**

Minority stress concerns the additional stressors that individuals from stigmatised social groups experience due to their societal position, which is often constructed through their minority status (Meyer, 2003). The conflict between minority and majority group values creates an environment in which minority group members experience social stress (Meyer, 1995). Social structures can isolate minority individuals from the perceived norms, institutions, community support networks and services that exist within dominant cultural constructs. It is proposed that Individual needs and social structures are incompatible causing specific minority stress processes. Past comparative research examining rates of distress between groups has refuted minority stress approaches (see Robins and Reigier, 1991; Williams et al, 1991; and Gonsiorek, 1991) and suggest that socio-economic status is a

significant predictor of social distress (see Mirowsky and Ross, 1989). However, Meyer (1995) proposed that comparative studies examining rates of distress were beset with methodological issues that had the potential to lead to biases and therefore interpretive concerns. Meyer (1995) highlighted selection bias as a significant issue with this approach particularly when attempting to understand the experiences of gay versus straight individuals. Individuals who openly identify as non-heterosexual are more likely to participate in research and experience less distress than those who are experiencing distress through difficulties with self-acceptance (Meyer, 1993). Therefore, Meyer (1995) suggested that in order to successfully assess the impact of minority stress, concrete stress processes experienced by LGB individuals would need to be examined. These processes are discussed in detail in section 3.3.

The minority stress model proposed by Meyer (2003) is a theoretical explanation for the pervasiveness of mental health disorders in lesbian, gay, and bisexual (LGB) individuals when compared to their heterosexual counterparts (Meyer, 2003; Stonewall, 2008; McAllister and Noonan, 2015; PACE, 2015;). The model is conceptualised through current understandings of stress theory (Lazarus, 1991; Pearlin, 1999a; Dohrenwend, 2000), social psychological theory (Allport, 1954; Lazarus and Folkman, 1984; Tajfel & Turner, 1986) and social identity theory (Breakwell, 1986; Burke, 1991; Thoits, 1999) that have gone some way to explaining the higher instances of mental health disorders in LGB individuals.

In this section, I will briefly discuss the sociological and social psychological theories, which form the foundation of a conceptual model of minority stress.

### **3.1.1 *The social stress hypothesis***

Social stress can be defined as the resulting internal arousal of adaptive processes brought about by individual and socio-environmental challenges or stressors (e.g. bereavement and divorce) that cause the individual to elicit adaptive behaviours (Aneshensel, 1992, Meyer, 2003). Stressors can be extremely demanding for the individual and therefore have the potential to produce negative mental health outcomes. Stress research has shown that some stressors affect virtually everyone and Meyer (2003) identifies these as general stress processes. However, minority individuals experience unique social stressors such as prejudice, discrimination, acceptance concern and internalised stigma. These stressors are both objective (i.e. life events such as prejudice), and subjective in nature (i.e. individual perceptions such as internalised stigma). Aneshensel (1992) highlights the effect of long-term persistent stressors on psychological distress. Chronic stress related distress adversely affects individual's well-being; however, acute life events do not have the same impact. The use of the term chronic in this context describes the length to which the individual is exposed

to the stressor, rather than the length of time that the individual experiences the effect of the stressor. Therefore, culturally and religiously endorsed prejudice may be seen as a chronic stressor and potentially be linked to psychological distress in sexual minority individuals.

Thus, social psychological theories have a long tradition of theorising intergroup relationships and the impact on the mental health and wellbeing of minority individuals. The next section will briefly discuss the social psychological position and its influence on minority stress theories.

### **3.1.2 *The social psychological position***

Stryker and Statham (1985) posit that the social environment provides individuals with meaning and order in their understanding of their world and experience. Positive interactions with others are important in creating a congruent sense of self and, consequently, a positive sense of wellbeing. Hence, minority individuals who experience negative interactions from their social environment will develop negative self-regard or, in relation to sexual minority individuals, internalised stigma. Tajfel and Turner (1986) and Turner (1987) expanded the social psychological understanding of intergroup processes, identity construction and impact on wellbeing in the development of social identity theories. Social identity theories have been further expanded, developed and adjusted to describe individual identity processes as constructed through social representations (Miscovici, 1976, Breakwell, 1986). Meyer (2003) does not propose a specific social psychological position to be applied to the minority stress process model and therefore, for the purpose of this study Identity Process Theory is identified as an appropriate approach and is discussed in section 3.5.

## **3.2 *Minority stress process model***

As a social theory of minority stress, the Minority Stress Process Model (Meyer, 2003) offers an intersectional perspective on the lived experience of sexual minority individuals and their response to stress. Although Meyer does not explicitly utilise intersectionality as a theory, the model encompasses the intersections of gender, sexuality, ethnicity and religious minority status as well as environmental factors and minority identity linked to general and minority stress processes. The model recognises the impact of power and privilege as unique to minority group members and the minority stress that results from heterosexual privilege, male privilege, white privilege and religious privilege. Meyer (2003) distinguishes the difference between distal or external minority stress processes (as explained in the next section) such as homophobia; racism and proximal or internal minority stress processes (as explained in the next section) such as acceptance concern, secrecy and internalised stigma in order to explain how internal and external stressors affect individuals. Remedial effects of individual and community coping and social support are considered as well as the individual's



self-acceptance in terms of their sexual minority identity. This includes how prominent an individual's sexual identity is within their sense of self; how positively or negatively they view their sexual identity and how integrated their sexual identity has become to their sense of self. Meyer (2003) proposes that the Minority Stress Process Model offers a theoretical framework to understand the higher prevalence of psychological distress in LGB individuals when compared to their heterosexual counterparts. In the following sections I will outline the key components of the Minority Stress Process Model (Meyer, 2003).

### **3.3 *Minority stress processes***

#### **3.3.1 *Proximal minority stress processes***

Proximal or internal minority stress processes are the subjective stressors that are associated with self-identification as lesbian, gay or bisexual such as acceptance concern, visibility management or outness, and internalised stigma. These internal minority stress processes occur when negative social, cultural and religiously endorsed attitudes and messages are internalised by stigmatised individuals (Szymanski & Sung, 2010) resulting in adaptive behaviours. Theories of sexual identity development suggest that internalised stress processes are more prominent in early stages of development and reduce over time (Cass, 1979; Troiden, 1979; Sophie, 1987). Due to the subjective nature of sexual minority identities, these stressors vary from individual to individual with variable levels of acceptance concern, visibility management and internalised stigma.

Concealment or visibility management as an adaptive behaviour, due to acceptance concern, was found to be a significant proximal stress process linked to maladaptive emotion regulation and coping (Rottenberg, Kasch, Gross & Gotlib, 2002; Cochran, Mays & Sullivan, 2003; Ruiz-Aranda et al, 2014). Hu, Wang and Wu (2012) found that life satisfaction was negatively impacted in Chinese LGB individuals who felt unable to share their sexual identity with family. Moreover, Hu, Wang and Wu (2012) suggested that in communities where family bonds are highly valued, concealment of sexual identity is potentially linked to high levels of psychological distress. Alternatively, Szymanski and Sung (2010) found that outness in Asian American LGBTQ individuals to family was not related to reduced psychological distress. However, outness to the world (i.e. friends, work colleagues, in public spaces etc.) was related, demonstrating the complicated, multifaceted and diverse nature of cultural processes in risk and resilience (Masten, 2016). Furthermore, Moradi, et al (2010) found that African American LGB individuals demonstrated greater resilience when faced with stress related to homophobia than their white counterparts.

Meyer (2003) proposes that expectations of rejection is a significant proximal minority stress process. Feinstein, Goldfried and Davila (2012) found that parental rejection is associated

with expectations of future rejection in lesbian women and gay men. Furthermore, their study suggested that individuals who experienced more discrimination were more likely to expect future rejection. Building on this research Dyar, Feinstein, Eaton and London (2016) propose that rejection based proximal stressors consist of several different stressors such as expectations of rejection, motivation to conceal sexual minority identity and difficulty integrating sexual identity, all of which have the potential to negatively affect mental health and wellbeing. Moreover, results of this study by Dyar et al (2016) suggest that individuals experience different aspects of minority stress as detrimental to their mental health depending on the degree to which they are recognised. Although concealment of one's sexuality can have a protective effect (Meyer, 2003, Dewaele, Van Houtte & Vincke, 2014) the stress involved in making such decision can significantly affect mental health and wellbeing.

Shefer, et al (2013) found that internal stigma within black, Asian and ethnic minority (BAME) communities directly affected help-seeking behaviour. Participants of their study expressed considerable pressure from family members to maintain secrecy around mental illness in order to maintain the family's reputation and to secure the marriage prospects of siblings. Furthermore, Bradby et al (2007) found that community stigma and fear of gossip prevented British Asian families from engaging with child and adolescent mental health services in the United Kingdom. Acceptance concern, visibility management and internalised stigma affect help seeking behaviour for mental health concerns.

### **3.3.2 *Distal minority stress processes***

Distal or external minority stress processes are the objective stressors seen as external to the individual's perception of self, for instance prejudice events such as discrimination and homophobia, rejection and harassment, discrimination and physical violence which are directly linked to an individual's minority status. Consistent research findings have shown significant support for the link between sexual minority prejudice and increased psychological distress (Meyer, 1995; Moradi et al, 2010; Levahot and Simoni, 2011; Sandil, et al, 2015) particularly related to heterosexist prejudice, persecution and discrimination. A study carried out for London Metropolitan Police examining women's experiences of homophobic and transphobic events (Paterson, Kielinger & Fletcher, 2008) found that nearly 30% of respondents felt that they suffered long term effects from these prejudice events such as feeling isolated, unsafe, trapped and needing to hide their sexuality. Although 94% of the women reported experiencing verbal abuse and harassment, a significant number reported physical violence (30%). Furthermore, their research showed that non-heterosexual ethnic minority women felt more unsafe at work or in educational settings than non-heterosexual white women. Interestingly, those who were actively involved in the "scene" felt less unsafe

than those who chose to be less involved or not involved at all. However, only 5% of respondents reported feelings of depression or suicidality. Distal minority stress processes can be independent from self-identification as non-heterosexual. Individuals can be the victims of distal stress processes such as homophobia without self-identifying as homosexual.

Meyer's (2003) model does not take into consideration general psychological processes such as cognitive, emotional and social risk factors, which have been shown to be higher in sexual minority individuals than in heterosexual individuals (Hatzenbuehler, 2009). The next section will consider literature supporting the Psychological Mediation Framework as proposed by Hatzenbuehler (2009).

### ***3.4 Psychological mediation framework and mental health***

The Psychological Mediation Framework (PMF) Hatzenbuehler (2009) is concerned with general psychological processes that mediate psychological outcomes in sexual minority individuals. In a meta-analysis of research examining the hypothesis that sexual minority individuals demonstrate elevated general psychological processes when compared to their heterosexual peers, Hatzenbuehler (2009) found support for the mediating effect of coping and emotional regulation processes, social and interpersonal processes and cognitive processes. Studies of sexual minority individuals have found an increased risk of depression and anxiety disorders such as psychological distress, suicidality, emotional distress and behavioural problems (Marshall et al, 2011; Hatzenbuehler, Mclaughlin & Nolan-Hoeksema, 2008; Diaz, Ayala, Bein, Henne, Marin, 2001; Safren & Heimberg, 1999;)<sup>5</sup>. Studies have also found links to alcohol misuse disorders (Hughes, Wilsnack & Kantor, 2016; Hatzenbuehler, Corbin & Fromme, 2011; Eisenberg & Wechsler, 2003; Ziyadeh et al, 2007)<sup>6</sup> as a result of exposure to chronic stress related to stigma and discrimination.

Devalued social identities create distinct stressors (Hatzenbuehler, 2009), which are perceived as subjective threats to identity. These distinct stressors result in negative emotional responses, which elicit coping strategies. Meyer (2003) describes coping as a moderator in the stress-mental health relationship. He perceives coping as a characteristic of the individual, his or her social environment, values and beliefs and the individual's existing identity structure (Breakwell, 1986). However, the Psychological Mediation Framework considers coping a mediating factor in the stress-mental health relationship. The perceived stressor triggers coping and therefore stigma related stress, which is found to predict the

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<sup>5</sup> See Hatzenbuehler (2009) for a comprehensive list of empirical support for increased risk of depression and anxiety in sexual minority individuals when compared to their heterosexual peers.

<sup>6</sup> See Hatzenbuehler (2009) for a comprehensive list of empirical support for the increased risk of alcohol misuse in sexual minority individuals when compared to their heterosexual peers.

resulting psychological distress (Hatzenbuehler, 2009). As a result of his meta-analysis, Hatzenbuehler (2009) identified specific anxiety and depression disorders resulting from minority stress. *Rumination* was identified as a specific coping/emotion regulation process; *low social support* as a specific social/interpersonal process; and *hopelessness, pessimism and negative self-schemas* as specific cognitive processes that may possibly explain the link between stigma-related stress and psychological distress in sexual minority individuals. Furthermore, Hatzenbuehler (2009) identified alcohol abuse disorders such as *drinking to cope* as a specific coping/emotion regulation process; *social norms* (i.e. the scene) as a specific social/interpersonal process; and *alcohol expectancies* (the positive effects an individual gains from alcohol consumption such as social confidence or elevated mood), as a specific cognitive process that may possibly explain higher rates of alcohol misuse in sexual minority individuals.

Hatzenbuehler (2009) proposed an “integrative mediation framework” based on two specific areas of research, general stress models and the social psychology of stigma. This framework, however, does not consider factors promoting resilience. Resilience can be described as the ability of individuals to endure and flourish, despite hardship and adversity. Coping, similarly, can be described as the effort exerted by individuals in the response to adversity and, therefore, can be considered the stress experienced in order to adapt to the stressor and protect oneself from negative health impacts. Meyer (2015) asserts that coping does not necessarily suggest a positive outcome whereas resilience signifies positive achievement. Furthermore, Meyer (2015) distinguishes between individual and community resilience. Individual resilience is defined as personal mastery and is suggestive of personal agency (Pearlin & Schooler, 1978; Turner & Roszell, 1994). Meyer (2015) constructs his argument for a model of community resilience based on the work of Merton (1968, cited in Meyer, 2015). Merton (1968, cited in Meyer, 2015) describes an *opportunity structure* which he defines as the ‘social, economic, and political structures that make success possible in society’ (Meyer, 2015, p. 211). These structures are not equal in distribution and, consequently, individual resilience is limited for certain individuals due to structures of social disadvantage such as sexism, racism, heteronormativity, and socioeconomic inequality. According to Meyer (2015), western ideology, that elevates personal victory over adversity to a status of the “ultimate achievement”, can adversely affect the health outcomes of those who belong to disadvantaged communities and increase their stress exposure (Kwate & Meyer, 2010). Although individual resilience is attributed to the person, not everyone has the same opportunity to express individual resilience due to social inequalities (Meyer, 2015). Meyer (2015) expresses concern that if minority stress discourse emphasises individual responses to stress, then there is risk that this will distract from discourse around the stressor itself. Communal-mastery is described by Hobfoll, Jackson, Hobfoll, Pierce and Young (2002, p.853)

as 'a sense of shared efficacy' which is observed within communities that place more importance on their specific minority or ethnic group than society as a whole and is attributed to people's resilience to stress.

*As individuals become meaningful, well-functioning participants in a given cultural system, they gradually develop a particular set of psychological processes that are attuned to and therefore support and reproduce the prevalent patterns of this cultural system.... psychological processes and a cultural system are mutually constitutive.* (Kitayama, Markus, Matsumoto, & Norasakkunkit, 1997, p. 1247).

Shilo, Antebi and Mor (2014) found that familial, peer, relationship and community support acted as mediators for mental distress in both LGBTQ youths and adults in Israel. Wong (2015) describes how the intersectional experience of coping with demands of ethnicity and sexual minority status or the demands of religion and sexual minority status (Gray et al, 2015 and Foster et al, 2015) result in "more than competing "identities,". They also result in differences in socio-cultural boundaries— macro-social determinants—that shape and/or regulate what is a "permissible" or "desirable" identity to have and how that identity should be expressed." (Wong, 2015, p.240).

Therefore, the characteristics of an individual's minority identity in terms of prominence, integration and valence (Meyer, 2003) or *outness* is a complex psychological process that is further complicated due to proximal and distal stress processes. In order to offer a model to describe these processes the next section will discuss identity process theory.

### **3.5 Identity process theory and mental health**

#### **3.5.1 Identity process theory**

Minority Stress theory (MST) (Meyer, 2003) recognises the significance of identity integration (Amiot, de la Sablonnière, Terry & Smith, 2007) and the subjective experience of individual psychological identity coherence (Jaspal & Cinnirella, 2010). Identity valence, identity prominence and identity integration all form a part of Meyers (2003) minority stress model in lesbian, gay and bisexual populations. Identity valence is the subjective attractiveness or averseness of the minority identity. Identity prominence is the salience of the particular minority identity within an individual's intersecting identities. Identity integration is the level at which the individual has integrated the minority identity into their existing identity framework. As a predictor of negative mental health outcomes, Meyer (2003) proposes that the greater the prominence of a specific identity the greater the risk of stress if the individual perceives a threat to this identity. Furthermore, Meyer (2003) proposes negative identity valence as a significant predictor of mental health difficulties. Negative identity valence is

linked to poorer self-esteem (Hatzenbeuhler, 2009; D'Augelli, Anthony, Pilkington & Hersberger, 2002, Meyer, 2003) and poorer self-efficacy (Williams, 1992; Kavanagh, 1992, Bandura, 1997). Consequently, poor identity integration may result in poor mental health outcomes (Rosario, Shrimshaw and Hunter, 2011)

It is important at this point to define what is meant by the term identity. As a concept, identity has been described by many and defined in numerous ways depending on the specific philosophy and methodology being employed (Breakwell, 1986). For the purpose of this thesis, identity will be regarded as '*a dynamic social product, residing in psychological processes, which cannot be understood except in relation to its social context and historical perspective*', (Breakwell, 1986, p.9) and defined by means of its structural components and dominant processes (Breakwell, 1986). As a biological organism, identity development is temporal and occurs over the lifetime of the individual. Initially the biological organism is intrinsic to identity structure. However, because of the knowledge and experience gained through social interactions the biological organism loses centrality. It is important to note that information processing and the characteristics of the biological organism convey meaning and significance within particular social structures and therefore dictate the content of identity (Breakwell, 1986). Content and value dimensions are structures of identity that develop through the knowledge and experience discussed above. The content dimension is how the individual describes him or herself in terms of specific characteristics, which define the individual as unique from others. The content dimension consists of both social and personal identity which continually interact to produce a prevailing personal identity as described by Breakwell, 1983a, p.12)

*Current personal identity is the product of the interaction of all past personal identities with all past and present social identities. But the reverse is also true: current social identities are the product of the interactions of all past social identities with all past and current personal identities.*

The value dimension is the positive or negative value attached by the individual to each component of the content dimension. Evaluation of content is made through social structures, beliefs and values through a lens of previously determined personal value systems. However, value is constantly revised due to social context, and therefore the individual's identity remains fluid over time. Identity Process Theory (IPT) considers the centrality and the importance placed on identity elements, social and psychological interaction and the relatedness of action and identity. (Jaspal & Breakwell, 2014).

Glynis Breakwell (1986) first introduced IPT in her book "Coping with Threatened Identities" as a holistic, reconceptualization of identity. Breakwell, (1986) proposed an integrative, social

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psychological framework in which threats to identity and the resulting coping strategies invoked could be reliably scrutinised. IPT constructs self-identity in respect of content, importance and impact, regulated by two universal processes, assimilation-accommodation and evaluation. The assimilation-accommodation process describes the incorporation of unfamiliar identity information within the individual's sense of self e.g. coming out as lesbian, and the adjustment required for the information to become a part of the individual's identity e.g. self-identification as lesbian and amplified cultural identity. The evaluation process allows the individual to assign meaning and value to the identity structure e.g. viewing one's lesbian identity as a positive and religious identity as a negative.

According to Breakwell (1986, 1992, 2001) the universal processes described above are directed by four identity principles, which predict the most desirable outcome for identity development:

1.     **Continuity**  
Identity must be stable over time and context.
2.     **Distinctiveness**  
The individual will feel a sense of uniqueness from others.
3.     **Self-efficacy**  
The individual feels competent and in control of their life.
4.     **Self esteem**  
The individual feels positive self-regard and a sense of social value.

Identity researchers have subsequently proposed further identity principles such as closeness or belonging and the acceptance of others; purpose or meaning and adding significance to one's life (Vignoles, Chryssochoou, & Breakwell, 2002a; Jaspal & Breakwell, 2014) and psychological coherence defined as the motivation to successfully integrate intersecting identities (Jaspal & Cinnirella, 2010; Jaspal & Breakwell, 2014).

As a project, IPT seeks to provide a framework to facilitate the examination of threats to identity and the resulting coping strategies employed by individuals in order to reduce said threat. Breakwell (2010) proposes that the examination of how individuals react when identity is threatened can offer insights into the processes that determine an individual's identity. When, for whatever reason, the processes of assimilation-accommodation are incapable of meeting the requirements of continuity, distinctiveness, self-efficacy, and self-esteem, a threat to identity is perceived (Breakwell, 2010). A coping strategy is defined by Breakwell (2010, p.6.5) as '*any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity*'. Furthermore, coping strategies do not require conscious

intentionality as individuals may be unaware of their attempts at coping. According to Breakwell (1986), coping strategies are employed on three different levels. On an intra-psychic level, coping strategies such as deflection, acceptance and re-evaluation are utilised at the point of cognition and emotion, rather than action. On an interpersonal level, isolation, compliance and passing are some of the action coping strategies employed in order to minimise the impact of threat. Intergroup coping strategies operate at many levels from multiple group membership to group support and group action through social mobilisation. There are four fundamental principles influencing an individual's choice of coping strategy: the type of threat; social context; the pre-existing identity structure; and the cognitive resources at work (Breakwell, 1986). Breakwell (1986) describes the failure of coping strategies to be changes to identity structure, which are not in the control of the individual and which do not banish the threat. As the threat remains over time, change may continue to take place, which is out of the control of the individual. Furthermore, identity structure may be altered to such an extent as to abolish identity principles. However, as change continues, identity principles are re-established due to identity growth and development over time. Further information regarding coping strategies related to IPT can be found in Breakwell (1986).

### **3.5.2 *Social representations and identity processes***

As previously discussed IPT suggests that individual identity construction is a continuous, conscious and unconscious dynamic process in which each new encounter is interpreted in respect of existing identity composition and evaluation (Breakwell, 2014). Existing identity structures have the potential to be either strengthened or modified when challenged by new experiences (Breakwell, 2014). Drawing on the pioneering work of Serge Moscovici, (1961, 1984, 1988), Breakwell (2014) argues that social representations have a key role to play in this process as they assign meaning and significance to new encounters. However, this is reliant on the level of awareness that the individual possesses in relation to the social representation. For example, a person who identifies as non-heterosexual and is aware that non-heterosexual sexualities are negatively viewed within their social environment will evaluate being non-heterosexual and the implications for identity construction differently from someone who experiences a social environment where non-heterosexual sexualities have fewer negative associations. Social representations may affect the way in which others interact with individuals who are unaware of their existence. In this way, the individual's evaluation of a new experience may indirectly be influenced by the unrecognised social representation (Breakwell, 2014). Breakwell (2014) proposes that indirect effects of social representation have the potential to significantly impact on self-evaluation and assimilation of identity content when compared to direct effects, due to their unconscious nature which



potentially prevents coping strategies being accessed. IPT argues that identity processes may play a significant role in influencing the development of social representations (Breakwell and Canter, 1993).

Social Representation Theory (SRT) is described by Moscovici (1988) as both product and process. As a product, social representation can be described as a commonly held belief system such that it provides a framework for understanding and assessing social events. As a process, social representation can be described as a comprehensive set of social interactions such as communication, exchange and argumentation employed by individuals and groups in order to understand environmental changes. Moscovici (1988) identified two key social processes. *Objectification* is the process by which the intangible becomes the concrete and a social norm. *Anchoring* is the process by which the unfamiliar is made familiar e.g. a new object is classified within established cognitive structures in order to make them recognisable. However, this does not mean that all individuals within the social group will have identical social representations. Individuals who are members of subcultures will hold differing social representations that are not shared by the whole group (Breakwell, 2014) e.g. non-heterosexual British South Asian women. According to Breakwell (2014) awareness, acceptance and use of specific social representations will be dependent on the meaning they hold for an individual's identity. For example, how salient the representation is to the individual and how they may be perceived as either a threat or safeguard to the identity principles.

Overall, IPT suggests, *'the individual's identity is a dynamic social product of the interaction of the capacities for memory, consciousness and organised construal with the physical and societal structures and influence processes which constitute the social context'* (Breakwell, 2010, p.6.3) which demonstrates the unique individual process of identity development, integration and consistency as discussed in the following section.

### **3.5.3 Identity development, integration and consistency**

Amiot, Sablonnière, Terry and Smith (2007) propose a model of identity development and integration that provides a framework to describe the process in which individuals adapt to social, political and environmental changes, which result in the development and integration of multiple identities over time. Drawing on the social cognitive view of self, Social Identity Theory (SIT) (Tajfel & Turner, 1979) and Self-categorisation Theory (SCT) (Turner, 1987), Amiot et al (2007) devised a four-stage, intra-individual model of identity development and integration based on developmental theories (See table 2.1). The Cognitive-Developmental model of social identity integration (CDMSII, Amiot et al, 2007a) attempts to incorporate developmental and social psychological approaches in order to provide a framework to allow

for the understanding of how multiple identities are assessed, identified, understood and integrated at interpersonal, group and social levels. However, identity integration may be hindered by the perception of threats to identity such as the assimilation of stigmatised and devalued identities (Amiot et al, 2007; Amiot & Jaspal, 2014). For instance, for an individual who belongs to a group that has high social value (e.g. heterosexual female) and attempts to integrate an identity of lower social value (e.g. homosexual female), identity integration may be inhibited due to the devaluation or even denial of identities with low social status within the individuals sense of self. Conversely, Amiot et al (2007) suggest that coping, adaption and social support facilitate identity integration. Coping strategies allow for adaption and integration of multiple identities as described by existing stress and coping models (Byrne, 1964; Eriksen, 1966; Lazarus & Folkman, 1984; Krohn, 1993, Karoly, 1999)<sup>7</sup>. Jaspal and Cinnirella (2010) propose psychological coherence as an additional identity principle required to integrate intersecting identities successfully through the psychological motivation to achieve identity congruence at group and individual levels. In a study of 12 British Muslim gay men (BMGM), Jaspal and Cinnirella (2010) found that there is need for BMGM to reconcile primal identities such as religious and sexual identities. Psychological coherence is subjective and dependent on context. It is synchronic, unlike the continuity principle, and therefore describes identity congruence at a particular point in time. Even when threats to continuity are overcome, threats to psychological coherence may still arise due to their synchronic nature (Jaspal & Cinnirella, 2012). For instance, a lesbian British Sikh woman who recognises both her religious and sexual identities, which remain consistent over time, may be able to overcome threats to the continuity principle. However, should the woman in question then decide to explore gay spaces, psychological coherence may be threatened in this specific space and time between her existing religious and sexual identities.

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<sup>7</sup> See section 2.4.1 for a discussion of coping strategies. For a discussion of specific coping strategies and their implications for identity see Breakwell (1986)

**Table 3.1** - Four Stage Model of Social Identity Development and Integration (Adapted from Amiot et al, 2007)

Stage	Characteristics
Anticipatory Categorisation	Initiation process - Individuals project self-traits and qualities onto an unfamiliar group in a cognitive process of self-anchoring prior to actual contact.
Categorisation	Change process – Distinctions and differences in social identities become highly recognisable. Individuals existing social identity dominant. Little or no integration of unfamiliar identity.
Compartmentalisation	Individuals recognise multiple social identities. Social identities are compartmentalized, and no conflict experienced between multiple social identities. Increased overlap between identities, but identification is highly situational.
Integration	Multiple and significant social identities are recognised, and conflicts are resolved. Social identity interconnections made due to recognised similarities positively contributing to the overall self-concept. Cognitive process of self-abstraction isolates common characteristics creating of higher order categorizations to resolve contradictions. Similarities between outgroups and ingroups allow partial outgroups to become ingroups. Simultaneous identification with partial outgroup and ingroup becomes possible.

In relation to minority stress theory (Meyer, 2003) and general psychological processes (Hatzenbuehler, 2009), Identity Process Theory (Breakwell, 1984) offers a framework to describe the processes of identity development that draws on social, cognitive and developmental psychological principle and theories. Furthermore, IPT offers a framework to describe the narrative identity work constructed by individuals when describing their lifeworld. Although Meyer (2003) does not explicitly identify IPT as the specific social identity theory to apply to the minority stress process model in LGB populations, the theory offers an understanding of identity processes in sexual minority people (Jaspal & Cinnirella, 2012;

Jaspal & Breakwell, 2014; Anonymous, 2016) and ethnic identity (Jaspal, 2011; Jaspal & Cinnirella, 2012; Jaspal, 2013; Kharshiing, 2016). Therefore, characteristics of minority identity as proposed by the minority stress process model in LGB populations (Meyer, 2003) are examined through the lens of IPT in this study.

### **3.6 Intersectionality**

Intersectionality is the methodical analysis and conceptual framework of interrelated or mutually constituting identities such as ethnicity/race, sexuality, class, socioeconomic status and other cultural, social and political classifications. These interdependent differences are perceived to be fundamental in understanding how discrimination, and power and privilege is experienced and endured (Crenshaw, 1989, 1991). May (2014) summarises the fundamental elements of intersectionality in terms of multifaceted social reality, interlocked lived experience and connected and reciprocal power systems which create different concepts of subjectivity (Phoenix and Pattynama, 2006), agency (Bilge, 2010), equality (Gedalof, 2012) and consciousness (Sandoval, 2000). Intersectionality *'links the material to the discursive and the structural with the lived'* (May, 2014, p96) and is both distinct and universal in scope depending on methodology. As Nash (2008) argues, intersectionality varies in whether it is principally concerned with marginalised identities or whether it is a more universal theory, which considers the interrelated identities of all individuals.

Crenshaw (1989, p.140) wrote that, *'Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated.'* This is widely believed to be the first use of the term *'intersectionality'*, although writing by black feminist intellectuals and political activists were deemed to be intersectional in nature (Brah and Phoenix, 2004, Crenshaw, 2000) at least a century before Crenshaw wrote about demarginalising the experience of black women. Crenshaw (2000) identifies the invisibility of black women in the white feminist movement and exposes the historical voices of black feminist thinkers who employed intersectional thought to identify the invisibility of their lived experience of subordination. Patricia Hill Collins, a feminist theorist, was one of the first to expand this intersectional thought and to apply the term intersectionality (Hill Collins, 1998). The white middle class feminist discourse of the 19th century was questioned and new perspectives of lived experience from a formally invisible sociocultural identity was exposed (Brah and Phoenix, 2004). Sojourner Truth (1951, cited in Brah and phoenix, 2004) challenged the idea of essentialism by demonstrating that a woman cannot be described as essentially one thing or another. For example, a lesbian not considered a real woman due to not having a sexual relationship with a man or a woman described by biology with no regard for the transgender experience. In the 21st century the very same marginalisation of multiple

minority groups is as evident as previously identified by the black feminist writers of the past. The single-axis analysis of the lived experience can be identified within the white, middle class heteronormative culture, which continues to impose its power and privilege on the transcultural society of the 21st century (Crenshaw, 1989). Crenshaw (1989) described a system whereby the dominant conception of discrimination predisposes researchers to explore subordination as marginalisation in a single-axis category. This erases the experience of minority groups (Crenshaw, 1989) and allows a process of othering (Khawaja and Morck, 2009) as in the same-sex marriage debate, which allowed heterosexual marriages to be set apart from same-sex marriage. Marriage equality would have been a far more inclusive term. Therefore, current intersectionality theorists (e.g. McCall, 2005; Singh, 2012; Bowleg, 2012) describe a theory of intersecting identities of all individuals which negates the criticism of previous manifestations of intersectional research (e.g. Hill Collins, 1990; Crenshaw, 1991) which were positioned to discover which groups were most marginalised (Warner and Shields, 2013).

Carbin and Edenheim (2013) describe how intersectionality research in Europe and America has grown in popularity as a feminist theory in gender research over the past 10 years. However, there is much discussion around whether intersectionality is a theory, a framework or a politics (Yuval-Davis, 2006; Hancock, 2007a; McCall, 2005; Crenshaw, 1991), depending on the questions being asked. Warner and Shields (2013) describe how, as a framework, intersectionality reminds researchers who analyse gender as a single identity; of the necessity to include intersecting identities which may qualitatively change the lived experience of the single identity. Intersectionality is, therefore, said to be a blueprint for analysing identity. Intersectionality as a psychological theory would require specific interpretations of identity and identity development in order to predict behaviour (Warner and Shields, 2013). Syed (2010) describes how the challenge for intersectionality is to produce predictions regarding human behaviour in order to be considered a psychological theory. According to Syed (2010) intersectionality operates on two different levels which are required to be considered simultaneously in order to comprehensively understand how the intersections of race, class and gender affect the lived experience of individuals. Firstly, intersectionality can be utilised as an analytical tool for the conception of subordination and secondly, as an analysis of how an individual becomes aware of their own intersecting identities and the role of these identities in their lived experience (Syed, 2010). Furthermore, Warner and Shields (2013) outline how intersectionality acts as an '*approach to social activism*' (Warner and Shields, 2013, p.805). As Crenshaw (1991) reveals, the acknowledgement of multilateral systems of marginalisation highlights issues within systems of social justice, which have been rendered invisible by the belief that the lived experience is equivalent across gender, race and class. Also, of import is the potential for gender, race and sexuality based social organisations to integrate their efforts

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through the analysis and deeper understanding of the systems of inequality interconnected within race, gender and sexuality (Warner and Shields, 2013).

European feminists such as Nira Yuval-Davis (2006) transformed Crenshaw's (1989) concept and elevated it to a theory and a methodology (Carbin and Edenheim, 2013), based on a framework of structuralism which requires that the lived experience is to be understood from interrelations. McCall (2005) takes a more constructivist approach to intersectionality which describes the lived experience as a construction of our beliefs and emotions regarding the experiences in our lives and suggests that intersectionality should be '*common ground for all feminist research*' (Carbin and Edenheim, 2013, p.3). Lykke (2005, cited in Carbin and Edenheim) describes how European feminists included class in the 1970's and suggests that 'intersectional thinking' was evident at the same time as this 'intersectional thinking' was documented in America.

If we are to truly embrace a philosophy of phenomenology, then we cannot ignore the intersectional nature of the lived experience of LGB British South Asian women. McCall (2005) proposes three distinct methodological approaches to intersectionality. The first approach, anticategorical complexity, deconstructs specific identity categories. This approach acknowledges the concept of sexual fluidity and resonates with those who reject labels. The third approach, intercategorical complexity, utilises existing categories strategically to examine experience whilst maintaining a critical position. The second approach, intracategorical complexity falls between the anticategorical approach and intercategorical approach. Single groups are examined at the intersection of multiple categories. Thus, a British South Asian working class, non-heterosexual woman is positioned at the intersection of multiple categories such as race/ethnicity, gender, sexuality and class. The lived experience of distinct social groups is observed in their appearing at neglected points of intersection, reflecting the phenomenological nature of intersectional methodologies. The current study utilises an intracategorical approach and as such describes the experience of race/ethnicity, religiosity and sexuality from the perspective of British South Asian women. In order to achieve this aim Cole (2009) suggests that psychologists ask themselves three key questions i) who is included within this category, ii) What role does inequality play and iii) where are there similarities?

### **3.7 Further theoretical considerations and Conclusion**

Two further theories that could be applied to this research in relation to mental health and wellbeing and the implications for mental health care were identified; Critical Race Theory (CRT) and Critical Psychiatry (CP). The two theories fit well within an intersectional framework and offer an interesting area for future research that focusses on help seeking behaviour in ethnic minority non-heterosexual individuals and the implications for service providers.

However, as this is not the focus of the current study a conscious decision was made not to include these theories.

Critical theory is essential in challenging positivist methodologies that exclude diverse lived experience and ignore the role that power and privilege play in the current discourses of gender, race and mental health. Intersectionality requires that researchers consider interdependent social and political identities in order to identify the covert ways in which power and privilege enable inequality, prejudice and discrimination. Intersectionality as outlined above can be applied to current understandings of Minority Stress Theory (Meyer, 2003), which proposes an interpretation of mental ill health in LGB individuals that considers intersecting identities and links these with environmental stressors to explain psychological distress. The Psychological Mediation Framework (Hatzenbeuhler, 2009) identifies environmental factors that result in evidenced specific anxiety and depression disorders. Identity Process Theory provides an interpretive tool in which the characteristics of minority identity such as valence, integration and prominence can be investigated (Jaspal and Cinnirella, 2010). In utilising intersectionality as a lens through which to apply Minority Stress Theory, the Psychological Mediation Framework and Identity Process Theory, the current study seeks to advance these theoretical models to include specific processes to describe the diverse nature of individual human experiencing of social distress.

## Chapter 4 Method

The following chapter will introduce the philosophical underpinnings of the chosen research method and then outline the research method in detail. This research has been conducted from a phenomenological perspective and utilises Critical Narrative Analysis (CNA) to analyse semi-structured interviews. CNA draws on principles from Paul Ricoeur's (1967) understanding of hermeneutic phenomenology, which will be outlined in the following methodology section.

### 4.1 Methodology

The philosophical underpinning of this research project is phenomenology (Husserl, 1901, 1913, 1928, 1929, 1931; Heidegger, 1927/1962; Merleau-Ponty, 1945/2013; Gadamer, 1960; Ricoeur, 1950, 1960, 1965, 1975, 1981, 1986, 1995. In this section, I will provide an historical introduction to the formulation of phenomenological philosophy by its founder Edmund Husserl (1859-1938) and the development of phenomenology from the traditions of both transcendental and existential philosophies. Furthermore, this chapter will construct a rationale for the phenomenological method of analysis applied to this research through the discussion of key theories, their expansion and diversification from Martin Heidegger (1889-1976) to the work of Hans-Georg Gadamer (1900-2002) and specifically Paul Ricoeur (1913-2005) on whose philosophy Critical Narrative Analysis (CNA) has been developed. .

### 4.2 Introduction to phenomenology

Phenomenology is the study of human experience as it is experienced or the study of things in their appearing. In its most classical form, phenomenological philosophy argues that parts can only be understood from a position of appropriate wholes (Sokolowski, 2000). Sokolowski (2000) explains that multifarious appearances are said to hold identities and therefore, that which is absent cannot be understood except through that which is present in its appearing. Consequently, what we experience can only be understood through our experiencing. Spinelli (2005, p.7) proposes that phenomenology is an *'investigative approach that encompasses a variety of similarly focussed perspectives whose shared concerns are directed towards a methodologically structured investigation of our experience of the world'*. In addition, Speilgelberg (1960) suggests that the history of phenomenology is an evolution of thought, a movement through time that is dynamic and in constant flux even to the present day. This movement will become apparent in the historical and theoretical discussion below which highlights some of the key assumptions of phenomenological enquiry that underpin the philosophy of Paul Ricoeur and CNA.



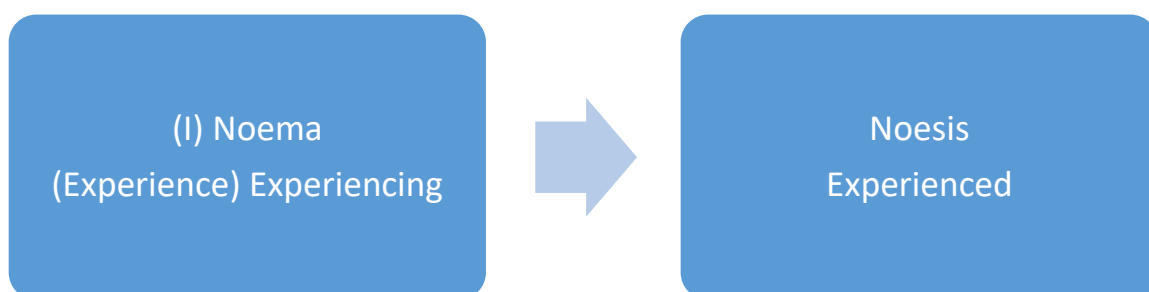
### 4.2.1 Edmond Husserl (1859-1938)

At the birth of the twentieth century, in *Logical Investigations*, Husserl described a new philosophy drawing on the work of Franz Brentano and Carl Stumpf that was to significantly surpass past philosophies and inspire the development of many branches of phenomenology (Sokolowski, 2000). Husserl's phenomenological method formed the basis of transcendental phenomenology and developed the key concept expressed in Franz Brentano's philosophy that would become known as intentionality.

#### 4.2.1.1 Intentionality

A key assumption of all strands of phenomenological philosophy is the concept of *intentionality* as described by Husserl (1936/1970). The essence of this notion is that everything we do, and experience consciously is intentional. Husserl (1983, p.n48) describes this as essentially being '*conscious of something*'. Our consciousness is focussed on objects whether that is a physical object or an imagined object, a visual representation of an object or a remembrance of an object. Every intending has an intended object which is a mental or cognitive intending. This is different from practical intending as the word is defined as an action in more general terms. *Intending* in phenomenology is the '*conscious relationship we have with an object*' (sokolowski, 2000, p.8). As beings within the world, humans may instinctively know that they are not prisoners of their own subjectivity and are able to go beyond their minds, although, humans do not know how to evidence this belief. Intentionality allows us to share our experiencing of the world. Our consciousness is allowed to intend to objects outside of itself, both present and absent (Sokolowski, 2000).

Intentionality has also been described as the correlation between the noema or noematic correlate (what is experienced) and the noesis or noetic correlate (how it is experienced) implying a relationship (Langdridge, 2007). Ihde (1986, p44, cited in Langdridge, 2007) offers a diagrammatical description of the relationship between noema and noesis as shown below.



**Figure 4.1:** noemtic/noesis correlation

This diagrammatical description emphasises the existential philosophy reflected in Heidegger's strand of phenomenology. 'I' or the 'ego' remains within the relationship between noema and noesis. The 'I' in brackets is significant in that the relationship is not initiated from the person experiencing it but from the experience itself and how this is experienced. This then offers an understanding of the person who is intending to the object of that experiencing. Intentionality, described through language, allows a person to become aware of his or her position in the world. We have experience to bring to language which can then be interpreted through text. (Ricoeur, 1976, 1984).

#### **4.2.1.2 Epoché and the Natural Attitude**

Husserl (1931/1967) used the Greek word epoché to describe the process by which interpreters attempt to put aside their own knowledge and understanding or bracketing of the phenomenon under investigation. The process requires the interpreter to cast suspicion over the natural attitude inherent in human understanding of knowledge. Husserl argued that our initial way of experiencing the world was through the *natural attitude* where our basic assumptions of the world are taken for granted with little thought (Langdrige, 2007). Our experiencing is limited in that our vision is narrowed due to our natural attitude. We do not question our experiencing or how a particular phenomenon could be experienced differently. Epoché attempts to offer a critical understanding of a person's lifeworld describing the thing in its appearing and removing the assumptions made through our natural attitude. In order to fully understand the phenomenon under investigation it is essential that it is viewed from many different perspectives as if for the first time (Langdrige, 2007). Klein and Westcott (1994) describe epoché or bracketing as a threefold process: -

1. **Exemplary intuition** in which the investigator selects a phenomena to be explored and retains it in their imagination.
2. **Imaginative variation** in which the investigator begins to create examples of comparable experiences through a process of imagining different perspectives.
3. **Synthesis** in which the integration of imagined perspectives are combined through a synthesis of the essence of interest.

Osborne (1994) simply described bracketing as a process of discovering one's assumptions about the essence of a phenomena and then endeavouring to put them to one side in order to experience the phenomena as it really is. However, Heidegger (introduced in the next

section) argued that epoché, as a phenomenological process, was to be attempted, but believed that complete bracketing of our preconceptions was not possible.

#### **4.2.2 Martin Heidegger (1889-1938)**

Heidegger became Husserl's assistant in 1919. Heidegger became critical of Husserl's transcendental reduction, preferring to focus on the lived experience of being. Husserl argued that Heidegger was involved in a kind of philosophical anthropology (Langdridge, 2007). In his ground-breaking publication of *Being and Time* (1927/1962), Martin Heidegger first described his existential turn in phenomenology by examining what is or what exists. Heidegger argued that it was impossible for anyone to examine the things in their appearing from a neutral or detached position by bracketing. Heidegger believed that all people are inseparable from their own life world and could not bracket their own way of experiencing the world in order to ascertain the essence of phenomena, as Husserl suggested. Heidegger proposed that the historical and cultural reality of our lived experience could be understood through language, which could be interpreted rather than merely described. Therefore, Heidegger's phenomenology was concerned with interpreting phenomenon in their appearing whilst remaining grounded in the phenomenon themselves (Langdridge, 2007).

According to Lavery (2003), Heidegger believed that consciousness could not be understood as separate from the world but was a construction of our lived historical experience and as such understanding could be described as a fundamental aspect of human existence. In this way, Heidegger described understanding not as a way of knowing the world but as how we exist. Heidegger's phenomenological move from the epistemological basis of Husserl's work in which intentional acts were individual, led to the ontological basis of hermeneutics which form the basis of Ricoeur's theory and that of Critical Narrative Analysis. Heidegger removed intentionality from the context of a theory of meaning to a theory of being or *Dasein* as a projection of the self (Kockelmans, 1993). *Dasein* can be translated as 'the mode of being human' (Lavery, 2003, p.7). Kearney (1998 cited in Langdridge, 2007) describes the key features of *Dasein* argued by Heidegger to be fundamental to human existence as shown in table 4.1. According to Langdridge (2007), Heidegger distinguished between the *ontological* or the study of being or existence and the *ontic* which relates to entities and the facts about those entities or the real as opposed to phenomenal existence. Heidegger described the ontological as being exposed through philosophical means and the ontic as being exposed through empirical means and therefore focussed his work on the ontological investigation of *Dasein*. Following the work of Heidegger, phenomenological psychology proposes that we can acquire knowledge about the facts of existence through empirical studies and obtain an understanding of the ontic characteristics of *Dasein*.

Heidegger (1927/1962) embraced Husserl's concept of intentionality and developed this fundamental idea in existential phenomenology to the understanding that consciousness is not separate from the world but is a formation of historicity or historically lived experience (Lavery, 2003). Historicity, for Heidegger allowed the creation of our own unique understanding of the world and understanding of what is *real* through cultural background and personal history (Lavery, 2003). Heidegger (1927/1962) described a structure of pre-understanding or of being in the world where values and structures of culture exist in advance of our understanding of our personal historicity. This knowledge cannot be put to one side. In this way, nothing can be experienced without reference to this pre-understanding. Interpretation is crucial in the process of understanding. Heidegger (1927/1962) argued that to be human is to be involved in a process of interpretation attained through a hermeneutic circle moving through fragments of experience, to the experience as a whole, circling round and back again in order to intensify the level of engagement with texts and allow for a deeper understanding (Lavery, 2003).

**Table 4.1** The key features of Dasein (Langdridge, 2007).

Temporality	Our experience of time is central to what it means to exist as our understanding of the present is informed by the past and projected into our future. Dasein is creative in our development of self even if this is not in conscious awareness.
Facticity	The limits imposed on our creative choices due to the pre-existence of the world around us.
Mood	The pre-existing feelings of fear, anguish, anxiety and guilty which exists as a consequence of our fear of non-being. "Our experience of the world is first and foremost lived pre-reflectively through a mood and only later understood through reflection". (Langdridge, 2007, p.31).
Being-towards-death	Our awareness of the infinite nature of being.
Care	Concern for things in the world.
Authenticity	Our understanding of the reality of being, that we are being-towards-death and the need therefore to engage in being in the world.
Being With	Being-in-the-world-with-others.
Discourse	The way in which meaning is made of the world. ' <i>Language is the house of being</i> ' Heidegger (1978, p.217). Poetic language and metaphor are seen to be authentic language and not fixed scientific speech.

The table below clearly shows the differences between Husserlian and Heideggerian phenomenological method and demonstrates how Ricoeur's theory builds on Heideggerian philosophy.

**Table 4.2** The essential applied differences between Husserlian and Heideggerian Phenomenological method (adapted from Laverty, 2003).

<b>Husserlian Phenomenology</b>	<b>Heideggerian Phenomenology</b>
Transcendental Phenomenological strand	Hermeneutic Phenomenological strand
Epistemological underpinning	Existential/ontological underpinning
Questioning knowing	Questioning experiencing
Cartesian mind/body split	Dasein or being-in-the-world
Phenomena have biological or physical explanations	Phenomena are understood only in their interpretation
Historical and cultural perspective of no concern	Historical and cultural perspectives inherent
Entity for analysis is the subject within the data	Entity of analysis is the transaction between situation and the person
Essence of the mind is shared	Culture, history, practice and language are shared
Analysis is unaffected by the interpreter's own world view	Interpreters are an integral part of the analysis
"Participants' meanings can be reconstituted in interpretive work by insisting data speak for themselves"	"Within the fore-structure of understanding interpretation can only make explicit what is already understood"
Claim that appropriate phenomenological method guarantees validity of interpretation	Validity inherent in the analysis
Bracketing by interpreters	Interpreters participate in creating the data –hermeneutic circle and hermeneutic of suspicion

### **4.2.3 The hermeneutic turn in psychology**

Hermeneutic phenomenological approaches investigate specific elements of experiencing in relation to social and individual context such as gender, sexuality, religiosity and culture (Matau and Van Der Wal, 2015). People form narratives of their lives, which are created and re-created through temporal re-telling. Therefore, in order to examine the lifeworld of specific groups of interest it is necessary to explore the narratives of people's specific experiences through interpretative methods. Hans-Georg Gadamer (1900-2002) and Paul Ricoeur (1913-2005) are two prominent phenomenologists who followed Heidegger's hermeneutic turn in phenomenology. According to Langdridge (2007), Ricoeur highlighted key limitations in Gadamer's work, which will be discussed in the following sections. Ricoeur's approach forms

the basis of Langdridge's Critical Narrative Analysis and, hence, his philosophy will be discussed in greater depth than that of Gadamer (Speigelberg, 1960).

#### **4.2.4 Hans-Georg Gadamer (1900-2002)**

Langdridge (2007) describes how Gadamer questioned the use of method in order to gain understanding, particularly scientific method. Gadamer felt that scientific method could not be the whole truth and suggested that other forms of human expression of experience offer understandings of truth such as art, history and culture. Furthermore, Gadamer (1997) believed that language was the catalyst through which interpretative understanding of human existence is possible within the historical and cultural moment of appearing (Langdridge, 2007). Through conversation and speech, humans create mutual understanding and reveal the *things in their appearing* which were previously hidden. However, in order to understand language and conversation, it is essential to have a level of self-understanding and an understanding of our location within history and culture, which predicts our pre-judgements and pre-understanding of truth; our effective history. Therefore, understanding is a result of all knowledge about the object under study. The evolution of understanding is imbedded within the communities we occupy through the effective histories that these communities hold and the effect they have on our lives (Langdridge, 2007). Gadamer saw this as '*more being than consciousness*' (Moran, 2000, p252). Gadamer (1997) believed that our effective history both enabled and restricted our understanding. We are restricted within the horizons of our outlook. These *horizons* overlap with the horizons of outlook of others understanding which influences our world view and brings about a *fusion of horizons*, or mutual understanding (Moran, 2000). Gadamer has been criticised for suggesting a *hermeneutics of trust*, rather than a *hermeneutics of suspicion* as proposed by Ricoeur, due to his traditionalist stance of seeing tradition as given without question (Moran, 2000).

#### **4.2.5 Paul Ricoeur (1913-2005) and Hermeneutics**

Ricoeur believed that human experience could be understood through the interpretation of language as text. Initially, Ricoeur (1990) saw hermeneutics as a method of understanding symbols. However, he soon adapted his method to encompass a theory of text understood as the interpretation of human existence as discourse and discourse as the invitation human beings offer to each other in order to understand their life worlds (Simms, 2003).

In his interpretation of symbols, Ricoeur (1990) focussed his attention on the symbolic meaning of text by bracketing off the semantic meaning. For instance, if the sentence 'A leopard never changes its spots' is analysed, it can be identified as being true, a leopard cannot change its spots; this is the semantic meaning of the text. However, if the symbolic

meaning of the sentence is analysed, we can see that the sentence is used to describe human personality, inherent character and a person's behaviour that is seen to be unchanging. It carries an expectation of repeated action and behaviour and a sense of future prediction. Ricoeur became interested in the symbolic meaning of text as unlike the semantic meaning, the symbolic meaning cannot be derived from the initial sentence in isolation. The semantic meaning will remain through time; however, the symbolic meanings are human significances, which describe human existence in some way (Simms, 2003). Hermeneutics interpret the metaphoric meaning of the symbol employed within the text; that a leopard's spots are seen to be constant, and also, why the symbol of a leopard's spots is used as a metaphor in this way and finally why this particular metaphor has been used in the particular discourse in which it is found. The interpretation becomes a critical analysis of text. In this way, hermeneutics as described by Ricoeur (1990) respects the origin of symbolic representations, learns from these representations, and then finds meaning from the story being told.

Simms (2003, p.33) describes how a hermeneuticist '*sees the world related to the individual through the mediation of texts*'. The world is not understood directly but through the stories being told by individuals in text or through oral tradition. Ricoeur tended to study oral discourse as written text and believed that '*writing tears itself free of the limits of face-to-face dialogue*' (Ricoeur, 1991a, p.17). In this way, Ricoeur (1991a) saw the text as autonomous; it is separated from the intention of the speaker, the original audience receiving the speech and its chronology in terms of social and cultural positioning. According to Ricoeur (1991a, pp.17-18), hermeneutics seeks to uncover the 'the internal dynamic' that dictates the structure of the text and the power that is held within that structure to reveal the world being created by that text. Ricoeur (1991a, p.18) described this as '*the work of the text*', which is twofold, due to the intentionality of the text which is to encapsulate the power of certainty (the internal dynamic) and to affect the reader in some way (the external projection). Ricoeur (1990) was interested in the intentional meaning of the text but not '*what the author intended*' and as such hermeneutics seeks to discover the '*mode of intentionality that accompanies the text*' (Simms, 2003, p.34) for example, persuasion, guilt, positivity etc. In this way, the text allows the hermeneuticist to gain a greater understanding of the world.

#### **4.2.5.1 The hermeneutic circle**

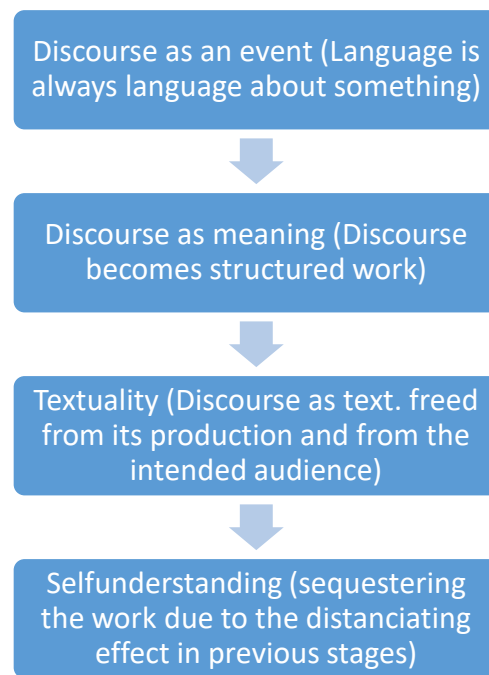
Paul Ricoeur (1996) wrote that there are two routes to understanding the world through hermeneutic exploration. Ricoeur described the work of Heidegger (1889 – 1976), the *ontology of understanding* as the concise method, which seeks to answer the question of being by discarding methodology through ignoring the need for a system of analysis. Heidegger (1962, p. 194) states that '*any interpretation which is to contribute to*

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*understanding, must already have understood what is to be interpreted*'. This is a problem for empirical knowledge as it assumes the result prior to the experiment. Therefore, scientific knowledge seeks to test the assumptions made through prior understanding utilising empirical method (Simms, 2003).

Ricoeur theorised that '*We must understand in order to believe, but we must believe in order to understand*' (Ricoeur, 1967, p. 351) and '*hermeneutics proceeds from prior understanding of the very thing that it tries to understand by interpreting it*' (Ricoeur, 1967, p.352, cited in Simms, 2003). Ricoeur was interested in how the interpretation of text could increase understanding and, hence, how the truth could be extracted through method (Geanellos, 2001). He saw the hermeneutic circle as the advancement of understanding between the interpreter and the interpreted in that the naive understanding of the interpreter is advanced through a process of suspicion in the interpreter's naive understanding and that which is to be interpreted. The method proposed by Ricoeur avoids the cartesian subject/object divide and is only interested in 'existence' which combines the objective and subjective or the soul and the body as one. Therefore, as a researcher, this method is ideal for uncovering inter-subjectivity from discourse as text (Geanellos, 2001). In order to achieve this the researcher must utilise a phenomenological approach of bracketing combined with intentionality. In this way, researchers use hermeneutics to uncover the intentional attitude that makes text significant through seeing the symbols in text as phenomena (Simms, 2003). Geanellos (2001) discusses how, through distancing, Ricoeur achieves objectification of the text. Written text is distanced from the spoken word in four distinct ways. The meaning, intention, audience and situation differ when interpreting meaning from the written discourse rather than the spoken word. Ricoeur (1994c, p.66) believed that '*interpretation is the hinge between language and lived experience*'. However, this does not mean that Ricoeur subjectified the text. In fact, Ricoeur's theory emphasised the idea that there is not one way to understand the meaning of the text as understanding should not be seen to exist solely within the author or speaker. Texts will be interpreted uniquely and authentically through the pre-understandings of individual interpreters and will have many meanings. Incorporating the ideas first suggested by Gadamer (1900 – 2002), Ricoeur believed that in order to ensure an objective approach to the interpretation of text, a distance from the author is required in terms of the cultural environment in which the story is told. This frees the text from the author's initial intentions thereby giving the text a '*life of its own*' (Geanellos, 2001, p. 113). Unlike Gadamer, Ricoeur found this distancing to be '*positive and productive*' in nature, allowing text to reflect the historicity or historic character of human nature. Distancing of text takes place through four gradational stages or forms (Simms, 2003, Geanellos, 2001).





**Figure 4.2:** Stages of distancing.

It is important to note that distancing is not a necessary element of the methodology but an inherent process of the textualisation of discourse into written work. The purpose of data analysis using a hermeneutic methodology is not to discover the author's individual meanings but to appropriate meaning from the text as self-understanding (Geanellos, 2001).

#### **4.2.5.2 *Hermeneutics of suspicion***

Ricoeur (1981) argued that in order to critically appraise language as text a hermeneutic of suspicion must be applied. A hermeneutic of suspicion recognises that meaning is never obvious. Ricoeur acknowledged that understanding could not be gained through direct consciousness alone but required a critical stance in order to uncover hidden depth of meaning that was not immediately apparent.

The work of Paul Ricoeur bridges the gap between hermeneutics and phenomenology and creates a theory of interpretation that considers the self, language, reflection and understanding (Ricoeur, 1976, 1984). Ricoeur (1976) described language as central to our existence and an articulation of our lived experience. Therefore, through language, a person becomes aware of his or her position in the world. Because we are in a world, because we are affected by situations, and because we orient ourselves comprehensively in those situations, we have something to say, we have experience to bring to language. (Ricoeur, 1976, p. 20)

According to Ricoeur (1976, 1984), textual interpretation is the primary aim of hermeneutics and through a combination of phenomenology and critical hermeneutic philosophy it is

possible to reach an understanding from language as text through critical interpretation. The subjective nature of a person's being in the world is expressed through language as a result of one's physical presence in the world. Language is created through one's ability to hear, see, smell, feel and taste; by one's ability to move, think and speak; and in this way be affected by one's being in the world. Therefore, experience is gained through narrative (Simony et al, 2018). Ricoeur (1976) proposed that language should not be seen as a system but as tool to articulate lived experience. Therefore, new understanding of the world can be attained.

As such the process of creating a narrative through semi-structured interviews which are then transcribed as text in order to allow for a critical interpretation allows the researcher to create a new understanding of the lived experience of participants and the phenomenon under investigation. Therefore, the phenomenological assumptions proposed by Paul Ricoeur create the basis for the critical interpretation of participants' lived experience and that of Critical Narrative Analysis as proposed by Langdridge (2007).

### **4.3 Phenomenology as a research methodology**

Phenomenological researchers generally agree that our central concern is to *"return to embodied, experiential meanings aiming for a fresh, complex, rich description of a phenomenon as it is concretely lived."* (Finlay, 2009, p. 6)

Finlay (2009) describes how contemporary phenomenological researchers agree that there is need for phenomenological research methods, which are open to the phenomenon under study and to the particular relationship between the researcher and those being researched. Phenomenological research aims to investigate a specific lived experience from the viewpoint of the individuals who experience this specific phenomenon. In the current study those individuals are cisgender women who describe their ethnic origin as British South Asian and who describe their sexuality as non-heterosexual in whatever form that identity takes. Research carried out utilising a phenomenological methodology seeks to study things in their appearing (Sokolowski, 2000) by *returning to the things themselves*. This is achieved by concentrating on how the phenomenon is acknowledged in lived experience (Van Manen, 1990).

There are many approaches to phenomenological research as described below but they all share a consistent purpose, which is to examine lived experience from the subjective embodied lifeworld of individuals whose lived experience reflects the phenomena under study.

Descriptive empirical phenomenology was developed by Amedeo (Andy) Giorgi in the 1960's and is imbedded in Husserlian philosophy. Descriptive empirical phenomenology aims to

"describe the structure of experiences and the manner in which they are given consciousness" (Finlay, 2011, p.94). The Sheffield School approach to phenomenological psychology was developed from the work of Peter Ashworth and his colleagues at Sheffield Hallam University building on the work of Giorgi (1997) incorporating existential principles within the analysis through the addition of an extra stage after the descriptive work has been done (Ashworth, 2003; Langdrige, 2007). Reflexive-relational approaches to phenomenology subscribe to a process of co-creation of data between the researcher and the co-researcher or participant. This data arises from the intersubjective spaces within the relationship being established through the verbal and non-verbal dialogue produced in the research encounter and the phenomenon under investigation Finlay (2011). This encounter allows for the reflexivity of both researcher and co-researcher and self and other. Examples of reflexive-relational approaches to phenomenology include heuristic, dialogal and relational-centred approaches (Finlay, 2011). Heuristic Phenomenological research attempts to understand the essence of phenomena identified in human lived experience through qualitative research methods Moustakas (2015). Heuristic research requires full and active involvement from the researcher throughout the whole process whilst creating understanding through "careful descriptions, illustrations, metaphors, poetry, dialogue and other creative renderings rather than measurements, ratings or scores" (Moustaka, 2015, p311). Dialogal Phenomenology was developed from the philosophy of Buber (1878 – 1965), an existential dialogal philosopher and the hermeneutic philosophy of Gadamer (1900 - 2002) and the work of dialogal phenomenologists, Stephan Strasser (1969) and Emmanuel Levinas (1906 – 1995). Phenomena are collaboratively explored through the dialogue between the researcher and co-researcher or participants and the phenomenon under investigation and also between the individual researchers and was further developed by Steen Halling, Jan Rowe and colleagues (Finlay, 2011). The essence of this approach is to allow for all those involved in the process of research to transform their understanding through a creativity and collaboration, which would be impossible to achieve as an individual. Finlay and Evans (2009) developed relational-centred phenomenology from the work of Merleau-Ponty (1945/1962) and the existential philosophy of "*consciousness as embodied intersubjective intentionality*" (Finlay, 2011, p. 165) incorporating elements of psychotherapy theory and utilises feminist methodology.

Interpretive Phenomenological Analysis was developed by Jonathon Smith in the early 1990's. The focus of this approach is to interpret literature focussed on the phenomenon to be investigated with less emphasis on description.

Finally, and most importantly for this project, hermeneutic phenomenology which consists of two distinct methods. Firstly, as a hermeneutic approach to phenomenology, Max van Manen identified four existentials consisting of temporality, spatiality, corporeality and sociality which

can be described as lived time, space, body and human relationships to form a hermeneutic circle developed from the work of Heidegger. Critical narrative analysis (CNA), developed by Langdridge (2007), is grounded in the phenomenological tradition and builds on the work of Gadamer (1979, 1996) and Ricoeur (1996) who developed on the hermeneutical turn in phenomenological philosophy described by Heidegger (1927, 1962).

As a hermeneutically informed approach, CNA is an interpretative phenomenological methodology and is interested in the stories people tell in recounting the experience of their life world based on the phenomenological assumptions proposed by Paul Ricoeur and outlined above. (Langdridge, 2008). Ricoeur (1981) contends that discourse is a construct of the symbols utilised to form language. Discourse can be either written or spoken but when discourse is committed to paper this is termed text. Ricoeur (1981) argues that once discourse becomes text, conversation is no longer possible and therefore in order to create a *fusion of horizons* a process of interpretation must be undertaken. This process is described as hermeneutics, which attempts to create understanding of the text in its appearing (Langdridge, 2008).

Appropriation is the term used to describe the process through which text is understood. Firstly, this process involves applying an interpretation or hermeneutic of empathy in which our pre-conceptions of the world are applied to the text in a reflexive effort to determine meaning. Secondly, an interpretation or hermeneutic of suspicion is applied to the text which involves the application of theories that are outside the text. Langdridge (2007) formulated Critical Narrative Analysis (CNA) in order to build on the work of phenomenologists who had attempted to create a methodology that was true to phenomenology and supported a critical approach. Langdridge (2008) applies a hermeneutic of suspicion or critical social theory, not only on the narrative that is to be understood but also on the researcher's understanding of the world and lived experience as applied to the topic under investigation. In this way, Langdridge (2008) argues that narratives are opened to alternative interpretations and the process gives the narrative purpose and a new understanding or is teleological in approach.

Emerson and Frosh (2009) describe Critical Narrative Analysis as a psychosocial methodology that focusses on an explicit location of a specific subject at the intersection of social and individual interest and involvements. For this reason narrative method does not utilise a sampling procedure (Mishler, 1996) but rather concerns itself with specific questions about distinctive lives: '*how does this person, in this context, get to give the account she or he does, how is this constituted, what does it do, what psychological processes can be seen at work in it?*' (Emerson and Frosh, 2009, p17 and 18). In this way critical narrative analysis attempts to draw attention to the lived experience; growth, behaviour and experience, of clinically or

socially 'complex' groups particularly where intransigent, subtle and covert forms of social abuse occur. Emerson and Frosh (2009) recognise that these experiences may be shared by others. However, generalisation is not the purpose of this form of analysis as significant individual experience is felt to transcend the social.

How does a non-heterosexual British South Asian woman make sense of her sexual identity? How does she see her sense of self, femininity, of others and of relationships? On what basis and through what processes does she make decisions to disclose or not to disclose, to engage in same-sex relationships or not, to maintain an appearance of heterosexuality whilst living a secret non-heterosexual life? These questions are important and offer insight into meaning making which may have clinical applications for engaging collaboratively in support services. It is essential to understand how individual narratives from non-heterosexual British South Asian women suffuse cultural discourses whilst maintaining agency, avoiding individualistic or pathologising interpretation or sinking into radical relativism (Emerson and Frosh, 2009). Although many of the approaches outlined above could have been used in this project, hermeneutic phenomenology in the form of CNA was deemed to be the most appropriate method of analysis in this instance due to the intersectional nature of the approach. Furthermore, due to the sensitive nature of the topic and difficulties surrounding recruitment, trust and confidentiality, CNA was chosen for practical reasons as discussed in section 4.6.4. The distinct process of CNA will be discussed in section 4.8.1

#### **4.4 Design**

In order to maintain an intersectional lens throughout the research process and ensure a focus on identity, difference, disadvantage and agency in terms of minority stress, psychological processes and mental health, I adopted the framework proposed by Cole (2009) (see table 4.1). As Cole (2009) states, there is a no requirement for psychologists to adopt novel methods; *'rather, it requires a reconceptualization of the meaning and consequences of social categories'*. (Cole, 2009, p.176). In addition, intracategorical complexity (McCall, 2005) is applied to the research methodology as described in Chapter 3.

**Table 4.3** Implications of the three questions for each stage of the research process (Cole, 2009)

	Questions		
Research Stage	Who is included within this category?	What role does inequality play?	Where are the similarities?
Generation of hypothesis	Is attuned to diversity within categories	Literature review attends to social and historical contexts of inequality	May be exploratory rather than hypothesis testing to discover similarities
Sampling	Focuses on neglected groups	Category memberships mark groups with unequal access to power and resources	Includes diverse groups connected by common relationships to social and institutional power
Operationalisation	Develops measures from the perspective of the group being studied	If comparative, differences are conceptualised as stemming from structural inequality (upstream) rather than as primarily individual level differences	Views social categories in terms of individual and institutional practices rather than primarily as characteristics of individuals
Analysis	Attends to diversity within a group and may be conducted separately for each group studied	Tests for both similarities and differences	Interest is not limited to differences
Interpretation of findings	No groups' findings are interpreted to represent a universal or normative experience	Differences are interpreted in light of groups structural position	Sensitivity to nuanced variations across groups is maintained even when similarities are identified

#### **4.5 The use of semi-structured interviews**

In order to avoid missing concepts identified in the research aims, a semi-structured interview protocol was chosen to allow for an open-ended question format that would encourage storytelling and the construction of narratives (Langdridge & Hagger-Johnson, 2009). Semi-structured interviews ensure that the life worlds of individual participants are captured in their appearing, reducing the risk of interpersonal bias and focussed answers (Langdridge & Hagger-Johnson, 2009). Langdridge (2007) suggests that a semi-structured interview protocol is the most appropriate method of data collection when adopting Critical Narrative Analysis (CNA) as the phenomenological method of analysis. However, critics of qualitative research methods argue that data collected in this manner is open to researcher bias, assumptions, lived experience and the research question itself and does not produce the desired results, even after a process of bracketing or epoché has been carried out (Collins, 1992). Furthermore, the internal validity of semi-structured interviews has been criticised in terms of quality, quantity and time frame (Diefenbach, 2008). The quality of the semi-structured interview has been questioned due to participants unconsciously creating scripts and narratives that are based on social or cultural attitudes within their frame of reference as a consequence of the social context in which the interview is carried out (Diefenbach, 2008). The temporal nature of semi-structured interviews has been criticised as being limited by the political and social context in which it is carried out (Jensen & Rodgers, 2001). However, in this particular study, the specific political, cultural and social context of the present time is of interest to the research.

Consequently, Willig (2013) suggests that researchers pay attention to how questions are phrased and what questions are asked when carrying out cross-cultural research. Some questions may not have the same significance in different cultures. It is important to understand the assumptions that may underpin specific questions. This may be particularly significant for the current cross-cultural study.

According to Diefenbach, (2008) the temporal nature of the interview and the narratives being constructed confound the data being collected. The nature of the researcher-participant relationship may further reduce the quality of the data. For instance, if the participant is known to the researcher the participant may adjust their narrative in order to maintain the script of their relationship rather than expressing their true experiencing of the world. Diefenbach (2008) also argues that due to the nature of the, researcher as expert relationship with the participant, there is a risk that the participant may attempt to meet what they perceive to be the researcher's expectation of the interview outcome. One approach suggested by Meijer, Verloop & Biejaard (2002) to overcome these criticisms is to utilise a "triangulation" approach incorporating additional data from a larger sample size, with the

addition of a longitudinal component to the study, drawing on multiple data sources such as diaries, blogs or biographies and including a diverse sample. Data can be analysed using distinctive qualitative research methods. In this way rich, descriptive data can be collected and the phenomenon can be explored in depth (Meijer et al, 2002).

Barriball and While (1994) produced a discussion paper considering the use of semi-structured interviews for collecting qualitative data. Findings from this study showed that semi-structured interviews reduced poor response rates and were suitable in the exploration of attitudes, beliefs, values and motives, allowing for the identification of non-verbal indicators in order to offer evidence of verbal responses. Responses could be considered comparable due to the interviewer asking each participant similar questions, ensuring that the data collected is individual to the participant and not influenced by others.

Furthermore, a one to one relationship with the researcher may encourage participation (Gordon, 1975). Due to the nature of the current study and potential issues surrounding confidentiality, trust and disclosure the use of semi-structured interviews may have an opposite effect as suggested by Meyers and Newman (2007).

It is important to note here that many of the responses from participants surrounding mental health were in relation to specific questions asked on behalf of the researcher. Participants were aware that this project would be investigating their mental health and wellbeing and, therefore, sometimes offered information without prompting. There was also some reluctance by some participants to draw links between their minority status and their expressed psychological distress. The increased risk of psychological distress experienced by sexual minority individuals when compared to their heterosexual peers is explained by Meyer (2003) and Hatzenbeuhler (2009) and is the lens through which the interview guide was constructed.

## **4.6 Method**

Eleven one-to-one semi-structured interviews with non-heterosexual British South Asian women of various ages were carried out. All identifying information was removed from the transcripts and pseudonyms given to participants.

### **4.6.1 Data collection**

Interviews were carried out in a private, safe location where confidentiality could be maintained. All participants gave informed consent after reading an information sheet supplied by email prior to the interview date. Each interview was recorded with permission and transcribed directly with all identifying information removed. As participants were asked to discuss personal and sometimes difficult and sensitive material, a debriefing document was given to all participants including information and contact details for relevant support agencies. The questions were structured to be open-ended in order to allow participants to



freely narrate their life world and lived experience of being British, female, of South Asian descent and non-heterosexual, and to give participants the opportunity to be reflexive of their additional intersecting identities such as socio-economic status, religiosity and ethnicity. The use of semi-structure interviews has been identified by Langdridge (2007) as the most appropriate data collection tool for Critical Narrative Analysis (CNA), requiring questions to be formulated in such a way as to encourage storytelling and free association.

#### **4.6.2 *Participant interviews***

Interviews were carried out at convenient locations for each participant and lasted between one and two hours. Due to the sensitive nature of the research, confidentiality was critical, and it was important to ensure that participants felt comfortable taking part. Interviews were conducted face-to-face, via skype, via telephone and via facetime each with their own unique challenges and benefits. I will discuss this further in the section 4.7 of this chapter.

The initial interview guide consisted of ten core questions designed to elicit data that was rich in depth and content. Fourteen core questions made up the final interview schedule constructed to be open ended in order to promote storytelling and the construction of narratives privileging the participant whilst considering key theoretical components. The participant interviews were reviewed for evidence of minority stress processes, identity processes, coping strategies, resilience and finally mental health and distress.

See Appendix 2 for a sample of the initial interview guide and Appendix 3 for a sample of the final interview guide.

#### **4.6.3 *Sampling and delimitation***

Participants were selected for the study using the criteria set out below:

- 1) Born in Britain
- 2) South Asian descent
- 3) Any generation
- 4) All age groups
- 5) All socio-economic groups
- 6) All cultural backgrounds
- 7) All religious backgrounds
- 8) Lesbian and bisexual women
- 9) Non-heterosexual women

Transgender women were not included in this study as the research was specifically focussed on sexuality rather than gender identity. Transgender women in relationships with women would have a very specific lived experience that differs significantly from women whose sex

assigned at birth is consistent with their gender identity or gender expression (Hendricks & Testa, 2012). Furthermore, gender minority stressors such as gender abuse (Nuttbrock et al, 2014), relationship stigma (Gamarel, Reisner, Laurenceau, Nemoto & Operario, 2014) and transphobia (Hendricks & Testa, 2012) would differ from those experienced by cisgender LGB individuals. Therefore, the unique lived experience of transgender women who have sex with women would require adaption to Meyer's (2003) minority stress model (see Hendricks & Testa, 2012)

Opportunity or convenience sampling is used as to select participants who are accessible (Morse, 2007). This method was particularly suited to this study as the participant group is extremely difficult to access. In this method of sampling, individuals were selected for study participation due to their specific knowledge or experience of the phenomenon under study in order to share that experience and knowledge through naturally occurring groups. Sampling strategies are variable and numerous and there is no one specific strategy for any specific study. The decision on which type of sample to select was made after careful consideration of the suitability of the strategy to recruit participants who fit the research aims and methodological approach. It was important to me to emphasise the diverse nature of British as a social category and more specifically the diversity of underrepresented members of the lesbian, gay and bisexual community. My choice of social category is described in this thesis as *non-heterosexual British South Asian women*; an extremely diverse group who are connected by mutual relationships to social and institutional power and privilege but also differ in many nuanced ways. I therefore identified sub-categories in an attempt to clarify the complex nature of lived experience described by the women in this study. Participant experience was subcategorised by specific religious heritage i.e. Hindu, Muslim and Sikh. Although, some participants described themselves as atheist or non-religious, their religious heritage was significant to their lived experience and potentially explained nuanced variations in experience.

For the current study, opportunity, snowball sampling was most appropriate (Flick, 2006). This involved consultation with individuals within the community under study, in this case lesbian and bisexual British South Asian women. Participants were initially recruited through organisations offering support services to the specific group under investigation. It was hoped that initial contacts would recruit further appropriate participants within their own networks. The number of participants to recruit for the study was a source of considerable concern. Patton (2002) describes the divergent positions available when developing the focus of a study. Examining an experience in less depth but with a larger number of participants will allow for breadth of study. Examining an experience in less breadth with a smaller number of participants will allow for depth of study. In the initial stage of the study, depth was considered

essential in order to focus the breadth of the later stages of the study. I explored the phenomenon of mental ill health and wellbeing in British South Asian lesbian and bisexual women through detailed, in-depth analysis of eleven participants. The purpose of this study is not to obtain generalisable results, but to describe and understand the lived experience of non-heterosexual British South Asian Women, and a small sample size is suitable within the rationale and methodology of the research. Giorgi (1997) suggests that a sample size of three appropriate participants can offer a structural description of experience. However, Ihde (1986) argues that, to obtain a *complete* description of the phenomenon under investigation is not possible and that the larger the sample, the larger the variance of experience and the more adequately the phenomenon under investigation can be described.

The aim of this phenomenological study is to examine the lived experiences of a small number of British South Asian non-heterosexual women in order to establish an understanding of risk and resilience factors to their mental health and wellbeing. Therefore, the quality of the data is paramount over quantity. Diefenbach (2008) argues that increased quantity of data in the form of increased number of participants results in increased quality of analysis. However, the labour-intensive analysis of large numbers of interviews should be considered by the researcher when deciding on the number of participants to include in the study especially when using CNA, which has been described as a demanding method (Langdridge, 2007). Therefore, eleven interviews were carried out.

A limitation of this sampling strategy is the risk of recruiting participants of very similar cultural backgrounds, similar socio-economic statuses and from the same religious groups. However, it was proposed to recruit participants through specific organisations catering for specific cultural and religious groups and the expectation was that the snowball sampling strategy would be employed within each organisation. The first participant was recruited through a Sikh lesbian, gay, bisexual and transgender (LGBT) organisation called Sarbat (<http://www.sarbat.net/>). The second participant was known to the first participant although she was not a member of the Sarbat group. Although both participants had Sikh religious heritage, the two initial interviews offered diversity of experience and rich, detailed data that informed the interview guide for further participant interviews.

#### **4.6.4 Reflections on recruitment**

As was expected, one of the most challenging aspects of the research process involved the recruitment of participants. Many non-heterosexual British south Asian women lead invisible lives and those that wish to present a visible presence struggle to be heard in a social environment dominated by white power and privilege and cultural patriarchy. Initially I proposed to contact participants through existing lesbian, gay, bisexual and transgender

(LGBT) organisations catering for the specific needs of individuals from unique religious groups i.e. Sarbat, a Sikh LGBT organisation; Imaan, a Muslim LGBT organisation; and Galva-108, a Vaishana and Hindu LGBTI organisation. However, after recruiting my first participant through Sarbat, who then introduced me to my second participant, I experienced tremendous difficulty finding further women who were willing to take part in my research. I attended an event at Sarbat in Leicester hoping to meet and recruit women face-to-face but found that few women utilised this space and on the day, there were no women present at all. I attempted to recruit participants through online forums, public blogs and social media sites. However, these attempts were all unsuccessful. I, subsequently, decided to create an eye-catching flyer that I could position in strategic locations and would allow women who were not openly LGB, or isolated from the LGBT community, to take part. I travelled to London, Manchester, Bradford, Leeds and Birmingham and handed out fliers to libraries, community centres and LGBT social spaces. I also requested permission to post flyers at bus stations and train stations and on community boards. From this, I recruited a further participant who then introduced me to a close family friend who also took part. At this point recruitment completely ceased and I was becoming increasingly concerned that I would need to reconsider my whole project. I decided to do a more in-depth search on social media for openly LGB British south Asian female activists, journalists and feminists. This proved to be unexpectedly difficult as the openly LGB women of south Asian descent who were accessible through social media tended to be from countries other than Great Britain. I did, however, manage to recruit a further participant through this initiative. I was then contacted by a participant who had seen my flyer and a snowball effect commenced. However, I was still concerned that I was not recruiting a diverse sample as the women who had contacted me thus far were Sikh or Hindu. Fortunately, my flyer was seen by a woman of Muslim heritage who agreed to take part and I was introduced to a further Muslim woman through my supervisor.

It is evident from my experience that recruitment in this particular minority group is challenging and increasing participant recruitment in future research remains difficult. However, ensuring an environment of confidentiality and trust is crucial. Furthermore, offering as many options as possible regarding interviews is essential. The participants in this study were interviewed via telephone, email, face to face and via online web facilities. It is also important to note that additional time for fieldwork should be factored in order to ensure that participants are given the time and space they need to feel confident in the confidentiality of their participation and build trust with the researcher.

It would be remiss for me not to mention the suspicion that I encountered when introducing my research to prospective participants and relevant organisations. As a white British woman my motivation was questioned, and my lived experience was assumed. However, once I was

given the opportunity to clarify my position, the women felt more confident that I could identify with their experience and that I was genuinely interested in their stories. I believe trust was evident in the length, depth and detail of the interviews. I believe that my training as a person-centred counsellor also assisted in this process through my ability to offer the core conditions of empathy, unconditional positive regard and congruence, which created an environment of trust and a productive working relationship. However, I was careful not to allow the relationship to become therapeutic, although some of the women did state that they had found the process useful for the own understanding of their experience.

Furthermore, one participant stated that she was grateful for the opportunity to discuss her lived experience as an intersectional whole rather than through context specific elements of her identity.

**Table 4.4** Participant information

Participant No.	Pseudonym	Age at interview	Self-identified Ethnicity	Self-identified Sexuality	Parentage	Religious Background
S1	Hajra	25-30	British Indian	Gay	Punjabi	Sikh
			Indian/Malay			
S3	Muneerah	25-30	British Indian	Gay/queer	Sikh/Punjabi	Sikh
S4	Adeela	25-30	British	Gay	Indian	Hindu
S5	Naz	50-55	British Indian	Lesbian	Indian	Hindu
S6	Amber	45-47	English Asian	Lesbian	Indian	Hindu
S7	Anisa	35-40	British Pakistani	Gay	Pakistan	Muslim
S8	Zainab	35-40	British Indian	Lesbian/Bisexual	Punjabi	Hindu
S9	Aysha	35-40	British Asian	Lesbian	Punjabi	Sikh
S10	Amara	20-25	British Indian	Lesbian/Bisexual	North India	Sikh
S11	Fazana	40-45	British East African Indian	Bisexual	East African Pakistani	Muslim

## 4.7 Ethical considerations

The British Psychological Society (BPS) code of ethics and conduct (2009) was applied to the research being carried out from initiation to recruitment, compilation and completion of this project. Participants were sent a consent form via email and an information sheet describing the purpose, process and requirements for participation. Information such as contact details for the researcher and project supervisors, and previous research references were included on the information sheet. Participants were given the opportunity to ask

questions of both the researcher and the project supervisor prior to taking part, during the research process and on conclusion of the project. The interviews were conducted in a safe, private environment and debriefing documents were made available to all participants with contact details for support agencies relevant to the subject matter. All identifying information was removed from the transcripts and participants were allocated pseudonyms in order to maintain confidentiality. One participant requested that I not send her any information relating to the study including her consent form due to concerns around confidentiality. All ethical information and consent for this particular participant was verbal, recorded and transcribed. Elements of participant's life stories have been changed where necessary in order to protect their anonymity. Where changes have been made the essence of the participant's lived experience has been maintained.

The second most challenging aspect of the recruitment process was meeting the requirements of participants in terms of confidentiality and anonymity. Choosing neutral locations that were accessible proved complicated and therefore some participants asked to be interviewed on the telephone. One participant requested an email interview due to concerns around confidentiality. However, the interview was never completed and therefore data from this participant has not been used. Even those women who chose to take part in telephone interviews were concerned about where they would be able to find a safe, confidential location in which to make the call. One participant spoke to me on the telephone from her car. One participant requested a face time interview, which came with its own unique challenges as the signal was not reliable and therefore the interview did not flow as well as the face to face or telephone interviews. Key words and phrases were missing from the recording, which made transcription more challenging. This particular participant requested her transcript to read and did add details where elements of the interview were missing. Subsequently though, there were some thoughts and ideas that she was unable to clarify due to their contextual nature.

I feel that telephone interviews lack the holistic nature of face-to-face interviews and this may have affected the analysis of narrative tone as an element of the hermeneutic whole. However, as the interview was verbal, transcribed and interpreted, the process of analysis was no less stringent.

#### **4.8 Data analysis**

In order to evaluate the quality of this research thoroughly it was important to consider how the research question and aims may have been interpreted differently utilising an alternative research methodology. Discursive approaches to qualitative research such as Discourse Analysis (DA) seek to interpret language in naturally occurring text and conversation. The

emphasis is on how individuals use discourse and identify the actions performed through this discourse as the '*primary arena of action*' (Wiggins and Potter, 2008, p.73). Discursive psychology examines how individuals make sense of the world through the language they use. Psychology is viewed as social, relational and interactional. Therefore, discursive psychology identifies evaluations within language and examines what these evaluations achieve. A discursive approach would identify and interpret the construction of identity i.e. sexual identity, British South Asian identity, patient identity, through natural occurring text and conversation, bracketing cognitive explanations of psychological processes offering a very different interpretation to the one reported in the current study. Ultimately, the relatively small sample size and richness of the data, critical narrative analysis (CNA) was chosen in order to ensure an in depth, thorough analysis was carried out.

#### **4.8.1 Critical Narrative Analysis**

Langdridge (2007, p134-140) identifies six inter-connected stages of analysis forming the hermeneutic circle. Although the process is described in stages, these are not discrete and require amalgamation in Stage 6.

##### **Stage 1 – Critique of the illusions of the subject**

In keeping with phenomenological philosophy and the work of Gadamer (1975, 1996, cited in Langdridge, 2008) and Ricoeur (1981), the researcher is required to reflect on their own experience, knowledge and assumptions attached to the topic under investigation. The process is one of reflexivity where the researcher applies a critical hermeneutic of suspicion to the researcher's personal narrative such as intersectional theory, critical race theory and critical psychiatry. Through this process the researcher is able to acknowledge the horizon of their understanding which is crucial in bringing about a fusion of horizons or mutual understanding of the lived experience that is under critical interpretation. Langdridge (2007) argues that by employing an imaginative hermeneutic of suspicion as opposed to a depth hermeneutic of suspicion the researcher is able to apply appropriate critical social theories in order to open the text to new possibilities. Depth hermeneutics require the researcher to apply psychoanalytic theories in order to dig below the person's conscious awareness of the narrative and give an interpretation, which goes beyond the text as experienced by the person to whom the narrative belongs; to offer a different perspective on the phenomenon. Critics of this approach argue that depth hermeneutics is removed from phenomenological philosophy in that it does not uphold the tradition of seeing 'things in their appearing'

##### **Stage 2 – Identifying narratives, narrative tone and rhetorical function**



In this stage the researcher is tasked with identifying specific narratives or stories with the text. Due to the nature of data collection through semi-structured interviews there will probably be one major story based on the research question interweaved with more minor stories. Identification of the beginnings and endings of these sub-narratives is important in the stage. Furthermore, the tone of the narrative should be noted as this will add to the richness of description expressed by the narrator. The rhetorical nature of the storytelling should be noted in relation to the tone in order to assess what the narrator is attempting to do with their story. For example, the narrator may suggest a very optimistic approach to their story telling, using language intended to express a positive outcome, but the actual story being told may be considerably more tragic than the tone would suggest. In this way tone can be utilised as evidence of towards a particular interpretation. The rhetorical nature of the narrative is also of particular interest in understanding how the narrator positions herself within the world that they inhabit.

### **Stage 3 – Identities and identity work**

Langdridge (2007) describes how we create our identities through the stories that we tell. In this stage of the analysis the researcher is occupied with identifying the self that the narrator is creating through their story. According to Ricoeur (1987, 1991, p435-436, cited in Langdridge, 2007) “a life examined.....is a life narrated” and describes how our lives are constructed and reformed through “the narrative identity which constitutes us”. In this stage the researcher concentrates on the identity work being done in relation to what is known about the person’s identity such as age, ethnicity, sexual orientation and gender.

### **Stage 4 – Thematic priorities and relationships**

In this stage the researcher identifies major themes and sub-themes in order to examine the relationships between them. This is less formal than a thematic analysis; key themes, ideas and sentences are noted and listed with line references after which patterns of meaning are grouped together to form major themes linked to their corresponding sub-themes. The researcher is reminded to attend to the reflexive findings in stage one in order to ensure that their own preconceptions and assumptions do not influence the findings.

### **Stage 5 – Destabilising the narrative**

Utilising the same imaginative hermeneutic of suspicion as in Stage 1 of the analysis the narrative is critically analysed using appropriate critical social psychological theories such as intersectionality, critical psychiatry, critical race theory and feminist psychology. We can

“never have a view from nowhere” (Ricoeur, 1981). We are positioned physically, politically, culturally and socially and, therefore, we must attempt the imperfect process of bracketing or epoché which requires us to put aside our positioning within the phenomenon in order to analyse the narrative and complete the hermeneutic circle (Langdridge, 2007).

## **Stage 6 – A Critical Synthesis**

All stages are brought together and summarised in this stage of the analysis. This stage is in no way prescriptive; it is important to ensure that the fundamentals of the process are reported such as key narratives and major themes. In this way the participant’s voice is given priority and the summary offers ‘the things in their appearing’. Through this process identity work, rhetorical function of the narrative and narrative tone are discussed whilst ensuring that the subjectivity of the participant is maintained. Discussion around the imaginative hermeneutic of suspicion is completed separately from the discussion above so as to ensure that theory does not distract from the lived experience of the participant.

As a critique of the illusion of the topic I reflected on my own understanding of the lived experience under investigation. I took time to write about my own experience of being LGB whilst living in a diverse community outside of the United Kingdom. I reflected on my own experience of being a part of a Christian community that rejected and ostracised me when I was outed as a teenager before I had any real understanding of my own sexuality and what that meant to me. This process enhanced my self-awareness and facilitated epoché, making every attempt to ensure that the analysis was free from assumption and provided a critical position. This process was completed prior to preparing the initial interview guide in order to ensure appropriate questions were compiled that allowed for a critical approach to the existing social theories applied to the study. Due to the volume and intensity of the data retrieved from the participant interviews I made the decision to create a document that could summarise each stage from each interview. The document allowed me to clearly identify common narratives and themes within individual and across multiple interviews (see Appendix 5). I noted my initial thoughts regarding the main narratives and related sub-narratives, thematic priorities and their relationships and identity and identity work within each interview in an informal manner, noting interview line numbers as evidence for my thoughts. I then began to populate my analysis template with the narratives and related sub-narrative which I felt were key to the research aims whilst noting additional interview line numbers as evidence and highlighting narrative tone. The process of reading and re-reading the participant narrative facilitated the assessment of rhetorical function within each key narrative. Rhetorical function was noted in my analysis template. I then reread the interviews in order to develop the thematic priorities and their relationships in relation to the key

narratives. These were then summarised in the analysis document. Analysis of identity and identity work utilising identity process theory (Breakwell, 1986) was then developed through a further reading of the interviews and summarised in the analysis document. As can be seen in the example document in appendix 5, this process allowed me to clearly review, check and describe the lived experience of participants. I then applied the analysis to Meyer's (2003) minority stress process model in lesbian, gay and bisexual individuals (see appendix 6) and Hatzenbeuhler's (2009) psychological mediation framework to inform my analysis.

The process of analysis was very labour intensive and took a considerable amount of time. I was able to become completely immersed in the data through the reading and re-reading of interview transcripts. Consequently, the process allowed me to consider the data from different viewpoints; through narratives, themes and identities, which I felt facilitated the fusion of horizons and development of knowledge.

# Chapter 5 Narratives

## 5.1 Introduction

*We must understand in order to believe, but we must believe in order to understand (Ricoeur, 1967, p.351)*



**Figure 5.1** Schematic showing the stages of analytical method indicating stage under discussion.

This chapter addresses the second stage of Critical Narrative Analysis. I will initially critique the illusion of the subject through a short reflexive piece forming an analysis of my subjectivity in relation to this research followed by a discussion of the nature of narratives. I will then present the findings of my analysis in the form of individual narratives for each participant's lived experience categorised by religious heritage. The analysis will consider narrative tone and rhetorical function. The chapter will conclude with a discussion of my personal approach to this stage of the analysis and personal reflections on the analytic process. The numbers shown in brackets after quotes indicate the specific lines quoted from individual participant transcripts.

## 5.2 Critique of the illusion of the subject

Stage 1 of the analytical process serves to illuminate my analytical position in relation to this research project as described in Chapter 4 (Ricoeur, 1981; Langdridge, 2007). Throughout the research process, I engaged in reflexive practice in an attempt to understand how my subjective position may affect my reading of the transcripts. Initially my thoughts turned to my personal social categories and my concern that I may impose my experience and understanding of being non-heterosexual on the research question, sampling and analysis. As a white woman who lives within a dominantly white community, I was aware that my position of power might reflect in my analysis. I was, therefore, careful to ensure that I allowed the text to speak for itself in its appearing.

Also, the women used various self-labels to describe their sexual and ethnic identities (see table 4.4).

Furthermore, I was aware of the current negative discourses concerning non-heterosexual British South Asian women and mental health (Wilson, 2006; Department of Health, 2007; Choudhury et al, 2009). Once again, I was aware of the preconceptions that may have existed within my understanding of the topic. However, as a qualified counsellor I am trained to put aside my experience and walk alongside clients in order to understand their experience of a specific phenomenon. Reflexive practice is important when carrying out interviews, reading transcripts and carrying out the analysis to constantly check in with my thoughts and feelings. It was enormously important to me to allow the women's stories to be told whilst being aware of my own assumptions or judgements. I will discuss these issues further in the final reflexivity section of the discussion towards the end of this thesis.

### **5.3 Narratives**

Langdrige (2009) describes CNA as an idiographic approach, which looks at the individual lived experience of research participants in order to understand particular processes and individual intersections of identity. Throughout the process of analysis, CNA requires the researcher to critically evaluate their position in relation to the topic under investigation (Langdrige, 2007). As a white, lesbian women who grew up in a culture different from the one I was born into, I needed to reflect on my responses to cultural differences and critically evaluate my understanding of gender, power, race and ethnicity and expressions of sexual identity. In order to thoroughly complete stage one of the CNA methodology, I carried out a critical assessment of my understanding of the theory in relation to my participant group and how this would be applied in an ethical manner whilst maintaining the essence of the narratives being constructed. My analysis is largely filtered through a lens of minority stress theory (Meyer, 2003) and the cognitive process model (Hatzenbuehler, 2009). As Langdrige (2009) states, this process is not a simple putting aside of preconceptions but a constant reflexive evaluation of the relationship between the researcher and the participant. As both insider and outsider, I was particularly careful not to impose my own subjectivity on to the participant's narratives using a reflexive research diary. See Chapter 4 for a more in-depth discussion of Stage 1 and Chapter 8 for a reflexive discussion of my role as the researcher.

In this stage of analysis, I identified the main narratives of each participant to apply a phenomenological understanding of the lived experience of British South Asian non-heterosexual women. Narratives are described as the stories constructed by participants that include a beginning, a middle and an end (Langdrige, 2007). CNA draws on the work of Paul Ricoeur (1913-2005) and as such the second stage narrative analysis has been carried out utilising the phenomenological philosophy as theorised by Ricoeur in his book *Time and Narrative* (Ricoeur, 1984) and also his examination of metaphor (Ricoeur, 1977) as a way of seeing a familiar thing in a new light (Simms, 2003). As such, attention is paid to the way in

which participants have described their lived experience in order to identify the rhetorical function of the narratives through metaphor whilst considering temporality and how participants order their lived experience and ultimately, their understanding of the world. According to Ricoeur (1984) in order to understand human action we must attempt to understand mimesis or imitation through living metaphor which for Ricoeur (1977) is the interpretive invitation of discourse and the essence of new knowledge as it forces the reader to "*exercise the imagination in an interpretative manner*" (Simms, 2003. P77).

The individual narratives have been categorised based on religious background as it has been argued for a need to disaggregate the research area to take into account the diversity within the British South Asian community in terms of religion, wealth, class, geography and demography (Ineichen, 2012). Wilson (2006) points out, although the experience of British South Asian women is complex and diverse, there are many structurally oppressive commonalities across religion, social status and caste. Religious heritage offers a very specific identity from which to construct this analysis. Furthermore, categorisation of participants in this way will assist in highlighting commonalities and differences of experience. I will therefore, first present narratives from participants who describe themselves as being from a Sikh religious background, followed by a Hindu religious background and finally, a Muslim religious background.

## **5.4 Sikh narratives**

### **5.4.1 Hajra**

Hajra is a 30-year-old, for the most part, out, self-identified gay woman who describes herself as a British Indian of Punjabi descent and her family follow Sikhism. Hajra is employed and lives away from her family home. Hajra's mother died suddenly when Hajra was very young. Her father is still alive. Hajra has a large extended family that live in India. Hajra is currently in a long-term relationship with a woman from a different cultural background; however, this relationship is currently going through some difficulty.

Hajra approached the interview with eagerness, as though her story was desperate to be told. Hajra's discourse was philosophical at times and at others appeared rehearsed. The tone was sometimes matter of fact and at others passionate and emotional. Hajra was keen to help me understand her lived experience. Her description was beautifully poetic as she utilised metaphor effectively to illustrate her depth of emotion and portray sensations as if challenging me to feel the intensity of her need for cultural connectedness and the strength of her struggle. Throughout the interview and also through every reading of the transcript, I felt absorbed by her world; attached and yet detached; understanding and somehow understood.

Three distinct narratives, which relate to the research question, emerged from my interview with Hajra.

#### **5.4.1.1 Death of mother**

The first describes the sudden death of Hajra's mother. Defined as a general stressor in Meyer's (2003) minority stress model, this narrative consists of four intrinsic sub-narratives that tell the story of her coming out, complicated grief process, cultural connectedness and psychological distress which demonstrate the complicated link between general and minority stress (Meyer, 2003). Hajra describes how the death of her mother was a catalyst for coming out, *"I just didn't give a shit anymore. I didn't have anything to lose..."* (136-137). The loss of her mother meant that Hajra felt she had no reason to fear her family's disapproval.

*Maybe I would have run away from home and been cut off from the family and all that but they just don't have a hold of me because there is nothing I want, I, my mum's not there so I am not bothered if that makes sense? (281-283).*

Previously, when Hajra was 15 years old, she had attempted to tell her mother that she was gay. However, her mother dismissed the idea all together.

*I think if my mum was alive she would understand even less, cos she, I just don't think she would, I tried to tell her when I was 15 and I said, "what would you do if I'm lesbian", "what do you think of me being a lesbian", she said, "what's one of them", all in Punjabi this conversation was and I said um "it's a woman who lives with a woman in the way men and women live together" and she said "oh we don't want to do that" very light hearted and I thought Oh God... (87-92).*

This creates a conflict for Hajra and complicates her grief process. Although she is able to gain agency from her decision that she has nothing to lose, she feels guilt for not respecting the values her mother expressed when she was alive, *"So my battle was not just with my mum's values but it was negotiating with a dead parent..."* (134-135). Therefore, Hajra places a huge amount of emphasis on her cultural identity as a British Indian, which is intrinsically linked to the death of her mother.

*...for me there's no compromise and I that, that is what makes me different because a lot of Asian gay women that I've met they are very, very westernised. They've rejected Asian culture in a way and it may be that it didn't support me so I am going to reject it but for me it's like, this is mine and I think because of my mum dying I can't lose that because then I lose my mum even more. (163-167).*

However, Hajra also recognises that the pressure to remain connected to her culture affects her mental health and wellbeing in a negative way. Hajra longs for an "easy life" where she can find acceptance of her sexuality and where her way of being is seen as normal. This "normality" is found at the family home of her partner who is not a part of Hajra's cultural heritage, *"K's family they help. They help normalise something, I feel a sense of belonging that I have never felt, and I think it does make me healthier mentally..."* (736-738). Although Hajra states, *"I do think me and my mum would have got to a point where she would have understood cos actually love is genderless..."* (471-472) she also cannot imagine what it would be like to tell her mum that she is gay *"I just don't know how you would even go to, go about telling your mum you're gay."* (549-550).

Throughout the narrative, Hajra's mother's death is a fundamental part of her lived experience and is associated with bouts of depression and anger, which she experiences frequently. It is difficult for Hajra to identify the cause of her depression, as she is reluctant to "unpick" it. Although she believes that her depression is mostly connected to the death of her mother, *"I think it is a lot, linked to my mum..."* (742) she also recognises that her sexuality and being "other" is a reason for her anger and feeling the need to control all aspects of her life, *"I think the gay thing does stress me out because it, it separates me from all the other Indian girls..."* (752-753). Hajra did try counselling but found that *"softy, softy counselling would not do it for me."* (859), although she admits, *"the thing I haven't dealt with, my fear of loss and my fear of abandonment"* (867-869). This affects Hajra's relationships as she attempts to control situations that leave her feeling out of control, *"but I want to control everything that affects me so by extension sometimes that might be that I end up controlling them"* (871-872). The pressure to maintain "acceptable" relationships that, for Hajra, make her "acceptable" to her family means that she does not feel that she can reach out to her family for support when her relationships break down.

*I don't feel like I can crash and burn and turn up back at my dad's house with my bags, I can't, I don't really feel like it's an option and I feel like it undermines my decisions if I do so whatever happens I feel like I do have to survive on my own but it's weird because I do have my relationship with my family but then I, I do feel like I keep a wall between me and everybody. (875-879)*

Hajra describes this as an "Indian pressure" (595) for relationships to work and feels, that if she lets her father know that her current relationship is not working at the moment, then *"I give him scope to criticise my lifestyle"* (592-593). This is further emphasised by Hajra's desire to find a life partner who is from the same cultural background as herself who would share the same Punjabi history, language, popular culture, food and music.



*...like if my K was everything she is but she was Asian, she would be absolute perfection because a part of her I can't share, a part of myself I can't share with her and it's like the err, the jokes in Punjabi or like what we know about Punjabi history does that make sense, it's like if you, you're English, if you were to have a partner from a different country who spoke English but not very well maybe she wouldn't feel the same about watching Alan Carr on a Friday, you know. It is something, you lose an essence that I, I have with her a banter and a flirtation that we, in our culture we tend to be quite rude to one another and like but it is flirty rudeness and in England in English we just, we're not the same. It's a very different subtlety and in, in Asian culture the flirtation tends to be a lot more subtle, like you ponder it a lot more or the strike while the irons hot, it's not like that and I think it was very different experience but it, it showed me like that like having an Asian partner, like in a Punjabi partner it would be richer in a sense. (399-410)*

Hajra draws a comparison between the physical and the emotional elements of cultural connectedness by describing the sensory features of shared cultural experience.

*The way I feel about having samosas and you know the feeling is different it's not just taste it's subtle, it's multi-sensory and If I was to take, if I had a Punjabi girlfriend and took her to a wedding the beat would kick in and she would feel it take over her body and she'd have the same response to certain situations... (414-417)*

Furthermore, Hajra describes how her culture complicates her inter-racial relationship and the compromises that are required from her partner as she feels that Asian people, "...tolerate it but you are not accepted. You are never going to be accepted..." (335-336) and for this reason "...my girlfriend, K, she does find it hard,..... she has come to terms with it to some degree but I do feel that she is hard done by..." (337-338). Not only must Hajra regulate her own behaviour; she is required to attempt to regulate her partners behaviour which may be a source of further stress for Hajra. However, it has been suggested that women who are in both same-sex and inter-racial relationships create resilience through associating with diverse groups who manage similar stressors (Jeong & Horne, 2009).

#### **5.4.1.2 Cultural connectedness**

The second narrative describes the importance of her Indian culture and identity and consists of five sub-narratives linking relationship difficulties; cultural limitations imposed on her sexuality in order to gain acceptance in her community; western versus Indian culture, help seeking behaviours and coping and resilience. Hajra spoke at length about how she

negotiates her Indian, English and lesbian identities and how these cause conflict in her life, *"I need to feel connected to my culture, but this culture doesn't want me as gay women..."* (170-171). Described as a distal stress process in Meyer's Minority Stress model (Meyer, 2003), Hajra confirms how difficult it is for her to be gay and Asian, *"It's hard sometimes to just be gay and Asian because you, even though I live within the culture, I live on the margins of the culture,....."* (79-80). Her cultural connectedness is extremely important to her and she feels that this connectedness makes her sexuality more acceptable to her community, *"I think has made me more acceptable is because I am not westernised..."* (149-150) and to her family, *"I think that's what makes me acceptable because my dad saw that she still speaks the language perfectly, she still wants to go to India erm, she wants to have an Indian life"* (156-157). Hajra feels that this sets her apart from other non-heterosexual Asian women that she has met and, in this way,, Hajra creates a sense of resilience and an ability to cope. Subsequently, this adds to her feeling that there are no role models for her to learn from, talk to and receive support from, *"that is what makes me different because a lot of Asian gay women that I've met they are very, very westernised"* (163-164). Hajra also believes that she is more accepted in her community as her,

*...behaviour's beyond reproach basically. They can't be like "Oh, I saw Hajra kissing". You never see me kissing a girl, you might see me walking with a girl but like we are walking in town so it's, I just think it's because I live within the kind of framework, I'm more acceptable than other people. (292-295)*

However, Hajra acknowledges the stress that this causes her. The intersection of Hajra's Asian identity and gay identity gives rise to a conflict in which Hajra believes her behaviour diverges from the traditional cultural experience of Asian people. Hajra will not follow what she believes to be the *"rite of passage"* (301); *"you go to get an education, you get a good job, you get married."* (302). Hajra finds this way of being restrictive and feels that she needs to experience every part of herself as an individual, *"aside from my sexuality I feel like I have to live every part of myself"* (306-306). This means that she is unable to be the "good" daughter that she yearns to be in order to find acceptance. She feels that she is doing her father an *"injustice"* (329) in not marrying a man from her cultural background in order to create a *"union of families"* (328) and that he will never experience *"that big Indian wedding and invite all his friends"* (331). Again, Hajra's lived experience is conflicted between her culture and her sexuality. This conflict also exists within her English identity,

*...there's loads of different parts of my identity but I just for my children, they have to speak Punjabi because otherwise it's gone our connection to our home land it's gone and we're not English for all our English quirks we're still not English you know um, that's important to me. (439-442)*

Hajra's intersecting identities are further complicated when she states, *"I don't eat Indian food every day, I don't need every aspect of my life to be Indian because it's, it's a big part of my identity but then I like fish and chips"* (437-439). Hajra concludes by describing the culturally appropriate partner she feels she would require to be truly settled in a relationship, *"It's, it's the both, it's the British Indian that I would need I think because they are my two identities, I am not wholly British, I am not wholly Indian"* (421-422). Hajra demonstrates her confusion around a perceived need for westernisation within the British South Asian community when she states,

*I don't know if what came first chicken or the egg was it that we became more westernised, that's why we came out or is it that because we were gay we were marginalised and out of the community that we felt we had to become more westernised does that make sense?* (158-161)

This further emphasises her wish to remain connected to her cultural roots. This element of Hajra's identity and identity work will be explored further in the third stage of this analysis. In addition, Hajra describes her disconnectedness from main stream lesbian, gay, bisexual and transgender (LGBT) organisations such as night clubs and support services, *"because I felt very isolated from being Indian because I was lesbian but I felt very isolated from being a lesbian because I was quite traditional"* (619-621) and therefore, mainly finds support from friends. Hajra has found the internet a good source for finding stories that resonate with her own experience. However, Hajra states that, *"There's no template first of all and then on top of that you know that everybody you ever knew in your community is going to hate you or judge you or think you are dirty.....that's really hard"* (511-513).

Hajra has sought help for her depression in the past and attended a number of counselling session but felt they were unhelpful, although she does state that a particular counsellor was able to offer her insight into specific cognitive processes. Hajra is also interested in using cognitive behavioural therapy (CBT) techniques to help with her depression and anger. She has chosen to use resources that she has acquired from friends. This highlights a further conflict in Hajra's narrative. On one hand, she attempts to convince the reader that she is okay, that she has worked through her feelings of low self-esteem, depression, anger, abandonment and loss attached to her sexuality. On the other, she admits that these issues still cause her considerable difficulty in her current relationships and everyday life. Hajra demonstrates how general stress processes and minority stress processes combine to increase the potential for negative mental health outcomes as suggested by Meyer (2003) and how the normalisation of her sexual identity within her partner's family assists in mental wellbeing. However, general stress processes such as *"normal life stuff"* (740), career, her plans for the future and, the death of her mother affect her depression as well as the minority

stress process of *"not being able to just be and be accepted"* (743) in her own culture. This is further emphasised when Hajra states, *"I think the gay thing does stress me out because it, it separates me from all the other Indian girls"* (752-753). Nevertheless, Hajra is aware that her own cognitive processes also affect how she feels and influence her mental health, *"it has to be my response to it that changes..."* (745) as *"I do tend to care a lot about what people think"* (746-747). Furthermore, Hajra acknowledges the religious influences that combine to amplify, not only her difficulties but those of LGB people of English descent when she states, *"There, there needs to be (someone to talk to) because in our community it is a 100 times harder than it is for English people but um, your average English family not a religious family."* (528-529)

Hajra sees herself as having *"...a lot of strength of character..."* (298). However, she believes that she will never have this strength recognised in her community *"...there's nobody in my life who's Asian who has said, 'oh, you know what, good on you, good on you for doing what is right for you'. It's never going to happen..."* (299-300). Hajra believes that, *"...it must be my spirit; I must have a strong spirit..."* (527) as she equates her cultural limitations to that of a religion,

*...our culture has the same restrictions as a religion, this bad, this is bad, this is good, we don't do this and we do, do this, like you need something there that is like, hey, listen you are not by yourself because our culture tends to be very parent endorsed like your, your self-esteem is not there I don't think, you know in our culture it tends to be what your parents tell you is more important than what you think of your self-worth.* (530-534)

Nevertheless, Hajra has constructed a resilience that allows her to be a part of her culture and community and construct her own individual sense of self-worth through rebuilding her identity,

*...then suddenly your parents are going to hate you because you are gay and then it, I think it is a question of re-establishing your identity. So, the mental break down might not be a bad thing, to crash and then rebuild from, from scratch...* (537-538)

#### **5.4.1.3 Self-acceptance**

The third narrative examines the Sikh religion and how Hajra reconciles her religious identity with her lesbian identity and consists of one inherent sub-narrative of self-acceptance. For Hajra it was, *"...a massive journey."* (568) but a necessary journey, *"...it was one of the biggest things that made me feel bad about it cos it was like, I'm bad, God doesn't like gay people..."* (562-563). In order for Hajra to build a sense of self-acceptance, she feels it was

*"...probably turning my back on organised religion that made me think actually, you know what, this is alright..." (563-564). However, Hajra speaks angrily of acceding to religious people, "I find myself sometimes appeasing, appeasing people, religious people, like, not being open and gay with them..... I don't need to be spending fucking time with people like that..." (689-691). Furthermore, she challenges religious people and finds self-acceptance in doing so,*

*...because religious people they are just so convinced of their truth and you're, you're reading a truth but I am living a truth, you know, like I am also living a truth like if God is that omnipotent and like um, omniscient he can change everything, change me then, if I'm so bad, change me but I am still here. (697-700).*

Hajra's journey through formal religion towards spirituality has allowed to her to remain connected to the cultural elements of her religious background and sense of community whilst reconciling her sexual identity within a framework of self-acceptance and spiritual healing,

*...it really made real those things that I was trying to not think about which is like, oh, God hates the gays or maybe but now my view is actually that's not the sort of God I want and that takes a lot of healing in yourself to get to um, but it isn't the sort of God I want. The one who made me and then punished me for being it. It's like a bad parent isn't it, you tell the kid to put their hand in the fire and then beating them for it. (758-762)*

This journey to self-acceptance has included her partner,

*...when I go to the Sikh temple I am very aware of it but that said, I do take my girlfriend and we sit next to each other and sometimes I touch fingers with her and it is so subtle, subtle things that I do accept myself as I am... (763-765).*

Ultimately, Hajra still yearns for acceptance from her community, *"it's just hard because nobody else does (accept her) ..." (766)* as she believes that, *"...love and acceptance, it really makes us stronger..." (767).*

#### **5.4.1.4 Narrative tone and rhetorical function**

Hajra's narratives are very complex, rich in depth and content, and she spoke with great clarity of thought around her journey towards self-acceptance. It is clear from her story that she has developed resources that allow her to express resilience in spite of numerous general and minority stressors. However, through this rhetoric, Hajra attempts to convince the reader that she has completed this journey, despite her acknowledgement of anger and mental and

psychological distress, which has caused her to seek informal help from friends who have knowledge of cognitive behavioural therapy. Hajra feels that more formal forms of psychological interventions have not worked for her in the past. The tone hints at resignation in some parts of this interview and defiance in others, further reflecting the conflict that is present throughout this narrative.

Three central narratives were identified in Hajra's interview; death of her mother, cultural connectedness and self-acceptance, which incorporate the "good" daughter narrative or "*Indian pressure*" as Hajra describes it, which will be discussed in depth in Chapter 9.

### **5.4.2 Saraah**

Saraah is a 24-year-old self-identified Sikh, gay woman of Indian/Malay decent who is only "*out*" in very specific circles. She describes her ethnicity as first generation British Indian/Malay. Saraah was born and raised in the north of England and studied at a local college. Saraah is currently employed, and lives in the family home with her mother and father. Significantly, for Saraah, her siblings are married.

Saraah began her interview believing she did not have very much to bring to the project. The first part was quite stilted and required quite a lot of prompting from myself. Saraah was obviously quite nervous. However, it soon became apparent that Saraah had a complex story to tell of her identity and gender confusion. I could feel her fear in the room, and she appeared embarrassed during parts of her story. I felt grateful to her for her bravery in coming forward and her trust in me as she retold a very difficult and personal history. Two distinct narratives, which relate to the research question, emerged from my research interview with Saraah.

#### **5.4.2.1 Coming out**

The first narrative describes the struggle Saraah has faced in understanding her sexuality. This narrative consists of seven intrinsic sub-narratives that tell the story of her journey from coming out to herself to being outed, to self-acceptance, gender confusion, fear of being disowned, parental relationships, secrecy and psychological distress.

Saraah describes how she initially realised that she had feelings for a girl in her class at school; however, she did not understand what she was feeling and "*...shrugged it off through my teenage years...*" (57-58). According to Meyer (2003), at this time Saraah was experiencing distal minority stress processes which lead to a negative self-schema and a sense of hopelessness as described by Hatzenbuehler (2009), "*...I just started thinking that nobody would like me for me...*" (59-60). In order to relieve this anxiety Saraah created herself a male persona, "*I posed as like a boy.....cos I thought that was the only way I could have got girls*" (60-61). Saraah describes how she was eventually "*outed*",

*...it was horrible, I was drinking early, early hours in the morning, being sick, um, I wouldn't sleep, I was drinking a bottle a night in my bedroom. I hid a bottle of whiskey in my cupboard um, it was really, really hard. I just panicked and I thought what am I going to do now, who's gonna like me, noone's gonna like me, there's no girls that are gonna like me... (64-67).*

These are described as proximal minority stress processes (Meyer, 2003) and in accordance with Hartznebuehler's Psychological Mediation Framework (2009) can lead to maladaptive coping and emotion regulation which has been shown to be a risk factor for the use of alcohol in an attempt to control emotions or in other words coping motives. Coping motives have been described as the "strategic use of alcohol to escape, avoid or otherwise regulate negative emotions" (Cooper, Frone, Russell & Mudar, 1995, p.991),

*I started going on the drink, started drinking, thinking what am I going to do now, what am I going to do, you know, how am I going to get someone, I'm not gay, I have to pretend to be a boy to be gay. (558-560)*

This was in an attempt to regulate her emotions and relieve her psychological distress, *"I just wanted to sleep, it would help me sleep and I thought sleeping's good because I'm not thinking about it."* (662-663). This led to social isolation for Saraah, *"I didn't want to do much, I was unsociable, didn't go out much..."* (68-69). Although Saraah feels that she has created a sense of resilience since being outed and has gone some way to accepting her sexuality, *"I'm happy that I'm a girl and I'm gay..."* (486) she often tries,

*...to not feel like that and I think why, why am I gay, why do I feel like this, can I stop it, is there a way, do I pray, do I pray and say can you make me straight, I don't know, I don't think it happens like that... (480-482)*

These feelings are mainly due to her fear of being disowned when she finds the courage to tell her father that she is gay. Saraah ruminates over this decision, *"I do think about it every day like when that day comes, I'm going to be dreading that day"* (100-101), and *"I will be dead to my dad most probably"* (47) and it causes her considerable distress, *"Some days I get really upset because I, I don't want to hurt my family.....and I feel like you know they won't ever want to speak to me again"* (103-105). Furthermore, Saraah feels a considerable amount of guilt about the double life she leads in front of her father. Saraah feels guilt for lying to her parents about her whereabouts when she has met with partners in the past. This causes Saraah considerable distress, although, she finds having a secret quite exciting at the same time, *"in a way it, it's exciting to keep it a secret"* (154-155). However, this secrecy also affects Saraah's self-worth, *"there's days where I felt coming back home after like spending the night or whatever, I'd feel really dirty, going home, I'd feel really bad"* (155-

157). Her guilt is compounded by her sister who, on finding out Saraah had a partner, instructed her to, "...stop it um, she was like, you know, what if dad finds out or, you, you're are gonna end up killing him..." (148-149), Saraah finds this "...really upsetting he's, I don't wanna, I don't wanna, cos I know then I'll be the one that'll get blamed..." (171-172), this compounds Saraah's inner struggle, "I'm struggling cos I really just don't know what I am going to do." (178-179). Saraah ruminates on this decision and extent of her struggle is apparent in the following,

*Do I tell him over the phone, do I tell him to his face, do I send him a letter, do I, do I get my mum to tell him but then I don't want my mum to get in trouble from my dad, it's, it's so hard cos I know my mum will get blamed a lot as well.*  
(187-190)

This struggle endures as Saraah continues,

*I have no idea what I'm gonna do, I just keep thinking in my head should I do this, should I tell him, get my bags packed ready then tell him, then leave or do I just tell him when I've already moved out. I think it might be the easier option and then sometimes I think do I have to tell him, why do I have to tell him. Why can't he just find out himself or just understand that I'm living on my own, I love someone, and I don't want to get married.* (344-348)

However, Saraah feels that she does not have a very good relationship with her father, and she does not think it will affect her too much not to talk to him ever again. Conversely, Saraah believes that she could not live without her mother who she is very close to, "my mum, the thing is, I might sound a bit selfish, I don't really care about anyone else, as long as my mum is still there for me and she'll still see me." (42-43). Saraah's mother has told her that she will not cut her off and this knowledge brings her some relief from the fear of being found out or telling her father that she is gay, "I was just really, really relieved when she said that" (44-45).

Saraah concludes this narrative by confirming that her plan is to find a serious girlfriend and then move out after working and saving for some time. Although Saraah is quite sceptical about her chances of finding a life partner, she feels pressure to find someone, as she believes time is not on her side. This element of Saraah's identity and identity work is discussed further in the next chapter. Despite Saraah's belief that, "you forget, I just leave it alone just forget that I'm gay, just carry on as normal with my dad and my family." (313-314) she admits that at times "it's hard, it's really hard sometimes you wish you could just change it, wish you wasn't, wish you wasn't even born. That's how bad it can get; you rather just wish you weren't born or commit suicide." (789-791)



#### **5.4.2.2 Cultural connectedness**

The second narrative, which relates to the research question, describes how Saraah strives to maintain her cultural identity and in spite of her sexual identity; this narrative consists of two intrinsic sub-narrative that describes cultural limitations and ideals and sexual relationships.

Saraah argues that her sexuality does not change who she is as a person. However, she describes how this is not reflected within her experience. Saraah believes that, within her culture, coming out labels her as indecent, *"in terms of culture like, cultures a massive, massive thing"* (127). Therefore, Saraah attempts to be a "good" daughter. Saraah describes the difficulty that she faces as a gay woman from her culture and her religion,

*...I think coming out was really, really hard you know it's, it's, cos you think it's wrong and on top of that you've got the culture side to it, you know being Indian, Asian it's, you know it's not, it's not allowed, it's not, even though it's not actually written in our book, our holy book and I think maybe that's because it's an obvious, that you know you shouldn't be gay (laughs). (222-226)*

These distal stress processes (Meyer, 2003) have made Saraah's journey to self-acceptance a difficult one. Saraah worries what people will say to her when she tells her father that she is gay. Saraah also worries what people will say to her parents when they find out she is gay and she is torn between not wanting, *"to hurt my dad but then I can't keep living a lie."* (330). In this way Saraah is constantly negotiating her culture and her sexuality which implies a constant struggle between stress and coping.

Furthermore, Saraah has refrained from seeking professional help due to her belief that *"...I think I feel like some organisations won't understand the type because of my culture, my background..."* (365-366). Although Saraah is aware that support services exist for gay women, she does not feel that she will be understood in these spaces. One reason for this could be that she does not see any role models that she can relate to and would relate to her. This frustrates Saraah and she states, *"I wish our culture was just different. I wish that marriage wasn't a must and you know I wish that they'd be more open minded."* (384-385). However, Saraah acknowledges that due to her position in the family there is less pressure for her to marry and this means that her father is *"quite chilled out about it"* (353). This leads to a considerable amount of stress for Saraah and she attempts to be accepted by her mother and her desire to have a fulfilling relationship with a woman.

*That's what my mum says. She says, just don't be with anyone. Don't, don't fall for anyone, don't, just live by yourself and I'm like, you'd rather let me live*

*on my own, not get married, just have nobody and just be on my own. She says yeah because that way, you know, it will be easier that way. (197-200)*

Saraah would also like to find a partner who is "*nice and decent*", (131) too. In this way, Saraah feels that her future partner might be more accepted by her family.

#### **5.4.2.3 Narrative tone and rhetorical function**

Saraah described a complex and at times, painful journey of identity development, which she expressed with an honesty that belied her self-consciousness and hesitation at the start of the interview. Saraah uses this rhetoric to convince the reader that she has accepted her situation in order to remain the "good" daughter. However, Saraah is conflicted as she instigates and maintains secret relationships and plans to move out of the family home once she has found a suitable same-sex partner. The tone of this narrative is honest in the understanding of conflict, stress and coping. There is a tone of resignation interwoven with moments of defiance. Two central narratives were identified in Saraah's interview; coming out and cultural connectedness, which, once again, incorporated the "good" daughter narrative.

#### **5.4.3 Muneerah**

Muneerah is a 25-year-old self-identified gay/queer first/second generation Sikh woman of Punjabi decent who describes herself at present as British Indian. Muneerah has siblings and lives in the family home with her parents. Although Muneerah is currently not working due to mental ill health, she is in full time employment after attending university a significant distance from her hometown. Muneerah's interview was philosophical. It was evident that she had spent a lot of time reflecting on her sexual and cultural identities. Her narrative was at times academic in nature and at others demonstrated a vulnerability that belied her rhetoric. It soon became evident that Muneerah was conflicted and searching for answers to complex questions of race, ethnicity, sexuality and gender. In this interview I was very conscious of my role as researcher and not counsellor. Muneerah is not currently in a relationship. Two distinct narratives, which relate to the research question, emerged from my research interview with Muneerah.

##### **5.4.3.1 Self-identity**

The first describes a race identity crisis and consists of two intrinsic sub-narratives that tell the story of her ongoing journey to self-acceptance and coming out.

Prior to acknowledging her sexuality, Muneerah describes how she placed herself "*next to whiteness*" (63) as what she describes as "*tolerant escapism*" (63). In this way, she was able to fit into a mainly white, European cultural environment. This discourse is encouraged by

Muneerah's family and community as she relates *"there is so much loathingness towards India in the, in my community um, and I feel like a, a, aligning yourself with whiteness is a really good thing in Indian culture..."* (181-182). However, since coming out to herself and her immediate family she has been attending a queer group for BAME individuals and has been learning about white privilege and the colonialism of India. This has led to a considerable amount of confusion for Muneerah who is now attempting to rediscover her Indian cultural history as a minority group and understand her gay or queer identity as a person of colour.

*...my dad said to me "you know it's this sense of, you don't really fit in with Indian, you don't fit in with whiteness", it's a very, very pertinent way of looking at it, that so many people who have really been trying to reassure me, really feel, and even if their straight but mixed race or even if they are fully Indian but they grew up in a white area, they don't quite like their family views and then it's this whole confusing idea.....you know you see these traits but I don't want to believe in stereo-types but yeah, you know you have these traits in the community and you loathe them but you don't want to hate all Indians but you can't understand where it comes from, you know what is identity, isn't nationhood just look at birth and all these crazy ideas so yeah, it's all very confusing (laughs) (711-720)*

This is further complicated for Muneerah as she grapples with racism towards black people and her place in a queer organisation that is for all people of colour, *"we want black to be that you know, umbrella term with a capital B but like yeah, I like experience a lot of racism to blackness in my own family as, as I say I feel that for the Indians it's aligning yourself with whiteness"* (757-760). Muneerah states that she is *"trying to make sense of all of that really and I feel close to my Indianess now that I've learnt about that stuff"* (65-66). Nevertheless, Muneerah feels angry towards white people as a result of her learning and deeper understanding of colonialism and white privilege which adds to her confusion and loss of identity and community, *"I feel just really ridiculous, I do have this anger towards whiteness which I don't want to have you know but this is just where I am, I am trying to make sense of myself and the world."* (68-70). Muneerah ruminates on her feels of low self-worth and struggle for self-acceptance, which creates stress and leads to distress.

*I'm always like thinking of loads of stuff so it's like, oh, I've pissed these friends off, am I ever going to be ok with being gay, why does it bother me so much, why am I obsessed thinking about race, sexuality um, am I reading too much about it... (353-356)*

This narrative does not have a conclusion for Muneerah at this time. Her journey to self-discovery is ongoing and she is hoping to find a space where she feels she fits.

#### **5.4.3.2 Mental distress**

The second narrative, which relates to the research question, describes Muneerah's struggle with mental ill health and leads on from her continuing journey towards self-acceptance. This narrative consists of three intrinsic sub-narrative that describe her substance misuse, love of music and help seeking behaviour.

Muneerah has experience psychological distress for some time and believes that she may be bipolar although this has not been formally diagnosed. However, Muneerah's acknowledgement of her sexuality and her battle to reaffirm her cultural identity has caused her considerable distress and has meant that, at the time of our interview, she was unable to work,

*...I can't stop thinking about everything, I'm really down, can't make sense of it um, so I'll just be like literally, oh, I can't be arsed thinking about this so I just make myself sleep more and so sometimes I just won't get out of bed for like 30 hours... (361-363)*

Muneerah ruminates over her situation and finds it difficult to be self-motivated. However, Muneerah states that "weed" makes her "hyper for days" and is one of her coping strategies that allows her to continue partaking in two of her passions, which are music and dancing. Furthermore, Muneerah identifies her, "main coping strategies at the moment are sleep, trying to get back into exercise err, keeping talking to people, eating healthily erm, and then also yeah, I suppose the escapism of dancing, drugs and alcohol..." (531-534). Therefore, not only are music and dancing described as her passions, but they are also described as coping strategies. Throughout this section of Muneerah's story, she attempts to convince me that her drug taking is simply for pleasure and a result of her lifestyle. However, Muneerah reflected on our conversation and later sent me an email describing how she had come to realise that her relationship with drugs was more complicated.

Muneerah spoke at length about music as a way of reconciling the different aspects of her identity, "...music always felt like a way to sort of I suppose reconcile the different parts of me." (553-554). Bhangra dancing and music depicts Muneerah's cultural and family heritage, whereas hip hop combines "rich traditions" (562) of music with current musical styles that reflect the lives of the "underdog" (557) and is therefore relatable for "Indian kids" (556). Muneerah believes that music gives her a sense of wellbeing and community, "It just feels like this incredible linking thing between us all around the world, all throughout time and I

*think that is what is best for me right now.*" (564-566). This sense of community is reinforced through voluntary work that Muneerah undertakes which generates funds for assisting children from deprived backgrounds to produce music and do arts. Muneerah's *"bipolar tendencies"* (321) assist her to concentrate on her music when she is *"hyper"* (317) and has the energy to work on her music projects. However, when she is feeling *"really down"* (316), she will sleep in order to forget. This has led Muneerah to book a psychiatric evaluation for bipolar. She has also contacted the NHS IAPT service; subsequently, they have stated that her symptoms would suggest that IAPT is not suitable and that she required a more long-term solution such as private psychotherapy. Muneerah has therefore contacted MESMAC, a voluntary sector LGBT support service, for counselling and has an appointment booked for an initial assessment. Muneerah has not explored the option of private counselling or psychotherapy as she feels the best person to support her would be someone from an ethnic minority and from the LGBT community. This person has not been easy to find and Muneerah has given up her search, *"looking on the therapist list, you know, feel bad saying it but I would like to see someone who is a minority and gay"* (441-442). Muneerah feels that she could not be open with a white therapist about her anger towards white privilege and would therefore not be able to explore her cultural identity effectively, *"I like white people and I don't want to sit here and look at someone white and be like, because of you, your ancestors..."* (498-499).

Muneerah concludes this narrative by stating,

*One view I'm really hoping will change is having a calmness about this whole anger about race and sexuality um, and a way to kind of reconcile this anger towards this white privilege um and heteronormative society because I want to fit in and feel happy in mainstream society...* (672-675)

#### **5.4.3.3 Narrative tone and rhetorical function**

Throughout Muneerah's narratives, there is a sense of longing which creates a tone of almost desperation to get beyond the questioning and confusion and to regain a sense of calmness that she perceives existed prior to her acceptance of her sexuality. The rhetorical discourse within the narrative questions Muneerah's existing understanding of her racial identity, her anger at white people and reconciling this with her past, current and future relationships. Two central narratives were identified in Muneerah's interview; identity work and mental distress are indicative of her relatively recent initial coming out and very specific psychological processes. Her existing frame of reference is being challenged from the perspective of her racial identity, sexual identity and health identity.

#### **5.4.4 Aysha**

Aysha is a 37-year-old self-identified Sikh, lesbian woman of Punjabi descent who describes her ethnicity as British Asian. Aysha is a professional career woman who currently lives with her parents and siblings and describes herself as *"not strictly religious"* (70), although religion is important to her and she feels that she is not practicing her religion as she would like. I spoke to Aysha on the telephone as she sat in her car due to concerns around confidentiality. The initial stage of the interview was quite tentative and Aysha was keen to discuss how confidentiality would be maintained. I was conscious of Aysha's concern in the first parts of the interview. However, she soon became comfortable with recounting her lived experience and the interview began to flow more freely. One prominent narrative, which relates to the research question, emerged from my research interview with Aysha.

##### **5.4.4.1 Coming out**

This narrative describes her coming out but not being out and consists of six intrinsic sub-narratives; mental health and help seeking behaviour, moving away, pressure to marry, familial homophobia, secrecy and activism.

Although Aysha came out as *gay* to her close family quite a number of years ago, she feels very much in the closet at present and is not in a relationship of any kind. The process of coming out was extremely traumatic for Aysha. At the time Aysha's parents were putting pressure on her to become engaged and marry a man, *"...and me saying no quite wasn't enough anymore..."* (109-110). Therefore, Aysha felt a pressure to find a reason for her sexuality and revealed to her parents that family members and friends had been sexually inappropriate to her when she was younger. Aysha's parents asked her *"embarrassing questions"* (127-128) and as she had no experience of a same-sex relationship, Aysha's parents decided she was *"confused"* (126). The situation was becoming unbearable for Aysha and she decided that she would need to leave the family home. However, her father prevented her from leaving and arranged for her to attend psychotherapy, which she reluctantly attended. The psychotherapy was traumatic for Aysha and she ended her sessions after, *"...maybe 6 or 7 sessions..."* (158) as she was not committed to therapy and felt she was there under false pretences. Nevertheless, Aysha's parents ended marriage introductions for a few years and during this time Aysha had her first relationship with a woman which ended after *"...a few years..."* (168).

Currently Aysha feels *"pretty stuck"* (193) in her situation as she has accepted that she is not heterosexual, however, her parents *"...don't see me as being you know, lesbian..."* (196) and have therefore initiated formal marriage introductions once again. This causes Aysha a

considerable amount of stress due to her previous experience of revealing her sexuality to her parents,

*...and yet in trying to get me to participate in that there is, there is always a lot of conflict because I drag, I literally drag my heels on the whole matter um, so and I, I haven't had the, I just haven't had the um, kind of, courage to repeat my words again um, to make it clear again... (197-200).*

Aysha states that she is "...always in fear..." (206) of her sexuality being discussed again and she attempts to keep the peace and goes along with the introductions as, "...my parents don't want to lose face..." (212). Aysha feels that she has no direction, as she feels unable to change her situation. At present Aysha would like to live independently but feels unable to take that step. Aysha believes that the only way she will be able to live as a lesbian is to move out of the United Kingdom. This would be a very big move and Aysha is reluctant to lose her family support and is afraid of being seen as "abnormal" (261) by her wider family. Aysha has attempted to live a "conventional" (264) life but this has caused her considerable distress,

*...I know in a way I have tried that err, as much as I could um, without literally you know, killing myself I have tried, I have tried it um, you know tried to get to know um, men in, in the sense, you know, gearing for marriage but um, I just can't... (266-268)*

Aysha is subject to proximal minority stress processes such as expectations of rejection and concealment, which are combined, with distal stress processes such as prejudice events in the form of familial homophobia, which strengthen Aysha's feelings of negative self-worth, which in turn leads to further expectations of rejection and fear of being outed. Aysha describes how she has difficulty controlling her anger and frustration that she feels comes from her unhappiness at her inability to change her situation and live the life she feels she wants. Emotion regulation has become difficult for Aysha and her friends have commented on her "tolerance levels" (403) which appear to be worsening. She is socially isolated from others who are non-heterosexual. Recently she has reached out to a Sikh LGBT organisation, but she is concerned that by being more involved in such organisations she is risking her anonymity. Furthermore, Aysha would like to bring together British South Asian non-heterosexual women to share their experiences and offer each other support but her fear of being outed prevents her from becoming as involved as she would like.

Aysha has explored the idea of seeking further private life coaching or psychotherapy. However, after an initial consultation, Aysha decided not to pursue therapy. When originally having psychotherapy Aysha was concerned because "...the psychotherapist was err, I don't know err, um, Caucasian um, I don't know how much understanding she would have had of

*you know, our, our lifestyle and traditions...*" (173-175). Furthermore, Aysha was concerned as she,

*...felt uncomfortable because I decided that she was um lesbian as well, so I didn't, I didn't quite know whether this was the right thing also, having psychotherapy from a lesbian and how much kind of is she going to understand about me...* (566-569).

As a Caucasian, out lesbian, Aysha felt that her psychotherapist would not be able to understand her difficulty expressing her sexuality.

Moreover, Aysha stated that she would not seek help from the National Health Service (NHS) as she would not want anything referring to mental health issues on her medical records. Aysha expressed concern over discussing her mental health and wellbeing with her general practitioner as *"...I wouldn't go to my GP and mention anything. There is such a stigma I think, you know, even, even, even if I said I was, I think I might be depressed, I just, I just wouldn't do it..."* (553-555)

Aysha concludes this narrative by discussing the guilt she feels being gay and not being the "good" daughter, her parents expect her to be. Aysha describes how difficult she feels it must be for them to process her sexuality. Furthermore, Aysha comments that there are no support services or accessible information for parents of LGB children.

#### **5.4.4.2 Narrative tone and rhetorical function**

An analysis of Aysha's rhetoric positions her as someone who is unhappy with her life as it is and feels unheard. This leads Aysha to feel anger and frustration that she finds difficult to contain. Aysha is honest about her situation and therefore her narrative is maintained throughout the interview without contradiction.

The overall tone of Aysha's narrative is one of frustration and reluctant acceptance. Aysha maintains a certain level of resilience from remaining connected to her family. Coping regulation, social isolation and rumination due to expectations of rejection and concealment of her sexual identity lead to feelings of unhappiness, low mood and anger and some attempts to seek professional mental health support.

Aysha's central narrative of coming out demonstrates the complexity and diversity of LGB identity development and challenges the existing coming out discourses which are discussed in more detail in Chapter 9.



### **5.4.5 Amara**

Amara is in her 20's and is a self-identified Sikh, *"lesbian or bi"* (33) woman of north Indian descent who describes her ethnicity as British Sikh. Amara is a professional career woman who currently lives with her parents and has two siblings. Religion is quite important to Amara but *"not, not the people around it but the scripture side of it about um, kind of being one with God and um, just yeah, leaving the material things um, behind and just focussing on kind of spirituality"* (402-404). Amara is not currently in a relationship. I interviewed Amara on the telephone mainly for logistical reasons, although I do believe that Amara felt more comfortable meeting at a distance. In this interview I was struck by Amara's honesty and openness about very distressing and difficult topics. Amara's self-awareness, courage and resilience were evident, and I remember feeling privileged to hear and share her story. One distinct narrative, which relates to the research question, emerged from my research interview with Amara.

#### **5.4.5.1 Coming out**

The narrative of coming out describes Amara's journey towards self-acceptance and consists of six intrinsic sub-narratives; coming out, spirituality, culture, mental health, secrecy and help seeking behaviour.

Amara revealed her sexuality to her mother and siblings a number of years ago and although her mother's reaction was positive at the time, she has since begun to suggest that it may be time for Amara to marry a man. Amara describes her coming out to her family as a necessity rather than a decision, *"...I couldn't, you know, couldn't carry on um, so yeah, I think I didn't, it wasn't, it wasn't a thing like I wanted to tell them, it was like I couldn't keep it in any longer..."* (29-31). Amara struggles with her sexuality and feels that she should be *"normal"* (48) and ruminates over this regularly within the hetero-normative society and religious community that she resides. Furthermore, Amara thinks that she is accepting of her own sexuality but feels that she cannot openly live the life she wishes to live as her sexual identity is a secret from her father. Amara is fearful of how her father may react, although she was fearful of how her mother might react and her fears were mostly unfounded. However, this knowledge does not make it any easier for Amara and she catastrophises the outcome. Additionally, Amara describes her father as someone who *"...kept us all under a lot of fear as we were young..."* (66) and therefore, *"...there is a fear and there always will be..."* (68-69). Conversely, since coming out to her mother, Amara feels stronger and more in control of her emotions and feelings. However, she is *"...finding it hard to um, I think with, with, within my family the only reason you would leave home is to get married so otherwise it's quite difficult to move out of the house without a reason..."* (52-54) and she consequently feels stuck at

this stage in her life due to cultural considerations. Amara is out to friends and some work colleagues but does not take part in the wider LGBT community, although she has contacted a few non-heterosexual Sikh women who give her support.

Amara finds strength in her religion and wears a turban to express her faith. Furthermore, Amara describes how her spirituality has helped her to accept her sexuality and describes Sikhism as equality, *"...even though I, I don't see it in my religion..."* (76). Amara believes that more modern views of her religion are accepting of homosexuality, although she does not see any role models when she attends the temple and believes that acceptance would be easier if role models existed. However, Amara finds peace in her religion, *"I just think about being a good person and about spirituality and about being a good Sikh rather than what you wear and how you act and who, you know, who you love..."* (407-409) and explains that, *"...for me religion and sexuality go hand in hand in terms of finding me and finding myself..."* (412-413). Spirituality gives Amara strength and hope for the future of Sikhism and her own journey towards complete self-acceptance.

Amara's journey of self-acceptance has not been easy, and she has struggled with mental health difficulties from her early teens. Amara describes her mood as *"up and down"*. Self-harm is a considerable difficulty for Amara, and she has attempted suicide three times in the past. The stress of arguing with her mother about sexuality and marriage can be a trigger for Amara's self-harming behaviour. Furthermore, Amara explains how thinking about her ex-partner might cause her to self-harm or when, *"...a lot of my family mention about getting married, finding a man and you know, sometimes people come with a name of somebody they know..."* (245-247) and this leads her to, *"...wish, I wish I could be straight and just be normal and just fit in..."* (248-249). Amara's self-harming behaviour leads her to socially isolate herself from her friends and work colleagues and creates emotional discomfort for Amara in her work with the public. Despite the ongoing mental health difficulties that Amara is experiencing she has only seen a counsellor once in her early teens, whilst at school. Amara did not find the counselling helpful and felt that her self-harming may have been due to attention seeking, as she had not connected this with her struggle to accept her sexual identity. Amara is reluctant to visit her general practitioner and discuss her mental health, *"...like most of the doctors are Sikh, Indian (laughs) going to them with this kind of history even if it's you know, not about my sexuality just about mental health, I don't know.....I don't find my GP, my doctors helpful at all..."* (274-278). Moreover, Amara does not feel that she is worthy of support, *"...I just don't feel like I'm, I'm kind of worthy of the help, like I don't think, I tell myself that I don't need it but it..."* (312-313) and is afraid that she would have a mental health difficulty on her medical record, *"...I'm not sure what the consequences would be in terms of them finding out and you know, my job..."* (320-321).

#### **5.4.5.2 Narrative tone and rhetorical function**

An analysis of Amara's rhetoric positions her as someone who is growing in self-confidence and self-worth and gains resilience from her spirituality. However, Amara is unable to maintain this narrative throughout as she struggles with her sexuality when practicing her spirituality in the Sikh temple where she is more aware of hetero normativity. Distal minority stress processes affect Amara as she feels hurt by comments from close family members who she feels have homophobic attitudes and arguments with her mother about sexuality. These distal minority stress processes combined with the proximal minority stress processes discussed above have the potential to lead to negative mental health outcomes. Amara disclosed difficulties with emotion regulation and coping motives during our interview, which were mediated by minority stress processes.

The overall tone of Amara's narrative is one of hope and growth through self-acceptance. However, an underlying tone of fear around the concealment of her sexuality and mental health difficulties is apparent.

### **5.5 Hindu narratives**

#### **5.5.1 Adeela**

Adeela is in her late 20's and self-identifies as a gay woman of Indian descent. Adeela is first/second generation Indian and describes herself as British from a Hindu family, although Adeela does not describe herself as Hindu. Currently employed, after studying at university away from the family home, Adeela lives with a close family member and is in a serious long-term relationship with a woman from a different cultural background. Adeela has a "massive" (100) extended family which, according to Adeela "is a bit chaotic but also fabulous" (101). On meeting Adeela I felt a warmth and camaraderie from a place of professional respect and out group belonging. Adeela appeared relaxed, confident and happy. However, the interview became deeply emotional and Adeela openly expressed her distress by crying at key moments in her narrative. The conflict between the need to love and show respect for her family and the need to be loved and shown respect soon became apparent.

Two distinct narratives, which relate to the research question, emerged from my research interview with Adeela.

##### **5.5.1.1 Visibility management**

The first describes her "double life", secrecy and self-monitoring around her sexuality and mental ill health, which consists of one intrinsic sub-narrative, mental ill health.

Although Adeela has told her parents that she is gay, she lives with a family member who is not aware of her sexuality. In this way, Adeela feels that "it really is a double life; I've always

*felt like that...*" (123). This double life has not just been about Adeela's sexuality but also about mental health as Adeela attending counselling secretly for two years due to being, *"really depressed um, self-harming um, secretly went to see, I was seeing a counsellor"* (175-176). However, Adeela's extended family are unaware of her sexuality and this requires Adeela to conceal her identity, which requires self-monitoring which is described as a proximal minority stress process (Meyer, 2003). Adeela expresses just how complicated self-monitoring can be and how difficult it can be to maintain secrecy,

*I've always had to watch where I am, which were the wrong people to know, who in my family knows? With such an extended family it's difficult actually because there are people that know who I am, and I don't know who they are.*  
(265-267)

Furthermore, Adeela describes just how this need for self-monitoring affects her everyday life,

*...the secrecy has been really hard in a way because I kind of haven't been able to live life just like not worrying, not just about sexuality but about other things too and um,....., not living it freely you know, I think that makes people miserable, it did make me miserable, it has, it is now, for lots of reasons...*  
(276-280)

Adeela's parent's fears compound her self-monitoring which increases her stress *"they (Adeela's parents) said you know, if it came up in the community you know certain members of our family would not treat us well..."* (284-285). However, Adeela also feels defiant, *"it's a real genuine fear for my parents, I completely get that, I do but at what point does it become no one else's bloody business (laughs)"* (303-304). Adeela experiences stress due to the need for secrecy as she has been in a relationship for a number of years and *"I'm being asked when I'm getting married and I'm being asked when I'm going to get a husband and have children..."* (526-528)

Adeela struggles with the need to come out to a significant person in her life and feels tremendous guilt around having to lie and leading a secret life, *"last few months feel real guilt, a real kind of fugitive style guilt..."* (342-343). She worries about rejection and causing harm to someone, she loves dearly, *"in my infinite desire to make everything nice and tidy, I want her to have my parents there, my uncle there, my sister there, I want my sister there for me..."* (348-349). This causes Adeela a considerable amount of stress as she plans the moment and imagines different scenarios, *"(She) is very Indian and I just don't know, part of me just does not know if she has any concept of gays."* (352-353) Adeela has no idea what the reaction will be and this scares her, *"I'm really scared and start crying and I've cried*

*about this several times about it, I'm really scared and, I'm really worried of, you know, how she will react and you know, I don't know how she will react."* (400-402). There is a risk that by revealing her sexuality, extended family in India may become aware and be distressed by this news. Adeela's parents have said that family in India *"will have heart attacks and die..."* (555) and although Adeela knows this is irrational, she believes that this may be true.

Adeela feels that she cannot continue with the secrecy as it is causing her to feel, *"that real depression, that really low feeling that is really tight..."* (415). Adeela and her partner would like to marry; Adeela feels that she must reveal her sexuality before this can become a reality. This impacts on her mental health, which then affects her relationship. However, Adeela has created a strong network of friends who are supportive. As a part of Adeela's profession, she is required to have counselling and has, therefore, continued with long term counselling throughout her adult life. Although she was not in counselling at the time of her interview, she was contemplating making an appointment. This has been very beneficial to Adeela as she was able to reconnect with her emotions,

*..which I didn't have a language for my emotions um, and the, the biggest fear, the biggest has always been that I would ever feel sadness because sadness is what I was when I was 16 to 19 and that was the scariest place I could be... (851-852)*

Adeela concludes this narrative by acknowledging her role in the secrecy and invisibility of non-heterosexual women from her cultural background,

*I contribute to that I, my part in it, of course I do err so that really does, in the way society makes it invisible, we do ourselves as a way of coping absolutely as a way of sort of getting through the painful words like I feel now and some people, you know never do, some people choose to get married and have different lives or just get married and have a second relationship... (675-679)*

Although Adeela feels a great deal of distress due to her current situation there is a tone of defiance and determination throughout her narrative. Adeela demonstrates her self-acceptance and determination to make the life she wants for herself without secrecy. However, this is often constructed within the confines of her culture and community, which causes her anger and frustration, and Adeela has taken up boxing in order to cope with these feelings.

### **5.5.1.2 Coming out**

The second narrative, which relates to the research question, describes Adeela's coming out process and the relationship with her parents and wider family. This narrative consists of two intrinsic sub-narratives, cultural considerations and marriage.

Adeela came out to her parents when she was in her late teens, *"I came out to my mum first. I was crying and she said it was not Indian and I was like, my mother is very British.....hard as nails but she is Indian when she wants to be, pisses me off (laughs)"* (131-133). At this stage in her life, she was living away from home and enjoying the freedom to discover her sexual identity. However, this was also a very difficult phase in her life and she recently suffered a significant bereavement, which had led to a very difficult grieving process due to unresolved issues. Adeela no longer had the support of counselling although she had joined a facilitated mental health support group. Subsequently, Adeela was finding it difficult to engage with this group and slept through many of the sessions. Therefore, Adeela felt that she had to leave home,

*I just thought I need to move, I need to get out of here.....I pack all my stuff and hid it away in cupboards um, and um, called a taxi really, really early in the morning and I loaded up his car.....like 5:30 in the morning and I was gone, I just left, I went to a friend's.....I just said I, I can't, I can't stay* (137-144).

Adeela returned after a few days however, *"it was tense after that..."* (149). Adeela describes how, *"for the first couple of years, funnily we just didn't talk about it (whispers), it just didn't get talked about."* (178-179). Adeela would lie to them about where she was going on the weekends and whom she was seeing. Eventually however, Adeela began to say that she was going to her partner's house or to Pride events, *"they'd be cool, no reaction but there would be a point where you could see, you could see this internal bristle um, but err other than that nothing was said..."* (191-192). This tactic worked for Adeela and over time, *"things got better, it got easier to talk about things um, it was almost as though I was saying a bit more and then my parents were trying to say a bit more"* (194-195). However, when Adeela ended difficult relationships her parents would use this as an opportunity to show disapproval of her sexuality, *"so they were invariably brought into those car crashes which was frustrating and embarrassing and a bit of a, to them, a way of saying, "wow look this is what happens..."* (205-207). Recently Adeela's parents have become more accepting and Adeela was brought to tears when her mum stated, *"these difficult relationships or these breakups would happen in any kind of relationship..."* (209-210). However, Adeela feels that her parents find it difficult

to understand her relationship breakdowns as they were married young and "...they have some old-fashioned very country Indian views as well..." (218-219).

Adeela feels that she is constantly deciding whether to come out to her wider family due to their hetero-normative expectations,

*It is a process of constantly coming out or deciding to or even just err, wider extended family. Ever since I qualified the, ok, when are you going to get married or you know, time to, time to get married um, one of my aunts, one of my great aunts said to me, ok, you have to stop err, to stop studying because you will never find a man who is more qualified than you now. I'm like fine (whispered). I had this significant and much restrained urge to punch her in the face... (518-523)*

Adeela becomes frustrated and angry by these assumptions as she witnesses family members marrying and having children as this is what she wants for herself but feels she cannot have now, although she has booked a wedding venue. In her defiant moments, Adeela becomes angry that her sexuality is viewed so negatively "*I don't deliberately hurt people, no it doesn't upset me it pisses me off, it makes me annoyed, it makes me angry...*" (705-706). In spite of this Adeela concludes this narrative by stating,

*...no matter how difficult it might end up being, not because I don't want, not because I want to see my parents suffer or fear or double take or second guess everything but because I am the one who has to live with myself day in and day out and I will live my life the way is right for me without hurting other people... (313-316).*

Social norms and hetero-normative statements or micro-aggressions from her family and from the people Adeela comes in contact with on a daily basis hurt Adeela, "*it feels like a thousand tiny paper cuts every time something like that happens um, or just hiding, constantly coming out and deciding if I am going to tell someone...*" (495-497). This leads Adeela to feel "*generally I'm, I'm anxious, I think it's my base line anxious plus my worry, I worry about how I am perceived, I worry about am I doing things correctly...*" (712-714).

### **5.5.1.3 Narrative tone and rhetorical function**

This rhetorical discourse reflects the internal conflict that Adeela experiences in order to do the right thing by her family i.e. remaining the "good" daughter and meeting the expectations of her partner whilst fulfilling her own dreams for the future. Although the tone of this narrative is defiant, Adeela ruminates over her decisions, which causes her anxiety. Adeela attempts to convince me that she is not concerned about her wider family but talks a great

deal about how her coming out to a loved one may have repercussions throughout her family and her concerns around this.

### **5.5.2 Naz**

Naz is a 53-year-old self-identified lesbian of Indian descent. Naz describes herself as British Indian, is in a long-term relationship with a woman from a different cultural background and has been in a civil partnership for a number of years. Naz has one surviving parent who lives in India. She was born into the Hindu, religious faith but is not practicing. Naz describes her upbringing as very traditional Indian. However, when she was a teenager, her parents returned to India, leaving her in England. Naz states that she feels "*more British than Indian*" (23). As a professional career woman in the area of mental health, Naz is currently in full time employment. This was one of the shortest interviews and it was conducted in what felt like a very business-like manner.

One distinct narrative, which relate to the research question, emerged from my research interview with Naz.

#### **5.5.2.1 Lived experience**

This narrative describes the ease of her life as a lesbian in England and consists of three intrinsic sub-narrative; homophobia both in the workplace and in older friendships, negotiating relationships with parents and extended family in India; and living outside the Asian community.

Naz, initially describes how she feels accepted as a lesbian, Asian woman and how happy she is in her partnership, "*things are really, really easy for me because I have no really, no friends that are homophobic.*" (73-74). However, Naz's parents have never met her partner and Naz is adamant that she will never take her partner to India to meet her surviving parent. Naz then goes on to describe homophobia from three of her old friends who she feels treat her partner badly. Naz's partner also feels uncomfortable when in their presence. Naz theorises that, "*there is something about people from different minority backgrounds, BAME backgrounds with daughters who can't bear to see a lesbian couple in real life*" (162-163). This appears to be in direct conflict with how Naz constructed her narrative initially and Naz states that "*it makes me angry, it makes me very angry*" (186). Naz then goes on to contradict this narrative again by stating that she really does not care what her friends think yet, she still feels the need to challenge this "*homophobia*" (170) with at least one of her friends. Naz also describes how she witnesses covert forms of homophobia and transphobia in her work such as exclusion and inappropriate humour. In addition, Naz and her partner



are careful where they express affection for one another such as being wary of holding hands in certain public spaces.

Naz describes how she feels very connected to her close friends one of whom is a lesbian woman who is Indian. The lesbian community has been Naz's family and she feels that she almost chose to be a lesbian in order to join this community where she felt most comfortable. However, Naz is 54 years old and has not come out to her wider Indian family and does not feel that she will until her surviving parent is deceased in order to protect them from "vilification" (220). Moreover, Naz has built herself a professional career and a secure, loving relationship. In this way Naz believes that she is more accepted *"if you dare to be different from the community, you better be different and be bloody good at whatever it is that you are doing"* (375-377). Naz concludes her narrative by adding,

*I can say that the more you are in a community, much more embedded in an Asian community, that's where the difficulty resides, I think that's where my resilience comes from, not belonging to a community, Asian community...*  
(423-425)

### **5.5.2.2 Narrative tone and rhetorical function**

An analysis of Naz's rhetoric positions her as someone who has risen above the homophobia within her cultural roots and made a life for herself that is not affected by the Asian community that she has rejected. However, it is clear from the above that she is subject to minority stresses due to her sexuality in both her chosen community and through her family ties. The general tone of Naz's narrative is one of acceptance and happiness but also anger and defiance at the unfairness of cultural norms imposed on her. Ultimately though, the general tone is unapologetic.

### **5.5.3 Amber**

Amber is a 47-year-old self-identified lesbian woman of Indian descent who describes her ethnicity as half English and half Indian and is first generation British Indian. Amber was born in England, but she was raised in India until the age of 10 when her family *"basically sent me back"* (23). As Amber does not feel as connected to her parents as her siblings do, she feels *"very, very independent for an Asian girl"* (15). Amber was born into the Hindu religious faith although she considers herself an atheist. Amber is employed and is a professional career woman. Furthermore, Amber is in a long-term relationship with a woman from a different cultural background.

One distinct narrative, which relates to the research question, emerged from my research interview with Amber.

### **5.5.3.1 Lived experience**

Amber describes her life as a lesbian woman who has a positive story to tell and sees herself as a role model for non-heterosexual British South Asian women. This narrative consists of six intrinsic sub-narratives, cultural heritage and tradition, stereotypes, racism, role models, diversity and visibility.

Amber describes herself as always having been a feminist. From a very young age, Amber questioned the role of women in her family. Due to her upbringing, Amber became very independent and left the family home as soon as she was able. During this time, Amber felt very isolated as an Asian woman exploring the lesbian, gay and bisexual (LGB) scene in England. The people she met were naive to her culture and tradition and *"because I'm light skinned um, people weren't really sure about where I was from but once, but once I told them I would get lots of stupid comments like, are you going to have an arranged marriage?.....I did feel very isolated"* (29-32). Amber's early experiences of cultural ignorance and isolation within the LGB community emphasised for her that *"representation really does matters"* (60). However, Amber found this representation in a local nightclub that combined both Eastern and Western music. Amber met her wife at a very young age and established a group of close and very diverse friends. Nevertheless, *"there is no confusion or ambiguity about my sexuality at all in my immediate family."* (50-51). Amber acknowledges that she is not *"the typical Asian girl of my age, I mean I never really have been..."* (96-97) and she explains her independence as a result of her *"disconnect"* from her family and the positive and empowering influence of a significant family member in India. Furthermore, Amber has never felt any pressure from her parents to marry. Therefore, Amber finds the predominantly negative narratives in general discourse at odds with her own experience and states, *"it annoys me that all the representation in the media is always so negative about possible parental responses to Asian queer kids coming out to them and I think it scares a lot of people..."* (78-80). Consequently, Amber feels that young Asian women would benefit from positive narratives from older Asian queer women who are representative of the Asian LGB community, expressing their queer identity in diverse ways that differ from the white LGB community. Thus, Amber positions herself as a role model and activist in her diverse and intersectional community.

Amber is aware of the assumptions people make when they see her in traditional clothing in queer spaces, *"there was certainly a huge difference when I went to queer spaces; people, including doormen, barmen etc. would ask me what I was doing there um, people always assume I'm religious but I'm an atheist..."* (69-71). However, she has overcome this in some ways by wearing a bindi *"a very visual signifier of Hinduism"* (137). In this way, Amber is

able to maintain visibility as an Asian woman. Furthermore, Amber is “out wherever I go” (140) and is therefore able to maintain her visibility as a gay South Asian woman to some extent. This will be discussed further in the following chapter on identity and identity work. Amber concludes this narrative by stating,

*I don't think there is anything wrong with mutually beneficial arrangements, I don't think you, I don't think it's right for somebody um, to say we must come out, we must do things in a certain way um, we, we have to handle things how we want to handle things. (835-838)*

However, this does not acknowledge the need for acceptance, community and understanding that Amber discusses throughout her interview.

### **5.5.3.2 Narrative tone and rhetorical function**

An analysis of Amber's rhetoric positions her as someone who is very happy in her diverse community as an out gay Asian woman. Amber was able to maintain this narrative throughout whilst acknowledging that this is not the experience of all non-heterosexual British South Asian women. However, it is clear from the above that she is subject to minority stress in both her Asian and sexual identities, within not only white hetero-normative society but also within the predominantly white LGB community and admits to drinking too much and taking drugs.

The overall tone of Amber's narrative is one of positivity, happiness, self-acceptance and satisfaction of a life well lived which has led to the creation of positive self-schemas and resilience, in spite of the stress that she endures due to her minority status. However, there is an undertone of frustration and boredom at the assumptions surrounding her presumed identity and the negativity regarding British South Asian representation in mainstream media.

### **5.5.4 Zainab**

Zainab is a 38-year-old self-identified lesbian/bisexual woman of Indian descent who describes her ethnicity as Indian and her family as “not religious” (10). Zainab currently lives with her parents. In addition, Zainab is a professional career woman. Zainab also has another inherent element to her identity, which she asked to be excluded from the study due to fears around confidentiality. The interview did not reveal the generational history of Zainab's family although Zainab does have extended family living in India.

Zainab approached the interview tentatively. I sensed suspicion, as though Zainab felt there was an ulterior motive for my project or that I had preconceived ideas that I was expecting

her to confirm. Her initial responses were quite stilted but with time I felt her trust grow and she began to share her experience more freely.

One very clear narrative, which relates to the research question, emerged from my research interview with Zainab.

#### **5.5.4.1 Othering**

This narrative describes her feelings of being "*other*" (371) and consists of eight intrinsic sub-narratives; not being religious, bullying, language and culture, parental denial, secrecy, workplace homophobia and coming out.

Zainab has many intersecting identities that have meant that she has not felt that she belongs completely to any specific group or community. As a non-heterosexual woman of British Indian descent, Zainab has never felt fully connected to her Indian culture. Zainab cannot speak Hindi as she has a specific personal characteristic that has meant that her parents have made specific decisions for her which Zainab feels were detrimental to her sense of belonging and have led to feelings of social isolation. Zainab's immediate family are not religious. However, other members of her family are religious, and she is required to attend certain religious ceremonies where Hindi or Sanskrit are spoken. This again adds to Zainab's feeling of being "*other*" (374) as "*...you can't draw meanings from something unless you understand what they are talking about...*" (18). In Asian social groups Zainab felt excluded by the music that would be played, "*...if you don't know the language, you don't know the words, so you don't connect to that music as much as you would otherwise...*" (23-24). Moreover, as a teenager Zainab came to the realisation that she is gay and came out at a relatively young age. However, Zainab's sexuality was disregarded as "*...me idolising women rather than actually being sexually attracted...*" (30-31). Zainab is now out to her immediate family but not her wider family and now describes her sexuality as bisexual, although she does not imagine herself being in a long-term relationship with a man. Zainab's bisexuality is challenging for her too,

*...there is something about if you are in a relationship with a woman that they or vice versa when I am in a relationship with men the gay part of me is not known or if I am in a relationship with man I think, with a um, woman that straight part of me is not known and there's this sense of um, which is why I don't claim to, I don't like to label myself... (174-178)*

Zainab describes how she is wary of admitting to being bisexual when she is in the gay community. Furthermore, Zainab experiences the gay community as very white and therefore she feels "*other*" in a space that has given her a considerable amount of support in the past. Zainab was bullied at school. However, she found a sense of community at LGBT youth clubs,

"...I felt isolated at school so those were a refuge for me..." (89-90). Although the club was mainly white, Zainab remembers an Asian youth worker who arranged for the members celebrated Diwali in order to foster an environment of inclusivity, which Zainab said was "...actually quite nice..." (85). Zainab felt suicidal at this point in her life due to "...not feeling accepted cos of my sexuality um, feeling isolated generally due to a number of reasons..." (231-232). The main reason Zainab felt "depressed" (228) was that she felt she could not connect with "the people I wanted to connect with..." (234). Zainab sought counselling on two instances for her mental health difficulties and used art as a way to express her feelings. On the first occasion, Zainab's parents were aware that she was having counselling. However, on the second occasion, when Zainab attending private counselling she did so in secret as previously, "... I had my um, my dad saying, are you telling kind of horrible things about me and it was kind of like that kind of dynamic I didn't want so yeah, I chose not to..." (282-284). At work Zainab felt the need to keep her sexuality secret from colleagues who she experienced to be very homophobic, "...the majority of the people who worked there came from various countries in Africa where the attitudes to homosexuality are appalling..." (103-105). Zainab felt that she had no one to turn to with her concerns of covert homophobia and eventually left this employment where she was involved in caring for vulnerable adults and adolescents. Zainab concludes this narrative by stating,

*...so there is something about being the other in different contexts whether with family or whether it's in a straight environment or whether it's and it's all these different aspects um, and I and I, and I think I've always lived with a sense of being other of being different from the majority um, I think I was in accepting of that's the way things are and then part of me also resents that too... (371-376)*

However, Zainab feels that once she is in a long-term relationship her sense of being other will change, as she will no longer feel to the need for concealment of her sexual identity from her wider family.

#### **5.5.4.2 Narrative one and rhetorical function**

An analysis of Zainab's rhetoric positions her as someone who accepts her *otherness* as a bisexual British Indian woman and, for the most part, she is able to maintain this narrative throughout the interview. However, towards the end of her narrative, Zainab makes her resentment known and her hope for a different future in which she feels connected.

The overall tone of Zainab's narrative is one of reluctant acceptance and disconnection, which has led to proximal stress processes such as concealment and expectations of rejection in

both hetero-normative society and the LGB community. Furthermore, Zainab copes by being, "...a bit quieter than I might otherwise be." (362).

## **5.6 Muslim narratives**

### **5.6.1 Anisa**

Anisa is a 37-year-old self-identified gay woman of Pakistani descent who describes her ethnicity as British Pakistani. Anisa was born into the Muslim religious faith. However, Anisa describes herself as "*not religious*" (865). Currently, Anisa is in a long-term relationship with a woman from a different cultural background and they are engaged to be married. The couple have one child. Anisa is a professional career woman in full time employment.

Anisa approached the interview with confidence. I felt that she had a story that she was eager to tell. Anisa appeared eager to share her experience and engage in activism.

Two distinct narratives, which relate to the research question, emerged from my research interview with Anisa.

#### **5.6.1.1 Coming out**

The first narrative describes her disconnection from her family, culture and religion and includes three intrinsic sub-narratives; secrecy, double standards in the Muslim community and mental health.

Anisa has made a conscious effort to remain detached from her parents in order to maintain a deliberate element of secrecy around her activities outside of the family home. This has allowed Anisa to live a lifestyle that she has chosen in secret. However, what sets Anisa apart from her siblings is that her relationship with her parents has remained detached. She has not followed the hetero-normative path of marriage to an opposite sex partner and children, "*in their 20's they got married and had kids and then it was all ok, it was all forgiven and then you start having a relationship...*" (53-54). This disconnect "*hurts*" (55) Anisa. She has used private counselling to help her cope with coming out to her parents and the realisation that she will never have a relationship with them. Anisa's parents have told her that they do not have a problem with her having feelings for women or that she has a child. However, they cannot have a relationship with her as long as she is living a gay lifestyle with her partner. Anisa is defiant when she states that, "*I'm not religious, I don't believe what my parents believe.....if you are going to judge me based on who I am going to love well that isn't worth the paper it is written on...*" (67-70). Anisa's parents live in a "*very South Asian community*" (88) and consequently her sexuality is kept secret from this community. Consequently, Anisa did not know anyone who was gay and had no role models within her own community and, therefore, she chose to leave. Anisa sees this as problematic for the gay South Asian

community as *"you can't open that community up by not being in it..."* (356). However, she feels that her mental health and wellbeing would suffer by remaining in this community and not living her own life, *"...so unfortunately that doesn't change anything but it can't be at any cost and it can't be at the cost of my life..."* (359-360). Nevertheless, Anisa is defiant of how her community views gay people and she is frustrated by the double standards,

*My dad has done all sorts and the whole community has known about it but you can commit murder, yeah, you know, it's always compared to being gay, I was going to be punished the same way a murderer would be, you know, so it's just ridiculous...* (232-234)

Furthermore, Anisa speaks of the number of drug dealers in her community, *"that have been caught but that's ok along as you're not gay."* (350).

Anisa concludes this narrative by reinforcing the difficulty of finding role models that reflect her experience of being a non-heterosexual woman of South Asian descent. Anisa describes how there is an assumption within other cultures of religiosity within the South Asian community. However, for Anisa this does not fit her experience. Recently Anisa has seen articles about gay Muslims. This does not represent Anisa as reflected in the quote below.

*What is so frustrating and irritating is that people assume, not only the South Asian community, they are the worst for it, but also, um, the non-South Asian community assume you are religious, you are a Muslim, you're a Pakistani Muslim, no I'm not, I'm Pakistani, I'm not religious um, so I, I want to say that out and hopefully more and more people will say it and it will eventually it will stick and people will not assume.* (864-869)

Ultimately Anisa feels that, within Muslim LGBT support services, she has no representation, as she is not religious and has experienced shock at some of her life choices. Anisa has found it difficult to find "like-minded" people within the gay South Asian community and activities that are family friendly

### **5.6.1.2 Same-sex parenting**

The second narrative, which relates to the research question, describes the creation of her own family unit and includes three intrinsic sub-narratives; her journey to self-awareness, being out and proud about being a same-sex family and discrimination.

Anisa and her partner have one child, and this has presented several difficulties as well as opportunities for Anisa to explore her self-acceptance and the amount of acceptance and

discrimination she has experienced, due to being in an inter-racial relationship and being a gay parent.

As a non-heterosexual British South Asian parent of a young child Anisa describes how people do "*double takes*" when they realise her sexual identity as people generally assume, she is straight. This assumption makes Anisa very angry and she will often confront the person and do "*this big speech*" (168) and she is frustrated that she is forced to come out "*literally every single day*" (170). The process of coming out and leaving her community and parents behind has had a significant impact on her self-confidence and Anisa now finds it difficult to confidently state that she is a gay woman, "*I need to not mumble that (my child) has two mums...*" (173-174). Anisa feels that society is lacking confident gay women who do not fit the lesbian stereotypes that exist within society. Furthermore, Anisa finds it difficult to admit to her sexuality when speaking to Asian strangers. This is problematic for Anisa as she explains how "*Asian people will speak to Asian people...*" (311) and she is fearful of how they might react when they discover that she is gay. This makes trips to the health centre stressful. Antenatal classes were difficult as Anisa and her partner experienced covert forms of homophobia from an Asian heterosexual couple. These distal minority stresses such as prejudice events exacerbate the distal minority stresses that Anisa feels such as expectations of rejection when in similar situations (Meyer, 2003). Anisa feels that this type of discrimination from the South Asian community is not restricted to the older generation and describes how "*even the younger ones who aren't religious...*" (322) will be "*bitchy*" (329) and have used the word lezzie in a derogatory manner in Anisa's presence.

Due to Anisa being in an inter-racial relationship she often finds herself to be the only Asian person at social gatherings. Anisa feels that she has to "*try harder*" (453) to prove that she is "*normal*" (473) as those who are not from a minority ethnic group find it difficult to relate to her and this can be compounded if the social gathering is mainly heterosexual. Additionally, Anisa describes how this requirement to try harder is not in her nature and therefore it becomes a "*vicious cycle*" (476) and results in social isolation. This social isolation has further impacted on Anisa's self-confidence and she feels "*not as emotionally confident anymore...*" (856). However, Anisa is determined to bring up her child with the confidence to say, "*I have two mummies*" (873). Nevertheless, Anisa does feel that she has forced her partner "*back in the closet*" (875) due to the secrecy within her parent's South Asian community.

Anisa's sense of social isolation has been compounded when she has reached out to British South Asian and Muslim LGBT support groups. The events and activities that are on offer are not family friendly and she does not feel represented as a gay mother.

In conclusion, Anisa feels that more prominence of non-heterosexual British South Asian women in the form of role models would allow future generations of gay women to feel more



confident in their life choices and she would like to find the confidence to embark on a journey into activism.

*"...can you imagine what somebody can do if they have role models and that is why I want to tell South Asian women you can have, you can, you can have a family..... you know, you can have a family and it's ok to say you are not religious." (860-862)*

### **5.6.1.3 Narrative tone and rhetorical function**

An analysis of Anisa's rhetoric positions her as someone who is a pioneer for British South Asian women of Pakistani descent who wishes to become an activist. However, Anisa finds it difficult to maintain this narrative as she describes how she aspires to be a confident gay woman who is out and proud; who can say with confidence that she is a gay mother when asked about her partner. Not only does Anisa encounter distal minority stress processes but also proximal minority stress processes which, results in social isolation and attempts to inhibit thoughts about stigma (Smart & Wegner, 1999) which may lead to consequent rumination (King, Emmons & Woodley, 1992).

The overall tone of Anisa's narrative is one of accomplishment, satisfaction and happiness with her relationship, family and life choices. However, there is an underlying tone of defeatism that her happiness and the love that she feels from the significant people in her life is conditional.

### **5.6.2 Fazana**

Fazana is a 44-year-old self-identified bisexual woman of East African/Pakistani descent who describes her ethnicity as British East African Indian. Fazana is a professional career woman who is currently married, in an opposite sex relationship. Fazana was born into the Islamic religion although, she states that she "*kind of gave up*" (243) her faith as a young person. However, Fazana explains that she has been through a "*spiritual awakening*" (86) and follows a progressive Islamic faith.

One distinct narrative, which related to the research question, emerged from my research interview with Fazana.

#### **5.6.2.1 Coming out**

The narrative describes her experience of understanding her sexual identity and consists of five intrinsic sub-narratives; religion, culture, family, life experience and mental health.

Fazana describes how she grew up within the boundaries of her religion and culture. Her life was very "*black and white*" (238) and Fazana felt "*...very happy with the all the answers that*

*I perceived in the world that I was living...*" (239-240). However, Fazana describes her lived experience as *"...bubble wrapped..."* (240). As a young adult, Fazana left home for university and she felt that her life went into *"free fall"* (244). Right and wrong no longer felt as simple as it had within the confines of her family and community and resulted in Fazana isolating herself from her family and losing faith in her religion. It was during this period that Fazana had her first sexual experience with a woman. This experience caused Fazana a considerable amount of anxiety as she struggled to reconcile her experience with her understanding of the world through a lens of Islam and cultural expectations. Fazana felt that this experience was *"...something that came very naturally um, but it was also something that was quite err, difficult for me..."* (29-30) as she felt the need to conceal the relationship from her family. Although Fazana's parents have been supportive of her life choices under difficult circumstances, *"...there are things that they believe are not um, err, they shouldn't be acted upon err, in, in a religious way..."* (75-76) whereas Fazana believes, *"...in Islam and I believe, you know, that your relationship is with your own God, it's your personal relationship um and there shouldn't be any boundaries..."* (77-78) and suggests that this is *"...a progressive generational thing..."* (80). Furthermore, Fazana was developing an understanding of her bisexuality, as her perception of sexuality at the time was binary. A person could only be heterosexual or non-heterosexual. Nevertheless, Fazana has chosen a male life partner and therefore her bisexuality is hidden from her family and community. The concealment of her sexuality has the potential to create distal minority stress process through prejudice events. Fazana describes how her parents suggest that there should be no *"gay mosques"* (190) or *"gay charities"* (190) or anything that encourages homosexuality. However, Fazana does not hide her acceptance of homosexuality within her faith from her parents. Nevertheless, Fazana describes how some of her friends have a sense of duty to act in a way that is expected by their family and wider community, *"...if you don't then you're breaking the cardinal sin of being dutiful to your parents..."* (228-229). Throughout Fazana's life she has made life choices that would not necessarily be acceptable to her community such as marrying a man who was not Muslim and who would not become Muslim, getting divorced and becoming a single mother. At times, this has meant Fazana has experienced derision from her wider family. At one time, her wider family disowned her, and her parents were under pressure to disown her too. However, she feels supported by her parents, *"...we have a very different relationship as adults um, I mean my dad is always telling me how proud he is of me..."* (267-268).

Throughout her life, Fazana has received support for mental health difficulties from different organisations and for different reasons, not specifically related to her sexuality. However, there is evidence that Fazana experiences distal and proximal minority stress processes, which have at times led her to experience emotion regulation difficulties and social isolation and ultimately negative mental health outcomes as evidenced above.

Fazana concludes this narrative by discussing how her life experience has led her to become an activist in the areas of LGBT rights, religious freedom and a progressive form of Islam through creative means, despite the potential risk to her safety and that of her family.

An analysis of Fazana's rhetoric positions her as someone who has overcome adversity and gained resilience and wisdom from her life experience. However, Fazana has chosen to live outside of her cultural community and conceal her relationships with women, openly reflecting that if she had chosen a female life partner that, "*...it would have been a lot more difficult for me.*" (83).

#### **5.6.2.2 Narrative tone and rhetorical function**

The overall tone of Fazana's is one of positivity and hope for a future where it will no longer be unacceptable to be in a same-sex relationship in all social contexts. This has led to the creation of positive self-schemas and a sense of resilience through the support of her family, the LGBT and her chosen community.

### **5.7 Conclusion**

Stage 2 of CNA requires the researcher to identify distinct stories told within the entire text. These master narratives are identifiable as having a clear beginning, middle and end. These master narratives include sub-narratives or stories within stories that serve to emphasise the participant's position and the rhetorical function of the text. In this way, arguments and counterarguments are constructed in order to explain, justify and describe their position, experience or belief. Narratives are identified by reading the text several times to distinguish beginnings characterised by changes in content, settings or characters (Langdridge, 2007). Although narratives were in some part lead by the research questions, many of the interviews remained significantly organic as participants were encouraged to describe and explore their unique lived experience with appropriate encouragement from myself. Therefore, the process of identifying distinct narratives was demanding due to the length, number, and nature of interviews. Langdridge (2007) suggests that CNA is uniquely positioned to critically analyse single case studies. However, Langdridge (2007) emphasises that CNA can also be applied to multiple participant studies but recognises that this process will be time intensive. I was aware that the analysis would be considerably demanding and would require an organised approach in order to ensure that each participant experience was sufficiently analysed and reported. This process of analysis will be discussed in depth in Chapter 4.

As previously discussed, British South Asian women are an extremely diverse group of women from distinct cultural and religious backgrounds. The narratives described above reflect this depth of diversity and lived experience. However, key narratives identified from the 11 interviews analysed are as follows: the "coming out" narrative, the "good" daughter narrative,

the cultural connectedness narrative, the mental distress narrative and the help seeking narrative. Key narratives and implications for mental health care will be discussed in full in Chapter 8.

# Chapter 6 Identities and Identity work

"We equate life to the stories we tell about it." Ricoeur (1991)

## 6.1 Introduction



The focus of this stage of the analysis is described by Langdrige (2007) as an examination of narrative identity or self being constructed through the life stories being expressed. Identity and identity work are closely linked to the narratives identified in the previous section. However, the focus of this stage is the temporal self being presented at the time of the interview in their appearing. In other words, who is being revealed through the narrative and how does this relate to what is known about the person telling their story and the topic under discussion?

In this section, I will present participant identities and identity work within the context of their cultural heritage and their self-identified non-heterosexual sexual identity e.g. lesbian, bisexual or gay. The terms applied in this study are the terms used by participants. Due to the subjective nature of self-identification, defining these terms can be problematic. For the purpose of this study, a social-psychological perspective will be applied to the working definition of "lesbian" as proposed and described by Tate (2012) as the *Current Identity Model*. This model includes cisgender women, transgender women and genderqueer individuals who female identify and excludes cisgender men, transgender men, genderqueer individuals who identify as gender neutral and queergender individuals who male identify. Bisexual identity is defined as "*female identified people who are attracted to other people who are of more than one gender*" (adapted from Monroe, 2015, p.22). Finally, 'gay' is defined as cisgender women, transgender women and queergender individuals who female identify and who are attracted to people of the same gender. A discussion of the difficulties identified when attempting to define the terms used by the participants of this study to describe their sexuality is beyond the scope of this project. However, for a detailed discussion see Monroe (2015) and Tate (2012).

## 6.2 Narrative identity

Ricoeur (1991) asserts that "knowledge of the self is an interpretation" (p.73) which then takes the form of internalised and externalised narrative assimilating historical information

and fiction to create a “fictive history” (p.73) in the form of a biography. According to Ricoeur, narrative identity is defined as the identity available to individuals due to the reconciliation of narrative function through language. In other words, what we know about ourselves and what we tell ourselves is interpreted and expressed through language. This narrative identity is actively interpretative, unstable and not fully available in self-awareness (Barker, 2016). MacAdams and McLean (2013) describe narrative identity as an individual’s internalised life story, which is developed through past experience and an anticipated future, creating cohesion and logic.

Due to the multiple and varied cultural influences on participant experience and therefore the complexity of master narratives, Identity Process Theory (IPT), as described in Chapter 2 will be utilised in this thesis to analyse identity and identity work. IPT recognises the significance of social representation, which is culturally and contextually specific and draws on the work of Serge Moscovici, (1961, 1984, 1988) and Social Representation Theory (SRT). As participants of this study are members of subcultures, they will hold differing social representations that are not shared by the whole British South Asian community (Breakwell, 2014). The experience of the participants in this study creates an awareness, acceptance and use of specific social representations that differ from the majority group and are dependent on the meaning they hold for the participant’s identity.

Hammack (2008) suggests that narrative identities are constructed from master narratives and personal narratives of identity as described through a framework of cultural psychology, which asserts that mind (personal narratives) and culture (master narratives) are inextricable and mutually constitutive. Integrating cognitive, social and cultural analytical processes, Hammack (2008) proposes a theoretical and methodological theory of identity that remains true to the historical development of identity theory described by sociologists and psychologists such as James (1890), Cooley (1902), Erikson (1959, 1968) and Marcia (1966). As a project, cultural psychology ascribes to a theory of identity that rejects the epistemological binary of positivism and social constructivism i.e. universalism vs scepticism and seeks to integrate the individual with the cultural in order to reveal implicit psychological processes or variability of experience (Hammack, 2008). Narratives as life-stories are constructed from autobiographical facts. However, individuals decide which facts and which elements of these facts to present as a part of their life story. In this way, life stories are constructed and reconstructed from memories and individually interpreted and selected as important to narrative identity (Sala & Benitez, 2017). Life stories are constructed within a social, political and historical context, which imply inherent narratives of identity maintained through language, symbolism, tradition and social representations. In this way, individuals are able to construct and reconstruct narrative identities over their lifetime, which are

situationally dependent and created from the individual's past memories, current hopes and fears for the future (Bruner, 1997). Cultural psychology attempts to reveal indigenous psychological concepts through the relationship between master and personal narratives. Although the value of this approach cannot be overlooked (Hammack, 2008), this type of analysis would further complicate an already complex study and would require more time and resources than are available due to the variety and number of cultural influences. However, Meyer (2003) recognises the characteristics of minority identity in the minority stress process model in LGB individuals and proposes that valence (attractiveness versus averseness), prominence (importance) and integration of minority identity is significant to the process. Therefore, I have considered identity characteristics from the participant narratives in my analysis of identity and identity work.

Once again, I have ordered participants by their religious heritage. This is in order to recognise the diverse British South Asian experience.

### **6.3 Sikh heritage identities**

#### **6.3.1 Hajra**

Hajra describes herself as British Indian and engages in a significant amount of identity work in her narrative. Initially Hajra positions herself in opposition to cultural expectations of traditional gender roles and describes herself as "*free spirited*" (37). In this way, she is able to positively negotiate the cultural expectation of heterosexual marriage through building a successful career, allowing her to maintain her independence and indulge her love of travel. Hajra states that, "*...I can't be gay and be Indian. They don't live, they are not intertwined, they are two separate lives...*" (81-82). The separation of her Indian identity and her lesbian identity creates a considerable amount of conflict for Hajra. Although she has been able to include her lesbian identity in her sense of self and assign meaning and value to this identity, she has been unable to fully integrate this identity with her pre-existing identity structure. Therefore, both the valence and integration of her sexual identity fluctuate as perceived contextual threats remain. Hajra describes how her lesbian identity is contrary to her Indian identity, "*...even though I live within the culture, I live on the margins of the culture...*" (79-80). However, in opposition to this narrative, Hajra describes how her identity as a traditional Indian woman makes her identity as a lesbian woman more acceptable to her family, her community and herself. This implies that there is something explicitly "wrong" with homosexuality and in order for Hajra to cope with this threat to her identity she gains group support through her educational and work achievements by adding value to her cultural identity. Consequently, Hajra has been unable to meet the requirements of the universal process of closeness (Jaspal & Breakwell, 2014) and struggles to find belonging and acceptance from significant others. This poses a threat to continuity for her Asian identity

and causes psychological distress as proposed by IPT. By remaining traditional, Hajra sets herself apart from many other non-heterosexual British South Asian women she sees as "westernised" and she rejects the western notion of lesbian identity, *"...for me there's no compromise and I that, that is what makes me different because a lot of Asian gay women that I've met they are very, very westernised."* (164). Hajra chooses compliance over self-efficacy. Subsequently, Hajra lacks the motivation to successfully integrate her intersecting identities at specific points in time depending on the context of her interactions with her cultural heritage. This poses a threat to psychological coherence for her lesbian identity.

Hajra constructs her narrative identity through the memories of her mother, *"...this is mine (Asian culture) and I think because of my mum dying I can't lose that because then I lose my mum even more..."* (166-167) and her lesbian identity through her hopes for the future, *"Little kids running around talking Punjabi with a lesbian mum (laughs)."* (443-444). Furthermore, Hajra constructs her narrative identity within a social and political context, *"...the problem we have as gay people is here because our ancestors who were gay, they hid. They felt they had to hide but if we've got some law protecting us why the hell shouldn't we be gay..."* (460-462) and her fear of disappointing her father, *"I do feel that and I feel that it is an injustice that he will never have that big Indian wedding and invite all his friends..."* (331-332). Again, the conflict arises from Asian cultural expectations, western social representations and Hajra's personal narrative leading to psychological distress, which is expressed as anger and depression, *"...I am quite an angry person underneath it all. I think when I get, I do suffer from depression and I think sometimes these things can trigger it..."* (725-726). Consequently, Hajra describes the cultural pressure she feels to conform to a hetero-normative South Asian cultural identity,

*...because our culture tends to be very parent endorsed like your, your self-esteem is not there I don't think, you know in our culture it tends to be what your parents tell you is more important than what you think of your self-worth. I don't know if you have come across that before but it is like that and then suddenly your parents are going to hate you because you are gay and then it, I think it is a question of re-establishing your identity.* (533-538)

Hajra describes how she felt the need to completely break down her identity and rebuild it in order to truly accept her intersecting identities of being British, Indian, lesbian and female. However, this process was problematic for Hajra as she felt detached from both her Indian and her lesbian identity.

*When I first came out I lived in London and I used to go to Candy Bar...and they weren't like me, the girls weren't like me and I didn't find myself there so then*



*I, I felt, it's strange actually because I felt very isolated from being Indian because I was lesbian but I felt very isolated from being a lesbian because I was quite traditional and I felt like ok where is the space for me because I don't, I'm not a lipstick lesbian, I'm not a stud, I'm not butch, I'm just a lesbian who doesn't know what the hell she's doing. (618-623)*

The process of assimilation and accommodation required a complete re-evaluation of her intersecting identities. The narrative prevalent in Sikh discourses that God does not approve of homosexuality creates a heteronormative social structure. Hajra's reaction has been to reject formal religion. Nevertheless, Hajra has found a sense of self-acceptance and self-worth through her reconnection with spirituality, *"I was trying to not think about...God hates the gays...now my view is...that's not the sort of God I want...that takes a lot of healing in yourself...The one who made me and then punished me for being it."* (759-762) and now attends the Sikh temple with her girlfriend, *"we sit next to each other and sometimes I touch fingers with her and it is so subtle...things that I do accept myself as I am it's just hard because nobody else does and you do need that..."* (765-767). Hajra yearns for belonging and acceptance from her South Asian community. Hajra longs for a role model, someone who can validate her unique identity and offer her guidance and understanding that she feels she cannot find anywhere else. This dilemma creates conflict and poses a threat to the IPT principles of self-efficacy and self-esteem (Breakwell, 1986) and furthermore, the principles of closeness (Vignoles, Chryssochoou, & Breakwell, 2002a; Jaspal & Breakwell, 2014) and psychological coherence (Jaspal & Cinnirella, 2010; Jaspal & Breakwell, 2014). Hajra utilises inter-personal coping strategies such as compliance and passing within the South Asian community, employing intra psychic coping strategies such as re-evaluation and intergroup coping strategies such as social mobilisation in her work as an activist in order to cope with perceived threats to her identity. In this way, Hajra has constructed minority identity characteristics that demonstrate high prominence and positive valence with medium integration.

### **6.3.2 Saraah**

Saraah's narrative demonstrates considerable identity work, which is significantly conflicted, as Saraah is not openly gay. Although she has come out to specific family members, she is unable to openly express her sexuality in her day-to-day life and Saraah copes through social isolation, passing and compliance. Saraah has struggled with her own understanding of same sex attraction, *"I'm not gay, I have to pretend to be a boy to be gay. That, that's weird, that's how I used to think. I used to think I needed a boy to talk to girls..."* (558-560). This confusion lead to Saraah creating a male identity on social media in order to form relationships with women, *"I like posed as like a boy on there cos I thought that was the only way I could*

of got girls" (59-60). Saraah describes herself as a "tomboy" and as a young girl, she felt considerably conflicted about her gender identity,

*I wish I was a boy...I had a lot of that and I think that's why I would be a bit of a tomboy but I did actually think...I was a guy, I'd be like...I wish I was a boy and I prayed that I'd wake up one morning and I was a boy....* (482-484).

Due to the lack of role models, Saraah felt isolated, "*I thought I was the only Indian girl probably...in like England that was gay (laughs)...*" (237-238) and still struggles with her sexual identity due to the cultural pressure that she is exposed to, "*...how can you be Sikh, how can you be Indian, you're gay but I am like well I was born Indian, I was born gay...*" (247-248). Saraah's cultural or master narrative requires heterosexuality and yet this is in conflict with her own self-concept and threatens the *assimilation-accommodation* process described by IPT. Due to this cultural pressure, Saraah attempts to portray herself as the "good" daughter and remain "decent" by attempting to find a girlfriend who is also Asian in order to "*soften the blow*" (78), although Saraah states "*...I think being gay and Asian and finding the right one is really, really difficult. Very difficult. So that's it, sometimes you think, just be straight...*" (375-376). Saraah is conflicted in her identity as she attempts to negotiate what she believes to be true about her identity and the social, cultural and religious beliefs that conflict with her lived experience,

*I think once you are gay you can't say it's wrong, you will eventually say it's right because you can't stop, you can't stop it, I mean I've tried to stop it. I've tried to not feel like that and I think why, why am I gay, why do I feel like this, can I stop it, is there a way, do I pray, do I pray and say can you make me straight, I don't know, I don't think it happens like that.* (479-482)

Saraah's sexual identity is an intrinsic part of her self-concept which is stable over time and context. Therefore, Saraah has begun to integrate her sexual and gender identity and reconcile this with her spirituality and cultural heritage, "*I actually like being a girl and being gay (laughs) and I can't believe I'm saying that, I actually feel alright saying that before I'd be like my gosh, I wouldn't dare say I was gay...*" (498-500). In this way, Saraah has constructed sexual minority characteristics that demonstrate high prominence, positive valence and medium integration.

### **6.3.3 Muneerah**

Muneerah describes herself as British Indian. However, at the time of this interview, Muneerah is extremely conflicted about her cultural and sexual identity and this forced her to question her self-concept. Muneerah had come out to her immediate family relatively recently and is involved in a process of reflection and exploration of her cultural heritage. This process is

causing Muneerah considerable psychological distress as she attempted to assign meaning and value to her intersecting identities and to integrate her sexual identity. This was proving to be in opposition to her understanding of her cultural heritage, *"I feel like I always really modelled myself on always wanting to distance myself from my Indian side because I had a certain loathing towards you know Punjabi attitudes around women, marriage..."* (55-57). The process towards self-acceptance and self-identification led Muneerah to seek out an ethnic minority LGBT organisation where she hoped to find her interconnected identity reflected in the membership, role models and a sense of community. However, this process has been problematic for Muneerah as she has begun to understand white privilege and the historical impact of this on her community and its influence over current socio-political policies, group identity, social structures and religious teaching,

*...learning about...where some of those attitudes came from, you know post colonialism and that sort of thing...I've been like aargh that makes sense...I've always placed myself next to whiteness as tolerant escapism but then um, oh, you know different gender identities and homosexuality was actually legal before the British came...So yeah, trying to make sense of all of that really and I feel close to my Indianess now that I've learnt about that stuff...I do have this anger towards whiteness which I don't want to have you know but this is just where I am, I am trying to make sense of myself and the world.*  
(60-70)

Muneerah constructs her identity in a variety of ways. At the time of this interview, she identified as a gay woman. She constructs her sexual identity through the lens of cultural rediscovery and regrowth. Muneerah, like Hajra and Saraah, appears to be deconstructing her cultural, religious and sexual identities in order to construct an identity encompassing the intersectional nature of her experience that allows her to develop self-acceptance as reflected in the quote above. Muneerah presents herself as dependent on her family both financially and emotionally, restricted by Punjabi culture, and confined by white heteronormative society. She yearns to be independent but acknowledges the fact that she enjoys her *"cushy life"* (120) that allows her the time and space to explore her identity and make decisions about her future, without the financial pressure of living independently. Furthermore, Muneerah feels that *"...it's such a taboo to pay rent in Punjabi culture like loads of my family are like, oh stay with us for free but obviously that would have massive limitations with me living a gay life..."* (118-120).

In order to reconnect with her Indian culture, Muneerah has travelled to South East Asia,

*...race and sexuality is what really came on the radar of my insecurities when I went travelling cos like it was the first time I really gone from having a loathingness of being Indian in school and not being found attractive to being so extremely eroticised each day... (209-212)*

At the time of this interview Muneerah was planning to travel India. However, she was nervous about disclosing her plans to her mother, "...she is gonna like freak..." (180) due to safety concerns around the sexual harassment of women in India. Muneerah explains this disapproval from her mother as an example of "loathingness towards India" (181) as discussed previously and the reason that she rejected her Asian culture. Consequently, within the BAME LGBT community Muneerah posits that "...I don't think it is in black culture...they are very critical of, like whiteness..." (183). This is problematic for Muneerah's understanding of her British Indian identity as she states,

*...I am like flipping hell this is like scary like you know a lot of my family are married to white people, it is cool um, you know my best mates are white...it's been challenging but it's you know, as I was saying earlier I really don't think it fits this narrative of I'm a minority and you're totally fucked. (183-187)*

This marginalised minority ethnic experience does not fit with Muneerah's lived experience and she finds the intensity of anger towards whiteness difficult to comprehend.

Furthermore, Muneerah presents herself as someone who struggles with mental health difficulties which she feels are tied into her feelings of "...self-loathing and self-acceptance issues..." (326). As a young person Muneerah created a sense of self-worth from choosing a career that would allow her to become involved in social justice issues. However, the reality of her profession has not met her expectations and she is now questioning her choice and contribution to her community. Fortunately, Muneerah finds a sense of belonging and an attachment to her Punjabi heritage through music, "...music always felt like a way to sort of I suppose reconcile the different parts of me." (553-554). Music has also helped Muneerah to reconcile her gay identity as she has begun to understand the origins of disco, house and techno music which has enabled her to feel connected to the intersectional nature of her identity and gives her a sense of purpose through working with a music charity.

Muneraah states,

*One view I'm really hoping will change is having a calmness about this whole anger about race and sexuality um, and a way to kind of reconcile this anger towards this white privilege um and heteronormative society because I want to fit in and feel happy in mainstream society... (672-675)*

However, Muneerah has been unable to find Punjabi, gay role models or experience that she can draw on to assist her in reconciling the different parts of herself,

*...often I am looking up what you would say is South Asian identities and I'm not really feeling any because of all these differences within what it means to be South Asian and I would very much gravitate to the Sikh, Punjabi as a definition... (683-685)*

The identity work carried out by Muneerah is a temporal intertwining of family, culture, sexuality, gender and socio-political structures. In this way, Muneerah has constructed minority characteristics that demonstrate high prominence, medium valence and medium integration.

#### **6.3.4 Aysha**

Aysha describes herself as a female British Asian of Indian/Punjabi origin and identifies as lesbian. Although Aysha has, in the past come out to her parents, she does not live as an out lesbian within her family and is not out to all her friends or any work colleagues. Subsequently, Aysha presents herself as heterosexual and suppresses her lesbian identity. Aysha employs strategies for coping such as isolation from wider society, compliance with formal introductions to prospective male partners and passing as heterosexual. These interpersonal coping strategies (Breakwell, 1986) cause Aysha considerable distress as she feels trapped and unable to express her wishes, hopes and dreams for the future. Aysha's parents believe that she is confused as they are not aware that Aysha has had relationships with women. This is problematic for Aysha as her parents organise formal introductions to men with a view to finding her a partner. Aysha presents herself as a peacekeeper and dutiful daughter as she tries to "go along" (214) with the introductions that her parent's organise for her, "...my parents still along the lines that I'm, they don't, they don't see me as being, you know, lesbian..." (195-196). Aysha has attempted to express her lesbian identity by joining a Sikh LGBT organisation; however, she found that Sikh women were invisible in this space. Social support has been identified as a significant coping strategy by coping and stress theorists (Breakwell, 1986; Folkman, 1984; Skinner & Zimmer-Gembeck, 2007). Recently, Aysha has contacted two Sikh women who have similar experiences to herself. This has given Aysha a space to express her intersecting identities in a safe environment. Such self-disclosure allows individuals the opportunity to gain positive feedback from others and therefore validation of their self-concept (Breakwell, 1986). Furthermore, this freedom of expression has given Aysha the confidence to take a more active role in the Sikh LGBT community such that she has organised social events for non-heterosexual women. She now sees herself as an activist. However, Aysha remains more *closeted* than the other women she has met,

*...there are 2 people there that I can open up to who are going through very similar scenarios um,....., for the first time I met up with similar people um, going through similar experiences um, but in actually, when I compare myself to them um, one, well, one of them for instance.....she's um, she's come through a very tough time, it's, it's err, she's open um, with her family um, not like me and then there's another person who is a lot younger who's sort of um, again, sort of more open with her family.....so in that sense I'm kind of a bit far behind um, in managing to you know, muster up the courage to say things um, yeah... (226-235)*

Moreover, Aysha describes herself as a professional, financially independent, traditional woman, yet she feels unable to live independently of her family due to family pressure, *"...something quite difficult for me, is just saying I want to move out and live independently..."* (245-246). Previously her father had prevented her from leaving, *"my dad stopped me from leaving home um, I, that was, that was, was seen as a bit questionable as well, as in where actually, where are you going, where to, who to sort of thing..."* (134-136). Aysha feels that if she were able to emigrate, she would feel more able to express her sexual identity and fantasises about a life far removed from her current situation. Much of Aysha's identity threat is linked to her family and their expectations, as she is unable to meet the requirements for the *assimilation-accommodation* process. Aysha experiences feelings of low self-efficacy that she believes can only be solved by removing herself from her current situation. However, as with all of the participants except Naz and Anisa, Aysha is able to protect herself to some extent from sexual minority stress through a strong affiliation with her Asian community (Branscombe, Schmitt and Harvey, 1999). Ultimately, Aysha has constructed minority characteristics that demonstrate high prominence, positive valence and medium integration.

### **6.3.5 Amara**

At the time of this interview, Amara was unsure whether she identified as lesbian or bisexual. However, she did explain that although she had had brief relationships with men, she did not feel connected to them in the way she connected with women. Although Amara is *out* to her mother and siblings, she is not currently *out* to her father and therefore she is unable to express her sexual identity openly. Amara describes herself as British Sikh and states that she does not identify with the terms 'Asian' or 'Indian'. Amara feels that the discrimination faced by women in India and Asia is something she does not identify with. Throughout Amara's narrative, she carries out a great deal of identity work. The intersecting nature of her identity is clear as she describes how her journey to spirituality and progressive Sikhism is undeniably linked to her sexual identity and level of self-acceptance. Amara uses visual symbols of her religion to express this identity,

*I just think about being a good person and about spirituality and about being a good Sikh rather than what you wear and how you act and who, you know, who you love, yeah so your actions I guess, I think that's what kind of spurs me on, I mean um, I think I started wearing a turban 2 years ago as well and that's, that helped me in the process of coming out because I became so much more confident in myself, I started wearing a turban and then after that I came out to them you know to my family and friends, I think for me religion and sexuality go hand in hand in terms of finding me and finding myself...*  
(407-414)

However, this identity is at odds with how Amara perceives current religious practice in the Sikh temple,

*...when I go to the temple you don't really see equality around you so it is hard to believe there is any um, but I guess sort of modern views and modern approaches to my, to my religion you can, you know, um, you kind of, you know of feel that, you know, that sexuality doesn't really doesn't really, you know matter in terms of what, what you believe in and what you are... (78-82).*

Amara believes that Sikhism is essentially a religion of equality and acceptance and finds reconciling her religion with her sexuality unproblematic, "...I think for me religion and sexuality go hand in hand in terms of finding me and finding myself and um, being strong and confident ..." (412-414). In this way, Amara presents herself as a "good" and a spiritually progressive person. However, the lack of non-heterosexual role models within Sikhism concerns Amara as she believes she would find it easier to express her sexual identity if she was able to access openly gay Sikh role models. Amara has met non-heterosexual British South Asian women who have offered her support and she feels that, "...I think it's because of them I've been able to kind of carry on um, carry on being who I am, not forcing myself to be someone else..." (116-117). Amara expresses her Sikhism in a very visible way, and she equates her spiritual awakening as a coming out process, similar to coming out as non-heterosexual,

*...it was a coming out process same as coming out with my sexuality so yeah, that took some time at work and asking questions and asking, asking me whether I banged my head or not so, yeah (laughs) so yeah, that was a whole process all on its own. (439-442)*

As a teenager, Amara believed that by her current age she would have accepted an arranged marriage and be living a heterosexual lifestyle. Amara's identity work is intrinsically linked to her family and cultural expectations. While Amara is becoming increasingly accepting of

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her sexual identity, she becomes conflicted between her own happiness and meeting familial expectations, "...shall I tell mum to find me a guy from somewhere and get married to a guy instead you know, life would be, I, I, I say it would have been much easier..." (157-159). On the other hand, Amara feels that a same-sex relationship would validate her sexual identity and allow her the freedom to be openly non-heterosexual. This is problematic for Amara as she finds it difficult to meet potential partners due to her isolation and is fearful of using online dating services due to issues around confidentiality. Therefore, Amara has constructed minority characteristics that demonstrate medium prominence, neutral valence and low integration.

### **6.3.6 Hindu heritage identities**

#### **6.3.6.1 Adeela**

Adeela describes herself as British born of Indian origin and identifies as a gay woman. As a financially secure professional in a long term same-sex relationship, Adeela constructs her identity as an independent woman who leads an unconventional life within the confines of cultural expectations and the pressure to maintain her family's honour in their extended family and community.

*...that's hard because you want to do something and they project out this idea that it's going to be so bad if you do it and it just inhibits you um, the secrecy has meant my parents have been on high alert you know with everything, wondering if the family won't you know, I saw Adeela kiss a girl, you know, um, yeah, I think even my parents um, I haven't said this in a long time but they said you know, if it came up in the community you know certain members of our family would not treat us well you know, they would be fine to your face but they would be you know, behind your back. (280-286)*

Adeela is out in many areas of her life although she feels compelled to conceal her identity from a significant member of her family with whom she spends a considerable amount of time. This leads to significant conflict for Adeela as she is required to conceal her sexual identity from her wider family and community in order to protect herself from being outed.

*I've always had to watch where I am, which were the wrong people to know, who in my family knows? With such an extended family It's difficult actually because there are people that know who I am, and I don't know who they are. That's really weird, that's a really weird feeling um, in a way they've kind of don't t about many things, that secrecy, I mean I used to smoke so I used to be aware of where I was when I was smoking and cos there's Indian whispers (laughs) are crazy you know my parents would, you know if someone saw me*



*doing something that was questionable um, my parents would find out about it before I, between me lighting the cigarette and me finishing a cigarette.*  
(267-272)

She presents herself as secretive yet self-determining; compliant yet autonomous. This conflict of identity is problematic for Adeela and she is eager to reconcile the different aspects of her identity as she states defiantly, "...at what point does it become none else's bloody business..." (303-304) and "I am the one who has to live with myself day in and day out and I will live my life the way that is right for me" (315-316). Adeela questions the intersection of her Indian and sexual identities, "...I think on the whole it's not very Indian..." (572). Adeela therefore presents herself as different from white British gay women, "...maybe English families, you know, white British families perhaps take it better um because culturally it's more acceptable, but I don't think anyone takes it fabulously..." (628-630). Moreover, Adeela acknowledges that she is "very happy to live in England where that (being gay) is more tolerated..." (308-309) which allows her to express her sexual identity openly in certain environments. Furthermore, Adeela constructs her identity in relation to her support network of friends who play a significant role in her life. Adeela presents herself as dependable, reliable, supportive and supported. Adeela can express all elements of her identity freely in this space and has successfully negotiated the universal processes of *assimilation-accommodation* and *evaluation* (Breakwell, 1986). In this way, Adeela has constructed minority characteristics that demonstrate high prominence, positive valence and high integration.

### **6.3.7 Naz**

Naz describes herself as British Indian and currently identifies as a lesbian. Naz presents herself as very "*non-traditional*" (24) in a very traditional Indian family and feels, "*more British than Indian*" (23). However, she describes her roots as "*very Indian*" (31), she visits India regularly and she is able to speak "*the languages*" (32). Naz states that she does not practice religion at all and lives a very "*British lifestyle*" (31). Although her upbringing was very traditional, when Naz was eighteen her parents left the United Kingdom leaving Naz and her sibling in England. Homosexuality was a taboo subject in Naz's community,

*...it was very err very taboo and nobody talked about sexuality other than in our community it would be what they considered to be outcasts and nobody talked about certainly not my friends we never talked about gay relationships or my sexuality or any other form of sexuality so I always assumed I was straight...* (56-60)

As a young woman, Naz identified as heterosexual. However, she was sexually attracted to women but believed she was not attractive to women. Naz constructed her identity through her career and professional aspirations for many years, ignoring her sexual identity,

*...I got caught up with my career from about 25 till about 30...and then I started to think about having a long term relationship...I gradually met a few men and then finally when I met S I just knew she was the person for me... (40-43)*

Naz met her partner, S in her late thirties and began a same-sex relationship which resulted in a civil partnership. This relationship validated her sexual identity and Naz is now out in all areas of her life in England but not to her extended family in India. Naz presents herself as independent, individual and resilient, as she has constructed her identity through hard work, self-awareness and tenacity. She aligns herself with the lesbian community where she feels most comfortable. As someone who travelled a lot as a child, she often felt that she did not belong in the communities she resided in and felt disconnected from her Indian community where she feels she has never belonged. Her sense of belonging is constructed through her lesbian identity. Naz presents as an ambassador for equality and challenges homophobic and racist attitudes when appropriate. In this way, Naz has constructed minority characteristics that demonstrate high prominence, positive valence and high integration.

### **6.3.8 Amber**

Amber presents herself as a feminist, activist, an advocate of equal rights and an atheist. Furthermore, Amber constructs her identity as, "...very, very independent for an Asian girl..." (15) and a role model to non-heterosexual people of colour. She describes herself as "...half English, half Indian..." (115) and feels very connected to both intersecting identities. As a young girl she spent many years living in India and she states, "... I can read Hindi, speak it, tie a sari, I understand the philosophy and religion..." (120-121). Therefore, Amber feels "deep connections" (117) with Indian culture and India such as "...the clothes and the food and the closeness of the family..." (123). However, Amber also feels disconnected from her cultural and religious heritage due to the patriarchal social structure which she feels is embedded in Hinduism and cultural practices such as the horrors of female infanticide. Amber identifies as lesbian, but she does not identify with the prescriptive way in which lesbian women express their identity. Amber did not feel a part of the lesbian communities in the queer spaces she inhabited when exploring her sexual identity. Therefore, she has constructed a 'gaysian' lesbian identity that allows her to express her intersecting identities, "...we make up our own traditions, we will wear a top with jeans or we wear a bindi but you know we're not wearing a Sari or I am wearing my DM's and my Sari that kind of thing." (129-131). However, this can sometimes be problematic for Amber as her lesbian identity and presence is questioned

in queer spaces. Amber's racial identity is sometimes questioned because that she is "light skinned" (29-30),

*I wish I could say that I'm mixed race but I'm not, that's how I would identify myself if I could but, does that make sense? And I think I don't look very Asian, which is why I would have been frustrated by the constant questioning of not only my sexual but racial identity. One way I deal with that is by wearing a bindi, a very visual signifier of Hinduism, you know it stops people asking questions, quite annoying... (133-138)*

Amber is out in all areas of her life in England and presents with a high level of self-acceptance, self-awareness and self-worth. She describes herself as happy in significant areas of her life such as her relationship and family connections. Amber explains that significant others accept her sexual identity and her experience of being a lesbian woman of Indian descent has been a positive one. However, she does not see her experience reflected in mainstream media or in social narratives. This frustrates Amber and therefore she attempts to construct a visible lesbian identity,

*I mean I have always worn a Sari to Pride, the number of women who have come up to me over the years to say they saw me years ago at a Pride march (the sari wearer is memorable!) is very humbling...I mean it's kind of really amazing. In many ways Asian lesbians of my age were trailblazers. I think visibility is really, really important... (196-200)*

Amber's sexual identity is intrinsically linked to her feminist identity and positive relationships from early childhood to present day. In this way, she has constructed minority characteristics that demonstrate high prominence, positive valence and high integration.

### **6.3.9 Zainab**

Zainab describes herself as Indian and identifies as bisexual, although she states that she feels "mostly gay" (167) but does not like to label herself. There is a great deal of identity work being done in Zainab's narrative. A significant element of her identity has been excluded from this thesis at her request in order to maintain confidentiality; this is an intrinsic part of how Zainab presents her self-identity. Zainab's ethnic identity is complicated as a result of her concealed identity. However, this has resulted in Zainab presenting herself as resilient, self-aware and self-accepting. Zainab describes herself and her immediate family as "non-religious". She is out to her immediate family and some cousins and feels that her sexual identity is accepted, although, there is an assumed sense that she should conceal her sexual identity from her wider family, "...there's this unspoken sense of that rather than I'm proud of her and I don't care who knows um, this is who she is and I'll protect her..." (56-57). Zainab

constructs her bisexual identity in relation to the LGBT youth groups that she attended as a teenager which she experienced as both LGB and culturally affirmative, *"...I remember an Asian youth worker who would sometimes like um, when there was um, it was Diwali and we were going to the youth group, we would celebrate that..."* (82-84). However, Zainab has at times felt the need to conceal her sexual identity in her professional life. This has not prevented her from presenting herself as an activist and proactively challenging homophobia in a way that feels safe for her. Furthermore, Zainab has been able to express her sexual identity in her professional life through her work with LGB individuals. Nevertheless, Zainab finds LGB spaces problematic, as *"...LGBT environments tend to be um, mostly white..."* (140). Furthermore, as Zainab identifies as bisexual, she experiences invisibility depending on her current relationship,

*...if you are in a relationship with a woman that they or vice versa when I am I a relationship with men the gay part of me is not known or if I am in a relationship with man I think, with a um, woman that straight part of me is not known...*  
(174-177)

In order to resolve this conflict, Zainab does not wish to label herself. Furthermore, she feels a disconnect from her Indian identity as she is unable to speak Hindi. Zainab feels that this excludes her from acquiring cultural knowledge and experience through Indian music and traditional celebrations and ceremonies, *"...it does mean that at family gatherings and they suddenly switch into Hindi there are bits that I miss out..."* (369-370). She constructs her Indian identity through her shared history and culture. Furthermore, Zainab's gender identity is also significant to her as she lives in a *"...male dominated culture..."* (413-414) and she describes how being a woman is important in her intersecting sense of identity. Zainab feels "other" in many areas of her life,

*"...I think I've always lived with a sense of being other of being different from the majority um, I think I was in accepting of that's the way things are and then part of me also resents that..."* (374-376).

In this way, Zainab has constructed minority characteristics that demonstrate high prominence, positive valence and medium integration.

## **6.4 Muslim heritage identities**

### **6.4.1 Anisa**

Anisa describes herself as Pakistani, not religious but spiritual, and identifies as gay. Anisa constructs her sexual identity in relation to her role as a gay parent in a same-sex relationship. Anisa presents herself as independent, strong-willed and idiosyncratic. As a member of the

Muslim community, Anisa questioned her religious identity at a young age, as it became incongruent with her sense of self,

*...I don't believe what my parents believe and I don't believe that this is, if this is against a religion then it is a religion that I, that doesn't agree with me anyway because if you are going to judge me based on who I am going to love well that isn't worth the paper it is written on... (67-70)*

Furthermore, Anisa explains that she has felt disconnected from the Muslim community since being a teenager as she lived a secret lifestyle that was not compatible with the Muslim faith. In order to maintain this sense of identity, Anisa became detached from her parents,

*...we've always not really um, had a close relationship with my parents because I always felt that the things that we wanted to do if you had a close relationship with my parents um, they would know your whereabouts all the time... (44-46).*

Anisa composes her narrative identity through the concept of familial love, the love of her chosen family, *"...If you haven't got the love and respect and then family doesn't mean anything..." (72-73)*. In this way, Anisa is able to construct and maintain an identity outside of her cultural and religious heritage. However, Anisa describes how she struggles to express her sexual identity with confidence. She finds this confusing as prior to coming out to her immediate family she presented herself as "cocky" and confident, *"...I think I was completely broken and putting myself back together even still I'd say now um, I'm nowhere near as confident..." (659-660)*. Anisa feels pressure to conceal her sexual identity when interacting with certain family members as her parents wish to keep her sexuality a secret from their community. Therefore, she is unable to have a close relationship with her parents. This is problematic for Anisa as she wishes to express her sexual identity confidently through her own family nucleus in all areas of her life. In addition, Anisa feels isolated in Muslim LGB spaces as she is not Muslim and finds mainstream LGB organisations very white. Therefore, she regularly finds that her identity is not validated in her chosen community or Muslim queer spaces, *"...most people on there would describe themselves as gay Muslims and that as a law and I, if, if you want me to slate the religion I'm, I'm the one, you know and that's not what, what they want to hear..." (397-399)*. Consequently, the assumptions that are made about her identity frustrate Anisa,

*What is so frustrating and irritating is that people assume, not only the South Asian community, they are the worst for it, but also, um, the non-South Asian community assume you are religious, you are a Muslim, you're a Pakistani Muslim, no I'm not, I'm Pakistani, I'm not religious... (862-865)*

Anisa feels that she is in the process of constructing and reconciling her intersecting identities and she recognises the temporal nature of this process. In this way, Anisa has constructed minority characteristics that demonstrate high prominence, positive valence and high integration.

#### **6.4.2 Fazana**

Fazana describes herself as of East African/Indian descent and identifies as bisexual. A great deal of identity work is being done within the narrative, constructed through Fazana's understanding of being as a single mother and a Muslim. As a single mother, Fazana feels that the expression of her sexual identity is less of a priority when compared to the societal expectations of motherhood. Fazana presents herself as professional, creative, progressive and an activist. As Fazana's significant relationships have been with men, she is able to conceal her sexual identity from her family and Muslim community. Fazana feels that her parents would not have the resources to accept her sexual identity and explains that this knowledge would be "*painful*" for them. However, Fazana does not experience conflict between her sexual and religious identities,

*...I believe in Islam and I believe, you know, that your relationship is with your own God, it's your personal relationship um and there shouldn't be any boundaries, you know, you should be able to worship who you want, whoever you share your life with... (76-80)*

Farzana has found female lesbian role models in progressive Islamic writers from different parts of the world who are LGBT activists in their own countries and communities. In this way, Farzana is able to validate her religious, ethnic and sexual intersecting identities. Fazana has chosen a progressive community and environment in which to reside further validating her identity, drawing on the socio-political advancements in terms of LGB rights and equality, in order to create a sense of self-acceptance and self-worth. However, Fazana feels that her many intersecting identities are not as important as her lived experience and ability to empathise,

*...whether you're going to define yourself as a, a Muslim single mother with...kids who's also bisexual, you know, it's quite a lot of...statuses within that so I never do, all I do is...state my experiences and try and understand err, what people are going through, through my own experiences and I think um, I think that makes you emotionally strong... (140-144)*

As with many of the participants in this study, Fazana feels that she needed to break away from existing religious and cultural identities in order to find her self-identity, "*...I kind of gave*

*up my faith, I lost contact with my parents, there was you know...I kind of went into free fall really...and um, coming back through that through my experiences and my choices..."* (243-245). In this way, Fazana has constructed minority characteristics that demonstrate high prominence, positive valence and low integration.

## **6.5 Conclusion**

As can be seen from the narratives presented above, the intersecting identities of non-heterosexual British South Asian women are as complex as they are varied. Culture, religion, heritage, individual narratives and diverse social representations further complicate an already complex relationship between sexual minority identity and stress. However, commonalities in narrative identity have been identified that demonstrate a protective affect and mitigate psychological distress. Key identities and identity work will be discussed in Chapter 9 of this thesis.

# Chapter 7 Thematic Priorities

## 7.1 Introduction



The following chapter considers the fourth stage of Critical Narrative Analysis (CNA) and identifies the predominant themes and the relationships between those themes within the stories that are told (Langdridge, 2007). In this stage of the analysis, thematic priorities are identified using a less traditional form of thematic analysis than would normally be required by other forms of phenomenological interpretation such as Braun and Clarke (2006) who recommend systematic coding. The thematic analysis carried out as part of this study required key themes to be identified from narratives without the systematic analysis of single lines of text. In this way, narrative integrity is preserved throughout the process (Langdridge, 2007). The purpose of this stage is to identify the commonalities across all 11 narratives in order to produce groups of shared meaning organised into themes and subthemes. Although, as stated in Chapter 5, there is an argument to disaggregate the subject, commonalities across all minority ethnic, religious and cultural backgrounds were identified (See Ineichen, 2012).

This chapter presents the seven main themes identified from the thematic analysis. As expected, some themes reflect the research question and the composition of the semi-structured interview guide. The main themes are listed in Table 7.1 below in order of appearance.

**Table 7.1** Main themes

Main Themes	
1. Concealment and Outness	5. Prejudice Events
2. Role Models	6. Mental Health and Help Seeking Behaviour
3. Cultural Intersections	7. Coping and Resilience
4. Heteronormativity	



## **7.2 Main themes**

### **7.2.1 Concealment and outness**

Some sexual minority individuals are able to choose when and where to visibly express their sexual identity. As a strategy for avoiding prejudice events, closed visibility management (i.e. concealment of sexual identity) can be seen as an advantage for those who are able to employ this form of visibility management. However, it has been shown that the concealment of sexual minority identity results in higher levels of general psychological distress and has been related to the experience of internalised stigma (Dewaele, Houtte and Vinke, 2014). Furthermore, concealment of mental distress within British South Asian communities due to stigma and the fear of dishonouring the family was found to negatively impact on help seeking behaviour (Gilbert et al, 2007).

The topic of concealment by selectively revealing sexual minority identity pervades all 12 interviews. Participants actively concealed their sexual minority identity and their mental distress. Although, levels of concealment differed across participants, a common experience indicated that knowledge of participant sexuality remained between close family members such as mothers, fathers and siblings. Mental distress was generally concealed from family and the wider community. However, Saraah and Amara have not yet told their fathers that they are non-heterosexual. This level of concealment means that participant's sexual identity is not discussed within the family after their initial coming out. As many of the participants are not married or in long-term relationships, a consequence of this level of concealment is that parents believe their daughters are no longer non-heterosexual.

Many South Asian communities in Britain continue the tradition of arranged marriages where suitable suitors are chosen by the family to be formally introduced their daughters who will then decide if they would like to court and eventually marry the suitor. This tradition caused participants a significant amount of distress. Aysha describes how her coming out led to considerable mental distress, which resulted in her parents referring her to psychotherapy. Her parents reluctantly accepted that she would not marry a man. Consequently, Aysha's parents ended their search for a suitable suitor for their daughter to marry. However, after a number of years of acceptance they have now begun to arrange "*traditional kind of introductions*" (Aysha, 102) once again. The introductions are causing Aysha a considerable amount of psychological distress. Aysha explains why she goes along with these introductions, "*I don't want to confront that issue again um, I don't want arguments um, yeah, I mean, I'm always in fear of that, that being brought up again...*" (205-207). Due to the concealment of their sexuality from the wider family, many participants discussed how they faced difficult question around their intentions for marriage. Adeela explains,

*Ever since I qualified the, ok, when are you going to get married or you know, time to, time to get married um, one of my aunts, one of my great aunts said to me, ok, you have to stop err, to stop studying because you will never find a man who is more qualified than you now.”(519-522)*

Participants demonstrated high levels of acceptance concern, the fear of rejection (Mohr & Fassinger, 2000), not only for themselves, but also for their families within their communities and wider family circle, particularly family who live in South Asia. In a study of LGB students in China, Hu, Wang and Wu (2012) found that acceptance concern from family members was a significant predictor of negative wellbeing. Mohr and Kendra (2011) found that high levels of acceptance concern was linked with negative mental health outcomes such as depression and anxiety and feelings of guilt, sadness and anger. Participants in the current study expressed evidence of these emotions, “...the impatience and intolerance, the anger...” (Aysha, 412-413), “...you feel, you feel guilty...” (Hajra, 193); “I once used the word sadness and we both just went, you feel sad? Ok, and you know it was a real massive moment, you know, developing language again because I hadn’t, I had become so numb...” (Adeela, 853-855). Acceptance concern was also expressed by just over half of the participants when they were interacting with both mental and physical health care providers. Sexuality and mental distress were concealed from general practitioners. Aysha was adamant that she would not reveal either her sexuality or mental distress to her general practitioner, “I wouldn’t go to my GP and mention anything. There is such a stigma I think, you know, even, even, even if I said I was, I think I might be depressed, I just, I just wouldn’t do it...” (Aysha, 553-555). Moreover, participants were reluctant to speak to health care providers who were from the South Asian community, “I didn’t like this psychiatrist, she asked me if I would show her my scars where I, no, absolutely not, never. She was also Asian so that didn’t help.” (Adeela, 743-744).

For many participants the cultural concept of *izzat* or *laag* (family honour) was related to secrecy and the concealment of non-heterosexual identities. This was a common theme across all religious and cultural backgrounds. Rait (2005) describes how, in the British Sikh community, the concepts of *laaj* (honour), *sharam* (shyness) and *izzat* (family prestige) (Rait, p.53, 2005) are the ornaments or *shingar* that women are required to protect at all costs. These concepts of female chastity deprive women of power, their individuality and identity, and allow for the acceptance of secrecy and concealment (Rait, 2005). The same limitations are not placed on men and their actions are not considered harmful. As one participant stated, “...my dad has done all sorts and the whole community has known about it but you can commit murder, yeah, you know, it’s always compared to being gay, I was going to be punished the same way a murderer would...” (Anisa, 231-232).

Conversely, concealment of sexual identity from the wider family and community allows participants to connect with their culture, community and for some participants, their religion. This creates a sense of belonging, promotes resilience and can be seen as a protective factor as suggested by Kumpfer's (1999) framework of resilience. Kumpfer (1999) proposes six main concepts that influence an individual's development of resilience, one of which is described as the interaction between the individual and their environment and the extent to which protective strategies are developed and reinforced. Therefore, by belonging to an ethnic minority group who traditionally have a strong sense of community connectedness and familial support (Rait, 2005, Wilson, 2006), participants create a sense of belonging and build resilience. Positive life outcomes such as educational achievement, career achievements and financial security (Kumpfer, 1999) reinforce resiliency. Participant's complicity in the concealment of their sexuality, allows them to remain within the family unit and to consequently, receive financial, educational and emotional support, which in turn has given participants opportunities to experience positive life outcomes.

Four participants in long-term inter-racial relationships did not share this experience and utilised less self-concealment. As stated by Shilo et al (2014) being in a relationship is a significant resilience factor for LGB individuals and has enabled Amber, Anisa, Naz and Farzana to build lives outside of the British South Asian community and have higher levels of outness in specific social circles with less expectations of rejection. Amber and Anisa demonstrate lower levels of acceptance concern as they are out to their immediate families and have, over time, re-established supportive relationships with parents and siblings. Naz does not have a relationship with her parents and is not out to all of her siblings. Those siblings who are aware of her sexuality and same-sex relationship are not as supportive as Naz believes they could be. Naz exhibits significant expectations of rejection within her chosen society (outside of the British South Asian community) and within the British South Asian community. Interestingly, although Hajra is out to her immediate family, is in a long-term inter-racial relationship and lives away from her community, she demonstrates considerable acceptance concern and uses a significant amount of cognitive energy in ensuring that she is "*acceptable*" to her father and wider community. This finding is consistent with previous research, which has shown that LGB individuals who are disturbed by the opinions of others regarding their sexuality tend to have less subjective life satisfaction than those who were less concerned by the opinions of others. This negative impact on subjective life satisfaction is mediated by the individual's concealment of their sexual orientation specifically when that concealment is from family (Hu et al, 2012). Farzana is currently in heterosexual, inter-racial relationship and is not out to her parents, "*They don't know anything specific, I mean if they, if they've met any of my lovers then you know it's just*

*a, just a very normal kind of friendship, you know, they've just, just known them as my friends really..." (67-69)*

Shilo, Antebi and Mor (2014) propose that outness can be perceived as either a risk or a resilience factor for negative mental health outcomes. The lived experience of the majority of participants in this study would suggest that outness is a risk factor at the present time. Nevertheless, several participants stated that, were they to find a life partner, they would then feel able to come out to their wider family and community. Subsequently, due to concealment, secrecy and fear surrounding their sexuality participants find it difficult to engage with the LGB community and had minimal opportunity to socialise and develop relationships with other LGB women. Therefore, some non-heterosexual British South Asian women are not receiving the physical or mental health care that they require.

### **7.2.2 Role models**

All of the participants spoke, in some way, of the need for British South Asian LGBT-affirming role models that reflected their identities. Drawing on existing research into the definition and influence of role models, Morgenroth, Ryan and Kim (2015) describe role models as behavioural models, representations of the possible and inspirations. Gomillion and Giuliano (2011) found evidence to suggest that an increase in LGB role models in the media could positively effect LGB identity by offering a sense of *"pride, inspiration and comfort"* (Gomillion & Giuliano, p.330, 2011). Bird, Kuhns and Garofalo (2012) propose that formal methods for exposing LGBT youths to compassionate adults as role models is essential for positive health outcomes and reducing psychological distress.

Role models were important for the contributors in a number of ways. Hajra spoke of how moving for university and attending an LGBT function at the student union was a revelation for her, *"...it was like wow, it's not just me..."* (141). In addition, Hajra explains how a gay kiss on a popular soap opera was *"...one of the defining moments..."* (142). However, Hajra states that *"...in my own community I still haven't found an older lesbian who I could talk to..."* (144-145). Nevertheless, Hajra now sees herself as an *"older lesbian"* who wishes to make herself available to younger non-heterosexual British South Asian women who are seeking accessible role models.

Amber describes how a lack of British South Asian LGBT-affirming role models created a sense of otherness and isolation within the LGBT community,

*...in the early 90's, I think presenting as a lesbian was very, very prescriptive there were no (South Asian) role models so you had to look a certain way and signal to other people, I guess, that you were a lesbian. (35-37)*

Speaking about the present situation regarding British South Asian LGBT role models, Amber states, *"...there's no representation in the gay scene at all and if there are stories it's always about our struggles and never a positive story..."* (187-188). Consequently, the affirmative nature of role models is a significant concern for Amber.

Anisa spoke of how the lack of accessible role models compounded her confusion in understanding her sexual identity,

*...and I used to always have, you know um, sort of um, funny feelings with my err, sisters friends sort of thing but didn't really know what it was, didn't have any role models you know we didn't see anybody on TV who was LGBT or anything... (19-21)*

Anisa describes how the lack of accessible role models further created a sense of otherness and social isolation within her community and family, compounding her acceptance concern. As suggested by Bird et al (2012), inaccessible LGBT-affirming role models do very little to reduce negative mental health outcomes. As a young woman, Anisa grew up during a period of significant social and cultural change in Britain. The LGBT community has become increasingly visible in popular culture and equality legislation has been enshrined in law. However, Anisa explains, *"nobody I knew was gay, none of my friends, none of my sister's friends, nobody in the community because we lived very much, my parents live in a very South Asian community, so you just didn't."* (86-88). Therefore, the inaccessibility of role models is a significant concern for participants and a moderator for psychological distress. This is consistent with research carried out by Yancey, Siegel and McDaniel (2002) which showed that the ethnicity of role models plays a significant role in connectedness.

The lack of LGB role models and information within the British South Asian community has caused considerable mental distress for one participant in particular. Saraah became aware of her sexual attraction towards women at a young age. However, she believed that women would only be attracted to her if she was male. Saraah created a male online identity and formed relationships with women in this way. Inevitably, Saraah was outed and her mother became aware of her secret identity as well as her sexual orientation. Saraah became extremely distressed, *"it was horrible, I was drinking early, early hours in the morning, being sick, um, I wouldn't sleep, "I was drinking a bottle a night in my bedroom."* (62-64). Saraah felt very confused and found it difficult to understand how she could be attracted to women as a woman, *"I just panicked and I thought what am I going to do now, who's gonna like me, noone's gonna like me, there's no girls that are gonna like me..."* (64-66). It was not until Saraah began voluntary work in a youth centre, that she became exposed to LGBT information and accessible role models. Saraah describes this as the reason she, *"...just came round..."*

(66). Although the role models were LGBT-affirming, they did not reflect Saraah's unique experience.

Although there has been a significant increase in the visibility of LGBT individuals in popular media, advertising and general discourse, the lack of positive accessible role models was a significant concern for the contributors to this study. A lack of accessible role models led to feelings of isolation, confusion and mental distress. The lack of positive accessible role models increased acceptance concern and negative visibility management.

### **7.2.3 Cultural intersections**

*"It's hard sometimes to just be gay and Asian because you, even though I live within the culture, I live on the margins of the culture..." Hajra, 30*

Participants spoke extensively of their experience of living within two cultures and how this complicated their understanding of being non-heterosexual. For some participants this experience is further complicated by their religious heritage and either their journey to reconcile their religion with their sexuality or a separation from religiosity. Participants spoke of a perceived disconnect between being of South Asian descent and being non-heterosexual resulting in a lack of connectedness with the South Asian community, social isolation and invisibility. This disconnect is also perceived by non-South Asian groups, as experienced by participants, resulting in further invisibility and social isolation within the LGBT community. Perdie-Vaughans and Eibach (2008) define this experience as intersectional invisibility and propose that non-prototypical individuals are disadvantaged as they struggle to have their voices heard and understood. Participants demonstrated that non-heterosexual British South Asian women who stay connected to their South Asian communities and remain within the family home sacrifice the visibility of their sexual identity in return for financial, emotional and practical support.

The research contributors experienced intersectional marginalisation in various ways. Saraah describes a common social discourse within her experience, *"How can you be Sikh, how can you be Indian, you're gay?"* and her response is *"I was born Indian, I was born gay"*. Not only is Saraah's experience rendered invisible within her religious heritage but also within her cultural heritage. This is further complicated for Anisa who explains,

*"What is so frustrating and irritating is that people assume, not only the South Asian community, they are the worst for it, but also, um, the non-South Asian community assume you are religious, you are a Muslim, you're a Pakistani Muslim, no I'm not, I'm Pakistani, I'm not religious." (862-865)*

Moreover, Anisa feels further isolated from the British South Asian LGBT community as organisations and media articles currently distinguish themselves in terms of religious identity. As an atheist Anisa explains, *"You know, they talk about the religion and how it's ok for them to be gay with the religion, that doesn't represent me."* (891-892). Sociologist Momin Rahman asserts, *"There is a political and cultural power in simply rendering visible intersectional social locations, particularly when doing so challenges oppositional discourses"*. (Rahman, 2010, p.949). Therefore, the establishment of Sikh, Hindu and Muslim LGBT organisations are challenging the current discourses as experienced by participants. However, this categorisation is problematic for those who are not religious, producing additional layers of invisibility (Orenstein & Weismann, 2016).

All participants described a need to remain connected to South Asian culture but for a range of different reasons. For instance, Hajra feels that by remaining true to her South Asian cultural heritage she is more acceptable to her family and community as a lesbian woman living away from home with her same-sex partner from a different cultural background. Hajra's experience of non-heterosexual British South Asian women is that they are very *"westernised"* (150) and this does not match Hajra's lived experience and therefore makes finding a life partner from the South Asian community challenging, possibly, increasing her social isolation within the LGBT community. Amara lives in the family home and describes her parents as having *"very traditional ways"* (668). Amara does not see her experience of being non-heterosexual as defined by being British but contained within the nucleus of her family and tradition. Although Amara has come out to her parents, she does not consider herself out, as her sexual orientation remains hidden to the extent that her parents have once again begun traditional marriage introductions. Amara has tentatively explored the Sikh LGBT community in an attempt to find a same-sex partner however,

*I ended up meeting people who were very different to me um, in that respect, they weren't, they weren't Asian or they were um Asian but actually not, usually you have Asian who are, who are not quite as culturally um, I don't know what the word is um, well, more westernised if you like... (584-587)*

Amara feels other in LGBT spaces due to her cultural connectedness.

For reasons that Zainab did not want disclosed in this thesis, she did not learn to speak Hindi as a child. Therefore, she feels other in all her social interactions and disconnected from South Asian culture, *"you can't draw meanings from something unless you understand what they are talking about..."* (17-18). Zainab explains,

*I think I've always lived with a sense of being other of being different from the majority um, I think I was in accepting of that's the way things are and then part of me also resents that too... (374-376).*

At university, Zainab felt other as she was unable to understand the music and the language of her peers in South Asian social clubs, *"if you don't know the language, you don't know the words, so you don't connect to that music as much as you would otherwise so there is something about that, feeling apart from the Asian community in that sense..."* (22-25). However, Zainab found a sense of belonging in LGBT youth groups where an Asian youth worker who organised Diwali celebrations gave Zainab somewhere to express her intersecting identities, *"...that was actually quite nice..."* (84-85)

Adeela believes that the values of her parents have been carried with them from India and explains,

*I've heard it said several times that when you leave a country of origin you take with you the values of the time and whilst that country might be.....and have different ideas people who have left carry those as well, holding on to something. (219-222)*

#### **7.2.4 Heteronormativity**

Riat (2005) describes how Sikhism emphasised gender equality, which was at odds with the patriarchal social structure in India in the fifteenth century. Hinduism and Islam were the dominant religions of the time and Indian society was structured around these religious teachings. Women were considered the property of their male relatives and believed to be the *"seducers and distracters from man's spiritual path."* (Riat, 2005, p.47). The Sikh Gurus denounced this understanding of women in Indian society and proclaimed that women were to be valued as the core of all human existence. However, in practice the aspirations of equality the Sikh Gurus expressed has never quite been realised (Riat, 2005). As described by Wilson (2006) British society further compounded patriarchal social structure within British South Asian communities, although the ways in which these structures are maintained and enforced have altered over time. Although gender relations differ over the South Asian experience there are also many similarities (Wilson, 2006), which were reflected in the experience of participants.

Marriage is an area in which patriarchal control is still exercised within British South Asian communities. Although different religious groups have distinct marriage arrangements, there is continued pressure for daughters to marry a suitable man in order to unite families economically and socially (Wilson, 2006). This practice reinforces the heteronormative



discourse within British South Asian communities and exerts control over women's sexuality rendering non-heterosexual British South Asian women invisible (Siraj, 2012).

Participants describe parental denial of their sexuality. Anisa explains, *"the problem with Asian parents are you have to come out to them a few times..."* (32-33). This experience is echoed by Aysha who feels that she will need to come out to her parents again in the future to end formal marriage introductions but, *"...I just haven't had the um, kind of, courage to repeat my words again um, to make it clear again..."* (199-200). Parents appear to believe that their daughters are "confused" or an excuse to avoid marriage (Aysha, 124-132). Zainab describes her mother's reaction to her sexuality, *"...about three weeks later told my mum and kind of past it off as being um, me idolising women..."* (29-30). Saraah explains, *"...my mum she kind of knows, she figured it out um, but she acts like she doesn't know. So, she'll just pretend it's not there..."* (28-29). Saraah's mother would prefer that Saraah remained celibate rather than go against the heteronormative ideal,

*That's what my mum says. She says, just don't be with anyone. Don't, don't fall for anyone, don't, just live by yourself and I'm like, you'd rather let me live on my own, not get married, just have nobody and just be on my own. She says yeah because that way, you know, it will be easier that way.* (197-200)

This experience was echoed by Anisa who explains,

*...they (her parents) didn't have such a problem that I had those feelings but their problem is the fact that I'm living a gay lifestyle and living with my partner so they said that they couldn't not have a relationship with me if I am, they didn't want to see me if I continued to live this lifestyle...* (104-107)

Saraah has not told her father that she is gay, as she fears his reaction; however, she has told him that she does not intend to marry. Saraah believes that, *"...he knows that I'm younger so he's quite chilled out because he's not got other daughters to marry off um, so he's like, you know, it's alright you can just chill out a bit..."* (352-354). Furthermore, as explained above in relation to role models, Saraah was so invested in the heteronormative discourse of her community that she could not understand how a woman would be attracted to her as a woman and created an online male identity as noted above. Amara spoke of how her mother seemed confused by homosexuality and suggested that it was a gender issue, *"I think that was the confusion for my mum, she was like if, if you want to be a boy, you can be a boy..."* (41-42). As with Saraah, this would suggest that only males can be attracted and attractive to females.

Finally, Farzana, a self-identified bisexual woman who is currently in a relationship with a man, has never spoken to her parents about her sexuality. Farzana has had relationships with women. However, they have been short term and, as a result, Farzana has never felt the need to come out to her parents. In this way, heteronormativity allows Farzana to utilise invisibility to conceal her sexuality from her parents as she lives outside of her community and Islamic religious heritage in an inter-racial relationship. Farzana explains,

*...although my parents are amazing and completely supportive and would never criticise me there are things that they believe are not um, err, they shouldn't be acted upon err, in, in a religious way... (74-76).*

The non-heterosexual British South Asian woman who took part in this study are aware of the patriarchal, heteronormative nature of their cultural heritage and live within the confines of this social structure. The resulting invisibility leaves them open to overt prejudice events and distal minority stress process which results in concealment, fear of exposure and further invisibility. Muneerah came out to her parents relatively recently and feels that her mother is working through a "grieving" (156) process for "...this amazing, beautiful Punjabi daughter and this like idea of a family and stuff..." (157), In this way, the experience of same-sex families is denied and rendered invisible within the heteronormative discourse of her mother's experience.

### **7.2.5 Prejudice events**

Participants spoke of experiencing prejudice events in the workplace, from family and within the LGBT community. Only two participants spoke of prejudice events in general social settings. Prejudice events experienced by participants consisted of homophobia, biphobia, racism and social stigma related to mental health. These prejudice events are described as distal minority stress processes in Meyer's (2003) minority stress model and can potentially result in negative mental health outcomes. These prejudice events can be overt forms of discrimination or more covert forms of micro-aggressions (Nadal, 2013). Interestingly, participants did not recognise familial homophobia as prejudice and required prompting in order to illicit narratives of discrimination. However, as discussed in Chapter 2 non-heterosexual behaviours are considered mental health disorders within black and ethnic minority communities, which has been shown to result in a lack of family and community support (Stonewall, 2008).

Hajra conceals her sexuality in public in order to remain acceptable to her community and stay "beyond reproach" (292) as she feels that due to her cultural heritage she must "live within the kind of framework" (294) and yet this attempt to normalise her behaviour is not recognised, "cos some aunty I spoke to in London.....she was like, 'Oh yeah, there's this guy

at work and he has that problem too' and I thought, 'Oh my God'. They just don't understand..." (295-298). Hajra feels that it takes "a lot of strength of character" (298) to cope with assumptions of abnormality. Furthermore, Hajra describes how one of her best friends demonstrated disapproval of her lesbian experience. This caused her significant psychological distress and leaving her questioning her ability to raise a child and reinforcing heteronormativity,

*...I told that I want, that I, I, I, have a guy that I want to have a baby with and she freaked out and I didn't expect that and then I realised, she said that's so selfish you are going to really fuck your kid up and I thought, I really thought, I cried actually cos I am quite emotional anyway and I thought would I really fuck my kid up, if I give my kid openness, acceptance not just in terms of my sexuality, in every aspect of life and I take that very seriously would I fuck my kid up... (447-452)*

Saraah lives in constant fear of her father finding out that she is gay which is a source of persistent psychological distress. Not only is Saraah afraid of her father, she is aware that her sexuality is "upsetting" (395) her mother and they often argue about Saraah's sexual orientation. Saraah's mother has told her that if her father finds he is "gonna kill you" (396-397). The unremitting sense that Saraah feels of being abnormal due to her parent's reaction has initiated a cycle of rumination in which she plans for her father's response, attempts to change and in her most distressed moments, she states "...you rather just wish you weren't born or commit suicide." (789-790). Saraah is not out at work due to a fear of homophobic remarks, "I don't like Asian girls knowing that I am (gay) because once they know they'll start being a bit funny with you. Start taking the piss and I'd rather not." (504-506). Saraah has been in two short relationships with women and on both occasions her mother and, on one occasion her sister and her mother, have told her to stop seeing her girlfriend. Saraah explains,

*My mum's like, you are gonna be the worst one in the family that's still (unclear) the only one that's gay. If they've all married different religions or castes, they still straight, me I'm gay even if it's a Sikh girl, still it's bad. (836-838)*

Muneerah experienced explicit "...racist and homophobic..." (113) attitudes while at university which she frames as "laddish" behaviour. Muneerah describes a culture of disapproval of the LGBT experience, heteronormativity and cultural incompetence. Within her wider family, Muneerah depicts a culture of explicit homophobia from her mother's side of the family, "yeah there's really just explicit homophobic remarks about gay being wrong and yuck and stuff..." (263). Muneerah frames these attitudes in the patriarchal Punjabi culture where

*"...men get completely wasted and just will act outrageous..."* (261-262). Moreover, Muneerah observes that her life and her experience is not depicted in society and she does not feel represented. This covert form of prejudice causes Muneerah significant psychological distress as she attempts to reconcile her intersecting identities. Muneerah has also witnessed prejudice within sport where she is actively involved,

*...we went to Pride one year err, 2014 and they were like oh, I'm not proud of this like, if my child was gay I would be gutted and I was like but you're a lesbian and they were looking at all these people dressed outrageously and hating... (588-591)*

Adeela and her very first girlfriend were compelled to report homophobic discrimination to the police as they were asked to leave a restaurant. Their behaviour was oversexualised and was said to cause other customers discomfort. Adeela believes that it was obvious they were a couple however, *"we were not doing ridiculous public displays of affection or anything...we probably held hands"* (477-478). However, no further action was taken due to lack of evidence. Adeela explains that, for the most part, she experiences micro-aggressions such as *"covert glares, stares, comments, whispers..."* (492). Furthermore, Adeela has experienced the endorsement of heteronormative culture and behaviours in her work where she is often asked if she has a husband and describes these experiences as like *"...a thousand tiny paper cuts..."* (495-496). Within the National Health Service (NHS) Adeela has also experienced heteronormativity when inquiring about fertility treatments. The general practitioner assumed that Adeela was heterosexual and asked if she had been trying to fall pregnant. Adeela finds the constant need to decide when, where and how to reveal her sexuality in different situations tiresome.

Naz has experienced homophobic and racist prejudice events from friends and believes,

*...there is something about people from different minority backgrounds, BAME backgrounds with daughters who can't bear to see a lesbian couple in real life, fine with it in theory, they are fine with one pair, one of the pair but when they see a couple together it suddenly becomes real and they don't like it... (162-165)*

However, when Naz was asked about her experience of being a lesbian she stated, *"...erm things are really, really easy for me because I have no really, no friends that are homophobic."* (73-74).

Amber describes her experience of invisibility within the LGBT community. Non-Asian LGBT individuals will question her presence in LGBT spaces, *"...even now some people will ask, do*

*you know this is a gay place because I may have decided to REALLY dress up in a frock and earrings..." (290). This experience can be described as a prejudice event although Amber finds it "amusing" (291). However, Amber becomes frustrated by the assumptions made about her lived experience, "...this assumption that idea that my parents couldn't possibly know that I must be in hiding, that I must be depressed..." (298-299). Amber believes that these subtle expressions of racism within the LGBT community are a result of the negative narratives that exist and are perpetuated by the media and lack of positive role models in the non-heterosexual British South Asian community, which distracts from the lived experience of women and propagates invisibility. Furthermore, Amber has witnessed homophobic attitudes from her father although he knows she self-identifies as a lesbian,*

*...he told me he thought gay people were unnatural and he said that several times, but he knows about me and I remember when Martina Navratilova used to be on, and he always made an issue of her lack of feminine-ness and ugliness. (523-525)*

Anisa describes how she notices "double takes" when people become aware that she is gay and explains, *"...I think that, I think sometimes being gay is like being Asian, you don't realise when you are being discriminated against um, because people aren't necessarily racist"* (437-439). When in social situations with her partner, Anisa will normally be the only Asian person in the room and therefore she feels that she needs to "work harder" in order to feel accepted. Anisa illustrates how she will normally end up speaking to someone from another ethnic minority group or someone who is also gay unless she makes the effort to initiate conversations with white people and states, *"so I find that I've got to try a bit harder um, and that's just not in my nature either so that, that's just a vicious cycle..."* (475-476). Furthermore, Anisa describes how she has experiences "double takes" at her antenatal classes,

*...and there was a big group and there was an Asian couple and I find them to be very homophobic, very, um, even the younger ones who aren't religious and um, and who have broken every, every rule in the Quran um, and when my partner, we came out as two women um, I, I, I almost saw a smirk purely because I was Asian. (320-324)*

Anisa explained that she did not have a relationship with her older siblings and, therefore, did not know if they were aware of her sexuality or how they felt about her sexual identity. She felt that physical violence towards her was *"something I'm concerned about"* (517). Moreover, one of Anisa's older siblings has been attempting to contact her, *"I don't want him at my house because I don't want him to know where I live because I don't know him..."* (523-

524). Although Anisa hopes that she would not be harmed, she is aware of people who have been harmed within the community to which her siblings belong and remains concerned. Additionally, Anisa describes how she becomes frustrated by the assumption that she is straight because she has a baby, *"it annoys me that people assume I'm straight, it really grinds on me and I many a times do this big speech because I just can't help my emotions.....I have to come out literally every single day"* (166-170)

Zainab illustrates how she experiences homophobic attitudes in her workplace and feels that this is due to the cultural and religious beliefs of mental health workers within the particular National Health Service (NHS) mental health facility in which she worked.

*I think there was something to be said for the majority of the people who worked there came from various countries in Africa where the attitudes to homosexuality are appalling um and there was this one conversation where um, I heard one of the nurses saying that she thought her own son was and she found out her own son was gay, she would disown him. (103-107)*

Zainab has experienced institutionalised homophobia when attempting to assist a young woman who was struggling with her sexual identity. She suggested LGBT support groups to the young woman. However, within the particular NHS institution Zainab felt that there was an over-sexualisation of homosexuality and bisexuality, *"to do a search for gay youth groups was banned"* (134-135). Zainab is a self-identified bisexual woman and explains that when she is in a same-sex relationship she becomes more aware of homophobia, *"...when you go abroad or um, in many place you're that bit, that bit more cautious about where um, it's ok to hold hands or something like that um, booking hotels and things like that, you think about it then..."* (161-164)

As Aysha is not out to her whole family, she witnesses homophobic attitudes from her family members on a regular basis and does not feel that she can challenge their behaviour, *"he (dad) displays quite a bit of homophobia, I just, I just, just sat schtum really. I mean, it, it is, it makes me realise even more how I just couldn't be open at home."* (344-345). Her father also exhibits homophobic attitudes, which exacerbate Aysha's fear of exposure, and deepens her need for concealment in all areas of her life. Aysha explains, *"...it definitely has a negative impact, it makes me feel worse about who I am and just makes me want to you know kind of stay well in the closet..."* (352-354). Aysha believes that the only way she can be herself is to emigrate. However, when Aysha came out to her parents they stopped her from leaving home. Aysha explains, *"I wonder whether the only way to get around that is living, being abroad, I mean if...if I have such an issue with even leaving home I think that's where it starts, that's one of the biggest steps for me."* (256-259).

Amara has also witnessed homophobic attitudes within her family. However, she is unsure as to whether this qualifies as discrimination, "...maybe a bit from my mum maybe (laughs) but I don't know if that counts or not..." (122-123). When asked about homophobia in her family Amara states, "my brother-in-law has, yeah, I think he's quite homophobic, he's always, oh, that's disgusting, how could people do that and yeah, I just go silent and it hurts but obviously I don't feel like I can quite say anything..." (139-141). Furthermore, Amara is questioned by wider family members about her plans to marry and this leads her to question, "shall I tell mum to find me a guy from somewhere and get married to a guy instead you know, life would be, I say it would have been much easier but I mean, that's a daily battle..." (157-160).

Finally, Farzana feels that the community she has chosen for herself and her family does not discriminate. However, Farzana witnesses homophobic attitudes from her parents who believe that, "...there shouldn't be any gay charities, there shouldn't be any gay mosques, there shouldn't be err, there shouldn't be anything that encourages it..." (189-191). Farzana does challenge their beliefs. Her father believes that even if people are born non-heterosexual they should not act on their same-sex attraction.

As discussed in Chapter 2, Meyer (2003) proposes that distal and proximal minority stress processes are mediators for negative mental health outcomes. Participants expressed anger and frustration, pain and hurt at the overt and covert forms of prejudice that they experienced. In this way, they all experienced minority stress processes in some form and experienced mental health difficulties and specific times in their lives. However, very few participants sought help or support for their mental ill health as will be discussed in the section.

### **7.2.6 Mental health and health seeking behaviour**

Participants discussed the stigma surrounding both mental health and LGBT issues within the British South Asian community. Some participants explained that they would not discuss either subject with their general practitioner (GP) particularly if their GP was a member of the South Asian community. Amara states, "No, no, um, again my GP, like most of the doctors are Sikh, Indian (laughs) going to them with this kind of history even if it's you know, not about my sexuality just about mental health, I don't know..." (274-276). Stigma is particularly problematic for Amara who describes considerable psychological distress, which leads to self-harming behaviours. Amara explains that "...arguments with my mum about sexuality or getting married or um, um, arguments with kind of, with my ex as well and sometimes it just goes up and down you know, I think even just thinking about it..." (242-244) can trigger her self-harming behaviour and difficulty with emotion regulation. Self-harming significantly affects Amara's life and relationships, "...events where I do self-harm and it does affect me a

*lot and it affects my work and it affects my relationships at home and it affects friendships..."* (224-226), resulting in social isolation.

Aysha describes a similar experience, *"There is such a stigma I think, you know, even, even, even if I said I was, I think I might be depressed, I just, I just wouldn't do it, yeah."* (554-555). Again, for Aysha this is potentially problematic as she describes herself as unhappy with her current situation as she explains, *"...I guess, I have to say I get quite apathetic about things err, a bit of, I can get quite apathetic about things um, yeah, a general kind of apathy..."* (395-397). Furthermore, Aysha states, *"my tolerance to things is quite poor. I've been, it's been pointed out to me as well by friends that I have worsening intolerance levels..."* (401-403).

Although Zainab is currently comfortable with her sexual identity, she has struggled with her mental health in the past. Zainab has previously attended counselling services due to *"not feeling accepted cos of my sexuality um, feeling isolated generally due to a number of reasons."* (231-232). However, due to suicidal feelings, Zainab's counsellor requested that she speak to her general practitioner (GP) before they could continue work. Zainab reluctantly discussed her feelings with her GP, *"...I certainly didn't really feel like he was listening properly..."* (255). Zainab continues to have counselling.

Anisa, made the choice to have private counselling in order to discuss her same-sex attraction after which she came out to her parents. However, coming out meant that she had to leave the family home and sever ties with her parents. This was a very difficult time for Anisa, *"...um I lost, from my family completely, so um, it was like the rug under my feet um, I always had the solid base of my family..."* (583-584). Living on her own *"...was a real low period for me, really low because I had a, I was struggling with even the basic things..."* (619-620). Anisa explains, *"The lowest of the low of me moving out, worrying about my relationship with my parents, when I really needed them, they weren't there, they were part of the problem..."* (636-638). Furthermore, Anisa describes how she has lost confidence in herself,

*...I was very cocky and confident um, I was um, and I'm, I think I was completely broken and putting myself back together even still I'd say now um, I'm nowhere near as confident...I'm not as confident at all with my own abilities, in my own friendships, I question, you know, all sorts of things and that's purely being because you know, what used to, what was my base, real concrete sort of um, has just gone... (658-664)*

Amber, in contrast does not feel that her sexuality causes her stress as she has put strategies in place to care for her mental health and states, *"I listen to them (Indian hymns) every day and I find them calming and I find they really help my mental health especially when I am*

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*feeling stress cos everybody gets stressed don't they..." (355-356). However, Amber admits that she, "probably drink(s) too much and take drugs..." (408) and reacts strongly to the negative portrayal of the lived experience of non-heterosexual British South Asian women, "...well my initial reaction is to educate people, I don't do that anymore, I've been known to kick some people um, my initial reaction is swearing or physical. Very embarrassing! Working on that." (661-664). Due to Amber's individual lived experience she feels more detached from her parents than her siblings, "I think the disconnect has made it easier for me to be myself and not be as guilty or as um, bound to them..." (803-804). This has allowed Amber to become independent and resilient.*

At the time of her interview, Adeela was making plans to come out to a significant family member. This was causing her significant psychological distress, *"I'm getting that real depression, that really low feeling that is really tight actually um, and it's meant I've kind of gone, week to week, day to day in my living..." (415-416). In the past Adeela had self-harmed as a way of relieving her emotional distress and feel less numb. Adeela continues,*

*I'm getting to the point of that low, anxious depression that I had when I was 18 and I had it when I was 16 to 18 and there's no way, cos to me that's, that's, that's I, I'm at risk of hurting myself... (409-411)*

Consequently, Adeela struggles with anger due to the frustration she feels about living a double life and not being able to move forward with marriage plans until she has come out a specific family member.

At the time of our interview, Muneerah was experiencing significant psychological distress and self-loathing. Relatively recently, Muneerah had come out to herself, her parents, siblings and friends and was finding the process very challenging, *"I just got really down, couldn't go into work so I had like a week off um, and then it just spiralled really so since the start of May I have actually been signed off sick from work..." (342-344). Muneerah describes her mental state as "dynamic" and she ruminates over her current situation,*

*I'm always like thinking of loads of stuff so it's like, oh, I've pissed these friends off, am I ever going to be ok with being gay, why does it bother me so much, why am I obsessed thinking about race, sexuality um, am I reading too much about it because, you know I've got shed loads of books like Audrey Laud and all this stuff, Malcolm X is this like stressing me out more... (353-357)*

Muneerah admits to smoking "weed", which she feels lifts her depression and helps her focus her energy. In addition, Muneerah uses MDMA, commonly known as ecstasy about once every two months. At the time of this interview, Muneerah had been in contact with her GP,

was on the waiting list for NHS talking therapies and has been referred for a psychiatric assessment due to the fluctuations in her mood. Muneerah explains, *"...I've never felt a taboo about getting mental health help..."* (395). This is due to the fact that Muneerah has an older openly lesbian family friend who is a role model to Muneerah and also works in mental health.

At the time of our interview, Saarah described how she was confused about her sexuality and how she expresses her identity, *"...I get confused and I get really upset..."* (580). Saarah states, *"I think sometimes I'm gonna back out..."* (727) and get married to a man. However, Saarah ruminates over the implications of coming out to her father. This rumination causes Saarah considerable psychological distress, *"...it is hard it can be upsetting. Some days I get really upset because I, I don't want to hurt my family..."* (101-102). Saarah worries about the impact of her sexuality on her relationships with close family members and therefore, past romantic relationships have been kept secret. Saarah finds it difficult to maintain relationships and is hurt by the disapproval of her mother and sibling when they become aware, she has a partner. Previously, Saarah has misused alcohol in order to inhibit intrusive thoughts, *"I'd just drink and sleep. I just wanted to sleep, it would help me sleep and I thought sleeping's good because I'm not thinking about it..."* (661-662). Moreover, Saarah became socially isolated as she was unaware that support was available for gay Sikh women.

General life stressors such as changing jobs, relationship difficulties, bereavement and planning for the future are compounded by proximal and distal minority stressors as described by Meyer (2003) for Hajra. She has a low mood, which she describes as depression and has withdrawn from activities that would normally help to lift her mood, *"...some months I haven't been (to the gym) because I have been so depressed..."* (854-855). Social isolation has also been a challenge for Hajra as she explains, *"I felt very isolated from being Indian because I was lesbian, but I felt very isolated from being a lesbian because I was quite traditional..."* (620-622). Hajra feels frustration, which she expresses as anger, *"I do think I have real anger issues...No, I do because when I get, when I get frustrated it manifests as anger..."* (856-857). Emotion regulation (Hartzenbeuhler, 2009) is therefore a challenge for Hajra. Moreover, Hajra finds it difficult to express her feelings and believes that as a result of a sudden and traumatic bereavement, she is unable to cry, *"...I feel like I need to be punched in the face to feel. That sounds really harsh I bet but I feel numb, not numb, whatever is going on is going on so deep down I can't get to it..."* (860-862). This is suggestive of difficulty with emotion regulation. Hajra finds it difficult to separate her emotions and does not allow herself to "unpick" her feelings. In the past, Hajra has felt suicidal however, *"she (Hajra's mother) said that actually err when someone commits suicide, they, they, their spirit lingers until they are supposed to die. I don't know if she made it up or whatever, but it scared me..."* (822-824). Therefore, Hajra believes that she will never act on her suicidal feelings.

Hajra, Muneerah, Adeela, Naz, Anisa, Zainab, Amara, Aysha and Farzana have had some form of talking therapy through school, the National Health Service (NHS), voluntary services and private practice. Hajra feels that counselling was not useful, "...*softy, softy counselling would not do it for me...*" (860). However, she intends to explore cognitive behavioural therapy (CBT) through self-help. Muneerah has contacted MESMAC, a Yorkshire LGBT charity, for counselling and at the time of the interview had a psychiatric assessment scheduled due to her significant mood fluctuations and was on the waiting list for IAPT (talking therapies) services through the NHS. Adeela secretly received counselling through her school and was referred to a psychiatrist due to her self-harming behaviour. However, she explains, "*I didn't like this psychiatrist, she asked me if I would show her my scars where I, no, absolutely not, never. She was also Asian so that didn't help*" (743-744). Adeela did however join a support group at university. Due to her chosen occupation, Adeela has been required to undertake counselling which she found very effective. As this was a requirement of her training, she felt able to disclose this to her parents. Naz, has received counselling due to the nature of her job and has found this effective. Anisa initially received counselling through her employer for work related stress and did not find this very effective. However, she attends private counselling to help her understand her sexuality and regain her confidence. Zainab received counselling through her school and at the time her parents were aware of her attendance. Subsequently, she attended a private counselling service, which she kept hidden from her parents. Amara received counselling through her school due to her self-harming behaviour. However, she did not find counselling useful. Aysha was referred to psychotherapy by her parents when she disclosed her sexuality to them. Ultimately, she did not find this useful and ended the sessions. Aysha explains,

*I definitely wouldn't engage in mental, NHS mental health services. I wouldn't, I wouldn't go to my GP and mention anything. There is such a stigma I think, you know, even, even, even if I said I was, I think I might be depressed, I just, I just wouldn't do it...* (553-555)

Finally, Farzana has received talking therapy for relationship concerns. Saarah and Amber have not received any form of talking therapy nor have they sought support from their general practitioner. However, Saarah has found support at youth groups where she has volunteered and has not explored talking therapies as she explains, "*I didn't think there was such people like that to help a gay Asian girl cos then again I thought I was the only one.*" (637-638). Amber has found support in the Asian LGBT community and has not even felt the need to explore talking therapies.

### 7.2.7 Coping and resilience

Dewaele, Van Houtte and Vincke (2014) propose that the ability of sexual minority individuals to manage (in)visibility may affect if, and how, they are exposed to minority stressors and levels of psychological distress if any. Dewaele et al (2014) hypothesised that increased invisibility would reduce external stressors such as prejudice events and discrimination and increase internal stressors such as increased psychological distress. According to Dewaele et al (2014) lesbian and bisexual women who remain relatively invisible experienced higher levels of general psychological distress than gay and bisexual men. Furthermore, visibility management as a coping strategy may explain differences in mental health and wellbeing in non-heterosexual individuals (Dewaele et al, 2014). Furthermore, Brewster, Velez, Foster, Esposito and Robinson (2016) found that increased positive religious and spiritual coping reduced the negative impact of internalised heterosexism on the mental health and wellbeing of sexual minority individuals. Understanding the complex link between coping, resilience, stress and mental health is an important area of research that requires further consideration (Meyer, 2015). Participants' understanding of coping and resilience reflects the complex and unique experience of non-heterosexual British South Asian women.

Spirituality was important to many of the participants except for Anisa, Zainab and Amber who had rejected formal religion as Amber explains, "*I wouldn't say that I was spiritual because I'm a, kind, quite atheist.*" (504). However, Amber uses hymns and religious mantras as a way of coping with stress and explains, "*It's been proven that many hymns and religious mantras have healthy affects in the body.*" (507-508). Moreover, participants who had remained close to their belief describe a journey of self-acceptance within their religion as a pathway to accepting their sexual identity and coping with stress,

*...there is a, there is a certain judgement that comes with a certain belief that I, you know, I don't have um, and I've, and I've, the reason that I don't have that is because I worked through a lot of stuff mentally and emotionally...*  
(Farzana, 92-95)

Visibility management was a coping mechanism for all participants in different ways. Amber describes herself as out in all areas of her life, although she does not discuss her sexuality openly with older members of her family, she is comfortable doing so with her peers as discussed in section 7.2.1. Furthermore, Amber does not believe that she is subject to homophobia and feels that, "*...that sort of like internalised homophobia um I don't, I don't have that at all...*" (369). Aysha utilises a closed visibility strategy in order to cope with her sexuality and disapproval from her parents and, therefore, reduce external stressors. However, this causes psychological distress and results in difficulties with emotion regulation

as discussed above. Hajra utilises a combination of closed and open visibility management strategies in order to remain "acceptable" to her father and community. Again, this reduces external stressors such as disapproval from her father, wider family and community whilst increasing psychological distress resulting in difficulty with emotion regulation and social isolation. Proximal stressors affected participants to varying degrees resulting in vary degrees of psychological distress. Emotion regulation, social isolation and substance misuse were significant mental health concerns.

Hajra, Saarah, Muneerah, Amber and Farzana discussed their drug and alcohol use as a way of coping with stress. Parks (1999a) conducted qualitative interviews with 31 lesbian women and found that a third of participants felt that there was a link between their alcohol use and the need to find self-acceptance. This is an experience echoed by the participants in this study. The women felt that their alcohol and drug use was more problematic whilst coming out to themselves and their families as Saarah explains, *"...when I finally came out it was horrible, I was drinking early, early hours in the morning, being sick, um, I wouldn't sleep, I was drinking a bottle a night..."* (62-63). Muneerah describes how she uses drugs as a way to cope, *"I suppose the escapism of dancing, drugs and alcohol um and I say that as a coping strategy..."* (533-534).

Closed visibility management strategies may potentially enabled participants to obtain social support from family and community, which in turn may allow participants to create a sense of community resilience and positive religious coping resulting in an increased sense of individual resilience. Positive religious coping is defined as, *"turning to God for spiritual support, forgiveness, and guidance in letting go of stressful emotions and life circumstances"* (Brewster et al, 2015. p.2). Saarah, Aysha and Amara feel supported by their religion. However, they utilise closed visibility management strategies. Saarah explains, *"I believe in God, I pray, I go to the temple and I think, you know, this is how God made me. You can't blame God for the way he makes you..."* (232-233). Amara describes how she follows a more progressive form of Sikhism,

*...it's really not an issue in terms of being Sikh and my sexuality um, I like to think that Sikhism is about equality even though I, I don't see it in my religion um, but when you, when I read the scriptures it doesn't mention anything about that (sexuality)... I guess sort of modern views and modern approaches to my, to my religion... (75-80)*

Conversely, open visibility management strategies utilised by Amber and Naz may potentially minimise proximal and distal sexual minority stress processes reducing internalised heterosexism and increasing well-being (Dewaele et al, 2014).

Muneerah and Amara both use music as a way to cope with stress. For both participants music allows them to connect with their culture and intersecting identities. Muneerah explains, *"I think music articulates feelings that you can't quite make sense of yourself."* (542-543). Furthermore, Muneerah describes how, *"music always felt like a way to sort of I suppose reconcile the different parts of me."* (553-554). Murthy (2009) suggests that the Asian electronic music scene is transforming the way Asian people are perceived in British popular culture, combatting "othering" and increasing visibility. Muneerah describes the unifying nature of the electronic music scene,

*I'm really into electronic music and both of those types of music you use a lot of sampling so I like the fact that in sampling and then learning about, I'll hear this like, you know, this, this, white guy from Bristol using a small part of a Hindi song that I've heard my grandma singing in the kitchen... (557-560)*

Amara plays several instruments and writes songs and finds this "relieving" (599). As with Muneerah, Amara finds music a way of expressing her intersecting identities and connects her with her spiritual practice,

*I am able to go from the guitar where it's singing western songs and writing my own songs to err singing about religious songs on my harmonium so I am able to interact with both which is great and for me my err, religion is quite important, not, not the people around it but the scripture side of it about um, kind of being one with God and um, just yeah, leaving the material things um, behind and just focussing on kind of spirituality... (400-404)*

Amara also describes how she copes with familial homophobia by playing her instruments, *"I play lot of instruments, so I let (laughs) it out when I play my instruments..."* (146). Amber used South Asian music spaces to help her cope with coming out, *"...places like club Kali and... that I wrote about they really, they really did save my life..."* (34-35). However, for Zainab, South Asian music increased her sense of being "other" and therefore, minority stress,

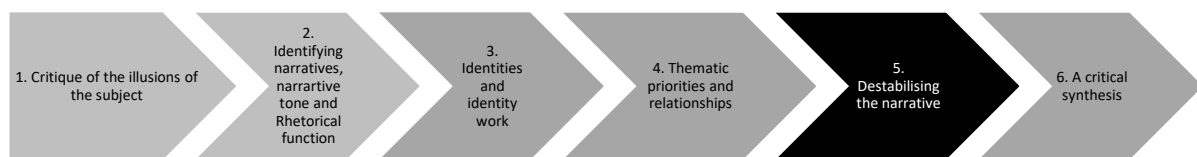
*...a lot of the social groups would be around um, listening to Indian music and if you don't know the language, you don't know the words, so you don't connect to that music as much as you would otherwise so there is something about that, feeling apart from the Asian community... (21-24)*

For many of the participants music forms an essential part of their identity. Identity will be discussed further in the next chapter.

### 7.3 Summary

Although the participants' lived experience is shown to be diverse there are common themes that participants discussed. These themes assist in building a picture of the lives of non-heterosexual British South Asian women and their mental health and well-being. This sample will not be representative of all non-heterosexual British South Asian women but goes some way to start the process of understanding minority stress processes in this specific group of women. Each theme offers an opportunity for further research in the area and highlights the diverse nature of LGB lives.

### 7.4 Destabilising the Narrative



*"Reflection cannot speak from nowhere"* (Thompson, 1981, p.xxix)

The final stage of analysis requires the researcher to engage with the specific social theories relevant to the subject under investigation as identified in stage one of the analysis namely intersectionality, Critical Race Theory (CRT) and Critical Psychiatry. This critique identifies specific elements of each theory relevant to current study, and provides a critical analysis constructed from readings of the narratives provided by participants. The interviews were reviewed for evidence of *intersectional invisibility* (Perdie-Vaughans & Eibach); significant principles from CRT such as "racism as normal"; differential racialisation and "the unique voice of colour" (Delgado and Stefancic, 2012); and finally, critical psychiatry such as "colonisation of the lifeworld" and "productive power".

#### 7.4.1 Applied intersectionality

As previously stated in Chapter 3, intersectionality is the methodical analysis of interrelated or interlocking identities such as ethnicity/race, sexuality, class, socioeconomic status and other cultural, social and political classifications. CRT is the investigation and revolution of the relationships between race, racism and power (Delgado & Stefancic, 2012) which acknowledges the intersectional nature of diverse lived experience. Critical Psychiatry is the study and reform of positivist theories of mental health that seeks to understand mental health as an intersectional project that understands the complexity of human experience and

establish a transcultural model of mental health. In the following sections the narratives are subjected to a critique from an intersectional perspective.

#### **7.4.1.1 Intersectional invisibility**

The term intersectional invisibility was coined by Purdie-Vaughans and Eibach (2008) to describe the hiddenness of individuals who do not fit the proto-typical individual categorised by the dominant social group. In the United Kingdom, the prototypical individual is considered white, male and heterosexual based on the ideologies of androcentrism, ethnocentrism and heterocentrism (Purdie-Vaughans, 2008). Therefore, non-heterosexual British South Asian women who have three subordinate identities do not fit this proto-typical categorisation and consequently, experience intersectional invisibility. Purdie-Vaughans and Eibach (2008) further expand their model to consider the advantages and disadvantages of intersectional invisibility. Social invisibility can be a potential advantage for subordinate group members, as they may not experience the same level of prejudice or discrimination as more proto-typical subordinate group members for example ethnic minority gay men. Cultural invisibility, as a component of the intersectional invisibility model, describes the absence of a specific lived experience in the dominant cultural understanding of a specific phenomenon. For example, dominant theories of “coming out” do not fit the experiences of the participants in this study.

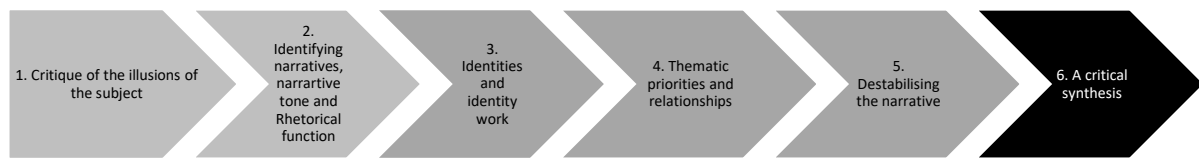
Therefore, intersectional invisibility may have implications for mental health and wellbeing as a protective factor due to decreased exposure to distal minority stressors. This was supported in the current study as participants demonstrated resilience through adaptive functioning namely, visibility management (Dewaele, Van Houtte & Vincke, 2012) when faced with distal minority stress processes such as familial homophobia, prejudice events and racism, for example; “...*I’m just living at home, (with) my family and I’m really grateful I’ve got a nice house, I don’t have to pay board or anything.*” (Saraah, 467-468). Here Saraah describes how she reduces stress and anxiety by remaining in her family home, receiving practical, financial and emotional supported.

Conversely, the women experienced increased exposure to proximal minority stress processes such as expectations of rejection and concealment due to their struggle to be recognised, to have their experience validated and their voices heard. This may explain why the positive narratives of non-heterosexual British South Asian women are unheard as they have less influence over the more dominant members of their subordinate group.



# Chapter 8 Critical Synthesis and Discussion

## 8.1 Introduction



In this chapter, I will outline my key contributions to theory, methodology and lived experience. My research enhances intersectional understandings of identity and minority stress in relation to sexuality and ethnicity in LGB British South Asian women. This project offers deep insight into the lived experience of non-heterosexual British South Asian women, their mental health and wellbeing and help seeking behaviour. Furthermore, my project contributes to the application of critical narrative analysis in intersectional methodologies resulting in in depth descriptions of individual women's stories that demonstrate complex intersectionalities of identity, sexuality and gender.

In this chapter I will also examine more recent research (Meyer, 2010; Moradi, et al, 2010; Moradi, DeBlaere & Huang, 2010; Aranda et al, 2015; Meyer, 2015) emphasising the stereotypes and misconceptions regarding identity, stress, coping and resilience among BAME LGB individuals in relation to the key findings of this study. I will argue for the moderating effect of coping and the mediating effect of resilience in BAME sexual minority individuals. This chapter will discuss the experience of participants in relation to the coping and the development of resilience.

The purpose of Stage 6 is to provide a clear summary of the analytical findings. Key narratives and themes are presented and discussed including the rhetorical function, narrative tone and the identity work being done. The significance of the key findings will be considered in the context of existing mental health services in general and primary mental health services in particular. A critical evaluation of the study is presented including any limitations identified, recommendations for potential improvements and areas for future research. The section will close with personal reflections and conclusion.

## 8.2 Critical Synthesis and discussion

### 8.2.1 Key Narratives, themes and identity work

Key narratives and common themes identified are discussed separately within the context of the Minority Stress Process Model (MSPM), the Psychological Mediation Framework (PMF) and Identity Process Theory (IPT).

As discussed in Chapter 2, previous research has shown that young, heterosexual British South-Asian women are at high risk of self-harm and suicide (Department of Health, 2007). The RaRE study research project (2015) concluded that LGBT individuals under the age of 26 are at higher risk of suicide and self-harm than heterosexual and cisgender individuals. This supports a meta-analysis carried out by King, et al (2008) who found elevated risk of deliberate self-harming behaviours and depression in LGB individuals. These findings link to the findings of this study. Each narrative has implications for the mental health and wellbeing of the women interviewed and their intention to seek support. The narratives describe the additional stress experienced by the participants, their coping strategies and resulting resilience. Meyer (2003) describes the importance of coping and resilience (Meyer, 2015) for the well-being of sexual minority group members in their response to minority stress. Findings indicate that fear of mental health professionals violating confidentiality is a significant predictor of secrecy around mental health issues for British South Asian women (Gilbert, Gilbert & Sanghera, 2004) and an area of concern for the provision of, and their engagement in, mental health services. As this research has implications for the delivery of mental health services, particularly in primary mental health care, these implications are discussed, and recommendations are made at the end of section 8.2.7.2 to support the mental health and wellbeing of British South Asian non-heterosexual women.

The following section considers common narratives identified within all participant interviews. Narratives are presented in turn as identified in table 8.2. This section also considers the identities presented and the identity work being done within the narratives described.

### **8.2.2 The “good” daughter narrative**

*“If you dare to be different from the community, you better be different and be bloody good at whatever it is that you are doing” (Naz)*

The narrative of wanting to be the “good” daughter is framed around the cultural concepts of *izzat* (honour) and *sharam* (shame). Research by Gilbert, Gilbert and Sanghera (2004) explored how South Asian women living in Derby, England experience *izzat* and found that *“The importance of maintaining family honour and identifying with it (izzat) was linked to personal shame.”* (p.109). Gilbert et al (2004) found that staying faithful to one’s culture and preserving the family’s standing in the community was vital to maintain *izzat*. Furthermore, Gilbert et al (2004) demonstrated a link between subordination, entrapment and the concept of shame, which they suggest mediates mental distress for British South Asian women. In a comparative study of Asian and non-Asian female students, Gilbert, et al (2007) found that Asian women demonstrated higher levels of external shame (acceptance concern and stigma)

and reflected shame (fear of bringing shame to one's family and community). As Siraj (2017, p.3) states '*Young British Muslim women are the recipients of cultural, familial and religious messages about appropriate feminine behaviour and these messages are produced, in the main, within the family*'. Findings from the literature are reflected in this project across all religious and cultural backgrounds represented in this study. In the current study, with the exception of Amber, Naz and for the most part Fazana, many participants described feeling "stuck" and unable to live the life they dream of for themselves as openly non-heterosexual, due to familial, cultural and religious pressure.

Amber and Muneerah do not feel this pressure to be the "good" daughter. For Amber, this may be due to her '*disconnect*' from her parents at an early age and sense of independence. Muneerah and Amber do not describe their lived experience in terms of the "good" daughter. This could be because, as a child, Amber spent a considerable amount of time living away from her parents. Therefore, Amber does not feel the same sense of duty to her parents that other participants may feel. Naz also spent a considerable amount of time living away from her parents as a teenager. However, she remains aware of the pressure to conform to the "good" daughter narrative. Muneerah grew up with the belief that "*...aligning yourself with whiteness is a really good thing...*" (181) and did not express the same cultural, familial or religious pressure to be the "good" daughter as with the majority of participants.

Furthermore, participants described hiding their mental distress due to the stigma they perceived and the shame this would bring. This narrative includes the key theme of heteronormativity, which further emphasised the need for participants to maintain the family honour in all other areas of their lives.

Participant "good" daughter narratives described these concepts in terms of the sub-narratives of sexuality and mental distress. I will discuss each narrative in turn.

### **8.2.2.1 Sexuality**

In the current study, many participants felt trapped or felt that their lives were on hold. Participants expressed feelings of hopelessness, social isolation and negative self-schemas leading to rumination and coping motives such as the strategic use of alcohol and drugs and self-harm. These general psychological processes (Hatzenbuehler, 2009) have been shown to have powerful links with psychopathology. This is reflected in my findings. For example, Aysha came out to her parents due to the pressure to commit to an arranged marriage. Although Aysha is a professional woman in a respected career, she lives in her parents' home. Participants described how South Asian women are expected to remain in the family home until they marry. Consequently, Aysha feels trapped and believes that the only way to live the life she desires would be to leave the United Kingdom; she fears that this would lead to a

loss of family support and bring shame to her family. Proximal minority stress processes (Meyer, 2007) such as expectations of rejection are linked to concepts of *izzat* (honour) and *sharam* (shame). Participants described how their sexual minority status could bring shame to their family and the secrecy that surrounded their sexual identity was deemed necessary to protect their families, particularly those living in South Asia. It is important to note that even participants who had chosen to live outside of the cultural norm described the burden of achieving success in all areas of their lives in order to find some acceptance and in some way remain the “good” daughter. Even for participants who were living in same-sex partnerships or who were in civil partnerships, the pressure to be the “good” daughter was apparent in their narratives. For instance, Naz had chosen to live outside of her South Asian community. However, she explained that she feels the need to be successful in all areas of her life to compensate for her sexuality in order to be acceptable to her family, as indicated in the quote at the start of this section.

Aspects of community are important for understanding the research participants’ sexual identities. Choudary et al (2009) found that South Asian LGBTIQ individuals reported high levels of alienation from their South Asian communities due to sexual self-disclosure. This loss of community was not replaced by support from the LGBTIQ community where South Asian individuals felt further alienation. This is reflected in the current study where the majority of participants reported that they had difficulty finding support from the LGB community in the United Kingdom. The women reported that they felt “other” in white LGB spaces. Furthermore, LGB support groups created for specific religious groups such as Sikh or Muslim individuals did not reflect the diverse nature of experience in the South Asian LGB community. Finally, participants reported that South Asian specific LGB support services were very male spaces, which did not cater for South Asian women’s specific needs where they could maintain their “good” daughter narrative. Therefore, participants found traditional sources of support from their communities by remaining the “good” daughter. Siraj (2018) concluded that ethnic identity and cultural norms are given more importance than sexuality for British Pakistani lesbians who described themselves as being in the “closet”. However, the current study suggests that the intersection of cultural, ethnic and sexual identity is far more complex and being in the closet is a very temporally and contextually diverse experience further complicated by the intersection of individualist and collectivist culture. This need for confidentiality was emphasised even further by the lengths participants went too to ensure privacy and confidentiality when taking part in this study.

### **8.2.2.2 Mental health and well being**

Two participants accessed mental health support in secrecy in order to protect their families from feelings of shame due to mental health stigma. Both are professional career women

and educated to postgraduate level. Nevertheless, the two participants were reluctant to discuss their mental health with General Practitioners (GPs) as a first step to accessing mental health services due to concerns with confidentiality around their mental health and sexuality. This was linked to perceived mental health stigma, concerns around confidentiality and anxiety around maintaining family honour. One participant accessed mental health services as an adult in secret after receiving support as a teenager with her parent's knowledge and experiencing a negative response from her father regarding maintaining family honour. Pilkington, Msetfi and Watson (2010) propose that *izzat*/shame related to mental health predicts less intention to access mental health services whereas acculturation and educational achievement predicts more intention. The women were able to maintain the "good" daughter narrative, protect their families from shame, and maintain the family honour by demonstrating acceptable feminine behaviour through visibility management. Therefore, the current study suggests that the "good" daughter narrative maintains *izzat* as shown by Gilbert et al (2007), but subsequently creates barriers to mental healthcare regardless of acculturation and education.

### **8.2.3 The "good" daughter identity and identity work**

The research findings showed that threatened universal principles such as self-efficacy, self-esteem and closeness required the employment of coping strategies. Identity work focussed on the "good" daughter identity necessitated interpersonal strategies such as isolation, passing and compliance. Isolation was used to ensure secrecy; compliance was used to ensure social acceptability; and passing was almost incidental. This perhaps highlights the dilemma of cultural and sexual identity work expressed by participants. The identity work employed in the "good" daughter identity demonstrated the other-focussed nature of cultural identity as a protective factor for the continuity of the South Asian identity as a whole which, according to one author working in the field is seen as primarily the responsibility of women (Rait, 2005).

Participants did not equate their "good" daughter identity with their religious identity. Participants who self-identified as religious were able to offer alternative religious understandings of homosexuality in order to reconcile their sexual identity with their religious identity. This substantiates existing studies, for example Yip (2005). Amara described an ancient Sikhism conceived of gender equality and a modern Sikhism accepting of homosexuality. Fazana described a progressive Islam that allowed for the reinterpretation of religious texts concerning homosexuality. Participants from a Hindu religious heritage did not subscribe to formal religion. The "good" daughter identity can be seen as a coping strategy to manage threats to the continuity of participants' South Asian identity which requires very specific gender roles. However, as discussed in Chapter 7, cultural concepts of female chastity

deprive women of power and identity and reinforce the acceptance of secrecy and concealment (Rait, 2005). Therefore, the “good” daughter identity can be seen as a double-edged sword protecting the continuity principle (see Chapter 3) but threatening self-efficacy and self-esteem.

With the exception of Naz and Anisa, participants described how remaining connected to the cultural expectations of their immediate families and wider community created an environment of social support. According to Breakwell (1986) negative social representations of sexual minorities can potentially negatively impact on the self-esteem of those sexual minorities. Individuals may seek to employ intra-psychic coping strategies, which connect their negatively represented identity to a positively represented identity. The research participants saw educational and financial achievement as well as stable relationships as ways of creating a more positive representation of their sexual minority identity. Remaining within the family home or presenting a culturally acceptable explanation for living alone ensured that participants were able to maintain strong affiliations with their communities after coming out to their immediate families. This strategy has been shown to mitigate psychological distress (Branscombe, Schmitt & Harvey, 1999; Brown et al, 1999, Moradi, DeBlaere & Huang, 2010). As Breakwell (1986) states, individual outcomes for mental health and wellbeing rely on individual coping power or resilience. Individuals develop coping strategies and their ability to apply these strategies uniquely. Therefore, outcomes for mental health and wellbeing are unique (Breakwell, 1986). Research has shown that ethnic minority individuals develop higher levels of resilience than their white counterparts (Meyer, 2015; Moradi, Deblaere & Huang, 2010). This research shows that this strategy cannot be analysed in isolation from interpersonal and intergroup coping. In order to maintain the appearance of the “good” daughter, participants utilise interpersonal coping strategies such as isolation from social encounters, passing as heterosexual and compliance with heteronormativity. Isolation leaves the individual with very few opportunities to validate their sexual minority identity. Passing leaves the individual exposed to increased levels of stress from homophobia and internalised stigma as demonstrated by participants. Compliance with cultural norms has led to participants being required to or feeling pressure, to repeatedly come out to immediate family. Compliance with western notions of lesbian, gay and bisexual identity has challenged all participants' self-concept and led to further isolation at specific points in their lived experience.

Participants utilise intergroup coping strategies in order to mediate threats to their identity. Sikh, Muslim and South Asian LGBT support groups have begun to establish themselves in the United Kingdom and have provided some social support to participants. However, due to the complex nature of participant experience these organisations can lead to further feelings

of isolation, for example women who consider themselves to be atheist or do not conform to traditional ideas of Sikhism, Hinduism and Islam. Furthermore, the experience of all participants who utilised these spaces was that women were invisible as they were male dominated. Participants did not wish to engage in the club scene and were, therefore, isolated from the growing British South Asian LGBT club culture and the social support that this might offer. Moreover, these specific participants were reluctant to participate in group action due to the secrecy surrounding their sexual minority identity. However, these participants were able to obtain social support by maintaining strong affiliations with their communities and further benefitting from community resilience (Meyer, 2015) in the form of role models, social norms and belief systems, opportunities and financial and social support. Maintaining the narrative identity of the “good” daughter has considerable implication for the subordinate majority notion of coming out, as will be discussed in the next section.

#### **8.2.4 *Coming out narrative***

Nine out of the eleven participants told their coming out stories. In this section I will discuss the nuanced concept of coming out as described by the women in this study. This narrative contains the theme of visibility management as a significant coping strategy. The women utilised various visibility management strategies that challenged the binary view of coming out. Four participants had come out to both parents and two had come out to their mothers and siblings but not their fathers. One participant was not out to her family but was out to friends and the remaining four women were out in most areas of their lives. None of the women were out to their wider family, for example family living in South Asia. The decision to remain invisible in some areas of their lives has the potential to protect them from distal minority stressors such as prejudice events (Meyer, 2007) but increases the risk of being exposed to sexual minority stigma. For instance, women who hide their sexual orientation may experience less direct prejudice or homophobia. However, as friends and family are unaware of their sexuality, they may be exposed to the free expression of homophobic attitudes as reported by the participants of this study. This strategy has the potential to increase the risk of exposure to distal minority stressors such as internalised stigma and general mental distress (Dewaele et al, 2014). In light of this, general psychological processes related to coping/emotion regulation such as rumination, social/interpersonal processes such as social isolation and cognitive processes such as negative self-schemas may be linked to visibility management in LGB women. In a study of lesbians, gay men and bisexuals in Flanders, Dewaele et al (2014) found evidence to support the hypothesis that closed visibility management strategies in non-heterosexual women were linked to higher levels of general mental distress when compared to LGB men.

In the current study the majority of participants adopted closed visibility management strategies in order to keep their sexuality hidden from their wider family, employers and wider community. These women reported witnessing familial homophobia, denial of their sexuality by their parents and pressure to conform to the hetero-normative, culturally appropriate role of a woman. Participants spoke of significant self-monitoring that created stress and feelings of guilt. For example, Saraah and Adeela both felt that by revealing their sexuality to their wider family they would cause their relatives physical harm. Adeela and Saraah described difficulties with coping and emotion regulation as they struggled with the decision to come out to significant family members due to the impact, they felt this may have on their wider family and community. Anisa feared physical violence if her older siblings were to become aware of her sexuality and felt pressure from her immediate family to conceal her sexuality, her partner and her child from her wider family and their community. Aysha felt that although she came out to her parents many years ago, her sexual identity was denied which caused Aysha considerable psychological distress. The remaining participants demonstrated low visibility management as a result of living outside of the family home with same-sex interracial partners.

The link between psychological distress and self-concealment is well documented (Larson & Chastain, 1990; Kavanaugh, 1995; Pachankis & Goldfried, 2006; D'Augelli and Grossman 2001). Moreover, Lewis, Derlega, Clarke and Kuang (2006) suggest that high social constraints combined with high levels of non-traumatic stress such as minority stigma is linked to negative mental health outcomes in lesbians. Lehavot and Simoni (2011) found that gender expression played a vital role in mental health outcomes. Women whose gender expression was self-identified as masculine/butch were more likely to experience distal minority stress processes such as prejudice events and victimisation whereas women whose gender expression was self-identified as femme/feminine were more likely to experience proximal minority stress processes such as internalised stigma due to concealment. This was reflected in the current study as all participants expressed a femme/feminine gender identity. It was not clear from the interviews if this was due to closed visibility management or gender identity. Therefore, the majority of participants felt that prejudice due to their sexual identity was not a significant issue. However, five participants in the current study concealed their sexual identity at work due to acceptance concern, fears of being outed in their community and minority stigma. This led to proximal minority stress resulting in further social isolation and loneliness. Newheiser, Barreto and Tiemersma (2017) found that self-concealment of sexual minority status in the workplace resulted in feelings of not belonging, low collective self-esteem, low workplace satisfaction and low work commitment.



Understanding community is important in gaining insight into South Asian women's processes of outness and concealment. In the current study, most participants were out to their immediate families and, although the coming out process caused considerable psychological distress, participants described a level of wellbeing, resilience and belonging from maintaining immediate family relationships. For instance, Saraah described how she has integrated her sexual identity and reduced internalised stigma whilst concealing her sexuality from her father. Anisa had chosen to reject her community and religion in order to establish her own unique family. She maintained significant immediate family relationships whilst concealing her sexuality from her South Asian community and older siblings. In this way, Anisa has integrated her sexual identity, reduced internalised stigma and demonstrated agency, activism and a positive outlook for the future. A study of Chinese LGB individuals demonstrated that self-concealment from family, for example, parents and siblings was the only mediating factor for low subjective life satisfaction. Self-concealment from friends and acquaintances did not show this mediating effect (Hu, Wang & Wu, 2012). Hu, Wang and Wu (2012) concluded that the experience of Chinese LGB individuals demonstrated the significance of family in their mental health and wellbeing. This is an interesting area for further research in the context of LGB British South Asian women.

### **8.2.5 *Queer Asian identity and identity work***

Although the participants of this study did not generally use "queer Asian" as a specific identity, I have chosen to use this as a general term to encompass the varied and complex intersecting identities described by the lives narrated. Participants constructed their sexual minority identities through the intersections of their British South Asian and gender identities. As British South Asian women, they cherished their cultural heritage, traditional celebrations and language, and generally subscribed to the cultural narratives of the role of woman and the social representations and structural inequalities that this identity engendered. Expectations of formal marriage introductions as experienced by Aysha, Amara and Adeela; male privilege as experienced by Saraah; and heterosexual privilege experienced by all participants, threaten identity development and integration and induced minority stress processes. Hajra, Saraah, Muneerah, Amara, Adeela, Zainab and Amber all spoke about music as an expression of their South Asian identity. Music created a frame of reference, a community and an ethnic identity. For Muneerah, music was the expression of her intersecting British and South Asian identities combining western underground dance music with traditional Asian music, giving her a sense of belonging.

Additionally, some participants engaged in the Asian LGBTQ club scene. This was notable for Amber who actively participates in the LGBTQ scene, attending LGBTQ nightclubs, which play British South Asian music and Asian underground music. Amber demonstrated high

integration of her British, South Asian and lesbian identities. Furthermore, she is able to express her intersecting identities visibly by combining western LGBT culture such as Doc Martin boots, with South Asian culture such as a sari and *bindi*. Amber is able to assign meaning and value to each intersecting identity through choosing positive social representations from each group membership. In this way, Amber challenges misconceptions surrounding her Asian heritage and racism.

However, for Zainab this journey was shrouded in complexity. As a result of Zainab's specific lived experience, she has always felt "other" and struggles to find a sense of belonging in all her group memberships. Zainab feels disconnected from her multiple group memberships; from South Asian culture and tradition, as she does not speak Hindi; from the homosexual and heterosexual community as she identifies as bisexual; and from the general population due to her very specific minority group status. As a result, Zainab found a sense of belonging and acceptance in an LGBT youth support group, was able to assign meaning and value to her sexual minority identity and has therefore been able to integrate this identity successfully. Nevertheless, as an adult Zainab no longer has access to youth group membership and has lost a key source of social support.

It is clear from the way in which each participant constructs her identity that British South Asian women are an extremely diverse group and identity integration, prominence and valence are complex processes, which require individual approaches within the context of social representations of power and structural inequalities in order to offer a truly intersectional approach to mental healthcare. This can be seen clearly in Muneerah's narrative as she grapples with white privilege, and Saraah, as she grapples with male privilege. Therefore, the findings of this study demonstrate that distinct identity characteristics such as sexual orientation can only be understood in relation to all intersecting identities such as race, disability, ethnicity, gender or class within the context of power and privilege. Grzanka and Miles (2016, p.389) assert, "*In complicating racist, sexist, and colonialist ontologies of the self, multiple, intersecting identities exemplifies the era of affirmation's "new" way of thinking about the self, inequality, and mental health that promises to represent members of multiply marginalized social groups in fair(er) and just ways.*" Therefore, this study has taken a first step in understanding the unique experience of non-heterosexual British South Asian women, their sense of self, the inequality that they experience and the impact of this on their mental health.

Finally, Meyer (2010) proposes that a key misconception regarding the experience of BAME LGB individuals is that ethnic identities clash with LGB identities leading to identity conflict (Meyer & Ouellette, 2009). This conflict has been described as a risk factor for psychological

distress in LGB BAME individuals. However, in a qualitative research study aimed at assessing whether LGB identity collides with black identity, Project STRIDE (2009) found that although black LGB individuals acknowledged homophobia and rejection within their communities, they did not feel that this experience caused them to doubt their LGB identity. Furthermore, stress theory suggests that disadvantaged groups are exposed to greater levels of stress and greater obstacles to resources. Resilience theory proposes that disadvantaged groups have greater access to individual and group resources when compared to advantaged groups such as coping skills, which protect them from the effects of stress. However, Meyer (2010, p.450) states that "*...great personal resources are not sufficient to cope with minority stress...*". Group level resources are required to bring about change to societal prejudicial norms, provide role models and encourage positive social support. This is apparent in the narratives described above.

### **8.2.6 Cultural connectedness narrative**

Research participants described the experience of cultural connectedness as a complex picture of connection and disconnection; comfort and discomfort; belonging and alienation. This narrative includes the theme of cultural heritage. Hajra found belonging in Punjabi custom and culture. Her poetic portrayal of traditional practices took the reader on a journey through the senses of taste, smell and sound. Amber created her unique identity and found belonging in Hindu tradition intertwined with British expression of LGB identity. Her pride at being skilled in the traditional technique of tying a sari was evident in her narrative. Fazana found agency in progressive cultural and Islamic practices, articulating clearly her fearless passion for activism, storytelling and challenging stereotypes in her narrative. However, Zainab described loneliness and alienation within her cultural networks. Traditional music and language enhanced her feelings of being "other" and made it difficult for her to draw meaning from cultural and religious practices. Muneerah strived to reconnect to her cultural heritage through music, travel and black, ethnic and minority (BAME) LGB organisations in an attempt to reconcile her intersecting identities. Naz described herself as more British than Indian and felt that in order to create resilience as a lesbian woman of South Asian descent she needed to disconnect from the South Asian community. However, she did not explicitly describe a disconnect from South Asian culture. An analysis of the cultural connectedness narrative suggests that participants employ different acculturation strategies (See Berry, 1990, 2001, 2005, 2008) which may result in varying mental health outcomes (Greenwood, Adshead & Jay, 2017). Table 8.1 shows acculturation strategies suggested by Berry (1990).

**Table 8.1** Acculturation Strategies (Berry, 1990)

	<b>Wish to maintain own cultural Identity</b>	<b>No value in maintaining own cultural identity</b>
<b>Maintaining relationship with other group is valued</b>	Integration	Assimilation
<b>Maintaining relationship with other group is not valued</b>	Separation	Marginalisation

The women in the current study described how their heritage language was closely linked to their ethnic identity, sense of belonging and cultural connectedness. Indeed, cultural connectedness is achieved through cultural knowledge and participation, and fostering and maintaining relationships (Lucero, 2014). Jaspal & Coyle (2010) assert that, for the most part, collective identity is associated with a specific linguistic identity. Participants placed significant importance on understanding their heritage language as this afforded them a clear understanding of traditional practices, religious ceremonies, music and media that in turn enabled them to remain connected to their cultural heritage. For Zainab, not understanding her heritage language alienated her in family gatherings, South Asian social groups and traditional music.

Culturally unique protective practices have been shown to support resilience (Ungar, 2012). Using the Multigenerational Connectedness Scale, Dwairy and Achoui (2010) found that adolescent-family connectedness was higher in eastern countries than western countries. Furthermore, female adolescents were more connected to their families than their male counterparts. Dwairy and Achoui (2010) also reported that emotional connectedness was linked to psychological distress whereas practical connectedness was linked to psychological wellbeing. There is also an argument for the protective nature of inter-cultural relationships as described by Hajra. I believe this is another interesting area for further research in relation to mental health outcomes for British South Asian non-heterosexual women.

The key findings of this research project are summarised in table 8.2 below. The next section summarises mental health and help seeking narratives as described in the Chapter 5.

**Table 8.2** Key Findings

<b>Key Findings</b>	
<b>Identity and Identity work</b>	<b>Thematic priorities</b>
"Good" Daughter identity	<b>Concealment and outness</b>
Queer Asian identity	<b>Role Models</b>
	<ul style="list-style-type: none"> <li>For non-heterosexual individuals</li> </ul>
	<ul style="list-style-type: none"> <li>For parents</li> </ul>
<b>Mental Health Outcomes</b>	<b>Cultural Heritage</b>
<b>Positive Outcomes</b>	<ul style="list-style-type: none"> <li>Cultural intersections</li> </ul>
<ul style="list-style-type: none"> <li>Resilience</li> </ul>	<b>Heteronormativity</b>
<ul style="list-style-type: none"> <li>Coping</li> </ul>	<b>Prejudice events</b>
<b>Negative Outcomes</b>	<b>Mental health and help seeking behaviour</b>
	<b>Coping and Resilience</b>
<ul style="list-style-type: none"> <li>Social isolation</li> </ul>	<b>Key Narratives</b>
<ul style="list-style-type: none"> <li>Maladaptive coping and emotion regulation</li> </ul>	<b>The "Good" Daughter Narrative</b>
Substance misuse	<b>Coming out Narrative</b>
Anxiety and depression	<b>Cultural Connectedness Narrative</b>
Self-harm	<b>Mental Distress Narrative</b>
Anger	<b>Help Seeking Narrative</b>
<b>Critique with intersectional Theories (chapter 7)</b>	
<b>Intersectional invisibility</b>	<b>Critical Psychiatry</b>
<b>Critical Race Theory</b>	<ul style="list-style-type: none"> <li>Colonisation of the lifeworld</li> </ul>
<ul style="list-style-type: none"> <li>"Racism as normal"</li> </ul>	<ul style="list-style-type: none"> <li>Productive power</li> </ul>
<ul style="list-style-type: none"> <li>Differential racialisation</li> </ul>	
<ul style="list-style-type: none"> <li>The unique voice of colour</li> </ul>	

## **8.2.7 Mental health and Help seeking Narratives**

### **8.2.7.1 Mental distress narratives**

The mental distress narrative, which includes the themes of heteronormativity and role models, was particularly driven by the research question. I was particularly concerned with the experience of mental distress that the participants described as I was interested in the implications for mental health care. I therefore specifically requested participants to discuss their mental health and help seeking behaviour whilst allowing them to describe their own specific experience. A summary of help seeking behaviour and the implications for mental healthcare can be found in table 8.3 at the end of this section.

As discussed in Chapter 2 of this thesis, LGB individuals have been shown to be at higher risk of psychological distress than their heterosexual counterparts (Stonewall, 2008). Research has shown that British South Asian women are at higher risk of mental distress than white British women. Participants did not give this information as freely as in other areas of their lived experience and some appeared quite reluctant to discuss mental ill health in connection with their sexual identity, for example, Amber and Fazana. However, participants described both proximal and distal minority stressors that resulted in psychological distress such as depression, anxiety and self-harm. Homophobia and prejudice events gave rise to expectations of rejection, which led to anxiety and depression or low mood and unhappiness. Participants ruminated over their situation and for Saraah, Aysha, Amara and Adeela this created a great deal of anxiety and resulting depression. Hatzenbuehler (2009) posits that stigma related minority stress would increase rumination, which would in turn lead to the development of depression. The current study supports this hypothesis to some extent. However, although many of the women lived within the confines of culturally endorsed heteronormativity and were exposed to sexual minority stigma and instances of indirect homophobia, they appeared to derive resilience and agency from the decision to remain connected to their family and community. Nevertheless, this strategy required participants to deny their sexual orientation for much of their existence. The cultural assumptions of heteronormativity and denial of their sexual identities created conflict for participants. The women demonstrated negative self-schemas, internalised stigma and hopelessness. For Amara and Adeela this had led to self-harming behaviours; for Hajra, Aysha, Muneerah, Naz and Adeela this had led to anger that they describe as problematic; for Saraah and Fazana this had led to anxiety; for Zainab this had led to social isolation; for Anisa this had led to a lack of self-confidence. Despite the substantial challenges and conflict that participants faced in this regard, the women expressed considerable optimism and hope. The prospect of finding a life partner in the future that would enable them to move away from the family home reduced stress for some interviewees. The majority of participants demonstrated acceptance and integration of their sexual identity despite social stigma by adopting compensatory strategies and focussing on positive elements of their multiple identities (Shih, 2004).

The lack of accessible positive role models was identified as a significant issue for many of the participants. A study of the impact of role models on the health and wellbeing of LGBT youths, found that female youths were more likely to choose role models who were the same gender and white and black youths were more likely to choose role models who were the same ethnicity as themselves. However, they did not find the same trend in Latino youths. Bird, Kuhns & Garofalo (2012) posit that youths who reported having an inaccessible role model also reported higher psychological distress than those who reported having an accessible role model or no role model at all. These findings are supported by previous

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research by Grossman & D'Aguelli (2004) and Eisenberg & Resnick (2006). There appears to be a gap in the research relating to the significance of accessible role models for British South Asian women or LGBT British South Asian youths, which my research helps to address. The majority of participants recognised the lack of accessible role models and identified accessible role models as significant in reducing minority stress. Therefore, accessible role models may be a significant protective factor in mental ill health for non-heterosexual British South Asian women. Further research is indicated in this area.

Proximal minority stress processes formed a significant role in the discourse of participants. Proximal stressors were both temporal and spatial in nature and led to varying degrees of psychological distress at different times on their journey to self-acceptance and identity disclosure to family and non-family members. Participants reported feelings of depression, anxiety and anger, which they described as linked to the concealment of their sexual identity from wider family and non-family members in their communities. Sexual identity disclosure to immediate family was reported as necessary in creating a positive sense of self and reducing feelings of depression and anxiety. Internalised stigma was expressed by Hajra, Saraah, Muneerah, Aysha, Amara, Adeela and Anisa resulting in unique and very individual coping strategies. This stigma was concerning not only their sexual minority status but also their mental health. Amara felt that she was not worthy of support due to internalised stigma. Zainab and Adeela have both sought support from mental health practitioners in secret.

In a study of the components of individualist and collectivist emotions Mesquita (2001) analysed the responses of 86 Dutch individualists and compared them to the responses of 171 Surinamese and Turkish collectivists in respect of the development of emotions through concerns, appraisal, action readiness, social sharing, and belief changes. Predictions for each component were tested separately. Mesquita (2001) found evidence to support the hypothesis that collectivist cultures emphasise social worth and are sensitive to changes in social value and proposed that the same emotions can be experienced in either self-focussed or other-focussed ways. This is contrary to the belief that collectivist cultures experience specific other-focussed emotions. Collectivist emotions were found to be relational in nature, rooted in relationships and reflecting the status of those relationships. Mesquita (2001, p.73) states '*Other-focused emotions would focus on social worth, reflect reality, and belong to the self-other relationship.*' Links between collectivist cultures and other-focussed emotion may have implications for minority stress and general psychological processes in that collectivist cultures may experience minority stress processes in other-focussed ways that may moderate psychopathology. As Saraah demonstrates, "*I don't want my mum to get in trouble from my dad, it's, it's so hard cos I know my mum will get blamed a lot as well.*" (189-190).

The protective effect of cultural connectedness is a significant finding of the current study. Participants describe self-acceptance within the confines of cultural and traditional boundaries. Parents openly disapproved of homosexuality. However, family *izzat* or honour may prevent mothers outing their children due to *sharam* or shame. It is important that their community and wider family do not become aware that their daughter is non-heterosexual. This may explain why parents chose to ignore their daughters coming out and continued treating them as heterosexual whilst openly expressing homophobic attitudes and continuing to organise formal introduction to prospective partners. Dane and MacDonald (2009) found evidence to support previous research that positive maternal acceptance of lesbian youths was a predictor for well-being. Furthermore, Dane and Macdonald (2009) found that positive attitudes from heterosexual friends, relatives and colleagues was important for the wellbeing of sexual minority individuals. Interestingly, Savin-Williams (1989) found that lesbians were more accepting of their own sexuality if they received acceptance from their parents. However, neither variable predicted the level of self-esteem (Savin-Williams, 1989). However, Floyd, Stein, Harter, Allison and Nye (1999) demonstrated that higher levels of self-esteem and lower levels of psychological distress were predicted when LGBT individuals reported positive parental relationships and less concern regarding independence from their parents. Only one participant specifically spoke of the risk of 'honour'-based abuse. However, nine participants discussed the risk of being rejected by family members. Rejection such as this may be considered a form of 'honour'-based abuse.

Resilience researchers have shown that sexual minority individuals of colour who self-identify as non-heterosexual demonstrate higher levels of coping and identity cohesion than their white counterparts (Meyer, 2010; Moradi, DeBlaree & Huang, 2010; Meyer & Ouellette, 2009; Narvaez, Meyer, Kertzner, Ouellette, & Gordon, 2009; Stirratt, Meyer, Ouellette, & Gara, 2008). In a study of Black and Latino lesbian, gay and bisexual (LGB) participants, Meyer and his colleagues found that *'They did not deny the stress of homophobia, especially homophobia in the Black church, but they clearly differentiated between the external sources of stress and internal identity cohesiveness.'* (Meyer, 2010, p.4). Moradi, et al (2010) examined risk and resilience in sexual minority people of colour. In this study, Moradi et al (2010) found evidence to support the resilience hypothesis, which proposes that LGB ethnic minority individuals are more resilient when faced with minority stress due to their experience with racism prior to experiencing sexual minority stigma. Thus, resilience becomes a characteristic of the individual through experience. Furthermore, LGB mental health researchers also have found evidence to support the resilience hypothesis. Meyer, Dietrich & Schwartz (2008) found that LGB people of colour did not experience more mental health difficulties when compared to white LGB individuals (Meyer, Dietrich & Schwartz, 2008). As discussed in Chapter 2, Meyer (2003) defines coping as a moderator in the stress-mental



health relationship. This is because coping is seen as a characteristic of the individual, his or her social environment, values and beliefs and the individual's existing identity structure (Breakwell, 1986). However, the Psychological Mediation Framework considers coping a mediating factor in the stress-mental health relationship. This is because coping is seen as a response to identity threat rather than a characteristic of the individual. Furthermore, identity process theory describes coping as the result of threats to identity and therefore coping can be said to be a mediator in the stress-mental health relationship. Therefore, I propose that coping be described as a mediator in the stress-mental health relationship and resilience be described as a moderator.

### **8.2.7.2 *Help seeking narrative***

The help seeking narrative was specifically guided by the research question and interview guide. Participants were asked directly about their intention to access mental health services or if they had had any actual contact with a mental health service or general practitioner regarding their mental health. Hajra, Muneerah, Amara, Adeela, Zainab, Aysha, Naz, Fazana and Anisa had all accessed counselling services of different types in different settings with various levels of success and for a variety of reasons. Saraah was not aware that services existed that would offer the support she required, and Amber had not sought support for the mental distress that she had experienced in the past or her occasional low mood. However, the picture is more complex than it would first appear.

Participants described how they were reluctant to discuss mental health or sexuality with general practitioners (GP). One reason given for not wanting to discuss these issues was the ethnicity of the GP or mental health practitioner. Aysha was referred to psychotherapy by her parents, as they believed her confusion with her sexuality was due to experiencing inappropriate sexual behaviour from family and family friends. Aysha attended the sessions reluctantly and eventually decided to stop as she found the sessions "traumatic" and did not believe that the "Caucasian" psychotherapist understood her cultural heritage and traditional upbringing. Furthermore, Aysha believed that the psychotherapist was "lesbian" and did not feel that she could empathise with her lived experience as discussed in Chapter 5. Muneerah's struggle with her ethnic and sexual identity and her anger towards white privilege had made it difficult for her to find suitable support as she was specifically seeking a mental health professional who was both non-heterosexual and from an ethnic minority background. Overall, cultural incompetence from white practitioners was seen as a barrier to accessing mental health services. These findings added to those of published studies such as Moller et al (2016) who found that South Asian women living in Britain felt that white counsellors were culturally ignorant but non-judgemental. The current research supports this finding and expands the field to include cultural ignorance of the experience of sexual minority British

South Asian women within the social structures of tradition and culture. In addition, participants described a reluctance to seek help from practitioners of the same or similar cultural background. South Asian women describe Asian counsellors as untrustworthy but culturally competent (Moller, Burgess & Jogiyat, 2016). Once again, the current study supports this finding and expands this categorisation to include GPs and psychiatrists. Participants expressed expectations of rejection due to mental health and sexual minority stigma and homophobia. Assumptions of heterosexuality by medical practitioners made encounters with medical professionals and decisions around sexual self-disclosure problematic. This was a significant barrier to help seeking. For example, Amara in particular describes how psychological distress due to pressure to marry through traditional formal introductions led her to self-harm. However, Amara would not seek help from her GPs who she states are Sikh or Indian. She felt that they would not understand her sexuality or mental health issues due to sexual minority and mental health stigma linked to *izzat* or shame. For Amara, this has led to social isolation and increased internalised stigma.

Four participants who worked within the healthcare profession were particularly concerned about having mental ill health recorded on their medical records and felt that this would hinder their future job prospects or opportunities for promotion. This had a considerable impact on their help seeking behaviour, as they were reluctant to discuss their mental health with NHS practitioners. The Equality Act (2010) protects individuals from discrimination due to disability. Many mental health issues are covered by this element of the Act. Furthermore, the Equality Acts protect individuals who disclose mental health issues when seeking employment. However, this protection did not appear to enable participants' help seeking behaviour.

As discussed in Chapter 2 of this thesis, Pilkington, Msefti and Watson (2012) found that increased levels of *izzat* and shame correlated with decreased intention to seek support for mental distress and suggested that education and normalisation of mental distress would assist in increasing access to mental health services. Moreover, Pilkington et al (2012) posit that higher levels of education and acculturation such as being born in Britain correlated to increased intention to access support. However, this finding is not supported by the current study. The women in the current study were born in Britain and were a mixture of first and second generation British South Asian women. Participants were well-educated, professional women with the majority holding responsible positions within healthcare professions, banking and law. However, this did not correlate with increased intention to access support. This may be due to the "good" daughter narrative discussed in section 8.2.3 and the resulting need for cultural connectedness.

As discussed in the section above, participants suggested that the lack of accessible South Asian LGB role models caused them significant distress when attempting to understand and integrate their sexual minority identity. I was unable to find research to identify the differences or similarities of effectiveness between LGBT affirmative role models and accessible LGBT role models. Accessible ethnic minority LGB affirmative role models within mental health services may go some way to increase intention to seek help for mental distress. Eisenberg & Resnick (2006) suggest cultivating the ability of influential adults and parents to connect with LGB youths who are struggling with their sexual identity could considerably reduce the risk of negative mental health outcomes. Literature produced in common South Asian languages describing homosexuality and bisexuality and the challenges encountered by the LGB community may assist migrant parents to empathise with their daughters and support them in their journey to self-acceptance. At the end of our interview and after the tape had been switched off, Hajra suggested a booklet written in Punjabi to help her father understand what it meant to be lesbian.

The current study shows that British South Asian non-heterosexual women are unlikely to seek help for psychological distress due to anxiety around confidentiality connected to concerns of family honour or *izzat*. This has considerable implications for culturally sensitive mental health services, LGB support services and primary health care provisions. All services and agencies could be required to familiarise themselves with the complex experience of non-heterosexual British South Asian women, particularly regarding the cultural requirements of family honour and shame. Non-heterosexual British South Asian women require support in their choices and have these choices recognised as personal agency.

Coming out has been described as an essential part of LGB identity development and integration linked to mental health and wellbeing (Cass, 1979, 1984; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). Recent research has recognised the differences in mental health outcomes between white LGB individuals and ethnic minority LGB individuals in relation to sexual self-disclosure, visibility management and minority stress (Aranda et al, 2015; Grov, Bimbi, Nanin, & Parsons, 2006, Meyer, 2010, 2015). The current study suggests that health care professionals are at risk of assumptions of heterosexuality if non-heterosexual British South Asian women utilise closed visibility management styles due to social constraints. Referrals to LGB organisations may not be appropriate, even if those organisations support specific religious groups. The women expressed a distrust of medical professionals who were members of the South Asian Community and questioned the confidential nature and non-judgemental experience of such encounters. The findings indicate that healthcare services could proactively promote choice of practitioner, the confidential nature of services, and anonymity if required. Moreover, the findings suggest that LGB positive environments that

are racially/ethnically and religiously inclusive could promote help seeking behaviour. Online, anonymous triage would assist in ensuring the appropriate practitioner or service is offered to patients. This also has implications for other agencies such as domestic violence support, police services, fertility clinics and gender specific services.

The research findings suggest that mental health practitioners would benefit from training in cultural competency that is reflected within the environment in which they offer services. Care should be taken to avoid categorical approaches to cultural competency and focus on the individual diversity of lived experience (Bassey & Melliish, 2013). Practitioners require a level of knowledge of the social and political context in which clients or patients describe their experience and construct their identities (Moller et al, 2016) and the significance of this for non-heterosexual British South Asian women.

**Table 8.3** Summary of help seeking behaviour and implications for mental health care

<b>Help Seeking Behaviour</b>	<b>Implications</b>
<b>Reasons for not seeking help</b>	
<b>Mental Health Services</b>	<b>Mental Health services</b>
<ul style="list-style-type: none"><li>• Heterosexual practitioner</li></ul>	<ul style="list-style-type: none"><li>• Practitioner Self-disclosure</li></ul>
<ul style="list-style-type: none"><li>• South Asian ethnicity</li></ul>	<ul style="list-style-type: none"><li>• Cultural competency</li></ul>
<ul style="list-style-type: none"><li>• Invisibility</li></ul>	<ul style="list-style-type: none"><li>• Visibility</li></ul>
<ul style="list-style-type: none"><li>• Stigma</li></ul>	
<b>General Practitioner</b>	<b>General Practitioner</b>
<ul style="list-style-type: none"><li>• South Asian ethnicity</li></ul>	<ul style="list-style-type: none"><li>• Choice of Practitioner</li></ul>
<ul style="list-style-type: none"><li>• Medical records</li></ul>	<ul style="list-style-type: none"><li>• Confidentiality</li></ul>
<ul style="list-style-type: none"><li>• Invisibility</li></ul>	<ul style="list-style-type: none"><li>• Visibility</li></ul>
<ul style="list-style-type: none"><li>• Stigma</li></ul>	<ul style="list-style-type: none"><li>• Normalising diverse experience</li></ul>
<b>LGBT Community Support</b>	<b>LGBT Community Support</b>
<ul style="list-style-type: none"><li>• Ethnic/Gender Invisibility</li></ul>	<ul style="list-style-type: none"><li>• Visibility</li></ul>
<ul style="list-style-type: none"><li>• Sexual identity invisibility</li></ul>	<ul style="list-style-type: none"><li>• Inclusivity</li></ul>
<ul style="list-style-type: none"><li>• Racism</li></ul>	<ul style="list-style-type: none"><li>• Tackle racism</li></ul>

### **8.3 Discussion**

This thesis has drawn on several distinct theories in order to analyse the complexity of the lived experience of non-heterosexual British South Asian women. In the next section each theory will be discussed in turn in order to demonstrate how the findings of this project relate to, build on or contradict current understandings.

#### **8.3.1 Minority Stress Theory**

This thesis contributes to the area of minority stress through the identification and incorporation of acculturation stress, as a specific proximal minority stressor. I propose that any model of minority stress in LGB individuals must include acculturation stress as discussed in section 8.2.6. This will offer a more complete generational picture of the processes involved in mental health and wellbeing in non-heterosexual British South Asian women and potentially minority migrant individuals from other nations who settle in countries with differing cultural expectations.

A further contribution to minority stress theory in LGB individuals relates to resilience and coping as discussed in section 8.2.7. In order to incorporate coping and resilience into the minority stress process model in LGB individuals, I have therefore proposed that coping be

described as a mediator in the stress-mental health relationship and resilience be described as a moderator.

Furthermore, this thesis demonstrates that Identity Process Theory (Breakwell, 1986) is a useful interpretive tool for identifying the complex nature of the characteristics of minority identity that Meyer (2003) describes as identity valence, prominence and integration. The nuanced nature of identity processes have been described and discussed throughout this thesis and demonstrate how identity characteristics may be misinterpreted and pathologized. As suggested by the current research the other-focussed nature of minority stress in the participants experience protected them from threats to the continuity principle of their south Asian identity but led to threatened self-efficacy and self-esteem. However, this did not necessarily lead to negative sexual minority identity valence or integration. As described in section 8.2.3, participants utilised interpersonal coping strategies such as isolation to ensure secrecy; compliance to ensure acceptability; and passing which was almost incidental. In this way participants were able to maintain traditional sources of support from within their communities and mitigate psychological distress. Nevertheless, isolation lead to participants' having very few opportunities to validate their sexual minority identity. However, there was no evidence to suggest that this affected participants' sexual minority identity integration negatively. Furthermore, participants utilised intra-psychic coping strategies to attached positive representations to their negatively represented sexual identity such as educational achievement, stable same-sex relationships and financial achievements which mitigated psychological distress.

This thesis also highlights the importance of understanding how minority stress processes may differ between individualist and collectivist cultures. The research suggests that the process model as proposed by Meyer (2003) may be developed by considering cultural identity as more than a status. As discussed above Identity Process Theory (Breakwell, 1986; Jaspal and Cinnirella, 2012) provides an interpretive tool to investigate the intersections of ethnicity, gender and sexuality.

Acculturation strategies (Berry, 1990) may influence cultural identity which in turn may influence minority stress processes and therefore, minority identity processes. As previously stated, individuals develop coping strategies and the ability to apply these strategies uniquely. Therefore, outcomes for mental health and wellbeing are unique. Compliance with western notions of lesbian, gay and bisexual identity challenged participants' self-concept and suggest that western perceptions of sexual minority identity prevalence require further examination.

### **8.3.2 *General psychological Processes***

As discussed in section 2.5, Hatzenbeuhler (2009) proposed an integrative mediation framework that combined minority stress processes and general psychological processes to offer a model of mental health outcomes in LGB individuals. The framework does not identify resilience as a moderator in the stress-mental health relationship. This thesis contributes to the area by proposing an integrative minority stress process model that includes general psychological processes and resilience.

### **8.3.3 *Applied intersectionality***

This project provides a unique opportunity to explore the individual intersectional lived experience of 11 non-heterosexual British South Asian women in depth. Intersectional invisibility was shown to have both positive and negative impacts on the mental health and wellbeing of the women in this study. This supports the research of Perdie-Vaughans and Eibach (2008) as discussed in section 7.4.1 who found that intersectional invisibility could have both advantages and disadvantages for LGB individuals. This has implications for the interpretation of the minority stress process model in LGB individuals as intersectional invisibility was shown to be actively employed by participants as a closed visibility management strategy that had both positive and negative outcomes. This has implications for the concept of identity concealment within the model, which is currently described as a proximal minority stress process. However, closed visibility management strategies were shown to promote resilience in some participants and increase stress in others.

## **8.4 *Methodological considerations and limitations***

This section examines methodological and epistemological considerations regarding the current study and discusses the limitations identified. Furthermore, this section identifies the unique contribution to critical narrative analysis and intersectional methodologies.

### **8.4.1 *Participant summary***

The eleven (11) participants in this study self-identified as female, lesbian, gay or bisexual, born in the United Kingdom and of South Asian descent. Five participants described their religious heritage as Sikh, four participants described their religious heritage as Hindu and two participants described their religious heritage as Muslim. Two participants described themselves as atheists, four participants described themselves as religious, two participants described themselves as not religious, one participant described herself as spiritual and two participants did not discuss religion. Participant's ages ranged from 24 to 53 years old ( $M = 36$ ).

### **8.4.2 *Epistemological considerations***

As a study of phenomenological knowledge, the current research seeks to understand how each participant experiences being a woman, non-heterosexual, British and of South Asian descent. With this in mind, the research aims were constructed to reflect this methodology. Interpretive phenomenological analysis (IPA) requires that the research not only consider the experience in its appearing but also draw meanings from this experience from psychological, cultural and social perspectives (Willig, 2013). Willig (2013) describes this as realist approach to the production of knowledge. Narrative psychology attempts to understand how individuals create stories of their lives and interpret the consequences of these stories. Narrative psychology produces social constructionist knowledge (Willig, 2013). Critical Narrative Analysis (CNA) is a hermeneutic approach to phenomenological enquiry that requires reflexivity from the researcher. In order to critically appraise the lived experience of participants, CNA combines IPA with aspects of narrative psychology.

Qualitative research acknowledges that multiple interpretations are possible and that each interpretation is equally valid. However, in order to interpret the deeper meaning of the data a hermeneutic of suspicion was selected rather than a hermeneutic of empathy that focuses on the text in its appearing rather than what might be hidden within it. Furthermore, the final stage of CNA employs this hermeneutic of suspicion in order to critically evaluate the data utilising appropriate social theory or theories. Intersectionality, critical race theory and Critical Psychiatry were chosen as a reflection of my existing knowledge and experience in order to meet the requirements of Stage 1 of the analysis. Therefore, a different researcher could potentially choose alternative hermeneutics of suspicion based on their knowledge and experience thereby presenting a different interpretation.

### **8.4.3 *Methodological considerations***

It is essential at this point to evaluate the appropriateness of my chosen method and its suitability for the research aims identified in the methodology section of this thesis. Due to the intracategorical complexity (McCall, 2005) of the subject, CNA offers a unique opportunity to explore the lived experience of this distinct subordinate minority group of individuals. The method provided a rich description of the lifeworld of non-heterosexual British South Asian women whilst allowing for analysis that illuminated this experience from the perspective of appropriate social theory. CNA provided a method of interpretation that revealed the deeper meanings behind the narratives, narrative tone and rhetorical function enabling the applied nature of the research. Furthermore, the reflexivity required by the method enabled a personal reflection on my insider/outsider status and forced me to reflect inwardly and



outwardly on current social policy and critical social theories and my position in relation to participants. This enabled researcher rigour and provided a unique perspective.

As Langdridge (2007) suggests, CNA is most suited to the analysis of one in depth case study. However, I was interested in understanding the experience of being non-heterosexual across a diverse ethnic identity described as British South Asian. This description renders invisible the unique intersectionalities of this minority group. Therefore, I required a method that would allow me to focus in depth on the individual women's stories and demonstrate the distinct intersectionalities of each participant. I was, therefore, able to draw out similarities and differences in intersectional experience across the 11 interviews. As far as I am aware this is the first time CNA has been utilised in this manner and my method of analysis is unique.

#### **8.4.4 *Limitations***

Critical narrative analysis is an extremely demanding method of analysis and therefore the choice of sample size is restricted by the very nature of the process. Therefore, the results of this study are not generalisable to the experience of all non-heterosexual British South Asian women. Any policy implications must be treated as indicative. Further research is required in this area. However, this was not the aim of the current study. The aim was to provide a starting point for further research in this area by identifying significant narratives and themes to create a clearer picture of the challenges and opportunities for further research. Due to the number of participants there was a conflict between identifying common narratives and themes and remaining true to individual lived experience. There is an argument for carrying out a single case study due to the demanding nature of the method. However, consequently I believe that although my choice of method could be seen as ambitious, the current study has provided a rich, in depth description of the lived experience of LGB British South Asian women.

#### **8.5 *Final reflexivity***

Personal reflexivity is a significant element of the research process and as person centred counsellor and supervisor, I have considerable experience in this regard and as such, I was compelled to confront my white privilege and position of power. I was concerned that my whiteness may have deterred participation and hindered rich description during interviews. I became acutely aware of the assumptions my name implied when reaching out to South Asian LGBT support groups and positioning flyers. I therefore felt it important to offer participants an understanding of my own lived experience, which required an appropriate amount of self-disclosure in order to build trust, demonstrate empathy and offer unconditional positive regard whilst remaining congruent. I believe the time spent in this reflexive state was time well spent as Muneerah was able to express her anger at whiteness in her interview, and Anisa

was surprised by the similarities of our experience. Slowly the process of reducing divergence was initiated and participants were able to discuss difficult experiences honestly and openly. Some would argue that this process of observation could form a part of the analysis (See Simony et al, 2018). However, although some observations were included within the analysis this was not a key part of the CAN approach. Furthermore, I was able to reflect on my own experience of growing up in a cultural environment where other-focussed minority stress was prevalent. It allowed me to gain a clearer understanding of my own lived experience and process of acculturation and other-focussed minority stress.

In my previous career, I was involved in engineering as a design technician utilising structured methods of analysis and strict design criteria. My choice of a qualitative approach has not been without its challenges. My PhD supervisor commented that I took a forensic approach to the analysis by creating spreadsheets to document common narratives, themes and document evidence from the interview transcripts. My writing style has fluctuated between reflexivity and scientific evaluation and I struggled to maintain consistency in my approach to this thesis. However, as a person-centred counsellor I am interested in the human experience as lived without judgement or questioning the external validity of that experience. Therefore, I have attempted to remain true to my phenomenological roots whilst offering an in-depth critical analysis of the data.

A final note is needed in terms of reflexivity and the implications for my own clinical practice. I was further compelled to question my own cultural competency and assumptions regarding acculturation and cultural connectedness. I feel that this project has enriched my understanding of the lived experience of BAME LGB women, which I will apply to my work with women seeking asylum in England due to their sexual minority status. I am grateful to the participants of this study for providing me with 'counter-stories' and allowing me to form a 'fusion of horizons' that I will carry into future research and practice.

## **8.6 Suggested directions for future research**

I have proposed that the links between collectivist cultures and other-focussed emotions has implications for the present study in that collectivist cultures may experience minority stress, general psychological processes and identity integration in other-focussed ways that may moderate psychopathology. This constitutes an interesting area for future research and its application to an intersectional approach to risk and resilience and mental health care for BAME sexual minority individuals. Further research into the protective nature of inter-cultural relationships and community resilience would assist in creating a complete picture of the link between minority stress, psychopathology, risk and resilience. Identifying levels of cultural competency in healthcare professionals regarding this particular group specifically, within

mental health services, primary care services and LGBT support organisations, would provide further opportunities to identify gaps in knowledge and representation. Research exploring the protective nature of accessible role models for LGB British South Asian women would add to an understanding of coping and resilience factors within models of minority stress processes in BAME LGB individuals.

Most importantly, The findings of this study suggest that further research to assess the theoretical implications of the application of identity Process Theory (Breakwell, 1986) to the minority stress processes in LGB individuals conceptual framework proposed by Meyer (2003) would further enhance minority stress theory and offer a more complete interpretative framework for assessing mental health outcomes in specific minority groups. The proposed model shown in figure 8.1 provides a framework for testing the findings in this study and future research in this area.

On a final note, although the analysis was reported using religious background as a method of distinguishing participants lived experience, most participants spoke about their, progressive religion, spirituality or atheism. Their religious affiliation was intertwined with their cultural background. It may be beneficial to move away from religious categorisation and the assumptions that this may engender in future research.

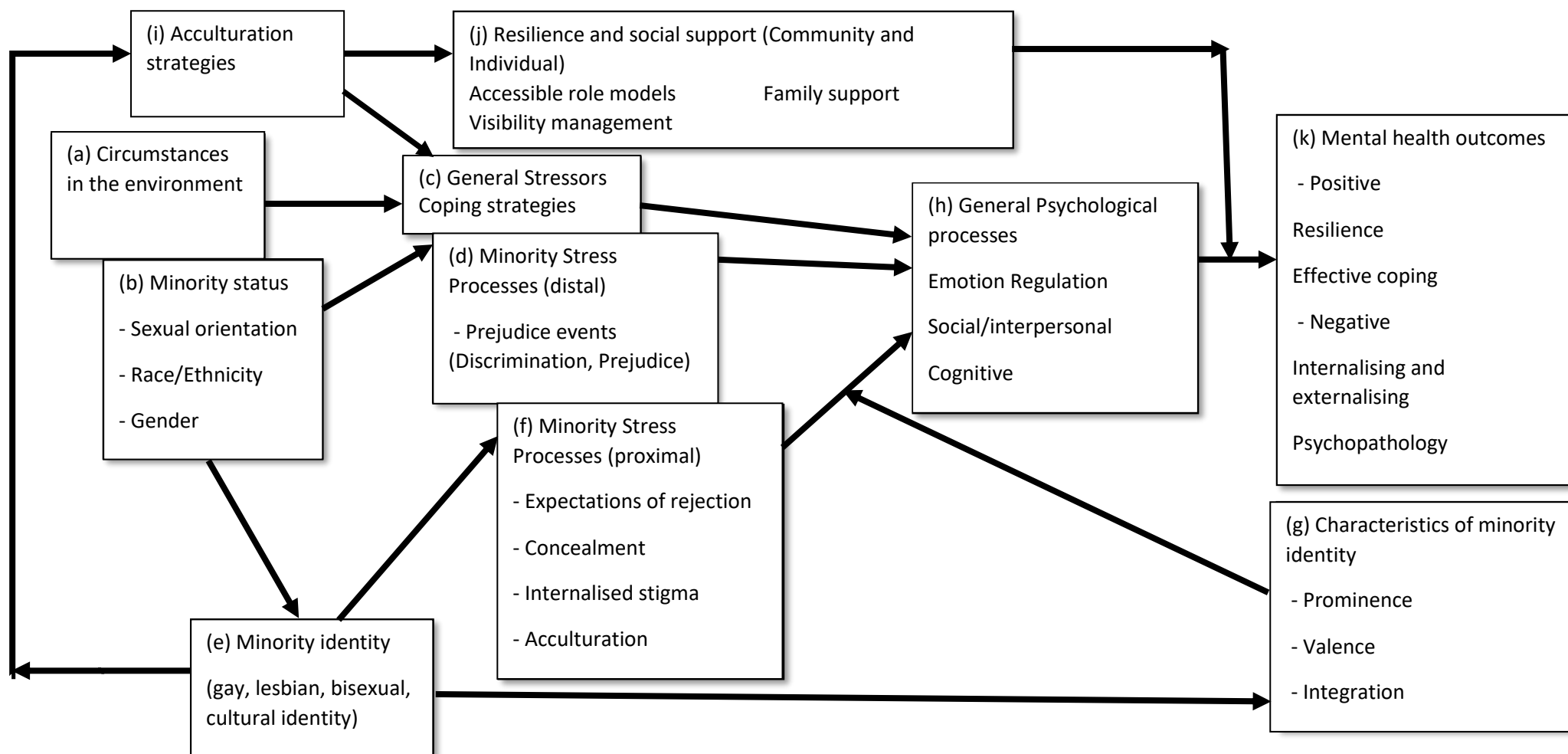
## **8.7 Conclusion**

Very little is currently known about the lived experience of non-heterosexual British South Asian women, their mental health and help seeking behaviour. This research study provides understandings of the effects of minority stress in this hard to reach group. It provides a starting point for future research and offers the potential to expand on current understandings of minority stress theory. Furthermore, this study provides indicative implications for mental health service provision and practice and identifies further areas for future research in this area. The critical synthesis outlined above demonstrates the complex nature of minority stress processes in the experience of non-heterosexual British South Asian women. This in-depth narrative account of the women's lived experience is made possible by the innovative methodology utilising critical narrative analysis to describe intra-categorical complexity of experience within intersectional research as discussed in section 3.1. The complex lived experience of LGB British South Asian women is observed in its appearing at neglected points of intersection such as ethnicity, sexuality and gender, reflecting the phenomenological nature of this project and methodology.

This research contributes to existing knowledge as it demonstrates the unique ways in which LGB British South Asian women experience proximal and distal minority stresses and

highlights the role of individual and community resilience as a moderator and coping as a mediator in the stress-mental health relationship. Furthermore, acculturation strategies are found to be potential additional proximal stress processes for this particular group, which has implications for current understandings of minority stress processes in ethnically diverse LGB individuals. Below is a proposed integrative process model that offers a framework to explain the stress-mental health relationship that considers the findings of the current study (see figure 8.1).

Given the lack of research examining the lived experience of non-heterosexual British South Asian women, it is hoped that this study provides a positive contribution from a social psychological perspective and a platform for further research in this area that assists in breaking the silence, ensuring that non-heterosexual British South Asian women receive the help and support they require.



**Figure 8.1:** Proposed Integrative Psychological Minority Stress Processes in BAME Lesbian, Gay and Bisexual Populations (adapted from Meyer, 2003; Hatzenbuehler, 2009)

## **Appendices**

## ***Appendix 1***

### ***Ethics materials for participant interviews***

## CONSENT FORM

**Title of Research Project:** We're here, we're queer, we don't drink beer: The intersections of gender, sexuality, race/ethnicity, religiosity and lesbian and bisexual women and the implications for mental health care.

It is important that you read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate, if you require any further details please contact your researcher.

I have been fully informed of the nature and aims of this research ☐

I consent to taking part in it ☐

I understand that I have the right to withdraw from the research at any time without giving any reason ☐

I give permission for my words to be quoted (by use of pseudonym) ☐

I understand that the information collected will be kept in secure conditions for a period of five years at the University of Huddersfield ☐

I understand that no person other than the researcher/s and facilitator/s will have access to the information provided. ☐

I understand that my identity will be protected by the use of pseudonym in the report and that no written information that could lead to my being identified will be included in any report. ☐

If you are satisfied that you understand the information and are happy to take part in this project, please put a tick in the box aligned to each sentence and print and sign below.

Signature of Participant:  _____	Signature of Researcher:  _____
Print:  _____	Print:  _____
Date:  _____	Date:  _____

(one copy to be retained by Participant / one copy to be retained by Researcher)



## **To whom it may concern**

### **Re: Request for research participants**

My name is Anna Louise Fry and I am a first year PhD student at the University of Huddersfield. I am undertaking the first stage of a research project with the following aims:

1. To study how British South Asian non-heterosexual women, understand the experience of being non-heterosexual in the United Kingdom.
2. To explore the mental health and wellbeing of British South Asian non-heterosexual women
3. To understand if, when and how British South Asian non-heterosexual women access mental health services
4. To understand how the experiences of non-heterosexual British South Asian women in Britain affects their mental health and help-seeking behaviour.
5. To provide myself with a deeper understanding of the lived experience of British South Asian non-heterosexual women and to initiate contact and begin to build working relationships with participants
6. To apply a phenomenological understanding to the lived experience of British South Asian non-heterosexual women.

I am aware that some non-heterosexual women experience being rejected by family and friends, intense pressure to get married, sometimes leading to forced marriage and marriages of convenience, domestic violence, homelessness and the loss of custody of children and/or abduction of children which may result in mental ill-health and even suicide. My research seeks to explore the lifeworld of non-heterosexual South Asian women in order to inform mental health policy.

Further information is available on request regarding the rationale for my research which identifies current and past studies in this area.

The main output from this research will be a PhD dissertation however, it is expected that the output from the analysis will also inform practitioner briefs which will inform mental health practitioners of the difficulties facing non-heterosexual South Asian women and the barriers to accessing support. Furthermore, it is hoped that the research will result in the publishing of academic papers and conference presentations.

Initially I would require five participants for an initial exploratory study however, I expect to carry out between fifteen and twenty interviews for the second stage study. The study will take place over the next three years and interviews will be carried out in safe, confidential locations convenient to those taking part.

As a lesbian white British woman who grew up in Southern Africa where being a part of the LGBT community was illegal and the threat of imprisonment was ever present, I have a personal interest in the health and wellbeing of non-heterosexual women. Furthermore, as a counsellor I have experience of counselling a diverse client group and therefore have a professional interest in mental health and wellbeing. Finally, as a researcher I have read widely on the subject of religion and homosexuality, South Asian feminist literature, critical race theory and critical psychiatry.

I will also be approaching other organisations that offer support and community services to non-heterosexual South Asian women such as the Safra Project and Imaan.

I would be grateful if your organisation would allow me to post a notice for interview participants on your forums or member's e-list. Confidentiality will be maintained throughout the study and participants will be allocated pseudonyms and all identifying information will be removed.

Kind regards

Anna Louise Fry

PhD Researcher

Email: Anna.Fry@hud.ac.uk

## **The intersections of gender, sexuality, race/ethnicity, religiosity and non-heterosexual women and the implications for mental health care.**

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### **PARTICIPANT INFORMATION SHEET**

You are being invited to take part in my study. Before you decide to take part, it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with me if you wish. Please do not hesitate to ask if there is anything that is not clear or if you would like more information.

#### **Who am I?**

My name is Anna Louise Fry and I am a PhD Research Student at the University of Huddersfield. I am a trained counsellor with nearly eight years' experience of counselling diverse groups, working in a Women's centre, for a bereavement charity and in private practice. As a member of the LGBT community and having grown up outside of the United Kingdom I am passionate about equality and the mental health and wellbeing of women.

#### **What is the study about?**

This study aims to develop an understanding of the lived experience of South Asian non-heterosexual women and how they experience being non-heterosexual in Britain today. The study will focus on how being of South Asian decent affects the everyday lived experience of non-heterosexual women in terms of their mental health and wellbeing whilst exploring if, how and when they access mental health services or other types of support. The study will increase awareness and understanding of the needs of women who identify with this group within mental health and other support services.

#### **Why I have been approached?**

You have been asked to participate because you are a member of the specific group whose experience is of interest to the research study.

#### **Do I have to take part?**

It is your decision whether or not you take part. If you decide to take part you will be asked to sign a consent form, and you will be free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way. Furthermore, you may request the removal of any part of your transcript up to two months after your interview.

#### **What will I need to do?**

If you agree to take part in the research we will arrange to meet in a safe confidential location at a time that is agreeable to both the researcher and yourself. At the meeting an interview will take place which will last between thirty minutes and one hour. The interview will be recorded and stored in a secure location. A trusted friend or ally may be present during the interview if translation is required.

**Will my identity be disclosed?**

All information disclosed within the interview will be kept confidential, except where legal obligations would necessitate disclosure by the researchers to appropriate personnel. In the analysis, all identifying information will be removed such as locations and specific situations. Psuedonyms will be given to participants.

**What will happen to the information?**

All information collected from you during this research will be kept secure and any identifying material, such as names will be removed in order to ensure anonymity. The information provided will be used in my PhD thesis and it is anticipated that it will also be used in academic papers and conference presentations. However, should this happen, your anonymity will be ensured, although it may be necessary to use your words in the presentation of the findings and your permission for this is included in the consent form. The transcripts will also be read by my supervisors as necessary and also extracts will be read by the external examiner.

**What will I do if I become psychologically distressed as a result of participating in the research?**

Appropriate contacts for seeking such support are as follows:

Yorkshire MESMAC Counselling Service:	Tel: 07771 931 327
Samaritans:	Tel: 08457 90 90 90
	E-Mail: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>
University of Huddersfield	Tel: 01484 472227
Counselling Service	E-Mail: <a href="mailto:wellbeingdisabilityadmin@hud.ac.uk">wellbeingdisabilityadmin@hud.ac.uk</a>

**Where will the final thesis be kept?**

A copy of my final thesis will be kept in the university repository and possibly also the British Library.

**Who can I contact for further information?**

If you require any further information about the research, please contact me or my supervisors on:

Name:	Anna Louise Fry
E-mail:	<a href="mailto:Anna.Fry@hud.ac.uk">Anna.Fry@hud.ac.uk</a>
Supervisors	Surya Monro & Vicki Smith
E-mail:	<a href="mailto:S.Monro@hud.ac.uk">S.Monro@hud.ac.uk</a>
	<a href="mailto:V.Smith@hud.ac.uk">V.Smith@hud.ac.uk</a>

Address: School of Human and Health Sciences, University of Huddersfield, Queensgate, Huddersfield, HD1 3DH.

## ***Appendix 2***

### ***Risk Assessment***

## THE UNIVERSITY OF HUDDERSFIELD: RISK ANALYSIS & MANAGEMENT

<b>Activity: PhD Research</b>			<b>Name: Anna Louise Fry</b>	
<b>LOCATION:</b> School of Human and Health Sciences, University of Huddersfield			<b>Date:</b> 24/03/2015	<b>Review Date:</b> 24/06/2015
<b>Hazard(s) Identified</b>	<b>Details of Risk(s)</b>	<b>People at Risk</b>	<b>Risk Management Measures</b>	<b>Other comments</b>
Interviewing in the homes of interviewees as a lone worker in the community	Personal safety	Researcher	<ul style="list-style-type: none"> <li>Log times and date of interviews with colleagues / administrator</li> <li>Phone call into the Human and Health Sciences administration /colleagues on leaving visit.</li> <li>If out of office hours or at the weekend I will inform a responsible friend/family member where I am going and arrange to text them on leaving interview.</li> <li></li> </ul>	Specific interview arrangements and location will be identified with administrator/colleagues in advance of meeting.
Interview on University property	Personal safety	Researcher	<ul style="list-style-type: none"> <li>Interviews to be carried out during office hours.</li> </ul>	Specific interview arrangements and location will be identified with administrator/colleagues in advance of meeting.
Loss/ theft of data	Security of data	Interviewees	<ul style="list-style-type: none"> <li>Electronic data to be stored only on password secured computer equipment and storage devises.</li> </ul>	Laptops, and other electronic data storage devises to be transport in the boot of a car or in the Top Box of a motorcycle.

Manual handling	Personal wellbeing	Researcher	<ul style="list-style-type: none"> <li>To move and carry equipment with consideration of personal health and well-being.</li> </ul>	
Display screen equipment	Poor posture sat working for prolonged periods resulting in musculoskeletal problems, visual/physical fatigue	Researcher	<ul style="list-style-type: none"> <li>All workstations subject to DSE assessment process</li> </ul>	
Slips trips or falls	Obstructions, trailing cables etc. on thoroughfares throughout University campus	Researcher	<ul style="list-style-type: none"> <li>Researcher vigilance in public areas</li> </ul> <p>Regular review of working space to ensure health and safety</p>	
Travel to and from interviews	Risk of motor vehicle accident whilst travelling to and from interviews	Researcher	<ul style="list-style-type: none"> <li>Researcher to ensure that all vehicles are in good running order, have an updated MOT and is appropriately insured.</li> </ul>	
Psychological Distress	Risk of psychological distress due to the nature of the research topic	Participant	<ul style="list-style-type: none"> <li>Researcher to ensure that participants are given information relating to support services available</li> </ul>	

## ***Appendix 3***

### ***Initial interview guide***



**Project Title:** The intersections of gender, sexuality, race/ethnicity, religiosity and lesbian and bisexual women and the implications for mental health care

### **Initial Interview Guide**

- 1) How would you describe your sexual orientation?
- 2) Could you describe how you feel about your sexual orientation?
- 3) How would you describe your ethnicity?
- 4) In what ways would you say your sexual orientation impacts on your everyday life?
- 5) How and with whom have you shared your sexual orientation?
- 6) How supportive of your sexual orientation are those who are aware?
- 7) How inclusive do you feel the British Lesbian, Gay, Bisexual and Transgender community is?
- 8) Have you ever considered contacting, or have you ever contacted any support service/organisation regarding your sexual orientation?  
If yes, could you tell me about your experience of these services and what these services were?  
If no, could you tell me about what has prevented you from accessing these services?
- 9) Have you ever considered contacting, or have you ever contacted any support service/organisation regarding your mental health and wellbeing?  
If yes, could you tell me about your experience of these services and what these services were?  
If no, could you tell me about what has prevented you from accessing these services?
- 10) Today you have shared your experience of being non-heterosexual in a heteronormative society. There have been many themes that were consistent across your experience. These themes include..... does this sound correct? Is there anything else that you would like to add?

## ***Appendix 4***

### ***Final interview guide***

**Project Title:** “We’re here, we’re queer, we don’t drink beer”. The intersections of gender, sexuality, race/ethnicity, religiosity and British South Asian lesbian and bisexual women and the implications for mental health care.

## **Second Stage Interview Guide**

The guide has been designed in order to obtain specific information regarding the intersectional nature of the lived experience of participants in the first instance after which specific questions may be asked if required. The questions assume prior knowledge of participant terminology around sexuality, ethnicity and mental health and also participant’s personal circumstances i.e. “outness”, family circumstances and mental health and wellbeing.

### **Minority Stress Theory Intersectionality**

#### **Environmental Circumstances**

- 1) Tell me a bit about yourself? Your age, employment status, relationship status, family status, socio economic status and Religion.

### **Minority Status**

- 2) How would you describe your ethnicity?
- 3) How would you describe your sexuality?
- 4) How would you describe your gender?

### **Lived Experience/Characteristics if Minority status**

- 5) Tell me about your experience of being lesbian/gay/bisexual (use participant language as Q3)?  
(Use prompts in order to identify general and minority stressors e.g. distal and proximal)
  - 5a) How do you negotiate.....?
  - 5b) How would you describe.....?
  - 5c) Could you say more about.....?
- 6) Have you ever experienced discrimination due to your sexuality? (use this question if not discusses in Q5)

(Use prompts in order to identify overt and covert forms of discrimination)

- 6a) Have you heard people make jokes about (gay) people?
- 6b) What was your reaction?
- 6c) Have you ever experienced physical violence towards you due to your sexuality?
- 6d) Could you describe an incident where you believe you experienced discrimination due to your sexuality?

## **Mental Health**

- 7) How would you describe your mood over the years?
- 8) How does this impact on your life?
- 9) Have you ever considered contacting, or have you ever contacted any support service/organisation regarding your mental health and wellbeing?  
(Use prompts in order to identify services/organisations accessed and therapeutic interventions utilised)
  - 9a) How would you describe the level of service you received?
  - 9b) How could the service be delivered differently?
  - 9c) Do you feel your needs were met?
- 10) What prompted/prevented you from accessing professional support services?  
(Use prompts to ascertain the perceived and actual blocks to accessing existing services)
  - 10a) What would have made it easier for you to access these services?
  - 10b) How would you describe.....?
  - 10c) Could you tell me a bit more about.....?
- 11) What support do you believe would be helpful to you?

## **Coping/Resilience**

**(Using information already established from Q1 to Q11 such as “outness”, family situation etc)**

- 12) How do you feel that you cope with.....?
- 13) How supportive of your sexuality are the people who know that you are lesbian/gay/bisexual?  
(Use the preferred terminology of the participant)  
(use prompts to gain specific information if required)

- 13a) Do you feel supported by the LGB (use the preferred language of the participant) community
  - 13b) Do you feel supported by the Asian (use the preferred language of the participant) community?
  - 13c) Do you feel supported by your family?
  - 13d) Do you feel supported by your friends?
- 14) Today you have shared your experience of being lesbian/gay/bisexual (use the preferred language of the participant) in Britain today. There have been many themes that were consistent across your experience. These themes include..... does this sound correct? Is there anything else that you would like to add?

## ***Appendix 5***

### ***Flyer***



**Are you a British woman of South Asian descent?**

**Are you attracted to other women?**

**Would you be willing to talk about your experience  
confidentially?**

If you have answered yes to the questions above I really need your help and would appreciate a couple of hours of your time. I would like to learn more about your experience of being non-heterosexual in Britain today and what you do in order to cope with understanding, developing, expressing or concealing your sexuality. In this way I hope to inform support services and policy makers of the specific needs of this very invisible group of women. I would like to speak to ladies and girls (over 18) of different ages and ethnicities and faiths who are of South Asian descent face to face, via email or skype.

**I realise that your safety and privacy are crucial and I will keep your contact details completely confidential. You do not need to give me your real name to take part.**

If you are interested please contact:

Anna Fry

Email: **[annatogetherproject@gmail.com](mailto:annatogetherproject@gmail.com)**

If you have any concerns about this research please contact The School of Human and Health Sciences, Research Ethics Panel, University of Huddersfield on [hhs\\_srep@hud.ac.uk](mailto:hhs_srep@hud.ac.uk)



Any cost incurred as a result of your participation in this study will be reimbursed.

## ***Appendix 6***

### ***Sample analysis spreadsheets***



Stage 2 – Identifying Narratives - Hajra			
Narratives	Line reference	Narrative Tone	Rhetorical Function
<b>Mother's sudden and unexpected death</b>			
<ul style="list-style-type: none"> <li>Grief and coming out inextricably linked.</li> <li>Negotiating sexuality knowing mum wouldn't approve.</li> <li>Timing of coming out</li> <li>Culture and mum inextricably linked</li> </ul>	129-139, 163 – 167, 203-209, 213-218, 220-222, 276–279, 591, 601, 602, 649, 732, 741, 742, 806-809, 816-822, 829	<ul style="list-style-type: none"> <li>Horror</li> <li>Darkness</li> <li>Guilt</li> <li>Abandon/letting go</li> <li>Holding on</li> <li>Grief</li> </ul>	<ul style="list-style-type: none"> <li>Describing world falling apart.</li> <li>Death of mother the catalyst for coming out. "I just didn't give a shit anymore"</li> <li>Justification for taking the risk of coming out</li> <li>Unique experience</li> <li>Guilt around knowing her mother would not approve and therefore reconciliation has been very difficult on mental health and wellbeing.</li> <li>Culture is a valued connection to memory of mother</li> </ul>
<b>Importance of Indian Culture</b>			
<ul style="list-style-type: none"> <li>Choice of girlfriend - Sharing Punjabi history/language/popular culture/food/music</li> <li>Understanding limitations within the culture</li> <li>Remaining traditional important for acceptance as lesbian</li> </ul>	55-62, 398-422  293-300  156-161, 163-167	<ul style="list-style-type: none"> <li>Love</li> <li>Familiarity</li> <li>Sharing</li> <li>Frustration</li> <li>Self-acceptance</li> <li>Sense of community</li> </ul>	<ul style="list-style-type: none"> <li>Gaining acceptance from family and community by remaining traditional</li> <li>Richer experience as justification for choosing a British Asian girlfriend, speaking the language, wanting to travel to India, wanting an Indian life</li> <li>Not wanting to become too westernised.</li> </ul>
<b>Relationship with Father</b>			
<ul style="list-style-type: none"> <li>Supportive but unpredictable</li> <li>Stood up to father</li> </ul>	74-77  317-322  156-161	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<ul style="list-style-type: none"> <li>• Pressure to make father proud to balance sexuality</li> <li>• Seeking approval</li> <li>• Process of constant negotiation</li> </ul>			
<b>Asian Vs Western culture</b>			
<ul style="list-style-type: none"> <li>• Defiant against shaming</li> <li>• Culture a massive thing</li> <li>• Wishes culture was different</li> <li>• Wishes marriage wasn't a must</li> <li>• Homosexuality worse than drugs and murder</li> <li>• Homosexuality a disease</li> <li>• Caste/religion/language/culture</li> <li>• Respect</li> <li>• Marriage</li> <li>• Parents lack of understand around natural love due to arranged marriages</li> <li>• Parents learnt to love someone, therefore no understanding of being gay</li> </ul>	14, 381, 382, 507, 323, 324, 325, 326, 327, 328, 329, 330, 385, 386, 388- 393, 381-384  267, 268, 269, 839, 427, 833, 838, 336, 305, 401, 406, 409, 410, 837	<ul style="list-style-type: none"> <li>• Anger</li> <li>• Acceptance</li> <li>• Hope</li> <li>• Disbelief</li> <li>• Intersecting identities</li> </ul>	<ul style="list-style-type: none"> <li>• Justification of position</li> <li>• Justification of secrecy</li> <li>• Acceptance</li> </ul>
<b>Relationships</b>			
<ul style="list-style-type: none"> <li>• Indian/nice &amp; decent/same caste – will soften the blow</li> <li>• Excitement of a secret</li> <li>• Feeling dirty/bad</li> </ul>	78-81, 94, 96, 134, 138, 199, 348, 349, 725- 727, 737-742,	<ul style="list-style-type: none"> <li>• Desperation</li> <li>• Need</li> <li>• Acceptance</li> <li>• Lack of Self-worth</li> <li>• Guilt</li> <li>• Selfishness</li> </ul>	<ul style="list-style-type: none"> <li>• Justification of current situation</li> <li>• Justification of why still living at home</li> <li>• Justification for not finding a girlfriend and actions of the past</li> </ul>

<ul style="list-style-type: none"> <li>• Balance between not getting caught and keeping partner happy</li> <li>• Don't know what love is</li> <li>• Pressure to find the right relationship</li> <li>• Need for attention</li> <li>• Selfishness – choosing own happiness over family/community</li> <li>• Reason to come out to Dad</li> </ul>	154-155, 118, 119, 205-212, 498, 499, 565-571, 647, 648, 42, 90, 333	<ul style="list-style-type: none"> <li>• Confusion</li> </ul>	
Planning for the future			
<ul style="list-style-type: none"> <li>• Employment</li> <li>• Own residence</li> <li>• Own life</li> <li>• Location unknown to family</li> <li>• Loss of family</li> </ul>	299-301, 310-313	<ul style="list-style-type: none"> <li>• Rumination</li> </ul>	<ul style="list-style-type: none"> <li>• Positive future</li> <li>• That change will happen</li> <li>• Motivation</li> <li>• Resilience</li> </ul>
Help Seeking behaviour			
<ul style="list-style-type: none"> <li>• Support from friends and family</li> <li>• LGBT organisations not culturally appropriate</li> <li>• No role models</li> </ul>	366-370, 531-534, 638, 639	<ul style="list-style-type: none"> <li>• Despondent</li> <li>• Other</li> <li>• Isolation</li> <li>• Unknown</li> <li>• Embarrassment?</li> </ul>	<ul style="list-style-type: none"> <li>• Justification for not seeking assistance</li> <li>•</li> </ul>

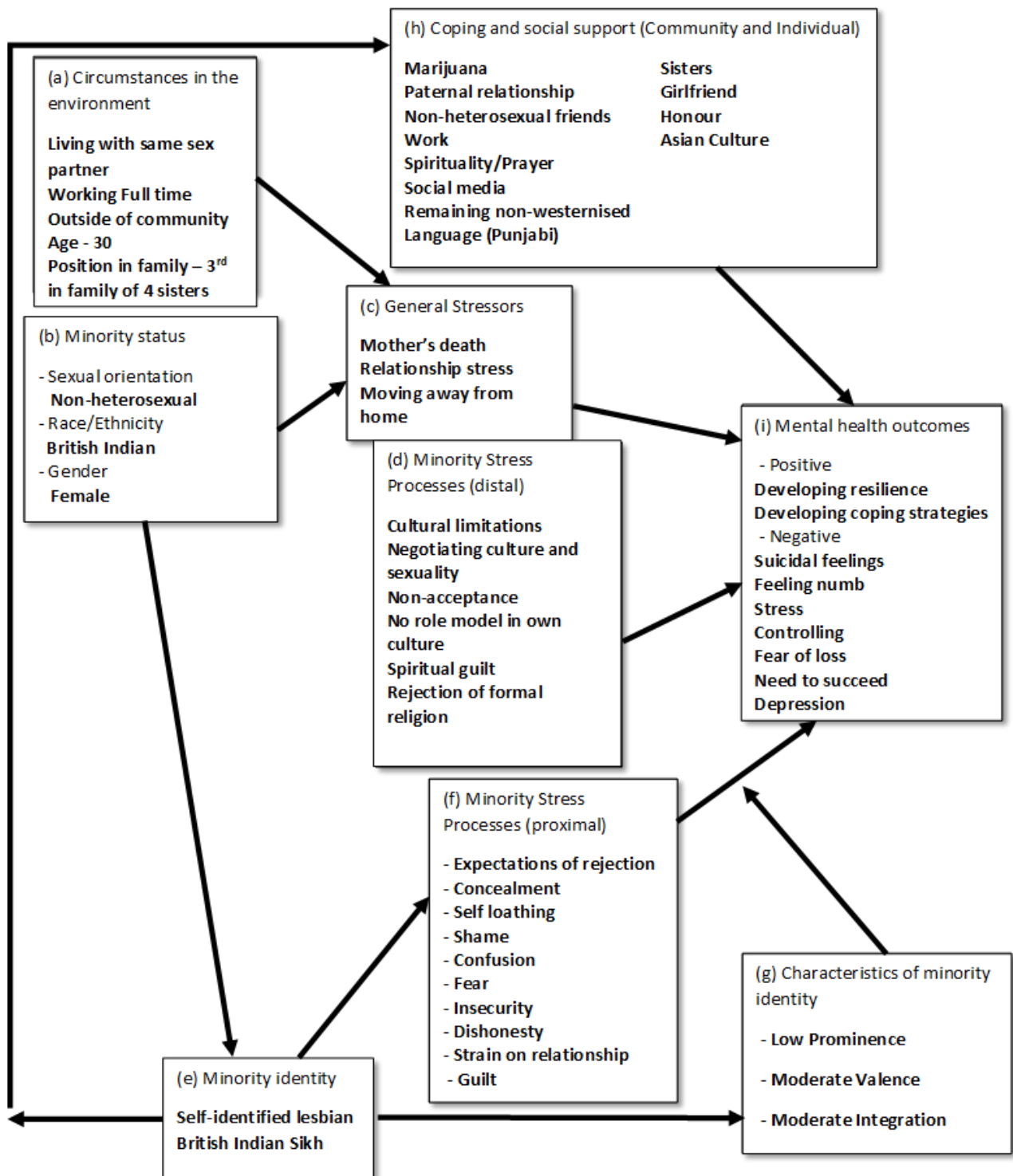
Stage 3 - Identities and Identity Work - Hajra	
Identities	Identity work
Youngest Daughter	<ul style="list-style-type: none"> <li>• Good</li> <li>• Decent</li> <li>• Respectful</li> <li>• “brought up well”</li> <li>• “Not sleeping around”</li> <li>• Less pressure to marry</li> <li>• Celibacy</li> </ul> <p>VS</p> <ul style="list-style-type: none"> <li>• Deceit</li> <li>• Sexuality</li> <li>• Meeting girls</li> <li>• Fake identity</li> <li>• Secrecy</li> <li>• Sex with girls</li> </ul>
Gay British Asian	<ul style="list-style-type: none"> <li>• Culture</li> <li>• Normality</li> <li>• Traditional Asian relationship but with a woman</li> <li>• Normalising sexual identity</li> <li>• “I was born Indian; I was born gay”</li> </ul>
Gender identity	<ul style="list-style-type: none"> <li>• Creating a female identity that is attracted to girls</li> <li>• Understanding that this is her true identity</li> <li>• Acceptance of sexuality</li> <li>• Easier to be a girl and gay. Won’t get “battered”</li> </ul>
Fake Identity	<ul style="list-style-type: none"> <li>• Pretending to be a boy to attract girls</li> <li>• Facebook identity</li> </ul>

Stage 4 – Thematic Priorities and Relationships - Hajra			
Main Themes	Sub-themes	Line References	Relationships
Asian Culture VS Westernisation	Marriage	748, 755, 825, 852, 853, 10, 16, 93-96, 134-139, 193, 199, 267, 268, 334, 347-356, 376, 402-413, 421, 737-742, 754-757, 830-839, 279-285, 488-497	Intersectional relationships throughout all main themes Indian/Malaysian/British Indian girlfriend to “soften the blow” English VS Asian Doesn’t like coming out to Asian people
	Male identities Femininity Decent behaviour Shaming Homophobia  Language Caste	221-223, 256-261, 578-583 23-25, 127, 128, 132, 248, 267, 273, 432, 832 632, 654 127-131, 226, 227, 247-253, 300, 301, 388-393, 491-496, 793-798, 838, 839, 336 268, 839	
Sexuality	Bisexuality Homosexuality	220 220, 223, 248-250, 253, 277, 287, 288, 294, 314, 377, 486, 499, 500, 501, 515, 555-560, 610 61, 62, 482-486, 559-560	Acceptance journey “. You know, you’re gay, they just label you, your gay so you are not a good person, you’re not decent, you know, how can you be Sikh, how can you be Indian, you’re gay but I am like well I was born Indian, I was born gay” (247-249)
	Gender Spirituality Gay Asian Gay Sikh Westernisation Difference	232-236, 427, 771-775, 833-842, 225-227 225-227, 377, 604-610, 639 249, 610, 839 14, 385 129-131, 257-261, 291-295, 385, 426, 427,	
Family relationships	Father	16-23, 38-41, 47, 95-97, 111, 112, 143, 184, 234, 268, 269, 331, 342, 397, 430, 462, 473, 474, 475, 713-715	Coming out to mother and sisters but not to father. Ruminating over how it will be telling dad. Fear over being disowned. Mother suggesting that to tell father would kill him. Tries to convince participant that it is better to stay single and not act on feelings. Sisters and sister’s children. Fear of being blamed if one of the kids is gay. Being the youngest so less pressure to get married. Having sister’s experiences of marriage and marital problems as a president for participant’s not wanting to marry.
	Mother      Siblings – youngest of 4 sisters	14, 15, 21-23, 28, 42-47, 62, 63, 109, 146, 147, 188, 189, 198-201, 258, 349, 365, 370, 388, 392-402, 443, 444, 455-457, 461, 474, 543, 614, 698, 699, 820-822, 837, 838, 9, 10, 88, 131, 132, 259-282, 291-315, 531, 694, 756-758	

	Coming out to family Losing family	27-81, 87-98, 100-114, 171-201, 529-539, 703-719,	
Future Plans	Moving out Living alone  Coming out to father Losing family Traditional Asian relationship with a woman	11, 40, 360, 361, 112-114, 196, 199, 214, 217, 297, 298, 311, 320, 348, 415 615, 817-819, As above  39, 310, 311, 462, 703-710 78-80, 122, 221-224, 377, 604-610,	Related to family relationships and Cultural norms
Mental Health Psychological Processes	<b>Coping/ Emotional Regulation</b> Substance misuse Self-harming Rumination  <b>Social/Interpersonal</b> Social isolation Social Norms  <b>Cognitive</b> Negative self-schemas	64-68, 558, 629, 660-667, 157, 789-791, 63-69, 629-633, 660-664 100, 101, 112-114, 204, 211, 215, 296, 297, 344, 346, 347, 357, 452, 453, 558, 659, 663  68, 69, 113, 561, 631, 666 89-91, 304-307, 327-331, 352, 385-388, 411-413, 433-435, 830-837, 852, 853  113, 204, 210, 565-573, 638, 639, 769, 770	Related to minority stresses and intersecting identities

## ***Appendix 7***

### ***Sample minority process model application***





***Appendix 8***

***Search Criteria***

<b>Initial search Criteria</b>			
Minority Stress	British south Asian LGB + Mental Health	Help seeking + British south Asian	Coping + IPT
Ethnic minority + Minority Stress	LGB women + Mental health	Help seeking + women	Women + IPT
South Asian + Minority Stress	LGB south Asian + Mental Health	Identity Process Theory	Minority stress + IPT
British south Asian + Minority Stress	Ethnic minority + mental health	Ethnic minority + IPT	LGB + IPT
LGB + Minority Stress	LGB + Mental health	South Asian + IPT	
Mental health + Minority Stress	Help seeking + mental health	British south Asian +IPT	
South Asian LGB + Mental Health	Help seeking + South Asian	Mental health + IPT	
<b>Detailed search Criteria</b>			
British south Asian women + mental health	Lesbian south Asian women + mental health	Gay south Asian women + mental health	
LGB British south Asian women + mental health	Lesbian Muslim women + mental health	Gay British south Asian women + mental health	
LGB British south Asian women + Minority stress	Lesbian British south Asian women + mental health	Risk and resilience + mental health	
LGB Muslim women	Lesbian Hindu women + mental health	Risk and resilience + minority stress	
LGB Hindu women	Lesbian Sikh Women + mental health	Risk and resilience + British south Asian women	
LGB Sikh women	Gay British south Asian women + mental health	Risk and resilience + LGB	

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