

MAINTAINING THE SELF

A Grounded Theory Study of How Members of The

Irish Traveller Community Attend to their Mental

Health Needs

By

Declan Nolan

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Supervisors:

Dr. Lám Mac Gabhann, Dublin City University

Dr. Alice McEleney, Dublin City University

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DECLARATION

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Degree of Doctor in Psychotherapy, is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: Declan Nolan

ID No.: 20213403

Date: 19/12/24

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Table Of Contents

Chapter:1 Introduction	1
1.1 Introduction and rationale for research	1
1.2 Aims and Objectives of the Study	4
1.2.1 Research Aim	4
1.2.2 The Research Objectives:	5
1.3 Methodology Overview	5
1.4 Layout of the Thesis	6
Chapter:2 Literature Review	8
2.1 Introduction	8
2.2 Literature search	9
2.3 Mental Health & Wellbeing	9
2.3.1 Subjective wellbeing	10
2.3.2 Psychological wellbeing	11
2.3.3 Determinants of Mental Health	11
2.4 The Irish Traveller Community	12
2.4.1 Historical Context of the Irish Traveller Community	13
2.4.2 Ethnicity and the Irish Traveller Community	15
2.4.3 Government policy on mental health within the Irish Traveller Community	17
2.4.4 Discrimination and the Irish Traveller Community	18
2.4.5 Intersectionality	19
2.5 Mental Health & the Irish Traveller Community	21
2.5.1 Suicide	24
2.5.2 Mental Health Needs of the Traveller Community	28
2.5.3 Mental health needs of the young Members of the Irish Traveller community	29
2.5.4 Help Seeking within the Irish Traveller Community	31
2.5.5 Help Seeking and Gender	32
2.5.6 Attending to Mental health issues.	34
2.6 Cultural Components	35
2.6.1 Cultural Competence models	37
2.6.2 Cultural Awareness and Humility	38
2.7 Conclusion	41
Chapter:3 Methodology and Methods	43
3.1 Introduction	43
3.2 Qualitative Methodology	43
3.3 Grounded Theory Overview	44

3.3.1 Strauss and Corbin's Grounded theory evolution.	46
3.3.2 Constructivist Grounded Theory	47
3.4 Philosophical underpinnings in Grounded Theory	48
3.4.1 Pragmatism	48
3.4.2 Symbolic interactionism	50
3.5 Theoretical Foundations of Grounded Theory	51
3.5.1 Induction	51
3.5.2 Deduction	52
3.5.3 Abduction	52
3.6 Constructivist Grounded Theory	54
3.7 Evaluating Grounded Theory	55
3.7.1 Quality	56
3.7.2 Credibility	56
3.7.3 Originality	57
3.7.4 Resonance	57
3.7.5 Usefulness	57
3.7.6 Modifiability	58
3.7.7 Sensitivity to context	58
3.8 The Grounded Theory Methods	59
3.8.1 The Research question	59
3.8.2 Review of literature	60
3.8.3 Ethical Considerations	61
3.8.4 Participant Sampling	65
3.8.5 Interviews as data source	66
3.9 Data Analysis	68
3.9.1 Initial coding	69
3.9.2 Constant comparative method	71
3.9.3 Focused Coding	72
3.9.4 Theoretical memo	74
3.9.5 Theoretical Sampling	76
3.9.6 Theoretical Sensitivity	78
3.10 Conclusion	82
Chapter:4 Findings	83
4.1 Findings Overview	83
4.2 Core category: 'maintaining the self'	86
4.3 Main category: 'constructing identity'	90
4.3.1 Sub-category Ethnicity:	93
4.3.2 Sub-category: Moving between cultures	96

4.4 Main category: ‘enduring hardship’	100
4.4.1 Subcategory: Living day to day	105
4.4.2 Sub-category: Living with despair	106
4.5 Main Category: ‘Orientation towards help’	110
4.5.1 Sub-category: Finding ways that help.	115
4.5.2 Sub-category: Unresolved patterns.....	118
4.6 Conclusion.....	122
Chapter:5 Discussion	124
5.1 Introduction	124
5.2 ‘Maintaining the self’	126
5.2.1 The Self as a concept.....	126
5.2.2 Construing the Self.....	128
5.2.3 Independent Self.....	128
5.2.4 Interdependent Self.....	130
5.2.5 The social self and Ethnic Identity	131
5.3 Discrimination Stigma and Inequality	137
5.4 Psychoeducation and language in the process of ‘maintaining the self’	139
5.5 Internalised Oppression.....	142
5.6 Pathways to help.	145
5.7 Returning to the centrality of Cultural Identity.....	153
5.8 Answering the Research Question	156
5.9 Conclusion.....	157
Chapter:6 Conclusion and Recommendations	159
6.1 Introduction	159
6.2 Key Contributions	159
6.3 Implications for psychotherapy practice:	161
6.4 Implications for psychotherapy training:	167
6.5 Implications for future research:	170
6.6 Implications for the wider community:.....	171
6.7 Limitations of the study	172
6.8 Personal Reflection	174
6.9 Conclusion.....	176
References	180
List of Appendices:	202
Appendix A: Letter to potential participants.....	202
Appendix B: Informed Consent	203
Appendix C: Plain Language Statement 1	204
Appendix D: Plain Language Statement 2	209

Appendix E: Interview Schedule Guide 1 Adult member of the Traveller community	214
Appendix F: Interview Schedule Guide 1 Adult member of the Traveller community carried out a helping role.	215
Appendix G: Developing the theoretical category ‘constructing identity’	216
Appendix H: Interim conceptualisation of the grounded theory ‘maintaining the self’	217
Appendix I: A conceptual paradigm for understanding culture's impact on mental health CIMH model (Hwang et al., 2008).....	219

List of Figures

Figure 3.1	72
<i>Process of Constant comparison on Initial and focused code.</i>	<i>72</i>
Figure 3.2	75
<i>Example of a memo on the concept of help.</i>	<i>75</i>
Figure 3.3	77
<i>Example of a memo on Language.</i>	<i>77</i>
Figure 3.4 <i>Theoretical Categories</i>	81
Figure 4.1	85
<i>Resolving the core concern, Core category, main categories, subcategories</i>	<i>85</i>
Figure 5.1 <i>Diagram as presented (Rickwood & Thomas, 2012)</i>	151
Figure 5.2	152
<i>Cultural help seeking model diagram as presented by (Song et al., 2019)</i>	<i>152</i>
Figure 5.3 <i>A theoretical model of the role of cultural identity in engaging with health behaviours is displayed and discussed in chapter 8 of the handbook of Identity Theory and Research (Schwartz et al., 2011)</i>	<i>155</i>

List Tables

Table 3.1.....	69
<i>Initial Code example</i>	69
Table 3.2.....	73
<i>Initial and focused code example.</i>	73
Table 3.3.....	79
<i>Category Building of ‘constructing identity’ example.</i>	79
Table 4.1.....	91
<i>‘Constructing identity’ Category and sub-category</i>	91
Table 4.3.....	112
<i>Main Category ‘orientation towards help’, sub-category finding ways to help, unresolved patterns of help seeking.</i>	112

List of Appendices

List of Appendices:	202
Appendix A: Letter to potential participants.....	202
Appendix B: Informed Consent	203
Appendix C: Plain Language Statement 1	204
Appendix D: Plain Language Statement 2.....	209
Appendix E: Interview Schedule Guide 1 Adult member of the Traveller community	214
Appendix F: Interview Schedule Guide 1 Adult member of the Traveller community carried out a helping role.	215
Appendix G: Developing the theoretical category ‘constructing identity’	216
Appendix H: Interim conceptualisation of the grounded theory ‘maintaining the self’	217
Appendix I: A conceptual paradigm for understanding culture's impact on mental health CIMH model (Hwang et al., 2008).....	219

ABSTRACT

Declan Nolan

Maintaining the Self: A grounded theory of how members of the Irish Traveller Community attend to their mental health.

The Irish Traveller community experience disproportionate levels of mental ill health. Suicide rates within the community are higher than the majority group. Research shows this minority group experience elevated levels of discrimination and social exclusion. Research has focused on high suicide rates, social determinants of mental ill health, discrimination and various other mental health issues. Studies suggest that culturally appropriate services be provisioned for this community highlighting the centrality of cultural factors. There is a paucity of knowledge in the research literature dealing with how this minority group practically attend to their mental health needs. Therefore, the aim of this study is to gain an understanding of how members of the Irish Traveller Community attend to their mental health needs. A qualitative study was conducted using a grounded theory approach. Interviews were conducted with 15 members of the Irish Traveller community, focusing on how these members attended to their mental health needs or the mental health needs of others. The findings suggested that members struggle to adequately attend to their mental health needs. Mental health was constellated within the context of Irish Traveller culture. Significant barriers exist in the everyday management of mental health issues. To attend to their mental health the participants engaged in a nonlinear process of ‘maintaining the self’. This process of ‘maintaining the self’ was carried out through reliance on, and identification with, their cultural identity, management of stigma, inequalities and finding pathways to help. Through gaining theoretical understanding of this process, the needs of this group are better understood. This has implications for development of appropriate and culturally sensitive mental health provision, such as counselling services, community based mental health initiatives, psychotherapy research and policy.

Chapter:1 Introduction

1.1 Introduction and rationale for research

This research concerns the mental health of the Irish Traveller Community. The Irish Traveller community is an indigenous ethnic minority group on the island of Ireland. In the 2022 census Irish Travellers had a population of 32,949. In the same census general health levels were markedly lower than that of all the population of Ireland. Irish Travellers reported twice the rate of experience of long-lasting conditions than that of the broader population (CSO, 2023).

This continues a trend ranging over many areas of Traveller life including mental health. Disadvantage, inequality, and structural oppression has underpinned the experience of the Irish Traveller community (Doyle et al., 2020; McGinnity et al., 2017). Traveller lives have changed a lot in the last number of decades and the community face stringent and deep difficulties, none more so than extremely poor health outcomes. Mental health, and attending to mental health, on which this study is focused, is constellated with negative connotation within the Traveller Community. The social determinants of mental ill health disproportionately burden this community. They remain, however, a stoic and authentic group, proud of their heritage and origins (S. B. Gmelch & Gmelch, 2014; McCann, 2024).

This study is part of a doctoral program in the School of Nursing Psychotherapy and Community Health at Dublin City University. Psychotherapy and mental health services are not well taken up by members of the Irish Traveller Community (McGorrian et al., 2012; McKey et al., 2020). This community has experienced decades of structural oppression, discrimination, and inequality (Joyce, 2018; McCann, 2024; McGinnity et al., 2017). Studies in recent years have focused on suicide and frequent

mental distress within the community with elevated levels of suicide for some cohorts than that of the wider population (McKey et al., 2020). Other studies suggest culturally competent services and intervention should be an option for this community. Little has been written or researched on what culturally competent services may look like or how members of the Traveller community experience them. There have been recent studies on the social determinants of mental health within this community (Villani & Barry, 2021) but there is a dearth of knowledge currently in the literature as to how members of the Traveller community attend to their mental health. A recent study sought to understand how members of the community perceived mental health (Villani & Barry, 2021), while the study described in this thesis, seeks to understand how members might attend to their mental health. This is an important study as it seeks to understand and theorise the process of attending, this can further inform what might work in intervening, what is culturally appropriate and what dynamics are a barrier to understanding the attending process in and between groups.

There is a history within psychology, social science, and psychotherapy of prescribing interventions with little regard for cultural difference. Western, white male, monocultural value laden conceptions of mental health underpin much of how mental health discourse and implementation addresses wellbeing (Arnett, 2009; Hall, 2001; D. W. Sue et al., 2019, p. 32). The many diverse types of formalised intervention, including the humanistic approaches of Carl Rogers and so forth, are generally all culture bound and delivered in settings that all too often exclude the most disadvantaged (Yin-Har Lau & Ridge, 2011). Cole et al. (2011) states that “psychiatric interventions can be re-traumatising” (P.19) if the individual meaning of such interventions is not understood well by the practitioners. Dynamics such as poor cultural humility, power differentials, oppressive discourse and discrimination are problematic to culturally sensitive experiences and ultimately uptake of services (Keogh et al., 2020; Quirke et

al., 2022). It is no wonder then that minority groups and the disadvantaged in general are more likely to suffer from mental ill health and are often loath to take up formalised help (Muntaner et al., 2000; Smith & Ruston, 2013).

In my broader doctoral work, I have set about increasing my awareness of cultural competencies and how the work of counselling, psychotherapy and wider mental health initiatives, community based and otherwise, could be more inclusive and meaningful. The cultural competency literature brings many questions as to how best to engage, change, adapt, not to mention co-construct (Moleiro et al., 2018; D. W. Sue et al., 2019). Provision of appropriate cultural services for this cohort is a difficult in the context of high levels of discrimination of Irish Travellers by the majority population as highlighted by (McGinnity et al., 2017). Additionally, Moleiro et al studied 31 psychotherapists in Portugal and found that cultural diversity competencies were assessed as ‘competent’ in only 6% of the therapists (Moleiro et al., 2018). This goes some way to highlight the position many in the helping professions are in regarding awareness, skills and knowledge.

Understanding the roots of how distinct groups address their wellbeing and mental health serves to induce a humility regarding knowledge of different values and traditions (D. W. Sue et al., 2019, p. 326). This study aims to make an initial step in asking the question “how do members of the Traveller community attend to their mental health needs?” This is a wide inquiry, that within the limited resources of a doctoral thesis may limit depth, however, in capturing a wide gamut of activity, useful knowledge might be forthcoming. The possibility of engaging with the how of every day, useful and detrimental action beyond formalised help may bear new perspectives. If we do not give sufficient merit to understanding how members of this community attend to their mental health outside of formalised settings or outside of culture bound ideas of what attending is, we can lose valuable insight that may be helpful. What is

useful or damaging, and how it can be engaged with or subverted, is valuable information for marginalised groups and those who wish to help and understand. It is important at the outset for the researcher to maintain as open a position as possible. This openness to understanding what is meaningful and important for this group is central to generating an authentic piece of work. Reflexivity in understanding the impact a value laden perspective can have on research is a central consideration at all times throughout the study. The constant comparison and constructivist methods within this study help to maximise the perspectives of the participants while minimising the impact of bias and so forth. Seeking broader perspectives and locating meaning and hope in discourses that transcend the discriminatory arenas already trodden, asking questions like one of the participants in this study ‘what would you be well for?’ links attending to mental health with something greater than an intervention, or a method (McGorrian et al., 2012; O’Shea Brown, 2020).

1.2 Aims and Objectives of the Study

1.2.1 Research Aim

The aim of the study is to gain theoretical understanding of how members of the Irish Traveller Community attend to their mental health. The method to achieve the aim of the study will be a constructivist grounded theory method. The constructivist version of this method, chosen in recognition of the power of this method to challenge orthodoxy and hegemony of thought and process that underpins many minority group experiences. The research question is: How do members of the Irish Traveller Community Attend to their mental health needs?

The aim of the study is to add to the literature regarding how members of the Irish Traveller Community attend to their mental health and to gain insight into the processes that influence their behaviour. In attempting to answer this question emphasis

was placed on actions, contexts, discourse, and structures. Emphasis was also placed on privileging Traveller lives, empowering the voices of marginalised people and prioritising real world phenomena from the perspective of this group. Allowing curiosity and genuine openness to the needs of this group was a priority for the researcher. Decisions regarding the study aim to routinely maximise the utility of the work for the community, while acknowledging the need to remain open to possibilities.

1.2.2 The Research Objectives:

The research objectives are set out below.

1. To explore how the Irish Traveller community members understand their mental health needs.
2. Illuminate how the Irish Traveller community members view and experience seeking help for their mental health needs.
3. Exploring issues that may be specific to their identity/ culture in this process.

1.3 Methodology Overview

A grounded theory methodology (Charmaz, 2014; Glaser, 1967) is the methodology used to carry out this study. Within the grounded theory approach the constructivist version developed by Kathy Charmaz (Charmaz, 2014) was utilised for this study due to the attention that this version gives to examining different perspectives within the data and how it may be constructed. The grounded theory method is rooted in a pragmatist, symbolic interactionist paradigm where reality is construed as processual and enacted. In accordance with structures and events are constructed and continually reenacted through process and power differentials. Language is constructed and shared with meaning derived from social interactions along with being interpreted by people (Blumer, 1986, p. 2). The method requires close attention to the data. Coding fractures

the data and theoretical analysis raises the codes to categories and to theory. The method includes inductive, deductive and abductive reasoning, where constant comparison drives the analysis forward. Theoretical memos ground the theory and support a reflexive review that is the call sign of the constructivist approach. As the method progresses theoretical sampling orientates the research question to the developing categories. Incidents and codes are compared against category in an inductive, abductive logic and emphasis is placed on new insights, getting to the heart of what is going on and focusing on action and the deeper happening within the data.

1.4 Layout of the Thesis

This thesis is set out in six chapters. The current chapter is an introduction, rationale and outline for the study. Chapter 2 is a review of extant literature. In the constructivist grounded theory method, this review sensitises to setting and context. Literature concerning wellbeing, The Irish Travellers and the determinants of mental in context of an ethnic minority group are reviewed. Chapter 3 is a detailed discussion of qualitative methodology, the grounded theory method, origins and debate surrounding different versions of the method, and philosophical underpinnings. Examples provided in the chapter help demonstrate the method and evidence constructivist grounded theory in action. Discussion helps the refinement of the debate regarding epistemological differences and setting out the symbolic interactionist position that is important to constructivist grounded theory. Memos, included to provide a rich textured view of the work carried out aid understanding of the method. Chapter 4 sets out the findings and provides text from participant interviews to contextual them. It highlights the core concern, constructed as ‘Keeping their Head above Water’ and the resolution process constructed as a theory of ‘maintaining the self’. Within the process of ‘maintaining the self’ three subcategories were constructed, ‘constructing identity’; ‘enduring hardship’;

and ‘orientation towards help’. Findings are set out with the help of data. In Chapter 5, the Grounded theory as constructed, is discussed in the context of the extant literature, weaving connections and highlighting new perspectives that can demonstrate quality in the results. Additionally in chapter 5 the theory is evaluated considering the aim and objectives of the study and under various headings. Chapter 6 details the contributions of the study to the field of psychotherapy, social science, mental health, community health and the Irish Traveller Community. Implications are set out for the work of counselling and psychotherapy, supervision, cultural competency discourse and the broader Irish Traveller community. A personal reflexive statement provides context to flesh out the constructivist position and learnings. The researcher positioning will also be discussed to ground the epistemological and ontological tenets.

Chapter:2 Literature Review

2.1 Introduction

The purpose of this literature review was to review the extant literature within the subject area. The review details the extant literature relevant to the Traveller community, their mental health difficulties, the contexts in which they live their lives and manage their wellbeing.

In classical grounded theory the literature review is carried out after the analysis of data, the main aim of this is to remain open to the data being collected (Glaser, 1978, p. 31). In constructivist grounded theory studies however, the literature review is seen as less contaminating and more sensitising to context and helps the researcher understand their researcher positioning and so forth (Charmaz, 2014, p. 307). For this constructivist grounded theory study, the literature review will be carried out pre and post data collection and analysis.

The unique position of the Traveller community as a minority ethnic group with a complex history required a review of historical literature to contextualise current discourse. The literature pertaining to ethnicity is presented to reflect its importance to members of the Irish Traveller community. Attention is given to the conceptualisation of mental health as a state of well-being across the lifespan. Literature concerning the determinants of mental health, its social components, the protective and risk factors which bear on it were also reviewed. A range of studies that detail the various mental health difficulties experienced within the Traveller community over the past twenty years provides a context for the typical difficulties of the members of the Traveller community. Help seeking behaviours for attending to mental health issues are reviewed in the literature along with discrimination, stigma, and barriers to accessing help. Literature relating to helping professionals' experience of engaging with minority

groups in Ireland and internationally is also reviewed (Browne, 2009; Dagsvold et al., 2020; Gray et al., 2016; Villani et al., 2023)

2.2 Literature search

Literature was searched for predominantly by electronic means utilising the DCU ESBCO host library access to databases including PsychINFO, PsycArticles, MEDLINE via EBSCO, Academic search complete database collection, government websites, departments, and the Irish health repository (Lenus) website. Various Traveller organisations also produce literature, including Irish Traveller Movement (ITM), National Travellers Women's Forum (NTWF), Pavee Point and many other Traveller groups throughout Ireland. Key words used to search literature included "Traveller" "Gypsie Traveller" "mental health" "minority" "Pikie" "Pavees" "Mincéirs" "wellbeing" "help seeking" "health service engagement." The DCU physical library collection was also utilised to search relevant publications and print media and newspaper archives. Searches were carried out without publication date criteria in respect of the rich historical context and the relatively small amount of literature pertaining to the Irish Traveller Community in general.

2.3 Mental Health & Wellbeing

The World Health Organisation (WHO) defines mental health as

"A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder." (2022)

Mental health is not simply the absence of ill health, but requires a multiplicity of factors, physiological, social, societal, and so on. Mental health exists on a continuum and is determined by lived lives within communities. Conceptualisations of wellbeing as subjective and psychological (Keyes et al., 2002) provide a framework for understanding wellbeing in hedonic and eudemonic terms. Hedonic wellbeing refers to happiness and eudemonic wellbeing is associated more with meaning and purpose. These are old traditional views with roots in early philosophical thought (Huta, 2013, p. 140). The concept of well-being has evolved to include social interactions, agency, meaning, ethnicity, equality, resilience, physical health, active lifestyles, traditional culture, employment and education (Carta et al., 2004; Colquhoun & Dockery, 2012; Murphy, 2022; Puna & Tiatia-Seath, 2017; Villani et al., 2023)

2.3.1 Subjective wellbeing

Subjective wellbeing is concerned with positive and negative affect. It is focused on the individual subjective experience and satisfaction with life. It typically refers to wellbeing over a shorter timeframe, pleasure attainment and pain avoidance (Maltby, 2010, p. 588), these are analogous with hedonistic ideas of living life. The satisfaction with life scale (SWLS) is often used to measure general satisfaction (Pavot & Diener, 2008). There are alternate views in the literature as to what comprises well-being. In their study on optimal motivation and wellbeing (Deci & Ryan, 2008) suggest that “A second view considers well-being to consist of more than just happiness, suggesting that peoples report of being happy (or of being positively affective and satisfied) does not necessarily mean that they are psychologically well” (P. 8). This quotation highlights different views of what wellbeing means. A wider view of wellbeing can incorporate more determinants of wellbeing.

2.3.2 Psychological wellbeing

Psychological wellbeing however is concerned with a longer timeframe and a wider set of variables. It arises from a eudemonic philosophy and acknowledges a developmental context over time. In (Keyes et al., 2002) six domains were set out, autonomy, environmental mastery, personal growth, purpose in life, positive relations with others and self-acceptance. These domains vary significantly in attainability regarding one's position in life, family structures, gender and so on. Those who are oppressed, discriminated against, or marginalised may fare far worse trying to address social domains while in comparison privileged individuals with superior life chances may score higher in these areas.

Psychological wellbeing is not solely determined by factors outside the locus of control or external factors, it bears on personal agency and individual characteristics, this is a relevant point in terms of those within marginalised minority groups as stated in Keyes et al. (2002) "well-being is contoured, in part, by sociodemographic factors and personality characteristics, it should not be seen as immutably the product of large forces beyond the control of the individual or the interventive purview of the practitioner" (P. 1007). Ryff et al. (2003) question, do challenges of minority life hone purpose and growth? There is evidence to show that affinity to the social identity and membership of a valued ethnicity is protective of mental health (Banks & Kohn-Wood, n.d.; D. W. Sue et al., 2019).

2.3.3 Determinants of Mental Health

Mental health is determined by a wide range of social, physical, economic, and environmental factors arising from how we live our lives (WHO, 2014). The social structures and circumstances in which people live their lives impact on their physical

and mental health (Alegría et al., 2018). According to (Braveman et al., 2011) mental health determinants can be in a casual hierarchy where ‘upstream determinants’ such as poverty can lead to ‘downstream determinants’ such as poor housing. Increasingly mental health is being constellated within a social determinants frameworks casting the net wide to explain mental health of individuals and communities.

2.4 The Irish Traveller Community

The Irish Traveller community are an ethnic minority group residing on the island of Ireland. Their heritage is one of a nomadic people although only 1 in 10 Travellers currently have a nomadic lifestyle (O’Mahony, 2017). Their population according to the census (CSO, 2016) was 32,987. This represents less than .07% of the population of Ireland and included approximately 2,000 Travellers in Northern Ireland, There is mention in the literature that the actual figure could be as high as 40,000 (Kelleher & Quirke, 2014; Team & School of Public Health, 2010). Of this population the mean age was 22.4 years compared to 36.1 in the general population. There is a disproportionate number of Travellers under the age of 25 years, 63% compared to the majority group at 35%. Travellers’ life expectancy for both men and women are 15.1 and 11.5 years below that of the general population for men and women, respectively. The Irish Traveller population profile highlights high birth rate, high mortality rate. This profile is shared by other ethnic minorities and is indicative of the poor health outcomes common within such groups. The Traveller community has a long history on the island of Ireland that has been left mostly unrecorded (Pavee & O’Riain, 1992, p. 10).

The relationship between the Traveller community and the majority group in Ireland has been very challenged due to poor public policy, discrimination, and additional social problems within and between the majority group and the Traveller community (Costello & Irish Penal Reform Trust, 2014). As stated in the National

Traveller Health Action Plan (NTHA,2022) “Persistent racism and discrimination resulting in poorer outcomes in terms of health, education, employment and accommodation, as observed by a number of UN treaty-monitoring bodies, European institutions, and equality and human rights bodies.” (p. 16)

There is an elevated level of mistrust of services and poor uptake of helping services by the Irish Traveller community. As stated in Quirke et al. (2022) “the level of complete trust by Travellers in health professionals was only half that of the trust level reported by the general population” (P. 189). This mistrust is all the more problematic considering the levels of suicide, domestic violence, and frequent mental distress (Allen, 2012, p. 883; McGorrian et al., 2013; Quirke et al., 2022, p. 89). However, this level of mistrust is in line with research regarding minority group uptake of health services worldwide (Bergin et al., 2013; Quirke et al., 2022).

2.4.1 Historical Context of the Irish Traveller Community

Literature regarding origins of the Traveller community has been contentious (Okely & Houtman, 2011; O’Shea Brown, 2020, p. 147). No definitive origin has yet been identified. Irish history as stated in Ó hAobha (2020) “from the earliest times is replete with references to “fíor siúil” and “mná siúil”, these can be translated “walking men” “walking women”” (P.168). Historically the community was referred to as ‘An lucht siúil’ from old Gaelic meaning the ‘walking community’, while McKey et al. (2020) says that “Some Travellers refer to themselves in their Shelta language as ‘Mincéir’ or ‘Pavee’ (p. 2). Additionally, Jordan (2001) states that “The European parliament placed many different groups under the heading “Traveller”, including “all those who traditionally travelled within and between states, with a distinctive culture and lifestyle, including the maintenance of a language separate to that of the country of

residence (Resolution No.89 /C 153/02)” (P. 118). In this study the terms “Traveller” and “The Traveller Community” are used.

The Irish Travellers were first mentioned as early as the 5th century. They were referred to as ‘whitesmiths’ due to their connection with tin-smithing (MacLaughlin, 1995, as cited in Joyce, 2022. P. 32). Additionally, much of Traveller history has gone undocumented due to an oral tradition. An RCSI (Royal College of Surgeons in Ireland) study on the genomic insights into the population structure of the Irish Traveller Community provided an “important insight to the demographic history of the Irish Traveller population, where we have estimated a divergence time for the Irish Travellers from the settled Irish to be at least 8 generations ago.” (Gilbert et al., 2017, p. 9). This finding gave some clarity to erroneous myths constructed surrounding the possible origins of the Traveller community, such as the community arising from displacement during the Irish famine of 1845.

The identity of the modern community of Travellers, as viewed by the majority group, and in many respects the Travellers themselves has been influenced by the socio-political position of the community in the last fifty years (Heritz, 2016; Kruckenberg, 2011; Ruckstuhl, 2015). The practical outcomes and implications from the history and struggle of the Traveller community are important to discuss in the light of culturally appropriate services, social determinants of health and many other environmental factors (Hodgins et al., 2006; O’Donnell et al., 2016).

In the mid-20th century, the Irish government initiated the Irish Folklore Commission to record for posterity the way of life of the Irish Traveller (Ruckstuhl, 2015). It was followed a decade later by the setting up of the commission on itinerancy (*Report of the Commission on Itinerancy*, 1963). The commission had no Traveller representation, and it started a trajectory of Traveller state discourse that would render traditional Traveller ways of life at best very difficult and often illegal. The discourse

situated mobility as a negative and self-defeating aspect of Traveller lives while the state laws perpetuated movement through the outlawing of roadside settlement and general ways of Traveller life. The discourse began in the 1960s as a class poverty paradigm, this would, over time develop partly due to academia, to a culture-ethnicity discourse. The turbulent times thereafter on the course to becoming acknowledged as a distinct ethnic group carried with it a significant othering component (Heritz, 2016; Kruckenberg, 2011; Ruckstuhl, 2015; Snowdon & Eklund Karlsson, 2021). Failed assimilation strategies, and the crumbling of a way of life (Watson et al., 2016) gave way to a community with many severe social problems.

2.4.2 Ethnicity and the Irish Traveller Community

The concept of ethnicity is an important one regarding the Irish Traveller community, both in and of itself but also beyond the obvious sense of belonging, origin, and shared experience (Abdalla & Kelleher, 2010; Coates et al., 2015). The constructionist element of how ethnicity discourse defines a group can have a range of implications for all in the community and those outside including the majority group. It is important to review the literature concerning ethnicity as it looms large in Traveller discourse and mindset.

There are several papers written on Irish Traveller ethnicity with earlier examples being important in shifting the discourse, especially (S. B. Gmelch & Gmelch, 1976). These Studies sought to link common traits within the Traveller community and provide a case for distinct ethnicity.

Barth (1969) also highlights two important points, of which, the ramifications for the majority and minority communities, are largely absent from the discourse concerning mental health and the Traveller community in Ireland. His first being an invitation to see the similarities between criteria

for ethnicity and the “the traditional position” that “a race = a culture = a language and that a society = a unit which rejects or discriminates against others” (p. 11). Barth’s fourth criterion is also important in ethnic identity understanding, namely that ethnicity arises from difference and that those in a minority ethnic group would be distinct from the majority group and would know others from that group as distinct. This point which is also gently touched on by The Equality Authority when stating that it “wrongly, allowed us to assume that boundary maintenance is unproblematic and follows from the isolation which the itemised characteristics imply: racial difference, cultural difference, social separation, language barriers, and spontaneous and organised enmity” (The Equality Authority, 2006, p. 25). Thus, it could be argued that it is particularly important to understanding the nature of minority group identity and its intersections with the majority group in this instance. By being an ethnic minority carries with it possible difficulties that play out in various life events and stages.

Ethnic minority status was acknowledged by the Irish government in 2017 with the definition as stated in the report on the recognition of Travellers.

“Traveller community” means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. (Irish Government, 2017)

The declaration of ethnic minority status has been very important to the Traveller community, and it was hoped that better outcomes would follow in several areas, generally to help their cause, as stated in Coates et al. (2015). Conversely, it is suggested by Haynes et al. (2021) that “Little changed with respect to Travellers’ standing within the social hierarchy of independent Ireland.” (P. 272). While it is important to note the positive signal on respecting the rights of groups (McGinnity et al., 2017), long term positive impacts on mental health require meaningful change within all domains. Notwithstanding governmental ethnic acknowledgement, the Irish Traveller community continue to experience inordinate levels of racism. (Haynes et al., 2021; McGinnity et al., 2017)

2.4.3 Government policy on mental health within the Irish Traveller Community

Government policy in Ireland is to support Traveller mental health improvement in a holistic manner as set out in both the National Traveller and Roma Inclusion Strategy 2017 – 2021(NTRIS) and the National Traveller Health Action Plan (2022-2027) (NTHAP). Mental health in these two documents is constellated within a social determinant context that reflects on wider influences bearing on wellbeing and health. (Abdalla et al., 2010; McKey et al., 2020; Turner et al., 2010; Villani & Barry, 2021). Mental health has been conceptualised very negatively by the Irish Traveller community, for example the term mental health is often synonymous with poor mental health or with depression. (Abdalla & Kelleher, 2010; Keogh et al., 2020; O’Mahony, 2017; van Hout, 2011; Villani & Barry, 2021).

Conceptualising mental health in purely positive terms is cautioned against by Galderisi et al. (2015) and it is stated that seeking wellbeing as a ‘key aspect’ of mental life may not be healthy, “People in good mental health are often sad, unwell, angry or unhappy, this is part of a fully lived life for a human” (p.231). Keeping this in mind for

this research is important, as many of the lived experiences of community members are difficult and challenging. It is worth noting that the WHO recognise that changing processes, attitudes, behaviours on mental health must be informed by lived subjective experiences and behaviours (Freeman, 2022; WHO, 2022). Understanding the context in which people live in and act out of provides information and guidance for those who seek to help themselves or others. Through understanding the lived life, appropriate help, communication, and interactions can be devised or co-constructed.

2.4.4 Discrimination and the Irish Traveller Community

The relationship to the majority group in Ireland has been very challenged in recent history, due to poor public policy (S. B. Gmelch & Gmelch, 1976), discrimination, and additional social problems within and between the majority group and the Traveller community (Costello & Irish Penal Reform Trust, 2014). Currently Irish Travellers experience elevated levels of discrimination as found by Quirke et al. (2022). This study highlighted a decline in life chances since 2010. A report carried out by McGinnity et al. (2017) entitled “Who experiences discrimination in Ireland” details a number of statistics and measures that show Irish Travellers as a highly discriminated group in Ireland. Seeking work is cited as a particular problem highlighting that the Traveller community are almost ten times more likely to report recruitment discrimination. Other discrimination cited in the study is being served in a social settings and 56 percent reported discrimination obtaining accommodation. Travellers have low employment rates as highlighted in Watson et al. (2017) “Among those aged 25 –64 years, the unemployment rate was 82 per cent for Travellers in the Irish census 2011, compared to 17 per cent for non-Travellers.” (P. 29). This highlights the significant difference in participation in the labour market (McGinnity et al., 2017, p. 20).

Housing is a major theme that arises as a determinant of poor mental health for Irish Travellers and is viewed mainly in a discriminatory lens (Villani & Barry, 2021). As stated by the European Union Agency for Fundamental Rights “Adequate housing is essential for decent living and for tackling poverty and social exclusion. Article 34 (3) of the EU Charter of Fundamental Rights recognises the right to housing assistance “in order to combat social exclusion and poverty” and “to ensure a decent existence for all those who lack sufficient resources” (FRA, 2020, p. 22). Irish Travellers have a lower home ownership than the general population, with 20% owning their own home compared to 67.6% in the general population. The majority of Travellers rent their home, and of these renters, 65% rent from local authorities (FRA, 2020).

An EU wide study from 2020 found that 65% of Irish Travellers felt discriminated against in the previous 12-month period before publishing (FRA, 2020). An Irish Traveller community national survey found 77% of Travellers have experienced discrimination in the past year (O’Mahony, 2017). The impact of discrimination is viewed as a determinant of mental health by Irish Travellers (Villani & Barry, 2021), the implications of discrimination are far reaching, an example of downstream impacts of discrimination from a study on the health care needs of Travellers in the UK stated that “Specialist health visitors working with Travellers come under pressure to assume not only “health” tasks, such as mental health issues, but also those of other agencies such as housing or social services.” (Cleemput, 2000, p. 33). This point highlights the compounding of issues and complexities in providing help within discriminatory contexts.

2.4.5 Intersectionality

An intersectionality perspective regarding discrimination within this community is an important variable. Robust studies have highlighted women as receiving more

discrimination than men in Ireland in general population (McGinnity et al., 2017, p. 43). Travellers also have high levels of discrimination compared with other groups in Ireland (McCann, 2024, p. 3; McGinnity et al., 2017, p. 35; Watson et al., 2016, p. 18). Within the community Traveller females experience high levels of oppression and gender inequality (Banks & Kohn-Wood, n.d.; Casey, 2014; Exchange House, 2017; O'Neill et al., 2022). Gender based violence (GBV) is a far greater risk for Traveller women than those in the general population, 15% of cases in a study of gender-based violence (Women's Health Council, 2010) were of Traveller women yet they make up less than 1% of the general population. The layering of risk factors could lead to a potential increase in complexity when attending to mental health issues for this cohort. In Keogh et al. (2020) it is stated that "Mental health nurses working with Travellers and other marginalised groups could benefit from using Intersectionality as a theoretical framework to help gain a deeper understanding of Traveller experience and to plan and deliver interventions accordingly." (P. 804). Through understanding the complexity, we may be able to gain more insight into how members of this community attend to their mental health needs.

For minorities within the Traveller community, unhelpful aspects of Traveller life have had detrimental impacts (Murray, 2012). This manifests in additional hardship and serves to complicate provision of health services including counselling and therapy services. For those members who identify as LGBTQ+ members, unhelpful aspects of Traveller life have had detrimental impacts such as adverse treatment of LGBTQ+ "a minority within a minority" (Warde, 2021), and frequent mental distress (McGorrian et al., 2013). This manifests in many social difficulties for the community, minority group members are often additionally burdened and, in some cases, withdraw from open and engaged lifestyles due to stigma, shame and sometimes fear. These dynamics, serve to

complicate provision of health services and the seeking of help including counselling and therapy services.

2.5 Mental Health & the Irish Traveller Community

Mental health has been identified within the literature reviewed as a particular issue in the Irish Traveller community (Tong et al., 2020). Survey statistics show that 82% of the Traveller community have been affected in some way by suicide with a further 49% having experience of it among neighbours and local community (O'Mahony, 2017, p. 48). As stated in McKey et al. (2020) Travellers account for less than 1% of the total population but have suicide rates in young males that accounts for 10% of suicide rates in that cohort. Health outcomes for the Traveller community are lower in all respects than the majority community (EU Agency for Fundamental Rights, 2020, p. 63).

There is a dearth of research on the mental health dynamics of the Irish Travellers and even more so concerning processes and behaviours of attending to mental health needs. The literature on Traveller mental health has been predominantly concerned with suicide, drug use, bereavement, gender violence, racism, and discrimination. In recent years, in line with changing views on the determinants of mental health, some focus has been paid to the wider, social, and external factors bearing on Traveller lives and perceptions. Gender roles and systemic pressures in a changing Ireland further pressurised members of the community struggling with a multiplicity of risk factors affecting mental health. Understanding of mental health among the Traveller population suggests a socially constructed negative view of mental health, mediated by discrimination and low self-worth within the community (Villani & Barry, 2021). Findings from a study on mental health needs of young Travellers stated that "It is a concern that young Travellers are so unaware of what mental health means

and that so many expressed negative connotations and terminology in explaining it.”
(Pavee Point, 2015)

The Traveller community exist in a socio-ecological context (Zubrick & Kovess-Masfety, 2005), as stated in Barry (2009) “This perspective stresses the interdependence of the individual, family, community and society, and moves the concept of mental health beyond an individualist focus to consider the broader social, economic and environmental determinants” (p. 8). Positive mental health programs are protective measures for mental health wellbeing (Barry, 2009; Villani et al., 2023). They serve to educate populations and engender agency at individual and societal levels (M. Barry, 2009).

Incrementally mental health awareness campaigns seek to engender a positive mental health culture within society. For those who are marginalised and stigmatised within our society, access and exposure to such programs are not necessarily assured (Bhopal & Myers, 2016; Coates et al., 2015; Gosman, 2022). Many minority communities do not engage with mainstream media or partake in majority group norms (Cemlyn & Clark, n.d.; Yin-Har Lau & Ridge, 2011). Literacy levels in the Irish Traveller community are low (CSO, 2016) with early school leaving commonplace for young Travellers, 16% of Travellers having completed their leaving cert in 2017 compared to over 90% for the larger population (DOE, 2019; Watson et al., 2017). Furthermore, mental health awareness and positive mental health campaigns are generally more effective on populations who have minimum standards of living conditions, access to employment and social networks (Ashcroft et al., 2021; Cemlyn et al., 2010).

Studies suggest that some minority groups and some members within the Irish traveller community experience internalised shame and oppression to the extent that negative and suboptimum outcomes are unchallenged, accepted as part of their lot (D.

W. Sue et al., 2019; Villani & Barry, 2021). In a study carried out by Villani & Barry (2021) of 25 adult Travellers (12 women, 13 men) with an aim to study the perceptions of mental health, four focus groups were set up and an inductive thematic analysis was carried out to highlight themes. In this study examples of internalised oppression and shame were discussed and demonstrated. Participants were asked their views on mental health, how they conceptualise it and how it impacts on their lives. A cross-cutting theme of culture was identified, with discrimination and prejudice being associated with poor mental health. Traveller participants cited numerous determinants of their mental health, such as housing and lack of employment and changing relationships with settled population. It was felt by the participants that these determinants were critical, anti-Traveller and predominantly enforced unfairly by the state.

The efficacy of positive mental health campaigns requires a prerequisite of underlying and core needs being met. Physical health, safety, housing, the absence of poverty, financial security, access to employment, access to health care and education is also required. Irish Traveller men identified the determinants of their mental health to be housing, involvement in politics and decision making, employment opportunities, awareness of Traveller culture in majority group discourse, educational settings (Bhopal & Myers, 2016; Cavaliero, 2016; Pavee Point, 2015), accountability for hate speech and discrimination (Quirke et al., 2022; Villani & Barry, 2021)

In the 2021 study as mentioned above Villani & Barry (2021), Traveller men were asked for their views on the determinants of their mental health. in which Traveller men held a “widespread perception that mental health is equivalent to depression or mental health problems” and within which “Some participants used the words ‘suicide, not feeling well’, ‘stress’, ‘psycho, being sick’, ‘being locked in a room’, to describe their own understanding of mental health.” (Villani & Barry, 2021, p. 1454). This suggests that mental health terms and ideas are conceptualised differently by some in

this community compared with health care workers or those providing mental health support. In their summary they state that “Travellers have developed a deep sense of shame, low self-esteem and disconnect as a result of perceived prejudice” (Villani & Barry, 2021, p. 8). Discrimination, living conditions, poverty, bereavement, suicide, and drug use were notable factors impacting mental health according to women from the Traveller community (Cavaliero, 2016; Exchange House, 2017; Womens Health Council, 2010). A study carried out by Exchange House (Traveller specific mental health service) called Traveller Women and mental health – What’s Going on? (Exchange House, 2017) had 55 female participants and it aimed to inquire into several areas of female Traveller mental health issues. In this study, death, suicide, and grief were highlighted as significant determinants of their mental health “Death and suicide affects Travellers more, you are expecting it to come to your family” (Exchange House, 2017). Suicide affects Irish travellers in the tragic nature of this phenomenon and the elevated rates of suicide in this close-knit community. There are common findings across similar ethnic minority groups demonstrating protective determinants such as pride in identities, traditional activities, community-level social support and community-level socio-economic status. (Gray et al., 2016; Grey et al., 2013)

2.5.1 Suicide

The literature regarding Traveller mental health has been helped by The All-Ireland Traveller Health Study (AITHS) carried out in 2010 and that highlighted some stark figures regarding suicide in young men aged 18-24 (Abdalla et al., 2010) which is exceeding majority group rates 10-fold. Suicide is also five times higher for Traveller women (Abdalla & Kelleher, 2010). This is supported across a range of sources as outlined in a review paper by McKey et al. (2020), this paper also raises the issue of a

heretofore lack of emphasis on mental health and suicide within the research community.

It situated the difficulties in relation to suicide within the context of a collapsing social fabric. The study linked high suicide rates to high consumption of alcohol, breakdown in traditional family dynamics and a fatalistic outlook, it is stated that in relation to suicide “Travellers are inordinately burdened by this issue” (Team & School of Public Health, 2010, p. 161). This study promoted further papers on suicide in the subsequent years. The Rapid Study carried out by McKey et al. (2020) sought to draw information from several studies dealing with Travellers and suicide. It highlighted the small number of specific studies on suicide (n=5), however, through a narrative synthesis of a further 19 more general studies it elucidated 21 recurring themes. The 19 studies selected in the rapid review included a wide range of studies regarding this cohort. The amalgamation and subsequent rapid review by (McKey et al., 2020) led to the themes that were categorised as Traveller ‘Traits’, Perceived Social Impacts, psycho/ Socio / anthropological consequence (P. 7). The interweaving of these themes suggests a community challenged in a way similar to other small ethnic minority groups (Blix, 2014; Dagsvold et al., 2020). Compounded elements suggested a community with a feeling of powerlessness, stigma of mental illness and a loss of identity. The conclusions of this the Rapid Study paper underscores some of the difficulty in researching this cohort, it was acknowledged that there was a considerable knowledge gap, to which it was suggested that stigma might play a role in why Travellers do not engage or speak openly about mental illness and suicide.

Cultural issues were prominent in a study by (M. R. Walker & Soc, 2006, p. p45) on family structure and bereavement, where religion, family life, and bereavement are discussed in the context of Traveller experience (P. 21). The study suggests that unique practices and expression of bereavement and loss and close family ties, can have

an impact on suicide rates as “36% of Travellers who died by suicide between 2000 and 2006 had a family history of suicide” (P. 45). A parallel that is present in the literature regarding the Irish Traveller community and other ethnic minority groups such as the Canada’s Inuit population (Gray et al., 2016, p. 253), is that of suicide being experienced at increased levels from that of the majority group, 3.3 times for native Indians and 3.9 for native Inuit populations. Walker and Soc (2006) highlight the detrimental impact of cultural stress and acculturation on minority groups and the subsequent increase in suicide rates (P. 21). The impact of repeated cultural undermining for minority groups manifests in reduced agency in members, lack of cohesion and poorer outcomes for mental health (Bals et al., 2010, p. 173; Villani & Barry, 2021). To this end, even more consideration must be afforded to understanding the cultural needs of the minority group, Walker and Soc (2006) highlights this well in suggesting that while mental health workers may well be culturally sensitive, they work within systems whose practices do not suit Traveller families. This point augers to a structural barrier and the need for a comprehensive approach. Bereavement and how it is experienced and lived through by Travellers was the subject of several studies (McGorrian et al., 2013; Tobin et al., 2020), the difficulties of researching ethnic minorities is stressed here, and the connection between bereavement and frequent mental distress (FMD).

Problematic cultural issues that are prominent in Traveller society have been noted in the literature, including for young women. O’Neill et al. (2022) state that “moral constraints and expectations of the community, sexual stigma, domestic violence and limitations to the role of women” (P. 1). (Abdalla & Kelleher, 2010) state that “gender culture has the potential to feed into forms of self-destructive behaviour such as health and medical avoidance and/or risky behaviour” (P. 145). This also holds for the general population but is a particular burden among Travellers as noted in Abdalla et al. (2013). There is a cultural taboo concerning suicide within the Traveller community

(Boyle, 2014; Denieffe et al., 2017; McKey et al., 2020, p. 8). Speaking openly about serious illness can also be seen by the Traveller community as unfeeling (McQuillan & Doorslaer, 2007, p. 637).

With respect to suicide in particular, O'Shea Brown (2020) Describes 'anomic' suicide and suggests that this is the most likely suicide type at play (P. 156). It arises as set out by Durkheim, from a lack of social regulation, and is predicted by the breakdown of traditional beliefs and identified cultural habits arising from rapid social change (Durkheim & Spaulding, 1951). The literature does not explore particulars from an Irish perspective, specifically, about interventions or practical measures that could be meaningful in addressing ongoing problems for this cohort. Neither, in the main does it focus in any direct way on help seeking behaviour, agency, or identifying mental health needs in an Irish context.

Understanding of the social context of the Traveller experience is described repeatedly in the literature and the impact on their mental health is essential to identifying the dynamics at work within their lives and community, and thus important to the understanding of what may be needed to meet their mental health needs (Coates et al., 2015; Cush et al., 2020; Heritz, 2016; McGinnity et al., 2017; O'Shea Brown, 2020; Ruckstuhl, 2015; Watson et al., 2016; Watson & Parsons, 2005). The Behaviour and Attitudes Traveller Community National Survey showed only 26% of Travellers consider life in general has become better in the last five to 10 years, compared to 61% in answer to the same question in the year 2000 (O'Mahony, 2017).

In summary regarding Traveller mental health, there are worrying levels of suicide, frequent mental distress, and other mental health issues. These coexists with significant social problems including drug use, domestic violence and a general breakdown of once firm family and social norms like housing and gender roles. Uptake of mental health services was found to be very low especially from services "not aware

of Traveller culture” (M. R. Walker & Soc, 2006, p. 44). In recent papers McKey et al. (2020) and Villani and Barry (2021), note that culturally appropriate awareness and services were protective measures against poor mental health for this cohort.

2.5.2 Mental Health Needs of the Traveller Community

All humans need appropriate socio-environmental conditions to achieve mental wellbeing. The WHO state that everyone has the right to be protected from mental health risks. The need to be an equal and non-oppressed citizen is core to the foundation of mental health (WHO, 2022). Evaluating and determining needs equally in a societal context requires a mainstreaming of access for all and the existence of culturally appropriate mechanisms. At the individual level needs assessment can bear on education, gender, ethnicity, access to services and a range of social determinants such as economic disadvantage, poverty, housing and so on (M. M. Barry, 2009; WHO, 2014). Socially constructed ideas of mental health, family structure, gender roles vary within ethnic groups and will mediate what needs are deemed required by group members. In cases of oppression or marginalisation, internalised shame, stigma may lead persons to be unaware of their needs or be so disempowered as to render them unattainable (D. W. Sue et al., 2019, p. 101).

Traveller discourse strongly suggests a need within the community for appropriate accommodation, anti-discrimination initiatives, better opportunities for employment and equal access to services (appropriate services that respect Traveller culture) (Housing Agency Ire, 2017; Keogh et al., 2020). In a study of young Traveller’s mental health needs, participants (n=88) listed many issues of worry, however, they were unable to detail any significant level of measures to affect change on their mental health. Identifying their needs to ameliorate mental health difficulties proves very difficult for members of the Traveller community “There was a very clear

message from all groups that the best way to deal with a worry was to “Not think about it” and to focus instead on distracting attention from the issues. (Pavee Point, 2015, p. 13).

2.5.3 Mental health needs of the young Members of the Irish Traveller community

Younger Traveller community members face great challenges concerning the formation of sense of self. In a study on mental health in the Traveller community focusing on young men age between ages 18 and 24, (Sheeran, 2022) found that in many cases the simultaneously felt need to fit into two distinct identities (settled and Traveller) causes distress and worry. Many young male Travellers lack the resources and or agency to manage the tension of conflicting demands and a fear of standing out from within the Traveller community. This worry is often concealed and additionally maladaptive behaviour such as drug use or crime creates increased difficulties and more complex needs for this cohort.

Providing embedded community-based help positively impacted help seeking behaviour in a study of two towns in Ireland in 2018. This study, Kearns et al. (2018) involved cluster sampling in two locations before and after a community based mental health services were introduced. A critical point in this study is a focus on self-stigma and its belligerence to change, it is suggested that “whilst people might acknowledge publicly that help-seeking for mental health problems is acceptable and important, they may remain reluctant to access treatment” (Kearns et al., 2018). Understanding such inaction has not been the focus of any significant studies.

The visibility of a local, community-based services may help in shifting social norms around professional help-seeking to something that is not considered unusual or stigmatizing.

Over 90% of Travellers agree that mental health problems are common within their community (O'Mahony, 2017), this level of awareness can provide a platform from which awareness programs can address a paucity of understanding regarding protective measures. The literature suggests that the Traveller community members can often associate their mental health needs with physical actions or behaviours more than psychological or sociological aspects like connection, relationship, equality and so on "Young women in particular mentioned shopping, make up and getting dressed up as a good way to feel good about themselves." (Pavee Point, 2015, p. 14). Services who are connected into local groups can better understand how mental health is constellated.

There is little in the literature regarding how members of the Traveller community constellate or attend to their mental health needs. There is some literature that helps to understand how the community identify or categorise the determinants of mental health. This literature, however, focuses more on the determinants of poor mental health and does not make any significant call to understanding determinants of positive wellbeing. How members behave regarding identifying their needs, identifying resources, attending to their mental health needs is an area left unresearched at this time.

It is a recurring finding in studies carried out that a "culturally competent approach need to be developed" (McKey et al., 2020, p. 8) and all Traveller representative groups and the HSE continually advocate for culturally appropriate interactions. However, the exact nature of what this culturally competent or appropriateness is neither defined nor discussed in the literature in the context of Irish Travellers' mental health. Furthermore, there is little consensus in the literature as to what is effective for members of the Traveller community, hence a focus in this study to gain insight into how this community attend to their mental health needs.

Gaining insight into what works within the community, or why current patterns exist in attending to mental health needs, requires understanding of the nature of

identity and culture and how these moderates and mediate personal agency. The literature confirms that minority groups around the world, share inequalities and effects that are consistent with the experience of the Irish Travellers (Akhtar, 2014, p. 137; O'Shea Brown, 2020) and it is proposed that some overlap of these groups mental health needs exist along with processes of attending to these needs.

2.5.4 Help Seeking within the Irish Traveller Community

Similarly to many minority groups Irish members of the Traveller community seek help in unique ways (Isaak et al., 2020, p. 347; S. Sue, 1998; Tanner & Doherty, 2021). Traveller community members commonly conceptualise mental health in a negative context, stigma surrounding the word 'mental' and a reluctance to speak about depression, anxiety or mental health through embarrassment impacts negatively on help seeking behaviour (Gosman, 2022; O'Mahony, 2017; Villani & Barry, 2021). This conceptualisation may not be unique to the Irish Travellers, but it is important to understand how they attend to their mental health. Attending behaviour is often reactive, lacking any planning, prevention, or positive lifestyle component (Exchange House, 2017; Hodgins et al., 2006; Villani & Barry, 2021). Community norms and gender roles reveal certain 'Traits' such as stoicism, machoism in young men (Banks & Kohn-Wood, n.d.; Keogh et al., 2020; McKey et al., 2020; M. R. Walker & Soc, 2006, p. 16) that provide for a reluctance to seek help, especially in a preventative context. Internalised shame, stigma and lack of personal agency are factors resulting in poor help seeking behaviour, Traveller men have a high exposure to stress as they tend not to display their emotions, not even to family. (Bergin et al., 2013; Keogh et al., 2020; Van Hout, 2010)

Little is documented as to what measures Travellers take to attend to their mental health through additional resources, personal or within the community such as

working with horses, men's sheds, extended family support, Priests, faith healers, community support persons and so on. Poor help seeking behaviour is a cause for concern in a group that regularly demonstrates high levels of mental health issues. 45% of Travellers surveyed by the 2017 behaviour and attitudes study of 481 Travellers, report that they are concerned about their mental health (O'Mahony, 2017) In the same survey, 60% responded as being too embarrassed to talk about mental health, depression, or anxiety with someone else. A Pavee Point study in 2015 found extremely low levels of understanding or ideas of how to get help, what might be helpful or what service might be available "indicating a need to engage with Travellers to change an entire attitude and outlook as opposed to merely providing a support or service." (Pavee Point, 2015) This call to address culture and attitudinal change over provision of more structural help is congruent with other study findings showing internalised shame, stigma, alienation, feelings of anomie and marginalisation (Durkheim & Spaulding, 1951; Keogh et al., 2020; Villani & Barry, 2021; M. R. Walker & Soc, 2006).

There is dearth of literature regarding Traveller uptake of counselling services in Ireland such as those represented by the main professional bodies for psychotherapy in Ireland (IACP & IAHIP). In seeking to gain insight as to how Travellers attend to their mental health, we might learn something regarding this option of psychotherapy and how it is viewed.

2.5.5 Help Seeking and Gender

Gender differences show that males are more likely to present to emergency rooms and be involved in drug use (Cush et al., 2020; van Hout, 2011). Females within the Traveller community are highly susceptible to engage in poor help seeking behaviour due to the "the moral constraints and expectations of the community, as they encounter specific issues including mental illness, sexual stigma, domestic violence and

limitations to the role of women.” (O’Neill et al., 2022, p. 1). Women within the Traveller community carry additional burdens such as defined gender roles, gender-based violence and are exposed to daily discrimination (Exchange House, 2017; FRA, 2020; McGinnity et al., 2017; Quirke et al., 2022; Women’s Health Council, 2010). By “ignoring or underestimating gender factors, there is a tendency to give primacy to race and discrimination issues that on their own fail to reveal the added ‘gender burden’ that pertains to Gypsy-Travellers, in particular women.” (Casey, 2014, p. 815).

Research carried out by Exchange House Ireland National Traveller Service titled “Traveller Women and Their Mental Health- What Is Going On?” Eight focus groups, consisting of 55 Traveller women aged between 20 and 67. Findings showed that women view mental health through a negative stigmatised lens. The role of women as the sole contact for accessing services, schools and other external systems for Traveller families was viewed as “Exhausting and Huge Stress” by some participants (Exchange House, 2017). In respect of what treatment Traveller women are aware of and use for their mental health, as stated in a study carried out by Exchange House in Dublin Exchange House (2017) stated that medication was the most commonly offered and used treatment, with “swapping of medication very common and regular” (P. 1). Useful strategies for the protection of mental health were discussed as requiring acknowledgement of the experience of Traveller women, addressing gender inequality and discrimination. The intersectional, value laden experiences of being a woman and being a Traveller are discussed as separate and same.

Awareness of services to help mental health is low within the Traveller community, 86% of Travellers in a survey on young Traveller mental health needs could not list a service for young Travellers in their area, 7% selected the local GP (Pavee Point, 2015).

2.5.6 Attending to Mental health issues.

There is a dearth of literature giving insight into how members of the Traveller community attend to their mental health specifically. However, we can learn something from the literature as to what is important to Travellers in seeking help and interacting. As stated in Gmelch (2014) “Travellers interact and communicate primarily with each other.” (P. 191), while this is true generally of minority groups by virtue of boundary maintenance it is germane to understanding what may help.

The Evaluation of a Traveller Mental Health Liaison Nurse: Service User Perspectives Keogh et al. (2020) highlights a successful and positive feedback from service users who interacted with the nurse. In general, “Key skills such as the creation of a therapeutic relationship, listening, fostering trust and communicating in a way that was culturally congruent were all valued by the Travellers in this evaluation.” (P. 805). It is also stated Keogh et al. (2020) that “health inequalities do not result from a single factor but emerge from the intersections of experiences, social locations and power relations (Hankivsky, 2014)” (P.804). Considering this, any help or process of attending must be congruent with Traveller lives and ways. This is true whether they are carried out by a Traveller group member for themselves or a helping other, either from within the community or general population. These are not only behavioural or systemic processes, interventions or help but can be philosophical constructs, such as a concept of recovery, ill health, death, and faith (S. B. Gmelch & Gmelch, 1976; Keogh et al., 2020; Tanner & Doherty, 2021; Tobin et al., 2020). Embedded community-based supports from those within the community are particularly interesting. However, little is presented in the literature. It is “highly probable that different racial and ethnic minority groups perceive the competence of the helping professional differently than do mainstream client groups” (D. W. Sue et al., 2019, p. 37). It is important to access the views and thoughts of the community themselves. Members of marginalised groups

often have experiences of higher external locus of control, where personal agency is seen as lacking meaningful efficacy considering significant life challenges (Deacon, 2004; D. W. Sue et al., 2019, p. 112).

The Traveller community have access to a specific counselling service which operates from Exchange house in Dublin. There are a number of services located nationwide including the Traveller Counselling Service in Dublin, which is a community based culturally sensitive service that aims to provide Traveller specific therapy and advocacy. These services stress cultural awareness and understanding as a central part of their approach, they possess embedded knowledge of the community and understanding of inter family dynamics and minority group complexities. These of course are mostly talk therapies. The rationale for these services is to promote uptake and better meet the specific cultural needs of the Irish Traveller community.

2.6 Cultural Components

In many ways, the culture and traditions of the Irish Traveller distinctly differ to that of the majority group (Helleiner, 2003). These salient differences along with the considerable and less obvious markers within Traveller experience that constitute their cultural identity play out in the enduring experience of both Travellers and the majority group in Ireland (Turner et al., 2010). Cultural awareness within the mental health profession regarding the effects of culture, and the impact of not addressing any shortfall in this aspect are repeatedly pointed to by many studies including (McKey et al., 2020; S. Sue et al., 2009).

The need to address cultural issues in the context of mental health is not new. It is represented in the literature for decades and generally focused on African Americans, Alaskan natives, and American Indians (S. Sue et al., 2009). As stated in Betancourt and Lopez (1993),

“Rohner (1984) proposed a conceptualization of culture in terms of "highly variable systems of meanings," which are "learned" and "shared by a people or an identifiable segment of a population." It represents "designs and ways of life" that are normally "transmitted from one generation to another.” (P. 630)

The question of how to integrate cultural issues, or if they require to be integrated at all has also been part of the literature. Some suggest that health interventions are universal, and the issue of cultural specificity goes too far, that we need to transcend difference and move from particularism to universalism (DeVecchio Good & Hannah, 2015). There are important discourses concerning cultural competence, within organisations, helping professions or society in general, these can be confusing at times with terms such as cultural competence, cultural sensitivity, and cultural humility amongst others. Cultural competence as defined by Sue (2001), is “obtaining the awareness, knowledge, and skills to work with people of diverse backgrounds in an effective manner.” (P. 286). This definition is favoured here for being concise and acknowledging the practical skills that is so often important in attending to mental health needs. It is argued by Sue (2019) that “The knowledge component of cultural competence involves the awareness of different worldviews (e.g., that most cultures in the world have a collectivistic and interdependent orientation; that the structure of some families is hierarchical in nature). Such knowledge is crucial in working with ethnic minority populations.” (P. 286). It is for attributes such as this that adoption of cultural competencies frameworks for those helping Travellers or developing programs etc. finds compelling argument. It is not sufficient to translate methods between cultures without adapting them, “simply exporting a method from one cultural group to another is inadequate” (Hall, 2001, p.

502). It is necessary to address cultural issues at various levels and within contexts. For this literature review, the focus is set at a multilevel view including personal, institutional and systemic views of multicultural requirements (Keogh et al., 2020; O'Donnell et al., 2016).

2.6.1 Cultural Competence models

There are various models of cultural competence, two of which are useful to detail in this review, that of D.W Sue and Stanley Sue, the former coalesces around a caregiver and her skillset, namely, cultural knowledge, cultural awareness, and cultural skills. These three areas cultivated within a person who is helping in a manner that is balanced, and reflexive helps to yield a conscientious and agile helper in tune with the person attending to their needs (D. W. Sue et al., 2019, p. 41). Added to the personal qualities of the helping person, the skills, interventions, initiatives must be culturally aware, along with the processes involved. This model is by far the most discussed in the literature.

Stanley Sue on the other hand espouses a more process-oriented approach as detailed in the paper Sue (1998) in which he set out key areas that serve to constitute cultural competencies which are scientific mindedness, dynamic sizing, and culture-specific elements. Scientific mindedness is Stanley Sue's way of promoting a hypothesis driven dynamic in favour of and to deter against premature foreclosure based on assumptions about culture. It also promotes ways to test knowledge informed intuitive hypothesis on the data arising from those seeking help. Dynamic sizing is an important concept that allows those who are helping the control in applying group based cultural assumptions at an individual level, however DelVecchio Good and Hannah (2015) suggest that this process is hard to standardize, and its case-by-case nature renders it difficult to develop protocol or teach. Culture specific elements are culturally

aware knowledge or techniques, skills and understanding such as a sociopolitical understanding of a minority group. There is much of interest in Stanley Sue's model, considering the acculturation levels of many Irish Travellers as his dynamic sizing allows for a controlled use of group wide assumptions at the individual level.

2.6.2 Cultural Awareness and Humility

Whatever model or process is adapted in pursuit of cultural competency a common thread is the need those attending to minority group members to be aware of his or her own world view, the world view of the minority client and culturally significant data in case conceptualization. According to Dickerson (2010) the base structure of a world view arises from an epistemological position regarding philosophical and socio-political views (P. 1). To lack awareness of these important foundational aspects increases the risk of not being able to attune. To be biased through construction of majority/minority positions arising in the discourse or to be blind to intersectionality's at play position those seeking help or those helping in peril of an alliance that could "unintentionally invalidate experiences and enforces silence" (D. W. Sue & Sue, 2008, p. 13)

Willig (2019) writes on the necessity to have an ontological and epistemological reflexivity that allows those in the helping profession to understand their position especially when one considers the value laden and constructionist nature of mental health determinants and needs. Within this study, understanding the impact of structural oppression and the role of majority group discourse in shaping the views of the researcher, for example, taken for granted assumptions that may exist concerning minority groups. From this paper addressing the possibility of bias, socially located world views and the very fundamentals of how we construe difference and lens we use to interpret it. It is also important to consider the impact of everyday discourse and reaction to ongoing events,

opinions of others on research rationale and the often subtle nature of discriminatory narratives. In conducting this research, the researcher maintained a curious stance and keen understanding of what the aims and objectives of the study were.

There is a necessity not only be able to understand her position in these constructs but also to be able to step outside them and take on board the world of the other. Willig (2019) offers advice on ways of “facilitating ontological and epistemological reflexivity” that “involves the use of discourse analytic methods to raise awareness of the ways in which language constructs different versions of social reality and experience” (Willig, 2019, p 192). These points are very much material to the orientation of helping professionals towards a minority group individual, contemplating between group, and within group dynamics in the context of historically constructed ideas about culture, gender roles, family structure and values (Browne, 2009; Snowdon & Eklund Karlsson, 2021). It is imperative that a deep understanding of the helping professionals own footing to facilitate and foreground themselves with those from the minority group or vice versa. This point warrants further study in the context of Irish Travellers, many who seek help from those within their community and who value being understood, and Traveller ways as being understood. More salient is their dissatisfaction and ongoing mistrust of those who do not ‘get’ Traveller culture, do not understand the ways and life of Traveller community members (McGorrian et al., 2013b).

The need for awareness of cultural competency is further demonstrated by Moleiro et al. (2018), showing that a small percentage of therapists are culturally competent, (6%) in that particular study. It is suggested in this study that “Blindness” (P. 11) to cultural issues is an important area to address. This is something that bears on the previous paragraph and the need to be aware of one’s position and world view (Willig, 2019).

Being culturally competent does not, in and of itself suggest that attending to mental health needs will be better, it must be part of an informed process of interaction. There are some who point to the limitations of highlighting cultural components in the helping professions. Wendt and Gone (2012) cautioned against the possibility for essentialist thinking. It is asked in Herman et al. (2007) “whether it is possible to conduct culturally competent counselling given the risks associated with implementing counselling in a manner that fails to attend to a client’s individual differences and inadvertently promotes culture-related stereotypes of clients” (P. 637). These are very real concerns that are particularly important in this Irish Traveller context of attending to mental health needs. It is important to consider the possibility of any harmful effects (Wendt et al., 2015). There are some interesting papers that focus on the potential for harmful effects of cultural competency such as essentialist thinking (Sue, 2015a). There are also the possible difficulties in constructed meanings within ethnic groups, the concept of harm, health, wellbeing, violence, or marriage as examples. These are interesting areas to be both mindful of and curious about in relation to Irish Travellers mental health experience.

A survey of Travellers conducted by O’Mahony (2017) reported that only “9% of settled community would feel kinship with Travellers” and it also found that “27% of settled community agree it is acceptable for Travellers to be refused entry to hotels, pubs and shops, and that 38% of the Irish settled community would avoid Travellers”. Considering these statistics, it would be reasonable to suggest that some difficulties would exist for Travellers accessing therapy, community-based help in the majority group (McGinnity et al., 2017). There is little in the literature in this area of Traveller experience, this study may shed some light on such topics. It is additionally important to consider upstream difficulties of discrimination is such cases of therapist supervision and so forth.

2.7 Conclusion

This literature review focused in the main on five sections, introduction and source materials, mental health and wellbeing, Historical context of the Irish Traveller Community, Mental health & the Irish Traveller Community and Cultural components.

The determinants of mental health were then reviewed in the literature as informing a broader lens such as social contexts. While studies highlighted hoped for outcomes, and showed current deficiency few detail what tangible actions Traveller members engage in or proposed policy that directly bears on attending to mental health.

The literature setting out the relationship with the settled community was reviewed and it highlighted the Irish state's role in marginalising this community. The impact of this marginalisation on mental health and how members attended to it was not well represented in the literature. Ethnicity and the literature of the discourse surrounding the community was presented to foreground some of the social determinants and to locate the source of some discrimination and marginalisation that has become front and centre to today's experiences for Travellers. Which in turn bears on their attending behaviours and are the subject of this study.

Intersectional considerations in the literature were then considered as demonstrating the complexity of interactions. The review of this material does not provide sufficient comment on the impact of the historical context on current help seeking and attending behaviour. This study seeks to further the understanding of how members attend to their mental health and to what extent such factors as above might impact their everyday lives.

The main body of literature pertaining to mental health in the Traveller community was then reviewed including the all-Ireland Traveller health study provides a broad base from which to compare and evaluate Traveller outcomes. Suicide, depression, illicit drug taking, and discrimination were all prominent in the literature.

The historical background, minority status and changing lifestyle of Traveller community members cuts across all studies.

Mental health needs were reviewed through the literature in the context of the community, help seeking gender differences in help seeking was discussed in the context of reduced agency, discrimination, and societal decay. Providing help and helping was discussed as community based and requiring cultural sensitivity.

The cultural competency literature was also reviewed. It was found to deal with minority groups, difference and challenge of adaptation, humility, respect and valuing the ways of others. The literature suggests that attending to mental health needs, either through helping another or by oneself is value laden and a process requiring an environment of respect, understanding and equality. These environmental factors and lack thereof may well have a bearing on attending to mental health and are not well represented in the literature suggesting that they are worthy of inquiry in this study.

The literature as reviewed, has shown that there are studies carried out demonstrating that the Irish Traveller community have high levels of mental ill health and are burdened with significant life stressors. It is noted by the researcher that from the perspective of this study, much of the extant literature discusses Traveller mental health from a position of identification of problems, categorisation of symptomatology, or collating data and statistics or signposting to culturally appropriate services. While this research is valid and useful, for this particular study, there was a dearth of research that begins real movement to address culturally appropriate interventions. This is evidenced in the lack of studies that discuss how members of the Traveller community attend to their mental health. This study seeks to add to the literature in this regard.

Chapter:3 Methodology and Methods

3.1 Introduction

In this chapter a comprehensive discussion of the grounded theory methodology and the method is provided. The classic version of grounded theory first introduced by Glaser and Strauss (Glaser, 1967), the discovery of the method and the context in which it has developed will also be discussed. A discussion of the epistemological and ontological underpinnings will be used to elaborate on the various strands of grounded theory and further to provide a rationale for the adoption of a constructivist approach in this study. The study design will be put forward and a detailed account of the method as carried out. The ethical principles guiding the study will be outlined. Considerations regarding researcher positioning will be presented along with the criteria by which the rigour and robustness of the study is evaluated. Selections of data are shown to demonstrate the method, coding, constant comparative method and so forth.

3.2 Qualitative Methodology

This study was carried out with a qualitative design. This was chosen over quantitative methods as the aim of the study was to assess process and action in a minority group. Quantitative methods often focus on large samples and set out with hypothetical aims. Qualitative methodology often seeks to elaborate on or illuminate human process, understanding, experience and so on (Willig, 2013; Yardley, 2000). This study seeks to gain insight into the process of how members of the Traveller community attend to their mental health. This is an open question of how they attend to their mental health. In answering this question, a qualitative study was chosen that could be open in nature and wide in context.

There are a wide range of qualitative methods arising from numerous philosophical and epistemological positions. This study could have been carried out with several qualitative approaches however a grounded theory was chosen as the underpinning philosophy of this method construes reality as a processual ever-changing entity (A. Clarke, 2005; Glaser, 1967). The pragmatic philosophy of interaction forming reality is a good choice for this research question of how members of the Irish Traveller community attend to their mental health in with the idea that life consists of actions, change and process. (Dewey, 1998; Goodman, 1995; Strübing, 2019).

A qualitative methodology has been adopted to achieve the aims of the study. Qualitative methods represent excellent collection and analysis techniques that serve to meet the objectives of this study, which is to gain understanding and insight into processes and lived experiences with a view to generating theory. The type of data available to research the area of interest are personal accounts of how individuals attend to their mental health. Qualitative methodologies lend themselves to the analysis of such data and can provide textured and nuanced results. In qualitative designs, emphasis is placed on gathering rich contextual data of the lived experience of participants (Willig, 2013). To gain insight into the world of the participants regarding their mental health a qualitative approach was chosen.

3.3 Grounded Theory Overview

The grounded theory method (GTM) originated from the work of Barney Glaser and Anselm Strauss in the 1960s. It arose primarily as a challenge to the reigning research methodologies of the time, the hypothetico-deductive methods. At the time of the first grounded theory studies, positivistic, quantitative studies were very much privileged. Qualitative research had a name for not being rigorous, verifiable, or generalisable. Reacting to this perceived subordinate position, and partly to the

exposure to the objectivist position, early grounded theory was keen not to move too far from verification style positivistic studies. Glaser and Strauss submitted that the hypothetico-deductive method had engaged researchers in the less valuable work of verification of grand theories rather than generation of new theories that were grounded in data, within specific contexts that fitted well to everyday situations under study and real-life events. They took a position that theory generated from an inductive social research context produces a better fit and has more value to the field of inquiry (Glaser, 1967b).

The first example of a grounded theory was *Awareness of Dying*, where Glaser and Strauss grounded their substantive sociological theory in the data collected in a hospital setting regarding terminally ill patients. The rationale for developing Grounded Theory was in “order to facilitate applying it in daily situations of terminal care by sociologists, doctors and nurses, and by family members and dying patients” (Glaser & Strauss, 1965, p. 259). The development of the GTM comes in the context of different academic backgrounds and varying perspectives of its originators. Glaser came from a positivistic background, a sociologist who strongly favours systemic approaches. Strauss came from a symbolic interactionist perspective, the works of George Herbert Mead and the general pragmatist philosophy. This paves the way for later evolutions and divergence in the method. The central tenet of the original method was that a new theory could be defended by demonstration of a rigorous and close fit with the data. The methodology was focused on process and human interactions.

There are many misunderstandings regarding the methodology. Glaser stated that it was indeed a methodology that stood outside any one perspective, that it was a general inductive method that could be used by anyone in any field (Glaser, 2005). The classic grounded theory method of Glaser (1967b) regarded reality as capable of being studied and that the data, exposed to the method would provide an emergence of theory,

in which new insight could be discovered. This reliance on the view that reality is an objective entity, and that observation of it, by whomever would yield similar outcomes was and would become very much the Glaserian position. It is important to understand that this was the prevailing sociological understanding of the day, especially outside of the Chicago School, the Chicago school refers to a group of sociologists at the university of Chicago known for their focus on qualitative approaches (Lutters & Ackerman, 1996).

Grounded theory was developed primarily as an inductive method of inquiry. The classic grounded theory method (CGT) has its foundations in two disparate traditions, positivism, and symbolic interactionism. From positivism the methodology is structural and systematic with elements from quantitative methods such as coding, variables, and a focus on verification of theory. The symbolic interactionist perspective provides a leaning towards meaning, agency and action (Bryant & Charmaz, 2007; Charmaz, 2014; Denzin & Lincoln, 2018, p. 413). The method began to diverge with the publication of Strauss and Corbin's Basics of Qualitative Research (Strauss, 1990).

3.3.1 Strauss and Corbin's Grounded theory evolution.

Corbin and Strauss provided more direction on how to engage with the data, this was stringently criticised by Glaser as forcing theory on the data. It was a move towards social constructionism, and it relied far more on interpretation of data than the classic method. The focus of their change was to increase the technical aspects of the method and give more guidance to novice researchers (Strauss & Corbin, 1997). They provided a more structured view of engaging with data, elaborated on the method and the sequence of analysis became data, deduction, validation, inductive elaboration, data. This cycle continues along with constant comparison, constant comparison is a key aspect of grounded theory where comparisons are continually made between different

data with the aim to arrive at an analytical stance (Strauss & Corbin, 1997). Strauss and Corbin also introduce an additional phase in the method called axial coding, axial coding is a form of coding that links important or central aspects of the data together. This is a nod to less reliance of emergence of theory in favour of deductive methods, verified through comparison and validated by the data themselves. Strauss and Corbin advocate asking far greater questions of the data, being more constructivist, more creative, thus moving beyond the data and creating substantially more codes than that of CGT (Heath & Cowley, 2004).

3.3.2 Constructivist Grounded Theory

The next substantial movement in GT came in what Charmaz termed 'The Constructivist Turn' (Bryant, 2019; Bryant & Charmaz, 2007; Charmaz, 2014). Constructivist grounded theory signalled a move to a more flexible use of the method. It came about for a number of reasons, some of which were reactions to ongoing criticism of a detached narrow empiricism and reliance on an objective reality claimed to be at the heart of the discovery book and never cast off by Glaser, Strauss or Corbin (Bryant & Charmaz, 2007; A. Clarke, 2005; A. E. Clarke, 2003; Heath & Cowley, 2004). In addressing a constructivist standpoint, the data could not be seen as unproblematic, objective. It takes on the constructed and postmodern perspective of many realities. The range of narratives generating the data imbue a relativism (A. E. Clarke, 2003). The constructivist viewpoint sees data as co-constructed by the participant and the researcher. Thus, the intersectional, value laden position of the researcher becomes pertinent, and subject to analysis, sitting not outside the lens but very much part of proceedings. How the researcher sees the world, makes sense of knowledge, and positions themselves in the discourse is highly relevant in constructive grounded theory (Dickerson, 2010; Willig, 2019). Glaser, Strauss, and Corbin posit the neutral observer,

value free expert (Bryant & Charmaz, 2007; Charmaz, 2014, p. 2; Glaser & Strauss, 1965; Heath & Cowley, 2004; Strauss, 1990). Constructivists see this same researcher as active, co-constructor of the data therefore worthy of analysis. Further, as stated in Charmaz (2014) “the logical extension of the constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and, often, hidden structures, networks, situations, and relationships” (P. 240). This extension when operationalised in this method allows for abductive reasoning for explanation of data in wider contexts and processes such as structural reified discrimination of other such dynamics.

3.4 Philosophical underpinnings in Grounded Theory

As discussed in the preceding paragraph Grounded Theory was described as a method that stood outside any one perspective. While this is certainly true, this does not prevent the method adhering to various ontological and epistemological standpoints, such as positivism, empiricism and constructivism. Glaser certainly used the method from a positivistic position. Corbin and Strauss advocated a more pragmatic foundation and the Chicago school of thinking. Further still Charmaz showed how the method had roots in symbolic interactionism, which in turn arises from the pragmatic tradition. Given that within this study a constructivist position is being taken, a brief outline of pragmatism, symbolic interactionism and its implications for the method is now discussed.

3.4.1 Pragmatism

The philosophy of pragmatism situates reality within a human context. Pragmatism arose from the works of Charles Sauters Pierce (1839-1914), William James (1842-1910) and John Dewey (1859 – 1952). Pierce developed an early focus on

action and process that is continued and central to pragmatic thinking (Goodman, 1995, p. 35). For this early pragmatist and later, reality consisted of interactions and change. Thoughts about the world and meaning arise from our interaction with it. Sanders also had a strong inclination for inquiry, suggesting that beliefs of integrity are arrived at “if inquiry were sufficiently persisted in” (Goodman, 1995, p. 35). Better known in psychology fields is William James, James saw pragmatism as a theory of meaning and a method of settling disputes. James has a focus on ideas making our experience understandable and congruent with our experience. As a radical empiricist, “James’s rejection of the idea that truth corresponds to some nonexperience, pre-constituted reality and his commitment to an account that takes truth to be a set of relations within human experience” (Goodman, 1995, p. 51). The nature of reality for James then was a humanistic perspective, where the human actor contributes and shapes that reality. In the pragmatist tradition the ontological is a process of change that renews itself continually adapting according to how the actors and the environment engaged.

How knowledge is studied, acquired, known is referred to as epistemology. Having a consonant epistemological basis in line with methodology, is critical to providing strong claims to knowledge. Within a pragmatic continuum knowledge will be contextual and negotiated within the process of finding relevance and fit with experience (Goodman, 1995, p. 50). The epistemological position of pragmatism focuses on problem solving and grounded relevance of practical process and action. (Urquhart, 2022, p. 87). In this study claim to knowledge will bear on awareness of context, sensitivity to situation and reflexivity of the researcher. Understanding the value laden lens of the researcher and its implications of how knowledge is constituted and know is central to the interactionist perspective of constructivist grounded theory (Bryant & Charmaz, 2007; Charmaz, 2014).

3.4.2 Symbolic interactionism

The term symbolic interactionism was coined by Herber Blumer (Blumer, 1986). It is a perspective on the study of human life and interaction. The symbolic interactionist leanings of Anslem Strauss influenced the trajectory of Grounded theory. Constructionist grounded theory can makes use of Symbolic interactionism as it is consonant with a pragmatic view of reality consisting of change and interaction. Blumer relied on the work of George Herbert Meade and presents three simple premises of symbolic interactionism in Blumer (1986)

1. Human beings act toward things based on the meanings that the things have for them.
2. The meaning of such things is derived from, or arises out of, the social interaction that one has.
3. Meanings are handled in, and modified through, an interpretive process used by the person in dealing with things he encounters.

These points have much import when we consider people in action and in context.

Blumer sets out a world where the actors interpret the meaning of objects and have a stance towards that object, this is to be contrasted with a world where the actors merely respond to the objects or stimuli. For symbolic interactionists, the human interprets the meaning, the symbolic makes sense of it and acts accordingly in return. According to Willig (2019) “‘the world’ that is studied by grounded theorists is very much a product of human participation and negotiation.” (P. 41). Within this study, the symbolic interactions regarding respect and humility are a good example of this philosophical position. Within each interview, humility, understanding and an ability to adapt strategies where necessary allowed for a reciprocation and genuine congruent emergent discourse. At the heart of symbolic interactionism is this dance of action, interpretation, process and interaction. Having a priority to privilege and be sensitive to cultural

dynamics allows for these dynamics to be reflected symbolically, interpreted and reinterpreted and collected in the data. This richness can give an authentic quality to grounded theory as it captures the process by which action and meaning emerges and informs narrative. This data, linguistic, body language, behaviour can be folded back in with the constant comparative method to inform attending behaviour, attitudes and additional categories that serve to inform the grounded theory.

3.5 Theoretical Foundations of Grounded Theory

The basis of Grounded theory began as an inductive method. The use of induction, deduction and abduction underscores the method. These reasonings are enacted in cycles, Charmaz states that “Grounded theory begins with inductive data, invokes iterative strategies of going back and forth between data and analysis, uses comparative methods, and keeps you interacting and involved with your data and emerging analysis.” (Charmaz, 2014, p. 1). Deduction and abduction work within the method as set out below, abduction is especially important for constructivist studies as it gives the researcher ability to theoretically explain surprising data.

3.5.1 Induction

Classic grounded theory is an inductive method based on openness to what might emerge from the data. It is centrally focused on the data, any move to impose researcher views or direction on this data was to be resisted by Glaser and Strauss (Glaser, 1967b) in the early days of the method. Through induction, one could get new discovery by not imposing on data existing ideas or forcing extant theory to explain patterns or process. By highly privileging induction from data, one could discover new findings, if one stayed open to new possibilities arising from or ‘emerging’ in the data. Later criticism of the method sometimes referred to this as naive empiricism (Bryant &

Charmaz, 2007, p. 419). Suggesting that induction alone, without context, could never deliver a really ‘grounded’ perspective, or put more usefully that it would be grounded within a perspective, and most likely an unknown one, therefore rendering the ‘discovery’ shrouded in the unknown, defeating the purpose. Caution is suggested by Willig (2013) stating that “one of the problems associated with induction is that it pays insufficient attention to the role of the researcher” (P. 89). This point will be addressed later in discussion of the constructivist approach.

3.5.2 Deduction

The whole thrust of grounded theory was to remove itself from an overly deductive method of enquiry. But within the method, most would agree that deductive methods are a key step in testing new theory, hunches, or ideas against further data. In this way deduction is used as a tool within the analysis and constant comparison. This is not to be confused with a starting deductive position, whereby the inquiry as a whole, utilises a deductive reasoning or hypothesis driver method. However Bryant & Charmaz (2007) state that “Deductive logic which encourages us to search for evidence to confirm or refute our hunches by looking for the evidence in other areas seems an indispensable tool for analysis” (p.179). In this way deduction is invoked after staying open to the data and starting from an inductive position. Glaser warned against excessive deductive framework as a forcing agent on these data and therefore resisted such framework as axial coding as put forward by Strauss (1990), suggesting that Strauss was “developing a method to produce full scale conceptual forced description” (Glaser, 1992, p. 65)

3.5.3 Abduction

The concept of abduction arises from the work of Charles Sanders Peirce and its roots are in the pragmatic tradition (Ayer, 1982). As stated Bryant and Charmaz (2007) “through abduction we invent a way of understanding (a conceptualization) which achieves a synthesis of observations” (P. 567). It is central to the grounded theory method, although not always well presented in texts. It is the third form of inferring from data, and it accounts for a significant aspect of theoretical analysis and category development logic within the methodology. Rich data is preferred by researchers in grounded theory studies, induction firstly takes place by detecting patterns in the data and arriving to theory by way of theoretical sensitivity. This sensitivity to theoretical contexts is not easily attained, certainly by a novice, it is an ability to be able to extrapolate from and identify in empirical data, relevant and meaningful theoretical constructs. The concept of abduction is accounting for phenomena in the data that cannot be explained by inductive or deductive methods. When surprising data exists that has not yet found a suitable causality, or explanation in theory an abductive approach is to provide a range of testable hypothesis to explain the data. This explanation is further applied to the data and in a deductive cycle. There is a creative aspect to this abduction because one gets to make choices as to what may account for the surprising data. It is important to note that abduction is different to induction in the following way, when surprising data is found, even in one instance, further instances may not be sought, but a theoretical hypothesis is set up to explain. In arriving at the abductive position, the researcher must rely on previous knowledge, understanding of the setting and so forth. It is from this perspective that constructivist proponents of the method argue that scrutiny should be applied to researcher positioning. In abduction, epistemological positioning must be clarified to make meaningful claim to grounding of theory in empirical data (Bryant & Charmaz, 2007, 2007; Charmaz, 2014; A. E. Clarke, 2003; Flick, 2013). An example of an abductive reasoning within this study concerns the

concept of help and what is helpful. Deductive resonating might set out to deduce that attending a mental health service is useful, however abductive reasoning might seek to explore the question ‘what might be perceived as unhelpful about attending a service given that is presenting in the data’. Abduction allows for broader determinants to be added to explain the phenomena, in this case a member of the community had experienced significant discrimination at the service and thus construed this as unhelpful. In this way unique perspectives of traveller life can be illuminated and not missed because the full dynamics of that persons situation is assumed by the researcher, or just not understood.

3.6 Constructivist Grounded Theory

This study adopts the constructivist approach to grounded theory in line with the method as set out by Kathy Charmaz (Bryant & Charmaz, 2007; Charmaz, 2014). It differs from other forms of grounded theory most notably in its epistemology, in constructivist grounded theory it is assumed that the participants reality is constructed, and that they and researcher further construct all that happens within the study. Data as considered within this approach is seen as problematical, something to be deconstructed and reflected on. It is not taken as object reality, rather as an interpretation by the social actors within the study. The roots of constructivist grounded theory are in symbolic interactionism. From this perspective reality is process oriented and data arises out of values, meanings, and process in and between participants, their social world, and the researcher. Understanding one’s world view, the position of the participants and the broader context of the study is then relevant for the constructivist grounded theory researcher. In classical grounded theory is not important as to the social position of the researcher, for instance Glaser (1992) states with regard to the analyst’s assumptions, experience and knowledge that they are “not necessarily bad in and of themselves, they

are helpful in developing alertness or sensitivity to what is going on in the observational interview data, but they are not the subject's perspective" (P. 49).

For this study, the understanding of minority group status, the impact of social exclusion, inequality and the prevailing Traveller discourse are viewed as relevant considerations in theory development and analysis. The construction of coded data, views of narrative, and abstractions will arise from culture bound positions by the researcher and participant. Interpretivism is assumed and managed through ongoing reflexivity of method and research setting. Findings are set out as interim and in the context of constructed views of the data. This challenges the 'Discovery' of theory, of an objective truth and replaces it with a co-constructed theory, subjective interpretivist in nature.

This constructivist approach is best fitted to research on a minority group because added to the above it also sensitises the researcher to inequality, oppression, privilege, and majority group discourse (Bryant & Charmaz, 2007; Charmaz, 2014; A. E. Clarke, 2003). Notwithstanding the difference in epistemology and researcher positioning, many of the methods of constructionist grounded theory are the same as CGT. Constructivists are less concerned with prior knowledge and literature review due to the focus on reflexivity in method. A broad outline of the methodological steps is set out further in this chapter, participant sampling, interviewing, open coding, focused coding, constant comparative method, theoretical coding, theoretical sampling, theoretical saturation, memo writing and theory construction. These areas will be discussed in the context of this study on the Irish Traveller Community.

3.7 Evaluating Grounded Theory

The evaluation of any piece of research will be dependent on the audience and the field of that research. For this study, the evaluation criteria will be taken from

several sources including the original discovery book by Glaser and Strauss (Glaser, 1967). They originally evaluated under the headings of fit, work, relevance, and modifiability. Having these, Glaser suggests that the theory will have “grab” and will be used and remembered for use (Glaser, 1978, p. 45). Added to these, Yardley’s criteria for rigour were also used as a guide in the study (Glaser, 1967b; Yardley, 2000). Kathy Charmaz presents credibility, originality, resonance, and usefulness as determinants of the value of a grounded theory study (Charmaz, 2014, p. 338).

3.7.1 Quality

Quality in the grounded theory method is best achieved through rigorous application of the method. The goal is not representation or description, but generation of substantive theory. The primary focus is on the generation (through construction) of theory, the management of abductive, inductive, and deductive logic of theorising. Keeping close to the data is a fundamental of both classic and constructivist grounded theory (Urquhart, 2022). The data give rise to the induction, abduction and on to theory (Bryant & Charmaz, 2007). Constant comparison is the instrument that maintains vigilance to a good fit, the theory must fit the data. In this study the memos provide the link between data and conceptual category. Keeping track of memos, demonstrates and helps the theoretical sensitivity.

3.7.2 Credibility

The research piece is grounded in the Irish Traveller context. The way the study participants were engaged (through community gate keepers) provided culturally appropriate setting and ease of engagement. The data obtained in the interviews was very wide ranging where openness was fostered. Participants provided rich and detailed accounts, varying over many areas of concern for them. This provided a detailed

familiarity with the setting being researched. Constant comparison was ongoing, and comparison was made at all levels of abstraction, code to code, incident to incident and so forth. This constant comparison ensures ‘fit’ and maintains connection to the data themselves.

3.7.3 Originality

Originality can be measured as the extent to which novel insights and new perspectives are generated by the study. In this particular study, new insight is provided that can inform culturally appropriate service provision. The theory highlights the sensitivity of the Irish Traveller community to oppressive and discriminatory systems. Insights regarding the dynamics at play regarding the use of formal help (such as general practitioners) and the importance of language and mental health literacy for this group. Claims to originality and value are further elaborated in chapter 6.

3.7.4 Resonance

The categories resonate with the data, abstraction has occurred in a transparent and traceable way through memos and category development. ‘Maintaining the self’ has been connected with negotiating a range of external arenas and navigating discourse. This linking connects the internal world of the participant the external world of the study in a way that resonates with the as lived experience evident in the data.

3.7.5 Usefulness

The theoretical usefulness of the study may be the sensitising of help seeking models to account more effectively for those in oppressed groups and to theorise more effectively for the dynamics of ethnic minority group members in accessing mental health services or help in general. The study can also contribute to the broader cultural

competency literature through highlighting the sensitivity required, humility and knowledge of setting while therapeutically working with members of this community. The extent to which this theory may be general for other minority groups is an unknown, the theory must be seen as interim and localised, until other studies suggest otherwise.

3.7.6 Modifiability

The extent to which this grounded theory is modifiable is certainly high, this is a doctoral study and therefore limited in many ways. The study is put forward as an interim step, initial and wide. It invites modification and the previous criterion being met, demonstrates effective use of data to inform others in the further development and use of this work.

3.7.7 Sensitivity to context

In Yardley's characteristics for quality, sensitivity to context includes sensitivity to theory and sociocultural setting (Yardley, 2000). In this study there is sensitivity to setting, due to the effort and ethical structures built into the study. Through engaging as an insider researcher, and through upholding the ethical guidelines set out by DCU, sensitivity to and knowledge of context were required to be at a high level. The wide-ranging aspect of the data arising from the study and the limitations on time required choices to be made regarding theoretical direction. Making choices and following areas significant to the study is a central and core function of the researcher. The constructivist methodology allows for and underscores the constructed theoretical position and grounded theory of 'maintaining the self'. The empirical data defends the theory, the aims of the study are met through the grounded theory and the relevant literature is incorporated. This criterion requires thoroughness of data collection,

analysis, and presentation. Significant portions of this chapter were afforded to the clarification of the grounded theory method to underline the claim to knowledge arising from this study. Grounded theory method requires clarification and demonstration of the method pertaining to the strand that is being used. Significant differences arise from the various methods and the theory arising from different versions are to be situated in different epistemologies. The constructivist aspect of this study demonstrates more coherence minority group status and inequality position of the study group. The adherence to the constructivist method and the transparency of data, transcript sections and analytical decisions serve to attest that this criterion has been substantially met in this study. Coherence between method, setting and subject matter was also conserved through adherence to, and initial selection of the constructivist method.

3.8 The Grounded Theory Methods

3.8.1 The Research question

The research question was to explore and develop a theoretical understanding of how adult (over 18 years) members of the Irish Traveller community attend to their mental health needs. The objectives of the study were to explore how the Irish Traveller community members understand their mental health needs. To illuminate how the Irish Traveller community members view and experience seeking help for their mental health needs and further to explore issues that may be specific to their identity/ culture in this process.

The grounded theory of ‘maintaining the self’ that was constructed during the study set out to address the above and the following chapters set out findings and seeks to integrate these into extant literature and situate them within the wider field of psychotherapy.

3.8.2 Review of literature

The review of literature is a topic of much debate in grounded theory studies. Glaser (1992) sets out three distinct types of literature: (1) non-professional, (2) professional literature relating to the substantive area, (3) professional literature unrelated to the substantive area. He further states that in classical grounded theory there is no need to review any of the literature in the area under study (Glaser, 1992, P. 31). This is to remain as open as possible and not to be overly constrained by previous studies. In constructivist grounded theory, importance is placed on reviewing literature that allows for understanding of researcher positioning (Charmaz, 2014, p. 305). Reviewing literature that sensitises the researcher to the setting, language and context is deemed useful in this study. In the context of majority group, minority group dynamics review of the extant literature on such topics is deemed to be preparation and contextualisation and not an issue, it is not deemed contaminating, rather the opposite. There is also a requirement to engage in a literature review in proposing doctoral studies within the DCU doctoral program to demonstrate areas of interest and validity of the study.

For this study, I put forward that prior engagement with such works as that of Victoria Dickerson, Dickerson (2010), Carla Willig, Willig (2013, 2019) and others who have written on orientation of psychotherapists/researchers epistemological and ontological positions (Kinsella, 2010; Michael Carroll, 2008). These have helped in remaining open to my researcher positioning and added to the likelihood of constructing meaningful theory and limiting bias. These works were important in orientating me to challenge dogma and situate myself within an epistemology and ontology that allowed a position of openness, humility and in better knowledge of the value laden perspective I bring to the study. From this literature the researcher read on areas that sensitised to the topics, boundary making and cultural humility to help in understanding the

intersectional dynamics that are always present. Also, papers by Julie Ancis on oppression and privilege and the work of Dareld Wing Sue that sensitises practitioners to such things as microaggressions, intersectionality and the power differentials at play in discourse, interviews and so on. (J. Ancis & Marshall, 2010; J. R. Ancis & Ladany, 2010; Dickerson, 2010; S. Sue, 1998; Willig, 2019).

Notwithstanding the above, openness and lack of reliance on extant literature in category building is still an important aspect of this method. Previous literature can be useful on researcher reflexivity, language and so on. Once theoretical categories are constructed, a whole host of literature becomes relevant and reading existing literature is then carried out to validate theory, construct further ideas and situate the grounded theory in context for this thesis.

3.8.3 Ethical Considerations

In consideration of the ethical principles and requirements of DCU research ethics committee, ethical approval was sought and received in 2023. The extensive ethical approval process required that the study uphold the ethical principles of the university. Ethical training was provided and taken by the researcher. While it is important to address research areas within minority groups, it is of absolute importance not to engage in any actions that further distance, disenfranchise already marginalised groups. The difficulties that researchers experience in engaging research participants, and potential participants experience in trusting researchers, are based in historical and contemporary injustices that play out in research, but originate in the social, political, and economic context (McGee, 2006)

As a starting point the Belmont report sets up the following as a framework for ethical research, Respect, Beneficence, Justice (Health & Services, 2013). This framework was used to minimise risk. A risk assessment was carried out through

engagement with the ethical approval process in DCU. A decision was made to invite only adult members of the community to participate. Additional consideration was given to potential research participants due to the fact that they are minority group members. The interview method as a data gathering technique brings with it its own ethical issues and it is important to understand that there are inherent ethical complexities when private experiences are used as data in public research (Kvale, 2007). The issues are more complex when dealing with minority groups such as the Irish Traveller community and require significant attention.

3.8.3.1 Respect:

To respect participant autonomy, participants had the right to withdraw from the study at any time up until publishing. The right to withdraw was clearly displayed on the materials but also communicated at interview and additionally by gate keepers where possible. The participants choices of interview set up was also respected. The researcher also respected the time and effort provided to the study by participants and the significant and personal nature of the data. Respecting the process as detailed to participants, and the following through on all steps was important to ensure ethical compliance. Participants right to anonymity was respected throughout, interviews took place in a private and confidential space, face-to-face and Zoom interviews were offered if participants had difficulty in travelling. No personal information about participants was shared with others or used in reports. Additional support was offered if required for a Traveller community member participant. This support was Traveller specific and culturally appropriate. It was offered to all participants should it have been required due to the potential impacting nature of the material. Recorded interviews were transcribed and deleted to ensure GDPR within one week. Transcripts were numbered and all identifying information removed during transcription. All study materials were stored

on google drive and shared only with the research team. Pseudonyms were used for the transcripts and writing up of reports. The target group have been identified in several studies as a group that is 'hard to reach' with low levels of trust in professional services and people outside of their immediate community. Therefore, access and recruitment strategies involved consultation with members of the Traveller community and community workers known to

them. Various Traveller representative groups, community organisations were contacted and asked to advertise the study. Relationships were formed with gatekeepers with experience of the community, significant energy and humility was demonstrated to demonstrate the bona fides of the study. Being open, culturally sensitive and communication of the researcher genuine interest in life in general and their place within the wider gamut of life. To see them as actors in their own right and not merely people to be studied or research is a key fundamental to effective and authentic enquiry. Sharing the value of inquiry with participants, not solely to the Irish Travellers but to anyone interested in sociology, psychology and the dynamics of minority life.

3.8.3.2 Beneficence

Beneficence and its related idea non maleficence set up a strong ethical basis for protecting the interests of those participating and guarding against loss or damage howsoever caused. Williams (2005) states that "research should work toward the participant's good and, according to the related principle of non-maleficence, do no harm (Higgs 2000)" (P. 515). Working to limit the impact on participants is important but also that the research benefit in some way the participants and the broader community. Past research indicated a strong association with mental health issues among this group. Consideration was given to the possibility that participants might be directly impacted by the topics they would speak about and that they may not have

discussed their concerns before, therefore interviews were conducted in a sensitive manner by the researcher who is familiar with working with this group. The type of support offered was agreed with participants on an individual basis depending on the nature of their involvement with the support services and their unique needs. This in general was one to one emotional support and the duration of this provision would be negotiated with the participant. There was no uptake of this provision in the study to date. Consideration was given to not having revealing information impact on the participant. This was achieved by reminding participants not to name a service attendee during the interview and further highlighting that if it occurred accidentally or inadvertently this information will be deleted from the transcript and the participant will be informed about this. Potential participants were be informed about these potential risks and how they will be managed in the Participant Information Sheet and the researcher checked that they understood this fully prior to signing the consent form. When issues of poor literacy were a factor additional time was taken so as not to rush the participant and ensure understanding of what was being consented to. If a participant became distressed the researcher had a plan in place to pause the interview, check if the participant is willing and able to continue, and if necessary, postpone or terminate the interview. Literacy issues are high among this group. Consideration to the language used is a pivotal factor throughout all stages of the study, e.g., advertising and recruitment, to avoid any further felt sense of stigmatisation and ensure informed consent in the study. Having access to a local service worker as an initial step in recruitment, if desired, is one way to facilitate exploration of participation and gain help with the written information.

3.8.3.3 Justice

The Irish Traveller community has historically sustained high levels of oppression and inequality. The study was mindful of the ethnic minority status of this

group and efforts were made to ensure justice in communicating the potential discomfort possible in engaging with the study. In awareness of the Belmont report stating that the burdens of research can often fall disproportionately on participants, a voucher was offered to offset any childcare, travel costs associated with participation. This sought to acknowledge the reality of daily life and remove potential barriers to participation. Justice was also central to efforts to engage in a culturally competent and informed way, this allowed participants to have their voice heard and to be fairly taken up. Deprived circumstances of many within the community in question is a reality and therefore engagement in line with a RRI (Responsible Research and Innovation) perspective was adapted (Pacifico Silva et al., 2018). Making the connection to participants through trusted and supportive local Traveller Community groups and organisations enabled participants to engage in a context of support and cultural appropriateness. This engendered a meaningful commitment to engagement, this extends also to sharing the benefits of the research in a manner that is accessible and culturally sensitive (Keogh et al., 2018; Villani & Barry, 2021).

3.8.4 Participant Sampling

Permission was sought to access participants from Traveller specific community and mental health service providers, community groups and Irish Traveller advocacy groups. Permission was requested to advertise in these locations also. Twelve participants were recruited through Traveller organisations. Beyond this recruitment method, all participants were asked to pass on the invitation poster to those whom they felt may participate. This snowballing method yielded a further three participants.

The inclusion criteria for participation in the study was set out in two groups. Participant group 1. Adult members (18+) of the Irish Traveller Community, providing informed consent and who had engaged or who were engaging with a mental health service or attended in some way to their mental health. Participant group 2. Mental

health professionals themselves members of the Irish Traveller community, providing informed consent who have engaged with the provision of services, help, to adult members of the Irish Traveller community in mental health contexts, community based or within a service.

From the total of 15 participants eight were members of the Traveller community who were also working in a mental health capacity engaging with members of the Traveller community. Seven were members of the Traveller community who attended to their mental health in some way. Participants volunteered to participate on foot of advertising and also through snowballing. The quality of interviewing and the authentic priority and humility are important factors in recruiting participants. Of the total participants, three were male and 12 were female. While additional efforts were made to engage more male participation, the usefulness of the helping professionals within the sample is underscored here. These helpers were able to provide data on many male attending behaviours, attitudes and narratives. The females within the study spoke at length about the dynamics of male attending and the interconnectedness of this with their own approaches. In this way the imbalance was addressed, and the voices of males were represented. The average age of the participants was 41 years for females and 39 years for males. All the participants were members of the Irish Traveller community living in multiple geographical locations across the Island of Ireland.

3.8.5 Interviews as data source

The interview has a long history in social science and particularly in psychotherapy. Sigmund Freud and Carl Rogers are useful examples of theorist's practitioners who is interviews often yielded insight and changed the way we see the world. Empirical evidence for how we see the world has come from the holding of

interviews and the interpretation of these interviews have provided much of the concepts and views underpinning the social world (Kvale, 2007, p. 10).

The approach to interviewing in this study takes a constructivist perspective. Emphasis is on gathering rich data and for many of the interviews little prompting was required. From a constructivist perspective, far more than the transcribed text constitutes the interview. “A constructivist approach views interviews as emergent interactions in which social bonds may develop” (Charmaz, 2014, p. 91). The recorded text is relevant but also what may not have been discussed, the context and subtext, to capture wider data, field notes were kept for each interview, memos were written, and constant comparison was extended to the interview incidents accounts and constructions.

The importance of language and meaning in interviews within this study was present throughout the study. Having the words of mental health discourse was a common theme and a balance was struck between seeking deeper meanings and description. Some field notes included attest to the ongoing interplay between description and analysis both on the part of the researcher and the participants. Remaining open in interview was important and researcher reflexivity allowed to catch misunderstandings and deeper insights (Charmaz, 2014; Glaser, 1978; Kvale, 2007, p. 95).

Within the interview field notes, memos and data many forms of data collection can be used. An example of this, within this study was that some of members requested to be interviewed together. This interview yielded much and rich data from the notes taken regarding body language and general allowance of a natural way of talking and conversing. Being open to the necessity to adapt and privilege participant ways (withing the ethical parameters also) provides an opportunity to analyse and observe the symbolic interaction within the interview, the reciprocity and the meaning making that

emerges when people are allowed to be authentic and congruent provide very rich data. Being open and demonstration humility allows the researcher and participants to make mistakes, co-construct, readdress narratives to help the participant to be represented by their narrative. In the context of poor literacy such an environment is critical both ethically and procedurally.

Interviews were transcribed, anonymised and coded. Field notes were added to each interview and memos where relevant. Where follow up interviews occurred, updated theoretical sampling questions were asked “to round out thin areas” (Glaser, 1992, p. 101) and recorded as per the above.

3.9 Data Analysis

Data analysis in constructivist grounded theory begins with initial coding of the data. Initial coding or sometimes called line by line coding, generates a group of codes that begin the analysis of the patterns and process at play in the data. These codes are compared against each other in the constant comparative method, the constant comparative method is central to the grounded theory method in that all data is constantly compared in a number of ways iteratively. Data are also compared with memos, and field notes, codes, literature and so on, there is no defined comparison method. Moving further, focused coding refines and abstracts open codes and begins to build tentative categories. Data is constantly checked against data, category and so on in an iterative and creative way. When surprising findings are found, abductive reasoning is used to account for these, and this is again folded into the construction. Categories are helped to be created through theoretical sampling and memo writing to build theory from the data.

Through data analysis three core categories were constructed that accounted for the process that influence the ‘maintaining the self’. The first category was

‘constructing identity’ this was a central process in the data and was the catalyst for how participants interacted within systems and contexts; ‘enduring hardship’; which is an account of how members of the Irish Traveller community navigate systems and discourses in attempting to maintain the self and to cope with day to day living; and ‘orientation towards help’ which explains the precarious challenge in finding and attending to mental health for this community.

3.9.1 Initial coding

The first question that is asked of the data is, what is happening? Focus is on gerunds and action within the data, and in and between these data. Line by line reading of the data yields many codes. From the first four interviews over three hundred codes were constructed. In vivo codes were used to contextualise data and incorporate participant language (Saldaña, 2021, p. 76).

The transcripts were analysed line by line and codes were applied to the incidents within the data, sometimes a sentence. During initial coding, the data are broken down, in further steps in the method these fractures and data will be reorganised analytically, theoretically in service of the construction of theory that best accounts for how members of the Traveller community attend to their mental health.

Table 3.1

Initial Code example

Code	Incident / Data / in vivo language
Being on the inside while being on the outside	It is very hard. It is so bloody hard, because you are still experiencing discrimination every day even because I work as a therapist, I have clients come in and they all call people knackers and they do not realize that I am a member of the Traveller community. P (1)
Tracing roots	I grew up in a house. I suppose living on Caravans sites in

	<p>Dublin, you might, my mother grew up on the side of the road so did my father, you can't get more Traveller than that. they were never taught to talk about things</p>
Finding words	<p>Never, never, you didn't talk about it, you wouldn't even, you would have had the words. never. Yeah, I didn't even know that what I was struggling with was mental health related. I didn't know this was my poor mental health or what to call it. All I knew was that I counted to a hundred all the time and if I didn't something bad was going to happen, so I knew was pulling out my eyelashes. (P1)</p> <p>And when she read me a poem, it was the equivalent of her feed me and words for how I was feeling. And as that progressed to 20 sessions, at the end of it, middle ways through, I was able to just open up and give her exact prescription of exactly what was going on, not just in here, but also in the mind, I was able to link the two together.</p>
Changing times	<p>So, I wouldn't disclose for them on school applications, life is hard enough. (p1)</p> <p>And when he got up there then, they did a drugs test, and there was something in the system and they wouldn't take him in. They wouldn't take him in that he had to come back with us right. And he didn't go back to second time. (P2)</p> <p>I suppose starting from like older generations, and back years ago, women more kind of more outgoing and they were not confined in houses are, they were not confined at homes, as you know that Travellers would have lived on the road. So, years ago, they never really suffered with mental health, (P11)</p>
Complexity of Traveller life	<p>Because if anything happened to that young lad, I kind of feel responsible myself. I really would, I'd feel like, did I do enough to try to do this? Did I? Because I made all the calls</p>

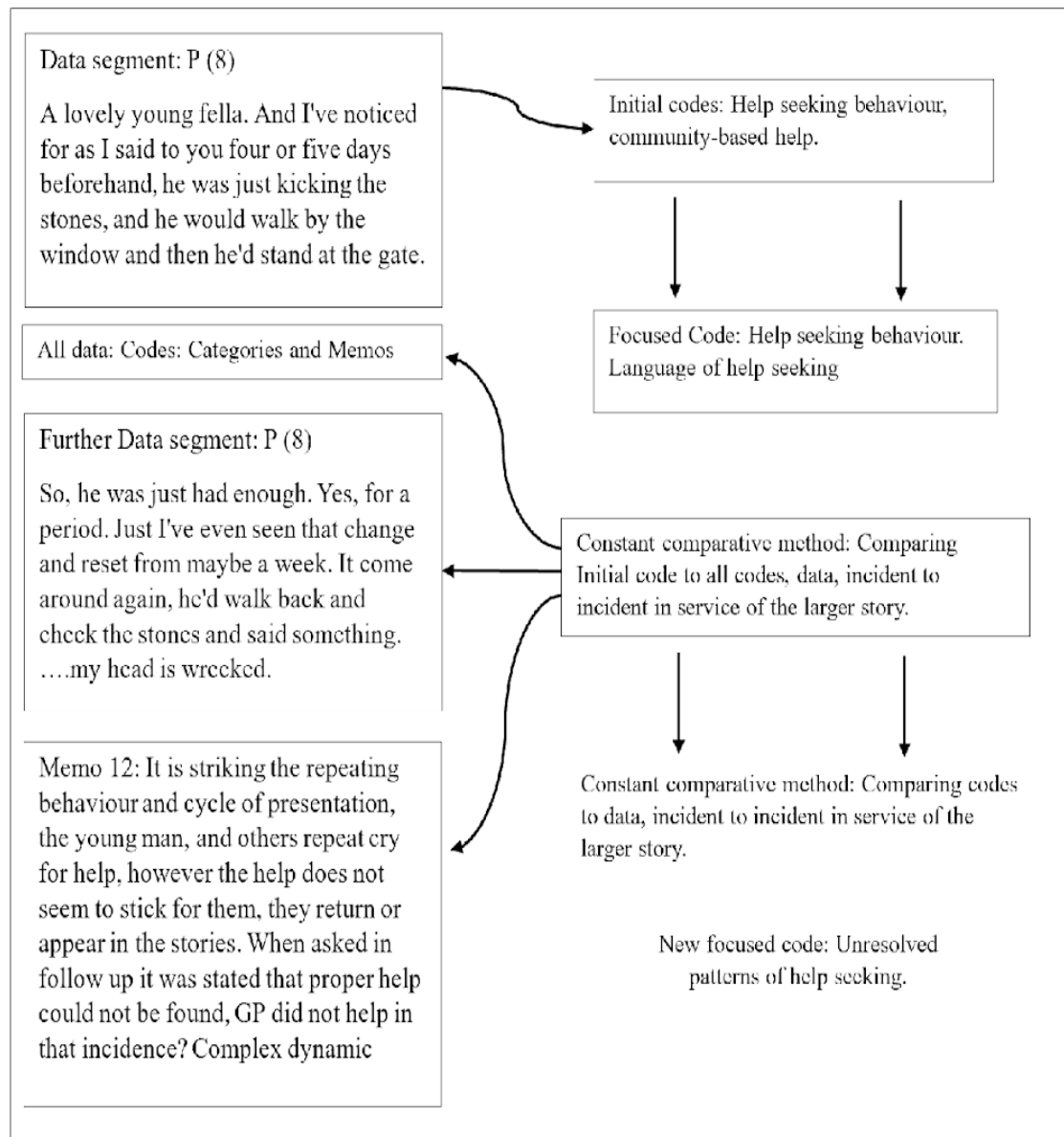
	<p>with the mother there, and the whole lot. I made them all, I had to practically beg for a place in hospital (P2)</p> <p>my uncle hung himself not even two years ago, and every one of us looked at him hanging. That's why, like, that's what people are going through mental health it's like they, sorry for saying this. It's like [local authority] put Travellers in a place that's normalised for them, like poor sanitation units (P3)</p>
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3.9.2 Constant comparative method

The constant comparative method is the central methodological process to arrive at well-constructed codes and analysis. The concept is a simple one in definition but a powerful one in application. In reviewing and analysing data, comparison is made ongoing to data not yet coded, with previously coded material, with codes, with incidents with memos and so on. An example has been included earlier in showing how a focused code was further developed by comparing against incident, theoretical memo, and data. The construction of codes and categories should be supported by the constant comparative method (Bryant & Charmaz, 2007, p. 194). What is gained from comparison is the development of properties of categories and codes. By comparing data, we learn something about that data and about that which we are comparing. This openness to constructing new perspectives through comparison is helpful in the development of new theory. It also provides methodological assistance to abductive reasoning and inductive reasoning by paying close attention to data to learn how exactly it can fit into the constructed ideas. It builds skill in novice researchers and helps them to overcome some of the anxiety of doing grounded theory research (Glaser, 1998). Theoretical sensitivity is increased through comparison and sensitivity to setting, which is always relevant.

Figure 3.1

Process of Constant comparison on Initial and focused code.



3.9.3 Focused Coding

Focused coding is carried out using the coding data of initial coding. Patterns and trajectories in the data are elevated and raised to focus codes. According to Charmaz it sharpens what has been done because it highlights what you deem to be important in the analysis. Their function is to advance the theoretical direction of the work (Charmaz, 2014, p. 138). Focus coding help move initial codes from often descriptive to the analytic. An example of this in this study is shown below in Figure

3.2 and relates to the initial codes concerning help seeking ‘crying out for help’; ‘help seeking’; ‘The unsaid’ were raised to a focus code of ‘language of help’ however in comparing this new focused code with data and other codes it was changed to ‘unresolved pattern of help seeking’. This came about through constant comparative method. The focused code that was first chosen did not account tightly enough to the data. The processual aspect within the ‘unresolved’ better accounted for the cyclic nature of behaviour in the data concerning help, help seeking and the narratives of the participants. This is a good example of what Glaser would refer to as ‘fit’ and ‘grab’ when sensitising to code and category selection (Glaser, 1978, p. 75). Table 3.2 and Figure 3.1 provide a diagram and a table to show the development of the code from initial codes to a code that represents the process.

The building and clarifying of concepts are focused coding objectives. Theoretical sensitivity to what may well be important in the study is data driven but also within the constructivist perspective researcher influenced, this example is a good view of how researchers make choices in grounded theory, how they construct from the data and move towards an analytical and theoretical end. The theory in this study is ‘maintaining the self’, served by help seeking patterns that are in service to the preservation of the actors. This concept will be visited again in a following section on theoretical coding.

Table 3.2.

Initial and focused code example.

‘Orientation towards help’: This shows a selection of some of the codes that gave rise to the category ‘orientation towards help’ and some of the data.			
‘Orientation towards help	Unresolved pattern of help seeking	Help seeking	A lovely young fella. And I’ve noticed for as I said to you four or five days beforehand, he was just kicking the stones,

			and he would walk by the window and then he'd stand at the gate.
		The unsaid	So, you have got a Traveller man, you know, we are all having fun together, we drink together. And that's all. Who do we talk to, we don't talk about our feelings, don't talk about our feelings. That's there. We don't talk about it, we medicate it, but we don't talk much.
		Crying out for help	'I've seen horrible things to be honest. I'm seeing people crying out, crying out for help. Which is not there, crying out for help. I've seen people committing suicide, because they can't get the help, crying out for it. And then they just come to the end of their tether and have no help.' P (5)

3.9.4 Theoretical memo

Memos are a vital part of the grounded theory method. They are part of all versions of the method and are used in the process of developing theory, staying close to data, moving beyond description, and sensitising the researcher. They also function as a reflexive tool and can guide a constructivist researcher in generating deeper insights beyond interview data. Theoretical memos were written to aid the process of theory construction. Memos in this study were interim, updated as the study progressed. Theoretical memos can be rich in texture and develop ideas about codes and patterns in the data. Glaser (1978) states that the writing of theoretical memos is core and without this process there is no grounded theory (P. 83). Memoing continues through the study as stated by Bryant and Charmaz (2007) "Memoing proceeds to higher levels of conceptual abstraction as coding proceeds to theoretical saturation and the theorist begins to explore conceptual reintegration through theoretical coding." (P.266).

Figure 3.2

Example of a memo on the concept of help.

Memo 28 4/10/23 Help

Participant 5 mentioned help over 70 times in her interview. The research is about how members attend to their mental health. What constitutes help through the eyes of the members might well lead to how people attend to their mental health. This is tricky as what constitutes help, help exists in many domains, internal processes, physical activities, religious rituals, systemic structures, community connections, medication and so on.

What help means for members is probably very individual. Although from the interviews to date I think it would surely include trust, loyalty, directness, fairness, equality, symbolic meaning, physical elements like better physical health, care, talking, connecting.

Coping as helping

Attending to mental health by coping in any way possible

Attending to mental health by not engaging not giving in

Concealing MH difficulties as helpful (or perceived as such)

Keeping head above water as helpful

I am thinking of the comment that (P8) made about how for many Travellers community members anxiety could be very much an everyday experience and that they did not give in as she put it. She commented that if they see that at home all their life, they won't necessarily identify it as something to change. How help is constituted could well be similar, it is constituted through the lens of their experience and mediated through the constraints and affordances of their lives and in the context of discrimination and so on. How they attend to their mental health must be linked to what they can reasonably do, what they feel will help.....and what they are trying to achieve (this perhaps is linked to the idea of wellbeing and what that means for this community). Not having a language of help was very well put forward by participant 11, she was very clear that without an education and ability to locate issues within a context attending to them would be difficult. In this difficulty it seemed that closing down was a common response, she also was lamenting that so many members

copy each other and therefore common practices can become engrained quickly.

P8 also had an interesting comment on how not understanding wellbeing or what is happening for the community member makes attending all the more difficult.

PI

I get the sense that you'd have to know a lot about the community to know if they were feeling unwell,

P8 yeah. Because they are not going to come out and tell you, Oh, I have anxiety. They might not even know what that is the symptoms of that or it might not be a factor for them. They just know that they can't manage. Yet they are not giving in

Yeah, they're not given in. What's that about, the not giving in?

P8, they think is normal? I kind of think this normally. It's an everyday life and

Because they have seen that at home as well.

Help is culture bound. - therefore, opening up opportunity for miscommunication and misinterpretation of what help is. Stanley Sue cultural competence framework would see this as being addressed at scientific mindedness in helping staff, organisations and so on. I don't know what your help is until I ask you....

Standing outside of that last paragraph with a constructionist perspective, a criticism of those cultural competency model could be that we ask to inform our own view of what 'their' help is, rather than co-construct a shared version of the construct

3.9.5 Theoretical Sampling

Theoretical Sampling is the process of refining inquiry based on emergent, constructed data in the research study. Informed by themes, coded data and categories, significant areas of interest are constructed from the data. In this study, the centrality of

cultural identity became the main theoretical category. Given the core concern of ‘Keeping their Head above Water’ the theoretical sampling allowed the interviews to focus on burgeoning areas such as constructed views of help, hope and how members negotiate systems with low levels of literacy. Urquhart (2022) describes theoretical sampling as a disciplined search for patterns and variation. The discipline comes from the requirement to ground theoretical sampling in previously constructed data, constantly compared and validated against codes and categories. The theoretical sampling can be aided by memos as below, this memo helped defined the category of ‘orientation towards help’ and the role of stigma in concealing authentic experiences in favour of culture bound expectations or norms. Modification of questions pushes the data into focus in service of the constructed theory. Bryant and Charmaz (2007) state the useful point that theoretical sampling is a tool of discovery and that it pushes the study into the unknown but in the direction of the constructed theory and follows leads that build and support further theory development and construction (P.186).

Figure 3.3

Example of a memo on Language.

Memo – Language – 03/10/23

There have been several times when choosing the correct words has come to the fore. This is usually when I am speaking with the participant at recruitment stage. The word settled has been discussed a lot. Two participants used the word and then clarified that they are not very comfortable with it, but they used it a lot. The participants in general use the term "mental health" to mean poor mental health. It was interesting to hear one say, "there is a lot of mental health in that family" or "a mental health son" Also, the idea that different words help move it away from the experience of everyday life. Some mention about the idea of people putting behaviour on for ‘attention.’ I was wondering what it is they are talking about putting "it" on. This idea came up three or four times and it is curious how on recounting it, the statements are

seen as somewhat legitimate. This might point to the introjection of external views about their behaviour, perhaps disapproving views of the community, one participant mentions that perhaps he was putting it on. That was interesting as it seemed that he took on the views of the external commentor, his narrative suggested other things, it suggests he was experiencing serious and complicated mental health difficulties. Perhaps rescripting it helps cope with it....

3.9.6 Theoretical Sensitivity

Theoretical sensitivity according to Charmaz (2014) is “the ability to understand and define phenomena in abstract terms and to demonstrate abstract relationships between studied phenomena.” (P. 161). Remaining open to the analytic possibilities in collected and coded data is central to grounded theory. In the classical method, theoretical coding families are used to make theoretical sense of the categories and codes and make explanations for the possible relationships between them. The use of coding families from Glaser’s 18 coding families can develop theoretical ideas and domains (Glaser, 1978, p. 77). The use of axial coding (coding around a connecting theme between categories) from Corbin and Strauss are similar ways of structuring theory and data while theorising (Heath & Cowley, 2004; Strauss & Corbin, 1997). A criticism of these approaches, or perhaps better put, a potential risk of these approaches is to ‘apply’ theoretical ideas to data, or force theory on data.

In the constructivist approach, it is warned against applying taken for granted theoretical constructs that are seductive but ultimately don’t account for the data. Charmaz (2014) states that her “approach differs from axial coding in that my analytic strategies are *emergent*, rather procedural applications. The subsequent categories, subcategories, and links reflect how I made sense of the data.” (P. 148). This is the approach that was taken in this study.

The categories of ‘constructing identity’, ‘enduring hardship’ and ‘orientation towards help’ accounted for all the data, incidents within the data and the resolution of the core concern of the participants. They underlie the focused coding and categories that came before, and they give insight as to how they relate to themselves and the underlying categories and codes. The theoretical construct of The Self, personal, relational and social allowed for the non-linear theory of ‘maintaining the self’. The theoretical connections between autonomy, agency, cultural identity, purpose and coping with oppression gave theoretical links to how members of the community attended or attempted to attend to their mental health. The theory of help seeking, and the corresponding models give some theoretical explanation as to how members sought or engaged or otherwise with help of various types.

Theoretical sensitivity is linked to theoretical saturation. Theoretical saturation means that categories have reached a level of theoretical building and complexity that new data is not explained by the existing categories (Charmaz, 2014, p. 266). It is not to be confused with repetition of findings rather but that there are no new theoretical perspective emerging for the focus of the study. In this study theoretical sampling was carried from the second interview onwards, this allowed for emerging categories to be explored and the theory behind connections further contextualising the theory and sensitising the researcher. Two of the participants were interviewed twice, this is a good example of theoretical sampling. According to Urquhart (2022) “it is necessary to reach theoretical saturation, and for this the sampling needs to be adequate.” (P.100)

Table 3.3

Category Building of ‘constructing identity’ example.

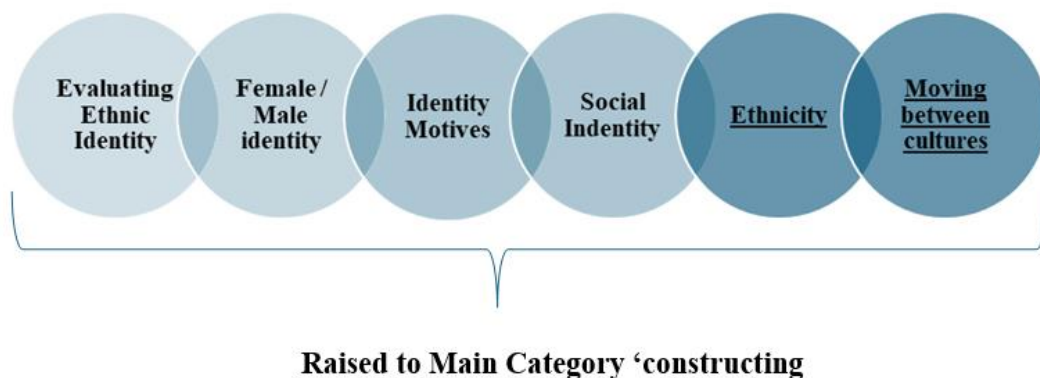
<p>‘Constructing identity’ Category: This shows a selection of some of the initial and focused codes that gave rise to the categories from which the theoretical category ‘constructing identity’ was constructed</p>
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Building Theoretical Category 'constructing identity'			
Main Theoretical Category	Sub - Category	Initial Code & Focused Codes	Data
'constructing identity'	<u>Ethnicity</u>	Tracing roots	'I suppose living on Caravans sites in Dublin, you might, my mother grew up on the side of the road' P (1)
		Changing times	'I suppose starting from like older generations, and back years ago, women more kind of more outgoing and they weren't confined in houses' P (11)
		Connections	even if they are feuding with other families, we are tight, we have got each other whenever there's an event, we are all at it. (P1
	<u>Moving between cultures</u>	Boundary making	'There is no such thing as a settled Traveller. Council just put them in a house.' P (10)
		Unique challenges	'Because if you want to walk on a Traveller site, you can't go in thinking you know what you're doing because you don't, you're stepping into an environment and into a cult that even we don't fully understand.' P (11)
		Traveller ways	Because there's all different types of Travellers as well. P (10)
			they believe very strongly that and if somebody is sick or so within the family or if a neighbour is sick, they go down there pray for that person to bring back the holy water they might bring back a medal regards or just the water from the stream. P (6)

	<u>Moving between cultures</u>	Being on inside while being on the outside	'If my sister could express her emotions and feelings into understandable words and use them in a proper sentence, I will probably understand exactly how she feels over a cup of tea.' P (14)
		Being valued as a person	And I remember her saying to me, that's the first door opened. And for the first time in my life, I actually felt like, when somebody was dealing with me, they weren't dealing with me because it was their job. (P11)
		Building trust	made my moods better we could have a normal, it was kind of just like a normal chat, rather than, like, okay, question and answer chat if you get me. (P9)

The example Figure 3.4 below shows the theoretical categories that arose from focused coding, theoretical sensitivity and through the constant comparative method. (The last two are also shown in the Table 3.3 above and Figure 4.1 below as sub-categories to the main category) to demonstrate how each category arises from data, codes, incidents and method. Also See Appendix G for example showing underlying categories.

Figure 3.4 *Theoretical Categories*



3.10 Conclusion

This chapter has outlined the grounded theory methodology as set out originally in their groundbreaking discovery book (Glaser, 1967b). Attention was given to the subsequent divisions and differences that arose regarding the methodology and methods of grounded theorists. A brief account of the philosophical underpinnings of the pragmatists William James and Charles Sanders Pierce was provided. Grounded theory methodology links to symbolic interactionism was discussed in the context of the works of George Herbert Meade.

A rationale was given for the adoption of a constructivist approach to grounded theory in line with the writing of Kathy Charmaz, pointing out the reflexive nature of the approach and its suitability to inquiry of minority groups, power differentials and social dynamics. The study design was set out and the various stages in the constructivist methodology were highlighted giving examples and extracts from the actual study to demonstrate and explain the method as operationalised in this study. Ethical considerations were discussed in the context of the minority group under study and the implications arising from and measures taken to comply with DCU ethics guidelines. Discussion of quality criteria and evaluation of the theory was set out in the context of Yardley's criteria for rigour.

The data analysis method was explained, that constructed the grounded theory of 'maintaining the self' as a process to address the core concern of the participants. The main categories of 'constructing identity'; 'enduring hardship'; 'orientation towards help' were discussed through extracts and sample data demonstrating the method, initial coding, focused coding, the constant comparative method, theoretical sampling, and memo writing and category formation. The following chapter will outline the findings of the study.

Chapter:4 Findings

‘Maintaining the Self’: A Grounded Theory

4.1 Findings Overview

The following chapter sets out the findings from this grounded theory study of 15 Participants who are members of the Irish Traveller community. The aim of the study is to add to the literature regarding how members of the Irish Traveller Community attend to their mental health and to gain theoretical insight into the processes that influence their behaviour. In the process of grounding a theory in the data, the researcher must keep in constant focus and awareness their positionality with regard to data interpretation, category building and so forth. The generation of a theory is the outcome of analysis of co-constructed data. Considerations of reflexivity and positionality must be maintained throughout the study, findings must always be constantly compared against data and such things as reflexive memos and field notes. The grounded theory in this study sought to reflect a wide, biological, psychological and sociological perspective because this was inherent in participant narrative. Attention was paid by the researcher to being open to all reflexive input so as to nuance out an appropriate theory. In this study the researcher maintained a vigilance in construction of the theory to honour the participant data, the wider context and the method at hand. The keeping of reflexive memos and journals are of great practical use. The findings put forward the core concern of the group and how they engage in the process of addressing this concern. The core concern in grounded theory arises from that category that explains most variation in the data. In this study the core concern was conceptualised as ‘Keeping their Head above Water’. This accounted for what was found in the data

through coding, theoretical memos, constant comparison theory generation through coding. The acute struggle of the participants to maintain a psychological wellbeing and sense of self while being members of a marginalised minority group was apparent in the data. Their lives as detailed in the findings was generally expressed as very stressful and getting by day to day was a core concern. Their outlook is often expressed as fatalistic and burdened by an awareness of the level of discrimination they face, the social inequality and challenges across their community. The struggle in ‘Keeping their Head above Water’ arises from both a historical and a current day context. The daily struggle of the participants includes a wide gamut of social, political, psychological, and physical challenges. The unique set of circumstances that this ethnic minority community face, is experienced individually and collectively. Underlying social and psychological structures illuminate shared concerns that speak to a wide range of life stressors. The individual responses to hardship in the community are mediated through unique life events, personal psychologies and set up unique perspectives and concerns, some are highlighted later in the chapter.

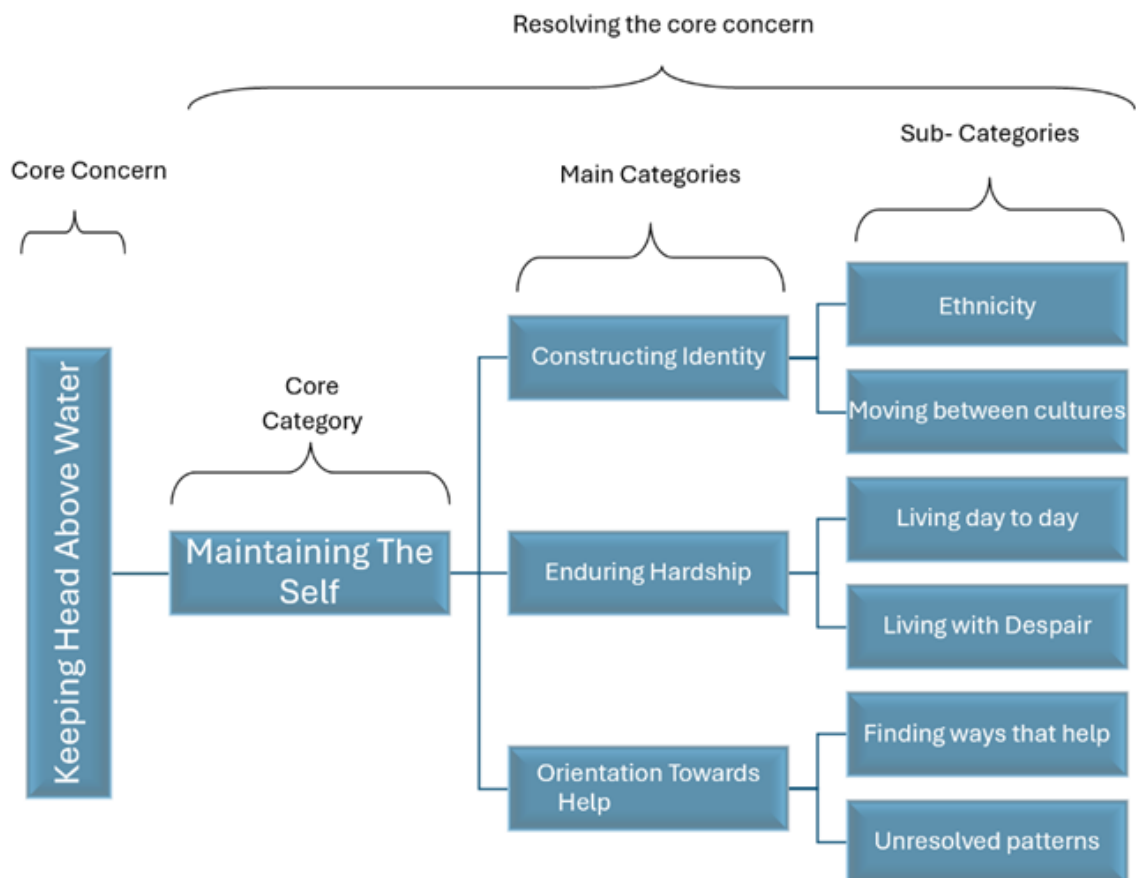
The processes by which the core concern is attempted to be alleviated gave rise to the grounded theory and core category of ‘maintaining the self’. This core category accounted for influences on the complex process of ‘Keeping their Head above Water’. The ongoing, chronic, and stressful requirement of ‘maintaining the self’, required the participants to engage in enduring processes over the lifespan. The nature of these processes significantly challenged the members of the community and required of them significant mental and physical resources to overcome and challenge of systemic racism, acculturation, minority stress, microaggressions, hate speech, poverty, and various other socioeconomic inequalities. The ‘enduring hardship’ of their lives arise from dealing with unique personal and collective life stressors. The accounts of both groups, those members who were in a helping role and those who attended to their own

mental health were coded and analysed to construct the above categories. Accounts from those who were in a helping role give additional nuance to help seeking behaviours and process.

The following diagram in Figure 4.1 is shown to explain the non-linear process of resolving the main concern for those in the study.

Figure 4.1

Resolving the core concern, Core category, main categories, subcategories



The subcategories arising from the core category are ‘constructing identity’, ‘enduring hardship’ and ‘orientation towards help’. The process of ‘maintaining the self’ for these participants is the nonlinear process of locating themselves within a cultural identity, and ‘constructing identity’ managing discriminatory experiences on a structural, systemic, and personal level, conceptualised as ‘enduring hardship’ and then to identify

strategies that allow for the finding and engaging with help ‘orientation towards help’. The mediating factors are many but include finding meaning and a purpose in life. Those in the study, who can see a future and purpose can move more easily through the process. Those who cannot see a viable future or who are inordinately burdened by such factors as social breakdown, discrimination, unemployment and so on can remain in a process of ‘enduring hardship’ unable to ascertain help, self-help, or formal help from others.

4.2 Core category: ‘maintaining the self’

Throughout the study the core concern of the participants is ‘maintaining the self’. This ‘self’ encompassed the individual self, the relational self, and the collective self (Brewer & Gardner, 1996). In the context of this study the participants were asked how they attended to their mental health. The responses ranged over much data that was conceptualised with a core concern of ‘Keeping their Head above Water’. This was resolved through ‘maintaining the self’ as shown above. For the purposes of this study the process of managing the self, was viewed through the lens of the personal, relational and group across all participants. These areas were salient in the data. In the process of ‘maintaining the self’ the participants engaged in identity formation and maintenance, self-esteem building, engagement with issues of efficacy, purpose and meaning. Personal and group concerns were often overlapping such as in questions of self-worth or in the context of membership of a highly discriminated minority. In using the word maintaining, this does not make any claim as to the characteristics of the outcomes, sense of selves involved or the level of wellbeing involved, or whether any individual achieved satisfactory levels of wellbeing or if these markers were indeed valued or understood by the participants.

The context is obviously important as the participants are managing their lives within the context of a socioeconomic, political, and historical context. Thus, from this perspective and real world position the task at hand is complex and precarious across all domains of self within the study, personal, relational, and collective. Many issues overlap within domains and are made additionally problematic for minority group members especially, this will be dealt with in the discussion chapter.

Within each domain of self, the participants core concern was the managing complexity of minority life. In certain cases, managing might mean protecting oneself from discrimination in relation to personal personality traits such as gender or sexual orientation, in others it might mean constructing one's ethnic identity through identifying with ethnic Traveller traditions or reacting against them or trying to achieve education and so forth. An example of a personal context of the self, the participants struggled with being witnessed or understood as an individual person in the world.

And for the first time in my life, I actually felt like, when somebody was dealing with me, they weren't dealing with me because it was their job. They were dealing with me because they wanted me to get passed my first door to get into the next phase of getting better...(P11)

So, I just often said to my mother, I don't know what's up. But I'm not going to let anyone walk on top of me. And if a person is in the wrong, they are in the wrong, if they don't like my opinion, they don't like it. But I want to say it as it is. And that's that.... That's me. (P10)

Managing the self includes developing a sense of self-worth, meaning and purpose; this has been and continues to be a central and core process in the participant's lives. This also extends to the group level which adds additional difficulties for the participants being part of a family and further a family within an ethnic minority community. Developing a sense of self-worth in the context of poor education, housing and unequal life chances was emergent in the data. Working through personal issues that impact on already struggling and disadvantaged family structures causes concerns and leads to a range of difficulties. The participants had high instances of multiple difficulties and intersectional complications.

you know, I was being affected, I started realising that I couldn't see pain but hurt. I could see that I was damaging myself and not only myself but my family. So that's when I started knowing that my mental health was being triggered. (P10)

I think now to myself I could have been what I wanted to be, maybe had a great job.... (P8)

Existing within families where education and gender roles were challenged and the opportunities to employment, education and access to services are greatly diminished pressurised the management of self from the context of building a meaningful, purposeful life with suitable levels of agency. Often for a range of reasons participants could not gain basic skills and thus undermined a sense of fulfilment, self-worth, and value. Adverse experience in early childhood impacted on the current day for adult participants who find themselves struggling in so many areas of self-efficacy and life in general.

I used to regret the life, I said to myself, look, I wanted to go to school, and I wasn't allowed to go to school, I have to mind the kids even before the mother ever died (P8)

In the context of the collective self the community members core concern was management of that part of themselves that was cultural, the existence of ethnic identity of the Irish Traveller, the sense of self arising from membership of the community both challenging and protective. This concern was pervasive in the data and was the lens in which the participants most usually navigated from. Developing and managing a sense of self within a cultural lens is difficult for some, gender roles and expectations continue to provide a strain for members of the community. Traditions such as religious observance and faith in saints such as Saint Anthony forms part of the Traveller cultural beliefs and thus part of the cultural identity of many of the members. The community members place emphasis on such things as holy wells and sites, managing this part of their self is getting more precarious due to discrimination and access to such sites.

But still, today, if a young girl runs away and she doesn't know that person. She's in for a hard life. You know. in the settled community, the families wouldn't mind their daughters, or sons having boyfriends and girlfriends. We were brought up differently (P2)

I have a caravan at home. And I have Our Lady big statue and Our Lord big Statue. I have a big photograph of Saint Anthony in the hallway.... those who enter bless their face

.... the children see that and so have the faith for years to
come too.... (P4)

The data highlights sensitivity to intolerance of the Traveller community by the majority group leading to feelings of low self-esteem, experiences of hate speech and an ongoing negative impact in all areas of life. Notwithstanding this, in attempting to manage the self within the context of living in the Irish Traveller community the participants rely on a sense of identity and heritage very much rooted in the continuity of the collective identity. The members of the Irish Traveller community must endure and manage day to day discrimination, systemic discrimination, and the stigma of historical minority status. Beyond this the community members are seeking to find ways to get help and develop a broad and healthy sense of self in a complete fashion. The process of addressing the core concern of managing the self, give rise to the categories within the data of the study.

Through discussing how members of the Irish Traveller community attend to their mental health, the core concern was that of managing the self and the process to address this concern involved the following, relying on ethnic identity and cultural heritage, tackling discrimination and adverse majority group issues including systemic oppression and stigma, finding ways to get help in attending to mental health.

4.3 Main category: ‘constructing identity’

The data collected through 15 interviews is centred around membership of the Traveller community. How members of the community perceive mental health, its determinants, and what to do help is contextualised through the lens of being an ethnic minority group member. Interactions, behaviour, incidents, social structures, and services etc are all discussed within a cultural lens. The participants are highly

sensitised to being a member of a minority group. What this means for any one individual is complex and requires a fine attention to context, intragroup and intergroup perspectives. Notwithstanding this the ubiquity of the ethnic identity topic in the texts suggest the importance it has for the members. A table of the code generation is shown below.

Table 4.1

'Constructing identity' Category and sub-category

'Constructing identity' category: This shows a selection of some of the initial and focused codes that gave rise to the categories from which the theoretical category 'constructing identity' was constructed			
Building Theoretical Category 'constructing identity'			
Main Theoretical Category	sub-category	Open Code/Focused code	Data
'constructing identity'	<u>Ethnicity</u>	Continuity	So they'd be the wise, I call them the wise Yes, but it was never heard. So as her life started to change, and her family's. In her mind, she felt like her parents was that her mother and sisters were gone, she had no purpose. (P11)
		Changing times	I'm trying to change, I'm trying to normalize to say girls like regardless like know, that they don't have to get married. They can get a job they can live life. (P4).
		Connections to other members	So listen say, I could read you like a book. Because you're gonna do something I said. I could see through your eyes. I said, but you don't go that road

			I said, we need to talk to anyone, So just call into me. But it helped her (P8)
		Maintain Boundary within mental health	I don't know. But I wouldn't feel comfortable going in. And no, no, not for me. [engaging with settled counsellor] P (10)
		Unique challenges	Okay, there's quite a lot of Travellers who haven't got the facilities to go to a doctor or to see a doctor. It's very hard for a person to go to hospital (p4)
		Traveller ways	Yes. And that we will do all different sorts of trips that generally like around a bog area and going walking for a few hours and then we just go fishing and whatever, we really want them to feel comfortable. And you know I can talk to them then (P12),
	<u>Moving between cultures</u>	Being on inside while being on the outside	You are always worried that people find out you are a member of the Traveller community, so you are not disclosing like you have something to hide. So, it's hard there is a sense of still sense of still being unworthy. Like you don't belong, like they don't want your kind. (P1)
		Being valued as a person	You're the first person I've talked about this? Okay. You're the first person. I haven't said this to none of my work

			colleagues or anything. You know, and you will understand (P2)
		Understanding Traveller people	And again, I think it's because I'm from the community. And they didn't want to say this is such a one. But I want to say to you, do you know what I mean, the trust piece? Yeah (P5)

4.3.1 Sub-category Ethnicity:

Being part of the Irish Traveller community was for all participants a very formative and central part of their narrative and identity, P1 spoke about the ‘tightness’ of the community and linked this to it being a minority group ‘being part of a minority group, you know, they tend to be very connected. And I think that helps’ what it helped with, according to this participant was a connection and sense of ‘having your back.’

The participant’s connection to the community could be seen in the data, the unique and diverse ways of the Traveller community is represented throughout the study, participants openly discuss how life is within the community in a free and open manner. Participant (4) discusses how the community manage child rearing and rules within the family. She elaborates on how within her family they do things differently and sees value in their ways.

My sister in laws’ boys were coming up to age, So I have to pull [name] back. Because the boys are coming up to age. And she [P (4) sister-in-law] said we're all the same.... that’s how the Travellers do it, we protect the girls, and boys also.

Understanding how the community members engage was often shared in the context of Traveller ways as highlighted by participant (4) ‘if they feel that trust, they feel that you're loyal to them, and you're bringing them into your home, you're talking to them and all that. That actually works’ P (4)

What works here, participant four suggests is loyalty and attention to the personal and hospitable behaviour towards community members or others. These traits are closely related to the Traveller values and culture, they cut across narratives regarding how members of the community look out for each other and care for the wellbeing of others as described here by P (6), the connection between culture, community, and faith.

I bet you 100% of Travellers of a Sunday will go off to a holy well they believe very strongly that and if somebody is sick in the family or a neighbour... they pray for that person and bring back the holy water, a medal or just water from the stream. P (6)

In this example the collective emphasis on others, family, and community regarding care demonstrates Traveller culture while also highlighting the tradition of faith-based healing, folk remedies, and the role of significant role of religion that was significant across the interviews.

Family ties within the community are strong and the constellation of the family within the Traveller community is emergent in the data. Much support is had in family systems and the older generation as often revered, as shown by P (10) ‘the old people, I call them the wise’. The collective connections are often shown at ceremonies such as communions or weddings, where the whole family often support the event both in

monetary terms and through other forms of help such as helping with events, clothes, or food. Participant P (10) states that “even when they have a wedding, they actually genuinely slave for to give their children a good day.... behind the scenes they the family works so hard to give that day, brothers sisters.”

The historical context of the Irish Travellers, the years of denial of the ethnic status and the socio-political discrimination against the minority group was present in the narratives. The historical roots of Traveller ethnicity both in its traditional sense of origin and in historical roots of how it has been shaped is interlaced with everyday realities. Present day challenges are often located in historical contexts such as P (11) citing cultural change as a reason for poor mental health, linking open spaces to better mental health wellbeing. This is an example of Traveller culture being aligned with positive benefits and sets up reflection on social determinants of mental health in their current state.

older generations, and back years ago, women were more outgoing, and they weren't confined in houses, they weren't confined at home, as you know that Travellers would have lived on the road. So, years ago, they never really suffered with mental health, because they lived in such an open space. P (14)

The protective aspect of Traveller culture relating to folk remedies and cures, was expressed in much of the data ‘ as above, locating agency in earlier Traveller ways such as cures and folk healing and how earlier members of the community managed things was a common reflection that the participants also drew strength from earlier generations, this extends to contexts of origin as stated very clearly by P(14) ‘Irish

Travellers never left Ireland, they've always been there. They have always been here.'

this is an example of the valuing continuity, heritage and identifying with a group gives context and a sense of belonging and a claim to status and agency.

Explanations for events or Traveller ways are often located in such contexts as government policy and within discourses of disadvantage, discrimination, and inequality. In discussing mental health, participants often elaborate far more on the determinants of mental health than on how they may or may not have attended to it themselves. This is understandable given the circumstances and the enormity of the difficulties.

Traveller ethnicity while being relied on as a protective measure is also associated with difficulty and challenge. In some instances, this challenge has helped the participant to seek explanations and overcome events, however in many cases it is associated with rigidity, discussed in negative terms or fatalistic narratives, and often foregrounded a community in aimlessness regarding current mental health presentations. When discussed in the past tense, there was a more noticeable reverence for Traveller culture and ethnicity, contrasting with often aimless or frustrated narratives of what it means to live the day-to-day.

4.3.2 Sub-category: Moving between cultures

The 15 members of the Traveller community in this study elaborated on their historical and enduring connection to the ethnic identity of Irish Traveller throughout the study. The connection with the identity of Traveller was salient in the data at every point. Being a Traveller was central to the life experience, sense of self and identity and to the constraints and affordances that membership provides. Current day events are contextualised in a continuum of traditional cultural ways, the impact of societal change and the role of state services in minority experiences.

That's complicated when you think about it, right, Because Travellers, for generations in Ireland have lived on side roads. They have lived in caravans, tents, wagons. But then as time went on, things switched up. They were taken from the side of roads and pushed into halting sites. They still had access to nature and to land. But now, if two traveling lads go for a walk with two dogs the guards are called ...They're trespassing. P (11)

Minority group status, the discourse and the actual experience of the Irish Traveller Community over successive decades informs the participants as to the context of many of the struggles presenting in their lives. The participants link such things as systemic oppression to their experience and thus to their self of sense as a Traveller, deterioration of the cultural group identity as expressed by participant (12) over successive decades has been extremely detrimental to the fibre of the community, the longevity of the issue is understood, 'it started in the sixties, we are not talking about something new here', linking their experience to a long struggle was sometimes associated with empowerment, group and personal efficacy, such as gaining ethnic recognition in 2017, however it was generally discussed and framed in debilitating context for participants, such as being humiliated in school or stereotyped negatively. In this case above, where participant 12 highlights the longevity of the struggle, acknowledgement was expressed that things had got better, and that education was being provided in a much better manner than he or his parents received. The participants children hope to attend university, as did this participant a fact that gives much pride and sense of achievement 'for a Traveller'.

Where education is seen as improved for instance participants see the improvement as an outcome of increased ethnic strength within the community and protection from higher bodies than the Irish Government, ‘they wouldn’t get away with it now, not in the European union’ P (11). What was being got away with, was the unequal treatment of Travellers in schools. P (11) states that “a negative education experience can have a lot of effect on people's mental health, especially from the traveling community.”

Poor levels of education were linked with systemic oppression and discrimination, experiences of school life, education are routinely expressed in conjunction with being a Traveller in school more than an individual. The reduction of the minority group member to a negative stereotype was a common element of Traveller experience.

Even though you grew up in a settled community with non-Travellers, when you went to school, education you would be treated as a Traveller even though they knew you came from a housing estate P (9)

In relying on ethnic identity to help resolve the core concern of ‘Keeping their Head above Water’, the members address some cases where this has a positive impact, but for the most part it is discussed in the context of difficulties. Experiences of the majority groups, government agencies and law enforcement are contextualised through the lens of those who have been denied their cultural significance in a real sense. Participant (12) was explicit in locating setbacks to the community in government

policy 'as far as I can see any damage was done, was done by the government' linking these to the breakdown of Traveller trading practices and ways of life.

I see it myself what did the main damage, the
miscellaneous ACT 2001, that is when I have seen the lads
that would usually go to the markets in Cork for three
weeks, had to get rid of their caravan...what was left on
the estates.... drink and drugs...

And that's the way it was, it was like to look down within
their own community. And then imagine trying to engage
with people that you're not accepted with. There is a lot of
barriers P (6)

Relying on ethnic identity was more precarious for those participants who had negative life experiences in the community. Some members of the LGBTQ+ community within the Traveller community experienced pressure to conform to traditional traveller roles, heteronormative discourse, and experienced bullying and very negative impacts if seen as different or diverse. For some within the study, openness regarding sexuality and difference was very rare if ever experienced while growing up.

Changes were noted in the community in recent times and the participants showed openness to changing views and lifestyles. This does not overwrite difficulty and increased vulnerability within the wider society experienced by these minority group members, or minority members of a minority group. These participants maintained different identities within different domains to enable them to manage day to day life.

I was twenty-one when I came out, so it was a big thing, a big difference. So, you still get the old traditional kind of attitude. But you know, I think you get that in any kind of traditional family. P (10)

Diversity and recognition of the many intersectional differences within the Traveller community is seen as a growth area for the community and more participants spoke openly about the positive impact of diversity, P(11) stated that ‘A lot of young people now wants marriages, but a lot don’t, there is different sexualities now within the community and it's great that they've came out because they need to be known as well as you know.’. Education and access to social media, Traveller pride as well as wider acceptance within the majority group was associated with enabling a greater opening to difference and increase in awareness of the need for equality and so forth. This openness positively impacts the sense of ethnic identity, setting it as an identity that is capable of change and adaptability. A more inclusive community is a stronger community with more people represented.

Systemic difficulties of accessing services or engaging with government agencies are recurring data in this study. Systems are viewed as arms of the majority group that trusting outright, may have serious consequences for the minority member. According to participant 11 P (11) “I think somewhere in past history, when it came to Travellers and services and systems and reaching out for help, there became a big misunderstanding”

4.4 Main category: ‘enduring hardship’

In resolving the core concern of ‘Keeping their Head above Water’, participant members of the Irish Traveller community rely in part but substantively on their ethnic

identity as a reservoir from which to make sense of self, life experience, and behaviour. Ethnic identity and group membership can be experienced in a multitude of ways, it brings with it significant constraints and affordances. On the protective side, participants cite comradery, family ties, a sense of heritage and pride in Traveller ways. It provides the context for identity formation and a sense of meaning and purpose in life.

Unfortunately, these positive forces of ethnicity are not well represented in the data, the participants, while attempting to engage with their Traveller identity, either personally or within the group dynamic routinely encounter discrimination and anti-Traveller sentiment. Significant resources are required of the minority group members in the management of discrimination and inequality. In cases where these psychological, material, and socioeconomic resources are not sufficient, significant barriers to wellbeing and to the process of resolving the core concern are encountered. The impact of these barriers manifests structurally, relationally, politically, personally, physically, mentally, and ethnically. The list could go on regarding the impacts. The pervasive nature of these barriers impact on every facet of their lives, their ability to function in a healthy way and live a socially inclusive meaningful life. From the many barriers to a positive sense of wellbeing, two recur within the data at levels that pervade the study, these are discrimination and stigma. Below is a table showing the category buildup from the coded data.

Table 4.2

'Enduring hardship' sub-category living day to day, living with despair

<p>‘Enduring hardship’ Category: This shows a selection of some of the codes that gave rise to the category ‘enduring hardship’ and some of the data</p>			
<p>Building Theoretical Category ‘enduring hardship’</p>			
Main Theoretical Category	sub-category	Open Code/Focused code	Data
‘enduring hardship’	<u>Living Day to Day</u>	Protecting from reality	there are some people out there who would as people say, it builds a wall. And you can see that wall, but the wall is there. Okay. Yes. And battle it all off inside which is not healthy, because it can affect you. might no effect you today. But affect you going down that line. P (4)
		Experiencing Discrimination	Yeah, there was barriers there but wasn't as bad as the segregation in education. So, I think that education experience can have a negative education experience can have a lot of effect on people's mental health, especially from the traveling community.
		Concealing self oppression	Travellers have to hide that there gay. In the Traveller community that's a very big thing to come out that they're gay. It's a very big thing to come out you're a lesbian in the Traveller community never mind you're gay.

	Living day to day	Trying to cope with life	<p>'I got baby blues while I was pregnant with him god bless him.'</p> <p>'I am fine have something to do and I get out tomorrow I go walk around the shops then for an hour and I find something to do yes, you know, get me out of house' P (8)</p>
		Connecting	<p>'I bet you 100% of Travellers of the Sunday will go off to a holy well to croak Patrick, to Knock, or Catholic shrines they found a well in countryside you know a little well' P (7)</p>
		Finding some hope	<p>Like I'm 28 I'm not married, I don't want to get married I wants to live my own life. I want to actually work, But that's weird for us. That's very weird for me to be 28 and still here.</p>
	<u>Living with</u> <u>Despair</u>	Isolation	<p>And when they do break, what happens then with a small little bit of engage in there dealing with the problem might just disappear to the room for three months. They've gone over the breakup at this stage. P (12)</p>
		Impacts of Stigma	<p>it is very challenging, but like, I don't know, you just, you just get on with it. You just be there for them. You just got on like, if in whatever way you can cope with it like I can cope with it myself.</p>

		Concealing	I went to my house, my parents' house and I was like, Whoa, what's wrong with you? It's like, so bloody foreign to them. [to show the difficulty of being a Traveller] I'm Upset, my life is falling apart, you know, there's nowhere to go, eh for some people. But they don't get it in anyway [that life is really hard for him as a Traveller within the settled community]
	<u>Living with Despair</u>	Repeated grief	'Because in grown up, you know, grown up, I can remember a lot of male suicide in the trading community. A lot of male suicide. Because of sexuality. The males in the Traveller community the males committed suicide because of that.' P (4)
		Living with Despair	'And then you see the aftereffects of the parents, two brothers, two sisters, the whole families, hunker down, everybody's affected.' P (5)
		Environmental stressors	'I see my uncle hanging I see half my nieces, my first cousins under 18 looking at him hanging, and the next day, smile on their faces. Like, I went through bad, bad mental health problems, over that I went through very bad mental health problems over that but I'm it's like I was leaving mine out, but they never did, and you know, that's going to hurt, you know, by their faces they got hurt but like the next day it didn't happen' P (4)
		Lack of hope	

4.4.1 Subcategory: Living day to day

The data suggests that the participants are highly sensitised to discrimination daily. The accounts of discrimination in their narratives highlight the many ways that discrimination presents itself to them. In the process of trying to resolve their main concern, it is inevitable that members will have to overcome the many and varied forms of discrimination. How they experience this discrimination bears on multiple personal and group factors such as education, family upbringing, gender and so forth. Resolution of the core concern necessitates the members to navigate many types of discrimination in multiple arenas, P (5) states ‘discrimination, the barriers, barriers there every day’ The ability community members to transcend such treatment and achieve goals such as attending to their mental health, flourishing as people in the world bears on personal and group traits and resources. The topic of discrimination is so ubiquitous to the participants that it can be found in subtext, underlying structures, and underpinning experience.

The historical discrimination and racism of past decades is keenly understood and brought into the present by participants, sometimes in a subtle way, like P (5) ‘due to discrimination and all the stuff that comes with Travellers, they feel they can’t go for help.’. Traveller discourse and daily life has the baggage of discrimination, it comes with them, as a given for this participant. P (1) suggests that even other maligned groups and topics do not get the unreserved discriminatory experiences that members of the Traveller community do stating that majority group members lack inhibition and openly feel entitled to such behaviour.

When it comes to Travellers, it's a free for all. I was even
talking to a neighbour recently and they were saying, oh

there's Travellers that are around there, they're, like, watch out. I'm like, no, no, I don't have to watch out. P (1)

The roots of discrimination are located by the participants in a structural socio-political context such as P (11) 'I kind of look back more or less on the government, because they are the ones that are they gone. They're the ones that recognizes who everybody is and what we are.

just don't disclose, because they want to be treated like everyone else, they don't want to be treated like an outsider. Which, which sometimes makes it even harder to simply have to listen to comments about Travellers and knocking them P (1)

4.4.2 Sub-category: Living with despair

Members of the Irish Travellers find themselves engaging with inordinate levels of disadvantage contextualise discrimination in both collective and personal terms, they do not just feel that the Traveller people are being discriminated they feel that they as individuals are being discriminated against. There are many accounts of discrimination in the data such as that from P (7) highlighting the importance of admittance for food for a group of young people returning from a pilgrimage to Croagh Patrick

'On the way back, they might go in to somewhere if they are allowed in for some food, but you know if they are not allowed in then it spoils the whole day, it brings you back again, I'm the Traveller that is not wanted anywhere.' P (8)

This captures some of the interweaving of the personal and collective.

Discrimination and perceived discrimination are routine in the community, there are numerous data demonstrating how common place and ubiquitous it is. Participants described segregation in school, separate buses for school tours, all Traveller quiz teams P (9) and so on. Discrimination based on ethnicity and stereotyping them as troublemakers in social settings is a form of discrimination that is very visible and impacting. It happens in public houses, hotels, restaurants and other public areas, the data is numerous, and contexts varied, however the core is very patterned and to the exclusion of the minority. P (10) on going to a hotel with a friends

Why would you [the hotel management] have a problem?

with people that you have never seen or know? That never caused any problem in the hotel before. They never even got a drink inside the hotel. You never seen him before?

These questions are asked of the researcher, rhetorical but very valid for all and of course those refused entry, the participant P (10) added “it's been like that since as long as I can remember, and it is going to take a miracle for Travellers to be able to do their own thing.”

This scenario and more so the last point represents a lot of the data on discrimination, members of the Traveller community are quite pessimistic of any improvement regarding discrimination towards them. While the context highlighted here might be recreational, many references to discrimination within other services was

also present in the data. On discussing daily impact of discrimination and its chronic effects P (5) states

They have a lot to deal with, not just their mental health...effected by the living conditions. Discrimination, wherever they go. Can't get into pubs, certain shops. Watched wherever they go. I get that feeling all the time. Somebody's watching. I'm not getting in here...P (5)

Mental health services and other agencies are also present in the data demonstrating the experience across the many areas of Traveller life. The following reflection followed an account of a mental health workers interaction with a local authority housing dept.

The councils really need to get some appropriate cultural awareness training, the Travellers are the worst treated minority in the country, they are, with the Travellers they are just off the tone, they can say anything. they smell, this and that.....P (5)

Being a member of the Traveller, listening to hate speech is not an uncommon experience, this can have grave impacts on wider family as highlighted by P (1)

At my wife's work... People would make comments like this, watch your back. You know, there's always derogatory comments about Travellers. And it's, it's

interesting, because it seems to be a free for all. You know what I mean? There is no PC like when it comes to other cultures, when it comes to Travellers, you don't have to be PC you can say what you want...some of it is really awful and extremely hateful. P (1)

The level of hate speech towards the Travellers in the data was significant, extending to vile, disgusting language dehumanising, and degrading the Traveller community members and way of life, discriminating on various grounds, stereotyping, and engaging in direct and open degradation of the minority group. This has impact on the community members in trying to maintain a sense of self, a physical and mental wellbeing. Participant (12) links the openness of the majority group discrimination to the generational aspect of Travellers discrimination citing 'they don't care if the Traveller is even listening or not. They don't care. That's because that's just generational discrimination.'

Broad discrimination against this minority group leads to deepening inequality and isolation for the members of this group. Inequality goes to the very heart of Traveller community member narratives. The data highlights adverse Traveller experiences of discrimination and inequality in the context of education, housing, employment opportunities and broader social involvement in decision making and societal affairs. . Traveller member participants experience inordinate levels of discrimination and perceived discrimination and high levels of inequality, this extends across all aspects of life. It places additional requirements on already struggling people. These dynamics are synonymous with minority stress. In this grounded theory these factors and others were conceptualised within the sub-category "living with despair", "living day to day" and further in "enduring hardship" category. This arises from

category building, which tries to account for the codes, incidents, categories arising from the data. The experience of minority stress, the incidents arising from it in the data, the codes arising from narratives discussing minority stress are a factor in this and additional categories throughout the study. In this way the grounded theory accounts for these experiences, not all theoretical constructs can be discussed explicitly, however the theory is constructed with the aim of accounting for as much as possible. To have “resonance” across all the data. In selecting theoretical codes and categories it is from an inclusive perspective, and not excluding any terms or categories, the terms minority stress, microaggression, acculturation, systemic racism were used on page 82 to contextualise the process of “enduring hardship”. Categories that can account for the most data and explain and hold up against incident and other data across the whole study are chosen in the study that best fit with the grounded theory. Thus, the categories and the theory are conceptualised at the level of abstraction as show in Fig 4.1. The participants link this inequality and discrimination as a large part of the determinants of their poor mental health. Housing, lack of access to ongoing education, employment opportunities, social problems with illicit drugs and alcohol. In responding to their core concern, the participants turn to their ethnicity and community, within this community they then must overcome and deal with such inequality as has been shown in the data, beyond this, the participants began to find pathways to help. This process of finding help is mediated by several interrelated factors. A significant finding was that a lot of the community were seeking help, the language of help seeking often included ‘Crying out for help’ P (5). What constituted help varied from participant to participant and was as one would expect highly contextual.

4.5 Main Category: ‘Orientation towards help’

The participants in this study were very generous with their contributions regarding how they attended to their mental health. Notwithstanding that the concept of mental health as is understood in the literature, was widely discussed in negative terms, having a mental life that was balanced and peaceful was a common driver among those who gave interviews and those with whom they had contact.

The process of resolving the core concern of ‘Keeping their Head above Water’ arises out of seeking to understand how members attended to their mental health which in turn gave rise to the grounded theory of ‘maintaining the self’ in this study. The context in which the Traveller community live their lives gives the backdrop for the experience of mental ill health among the group.

The type of mental ill health that was evident in the data included anxiety, depression, suicidal ideation, self-harm, social anxiety, low mood, perinatal depression, health anxiety and addiction. Gender differences were discussed often with the community seeing behavioural and psychological differences in how members cope.

What constitutes help is a key finding that helped develop the grounded theory. By paying attention to constructed ideas of help, how it is voiced, understood, engaged with and so on sensitised the researcher to consider broader and more varied ideas of help and what is helpful. Abductive reasoning allowed for creativity, renaming, and thus repositioning of researcher’s stance towards ideas such as avoidant coping strategies and non-use of services as possible helpful strategies given the unique and challenging reality of some of the community members.

Traveller community members speak about protective measures for mental health in the same breath as being a Traveller and living a healthy cultural lifestyle. Earlier in this chapter P (11) was quoted in relation to changing times in Traveller lives, the participant mentioned the difference between going for a walk with dogs in the past versus the present. The broader story surrounding this was that two Traveller

community members (males) who may want to confide or discuss their lives feel it natural and helpful to do so through traditional Traveller ways informally. When this is threatened these pathways to help are also threatened. Many similar stories are prominent in the narratives, a family who having experienced a number of bereavements, decided to go on a camping trip to help their mother subsequently experienced very high levels of discrimination and left other members of the family (young children) with additional concerns for their own mental health. This activity of going for a camping trip was clearly viewed as help for those involved and was carried out in a manner like any camping holiday one might envisage, however, it was not accessible to this family for reasons as set out in the first and second sections of the grounded theory, names membership of the Traveller Community and experience of significant discrimination. When one considers that visiting holy wells was a core element of this trip and it is an important aspect of what is viewed as help within this community the findings are that what constitutes help must be culturally suitable and understood for the group at hand.

A continuation of this finding that is also salient in the data is that not all that is viewed as helpful within majority group discourse or literature is even known within the Traveller community or may be valued in a different way. In the context of lack of trust, services such as TUSLA or CAMHS can be viewed as unhelpful or not an option by some members of the community for a variety of reasons not well defined in the study. A sample of the coded data is shown below in constructing the category.

Table 4.3

Main Category 'orientation towards help', sub-category finding ways to help, unresolved patterns of help seeking.

<p>‘Orientation towards help’: This shows a selection of some of the codes that gave rise to the category ‘orientation towards help’ and some of the data</p>			
<p>Building Theoretical Category ‘orientation towards help’</p>			
<p>Main Theoretical Category</p>	<p>Categories</p>	<p>Initial Code & Focused Codes</p>	<p>Data</p>
<p>‘orientation towards help’</p>	<p><u>Unresolved pattern of help seeking</u></p>	<p>Help seeking</p>	<p>A lovely young fella. And I've noticed for as I said to you four or five days beforehand, he was just kicking the stones, and he would walk by the window and then he'd stand at the gate. And you know, he was to me he was lost? And I realized that there is something wrong with him because he usually shows me, he's a great sense of humour and everything.</p>
		<p>Unresolved patterns</p>	
		<p>The unsaid</p>	<p>So, you have got a Traveller man, you know, we're all having fun together, we drink together. And that's all. Who do we talk to, we don't talk about our feelings, don't talk about our feelings. That's there. We don't talk about it, we medicate it, but we don't talk much.</p>
		<p>Crying out for help</p>	<p>‘I've seen horrible things to be honest. I'm seeing people crying out, crying out for help. Which is not there, crying out for help.</p>
		<p>Barriers to access</p>	<p>I've seen people committing suicide, because they can't get the help, crying out for it and</p>

			then they just come to the end of their tether and thy have no help.' P (5)
			'I think myself, well you're settled, you're calling me a knacker, I'm sorry for saying this on this but I just have to say it right. You're calling me a knacker right, you're, that, I'm getting discriminated my whole life since I was no height off the ground right, me knowing that you're calling me a knacker. Will I give you other things to throw back at me for my own mental health?
		Precarious pathways to help	the guards were ever so good, and everything was grand, and they done their part. Sure, we brought him to hospital he was there the next morning at my door in his bare feet you know after all that intervention the hospitals you know did not have a way to keep him.
		Vigilance in community	So, he was really crying out for help, you know? Because he wouldn't, you wouldn't be that person that tell you anything, you know, I knew myself, that there was definitely a problem. A lovely young fella.

	<u>Finding ways that help</u>	Wellbeing	‘Like you know to sauna the gyms. See, that's very good for your mental health, too. But some people are so ashamed with the Traveller community will they be left into the service?’ P (6)
		Building trust	I had to go back to her [GP] to talk. So, I went back and then all of a sudden what she was doing was she was dragging it out of me, but I felt a lot better than it was like a load just lifted off me and then I started gaining weight then. P (4)
		Building trust	‘They know that when they come to a doctor, and doctors going to put it in a sentence that this person understands and if do not understand something, they can explain it more’ P (11)
		Valued old ways.	look so come in here says I and you will feel better, because he was in bits. He just was what he said he was crying. So, what did he do, he stood under a waterfall and put his head under, and he cried and prayed St. Gabriel but he did he just felt so relieved and so better after doing that hard for people who didn't know because he really had that belief as well. P (6)

4.5.1 Sub-category: Finding ways that help.

All the participants in this study either provided help to Travellers in the community or accessed help of some nature to attend to their own mental health or both. Finding a pathway to help has been described at length in many ways within the study. It is a very individual and highly contextual. The narratives of the participants

describing mental health issues were very descriptive. The interview responses to questions of how members of the Traveller community attend to their mental health were often stories of managing with mental health rather than seeking help. Descriptions of coping behaviours, symptomology, expressions of empathy, and attempts to build trust, provide helpful assistance were all common.

The findings show that the context in which people either provided help or gain help generally played out informally in the community, however the GP was noted as a trusted source of formal help by some 'yeah the GP is a good place to start to get help' (12). The participants and members often found themselves in situations arising from poor mental health or wellbeing that highlighted to others that help was needed, as in the following example, 'I saw a young man just kicking stones outside a gate and it seemed he wasn't himself and I asked are you ok?....he said I'm not I'm all over the place, my head is wrecked' P(8). This is an example of how members begin their pathway to finding help through the awareness of others, in this case a community mental health worker. In this situation the participant was able to guide the young person to attend their GP and as they put it 'I told him that it didn't have to be like this, that there is a life out there.' This form of attending to mental health is one of the pathways to attending, where a concerned other noticed an issue and seeks to advocate on behalf of the individual and suggest another step. This scenario also was described by P (11)

She was like no, this this this is not right. This doesn't happen. And I remember her... she went to our boss, and she told them I was from the Travelling community, that I suffered with education wise, I suffered with dyslexia. She

got the go ahead from him and I did 20 sessions in Pieta

House P (11)

This participant was noticed in work, the concerned friend brought her each week to counselling. Significant difficulty and suicide attempts were part of the participants story, and this was not known at the time by others. Without this concern from another the participant may well have hidden away the anguish and difficulties that she was dealing with and ‘cover up the problem’ P (6). Members highlighted ‘putting on a brave face’ P (3) as a coping style. This has been discussed as a factor of how men and women cope with difficulties, ‘the mother would put on a brave face for the children, they don’t want to let the children see that they are unwell’ P (11).

The language of mental health within the narratives of the participants demonstrated a lack of use of majority group medical terms or psychotherapeutic terms. Many of the participants did not understand such terms as psychotherapy, psychiatric, anxiety or counselling. The language used by the participants in relation to their mental health suggested a negative connotation and significant stigma concerning mental health as might be understood in the majority group ‘They have to go home to their mental health son’ P (5).

There was a wide range of mental distress spoken about across all the interviews. This highlights the prevalence of mental health issues in the community. Participants elaborated extensively on the life experiences of mental ill health, sometimes labelling the symptoms under some disorder or illness. P (1) recalls that ‘my teacher obviously didn’t know about trichotillomania because I had no eyelashes left, they would ask what happened your eyelashes?’.

Mental health issues were discussed and contextualised by those in the helping role as often taking place at crisis point P (11) who deals with a large number of cases in a mental health role state.

I have seen lads at breaking point and when they do break, what happens then, the small little bit of engaging they are doing they might disappear to the room for three months. They've gone over the breaking point at this stage. They don't want more help they are gone down to the back of the caravan or in the bed and won't come out, so it's even more difficult for me to get him out. P (11).

Frustration with services and outcomes can often follow engagement and the feeling of returning to communities that nothing is changing in underscores the idea that the determinants of the issues are social, structural, and often arising external to the individual.

In response to their core concern of 'Keeping their Head above Water', the participants attended to their mental health and broader wellbeing concerns through personal and collective measures and through 'maintaining the self'. Initially seeking connection, meaning and context in ethnic identity, or for those with affinities to multiple groups or ethnicities, management of multiple identities. Further, members engage with discrimination and inequality in trying to resolve mental health difficulties, thirdly seeking out pathways to attend to mental health and health in general.

4.5.2 Sub-category: Unresolved patterns

Within this study findings, a strong pattern of unresolved actions, repeating incidents and cyclical process were evident. These patterns play an important role in

how effectively members attend to their mental health and also how they experience this process. The participants' accounts detail an ethnic group that is very connected, with large extended family structures that can account for a significant proportion of the population of a small community. In this way, mental health issues become shared and witnessed across the community. This has several impacts both positive and negative. In the context of traumatic events which are common in the community, and which are detailed in the study members can have a challenging time integrating such experience into an already difficult life. On the positive side the community are very often very warm and caring and protect those who are suffering if that person can attain a certain level of agency to avail of it. Drug addiction, alcohol use and misuse of prescription medicine is widely experienced and shared among the members. P (10) and P (1) both mental health workers from the Traveller community suggest that prescription medication are widely misused and shared between people 'if Travellers are told that a tablet is good and directed by the doctor to take one, they will take two just to make it better' P (10). This type of misuse of drugs and alcohol is having a significant impact on the community, the participants are worried about it and that has been resonant through the narratives. Participant 10 P (10) states that "I heard [close associate] speak about other Travellers, females, that are going through a hard time. And they're all taking tablets.... They share tablets. They are called tablet friends." Poor coping resources and a lack of awareness to mental health issues was discussed a lot, participants detailed a reluctance of males, in particular young males, to seek help. The tendency of males to 'keep it in' P (7) or 'go to the room' P (11) was a theme within the study. Men within the Traveller community are often described as tending to keep things hidden and not to express perceived weakness regarding mental health.

They'll never let anybody know, they are broken as they think, there is something wrong, they are embarrassed over being a man because they feel a man should not be like this, it is hard to understand from the outside. Years back it was always that Travellers were the perfect race. Nothing was wrong with them. P (11)

There are numerous and varied versions of this scenario where the participants or members of the community are not open or communicative regarding their feelings or difficulties. The idea that poor mental health is a static situation, something that defines you or cannot be changed is common. The general understanding is that if someone is depressed that it is a characteristic of the personality, that it cannot be changed. This is important for both sexes and prevalent in the narratives.

This lack of discussion surrounding mental health is common, members of the Traveller community demonstrate a low awareness and understanding of what might be available or helpful. Not speaking often about mental health also has an impact on the language of mental health and the connection between symptoms and courses of action to alleviate or protect against a worsening situation. The extract below highlights how the participant did not understand what counselling was, did not realise that it was available to her and only through a conversation in a medical service was the idea formed as described by participant (8) “What are you doing up here I said....she said she was getting counselling, I didn't have a clue and I kept thinking about what she said”

Eight months later P (8) suffered a bereavement and kept thinking about what had been said to her, she met the person again in a local shop and asked, ‘what do you mean by getting counselling?’ the reply was that she would have ‘someone to talk with

and get looked after and everything'. P (8) subsequently sought out counselling. This is a good example of how members find their way to help, a lot of it is very informal and arising out of close community ties. If P (8) did not chat with her friend who fortunately mentioned this, it is possible that P (8) may not have gained help until much later if at all. P (8) cannot read or write and her exposure to mental health discourse at the time was low.

Traumatic events that were detailed in the study often included details of how members of the community would not talk or discuss them in the aftermath of the events. The below incident is typical of the reaction of the wider community to sad and traumatic events.

like I see, half my first cousins, under 18, looking at [a close family member] hanging, and the next day, smiling faces. Like, I went through bad, bad mental health problems, I went through bad bad mental health problems over that....., but I was leaving mine out, but they never did, you know by their faces they got hurt, but it was like the next day it didn't happen. P (8)

Such events as above had very deep impacts on the mental health of those connected, as is stated here, the participant suffered with their mental health having witnessed the tragic scene. It highlights the tendency to 'get on with it' P (4). This is unfortunately a quite common story in the interviews, five of the participants had personal experience of suicidal ideation and all had experience within the wider community. Three other participants had similar stories that highlight the stigma and shame that can also be associated with events. Engaging with stigma and awareness of

coping mechanisms is an important finding in this study, it forms part of the ground theory of ‘maintaining the self’ and is relevant to the help seeking aspect of attending to mental health for this cohort.

4.6 Conclusion

The findings show the importance of the ethnic identity in how members of the Traveller community attend to their mental health. The implications for being a member of a minority ethnic group set up a unique environment that mediates how members of that group attend to their mental health. Significant social determinants of mental ill-health exist and are understood as such for this population by virtue of their minority status. Inequality is evident and socioeconomic differences are salient.

Significant differences exist between different members of this community in how mental health was conceptualised, how they engage with majority group services, how they access help within their ethnic community and how they personally cope with their mental health. What constitutes help for the Traveller community is often embedded in the Traveller way of life, which itself is changing. Significant value is placed in folk remedies, religious community, and Traveller culture and these are seen as important and viable helping pathways in attending to mental health issues.

Discrimination and inequality, combined with a changing of lifestyles reduces the opportunity for Travellers to maintain their sense of self and wellbeing in ways that are meaningful and understood by them culturally. Additionally, social issues within the community such as drug and alcohol abuse, gender roles, further impact on the quality of life and stress within the family and group systems. Lack of connection to and culturally appropriate services leaves members isolated and lacking resources.

The stigma and inequality concerning mental health impacts on the pathways taken to attend to mental health. Awareness of problems, symptoms, poor coping

mechanisms, and experience in state systems such as education give rise to complex situations that further diminish ability to attend to mental health.

Thus, the grounded theory of ‘maintaining the self’ sets out three phases: ‘constructing identity’, ‘enduring hardship’ and ‘orientation towards help’. Within each of these phases the theory suggests that the group continually oscillates in and between these central categories to resolve the core concern of ‘Keeping their Head above Water’. A discussion of how this theory integrates with extant literature follows in the next chapter.

Chapter:5 Discussion

‘Maintaining the self’: A Grounded Theory of attending to mental health in the Irish Traveller Community

5.1 Introduction

This chapter elaborates on the substantive theory of ‘maintaining the self’ as set out in Figure 4.1 in the previous chapter. The theory generated is grounded in the experiences, views, and accounts from members of the Irish Traveller community in attending to their mental health, or that of other members of the community whom they have helped. The findings are that the members of the community attend to their mental health in a broad way. There is a centrality of cultural identity throughout and the significant barriers that present for this minority group.

In discussing the grounded theory, the researcher will endeavour to locate the discussion in the most useful and beneficial way to address the study aim and to highlight any novel or important element that the theory advances. In line with the study, a wide discussion will take place touching on various parts of the theory, itself with a wide perspective, however not all aspects of the theory can be discussed due to limitations many of them very interesting and worthy of further consideration. It is a hoped-for outcome that readers would use the broad theory to set their own reflexivity and consider wider and varied contexts.

This chapter will discuss how the grounded theory of ‘maintaining the self’ supports and advances literature pertaining to this subject. The theory that has been constructed deals with the process of how members of this community attend to their mental health. It accounts also for mental health practices, the impact of oppression, stigma, and inequality on the processes of attending to mental health. The centrality of

cultural identity and the implications for attending to mental health help provision will be focused on in the context of existing literature. The discussion sensitises nuances in existing theory and adds to the literature on unique dynamics from the study.

The study question of how members of the Irish Travellers community attend to their mental health has given rise to the grounded theory of ‘maintaining the self’. The process of addressing the core concern of ‘Keeping their Head above Water’ was engaged in by the participants in a process of ‘maintaining the self’. This process is wide in scope, constructed from the data, that seeks to address the breadth and depth of the stern task facing the members of the Irish Traveller community in addressing mental health disparities.

By ‘maintaining the self’, the community member addresses the balancing of the totality of the person. The concept of self in ‘maintaining the self’ is arising from a wide lens as conceptualised early by James (1901), constituting the material, the social, the spiritual, the psychological (P. 292). It is necessary to encapsulate the entirety due to the complexity and multifaceted dimensions of how members engage with mental health and wellbeing.

Thus, the process of maintaining the wellbeing of the self will be necessarily set within wide parameters. This is to capture nuance in accounting for and staying close to the data of the study. In using the word maintaining, it is to address the behaviours, processes and actions of construing oneself, maintaining a sense of personal, cultural, social, ethnic identity and also a healthy and integrated sense of self (Siegel, 2010a, 2020; D. W. Sue & Sue, 2016, p. 245), that is capable of functioning at an appropriate level (Alvarez, 2010; Music, 2014) to achieve psychological wellbeing (WHO, 2014). The process is carried out uniquely, but commonalities cut across the members of the Traveller community in ‘maintaining the self’, these were, relying on ethnic identity, engaging with discrimination and stigma, and finding pathways to help. The responses

to interview questions on attending to mental health were wide ranging and encompassed both internal and external factors, social determinants, and environmental inputs to wellbeing. How members attended to their mental health was sufficiently wide as to necessitate a broad theoretical lens.

The data arising from the interviews situated the processes and actions of those within the community in a biopsychosocial context (Lehman et al., 2017; L. N. Potter et al., 2019). Responses to how members attend to mental health revealed many and varied behaviours of help seeking and avenues of actions. It also elicited broad responses that reflected the complex lives of this minority group. The community has significant and disproportionate levels of mental ill health (Abdalla & Kelleher, 2010; Keogh et al., 2020c; McGorrian et al., 2013a). Responses to mental ill health are interwoven with responses to other life stressors such as socio-economic status, internalised oppression, and inequality. Help seeking behaviour is moderated by influences of minority status (Song et al., 2019), educational opportunities (Group, 1995; McCann, 2024; Villani et al., 2023; Villani & Barry, 2021), and the broad and long list of difficulties, determinants of mental ill health and social issues, that heretofore are well documented in the research literature on this group (Abdalla et al., 2013; Abdalla & Kelleher, 2010; Keogh et al., 2020; McGorrian et al., 2013; McKey et al., 2020; O'Shea Brown, 2020; Pavee Point, 2015; Quirke et al., 2022; Villani et al., 2023; Villani & Barry, 2021). The inputs giving rise to the study data are at all points interrelated and complex. Thus, the grounded theory posits that through maintaining a sense of self the participants and members of the group attend to their mental health.

5.2 'Maintaining the self'

5.2.1 The Self as a concept

As this is a study that is aware and sensitive to differences, uniqueness, and commonalities in and between groups and challenges the ideas of essentialism and hegemony of one tradition over another. It is important to address the constructivist element to all data and ideas within the study (Ade-Serrano et al., 2017; McGinnity et al., 2017; S. Sue, 1998, 2006). This extends to fundamental concepts like the idea of ‘Self’ or ‘Mind.’ While the European view of self extends from the Greeks (Snell, 1953, 2013). Many in the eastern traditions have very varied views of what constitutes the mind or self (Hardy, 2004, p. 29). From a social construction perspective Hardy (2004) suggest that mind might well be a “social construction along the lines of the Greek Gods” (P. 27). It is important to set out what is meant in this study as the ‘Self.’ In an aptly titled section ‘The Problem of the Self’ Hergenhahn (1997) set out the difficulty of nailing down the concept of the self, however, a succinct definition is proposed as “the organiser of experience and sense of continuity over time” (P. 18). This definition fits well within this study. This definition could be seen as located within the individual and not recognising the organisation experience arising within and between groups and contexts. It places the idea of self within a structural context. If we consider the version of the self that was postulated by George Herbert Meade as a process-oriented entity that “in short the possession of a self provides the human with a mechanism of self-interaction with which it meets the world, a mechanism that is used in forming and guiding his conduct” (Blumer, 1986, p. 62). Constellating the self within a process, allows for a symbolic interactionist view of human experience where all structures are continually reified by the human actors at any given point (Charmaz, 2014, p. 261). The Irish Travellers, like many ethnic minority groups, exist in a continuum of societal and psychosocial change (Bals et al., 2010; Kirmayer et al., 2000). Constellating the self within a symbolic interactionist paradigm allows for greater understanding of actions

and processes in a relativistic and subjective world. (Blumer, 1986, p. 24; Charmaz, 2014)

5.2.2 Construing the Self

How members of the community engage in the world is understood to be grounded in human interaction, this interaction is constituted in individual, interpersonal and group memberships. There is cultural variation in how we construe the self, Markus and Kitayama (1991) suggest that it can be viewed as independent or interdependent (P. 62). In many lives this may be contextual and certainly in challenging minority group contexts intermixing of self-concept is not uncommon due to acculturation (David, 2013, p. 39) and other stressors (Brewer & Gardner, 1996, p. 91). This constitution of a varying self-construal across existing domains is central to the grounded theory of how the participants resolve their core concern.

In this study, findings point to a community where actions at the group level are salient and sometimes in conflict with individual priorities or desires (Brewer & Gardner, 1996, p. 91). Internalised racism and external factors such as minority status, impact on the ability to maintain the self at different locations within the process of ‘maintaining the self’ (David, 2013, p. 37). This has detrimental impacts to a sense of personal growth, self-worth, self-esteem, group self-esteem and so on, as the member often fails to achieve a suitable level of self-efficacy, self-esteem, or purpose surrounding the various renderings of themselves. This is made more difficult by being a member of a disadvantaged minority group (Ade-Serrano et al., 2017; Bals et al., 2010; Cleemput, 2000; Cleemput et al., 2007; Pavee Point, 2011, 2015).

5.2.3 Independent Self

Maintaining the personal self is linked to self-efficacy, agency, and a sense of purpose (Frankl, 2004; Myers, 2010, p. 80; The Weekend University, 2018; Wong, 2016). In this study the participants demonstrate low levels of all three of the above. The community members have low levels of control over what is happening in their lives, this is consistent with similar studies around the world (Bals et al., 2010; Blix, 2014; Isaak et al., 2020; D. W. Sue & Sue, 2016; Verkuyten, 2018). Evidence of this can be seen through provision of housing and rates of long-term unemployment (Keogh et al., 2020; Villani et al., 2023; Villani & Barry, 2021; Wigand et al., 2019). Gaining skills and education is routinely interrupted by concerns such as discrimination or access to resources or services. The low personal agency has been referenced both from personal points of view of participants and from those with whom they have worked. This has been linked to amongst other things, lack of hope and personal ambition (Frankl, 2004; O'Shea Brown, 2020; Pavee & O'Riain, 1992). Poor experience of education and attainment of language skills mitigates against Traveller community members increasing their personal agency. The process identified in this grounded theory suggests that members need to maintain a sense of self to transcend their core concern of 'Keeping their head above'. Challenges at the level of the personal self, provides a stern challenge to attain positive developmental trajectories. Purpose and meaning within the study, either in the here and now or the future was notably absent, in line with findings in (Abdalla & Kelleher, 2010; McKey et al., 2020; O'Shea Brown, 2020; M. R. Walker & Soc, 2006). The concept of a bright future or something to work towards or 'be well for' (P11), is not immediately evident apart from cultural/religious markers such as confirmations and weddings (O'Shea Brown, 2020, p. 151; M. R. Walker & Soc, 2006, p. 45). Personal ambitions of growth, employment or change were not prominent in the narratives except for a desire for education, and for these scenarios it is generally for basic levels of literacy. Feelings of low self-worth were recounted

many times in the study and are accounted for in the literature as a feature of internalised racism and discrimination (David, 2013, p. 41; O'Shea Brown, 2020). This is shown in many Indigenous groups around the world (Isaak et al., 2020; Bals et al., 2010; D. W. Sue & Sue, 2016, p. 239). An ability of attaining higher levels of personal agency, skills or efficacy is seemingly beyond the capability of many members from their perspective. These core personal attributes perform key roles in wider psychosocial contexts (Jenkins, 2001; Orenstein & Lewis, 2020).

In attending to mental health, having purpose, having wider supports such as supportive families, and engagement in a community are key factors for mental health (Adler, 2009; Bronfenbrenner & Morris, 2007; Orenstein & Lewis, 2020). This study suggests that through the theory of 'maintaining the self' the members attend to their mental health in various ways. However, many members do not have high levels of wellbeing, positive self-concept and so on. This bears on their ability to negotiate an attending to mental health and may well account for the high levels of mental ill health reported by the community.

5.2.4 Interdependent Self

The maintenance of an interdependent self, a self in the context of others is contingent on having personal agency and an internal locus of control (D. W. Sue & Sue, 2016, p. 116). It also bears on context of family and other significant relationships (McGoldrick et al., 2005). Traveller family systems are large and represent a major source of kinship and stability for the members. In this study, the fondness and regard that parents and family members have for other members of the family was notable. Family systems can be large in number and maintaining homeostasis within families in the context of increased social problems such as drug use, housing, unemployment, and

mental health problems is a distinct stressor (Housing Agency Ire, 2017; Keogh et al., 2020c, p. 802; Quirke et al., 2017).

Communication among Travellers, especially young adult men, is a key issue. Non communicative behaviour increases the difficulty in finding help (Sweeney et al., 2015, p. 17). It also pressurises family life in dealing with adverse events or conducting everyday activities (Brown, 2020c, p. 151). The grounded theory suggests that members seek to maintain a sense of self to offset an existential crisis, in ‘maintaining the self’ the interpersonal self is vital in relational, community and wider contexts (Bronfenbrenner & Morris, 2007; Maslow, 2013; Myers, 2010; Orenstein & Lewis, 2020, p. 659). The benefits and necessity of strong interpersonal skills and sense of self are wide ranging as it empowers members to engage in interactions beyond themselves, within for example what Bronfenbrenner (2007) calls the microsystem, the microsystem represents that layer within the ecological theory of development, outside of the immediately personal and within the broader systems of life (P. 419). In attempting to resolve their difficulties, members in the study and in the community require a level of functioning that prepares them to engage with services, educational systems, and mental health services. For some people in the Traveller community there is low level of sufficiency or efficacy in negotiating interpersonal dilemmas, managing family breakdown, or engaging with educational facilities as is. The reasons for this are salient in the study, for some in the Traveller community low levels of literacy and mistrust of organisations that heretofore have not provided Irish Travellers with a fair chance (Villani & Barry, 2021). Family structures and gender roles predominantly leave females with public facing roles, often unsupported in trying to engage with external issues.

5.2.5 The social self and Ethnic Identity

The social self as a concept arises out of group membership and connection to others. It helps guide our thinking and social behaviour (Blumer, 1986, p. 66; Brewer, 1991; Brewer & Gardner, 1996). In the context of this study the social self is of key importance. This study concerns a small minority community, where close family and wider family ties are evident (Walker & Soc, 2008). The social self contends with intergroup and intragroup dynamics, and it takes account of how we see ourselves in the social world and the meanings we attached to this world (Becker et al., 2014; Brewer, 1991; Brewer & Gardner, 1996; Suls, 1993).

The findings suggest that a sense of social belonging and connection to the Irish Traveller community is a strong factor for the participants. This belonging and sense of purpose was highlighted as key reason to attend to mental health by P (11). Traditional narratives exist within the community locating the group within a continuum and a historical context of oppression. The social self is linked with social identity, social identity is defined by Henri Tajfel and quoted in Myers (2010) as “that part of the individuals self-concept which derives from his knowledge of and his membership of a social group (or groups)” (P. 471). In ethnic minority groups like the Irish Traveller community a sense social identity is a central driver in the identity formation (Becker et al., 2014; Schwartz et al., 2011; Verkuyten, 2018). Added to this the ethnicity and belonging that is so richly prized and defended within the community forms a bond and connection that makes links with past generations, belonging, family and group affiliation. The participants in this study provided rich data that their cultural and ethnic identity was central to their lives, this was also found in other studies (McGoldrick et al., 2005; Ní Shuinéar, 1994). For the community in this study, who are oppressed and discriminated against, attending behaviour can be moderated and mediated through a social identity lens, as stated by Haslam et al. (2021) “it is necessary to recognise that individuals can define their sense of self (“who they think they are”) in social and not

just personal terms (i.e., as “us” and “we”, not just “I” and “me”)” (P. 6). This perspective is valid in considering how members attend and how they navigate pathways to help.

The theory of ‘maintaining the self’ thus provides for this social construal of self, for example “we”, in the process of ‘constructing identity’ members can engage in identity formation that bears on Tajfel & Turner Social Identity Theory (SIT) as cited in Haslam et al. (2021) this SIT assumes the following, that (a) people strive to maintain a positive sense of self, (b) that in many social contexts an individual’s self-concept will arise from significant group memberships and hence be defined in terms of social identity, (c) when particular social identities are salient, individuals strive to maintain positive social identity by positively differentiating their own group from other groups (P. 6). Therefore, in answering the research question of how members attend to their mental health, it is instructive to understand that some members attend through this group lens of “we”, this can have both positive and negative outcomes, however within a highly discriminatory society, as it is for this group. Outcomes are often further complicated leading to further problems such as highlighted by P (8) where a bereaved Traveller family went on a camping trip to see holy wells, to help a parent in the grieving process, however subsequently experienced high levels of discrimination and hate speech on their journey. While ‘constructing identity’ is used as a term for the process of identity formation and engagement, it does not preclude the construction of multiple identities which for many in the community is commonplace, as stated in Sue (2019) “the interwoven, intersectional nature of these group memberships, in that both privileged and subordinated individuals always embody more than one identity simultaneously (Moradi & Grzanka, 2017)” (P. 76).

The connection with ethnic identity in this study of how members of the Traveller community attend to their mental health can be covered under the headings of

ethnic identity motives as detailed by Verkuyten (2018). Some of the participants in the study linked their ethnicity and identity to feelings of pride and connectedness. Being a Traveller provided a continuum of ethnicity and a source of connection to something uniquely Traveller. This was more evident in an intragroup context. While discussing Traveller identity in an intragroup context, internalised shame and discrimination, low self-esteem in a group context was evident. Traveller group positive traits like resourcefulness, stoicism, and ability to endure were also identified as a source of efficacy. These traits were focused on in the context of the process ‘enduring hardship’, the Traveller people have endured so much historically (S. Gmelch, 2014; Joyce, 2018; MacLaughlin, 1995; McCann, 2024) that this sense of staying the course is identified with and integrated into the narrative of the group members. Other motives such as affective ties have been covered above, demonstrate a protective factor arising from membership. The warmth and embodied connection to each other is salient in the empathy and concern for group level issues such as suicide, depression, and poor living standards.

Ethnic recognition and the state treatment of the recognition question has affected the sense of collective pride in being a Traveller. Even though Irish Travellers have been recognised as an ethnic minority on the island of Ireland, ongoing discrimination and inequality dilutes the sense of majority group recognition of the members (Martin Lee, 2022; Watson et al., 2016). This has an impact on ‘maintaining the self’ as it feeds a sense of unequal value, propagating the idea that the discrimination experienced is widespread in the majority community. When this is allied with the understanding of social determinants of mental health held by the Traveller community, feelings of existential threat, and identity threat (M. M. Barry, 2009; Branscombe et al., 1999; Group, 1995) are to be expected.

The grounded theory of ‘maintaining the self’ suggests that members of this community (a small ethnic community) rely on their ethnic identity in ‘maintaining the self’ by ‘constructing identity’, identifying with protective self-concepts regarding what it means to be part of that group. Verkuyten (2018) suggest that these are qualities of distinctiveness, efficacy, affective ties, esteem, and recognition (P. 114) and covered also by Vignoles (2016). Positive association with ethnic identity gives the Traveller community members a sense of efficacy, continuity, and meaningfulness that they may not have from their everyday lives. The findings suggest that relying on identity to deliver a sense of stability, meaning and purpose becomes more important the more the individual life is disordered or unstable. The centrality of cultural ethnic identity for the Irish Traveller is documented in the literature (Villani & Barry, 2021). It cuts across all of Traveller life. In the Irish Traveller context, their identity is often challenged by majority group discrimination, this can have an impact as stated in Verkuyten (2018)

“Experiencing denial of recognition has a profound emotional impact on minority members. It is threatening to your feeling of positive self-regard when you hear that you are considered a problem or that you come from a backward culture, when your religion is mocked and belittled.” (P. 119).

This experience is ubiquitous for the members in this study and is represented in the literature (Martin Lee, 2022; McGinnity et al., 2017; Quirke et al., 2022; Watson et al., 2016). When one’s ethnic minority group is not respected as is the case in this study, the individual members relying on it for efficacy, pride and connection and continuity to name only parts, are impacted significantly and to their detriment. In ‘maintaining the

self', the community member relying on this type of conception of ethnicity is challenged, rather than protected by cultural identity. This exact phenomenon was present in this study and highlighted the importance of protecting ethnic identity and defending minority groups against hate speech and other forms of discrimination and degradation.

The struggle for this group is most keenly felt by those who experience discrimination behaviour or who have their personal self-esteem, or ethnic selves degraded in some way. Within the grounded theory of 'maintaining the self', minority group members must engage and manage discrimination stigma and inequality through the process of 'enduring hardship'. The accounts in the study where members overcame barriers or transcended difficulties were often narrated from the position of the social self. The participants' experience of mental health difficulties was mostly narrated and explained through the lens of their interactions with others in a social context. This focus on group level position is consistent with the literature for minority groups (McCann, 2024; D. W. Sue & Sue, 2016). The participants continually situated their experience in the context of a cultural self. This may well be where the participant feels most empowered through group affiliation and protection.

The importance of constructing an identity in maintaining psychological wellbeing is well understood. As a central mechanism for meeting the world, this community rely on their sense of cultural identity. It is by some margin the most significant aspect of the participant lives, the theory constructed in this study suggests that a strong and valued sense of cultural identity is protective and predictive of positive attending behaviour, sense of self-worth and agency. Conversely the absence of an environment where a strong and meaningful identity can be constructed, impinges on the members ability to navigate the process of 'maintaining the self' (as the process 'constructing identity' is central) thus the attending behaviour, possibility, outcomes

become less about wellbeing and more about crisis management and enduring hardships and so on.

5.3 Discrimination Stigma and Inequality

This study has findings in line with the extant literature that the Irish Traveller community experience high levels of discrimination and marginalisation (Martin Lee, 2022). The community members experience a wide range of discriminatory behaviour in many forms. The outcomes from this according to the participants range from low self-esteem, lack of ability to function socially, inability to enjoy recreational facilities, inability to partake in normal stress relieving activities such as shopping, socialising, camping and so on. Members also highlight significant impacts on education and the attainment of skills and information helpful to employment and advancement. The Traveller community members have a historical, socio-political marginalisation that has affected social standing and rendered the minority group marginalised and disenfranchised. Arising from this institutional racism and high levels of disregard, the study participants have a low sense of self-worth. This impacts ability to function and gain control of life events over the lifespan. It is an unavoidable aspect of Traveller life (Bals et al., 2010, p. 173; Gosman, 2022; L. Potter et al., 2019)

The grounded theory of ‘maintaining the self’ situates the engagement with discrimination and inequality as a step in the process of ‘enduring hardship’ for this minority group. The ubiquitous nature of reported experiences of discrimination and the indelible mark that decades of inequality has left on the community, render it inevitable that on a social level at least, discrimination must be engaged with, or made sense of in some way (Harrell et al., 2003; Isaak et al., 2020; Martin Lee, 2022; Torres, 2010, p. 11). The life skills and knowledge often required to transcend discrimination require a self-awareness and self-efficacy not always present in community members.

Understanding the far-reaching consequences of such issues as internalised racism and internalised stigma are protective against such phenomena but no amount of personal agency or awareness can remove external factors such as structural oppression or racism in the broader community. The wide-ranging health effects of experiencing various forms of discrimination such as institutional, systemic, personal, and ethnic discrimination are detailed in the literature (Branscombe et al., 1999; Gosman, 2022; McGinnity et al., 2017; McGorrian et al., 2013; Quirke et al., 2022) and are replicated in this study.

The findings of the study detail the psychological, physiological, and psychosocial effects of discrimination and inequality (Abdalla & Kelleher, 2010; Harrell et al., 2003; Quirke et al., 2022). Mental health challenges of other minority groups such as the First Nations people in Canada, Aboriginal groups in Australia, the Sami in Sweden and Norway, Māori in New Zealand, and The Mapuche in Chile are all linked with discrimination and inequality (Blix, 2014; Cleemput et al., 2007; Isaak et al., 2020; Kirmayer et al., 2000; Tobias et al., 2009). As stated in Tran and Lumney (2019) internalising such devaluing of oneself or group has lasting and material effects and “Internalizing one’s character as being devalued by society can take a toll on one’s psychological well-being and may call upon greater use of maladaptive coping strategies to cope with distress and stigma (Goffman, 1963)” (P. 419). Maladaptive coping mechanisms are represented in the study on Irish Travellers and are detailed in the literature in other minority group contexts (Van Cleemput, 2010)

Close community ties can also be detrimental where shame and stigma are pervasive in a small community (D. W. Sue & Sue, 2016, p. 481). Isolation and withdrawal are often used to cope with the intense feeling of low self-esteem and worthlessness. The narratives point to a group that find discussing mental health sometimes difficult and that ideas of mental health are generally seen as very negative

and refractory to change. As an example, being unwell mentally is associated with less chances to have a boyfriend or girlfriend, the stigma of being unwell is quite acute for many.

Many young women in the Irish Traveller community constitute mental health in negative terms and the stigma of being ‘mental’ stops some from taking up help. Participants in the study highlighted several occasions when shame and stigma were barriers to finding help (Pavee Point, 2011, 2015). Becoming aware of the existence of underlying mental health issues through experiencing adverse events is also a recurring finding in the literature (Brown, 2020c; McGorrian et al., 2013a). The shame associated with suicide, depression or other mental health problems often lead symptoms to be built up over time and arrive at a crisis point. Dealing with the issue of discrimination, internalised shame and stigma and the negative impacts of devaluing group identity is a key step in ‘maintaining the self’. It also forms part of the process of ‘maintaining the self’ in the context of the Irish Traveller community study.

5.4 Psychoeducation and language in the process of ‘maintaining the self’.

In context of ‘maintaining the self’, having an awareness of self or some form of psychoeducation is seen as protective and useful by the participants in this study. Language is a central and core aspect of human interaction and communication; language barriers or poor communication will thus negatively impact on the process of ‘maintaining the self’. Studies such as Bayram and Sakarya (2023) showed how poor literacy and internalised oppression impacted ethnic Kurds and resulted in poor take up of services and poor outcomes (P. 7).

In working with those who suffer mental ill health, it is often very advantageous to check that there is an adequate level of psychoeducation to the ideas associated with mental ill health, or how it is that we experience this within a biopsychosocial

framework. The rationale is that knowing the antecedents of our distress can help to contextualise the symptoms and increase the awareness of the problem and possible remedies (H. Barry, 2017; Siegel, 2010b). It is also important to understand the unique experience of the client in relation to the phenomenal experience they are presenting with. Meeting the person where they are at is a staple of the humanistic school of thought, this includes language that validates and that is appropriate to understanding and aids cultural humility, competence and sensitivity (D. W. Sue & Sue, 2016, p. 449; S. Sue, 1998).

The language of health care, and mental health in general, as experienced by the participants in this study was detailed by the participants as difficult to understand. Terms like anxiety or psychiatric are not commonly understood in the same terms as it is used in medical discourse, as evidenced in extracts from participant (9), (12) and (1) within chapter 4. Therefore, attempts by the community to engage in self-help, or problem identification are often very problematic. This barrier to psychoeducation and empowerment through lack of literacy and knowledge of mental health terminology is common among such groups and has been identified in the literature (Abdalla & Kelleher, 2010; Harrell et al., 2003; Keogh et al., 2018; McCann, 2024; Quirke et al., 2022; Villani et al., 2023)

Psychoeducation has, as will be discussed further in the thesis, important ramifications in the help seeking process and bears on attending to mental health in a significant way. Furthermore, a lack of acknowledgement of folk remedies, Traveller ways, as protective to Traveller mental health, serves to silence and further alienate traditional aspects of Traveller people and add to the cost of engaging with institutional health services. The language of helping as is understood by Travellers may be lost when Travellers own ways are not discussed. Important idiographic and contextual understanding is gained by listening to Travellers own conceptualising of mental health

and help. Given the lack of meaningful assistance regarding communication in many helping contexts, if there are any preexisting weaknesses in interpersonal communication, or weakness in the interpersonal self, much can be lost in the ability to maintain a sense of self (Curran, 2006; Droogendyk & Wright, 2017; Nutbeam, 2000).

The grounded theory of ‘maintaining the self’ sets out a non-linear process of ‘constructing identity’, ‘enduring hardship’ and ‘orientation towards help’. To meaningfully or substantially attend to one’s mental health, language and literacy bear heavily in the process. Personal level issues for the participants such as gender, sexual orientation and personal growth were limited by poor self-esteem, lack of meaning in the everyday life and the absence of a motivation or purpose. A lack of understanding about mental health and ability to communicate in helping arenas can exacerbate these problems.

In this grounded theory language and psychoeducation bear heavily on the process of ‘constructing identity’. In a study on bicultural young adults in Ireland Ogoro et al. (2022) discussed the constructionist idea that “the cultural identity of migrants is negotiated, (re)constructed and delineated as individuals migrate across varying cultural contexts (Jackson 1999; Jung and Lee 2010; Pyke and Dang 2003)” (P.2)

Having sufficient language skills, communication skills and psychoeducation empowers and aids those ‘constructing identity’. This is a significant process that influences how members attend to their mental health. The resolution of stages in developmental trajectories such as the intimacy vs isolation stage of Erikson’s developmental model (Syed & McLean, 2017) for young adults can be detrimentally impacted when identity construction is negatively impacted. This was shown in research on young male adult members of the Irish Traveller community (Sheeran, 2022) where it was identified how a lack of sense of self and cultural breakdown, ‘pacing in and out of culture’ (Traveller and majority group) served to stagnate the process of the young

men feeling purpose, gaining traction in their lives and developing a sense of self efficacy (P. 24). This is also suggested to impact on the ability of this age group to communicate and confide in others, isolation and an inability to share feelings of distress was associated with poor life chances and lack of personal skills in addressing mental health (Sweeney et al., 2015).

In attempting to resolve existential issues many members of the community cannot identify a tangible and cohesive purpose from their current position. The Irish Traveller community suffer from high suicide rates (O'Shea Brown, 2020; Sweeney et al., 2015; Villani et al., 2023) and this inability to communicate despair is linked to hopelessness and tragic outcomes. Much literature relates to the breakdown of traditional ways and sense of identity. Durkheim's work on suicide as quoted in (Brown, 2020c) the 'state of anomie' is: "a condition of society or of personal relation to society in which there exists little consensus or certainty values or goals, and a loss of effectiveness in the normative or moral framework which regulates collective and individual life". This anomie state underscores the very possible outcomes for those who cannot find sufficient meaning, structure, relational depth to achieve a strong and healthy sense of self and purpose. For this cohort help seeking is unfortunately not always seen as a viable or worthwhile option.

5.5 Internalised Oppression

The Irish Traveller community experiences high levels of oppression. This oppression takes many forms. As a minority group in Ireland the Traveller community has been systematically disenfranchised at group level for decades (Joyce, 2018; MacLaughlin, 1995; McCann, 2024). A key issue within oppression is access to power and privilege. In this study the internalised oppression is evident in the narrative. This is found in other studies also (Bayram & Sakarya, 2023; Villani & Barry, 2021). Not all

members of the community will internalise oppression (David, 2013, p. 39).

Internalised oppression is considered an individual difference variable and therefore additional unique characteristics contribute to levels of oppression experienced.

However, there appears to be an acceptance that Travellers will be treated poorly, and accommodating behaviour is often taken for normal life. These behaviours are carried out on a seemingly unconscious level and are reified daily as members engage in 'constructing identity' in spaces that are not equal, safe or open. More subtle forms of oppression are baked into the everyday expressions of Travellers over the lifespan through structural and state oppression acting at the level of housing provision, educational opportunities, and social justice and so on. Oppression is both a state and a process, it operates at a group and individual level (David, 2013, p. 9). The chronic nature of oppression in this community, the ongoing fragmentation of social fabric has had a very detrimental impact. It also serves to generate a status quo, a sense that life has always been this way. This sense of meaninglessness, loss of connection with value in society has been described by Durkheim as mentioned in the previous section. In attending to mental health many Traveller community members seek out traditionally understood activities that are perceived as protective and helpful. However, in the context of an oppressive society, with everyday discriminatory processes at play those attending to their mental health are often further burdened with the social evaluative threats, microaggressions relating to their behaviour. Good examples of this were presented in chapter 4 and earlier in this chapter.

Within a symbolic interactionist perspective, the oppressed member of the Traveller community exists in a process of oppression that perpetuates and reinforces negative schemas of self, efficacy, and lack of opportunity. With this interaction continually played out in a social process, much of it taken for granted, social inequality is continually recast through structural inequality and racism (Blumer, 1986, p. 23).

This situation gives rise to fatalism, hopelessness, and glass ceilings regarding opportunities for change. It is not difficult to conceptualise then the existence of fatalistic views, negative construal of self and the often-present drudgery, and inequality of social life. These ways of being impact the attitude towards attending to mental health and wellbeing. It will be discussed later in this chapter that the cultural identity of the Traveller community is a central factor in how the community members attend to their mental health. It is stated by Schwartz et al. (2011) that cultural group identity plays a significant role in how members engage with public health. (Schwartz et al., 2011, p. 1153)

However, it is not made sufficiently clear that the socioecological state of the cultural group can have catastrophic implications for the engagement in positive health behaviours (Bayram & Sakarya, 2023). The centrality of culture in constellating mental health is obvious in the Traveller community, what is less obvious is the role that barriers arising from, and implications of membership of the community bring to the attending behaviour regarding mental health.

In this grounded theory of maintaining the self, ‘constructing identity’, ‘enduring hardship’ and ‘orientation towards help’ are all highly susceptible to problems arising from the dynamics of internalised oppression. Thus, attending to mental health is acutely difficult for those in oppressive arenas and even more for those who have internalised it. According to David (2013) “oppression may be deeply internalized by members of oppressed groups such that their cultural knowledge systems reflect internalized oppression.” (P.39). This type of dynamic in a society with such anti-Traveller discourse inhibits attending to mental health by reducing quality of life and burdening minority groups with negative internalised views of self. The concept of the looking glass self can be used to further contextualise this burden (Kaufmann, 2013). As stated by David (2013) “stimuli related to one’s own group are automatically

associated with ideas of unpleasantness or inferiority and stimuli that are related to the dominant group are automatically associated with ideas of pleasantness or superiority David and Okazaki (2010)” (P.38). The impact of oppression on mental health includes depression, low self-esteem, self-harm and is detailed in the literature (O’Shea Brown, 2020; D. W. Sue, 2015b; R. L. Walker et al., 2008).

5.6 Pathways to help.

‘Orientation towards help’ is the last phase in the process of ‘maintaining the self’ grounded theory. The process by which members seek help in this study is culture bound. The awareness of the need to seek help, the meaning of symptomatology, the availability of treatment and so on are conditioned on the experience of the individual heretofore, the literacy level regarding mental health issues and the agency level acquired are also key factors of engagement or attending to mental health. The level of such factors as internalised oppression, education, wellbeing are shown to bear on help seeking behaviours (Isaak et al., 2020; Wigand et al., 2019).

In a study of the psychological stress caused by internalised stereotypes and its correlates with help seeking behaviour of Asians, Gupta (1991) showed that this cohort internalised group level stereotypes and subsequently sought help significantly later than majority groups. In this way, the pathway to gaining help or attending to mental health was impacted by the relationship, values, internalised oppression held by the members of the minority or stereotyped group.

In this study on the Irish Travellers, attending to mental health was often initiated through the keen awareness of symptoms by another person, member of the community, doctors, community health workers and so on. The close-knit feature of the community as highlighted by Keogh et al. (2020) can help in the identification of those who may be struggling with their mental health and the data suggests that having

persons within the community who have training in identification of symptoms and skills of communication and psychoeducation can be of significant help. This study showed how empowering members of the community through education positively impacts on how people manage to attend to their mental health. The understanding of literacy difficulties, the requirement for privacy, the language of the community are vital knowledge bases for those helping.

The everyday actions of attending to mental health were carried out in ways previously detailed in the literature, concealing emotional distress, use of prescription medication, self-medication with drugs and alcohol (Hout & Hearne, 2017; McKey et al., 2020; Owen et al., 2012; Van Cleemput, 2010). Seeking out liaison nurses or peer support was also a feature as detailed in Boyle (2014) and Kearns et al. (2018). The importance of religion in the lives of the Irish Travellers was a feature of the findings. Religious observance and prayer were associated with coping and dealing with the hardships of life. A number of participants P (8), P (6), P (7), P (12) all referred to behaviours where religious statues, visiting wells, speaking with priests, nuns and so on, were a helpful and meaningful step in finding help for mental health problems. This connection with the catholic faith is discussed in the literature, however in this study, the continued importance of this for young Traveller community members was stressed by the participants. The role of religion, praying to saints and so forth is identified as protective and a valid intervention to attend to mental health issues by participants in this study and also within the literature on the Irish Travellers. There is a trust and faith in such methods and a link with older times and Traveller culture. McQuillan and van Doorslaer (2007) highlight that “as well as attending hospitals, Travellers also turned to traditional healers and religious leaders for cures” (P. 637). Travellers have a strong sense of the sacramental and link this as a pragmatic and valued intervention at challenging times in their lives (Griffin, 2002, p. 47). While religious beliefs are not

unique to this group, they do interact within religious context and utilise these resources for attending to their mental health, thus understanding this connection better, the underlying beliefs, mediators and moderators that allow this group to have confidence in such action could yield interesting insights into how to culturally adapt mental health intervention. Furthermore, the link between ritual and culturally approved and understood behaviour says something about under what conditions this cohort find it acceptable and safe to engage in attending to their mental health. Collectively, seeking out comfort, help and intervention from religious ritual is understood and this has an impact on likelihood of use. It is an important aspect in both ‘constructing identity’ and ‘orientation towards help’ within this grounded theory. The role of culture and community in healing, especially for groups that are collectivistic and bound by strong connections is important (Denieffe et al., 2017, p. 87) . Linking this to their actions and elaborating on processes such as within this grounded theory, notably, ‘constructing identity’ and ‘orientation towards help’. Dueck et al. (2018) conclude from their paper on indigenous psychotherapies and religion “that communities exist that have social capital and resources for healing in their celebratory rituals, their empowering stories, and their local healers” (P. 262).

Communication of distress within this group is usually indirect and subtle, often necessitating prior knowledge of the person or context of their situation and often at a crisis point. The data suggest that members of the community (especially young men) do not routinely communicate their emotional or inner world (Sweeney et al., 2015). In these contexts, activities such as fishing and being out in the open air were highlighted as very advantages to allowing these young men to ‘open up’ as stated by one participant P (12). Being a Traveller and living in the nomadic way was part of the attending rationale especially for this cohort. This is linked to ‘constructing identity’ as

a way of growing the self, as communicating and as relating, further it demonstrates the nonlinear grounded theory ‘maintaining the self’ at work.

In the study it was salient that coming forward with mental health issues was not common, the mental health workers who are embedded in the community routinely identify members through community contacts and were able to offer help of varying types. The collective nature of the community is understood by these workers and the provision of interventions is culturally appropriate.

The study is populated with individuals who do not fit easily into help seeking frameworks as agentic, empowered individuals. The extent of personal agency or connectedness to the community may not be at a level that allows for effective help seeking. Initiation of a help request for a mental health issue was rare according to participants in this study, this is represented in the literature also (Owen et al., 2012). Understanding this, participants highlighted the need to embed mental health workers, advocates at the coalface, and to educate members of the community in how to identify symptoms and access the help they need.

The role of the local GP was highlighted in this study as being of particular importance and utility. The way members engage with help is often informal. In the context of attending a GP, mental health issues are raised in an indirect way, which may circumvent stigma and shame but also suggests evidence of internalised oppression and a sense of disempowerment (Bals et al., 2010; David, 2013; D. W. Sue, 2015; Villani & Barry, 2021).

A notable point to make here is that GPs, while they represent a formal source of help, those GPs who had an informal manner of working or a culturally attuned method of working were seen as effective, understanding, concerned for the Traveller community member. The role of the GP in helping was seen to be mediated through knowledge of the family, understanding of the lifespan and those GPs that were prepared to explain

medical terms, build trust, be direct and personable were identified as more useful. This is a conciliant finding in the literature (Boyle, 2014; Keogh et al., 2020c; Mcquillan & Doorslaer, 2007). The element of trust building, and continuity of connection was also valued in psychiatric contexts with a participant commenting that this type of person was interested in your story and not in providing medicines P (8).

Theorising how members navigate the process of ‘orientation towards help’ is useful, especially in the identification of weaknesses within the existing help seeking models whereby it is not evident how they account for highly oppressed groups like the Irish Travellers. When much has been taken from communities, additional, intersectional, and chronic dynamics impact on the context of behaviour and the behaviour itself. An example of this is the high level of suicide experienced in the Irish Traveller community where some of the members are continually experiencing grief without a chance to heal, these additional factors create personal and group psychological positions that require more nuanced attention in theoretical models whether of seeking or health related behaviour models like those discussed below. All too often such literature assumes parity of power, equal opportunity and the absence of institutional violence or dynamics such as structural oppression. Furthermore, the models are predominantly expectant of agentic participants, who are consistent actors in maintaining consistency between self-image and behaviour (Oyserman & Lee, 2008). This cannot be assumed for many who have experience of acute oppression and a deep lack of opportunity for personal growth and positive self-construal (Bayram & Sakarya, 2023; David, 2013; Haslam et al., 2021).

In the process of ‘Orientating to Help’ help seeking behaviour is a key theoretical factor in how members of this community may attend to their mental health. Any deficit in understanding regarding mental health discourse, access routes to care, or barriers such as a lack of literacy impacts the range of behaviours for attending to

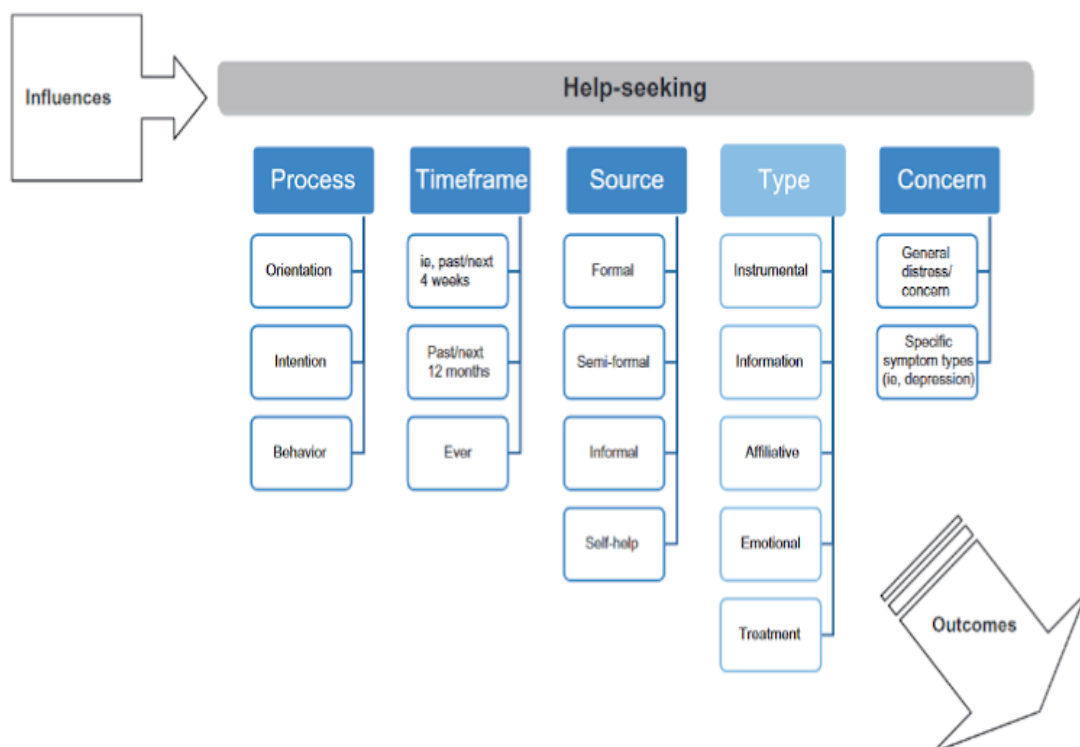
mental health. Additionally the concept of what attending means must also be understood from a Traveller perspective, many see it as analogous with living well and being allowed to live in a culturally meaningful way (Isaak et al., 2020; Villani & Barry, 2021).

Additionally, conceptualisations of help seeking behaviour must also be congruent with the Irish Traveller perspective. An informative qualitative study carried out by Isaak et al. (2020), to assess the fit between on reserve First Nations community members' conceptualisations of help seeking for mental health concerns and the Andersen Behavioural Model of Health Services Use (ABM). While it is understood that much of mental health attending in the Irish Traveller Community is not formal, this study however highlights the importance of conceptualising intervention from the user perspective. The study found that overlap between the ABM and the conceptualisation of the First Nations community members was very low in the domain of health behaviour. Similar to this study on the First Nations, members of Irish Traveller community employed a lot of avoidant strategies in managing mental health issues such as drug and alcohol use, not speaking about mental health difficulties, hiding their feelings and so forth. The non-use of informal and formal mental health supports and services is a finding in this Irish traveller study also.

Notwithstanding this, help seeking frameworks and models such as those discussed further in the thesis also don't account well for those who are the most vulnerable in minority groups, and those who come from an oppressed position in in any part of society. The three-layer theory of planned behaviour TPB model Ajzen (2011) represents a model that does not apply well to ethnic minority groups such as the Irish Travellers. As stated in Conner and Armitage (1998) such models "imply that individuals make behavioural decisions based on careful consideration of available information." (P. 1430). This may be true for some in the community, but this study

found that most help seeking was carried out at an informal level and often at crisis. There was also considerable none-use of supports and significant use of avoidant strategies such as drugs and alcohol. These are documented in the literature (McGorrian et al., 2013; O'Shea Brown, 2020; Sweeney et al., 2015). To theorise on how members seek help to attend to mental health, a culturally appropriate help seeking model should be constructed with the community. Significant contextual community information is required for helping members of The Irish Traveller community navigate the process of 'orientation towards help' within this grounded theory. The diagrams, Figure 5.1 and 5.2 are two frameworks from Rickwood and Thomas (2012) and Song et al. (2019), which account for symptom recognition and mental health literacy in 'influences' and a culture/context in the first stage respectively.

Figure 5.1 *Diagram as presented (Rickwood & Thomas, 2012)*

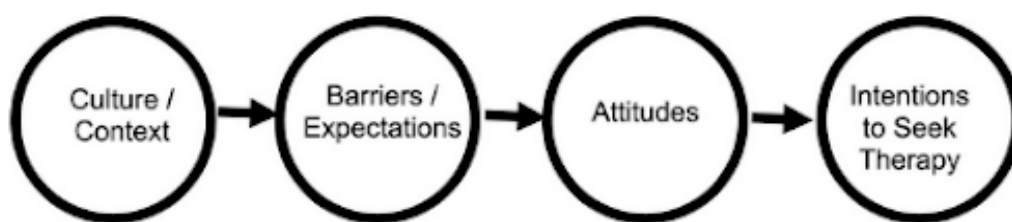


These are to adapt for cultural parameters such as self-construal. While more useful, neither of these frameworks would accurately account for the help seeking behaviour of this minority group. The breakdown in social functioning due to chronic social and

ethnic identity threat and traditional lifestyle erosion can produce very vulnerable hard to reach members that often engage in non-use of supports, avoidant strategies and have help seeking behaviours requiring additional study.

Figure 5.2

Cultural help seeking model diagram as presented by (Song et al., 2019)



In this grounded theory ‘orientation towards help’ was grounded in the community to capture the uniqueness of the way people within that community present to others and attend to their mental health. The cultural influences on mental health model (CIMH) Hwang et al. (2008) sets out to addresses cultural impacts on mental health and includes a criterion “(e) coping styles and help-seeking pathways” (P. 211), a copy of the diagram is included in Appendix I. It is a move towards a help seeking model that better accounts for cultural groups, an important aspect is the addition of “cultural expressions of distress” and thus this framework moves in the correct direction providing for additional complexity in cultural factors (Hwang et al., 2008).

In ‘maintaining the self’ the grounded theory arising from this study suggests that the members rely on ethnicity, cultural identity, all the while managing discrimination and inequality. Thus, finding a pathway to help is a precarious and ad hoc journey for many in this study.

5.7 Returning to the centrality of Cultural Identity

Understanding how members of the community seek help and communicating it in a culturally appropriate way is an important task. The shortcomings of the conceptual theory models in the literature underscore the lack of voice and silencing of those who are most vulnerable in such minority groups as the Irish Travellers. The models lack provision for the very real and present unstructured and at times chaotic presentations of members of such groups. Attending to mental health is often construed at group level, interlaced with cultural meanings, and enacted in idiosyncratic ways by individuals, oftentimes in crisis.

A theoretical model of the role of cultural identity in engaging with health behaviours is discussed in chapter 8 of the handbook of Identity Theory and Research (Schwartz et al., 2011) shown in Figure 5.3. This, in similarity to the previously discussed help seeking models, provides a theorised view of the mediating and moderating factors between cultural identity and health related behaviours. While this model is closer to what the author might suggest helpful in this context, the need is proposed for a theoretical model that makes provision for cultural groups suffering cultural, socio political and structural oppression. Such a model must make provision for the known outcomes of internalised oppression, outcomes from upstream social determinants and social breakdown such as is being experienced by the 18-24 year old males in the Irish Traveller community (McKey et al., 2020; O'Shea Brown, 2020; Quirke et al., 2022; Sheeran, 2022).

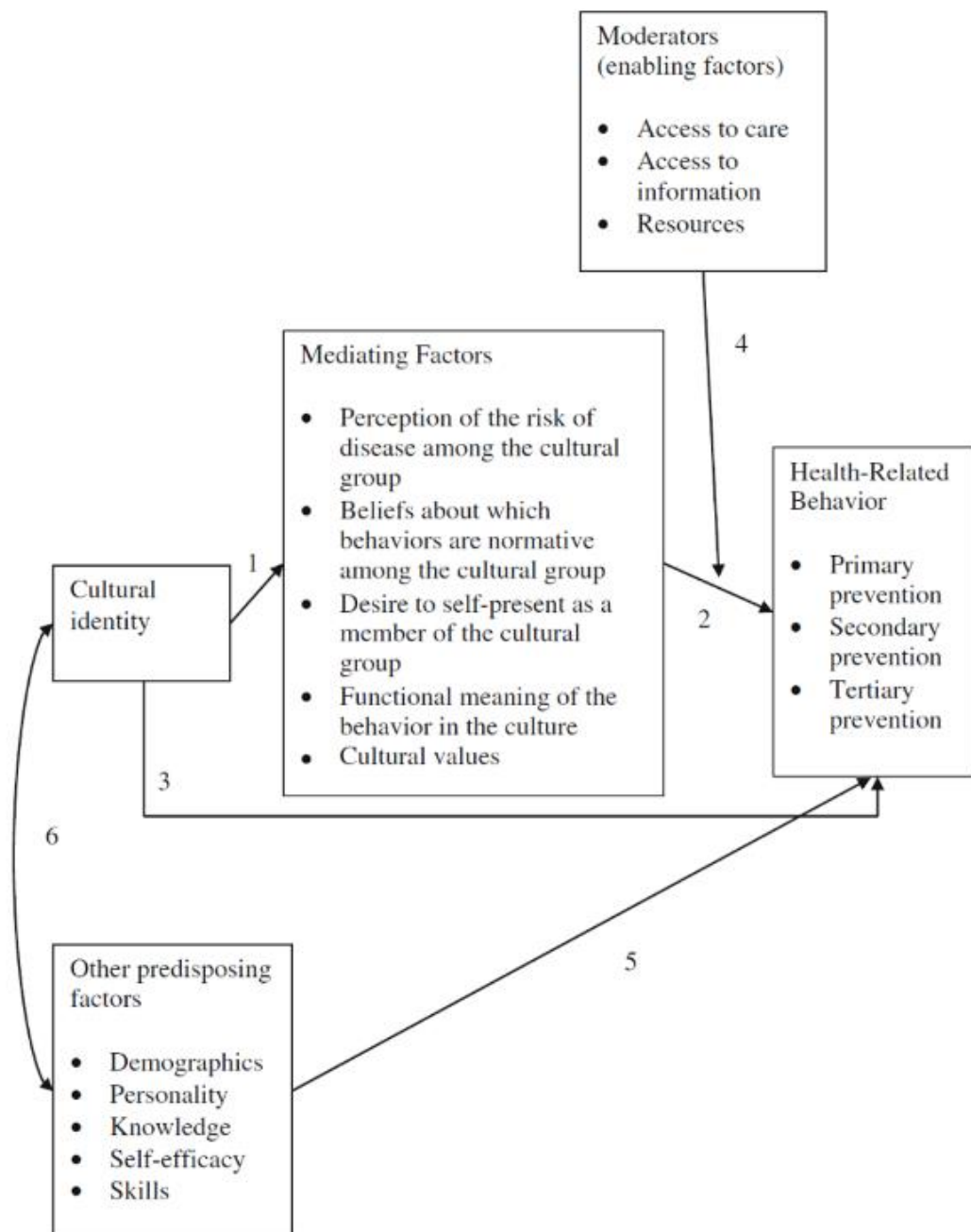
For these members of the community attending to mental health or engaging in primary, secondary or tertiary prevention is not well demonstrated in the literature, the extent to which cultural ways and traditions have been undermined challenges cogent engagement with mediating factors, as one example, mentioned in this study a number of times, the state of anomie as described by Durkheim can have a significant impact on

self-care, self-efficacy and so forth (Brown, 2020c). For those who are in a state of anomie for example, it may well be very difficult to engage in normative behaviour, additionally it is not always possible to find consistency with individually held values in times of despair or under the influence of disinhibitory drugs or alcohol (Owen et al., 2012; Sweeney et al., 2015).

In studies of young male Irish Travellers, complexity concerning identity formation, such as Eriksson psychosocial stage of isolation versus intimacy demonstrated young males, struggling to develop a coherent or cohesive sense of self (Orenstein & Lewis, 2020; Sheeran, 2022). To this end navigating the cognitive world of mediating and moderating factors misses the point. While this cohort may present with acute issues, the underlying theory of personality and identity formation difficulties through minority group stress posits the need for a model that highlights such processes as cultural identity threat, oppressive barriers, and society level structural impediments.

Many in the Irish Traveller community, similar to the findings in Isaak et al. (2020), that Canadian First Nations community engage in avoidant strategies and do not take up support or help easily. A specific model similar to Figure 5.3 that further adds to predisposing factors and functional meaning of behaviours in the community to account for such dynamics as internalised oppression, structural oppression, avoidance strategies and the discourse often at play in minority groups such as the Irish Travellers. This addition to the below diagram, would incorporate a sizable cohort and is required to enable greater efficacy in the ‘orientation towards help’ stage of ‘maintaining the self’.

Figure 5.3 A theoretical model of the role of cultural identity in engaging with health behaviours is displayed and discussed in chapter 8 of the handbook of *Identity Theory and Research* (Schwartz et al., 2011)



5.8 Answering the Research Question

How do members of the Traveller community attend to their mental health needs was the research question. The participants and Traveller community members attend to their mental health in numerous ways as detailed in the findings, these include a majority of semi-formal and informal help and includes many avoidant strategies. Travellers have a keen sense of protective measures for mental health arising from their cultural traditions. The act of being a Traveller is associated with attending to mental health. The central role of religion, faith and faith-based activities is important to Irish Travellers of all ages. There is a strong connection with the clan, and families are routinely gathering for important events such as confirmations and communions, these activities are associated with helping mental health. Community based mental health workers are a vital link between those experiencing mental health issues and pathways to attending to mental health.

Culturally appropriate initiatives are evidenced in the study as helpful in attending to mental health issues. Education in general and psychoeducation provide opportunities for the community members to contextualise their often-oppressive experiences and make sense of all too often poor mental health burden that is being carried. The GP is considered a positive resource and a gateway to attending to more difficult issues. Medication and self-medication are a challenge ongoing and is a growing concern in attending to mental health.

Notwithstanding the negative terms that members discuss mental health, understanding of the impact of poor mental health is represented in the study. The participants link attending to mental health with sociocultural issues of oppression and discrimination. The social determinants of mental health are well understood and ameliorating these through social justice channels and group advocacy is considered protective of mental health. Notwithstanding the many positive behaviours that this

study highlights, there is a significant portion of the study question answered in the detailing of concealing of mental health, lack of communication and poor coping mechanisms such as isolating and the use of alcohol and drugs. The combination of social change such as high unemployment and lack of access to traditionally protective forms of life such as nomadic trading and hawking leave little opportunity for some within the community. These heretofore normative ways of life were protective of mental health. In the absence of such structure the members of the community struggle to attend to their mental health in the context of such inequality and social upheaval.

To ground the process of how members of the Traveller community attend to their mental health, a theory of ‘maintaining the self’ was constructed. The data from the interviews primarily ground the theory of the process by which members of this minority community attend to their mental health. Thus, attempting to resolve the core concern of the participants which was conceptualised as ‘Keeping their Head above Water.’ It involves three phases, ‘constructing identity’ ‘enduring hardship’ and ‘orientation towards help’. The process represents a nonlinear resolution that does not necessarily ensure wellbeing but theorises the processes involved.

5.9 Conclusion

This chapter presented the grounded theory of ‘maintaining the self’ in the context of the existing literature. The concept of the self was discussed with respect to the interdependent and independent self. These discussions were to allow the constructed theory to find resonance in the theories of self, that foreground the personal, the social and the implication of attending within each domain. The pitfalls and challenges for those navigating a process of ‘maintaining the self’ was theorised in an ethnicity identity discourse. The strength of cultural identity, the extent to which it is a protective factor and the meaning arising from this connection moderates the ability to

transcend and integrate discriminatory experience and overcome stigma of minority status. The extent to which participants can generate awareness of problems and symptomatology bears on help seeking behaviour. The uniqueness of the community ties and historical context of the group serve to present challenges to 'maintaining the self'.

Chapter:6 Conclusion and Recommendations

6.1 Introduction

In this last chapter the key contributions of this study are summarised. Contributions for psychotherapy training, service planning, policy, clinical supervision, and practice are discussed. Implications arising from this study in respect of future research are also considered. The quality of the study is set out under the headings of credibility, originality, resonance, and usefulness. Yardley's criteria for rigour will also be discussed.

6.2 Key Contributions

This grounded theory study is the first to the knowledge of the author concerning how members of the Irish Traveller community attend to their mental health. In keeping with the aim of the study the grounded theory provides a novel account of the process of attending to mental health for members of the Traveller community in Ireland. It contributes to a deeper understanding of the complex and layered nature of mental health difficulties, and the complexity of addressing such difficulties while burdened with so many social issues.

In highlighting the psychosocial mediators and moderators in the process, the study demonstrates the complexity and multifactorial aspects. These mediators and moderators are highly contextual and arising from the community of the Irish Travellers in attending to their mental health. The study provides a theoretical account on how these impact on efforts to maintain the self and strive for wellbeing. The study also highlights the many members of the community who for various reasons do not manage to maintain wellbeing, many within the study engaged in avoidant strategies, and unhelpful behaviours. The study also revealed that many members of this group do not

orientate to help in a way that is effective for them. Including these narratives from the data, through the ground theory method, constructed an authentic theory that speaks to the process endeavoured, that was not always very effective, for reasons as outlined.

The study is novel because its focus was gaining theoretical insight as to how members attend to their mental health. This provides data to reflect on how the problem is constituted, and how members set about attending to their mental health needs. Additionally, it details what means are available to members and what meaning is given to their actions. Continuing this further, in exploring what members do to help their health, the study provides a link to understanding how culturally competent and attentive services can be co-constructed with this group.

The study provides a contribution to the theory of how the Irish Traveller community, and possibly other minority groups attend to their mental health, the barriers they face, and the pathways taken to get help. It constellates the main concern of the participants as an existential crisis, where the resolution is constructed as a process of 'maintaining the self'. Viewing the community/participants within this framework contributes to a broader framing of mental health within a cultural, social determinant model. It is argued by the author that this is more in tune with the account that the community members themselves give regarding their mental health and actions taken to attend to it. Studies have shown that the community constellate mental ill health as arising from a wide variety of sources and the effects are many. It was then congruent that a wide lens was required to understand the dynamics in attending to mental health. Attending to mental health within this study was shown to be a broad activity, at a holistic level of the self, impacted by the biopsychosocial context of the participants culture and positions within the broader society.

The study design allowed the capture of a wide source of data by selecting open questions regarding how mental health was attended to. This maximised the ability of

the study to find the methods and ways in which the community sought to attend to their mental health. The study demonstrates the extent to which social determinants of mental health mediate access and perspective on mental outcomes. It also highlighted the impact of structural oppression on this group. The study highlights the complexity of the lives within the community and shows the need for culturally sensitive and pragmatic services. The theory contributes to the understanding of how this group attend to their mental health in a novel way by linking the psychological, systemic, and sociological concerns in a nonlinear process. This the author feels is an authentic and useful theoretical presentation that was difficult in conceptualisation but represents a plausible direction for further research. Heretofore the centrality of culture has been discussed in various studies such as Villani et al. (2023) and Villani and Barry (2021), but this study begins to put together a theoretical account of how members of the Irish Travellers community attend to their mental health.

The collective and cultural identity of the participants was interwoven in the theory of how they attend to their mental health. This demonstrates that any intervention to ameliorate mental health difficulties must be cognisant of the determinants of the issues and aware of how this group set about attending to their mental health, namely, by engaging with their identity, managing oppression, discrimination and trying to find ways to get help. This study proposes that they do this by engaging in the grounded theory of maintaining the self as set out in this thesis.

6.3 Implications for psychotherapy practice:

The implications for psychotherapy are informed from the ground theory of maintaining the self. The grounded theory in this study accounted for ‘maintaining the self’ through a centrality of cultural identity, arising from this identity and membership of the Traveller community two further process categories were theorised, ‘enduring

hardship' and 'orientation towards help'. These categories, as process, set out some framework to explain the interactions and challenges that members of this group present with. The implications for psychotherapy are such that practitioners working with this cohort must be aware of the minority group cultural position, have an ability to work with those experiencing oppression, discrimination etc. and a knowledge of how such experience can present. It is necessary also, to have an awareness of the behaviour of help seeking for members of such a community. These are important implications as they are often interwoven and nonlinear.

Implications for psychotherapy regarding ethnic minority clients are varied. The first category of the theory was 'constructing identity'. This important to the trajectory of the remaining two categories and cuts across and informs all interactions and perspectives in the study. In seeking to 'keep their head above water' and survive members generally engage with their ethnic identity in order to construct identity and engage with help.

Psychotherapy practice requires an awareness of the cultural position of the concept of psychotherapy, that it is value laden and originates in and mediated through a sociohistorical context (D. W. Sue & Sue, 2016; S. Sue et al., 2009; Willig, 2019). This context and social position that psychotherapy has been constructed from has an impact and therefore this impact invites understanding so as not to cause harm to those attending to their mental health (D. W. Sue, 2015b; Wendt et al., 2015). Being constructed within a cultural context, psychotherapy may well be outside of the scope of those who are excluded from or disenfranchised by that context. From this study it is shown that the concept of psychotherapy, counselling and broader talk therapy is not in the everyday awareness. Members feel excluded and find the language difficult to engage with. Use of language like psychotherapy, or psychiatric for example met with admission that the meaning was not known. Presenting itself then, psychotherapy must

consider that underlying concepts and knowledge are not shared across groups and work to communicate appropriately.

The second implication for psychotherapy practice arising from this study is the need for interventions to be culturally appropriate. There are many books and papers written on the issue of cross-cultural implications in health settings including counselling and psychotherapy (Adams & Gilbert, 1998; Moleiro et al., 2018; D. W. Sue et al., 2019; S. Sue, 1998). These broadly fall into the categories of cultural humility, cultural sensitivity, cultural competence. There is overlap between these terms, but all are linked in general through awareness of oneself, of the sociocultural position of oneself and the other, and the knowledge and skills in interaction between the people and systems at hand.

From this study, it has been shown that in attending to their mental health, members of the Traveller community, in many cases but not all identify strongly as Traveller community members, as ethnic minority members. This may be obvious to the readers of this thesis, however, for the broader psychotherapy community it is a key point to make explicit. It is important therefore that psychotherapists and the profession educate themselves on the dangers of essentialist thinking, generalising and the taken for granted when considering ethnic identity in therapy. The level of identification with one's group varies within domains and contexts, and this is crucial to navigating everyday life for this cohort and therapy alike. If not understood there is potential for harm (D. W. Sue, 2015b; Wendt et al., 2015).

This is additionally important with a group that has suffered ongoing acculturation, oppression, and inequality. The knowledge that Irish Travellers are a unique ethnic identity is not necessarily a given and significant racism is prevalent in the society as has been shown in earlier chapters. It is necessary to acknowledge the ethnic identity and understand the implications of such identity in therapeutic

interactions. Further is it important to understand wider societal contexts to help those providing help to maintain a humility and sensitivity regarding ethnicity. Knowledge of frameworks such as the Traveller mental wellness continuum discussed by Villani et al. (2023) which situate mental health within a wider and meaningful context is advised.

It is also necessary for the psychotherapy profession to have knowledge and understanding of the intersectional dynamics within subsets of the Traveller community, for example the LGBTQ+ group or women. Minorities within minorities can present with additional concerns and many within the Traveller community have additional intersections that warrant awareness and understanding by therapists and services that many carry more than one identity (Buchanan et al., 2020, p. 237; L. Potter et al., 2019; D. W. Sue & Sue, 2016, p. 76).

The implications for cultural humility are that those putting forward the intervention of psychotherapy be aware that it is but one method of attending to mental health and that it as a concept is experienced differently by different groups.

Additionally, some members of the Irish Traveller community may well experience psychotherapy practice as a microaggression or an arm of an oppressive structure of the state (Hook et al., 2016; McCann, 2024; Nadal et al., 2015). Also, an awareness is required of the power differential that may be experienced from a client of a minority group towards a therapist of majority group. Power differentials between clients and practitioners, prestige or lack of it and the acknowledgement of external factors are often the key battlegrounds of attaining a practical dimension of humility. An example of this is set out in example Sue et al. (2019), where a case study is assessed, a Latinx client Gabriela presents with symptoms of and discusses her ‘ataque de nervios (“attack of the nerves”)', however as stated by the author.

“It is obvious that Dr. D. has concluded that Gabriella suffers from a panic disorder and that her attacks fulfil criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013)”. When Gabriella uses the term ataques to describe her emotional outbursts, episodes of crying, feeling faint, somatic symptoms (“heat rising in her chest”), feeling of depersonalization (unreal), and loss of control, a Western-trained counselling/mental health professional may very likely diagnose a panic attack. Is a panic attack diagnosis the same as ataques? Is ataque simply a Latin American translation of an anxiety disorder? We now recognize that ataque de nervios (“attack of the nerves”) is a cultural syndrome, occurs often in Latin American countries (in individuals of Latinx descent), and is distinguishable from panic attacks (American Psychological Association, 2013)”.

(D. W. Sue & Sue, 2016, p. 28)

The above example demonstrates being out of touch with a client and not paying attention to blind spots, showing humility and awareness to language of diverse cultures and so forth. Within the Traveller community this dynamic will also be present, understanding that folk remedies, cures, and traditional methods of healing are valued, meaningful and legitimate discourses and interventions for the Irish Traveller community is key to demonstrating a knowledge of, and a respect for different perspectives.

When those who practice psychotherapy begin to understand these dynamics of macro level interactions like state oppression, structural violence or discrimination and the socio historical position of the Irish Travellers, trust can then begin to build. Arising from this study, the importance of trust is obvious. Trusting is a difficult prospect for those with such a history of oppression, understanding this is key for psychotherapy practice. How trust is gained has been alluded to above through cultural humility and competence, but also there is a behavioural practice element mediated through skills in social contexts. Community based work, peer interaction is a central column in addressing mental health in the study. The trust gained in many cases by the GP was linked to explaining terms, being available, strong communication and persistence (Keogh et al., 2018). Psychotherapy and its general formality would do well to engage with the findings of empirical studies regarding how marginalised groups engage such as (Abdalla & Kelleher, 2010; Cleemput et al., 2007; Keogh et al., 2020; Villani & Barry, 2021). Members of the Irish Traveller community who took part in this study, provided accounts of culturally sensitive ways of developing therapeutic relationships, a participant, P (12), highlighted the many external factors that must be considered for these members and the importance of community-based help. How the practice of psychotherapy is situated towards concepts like minority groups, group work, access, cost, barriers to meaningful engagement are challenges for the profession arising from the data of this study.

From this study the community value talking as helpful in attending to mental health. Therefore, psychotherapy practice must co-construct the best setting, delivery, and structure for this if it is to be meaningful. During the study culturally appropriate services have been discussed and uptake is noted to be higher and engagement encouraging where the population feel they can trust, and are valued by the service, or service representative. The delivery method that was considered most effective was

community based, knowledgeable of the families and community structures and has access to wider groups who are embedded in preexisting social services such as many of the Traveller action groups across Ireland. However not all members of the community felt that community-based interventions were ideal and noted the small population size within the community and the difficulty of privacy and autonomy.

6.4 Implications for psychotherapy training:

Arising from this study there are also implications for psychotherapy training. They too fit into the awareness, knowledge and skills domains as set out in much of cultural competence literature. For this group in Ireland, it would be beneficial if the training afforded to psychotherapists covered the areas that can best predict that practitioners will have sufficient and ongoing commitment to these areas. It is warranted here to highlight that cultural competence training is always aspirational and is best viewed as a way of being and as a world view that continues across the lifespan.

In addressing the area of awareness. Training programs must address the skills students have of assessing their own sociocultural position. By providing students with tools, critical reflexive lens, and the knowledge of sociohistorical constructionism at the root of their perspectives, the training can set the ground conditions for deep reflexivity at the epistemological and ontological levels. The works of Willig and Dickerson are of note here (Dickerson, 2010; Willig, 2019). They challenge students to gain an understanding of their own locations within discourse, ontology, and an epistemology. This awareness is central to the formation phase of cultural humility and competence (D. W. Sue & Sue, 2016). It can allow students to become aware of any ‘taken for granted’ assumptions they may have or challenge the hegemony of monoculturalism, sexism, racism that may well be at the heart of their current perspective. Sensitising students to the impact of discourse, structural racism and so on, at an early level allows

them to reflect on their stance towards the Irish Travellers and others such groups with knowledge from both sides as the enabler of perspective and understanding.

Beyond awareness of the origins and variance of cultural groups and how they are constellated, which, through noncritical majority group lens, and through the majority group discourse, one would hope the seeds of humility may germinate. Having a humility about one's own world view is critical to gaining the knowledge needed to construct culturally competent arenas. This knowledge is knowledge of the Travellers, their ways, their origins, their ethnic values, and traditional moral codes. This knowledge furthermore exists as an everchanging and continually constructing reality of Traveller life. This does not of course mean agreement with or share values but an understanding of how they go about living day to day. It would be of great benefit and education if members of the Traveller community were invited to speak with trainees, materials from the community could be provided to contextualise the cultural differences and sensitise those training to the community of Irish Travellers. This knowledge can be gained by practitioners or community based mental health personnel through the course of the work, but it would be beneficial if this were covered in training programs and comprehensively. This training could also include introduction and exposure to WHO literature on the social determinants of mental health (WHO, 2014). This perspective compliments the above awareness of the role of external factors in the presentation of clients. Sensitising students at training to the processual and ever constructed nature of society, develops practitioners who are better able to empathise with and conceptualise the lived lives of the Travellers. It also provides for the development of practitioners who are better position to challenge discriminatory discourse and systems and take advocacy roles for those affected. This implication of the study may contribute to the ongoing review of such training by institutions and training bodies.

Training for clinical supervision can also take some points from this study.

Hawkins and McMahon (2020) refer to the prevalence of harmful supervision and state that

“a survey of 300 US and Irish mental health professionals found that, in both countries, nearly one-quarter reported having experienced harmful supervision and about two-thirds reported having experienced inadequate supervision (Ellis et al., 2015). These figures are a stark indication of the prevalence of poor supervision practice.” (P. 273)

The supervisory level within clinical contexts can have an unsatisfactory level of cultural humility and competence if satisfactory training is not provided or if the supervisor is not aware of inherent power differentials that can exist within such relationships. Ober et al. (2009) state that “issues of power and control can have significant effects on multicultural components in supervision. For example, supervisors who are invested in maintaining their power within the relationship may be reluctant to openly discuss their lack of experience and/or training in multicultural issues.” (P. 206). In 2023 a good example of useful training was held at DCU, titled Cultural Humility Race for Mental Health: Cultural Humility Training. While this was not specifically aimed at supervisors, it was relevant and on point. At this two-day event, speakers contextualised some of the difficulties they encounter and the prevalence of microaggressions and so forth. The supervisory relationship can compound microaggression and barriers for minority groups when not sensitised and trained sufficiently. The role of the supervisor is particularly important in protecting both therapists and clients. There are of course members of Irish Traveller community who

are themselves therapists and supervisors, in these contexts, having appropriate supervisory contexts to address unhealthy or dangerous supervision regarding race, ethnicity and other intersectionality's is paramount. This study highlights data that demonstrates the pervasiveness of hates speech and discrimination. It would be naïve to think this does not include psychotherapy professionals. Therefore, empowering supervisees, supervisors and clients regarding culturally appropriate and competent mental health provision is important. There are culturally adapted frameworks for supervision such as that of Ancis and Ladany (2010) and Ober et al (2009) and these might be included in supervisory training courses to address such issues. In this study all the mental health workers were also members of the Traveller community. Their continued exposure to material in their professional contexts is closely mirrored by their subjective experiences. In this situation strong supervision is required that is knowledgeable of the distinct and impacting difficulties for these people. Continually exposed to discrimination and inequality in their daily personal lives and through the lives of their services users, community constitute for them added burdens that required support and well-trained supervision.

6.5 Implications for future research:

Further research is required to fully understand the process by which the Irish Traveller community members address their mental health. While an attempt was made in this study, what it has shown is that the processes at play are complex and multilayered. This invites future studies and inquiry. There is evidence that many of the community do not manage to maintain the self to a level that they find acceptable. Understanding more about the experiences of this cohort in engaging with help and with the language of help may well yield valuable insights beyond this study. The members of the Traveller community were open and respectful of this novice researcher and their

approach to sharing what can be challenging, and sensitive aspects of their lives was extremely commendable. This was attributed to the extensive attention to engaging in a respectful and sensitive way. Ethical considerations and general respect for their community and ways is a prerequisite. Arising from this study, questions can follow to fully understand the help seeking patterns and challenges for this group. Focusing on the challenges that are known to exist such as poor literacy levels or low levels of agency in the context of how this manifest for those suffering with additional poor mental health issues. These studies may well identify strategies that promote early intervention, reduce crises, and build resilience in the cohort. The plight of marginalised groups within the Irish Traveller community such as women, members of the LGBTQ+ community are worthy of additional research. Considering the intersectional additional burdens the experience of these members is certainly worthy of study. It is present in the data that this cohort of people and discourses do not receive sufficient respect or autonomy. Studies focusing on specific groups are important because they are focused and can challenge the status quo. Bergin et al. (2017) found that “minority groups, particularly the Traveller and gay communities were highlighted and stereotyped (mostly negative) by service providers” (P. 3). The data in this study reflects a very wide gamut of Traveller life, by focusing on specific groups and specific topics, more nuanced data and findings may well be possible.

6.6 Implications for the wider community:

Unfortunately, considerable racism and discrimination exist in Ireland regarding the Irish Travellers. This has been set out in previous chapters. Arising from this study, implications for the wider community may well reside in greater understanding of the plight of the Irish Traveller position. This could be achieved through community involvement, outreach programs and such positive initiatives as Traveller and Roma

pride week which was very well received in recent years. The impact of structural oppression on minority groups and the effect of this on their ability to take up services or engage as equals in health settings must be addressed to remove barriers to inclusion. Further, the study provides understanding of the impact of inequality and discrimination in restricting the Traveller community in partaking in everyday protective measures against mental ill health. These activities are generally taken for granted by majority group members such as socialising, non-discriminatory behaviours in gyms, restaurants and by state organisations. Awareness of the impact of social determinants such as housing, education and employment on mental health may serve to sensitise readers to the interconnectedness and causative implications of structures routinely espoused by majority group members. The level of discrimination experienced by this group was a strong feature of the causation and difficulties of attending to mental health, any measures to reduce this and educate the majority group to the culture of Irish Travellers as is concluded by Counihan et al. (2022) “Limited ethnic awareness across middle childhood supports addressing Traveller history and culture in the primary school curriculum.”.

In relation to the findings from this study, it may be that these findings are valuable for other minority groups in Ireland and beyond. The theory of how people attend to their mental health within any group may have overlap and this study can serve as a reference for future researchers interested in the process of attending to mental health within any community.

6.7 Limitations of the study

This study is not without its limitations. The findings arising from this grounded theory are constructed from a small cross section of the Traveller community. Of those who took part in the study seven were mental health workers in some capacity and

therefore may represent a more empowered subset of the community. The participants came mainly from urban settings and therefore there were less representative of the considerable population that reside outside of the large urban areas of Ireland.

The grounded theory constructed in this study remains closer to the descriptive level than that of highly developed theory. The limitation of the researcher being novice and the limited time for engagement with the theoretical categories is a factor in this. However, grounded theory always remains modifiable and additional depth and theorising can be applied by others engaging with the study. The broad question generated over 900 codes from initial coding, and this presented a difficulty and exposed my novice position. Making choices with data, is something I now understand about grounded theory in general and even more so with constructivist grounded theory. At the start of the analysis, I spent too much time engaging with initial coding at the expense of deeper analysis and theoretical advancement. I feel the theory and study could be far better than I have managed, I am confident that given more time I could have moved deeper into the theory and beyond the descriptive. Notwithstanding this criticism the theoretical grounding is certainly in the correct direction, however it is a deep field and multifactorial crossing psychological, sociological, biological, and political boundaries.

The Traveller community are a hard-to-reach group and significant time was spent in recruitment and liaison regarding setting up interview locations and logistics. Given the small number of Irish Travellers relative to the majority group, participants were sourced in various locations across the country, and this took additional time from the study. Considerable time was spent engaging with the community and attending Traveller events etc to gain access to potential study participants and gain knowledge and understanding of the Traveller community setting. There was also a high number of contacts made to generate fourteen participants and this was very time consuming in the

initial stages of the study and thus reduced time for analysis and further theoretical sampling.

The Grounded theory method has been associated with a difficult choice for doctoral and PhD studies. This criticism concerns the nature of the method itself. It is extremely time consuming and the focus on openness both in classic grounded theory and constructivist versions serves to limit the literature review process (Urquhart, 2022, p. 214). While there are merits to this, it introduces time constraints that may well not be suited to doctoral work where time is quite limited. The example given earlier of over 900 individual codes arising out of the method is a significant amount of data to compare, raise to analytic level and subsequent grounded theory (Charmaz, 2014; A. E. Clarke, 2003; Corbin, 2008; Glaser, 1967).

Participants having agreed to take part may well be more likely to be of greater agency, more empowered and therefore their data suggests more actions or better outcomes. This is certainly a limitation to capturing the attending behaviours and experiences of the most vulnerable, there is a compensating aspect of the number of mental health workers in the study, these workers gave accounts of engaging and trying to facilitate a broad range of community members. There was also a gender imbalance in the study, male participants were difficult to engage, and a number did not show up for agreed interviews having previously shown interest and support for the study.

6.8 Personal Reflection

On reflection, I am very satisfied with my choice of study. Having engaged in psychotherapy and mental health for a considerable time, I have always been interested in those discourses that empower and build community. It was important to me that time and effort in my doctoral work benefited the mental health area in a pragmatic sense and could be referenced for others.

Through engaging with cultural identity and difference, it challenged me to develop my own sense of self and claim to knowledge. It necessitated review of my own journey to understand my position and internal bias and so forth. To help with this I engaged in cultural competency training and immersed myself in discourses that sensitised me to my own process and potential shortcomings regarding the material. Through engaging with the competency material and the sociological implications arising from the experience of participants, I learned a lot about the complexity and layered nature of the discriminatory environments that they experience day to day. This learning has given me a broader perspective and toolset to address this study from a constructivist perspective.

In choosing the grounded theory method I have benefited immensely from the considerable power inherent in it. The abductive aspects of the method suited my creative and problem-solving inclinations. I was fortunate to have as one of my supervisors for a period of the study an exemplar of the method who engaged in previous grounded theory studies. Insights that were shared, stood me in good measure to learn from my experiences and engage in a way that enabled me to grow as a researcher. Additionally, I benefited from considerable culturally sensitive and knowledgeable supervision regarding community health and psychology. This was a learning curve and the challenge from my supervisors was timely and on point.

The grounded theory method was very challenging but enjoyable. It also brought great amounts of work to the study, as the grounded theory attests to, the process of attending is very wide and deep. The focus on theory necessitates the inclusion of those theoretical categories that underpin the phenomena; therefore, the study became quite substantial and wide. This reflected the complexity experienced by the participants and therefore representative. The theory is interwoven in a multidisciplinary context and challenging for that fact; however, it was even more enjoyable and engaging for this.

In carrying out research of a marginalised group, the researcher can expect in some way to also experience the slings and arrows of the discriminatory discourse in which the marginalised groups often exist. Strong opinions and at times outright prejudice against minority groups must be engaged with. Stigma and shame may be projector onto the researcher for engaging in inquiry deemed to benefit marginalised groups. The researcher may also value engaging with their own shame, or potential shame and vulnerability in dealing with some of the difficult topics arising in the research. The researcher would do well to engage with supervision and routinely reappraise the value of their endeavour, reinforcing the ideals and the rationale from which they set out and include this in earlier reflexive journaling. In this study the researcher continually focussed on those without a voice, those with mental health difficulties and the marginalised as a source of energy and meaning. For those who carry out such research resilience comes with experience and by being open and demonstrating humility and genuineness. Notwithstanding this, being able to assess the effort required and resource oneself accordingly is paramount.

I feel fortunate to have been able to engage with and hear the participant's stories. The reason that I have been drawn to the study of the Irish Traveller community came in no small way from my general interest in sociology and culture. The Irish Travellers have always been a source of interest and stimulation for me. I feel privileged to have been able to hear intimately the great struggle many in this community have had in engaging with not only their mental health but also the stern task of living. I feel that even in some small way, my own contribution to their journey was a useful and meaningful endeavour.

6.9 Conclusion

In closing, this study has set out a theory of ‘maintaining the self’ through a nonlinear process in three phases. The rationale for the study arose from the literature and the call for culturally appropriate services to be provided. The gap in the literature was that little was known about what members of this community do to attend to their mental health. The literature suggested that mental health was construed negatively by the group and that cultural components were part of how the group engaged.

The theory of ‘maintaining the self’ was constructed as a theoretical process in three stages. The Irish Traveller community are a proud group with a strong connection to the ethnicity and origins of the Irish Travellers. This was present even for those participants who also suffered by lack of acceptance in the community such as members of the LGBTQ+ community and for those who are additionally burdened within the community such as females and those for whom traditional roles and views are difficult to integrate into a modern society in the broader community.

The theory elaborated on the process mediated by the central process of ‘maintaining the self’ through constructing identity, engaging in society from a marginalised position and finding pathways to accessing and engaging with help. The self can be realised and through this process wellbeing can potentially be found by the participant. However, given the state of the environmental and developmental inputs to the world of the Irish Travellers, engaging with identity brings with it significant constraints and processes to be negotiated. In negotiating these hardships many members oscillate between inaction, coping, action and relating. For many in the community the process of navigating everyday events and attending to mental health leads to unresolved and repeated processes of ‘enduring hardship’. For those who can move beyond this second phase, by either their own actions or with the help of concerned others, such as mental health workers and so forth, helping pathways must then be navigated. ‘Orientation towards help’ was the stage at which help was most

often engaged with. The help may be self-help, located at the everyday level and within the personal lives of the participants, it may also be formalised help from engaging with a local GP or health initiatives from a community setting. The findings suggest that for those attending to the mental health in more formalised settings, the inability to engage in language and discourse of help significantly negatively impacts on the quality and engagement. The lack of ability of the systems to meet the members where they are at bears on satisfaction levels and efficacy of interventions. The local GP, where they are communicative and trusted serve to demonstrate high levels of engagement with health services.

The question of purpose and quality of life is an important aspect of how members transcend their predicament and reach high levels of attending. ‘What would you be well for?’ is asked during the study by a participant. The theory is located around the concept of maintaining a sense of self and what that means for a marginalised group like the Irish Travellers. The core concern is an existential one. The theoretical process which influences the resolution process often bears on the ability to see a future; a future is contingent on a present and influenced by the past. The past is an important aspect for these participants as it is a starting place to vision something worth ‘enduring hardship’ for.

This thesis was laid out in six chapters. The first chapter set the scene and set out the rationale and aim of the study. The second chapter was a literature review in line with the grounded theory method. The third chapter discussed in detail the methodology and methods utilised to construct the theory. It also discussed the quality of the study. The findings were set out in the fourth chapter using extensive data from the study. Chapter five was the discussion chapter that sought to integrate the findings into extant literature. Chapter six concluded and drew some distinct parts of the study together in

setting out a reflexive statement and some key contributions of this doctoral thesis and study.

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List of Appendices:

Appendix A: Letter to potential participants

LETTER TO POTENTIAL PARTICIPANTS

Dear ,

Thank you for your expression of interest in this study ‘How do members of the Traveller community attend to their mental health needs’.

This research project is concerned with how adult (over 18 years) members of the Irish Traveller community attend to their mental health needs. It aims to explore and understand how members of this community address their mental health needs. To this end interviews will be conducted with members of the Traveller community, peer support workers and professionals working with this group.

I attach an Information Sheet and Consent form for you to look at. I will contact you again in one week after you have had a chance to read this information, and we can discuss any questions that you may have.

Being involved in this study would require you to take part in a one-to-one interview or a group interview, which will take place in person with the researcher or if necessary, using Dublin City University (DCU) secure Zoom.

All interviews will take place using a confidential space familiar to you in your locality or in DCU. The interview will be recorded and last about 1 hour.

Please note that participation in this research is voluntary and confidential.

Yours sincerely,

Declan Nolan

(Principal Investigator)
DCU School of Nursing, Psychotherapy & Community Health

Appendix B: Informed Consent

DUBLIN CITY UNIVERSITY – Informed Consent Form

Research Study Title

How Members of the Traveller Community attend to their mental health needs

Researchers:

Principle Investigator: Declan Nolan, Dublin City University.

Purpose of the research

The aim of the research is to explore how members of the Irish Traveller community attend to their mental health.

confirmation of particular requirements as highlighted in the Plain Language Statement

Participant – please complete the following (Circle Yes or No for each question)

I have read the Plain Language Statement (or had it read to me) Yes/No

I understand the information provided Yes/No

I understand the information provided in relation to data protection Yes/No

I have had an opportunity to ask questions and discuss this study Yes/No

I have received satisfactory answers to all my questions Yes/No

I am aware that my interview will be audiotaped Yes/No

I agree that my interview will be recorded Yes/No

I agree to be contacted after the interview should the researcher require any further information/ clarity on a topic discussed in the interview Yes/No

I understand that I may withdraw from the Research Study is possible until the point of analysis whereby it is not possible to remove individual data from the analysis, about 3 weeks after interview. Yes/No

I understand that my consent form will be stored in a locked cabinet in DCU with access only by the research team Yes/No

I understand that arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations Yes/No

I understand that all electronic data files will be stored on a secure DCU google file Yes/No

I understand that transcripts of interviews will be securely stored at the researchers home office Yes/No

I understand that all stored digital and hard copies of the data will be securely destroyed by the principal investigator. Hard copies will be confidentially shredded and all digital copies of both audio and text files will be irrevocably erased Yes/No

I consent to take part in an interview Yes/No

Phone:

email:

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participants Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Appendix C: Plain Language Statement 1

DUBLIN CITY UNIVERSITY

Plain Language Statement (Adult members of the Traveller Community who have attended to their mental health needs)

STUDY TITLE: How do members of the Traveller community attend to their mental health needs?

Researcher:

Declan Nolan, Dublin City University.

BACKGROUND

Members of the Irish Traveller community experience higher levels of mental health issues. There are many reasons for this. The Irish Traveller community experience high levels of discrimination and report additional difficulties accessing help for mental health issues. Accessing help and having a positive experience while attending to mental health is an important issue for the Irish Traveller community members and for those who provide the services to them within the community and elsewhere. A number of studies including the All-Ireland Traveller Health Study have highlighted the need to explore and understand the how Irish Traveller culture and Irish Traveller ways impact on help seeking and engagement with helping professionals or community workers.

WHAT IS THE PURPOSE OF THIS RESEARCH?

This research project is concerned with how adult (over 18 years) members of the Irish Traveller community attend to their mental health needs. Interviews will be conducted with members of the Traveller community who have sought to attend to their mental health needs and those who have assisted them in this process (e.g. support worker), some of whom may also be members of the Traveller community. The research forms part of academic requirements of a Doctoral Program within DCU.

The research will

- Explore how the Irish Traveller community members attend to their mental health needs.
- Explore how the Irish Traveller community members view and experience seeking help for their mental health needs.
- Explore issues that may be specific to their identity/ culture in this process

WHAT HAPPENS IF I DO NOT AGREE TO PARTICIPATE?

Participation in this research is voluntary and you may withdraw from it at any point.

If you do not wish to participate, you do not need to do anything further.

Withdrawal is possible until the point of analysis whereby it is not possible to remove individual data from the analysis, about 3 weeks after interview.

Who will be involved in the study?

Those who will take part will be adult members of the Traveller community who have sought to attend to their mental health needs.

What will I have to do if wish to take part?

If you volunteer the following steps will happen:

- You will be provided with a consent form (this form sets out important things for you to read, your community contact or the researcher can help you with understanding this form). If you agree to provide your consent, you will sign the form.
- Then you will be contacted by the researcher, and an interview will be arranged with you at a time and location that suits you.
- The interview will consist of a small number of questions about your experience of attending to your mental health needs.
- The interview will be recorded to help review the information.
- Any details that may identify you will be changed and anonymised.
- You will be asked at the end of the interview if you require any additional supports or help regarding anything that you may have found difficult.
- You will be asked if you know any other person who may wish to participate in the research.
- The format of the interview will be a one-to-one interview or a group discussion if you take part in a group discussion with the researcher.

ARE THERE ANY BENEFITS FROM MY PARTICIPATION?

You may benefit from taking part by exploring your experience and what was useful for you and what was unhelpful as an example. You may also benefit from greater awareness of how you attend to your mental health needs. Gaining greater understanding of how members of the Traveller community attend to their mental health benefits the community and those providing help

Will I need any materials or information for my interview

You will not require anything for your interview, you will be asked a small number of questions about your experience. You do not need a pen or

paper or any other materials. It will be a one-hour verbal interview that will be recorded by the researcher.

ARE THERE ANY RISKS INVOLVED IN PARTICIPATING?

Yes, there are some risks for you participating in this research. Discussing your mental health issues and how you attend to your mental health might be distressing for you. If this happens the interview will be paused, and you will be asked if you wish to continue. If you cannot continue for any reason this is ok, the interview can be paused, postponed, or stopped. If you require further help at this stage, this will be discussed with you before the interview. The number of people in this study will be 16 in total. This is a small number, and your community is a small community, this may have implications for privacy/anonymity.

PRIVACY AND CONFIDENTIALITY

Your identity will remain confidential. It will be known only to the research team. Your name will not be published or disclosed to anyone else. The only exceptions to this are if there are concerns that need to be addressed by another person, for example, safety concerns about you, another adult or a child (a person under 18 years), or if there is a legal request for information, or if we need to secure additional support for you.

Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions”.

The study will be conducted in compliance with the General Data Protection Regulation (GDPR), and if you have any concerns regarding how your data in this study has been handled, you can contact:

DCU Data Protection Officer, Mr. Martin Ward – (data.protection@dcu.ie
Tel: 01-7005118/01- 7008257) who will handle any data protection concerns arising from this research.

The data protection officer will handle any data protection concerns arising from this research.

An individual also has the right to report a complaint concerning the use of personal data to the Irish Data Protection Commission: Data Protection Commissioner

DATA PROTECTION - WHO WILL HAVE ACCESS TO MY DATA?

1. DCU is the Data Controller for this research. DCU as Data Controller, ensure that all staff, registered students, agents, contractors and its own data processors comply with data protection legislation regarding:
the processing and confidentiality of any personal data held by the University; &

the privacy rights of individuals under the legislation

Your data will only be accessed by the principal investigator Declan Nolan and the research supervisors Dr. Evelyn Gordon and Dr. Lám Mac Gabhann.

HOW WILL MY DATA BE STORED AND MANAGED?

Data will be stored securely. A voice recorder will be used to record your interview with the researcher. This recording will be deleted by the PI immediately following a transcribing of the interview into text within one week of the interview. The text will be safely disposed of by the principal researcher 1 year following completion of the study (07/25). The deletion process for hard copies will be confidentially shredded and all digital copies of both audio and text files will be completely erased by the principal researcher. Personal data will be anonymised, no name of identifiers will be included in the transcription of your interview.

WHAT DATA WILL BE REQUIRED AND WHY?

As part of the research, we will need some information about you (your name, your age and gender). We will also ask you to tell us about your experience of attending to your mental health.

CAN I ACCESS MY DATA?

You can review the interview transcript if you wish but there is no requirement for you to do so. The research team can provide you a copy if you wish to review.

The data controller is DCU, *The identity of the DCU Data Protection Officer – Mr. Martin Ward (data.protection@dcu.ie Ph.: 7005118 / 7008257)*

You have the right to lodge a complaint with the [Irish Data Protection Commission](#).

HAS THIS STUDY BEEN REVIEWED BY AN ETHICS COMMITTEE?

Yes, the study has been approved by Dublin City University Research Ethics Committee.

What if I have concerns about this research?

The research supervisors contact details are:

Dr. Evelyn Gordon	Nursing, Psychotherapy & Community Health	
Dr. Lám Mac Gabhann	School of Nursing, Psychotherapy & Community Health	

If you have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail rec@dcu.ie

Appendix D: Plain Language Statement 2

DUBLIN CITY UNIVERSITY

Plain Language Statement (Adults who have provided help to members of the Traveller community attending to their mental health needs)

STUDY TITLE: How do members of the Traveller community attend to their mental health needs?

Researcher:

Declan Nolan, Dublin City University

BACKGROUND

Members of the Irish Traveller community experience higher levels of mental health issues. There are many reasons for this. The Irish Traveller community experience high levels of discrimination and report additional difficulties accessing help for mental health issues. Accessing help and having a positive experience while attending to mental health is an important issue for the Irish Traveller community members and for those who provide the services to them within the community and elsewhere. A number of studies including the All-Ireland Traveller Health Study have highlighted the need to explore and understand the how Irish Traveller culture and Irish Traveller ways impact on help seeking and engagement with helping professionals or community workers. This is also an important aspect that this study seeks to explore.

WHAT IS THE PURPOSE OF THIS RESEARCH?

This research project is concerned with how adult (over 18 years) members of the Irish Traveller community attend to their mental health needs. Interviews will be conducted with persons who have provided support to members of the Traveller community some of whom may be members of the Traveller community, who have provided help to those attending to their mental health needs.

Interviews will be conducted with members of the Traveller community, peer support workers and professionals working with this group. The research forms part of academic requirements of a Doctoral Program within DCU.

The research will

- Explore how the Irish Traveller community members attend to their mental health needs.
- Explore how the Irish Traveller community members view and experience seeking help for their mental health needs.
- Explore issues that may be specific to their identity/ culture in this process

WHAT HAPPENS IF I DO NOT AGREE TO PARTICIPATE?

Participation in this research is voluntary and you may withdraw from it at any point.

If you do not wish to participate, you do not need to do anything further.

Withdrawal is possible until the point of analysis whereby it is not possible to remove individual data from the analysis, about 3 weeks after interview.

Who will be involved in the study?

Those who will take part in the study will be adults who have provided support to members of the Traveller community attending to their mental health needs

What will I have to do if wish to take part?

If you volunteer the following steps will happen:

- You will be provided with a consent form (this form sets out important things for you to read, your community contact or the researcher can help you with understanding this form). If you agree to provide your consent, you will sign the form.
- Then you will be contacted by the researcher, and an interview will be arranged with you at a time and location that suits you.
- The interview will consist of a small number of questions about your experience of attending to your mental health needs.
- The interview will be recorded to help review the information.
- Any details that may identify you will be anonymised.
- You will be asked at the end of the interview if you require any additional supports or help regarding anything that you may have found difficult.
- You will be asked if you know any other person who may wish to participate in the research.
- The format of the interview will be a one-to-one interview or a group discussion if you take part in a group discussion with the researcher.

ARE THERE ANY BENEFITS FROM MY PARTICIPATION?

You may benefit from taking part by exploring your experience and what was useful for you and what was unhelpful as an example. You may also benefit from greater awareness of how you attend to your mental health needs. Gaining greater understanding of how members of the Traveller community attend to their mental health benefits the community and those providing help.

Will I need any materials or information for my interview

You will not require anything for your interview, you will be asked a small number of questions about your experience. You do not need a pen or paper or any other materials. It will be a one-hour verbal interview that will be recorded by the researcher.

ARE THERE ANY RISKS INVOLVED IN PARTICIPATING?

Yes, there are some risks for you participating in this research. Discussing your mental health issues and how you attend to your mental health might be distressing for you. If this happens the interview will be paused, and you will be asked if you wish to continue. If you can not continue for any reason this is ok, the interview can be paused, postponed, or stopped. If you require further help at this stage, this will be discussed with you before the interview.

PRIVACY AND CONFIDENTIALITY

Your identity will remain confidential. It will be known only to the research team. Your name will not be published or disclosed to anyone else. The only exceptions to this are if there are concerns that need to be addressed by another person, for example, safety concerns about you, another adult or a child (a person under 18 years), or if there is a legal request for information, or if we need to secure additional support for you.

Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions”.

The study will be conducted in compliance with the General Data Protection Regulation (GDPR), and if you have any concerns regarding how your data in this study has been handled, you can contact:

DCU Data Protection Officer, Mr. Martin Ward – (data.protection@dcu.ie Tel: 01-7005118/01- 7008257) who will handle any data protection concerns arising from this research.

The data protection officer will handle any data protection concerns arising from this research.

An individual also has the right to report a complaint concerning the use of personal data to the Irish Data Protection Commission: Data Protection Commissioner

DATA PROTECTION - WHO WILL HAVE ACCESS TO MY DATA?

2. DCU is the Data Controller for this research. DCU as Data Controller, ensure that all staff, registered students, agents, contractors and its own data processors comply with data protection legislation regarding:

the processing and confidentiality of any personal data held by the University; &

the privacy rights of individuals under the legislation
Your data will only be accessed by the principal investigator Declan Nolan and the research supervisors Dr. Evelyn Gordon and Dr. L  m Mac Gabhann.

HOW WILL MY DATA BE STORED AND MANAGED?

Data will be stored securely. A voice recorder will be used to record your interview with the researcher. This recording will be deleted by the PI immediately following a transcribing of the interview into text within one week of the interview. The text will be safely disposed of by the principal researcher 1 year following completion of the study (07/25). The deletion process for hard copies will be confidentially shredded and all digital copies of both audio and text files will be completely erased by the principal researcher. Personal data will be anonymised, no name of identifiers will be included in the transcription of your interview.

WHAT DATA WILL BE REQUIRED AND WHY?

As part of the research, we will need some information about you (your name, your age and gender). We will also ask you to tell us about your experience of attending to your mental health and or helping members of the Traveller community attend to their mental health.

CAN I ACCESS MY DATA?

You can review the interview transcript if you wish but there is no requirement for you to do so. The research team can provide you a copy if you wish to review.

The data controller is DCU, *The identity of the DCU Data Protection Officer – Mr. Martin Ward (data.protection@dcu.ie Ph.: 7005118 / 7008257)*

You have the right to lodge a complaint with the Irish Data Protection Commission.

HAS THIS STUDY BEEN REVIEWED BY AN ETHICS COMMITTEE?

Yes, the study has been approved by Dublin City University Research Ethics Committee.

What if I have concerns about this research?

The research supervisors contact details are:

Dr. Evelyn Gordon	Nursing, Psychotherapy & Community Health	
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Dr. Lám Mac Gabhann	School of Nursing, Psychotherapy & Community Health	
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If you have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000, e-mail rec@dcu.ie

**Appendix E: Interview Schedule Guide 1 Adult member of the Traveller
community**

Interview Schedule / Guide: Member of the Traveller community

How do members of the Traveller community attend to their mental health needs?

Age:

Gender:

Can you share with me how you have attended to your mental health needs?

What kind of mental health needs did you seek help for?

What kinds of help did you seek? How?

What worked well/ not so well?

Debrief:

How has the interview gone for you?

Has anything come up for you in our discussion that has unsettled you or that you want me to provide additional support for you?

Appendix F: Interview Schedule Guide 1 Adult member of the Traveller

community carried out a helping role.

Interview Schedule / Guide:

As a member of the Irish Traveller community how do you attend to your mental health needs?

Can you provide examples of things that were helpful for you as an Irish Traveller community member while seeking to address your issues.

Can you provide some examples if you can of things that were perhaps unhelpful as a member of the Traveller community in seeking to address mental health needs

As a person who is a member of the Traveller community providing mental health support, what are your views and or experiences of how members of the Traveller community attend to their mental health needs.

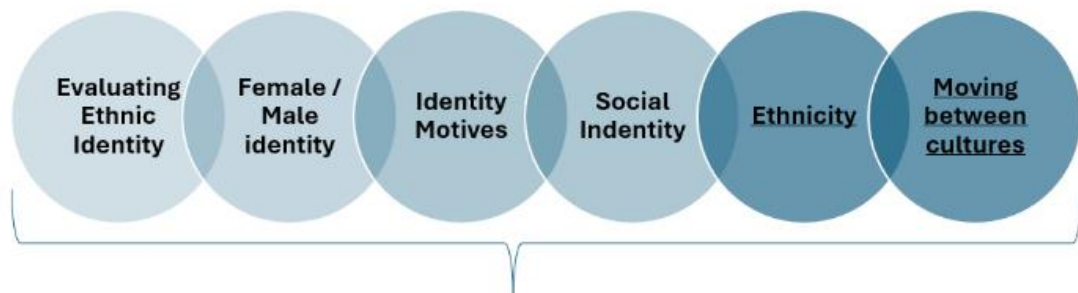
As a person in a professional supporting role to members of the Traveller community, what are your views and or experiences of how members of the Traveller community attend to their mental health needs.

Debrief:

How has the interview gone for you?

Has anything come up for you in our discussion that has unsettled you or that you want me to provide additional support for you?

Appendix G: Developing the theoretical category ‘constructing identity’

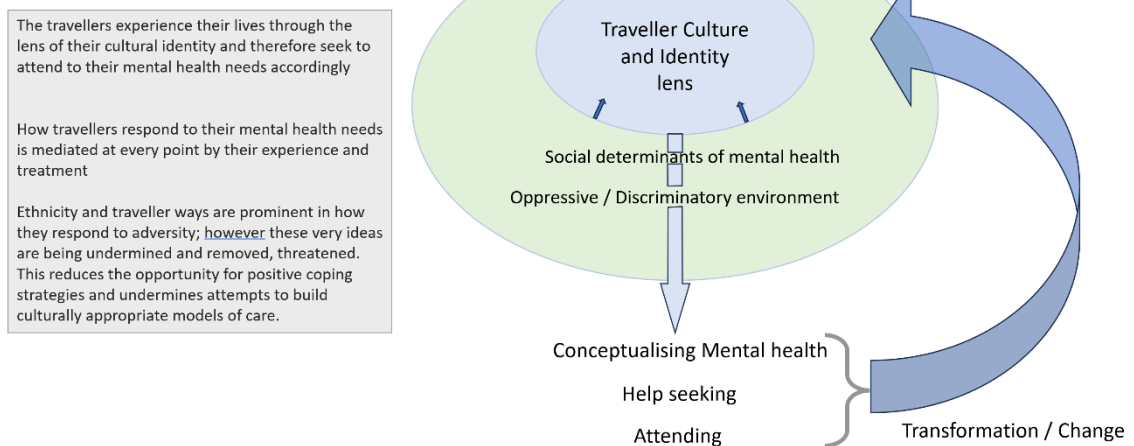


Constructing Identity Main Category

- Concealing identity
- Connected to religion
- Proud of Travellers
- Takes strength in traditional traveller ways
- Ethnic identity necessary
- Communicating in ways that travellers understand is crucial.
- Changing times
- Seeing people as worthy is important
- Traveller culture is protective
- Evaluating ethnic identity
- Older people are the wise
- Traveller culture is in the DNA
- Folk ways should be brought along
- Continuity of wisdom of culture old ways
- Young people identify with traveller ways older ways.
- Language and identity to build up self
- Seeing people and identity first and then treat
- Tracing roots
- Culture and language are one
- Religion and faith in Traveller ways
- Traveller women keep the family together

Appendix H: Interim conceptualisation of the grounded theory ‘maintaining the self’

Maintaining the self..... flow diagram

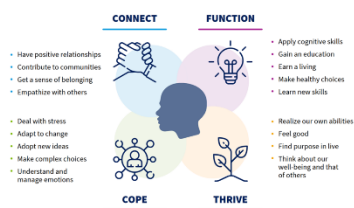


Core Concern: Adverse life experiences of cultural oppression- Try to keep head above water

The concerns of the participants:
The participants all shared common themes in their accounts.

Lack of education, value of education
Experience of discrimination at very high levels
Overwhelming nature of mental health difficulties within the community
Erosion of traveller ways of life
Lack of language to articulate the difficulties of mental illness

FIG. 2.1
Mental health has intrinsic and instrumental value, helping us to connect, function, cope and thrive



- Participant
 - Being on the outside even though he is on the inside
 - Managing the impact of discrimination on his family
- Participant
 - Understanding Travellers in Crisis / Coping with the complex lives of Travellers
- Participant
 - Difficulty of gender roles, coping with the life of a female traveller / Coping with lack of education / Coping with traveller life
- Participant
 - Coping with bereavement
 - Coping with physical ill health
- Participant
 - Engaging with the repetition of failure in health system that does provide help
 - Coping with pressure of life
- Participant
 - Coping with multiple family mental health issues
 - The need to keep old ways but good ways cures and so on
- Participant
 - Providing for her sons and husbands mental health needs
- Participant
 - Enduring a life without education and trying to change
 - Coping with anxiety
- Participant
 - Struggling with identity/traveller / settled / sense of self / education
 - Coping with language (Being between different languages)
- Participant
 - The cultural identity of travellers
 - Coping with mental ill health in the extended family
- Participant
 - The need for travellers to be understood culturally
 - The need for education of mental wellbeing/illness /the words to express what is being experienced
- Participant
 - The need for traveller rights and the recognition of cultural ways
 - The need to deal with lost generation (35 – 50) no education, drugs and so on.

Attending To Mental health – Irish Traveller Community

Participants 1-12 How do members of the traveller community attend to their mental health

The participants did not have a strong sense of what mental wellbeing was. Mental health is generally constructed in a negative sense.

Discussion with family and community members.

Engaging with GP, prescription medication

Engaging in religious practice (going to wells, seeking cures, pilgrimages to statues, praying, going on events organised by travellers such as day trips or family outings)

Being part of a faith community (attending mass)

Being in nature (taking walks, hunting, going out with dogs, going to open parks, going for drives in the car)

Socialising with other travellers

Going for a cup of tea, having a cup of tea with a friend or family member (usually family, extended family)

Gaining education

Engaging in employment

Providing for children / others

Engaging with mainstream mental health services (largely negative experience, where positive experience is reported it is associated with trust and being seen as more than a number in system, being treated as an equal, as human)

Engaging with community-based workers from the traveller community (interactions are culturally sensitive where high levels of importance is placed on confidentiality, trust, friendship, understanding of the participants/community members situation)

Anticipating a better future / talking about a better life / a goal of some sort

Attending a gym or sauna, recreation such as playing pool.

Attending fairs, weddings, christenings, marking significant occasions

Marginalised Group existing within an oppressive (historical and present) social position, experiencing high levels of discrimination.

Stigma mental health

- Negative view of mental health / mental health services
- Lack of understanding regarding mental health symptoms/medical language
- Affects help seeking – promotes shutting down, concealing, mental is viewed as negative
- GP is exception and viewed as useful resource and helpful in general

Discrimination/Oppression

- Internalised oppression/ lack of agency / external locus of control
- Hate speech/ Racism / experienced regularly /
- Social evaluative threats
- Having no hope

Crisis Point

- Access services is often at times of crises, low levels of satisfaction
- Advocacy from community-based help is particularly evident
- Perception of no help available / what constitutes help seems misunderstood by services/users.
- Medication often misused or not seen as useful when provided by health care teams

Unhelpful Coping mechanisms

- Shutting down, misusing medications, not talking, drinking, drugs
- Gender differences, females with public facing roles feel pressure to put on a mask
- Engaging in destructive behaviours

Suicide

- Very high numbers, awareness of copycats, the sudden and unexpected aspect
- Worry evident regarding the regularity, stories detail often detail surprise regarding suicide, graphic accounts given

Gender Roles

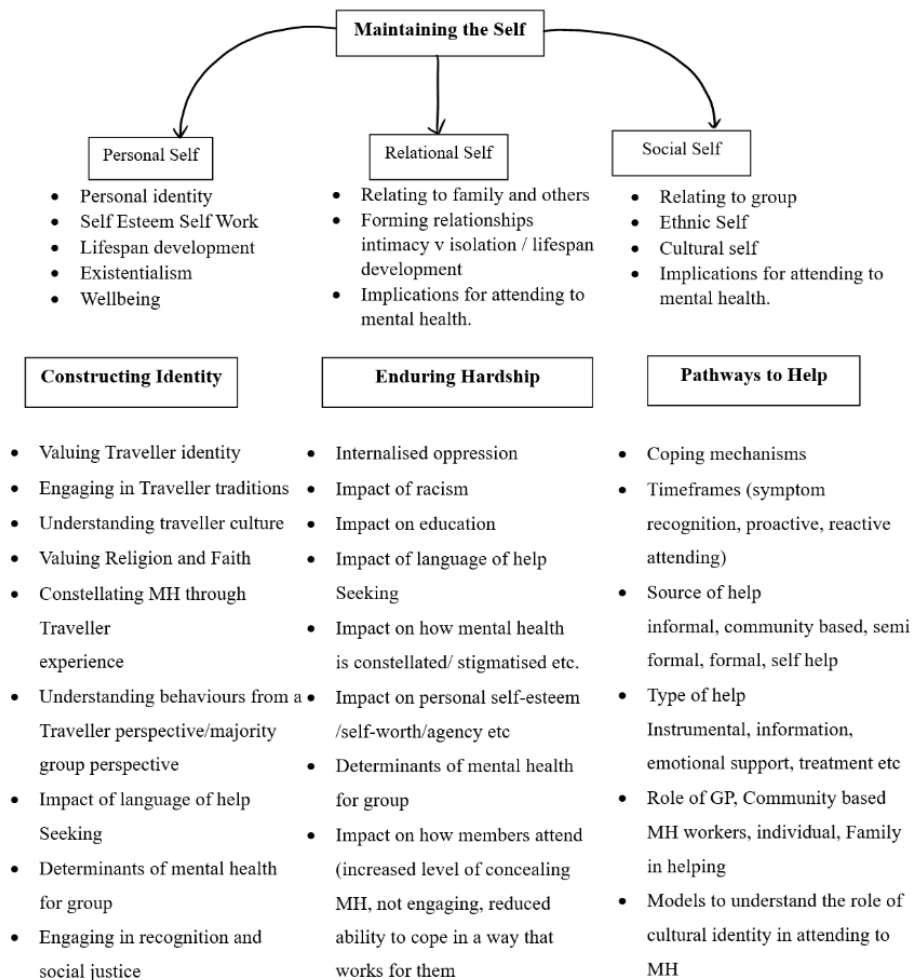
- Females still perform structured roles / feel pressure to marry / feel pressure to not show mental ill health
- Males show macho side, conceal issues, struggle with ideas of cultural identity without access to equal employment

Education and Language

- High level of illiteracy, increased level of importance placed on education, participants
- Lack of comprehension seen as significant barrier for participants, not having the words to describe their experience highlighted as a significant barrier to talking / therapy /

Religion

- Provides a substantial support in a variety of ways, statues in caravans, houses, prayers and masses.
- Healing and cures are relevant and real for many of the participants



Appendix I: A conceptual paradigm for understanding culture's impact on mental health CIMH model (Hwang et al., 2008)

